

A COMPARISON OF PROFESSIONAL PSYCHIATRIC NURSE
ATTITUDES TOWARD MENTAL ILLNESS AS INFLUENCED
BY EXPERIENCE

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CHAPTER 1

INTRODUCTION

In psychiatry, a primary concern is the verbal and nonverbal interaction between the staff and patients. Psychiatric nurses play an important role in establishing and maintaining therapeutic relationships with patients on psychiatric units. Therefore it is crucial that psychiatric nurses have positive attitudes toward the mentally ill. Nurses with negative attitudes may precipitate ineffectual relationships which impede recovery processes of psychiatric patients (Godejohn, Taylor, Muhlenkamp, & Blaesser, 1975).

Various factors influence the formation of negative attitudes. Maslach (1978) introduced the concept, the "burnout syndrome," as one explanation for the development of negative attitudes among people in the helping professions. "Burnout can be defined as a syndrome of physical and emotional exhaustion involving the development of negative self concept, negative job attitudes and loss of concern and feeling for clients" (Pines & Maslach, 1978, p. 233). The "burnout syndrome" may result from continuous, daily, personal involvement with distressed, troubled patients. Several client characteristics have been

identified which predispose professionals to develop "burnout." Psychiatric patients demonstrate many of these characteristics and therefore psychiatric nurses constitute a high risk group of professionals.

This study examined psychiatric nurse attitudes toward mental illness. It focused on the presence of the "burnout syndrome" as influenced by the length of time employed on a clinical psychiatric hospital unit, and the effects of work experience on nurse attitudes.

Problem of Study

Research is needed to determine the occurrence of "burnout" on psychiatric units and its influence on the progress of psychiatric patients. This study therefore focused on the following question: Is there a difference in attitudes toward mental illness of professional psychiatric nurses with less than one and a half years of psychiatric experience and professional nurses with over one and a half years of psychiatric experience?

Justification of the Problem

Concern about the attitudes of psychiatric staff toward mental illness has been a growing interest. Social environment and staff participating in that environment have been shown to exert a significant influence on a patient's well-being. Since the function of a psychiatric

patient's social environment is to promote growth and recovery, the attitudes of those working with the patient during this crucial period of hospitalization are of considerable significance. Mental patients are sensitive to the hospital's attitudinal atmosphere which is created by hospital employees (Cohen & Struening, 1962).

Although there are many departments within the hospital with numerous employees, nursing personnel work most closely with the patients for the greatest length of time. Nurses are interacting with patients around the clock, seven days a week and as a result, greatly influence the patient. Psychiatric nurses have the ability to enhance or hinder the patient's progress.

There are several studies which focus on psychiatric nurse attitudes toward mental illness. Three studies (Creech, 1977; Holmes, Klein, Stout, & Rosenkrantz, 1975; Swain, 1973) on this topic focused on nursing students. The studies involved testing the nursing students' attitudes toward mental illness before and after their psychiatric course of study. All three of these studies indicated that nursing students' attitudes were more positive toward mental illness following didactic and/or clinical experience. In one study Creech (1977) stated, "the findings of the present study indicate that a psychiatric affiliation

program can be effective in changing nursing students' attitudes about mental illness in a positive direction" (p. 13). Long term exposure to psychiatric patients affects attitudes, but very little research has focused on practicing psychiatric nurses. While education and experience have a positive effect on the attitudes of nursing students, Kahn (1976) has questioned the sustaining effect of these changes. Kahn (1976) found that:

Long term psychiatric ward experience is directly related to modification in some opinions about mental illness. . . . The direction of these modifications appeared to be away from attitudes . . . encouraged in undergraduate psychiatric nursing education. (p. 139)

The possibility that increased exposure to mental illness may have a detrimental effect on attitudes toward the mentally ill and the treatment of the psychiatric patient demanded further investigation.

Conceptual Framework

The conceptual framework for this study was the "burnout syndrome" introduced in the early 1970s by Maslach (1976). Professional people such as lawyers, prison personnel, nurses, and social welfare workers were studied. The studies showed that these types of professionals did experience "burnout," characterized by "detached concern, intellectualization, compartmentalization, withdrawal, and reliance on fellow staff" (Pines &

Maslach, 1978, p. 233). Several client characteristics were identified that increased stress for professionals and led to "burnout." These included people with problems, poor probability for change or cure, chronicity or acute-ness of the problem, staff identification with the client's problems, the rules that structure the interaction between the person and the client, failure of the client's expectations to match the staff's expectations, passiveness and dependence of the clients, and negative client feedback (Maslach, 1978). Maslach (1976) cited a year and a half as the time when the "burnout syndrome" is most likely to occur.

Psychiatric nurses were one of the groups studied because of their work with psychiatric patients who demonstrate many of the client factors that contributed to "burnout." If "burnout" is an existing problem for psychiatric nurses on the hospital unit, it must be identified, evaluated, and corrected.

Assumptions

The following assumptions were recognized:

1. The Opinions Toward Mental Illness Scale (OMI) is a valid indicator of attitudes toward mental illness.
2. Professional psychiatric nurses participating in the study answered the items honestly.

3. The burnout syndrome is a valid concept that occurs among professionals who deal with troubled clients.

Hypothesis

The following hypothesis was examined:

Professional psychiatric nurses with over one and a half years of psychiatric experience will have more negative attitudes toward mental illness than professional psychiatric nurses with one and a half years or less psychiatric experience.

Definition of Terms

The following definitions were recognized:

Attitude--a predisposition to think, feel, perceive, and behave selectively toward an object, person, or idea as measured by the OMI.

Length of experience--less than or more than one and a half years of full time employment as a registered nurse in psychiatric nursing.

Mental illness--"psychiatric disease included in the list of mental disorders," as published in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and in the Standard Nomenclature of Diseases (Freedman, Kaplan, & Sadock, 1976, p. 1315).

Professional nurse--a registered nurse who is working full time on an inpatient hospital psychiatric unit.

Limitation

The following limitation was recognized:

Because of sampling procedures, the results of this study can only be generalized to sample.

Summary

This study compared attitudes toward mental illness in two groups of psychiatric registered nurses. One group had over one and a half years of experience, and one group had less than one and a half years of experience. The purpose of the study was to determine if length of experience on clinical psychiatric units negatively influenced attitudes toward mental illness. The conceptual framework was based on Maslach's burnout syndrome. Assumptions, definition of terms, and limitation were also presented.

