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AN EXPLORATION OF NURSES' ATTITUDES TOWARDS COMMON MENTALILLNESS

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DECLARATION

I, **Charlene Natasha James**, hereby declare that the work on this dissertation is based on my own work. It has not been previously submitted for a degree or as part of requirements for a degree to any other university or institution.

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"The LORD is my light and my salvation whom shall I fear? The LORD is the stronghold of my life— of whom shall I be afraid? When the wicked advance against me to devour me, it is my enemies and my foes who will stumble and fall. Though an army besiege me, my heart will not fear; though war break out against me, even then I will be confident".

Psalm 27: 1-3

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ABSTRACT

Introduction

Globally the importance of mental illness can be improved by mainstreaming the services that are provided by primary healthcare facilities. In hospitals and primary healthcare facilities, majority of healthcare professionals being nurses'; contribute towards several experiences that peoples face with a mental illness. Stigma and discrimination have been cited leading cause of mentally ill patients not seeking help, and that the negative attitudes of healthcare workers directly contribute to this (Al-Awadhi, Atawneh, Alayan, Shahid, Al-Alkhadhari, & Zahid, 2017). It has been established in previous literature that there is a relationship between the knowledge people have about mental illness and the attitudes they hold towards it (Mavundla & Uys, 1997). Studies have also found that when healthcare staff holds negative attitudes towards mental illness, it impacts on the care that they provide (Aruna, Mittal, Yadiyal, Archarya, Acharya, & Uppulari, 2016).In light of the call for integrated mental health care to be provided at Primary health care facilities, it is important to establish what (if any) attitudes nurses hold towards those with common mental disorders. In addition, it is important to understand how their knowledge on mental health and perceptions influences these attitudinal dispositions.

Stigma has been defined as 1) differentiation and labelling of various segments of society; 2) linking the labelling of different social demographics to prejudices about these individuals; 3) the development of an us-versus-them ethic; and 4) disadvantaging the people who are labelled and placed in the "them" category (Link & Phelan, 2001). Therefore, when a person is labelled due to their mental illness, they are no longer seen an individual beings but as part of a stereotype group. Due to the negative attitudes and beliefs that is created towards this group, leads to negative actions and discrimination (Creating a mentally healthy community, 2009). Negative attitudes, perception, stigma and discrimination towards people living with mental illness and towards mental illness are a major issue to provide effective mental healthcare facilities that are delivered amongst healthcare professions. However, their attitudes and perception would also affect on the amount knowledge that nurses' have around mental illness (Nyblade, et al., 2019). Therefore, the concept of mental illness needs to start from the healthcare professional's perspective for which their attitudes, perception and knowledge needs to be understood. This however needs to depend on a number of key conditions such as a lack of community and family support, education and lack of human

resources. Therefore it is important for attitudes, knowledge and perceptions to be explored among the nursing profession as they integrate healthcare services into the primary healthcare facilities. Aruna et al., (2016) assessed medical students' perception, knowledge and attitudes towards psychiatric disorders. The results appeared that the participant's had limited knowledge and attitudes towards psychiatric disorders. Furthermore, only (25%, n=101) of the students were open to taking up psychiatry in the future, whereas (50.9%, n=206) were reluctant to be involved in psychiatry, while (24%, n=97) were not sure about answering the question. Similarly, Hasan (2020) found that undergraduate nursing student' showed poor attitudes and stigmatising beliefs towards mental illness, and that mental-health-specific training seems to improve perceptions towards mental health while clinical placement would lead to a decrease in negative attitudes and stigma regarding mental health.

The aim of this study was to explore and describe the perceptions, knowledge and attitudes of professional nurses working in primary healthcare hold towards common mental illness in the North West Province.

Material and Methods

This was a descriptive cross sectional study. Self-administered questionnaires were distributed to nurses' working in Dr Kenneth and Bojanala District primary healthcare clinics which included a scale that measures clinician's attitudes towards mental illness known as the Mental Illness Clinician Attitude Scale (MICA). The sample consisted of professional nurses' (n=230). Descriptive analysis was used, to organise and summarise the data, and the demographics of the study, while inferential statistical analysis was firstly used to determine the attitudes nurses' have towards common mental illness, and to determine the attitudes, perceptions and knowledge and then secondly to look at the relationship between these construct.