Chapter 2 contains the review of literature. The procedure for collection and treatment of data is presented in Chapter 3. Chapter 4 includes the analysis of data, while Chapter 5 presents the summary of the study.

CHAPTER 2

REVIEW OF LITERATURE

Attitudes influence one's actions and reactions to people and situations. Several factors, such as age, education, sex, and social class, contribute to attitude development (Rabkin, 1972). The attitudes of mental hospital staff toward mental illness have been a concern of increasing importance in recent years. Psychiatric nurses influence the total milieu environment through their role in direct patient care and by directing the management of ancillary personnel (Cohen & Struening, 1962). Psychiatric nurse attitudes toward mental illness may have a greater influence on patient recovery than previously realized. Maslach (1976) developed the concept "burnout" to describe the negative attitudes of professionals working with long term clients who had physical, psychological, or social problems. Psychiatric nurses fit the criteria of a professional group with a high risk of developing "burnout." Further study is needed to determine if burnout is present among psychiatric nursing staff and if length of experience contributes to its development. This review of literature covers three major areas: psychiatric nurse attitudes

toward mental illness, factors which influence attitudes, and the burnout syndrome.

Psychiatric Nurse Attitudes

An attitude as defined by Proshansky and Seidenburg (1965) is "a complex tendency of a person to respond consistently in a favorable or an unfavorable way to social objects in his environment" (p. 97). Psychiatric nurses contribute to the social and attitudinal environment of the psychiatric unit and have a major influence on the well being of psychiatric patients. Cohen and Struening (1962) wrote, "mental patients are sensitive to and influenced by the attitudinal atmosphere created by hospital employees" (p. 349)

Shader and Levine (1969) conducted a study entitled "Staff-patient Interaction Patterns and Opinions About Mental Illness" in an attempt to relate staff attitudes to actual patterns of staff social interactions with patients. The Opinions Toward Mental Illness Scale (OMI) was administered to 17 registered nurses and attendants who worked the 7 am-3 pm and 3pm-11pm shifts on a 10 bed research ward for chronic schizophrenic patients. Staff members were observed at five randomly chosen intervals over a two-month period of time to measure patterns of interaction. Results revealed no significant relationship between attitudes

toward mental illness and a quantitative assessment of social interaction with patients. The nursing staff who had higher scores on the Interpersonal Etiology factor spent less time alone than those who had scored lower in the Interpersonal Etiology. However, the staff with the high scores spent their unstructured time with fellow staff members, not patients.

Spiegel and Keith-Spiegel (1969) focused on the effects that attitudes toward mental illness have on the behavior of hospitalized patients and the effectiveness of treatment programs. The Custodial Mental Illness Ideology Scale (CMI) was used to assess mental illness ideology. The CMI was completed by 60 registered nurses, 24 licensed vocational nurses and 273 psychiatric aides on six wards of a large mental hospital. Four of the hospital wards were used for heterogeneous psychiatric patients, one for geriatric psychiatric patients, and one for medical psychiatric patients. Results indicated that the RNs were significantly more humanistic than the aides and the LVNs. The CMI scores for the nursing personnel on the four heterogeneous wards did not differ significantly, while there was a difference between the four heterogeneous wards and the other two units. The scores of the nurses on the geriatric and medical wards indicated that they were more custodial.

Gutierrez and Ruiz (1978) compared a group of 328 university students and a group of 50 psychiatric nurses to analyze the effect of professional training on the nurses' tolerance of mental disorders. Participants completed a four-part testing instrument including a semantic differential test, questionnaires on etiological factors, an estimate of prognosis and treatment possibility section and a questionnaire on social distance. Results showed the groups to be similar on the semantic differential test and the questionnaires on etiological factors, but different in their attitudes toward prognosis and treatment. The nursing group considered prolonged hospital treatment to be necessary while the university students did not agree. The scores also showed that nurses thought that those patients with prolonged hospitalizations had the best prognosis while the students' scores were varied. The section of social distance showed a high percentage of both sample groups demonstrating prejudice toward the psychiatric patient. As a result of this study the authors concluded that ideas about prognosis and treatment are greatly modified as a result of psychiatric training and experience. In addition, psychiatric nurses are not free from prejudice toward mental illness, however personal contact with psychiatric patients did increase the nurses' tolerance of the mentally ill and decrease social distance.

Factors Which Influence Attitudes

Many researchers have studied the attitudes of personnel who work with psychiatric patients. Attitudes may be an important factor in determining the effectiveness of psychiatric treatment, and therefore factors which influence attitude formation are significant. Several varied forces, including age, education, sex, and experience, contribute to attitude formation.

Age

Clark and Binks (1966) studied the relation of age, sex, and education to attitudes toward mental illness. Fifty-six lay people, divided into two categories of age and two categories of education, were given the Custodial Mental Illness scale (CMI) to measure attitudes toward mental illness. The two age groups were 17-20 years and 50-84 years, while the two education groups were "high" for five years of high school and "low" for three years or less of high school. The members of the sample belonging to the "high" education group had more liberal attitudes toward mental illness than those in the "low" education group. Similarly the younger age group had more liberal attitudes toward mental illness than the older group. The study supported the hypothesis that the younger and more educated of

the sample held more liberal views toward mental illness than the older and less educated.

Stotsky and Rhetts (1967) administered the OMI scale to the nursing personnel in nursing homes which had received patients from a large state mental hospital for continued care. Two separate samples were taken, the first involving 18 homes, and the second involving 22 homes. Ten homes in the first sample and 16 homes in the second sample had successfully adjusted to the mentally ill clients, while the remainder had not adjusted successfully to these new admissions. When the ages of the nursing staff at the successful homes were compared to the ages of the nursing staff at the unsuccessful homes, significant differences were revealed. The mean combined age of the RNs and LVNs in the successful group was 36.6 years as compared to 50.2 years in the unsuccessful group. The OMI scale indicated that the nursing staff at the successful homes were significantly less authoritarian, more benevolent and less socially restrictive than those at the unsuccessful homes. Sample 2 had two groups which were more homogeneous for age. The OMI scale revealed only social restrictiveness as significantly different for these subjects. Nurses in the unsuccessful homes scored significantly lower than those in the successful homes, which was opposite of the finding

for sample 1. The researchers concluded that the difference in attitude toward the mentally ill was a function of age which reflected differences in psychiatric training and psychiatric experience.