Results

Overall nurses' in the North West Province were found to hold highly stigmatising or less stigmatising attitudes towards mental illness. Nurses' felt that knowledge and education did not play a vital role or the need for them to educate themselves when it came to treating patients with a mental illness. Majority of the nurses' displayed negative perceptions when providing quality patient care to those suffering from a mental illness and the stigma that is attached to staff that are diagnosed with having a mental illness including the nurses'

themselves. Further analysis revealed that in terms of knowledge towards mental illness, nurses younger held less stigmatising attitudes than older nurses' as they are exposed to more education. As the number of years in the profession increases, nurses' tend to become more reluctant to further their knowledge towards mental illness. In terms of perception towards mental illness, as nurses' qualifications increase so did their perception about being treated for a mental illness decreases. Whereas in term of age and perception towards mental illness, nurses younger in age held more negative views towards mental illness than their older counterparts.

Conclusion

This study explores the attitudes of nurses' towards common mental illness in the North West Province, Primary Health Care settings. The results suggest that it only focused on professional nurses' and excluded other healthcare professionals. From the findings it appeared that nurses' had limited knowledge on mental illness and were not interested in learning more about mental illness. In order to change this attitude, knowledge and perception amongst the health care professionals the different aspects within the ambit of mental illness needs to be addressed via medical professionals.

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ACRONYMS AND ABBREVIATIONS

DKK: Dr Kenneth Kaunda

LMICS: Low-and middle-income countries

MICA: Mental Illness Clinician Attitude Scale

mhGAP: Mental Health Gap Action Programme

MHCUs: Mental Health Care Users

PHC: Primary Health Care

PCC: Person Centred-Care

WHO: World Health Organisation

CHAPTER ONE: INTRODUCTION

1.1 Background

Mental illness has been found to contribute nearly 13% of the global burden of disease and causes a significant burden on society and individual's lives (Thyloth, Singh, & Subramaniam, 2016). Nearly 80% of people suffering from mental illness live in low-and-middle-income countries (LMICs), and according to the World Health Organisation (WHO), nearly one million deaths per year result in the loss of lives due to mental illness (Thyloth, Singh, & Subramaniam, 2016). Despite the progress made in the past decade in improving access and quality of care for patients suffering from a mental illness, a significant treatment gap still remains in LMICs with only one in four South African who are living with a mental illness having access to quality patient care (WHO, 2008; 2014; Lund, 2015).

Within the context of South Africa, mental illness remains underreported and underdiagnosed, resulting in people with a mental illness condition to often face neglect in the mental health system in addition to being stigmatised and discriminated against. Due to this, there has being poor mental healthcare outcomes, isolations and high suicidal rates (Meyer, Matlala, & Chigome, 2019). After the Life Healthcare Esidimeni tragedy which involved the deaths of 143 people at psychiatric facilities in the Gauteng province of South Africa, numerous financial budget speeches have taken place with the health department to ensure that money is put aside to improve mental health facilities across the province over the next 3 years. These include a budget of R1.4 million to be allocated towards psychiatric hospitals and a further R347 million to be allocate within the District Health services according to the Health MEC Bandile Masuku. However, although these speeches have taken place in 2017-2020, and the country has developed a National Mental Health Policy Framework and Strategic Plan 2013-2020, which aims at integrating mental healthcare into a primary healthcare (PHC) approach, mental health still appears to be a low priority in South Africa(Budget speech, 2018; 2019; Jack, et al., 2014, Meyer, Matlala , & Chigome, 2019). Much of the delay in implementation of policies and practices for mental health, has been attributed to lack of buy in from those tasked with caring for the masses as well as lack of training and resources (Maphumulo & Bhengu, 2019).

The WHO Mental Health Action Plan (mhGAP) was developed in 2013 at the 65th World Health Assembly to address mental health well-being by promoting human rights, providing basic care and recovery, and reducing the morbidity of people living with both mental health and disabilities (WHO, 2013, 2017, p.12). The aim was to "scale up services for mental, neurological and substance use disorders for countries especially with low-and middle-income" (WHO, 2017, p.12). The mhGAP aimed to provide a strategy to reduce the treatment gap for mental disorders worldwide given that about 450 million people suffer from mental or behavioural disorders. However before one looks at treatment for mental illness, we need to take a closer look at how healthcare professionals play a role in patients' lives and their treatment.