Murray (1969) carried out a cross-sectional, nonexperimental, descriptive study in a 500 bed general hospital. The sample consisted of 145 female registered nurses working on medical units. The OMI scale was used to study the attitudes of the professional nurses. The scale was scored according to the formula supplied by Struening and Cohen (1963). Mean scores and standard deviations were calculated for each of the five factors on the OMI scale according to age, educational preparation, type of previous psychiatric experience, nature of variety of experience as a graduate nurse, division in which the subject was employed and the presence or absence of a close personal relationship with a mentally ill person. The nurses ranged in age from 20-71 years. Statistically significant relationships were found between age and two of the five factors, authoritarianism and social restrictiveness. Scores on these two factors increased as the age of the nurse increased. The older nurses tended to view the mentally ill as an inferior class of people requiring restriction of their functioning while the younger nurses did not hold these views.

Education

Type and length of educational background also have been shown to influence attitudes. Cohen and Struening (1962) utilized the OMI scale to test the personnel of two large neuropsychiatric Veterans Administration hospitals. The 70 x 70 matrix of product moment coefficients of correlation was constructed between individual items. In factor A, the data indicated that personnel with higher education were less authoritarian and those with less education were more authoritarian. Factor B, benevolence, showed a weaker but significant relationship with education. Those employees with "some college" demonstrated higher benevolence scores than those employees in the "more college" or "elementary or high school" categories. In factor C there was a sharp rise in scores of personnel with graduate and post graduate training, indicating that the more educated professionals demonstrated a more positive orientation towards the mentally ill. Factors D and E failed to relate significantly to education. There were substantial differences in factors A, B, and C as one's status on the occupation-education ladder increased.

Robinson's (1973) study involved 129 registered and student nurses at a large urban psychiatric hospital in New Zealand. The samples were categorized according to

sex and nursing status. The categories were senior nursing staff, including ward sisters and ward charges, and the junior nursing staff included staff and student nurse groups. The OMI scale was administered to groups and individuals under conditions of anonymity. Questionnaires were scored separately for each of the five factors according to published factor loading of the 53 items. The senior nursing staff had a more custodial role orientation than the junior staff, and the junior staff received an education which focused on the developmental aspects of the psychoanalytic theory. The senior nurses scored higher on factor E which is biased toward the developmental theory of mental illness. Robinson (1973) concluded that the difference between senior and junior nurses was due to differences in nurse training education. The percentage of variance due to sex was less than 2% on all five factors.

Sex

Costin and Kerr (1962) administered the OMI scale to an abnormal psychology class of 38 men and 32 women at the beginning and the end of the semester. A sociology class of 60 men and 67 women was used as a control group. An analysis of covariance was done on the scores of the five OMI factors. Changes attributed to the psychology course were: (a) women were less authoritarian, (b) men,

achieving in the upper 50% of the class became less authoritarian and restrictive compared to the men in the lower 50% of the class, and (c) both male and female groups decreased their attitude of unsophisticated benevolence and increased their conviction that unhealthy interpersonal relations early in life frequently led to mental illness.

Experience

Three studies (Holzberg & Gewirtz, 1963; Kahn, 1976; Smith, 1969) focused on experience as a factor contributing to attitude development. Holzberg and Gewirtz (1963) studied 59 students from Wesleyan University. Thirty-nine students were in the experimental group and volunteered to be part of a hospitals' "Companion Program." The "Companion Program" utilized university students as companions for mentally ill patients. The students were required to spend one hour each week with the patient and one hour each week with a professional staff member to discuss their patients. The control group was composed of students who had volunteered in other social service activities in the community. A modified 23-item questionnaire, similar to the one used by McGinnes, Lana, and Smith (1958), was administered before and after an academic year of involvement in these programs. The results indicated that the experimental subjects shifted significantly in a positive direction in

terms of their attitudes toward and knowledge of mental illness.

Smith (1969) used the OMI scale to compare attitude changes in three experimental groups and two control groups. The OMI scale was administered on a test-retest basis to the members of all five groups after varying lengths of exposure to psychiatric patients. The experimental groups included 65 psychiatric patients, 33 student nurses and 31 conscientious objectors who were voluntary service workers employed on psychiatric units. The two control groups consisted of 81 psychology students and 22 Mennonite workers assigned to nonpsychiatric service areas. The experimental employed group was tested at the beginning of their psychiatric experience and at 1, 4, 6, 12, and 24 month intervals. These times interval tests showed significant changes only in the authoritarianism and social restrictiveness factors. Findings suggested that changes in attitude toward mental illness had occurred and they may have occurred in the early stages of hospital experience.

Kahn (1976) examined the effect of long-term experience on nurses' opinions toward mental illness. Comparisons of two experimental groups, psychiatric nursing students and experienced psychiatric nurses, and one control group of medical-surgical nurses were made using the

OMI scale. The experienced psychiatric nurses and the experienced medical-surgical nurses were matched for age and education. The study was conducted at a 365 bed hospital with 57 psychiatric beds. The philosophy of crisis intervention was used as the psychiatric treatment modality. An analysis of variance was performed for each factor of the OMI, and when a significant F was obtained, a t test was run to determine group differences. The experienced psychiatric nurses demonstrated more authoritarian attitudes toward mental illness and adhered less to a belief in interpersonal etiology than the psychiatric nursing students and medical-surgical groups. The psychiatric nursing group also tended towards opinions that reflected social restrictiveness and adhered less to opinions about mental illness supporting interpersonal etiology. This study suggested that long-term psychiatric ward experience may change the opinions about mental illness that are taught in nursing programs. The direction of these changes seemed to be away from the attitudes and opinions encouraged in psychiatric nursing education.