According to Bjorkman, Angelman and Jonsson (2008), healthcare professionals especially nurses', play a fundamental role in patient's lives when it comes to diagnosing, treating, rehabilitating and referring people who suffer from a mental illness. Nurses' can form a strong bridge between patients, family members and doctors as they tend to have a softer approach when dealing with families and are in constant contact with patients (Warraich, 2019).To fulfil holistic patient care, nurses' need to constantly expand their knowledge and training to perform their duties ethically and legally. However, to provide effective and efficient mental healthcare services, the stigma that is associated to their attitudes and perceptions towards mental illness amongst healthcare professionals needs to be addressed (Ndyanabangi, et al., 2012)

According to Nyblade et al., (2019) stigma is defined as "a powerful social process that is characterised by labelling, stereotyping, and separation, leading to status loss and discrimination, all occurring in the context of power" (p.1). However, the concept of stigma has been receiving widespread attention as it poses a barrier for health care professionals as inadequate training and skills, lack of awareness and stigma in the workplace culture contribute to the stigmatisation to provide quality care and for patients to access quality of physical care, treatment, and recovery. There is, therefore, a need to pay attention to the stigma of healthcare professionals and how their negative attitudes and perceptions are informed by their knowledge on mental illness and subsequent perceptions could likely impact on the way patients receive treatment (Knaak, Mantler & Szeto, 2017).

Nurses play a huge role when it comes to referring mentally ill patients to specialised health facilities and hospitals; by referring them to the right place it is crucial that they

have an understanding of mental illness. Several researchers have stated that nurses' who have negative attitudes, lack of qualifications, and less work experience in the profession affect the way provide quality care to patients. This can further affect the recovery rates and quality of mental health care, while nurses who display positive attitudes have inspired hope and encouragement toward patients. However, the stigma and discrimination of nurses' and other healthcare professional's poor attitudes and perceptions towards people with a mental illness, have results into many problems such as accessibility, treatment, wrongly diagnosing patients and therefore creating a poor mental health outcome. As a result, stigma is seen as a barrier especially for people seeking treatment for their illness, seeking services for disease prevention or support to maintain a healthy life (Nyblade, et al., 2019).Hence, this is seen as a challenge for programs to improve mental health and should start making healthcare professionals more knowledgeable about mental illness, by addressing stigma which is found to influence nurses' attitudes, perception and knowledge about mental illness. If levels of stigma do exist among nurses', interventions that address stigma should be provided to healthcare professional (Satrorius, 2007; Al-Awadhi et al., 2017).

1.2. Rationale for the study

There are a number of reasons for exploring and describing nurses' attitudes, perception and knowledge towards mental illness, and how poor understanding of these factors can affect mental health outcomes. Given that the health system is moving from acute care to person centred care, nurses' are required to treat patients holistically and if nurses' have negative attitudes towards mental illness, this could act as a barrier. This would also relate to how people with a mental illness disorder and mental health care is going to impact on the quality of care that nurses' provide. To ensure that the objectives of the proposed WHO Mental Health Gap Action Programme (mhGAP) are met by the health system, we need to first understand nurses' attitudes towards common mental illness. Understanding the attitudes, perception and knowledge among nurses' towards common mental illness will help to highlight possible interventions that could be implemented for nurses' especially in primary healthcare to provide improved patient quality care in mental healthcare settings.