Two studies (Hicks & Spaner, 1962; Morris, 1964) focused on age and experience in combination. Hicks and Spanner (1962) carried out two quasi-experiments involving 432 student nurses to investigate the effects of mental

hospital experience on attitudes toward the mentally ill. Two student nurse groups were tested. Group A completed the questionnaire after a 12-week psychiatric training period and group B before and after the 12-week course. A 5-point Likert type scale was designed to elicit attitudes toward the mentally ill patients. The questionnaire was a combination of the CMI scale, Middleton's (1953) Prejudice Test, and some original items. The first experiment resulted in posttest scores which revealed significantly more favorable attitudes toward mental illness. An unpredicted difference was discovered with group B scoring higher on the posttest than group A, so a second experiment was carried out to refine the first. In the second experiment, control groups were added, the questionnaire was revised and a larger N was used. The control groups were student nurses in general hospitals who had not taken their psychiatric training. The basic hypothesis, that student nurses receiving psychiatric training would develop more favorable attitudes toward mental illness than nonpsychiatric subjects, was strongly supported.

Morris (1964) studied 56 second year nursing students to examine attitude change as a function of the psychiatric nursing experience. Scores on a modified OMI-M scale, an NLN achievement test in psychiatric nursing, and course

grades in theory and in clinical practice were obtained. The results were compared with studies carried out on other occupational groups. Factor A revealed that nursing students were less authoritarian after the 12 week course, but there was no significant change in factors B (Benevolence) or C (Mental Hygiene Ideology). Students who rejected the values defined by factors A and D had more therapeutic interactions with patients and hence had changed in their attitudes toward mental illness. Factor E revealed that nursing students increased in acceptance of Interpersonal Etiology concepts. Morris (1964) concluded that nursing students completing the 12 weeks course held attitudes toward mental illness which were similar to other professional groups in the mental health field.

According to additional studies involving nursing students (Creech, 1977; Holmes, Klein, Stout, & Rosenkrantz, 1975; Swain, 1973) education and experience have been shown to initially improve attitudes toward mental illness, but long term experience without concentrated education has not been adequately investigated. Studies (Kahn, 1976; Murray, 1969) on the effect of prolonged experience in a psychiatric hospital unit on attitudes toward mental illness are inconclusive. One study (Murray, 1969) revealed "previous psychiatric experience influences the nurses' attitudes toward mental illness and there is a positive

correlation of favorability of such attitudes with more years of psychiatric experience" (p. 117).

Burnout

Maslach (1976) has studied the long-term effects of intense work with clients demonstrating psychological, social or physical problems. Burnout is the term coined to describe the negative changes in attitude that professionals experience as a result of long term exposure to problem patients.

Ideally the helpers retain objectivity and distance from the situation without losing concern for the person they are working with. Instead research indicates they are often unable to cope with this continual emotional stress and "burnout" occurs. (Maslach, 1976, p. 16)

Burnout is characterized by physical and emotional exhaustion, a negative self-concept, negative job attitudes and loss of concern for clients. Between 1973 and 1976, Maslach (1976) carried out exploratory research with 200 professional lawyers, physicians, prison employees, welfare workers, clinical psychologists, psychiatrists, child care workers, and psychiatric nurses. She collected data through on-the-job observation, personal interviews, and questionnaires. Results showed these professional groups use several distancing mechanisms to deal with the anxiety created by their work. She found the use of these

mechanisms indicative of burnout and proceeded to study the dynamics of the burnout syndrome.

Maslach and Pines (1977) studied 83 employees at four day care centers. Each member of the sample completed a questionnaire and some were also interviewed. The questionnaire had four major sections: background information, job characteristics, staff feelings and attitudes, and staff perception of their own mood. Also a 20-item semantic differential scale was filled out by every member before and after a full day of work. Five factors were identified which increased the likelihood of burnout occurring: high child/staff ratio, long working hours, few breaks from direct child contact, few staff meetings, and tightly structured centers.

Pines and Maslach (1978) also determined the characteristics of staff burnout. Data were collected on 76 staff subjects from various mental health facilities. Interviews were based on a questionnaire covering four major areas. The first area included background information, the second covered job characteristics, the third focused on attitude toward mental health, and the last dealt with the staff members' perceptions of themselves. A correlational analysis was performed on the data. Results indicated that 11 institutional variables and 7

personal variables increased the risk of staff burnout. The institutional variables included: patient/staff ratio, patient population, work relationships, staff/patient relations, frequency of staff meetings, time-out, the work schedule, time spent in direct contact with patients, time spent with other staff members, time spent in administrative duties and work sharing. The personal variables included: formal education, rank, time spent in mental health work, sense of success and control, relationships with patient, job attitude and mental health attitudes.

Pines and Kafry (1978) examined the relationship between "tedium" and 10 work variables. Five external work variables, work relation, work sharing, support, time out and social feedback, were compared to the five internal work variables, variety, autonomy, significance, success and feedback. Tedium was defined as a "general experience of physical, emotional, and attitudinal exhaustion" (Pines & Kafry, 1978, p. 499). The idea of tedium developed from three areas of research: the psychology of stress, job stress and satisfaction, and burnout. One hundred and twenty-one social service workers were asked to complete several testing instruments: a 5-item questionnaire using feelings as variables, the Job Diagnostic Survey (Hackman & Oldham, 1976), Kunin's Faces Scale (Kunin, 1955), the

Job Description Index (Smith, Kendall & Hulin, 1969), and specially designed attitudinal questions. A multiple correlational analysis was carried out to determine if the characteristics were significantly related to tedium. Also, the internal characteristics were less correlated with tedium and more with indices of job satisfaction. External characteristics were all significantly correlated with tedium and work satisfaction. The results indicated that social workers may be unusually sensitive to people as sources of emotional stress and support.

Edelwich and Bridsky (1980) recently published the book Burn Out in which they developed a five stage approach to the burnout process. The five stages were: Enthusiasm, Stagnation, Frustration, Apathy, and Intervention. Enthusiasm was identified as a period of high expectations and excitement while the new employee discovered the boundaries of the new job. During this first stage, the job was totally fulfilling and employees often overidentified with their clients. Stagnation was when the job began to lose its thrill and could no longer substitute for the employees' personal needs. The Frustration stage found the employee questioning the usefulness of the job. Emotional and physical problems sometimes began during this stage. The fourth stage, Apathy, was a defense reaction to the

increasing frustration of the position. During Apathy the employee was chronically frustrated with his work, and invested a minimum amount of physical and emotional energy. Intervention was the final stage when the five-stage cycle was broken. Intervention involved changing jobs, adjusting the role, furthering one's education or possibly just taking a vacation.

Another author who has expanded on Maslach's concept of burnout is Freudenberger. He has written several articles on the topic including "Burn-Out: Occupational Hazard of the Child Care Workers" (Freudenberger, 1977). He listed 10 methods of preventing burnout: developing an awareness of one's motivation for human service work, balancing job with outside interests, sharing doubts as well as successes with fellow staff members, limiting hours of work, working in a caring atmosphere, participating in an exercise program, limiting involvement in intense interactions, varying job responsibilities, increasing self-awareness, and periodic job changes because of the nature of the work.

Being sensitive to the potential onslaught of burn out on any one of us, knowing its symptoms, how it comes about, and what we can do about it as individuals and as an agency will assist in the eventual minimization of its effect on all of us. (Freudenberger, 1977, p. 98)

Burnout is a real threat to psychiatric nursing. Many of the variables identified as contributing to burnout are factors that psychiatric nurses experience. If psychiatric nurses become detached and lose concern for their clients, they can no longer respond in a genuine manner and their job effectiveness is threatened. "Burn out also affects job morale, absenteeism and professional turnover" (Maslach, 1976, p. 16). These problems interfere with the ability of psychiatric nursing staff to carry on therapeutic nursing care.

Summary

This review of literature has focused on three areas: psychiatric nurse attitudes toward mental illness, factors which influence attitudes toward mental illness, and the burnout syndrome. This review revealed a lack of relevant research regarding the effects of long-term clinical psychiatric work on registered nurses.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A nonexperimental design, comparative survey method was used for this study to compare groups of psychiatric nurses. The independent variable was the length of experience in psychiatric nursing whereas the dependent variable was the psychiatric nurse attitudes toward mental illness as measured by the OMI.

Setting

The setting for the study was four hospitals which offered psychiatric services in southern Texas. Two of the hospitals, a 900 bed state-supported, general hospital, and a 300 bed private general hospital, were located in a city of 60,000 population. The two remaining hospitals, a 500 bed general hospital and a 150 bed private psychiatric hospital, were located in a city of 1,500,000 population.

Population and Sample

The population was all registered psychiatric nurses employed in four hospitals. The convenience sample was limited to registered psychiatric nurses, who returned their questionnaires, employed by one of the four hospitals

involved in the study. The sample was obtained by mailing questionnaires to the registered psychiatric nurses at the four designated hospitals.

Protection of Human Rights

This study complied with the current rules and regulations of the Human Research Review Committee at Texas Woman's University (Appendix A). The potential loss of anonymity and confidentiality were risks to the participants. To minimize these risks, no subject consent form was required, and therefore no subjects' names were needed on any of the forms. The statement, "I understand that my return of this questionnaire constitutes my informed consent to act as a subject in this research," was included in the introductory letter to the potential participants. Permission to carry out the study was obtained from the four hospitals involved (Appendix A).

Instrument

The Opinions Toward Mental Illness (OMI) scale by Cohen and Struening (1962) was used to determine the attitudes of the nurses involved in the study. The OMI scale was composed of 51 Likert-type items concerned with cause, treatment, description, and prognosis of severe mental illness. When the respondent indicated his/her opinion

about each item on a 6-point scale continuum, the choices were: (1) strongly agree, (2) agree, (3) not sure but probably agree, (4) not sure but probably disagree, (5) disagree, and (6) strongly disagree. The OMI scale contained five factors or scales, each designed to measure a different dimension of attitudes about mental illness. The five factors were: authoritarianism, benevolence, mental health ideology, social restrictiveness, and interpersonal etiology.

Factor A--Authoritarianism: This factor focuses on content concerning attitude toward the mentally ill. Authoritarian submission and anti-intraception are included, and it reveals a view of the mentally ill as an inferior class of people requiring coercive handling.

Factor B--Benevolence: This factor expresses a kindly paternalism. Its origins are in religion and humanism rather than in scientific or professional dogma.

Factor C--Mental Hygiene Ideology: Demonstrates a positive orientation embodying the beliefs of the present day mental health worker and the tenets of the mental hygiene movement. An example of the core concepts are summarized by the item, "mental illness is an illness like any other" (Cohen & Struening, 1963b, p. 111).

Factor D--Social Restrictiveness: Expresses a desire to restrict the functioning of the mentally ill, both during

and after hospitalization for the protection of society in general and the family unit in particular.

Factor E--Interpersonal Etiology--The only factor which is not attitudinal but a circumscribed cognitive factor, supports the belief that mental illness results from interpersonal experience, particularly the deprivation of parental love during childhood.

Cohen and Struening (1962) selected 55 items referring to the cause, description, treatment, and prognosis of severe mental illness from approximately 200 items. Additions were added from the Custodial Mental Illness Ideology Scale (CMI) (Gilbert & Levinson, 1956), the California F Scale (Struening, 1957), and Nunnally's (1957) work on popular conceptions of mental health to form a 70-item set.

A factor analysis was done to determine construct validity. During the factor analysis the five above stated factors were obtained. The Thomson pooling square (Thomson, 1951) was used to compute the factor validity coefficients. The validity coefficients are satisfactory for comparing groups.

Reliability for the OMI was established for the purpose of group comparison by Cohen and Struening, in their 1962 study. Cronbach's coefficient alpha, used to establish reliability coefficients of the internal consistency type, was of the generalized form as in the Kuder

Richardson Formula 20 (Tyron, 1957). Cohen and Struening (1962a) gave an estimate of a correlation obtained from the composites of the same number of items drawn randomly from the same item domain. Reliability coefficients for the five factors were: factor A, .62; factor B, .49; factor C, .60; factor D, .21; and factor E, .60. The results were satisfactory for research purposes in all of the five factors except category D which was omitted for the purposes of this study.

Data Collection

A packet was compiled which included a demographic data sheet, an introductory letter, a copy of the OMI scale and a stamped envelope addressed to the researcher (Appendix B). The data sheet requested the following information: age, sex, type of degree, year of graduation, years employed in nursing since graduation, and race.

A list of psychiatric registered nurses' names was obtained from two of the hospitals. The packets delivered to those two hospitals were labeled with the nurse's personal name and assigned hospital unit. The two remaining hospitals refused to give out employee names. The packets delivered to those hospitals were labeled Psychiatric R.N. and the assigned hospital unit. The packets were delivered through the hospitals' mailing systems to the psychiatric

nurses on their assigned units. Those nurses who chose to participate in the study mailed the completed demographic data sheet and the completed OMI scale to the researcher in the enclosed envelope. A sample size of 64 was obtained with 18 nurses in the group with one and a half years or less of psychiatric nursing experience and 46 nurses in the group with more than one and a half years of psychiatric nursing experience.

Treatment of Data

The OMI produces ordinal data which were scored according to the formula supplied by Cohen and Struening (1963). Each factor received the number appropriate to the respondent's position on the agree-disagree continuum. Factor D was excluded from statistical calculations because of its low reliability coefficient. Means were established for each of the four categories of the OMI along with standard deviations. Four Mann-Whitney U tests were run on the subcategories of the OMI scale.

Summary

This chapter described the procedure which was used for the collection and treatment of the data. Areas discussed were: study design, setting, population and

sample, human rights, the instrument and the collection and treatment of data.

CHAPTER 4

ANALYSIS OF DATA

The comparative survey method was used in this study to compare two groups of psychiatric registered nurses. Group A included nurses with zero to one and a half years of psychiatric experience and group B included nurses with over one and a half years of psychiatric experience. Sixty-four participants completed the OMI scale which measured attitudes toward mental illness. This section describes the characteristics of the nurse participants in the study, the statistical tests which were done on the collected data, the results of the study, and a summary of the findings.

Description of the Sample

The sample included 64 registered nurses, 16 (25%) male and 48 (75%) female. Forty-seven (74%) were Caucasian, 11 (17%) were Negro, 4 (6%) were Mexican-American and 2 (3%) checked the "other" category. Eight (13%) participants had diplomas, 22 (34%) had associate degrees, and 24 (38%) had baccalaureate degrees. Figure 1 represents the ages of the registered nurses in the study. The mean age was 33.5

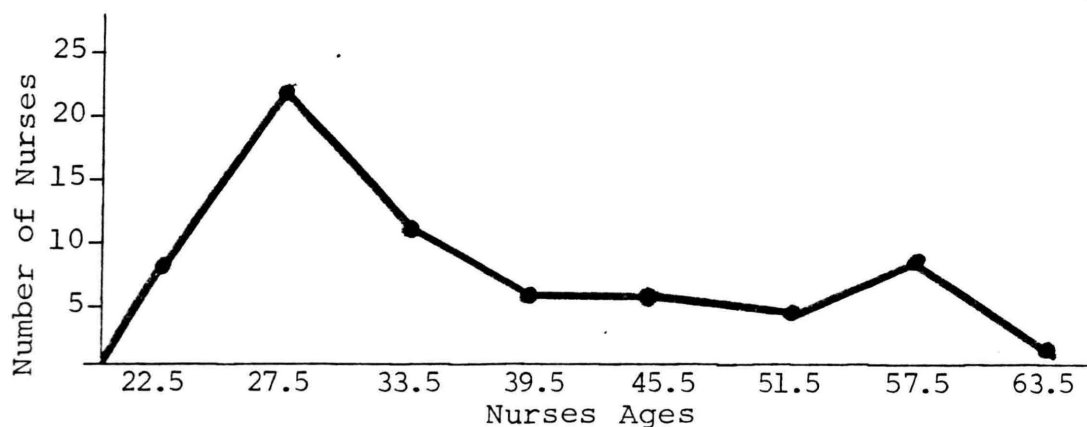


Figure 1. Registered Nurses' Ages in Years

years in the 31-36 age range. Table 1 shows a frequency distribution representing the years the participating registered nurses graduated from their nursing programs. The modal category for this characteristic was 1970-1980. Eighteen (28%) of the sample had been employed on psychiatric units from 0 to 1.5 years, 25 (39%) from 1.5 to 5 years, 12 (19%) from 5 to 10 years, 7 (11%) from 10 to 20 years, 1 (2%) from 20 to 30 years and 1 (2%) from 30 to 40 years. Eighteen (28%) members of the sample had zero to one and a half years of psychiatric experience and 46 (72%) had more than one and a half years of psychiatric experience.

Findings

Descriptive statistics were computed on the OMI scores to establish means and standard deviations. Category A,

Table 1
Year of Graduation from Nursing Program

Year of Graduation	Frequency	Percentage of Sample
1937-1947	4	6
1948-1958	5	8
1959-1969	8	13
1970-1980	47	73
Total	64	100

Authoritarianism, had a mean score of 13.881 and a standard deviation of 6.698. Category B, Benevolence, had a mean score of 49.156 and a standard deviation of 8.707. Category C, Mental Hygiene Ideology, had a mean score of 29.078 and a standard deviation of 7.018. Category E, Interpersonal Etiology, had a mean score of 14.783 and a standard deviation of 4.801.

The Mann-Whitney U was computed on the OMI scores to compare the nurses in group A, those with zero to one and a half years of psychiatric experience, to the nurses in group B, those with over one and a half years of psychiatric experience. Four Mann-Whitney U tests were done on the subcategories of the OMI scale. The hypothesis tested was:

Professional psychiatric nurses with over one and a half years of psychiatric experience will have more negative attitudes toward mental illness than professional psychiatric nurses with one and a half years or less psychiatric experience.

For category A the mean rank for group A was 32.78 and for group B was 28.78. The z score was .8259 and when corrected for ties the two-tailed p equalled .4089. This indicated no significant difference in mean rankings between groups A and B for category A. In category B the mean rank score for group A was 31.17 and group B was 33.02. The z score was .3591 and when corrected for ties the two-tailed p equalled .7195. This indicated no significant difference in mean rankings between groups A and B for category B. In category C the mean rank score for group A was 28.69 and group B was 33.99. The z score was -1.0252 and when corrected for ties the p equalled .3053. Similar to the above categories this indicated no significant difference between groups A and B. In category E the mean rank score for group A was 29.74 and group B was 30.80. The z score was -.2140 and when corrected for ties the p equalled .8306. Again this indicated no significant difference between groups A and B.

Cohen and Struening (1959) computed the possible range of scores for the four categories on the OMI scale. The

range of scores were: category A, 1 to 56; category B, -4 to 66; category C, 31 to 71; and category E, 7 to 37.

Several studies discussed in the review of literature also used the OMI scale to determine nurse attitudes toward mental illness. Table 2 compares the means of these studies for the subcategories of the OMI scale. A one sample t test was used to compare this sample with the norm means (see Appendix C). Category A, Authoritarianism, had a $t = -44.07$ which was significant at $p \leq .01$. The sample indicated an authoritarian approach to mental patients. Category B, Benevolence, had a $t = .15.67$ which was significantly higher at $p \leq .01$. The sample did not indicate a benevolent approach to mental illness. Category C, Mental Hygiene Ideology, had a $t = -19.97$ which is significantly lower at $p \leq .01$. The sample indicated a positive orientation toward mental illness. Category E, Interpersonal Etiology, had a $t = -11.19$ which is significantly lower at $p \leq .01$. The sample indicated a belief in interpersonal etiology for mental illness.

The Kruskal-Wallis one-way analysis of variance was used to compare attitudes toward mental illness of the two groups of registered nurses according to their demographic data. These data were: sex, race, type of degree, age, year of graduation, and years employed in psychiatric

Table 2

A Comparison of Nurse Attitudes Toward Mental Illness
as Measured by the Opinions Toward Mental
Illness (OMI) Scale

Author of Study	Type of Nurse in Sample	OMI Scale Categories			
		A Mean	B Mean	C Mean	E Mean
Present Study ^a (Russell, 1981)	Psychiatric Registered Nurses (<u>N</u> =64)	13.881	49.156	29.078	14.783
Cohen and Struening (1962)	Psychiatric Nurses (<u>N</u> =88)	18.800	45.300	35.300	19.900
Robinson (1973) ^a	Registered Psychiatric Staff Nurses (<u>N</u> =145)	50.900	32.100	46.600	21.500
Murray (1969)	Professional Nonpsychiat- ric Nurses (<u>N</u> =44)	15.800	51.1-0	56.900	20.300

^aCompared by using t-test.

nursing. There were no significant differences in attitude toward mental illness between the groups ($p \leq .01$).

Summary of the Findings

Sixty-four registered nurses participated in this study. The characteristics typical of a participant in this study were a Caucasian female 33 years of age. She had a bachelor of science degree in nursing, graduated in 1975 and had worked three years in psychiatric nursing.

Descriptive statistics establishing means and standard deviations were computed on the four categories of the OMI. Four Mann-Whitney U tests were run on the subcategories of the OMI scale. There were no significant differences in mean rankings between the two groups. The results of this study indicate that when two groups of psychiatric nurses, one with zero to one and a half years of psychiatric experience, completed the OMI scale, no significant differences in scores were found. The stated hypothesis was not accepted.

CHAPTER 5

SUMMARY OF THE STUDY

This study was designed to test the hypothesis: Professional psychiatric nurses with over one and one half years of psychiatric experience will have more negative attitudes toward mental patients than professional psychiatric nurses with one and a half years or less psychiatric experience. This section summarizes the study. It also includes a discussion of findings, conclusions and implications, and recommendations for further study.

Summary

To test the hypothesis of this study a comparative survey study was conducted. Packets containing an introductory letter, a demographic data sheet, and the Opinions Toward Mental Illness Scale (OMI) were sent to 140 psychiatric registered nurses employed in four hospitals in southern Texas. Sixty-four participants (46%) completed the forms and returned them to the researcher. The nurses were divided into group A and group B depending on the length of time they had been employed in psychiatric

nursing. Descriptive statistics were computed on the OMI scores to establish means and standard deviations. Four Mann-Whitney U tests were done on the subcategories of the OMI scale.

Discussion of Findings

The findings of this study indicate that both groups of psychiatric nurses had similar attitudes toward mental illness. These results indicate that negative attitudes toward psychiatric patients were not a problem on the psychiatric units studied. Maslach (1976) stated negative attitudes and loss of concern for clients were indicators of burnout.

Results of the study indicate that there was no significant difference in attitudes toward mental illness between the registered nurses in the two groups when compared according to age. These results conflict with the results of a study done by Clark and Binks (1966) which indicated that the younger, 17-20 years, age group held more liberal attitudes toward mental illness than the older, 50-84 years, age group. Similarly the Stotsky and Rhett's study (1967) also concluded that younger nursing staff with the mean age of 36.6 years were less authoritarian, more benevolent and less socially restrictive than the 50.2 year old age group.

This study did not indicate any significant difference between OMI scores when compared according to type of nursing degree. These results conflict with a study done by Cohen and Struening (1962) which found that education did influence attitudes toward mental illness. The groups tested by Cohen and Struening (1962) were elementary or high school, some college, more college, and graduate and postgraduate categories. Therefore they studied a wider educational range than this study.

In contrast to the results of this study which showed there was no significant difference in attitudes toward mental illness according to experience, Kahn (1976) did find a difference in his study. He found experienced psychiatric nurses held more positive attitudes toward mental illness and adhered less to a belief in interpersonal etiology than psychiatric nursing students and medical-surgical nurse groups.

Conclusions and Implications

The following conclusions are based on the findings of the study.

1. The length of experience in psychiatric nursing did not significantly affect psychiatric nurse attitudes toward mental illness.

2. Age, sex, type of degree, length of experience, year of graduation, and years employed in psychiatric nursing did not significantly affect attitudes toward mental illness.

The results of this study indicate that negative attitudes toward psychiatric patients were not present among the psychiatric nurses represented in the sample. Since Maslach (1976) listed negative attitudes as an indicator of burnout, this may show that the methods which Freudenberger (1977) suggested would prevent burnout were being utilized on psychiatric hospital units. The results also may indicate that the registered nurses who develop negative attitudes toward mental illness may have left psychiatric nursing for another profession or specialty area. There also may be a difference between the actual attitudes of nurses toward mental illness and the way a question is answered on a research tool. Since only 46% of the scales were returned, it also may indicate the psychiatric nurses with more positive attitudes toward mental illness were more motivated to complete and return the scales. The results of this study may also be used in both education and service. Student nurses may be receiving information on burnout preventive measures, and this should continue. On the hospital psychiatric unit the

concern that experienced psychiatric nurses having a negative effect on the attitudes of inexperienced psychiatric nurses is not justified.

Recommendations for Further Study

Several potential studies stem logically from this study:

1. A study of the same type as this using one group of psychiatric nurses with less than a year and a half experience, one group of psychiatric nurses with more than a year and a half experience, and a group of nursing students may reveal significant findings.
2. A study comparing nurse groups from various specialities in the nursing field should be conducted to study psychiatric nurse attitudes toward mental illness.
3. A study comparing the scores of psychiatric nurses on the OMI scale to patients' ratings of the nurses may provide interesting data.
4. A study similar to this study using an instrument more specifically designed to measure burnout may result in more specific information.

APPENDIX A

APPROVALS

TEXAS WOMAN'S UNIVERSITY
HOUSTON CAMPUS
HUMAN RESEARCH REVIEW COMMITTEE
REPORT

STUDENT'S NAME Terra L. Russell
PROPOSAL TITLE A Comparison of Professional Nurses
Attitudes Toward Mental Illness as Influenced
by Experience
COMMENTS: _____

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.



THE UNIVERSITY OF TEXAS MEDICAL BRANCH
GALVESTON, TEXAS 77550

July 1, 1980

MEMORANDUM

TO: Terri L. Russell, R.N., B.S.N. & Helen F. Ptak, R.N., Ph.D.
School of Nursing

FROM: Spencer G. Thompson, M.D. *SGT*
Associate Dean and Coordinator of Sponsored Programs

RE: Human Research Protocol - OSR #80-57
"A Comparison of Professional Psychiatric Nurse Attitudes
Toward Mental Illness as Influenced by Experience"

Having met the conditions set forth by the Research Committee at its meeting of May 28, 1980, your research protocol is now approved.

SGT/meg



Houston International Hospital

June 4, 1981

Ms. Terry Russell
3326 Avenue O
Galveston, Texas 77550

Dear Terry,

This letter is to inform you that Houston International Hospital will participate in your research project for the purpose of collecting data in the development of your thesis, with the following exceptions to your original proposal;

1. All costs are the responsibility of the researcher.
2. That the data collection be done anonymously.

If there is anything else we may assist you with, please feel free to call.

Sincerely,

Welton Calvert

Welton Calvert
Assistant Administrator
Houston International Hospital
6441 Main Street
Houston, Texas 77030



St. Joseph Hospital

1919 LaBranch • Houston, Texas 77002 • Phone 713/757-1000

June 2, 1981

To Whom It May Concern:

Ms. Terri Russell, Graduate Student, Texas Women's University has been granted permission to conduct a research study for her Masters Thesis entitled "Comparison of Psychiatric Nurses Attitudes Towards Mental Illness".

If there should be any questions, please do not hesitate to call me at 757-7507.

Sincerely yours,

Sister Mary Amelia, CCVI
Sister Mary Amelia, CCVI
Director
Mental Health Services Department

SMA/dsm



St. Mary's Hospital
404 Eighth Street Galveston, Texas 77550
(713) 763-5301

March 26, 1980

Ms. Terri Russell, R.N.
St. Mary's Hospital
404 Eighth Street
Galveston, Texas 77550

Dear Ms. Russell:

Pursuant to your request to pursue your thesis, this is approval to contact the psychiatric nursing staff of St. Mary's Hospital for interview purposes.

Sincerely yours,

Thomas F. Kennedy
Associate Administrator

TFK:ja
cc: Sr. M. Cornelius Murphy
Administrator

APPENDIX B

QUESTIONNAIRE PACKET

To Potential Participants:

You are being offered the opportunity to participate as a subject in the research project entitled, A Comparison of Professional Psychiatric Nurse Attitudes Toward Mental Illness as Influenced by Experience under the direction of myself, Terri L. Russell a graduate student at Texas Woman's University.

This is a survey study which will compare psychiatric nurse attitudes toward mental illness. The Opinions Toward Mental Illness scale will be administered to two groups of clinical, psychiatric, registered nurses. The first group will consist of at least twenty registered nurses with less than 1 1/2 years of experience and the second group will consist of an approximately equal number of registered nurses with over 1 1/2 years of experience. This study will examine the effects length of experience may have on psychiatric nurse attitudes toward mental illness.

The potential loss of anonymity and confidentiality are risks to the participants. To minimize these risks, no subject consent form will be required, and therefore no subject names will be needed on any of the forms.

There will be no immediate benefits to the participants, however information obtained from the study regarding the effects of psychiatric experience on nurse attitudes toward mental illness, may have long range benefits to the nursing profession.

Texas Woman's University, like virtually all other universities in the United States, does not have a mechanism to provide medical service or compensation to the injured research subject. Therefore, I understand that I cannot look to any such mechanism to receive financial remuneration for any such injuries resulting from my participation in the project.

I UNDERSTAND THAT MY RETURN OF THIS QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

Please complete the demographic data sheet and the OMI scale, then place them in the enclosed self-addressed stamped envelope and mail it to me. Thank You!

DEMOGRAPHIC DATA SHEET

SEX

☐ Male☐ Female

RACE

☐ Caucasian☐ Negro☐ Mexican-American☐ Other

TYPE OF NURSING DEGREE

☐ Diploma☐ A.D.N.☐ B.S.

AGE IN YEARS

☐ 19-24☐ 43-48☐ 25-30☐ 49-54☐ 31-36☐ 55-60☐ 37-42☐ 61-66

YEAR OF GRADUATION FROM NURSING SCHOOL

☐ 1915-1925☐ 1948-1958☐ 1926-1930☐ 1959-1969☐ 1937-1947☐ 1970-1980

YEARS EMPLOYED IN PSYCHIATRIC NURSING

☐ 0-1½☐ 5-10☐ 10-20☐ 30-40☐ 1½-5☐ 10-20☐ 20-30☐ 40-50

APPENDIX C

STATISTICAL COMPUTATIONS

Statistical Computations Comparing Study Means
to Norm Means

T Values at p Level .01

Category A	$\frac{13.881 - 50.9}{6.698/64 = .84}$	$\underline{t} = 44.07$
Category B	$\frac{49.156 - 32.1}{8.707/8}$	$\underline{t} = 15.67$
Category C	$\frac{29.078 - 46.6}{7.018/8}$	$\underline{t} = 19.97$
Category E	$\frac{14.783 - 21.5}{4.801/8}$	$\underline{t} = -11.19$

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