Thus it appears that mental health and mental illness still has less of a priority compared to other conditions in the health care system due to the consequence of shortage of resources, lack of money to expand healthcare facilities and train more mental health care

professionals, lack of education, infrastructure and stigma that is associated with the challenges to treating mental illness (Chowels, 2018; Mfoafo-M'Carthy & Sossou, 2017). This further contributes to mental health being treated in a silo[1] (Knaak, Mantler & Szeto, 2017). If nurses display negative stigmatising attitudes and perception towards people with a mental illness, this could impact on how to implement mental health programs. Although there are many policies that have being structure towards mental illness, the fact that the health system is moving towards Person Centre Care (PCC), nurses' having a negative attitude towards mental illness could act as a barrier towards providing holistic care. Hence it is important for healthcare professionals to address their attitudes and beliefs about mental illness as it could affect people who have a mental illness to be reluctant to receive and disclose their mental health status. Therefore it is important for nurses' to have positive attitudes and perceptions towards mental illness if quality care is to be provided, and to acquire this nurses' need to have the adequate knowledge and skill (Centers for Disease Control and Prevention, 2012)

However, even though nurses' attitudes are informed by experience and just as much as it is by knowledge and perceptions, it is important to understand factors that contribute to their attitudes, knowledge and perceptions towards mental illness, and this can have an impact on quality patient care. Therefore studies have also looked at factors like age and gender when researching attitudes of healthcare workers towards mental illness (Chambers, et al., 2010).

1.3. Research Gap

Despite the studies to date that have been conducted on attitudes of nurses towards mental illness, few have focused on low and middle income countries and more specifically South Africa. Therefore this study seeks to address this gap by exploring the attitudes, perception and knowledge that professional nurses have towards mental illness in the North West province.

[1] In this study a silo is referred to the attitudes that are found in an organisation that isolated the lack of coordination and communication between mental health care providers and primary care providers.

1.4. Research Aim and Objectives

The aim of this study was to explore and describe the perceptions, knowledge and attitudes of professional nurses working in primary healthcare hold towards common mental illness in the North West Province.

This Study specifically sought to achieve this objective by:

1. To explore the knowledge, attitudes, and perception of nurses' towards common mental illness.
2. To investigate the relationship between demographic factors and knowledge towards mental illness.
3. To investigate the relationship between demographic factors and attitude towards mental illness.
4. To investigate the relationship between demographic factors and perception towards mental illness.

1.5. Research Questions

1. What are the knowledge, attitudes, and perceptions of nurses' towards common mental illness?
2. What is the relationship between demographic factors and knowledge towards mental illness?
3. What is the relationship between demographic factors and attitude towards mental illness?

4. What is the relationship between demographic factors and perception towards mental illness?

1.6. Outline of the Chapters

Chapter One will highlight the introduction of the study, and the rationale of the study.

Chapter Two provides a review of the literature that addresses nurses' attitudes, perception and knowledge and the effects that it has on mentally ill patients. The researcher firstly discusses the current and past literatures on the impact that nurses' attitudes, perception and knowledge have on patients with common mental illness. Followed by a discussion on

South Africa's health care system and the current issues that contribute to nurses' attitudes towards mental illness. This chapter includes the theoretical frameworks which were the 'Labelling' theory.

Chapter Three describes the study site, methods used in the study, study sample, data collection techniques, instruments used, data analysis and ethical considerations.

Chapter Four addressed the results and the findings from the instrument used in the study to answer the research questions.

Chapter Five provides an introduction to the findings of the results that were found in the study, limitations of the study as well as the main findings that have contributed to nurses' attitudes towards common mental illness.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This literature review explores nurses' perceptions, attitudes and knowledge towards common mental illness in the provision of quality care globally and the South African context. The chapter commences with a discussion of the theoretical framework that has attempted to describe the relationship between people's conceptualizations of mental illness. Thereafter, it will highlight the various current and past research studies conducted on exploring this relationship by presenting reviews of other countries to create a holistic and broader understanding of the relationship between nurse's' perception, attitudes and knowledge towards mental illness. Furthermore, it will consider available definitions and concepts concerning the phenomenon under study.

2.2. Discussion of Mental Illness

The words '*mental health'* and '*mental illnesses*' are often used interchangeably, however, they do not mean the same thing. This section conceptualizes the definition of mental illness and mental health and the misconception society has regarding mental illness. As a result of this misconceptions, society discriminating and stigmatising mentally ill people by labelling them as dangerous and a threat to society.

According to Parekh (2015), mental illness can be defined as a health condition that involves changes to the way we think, our emotions and behaviour, which can be affected by distress that is caused by social, economic, financial, work and family functions. There are different types of mental illness with some of the major types being Mood Disorder (depression, mania and bipolar), anxiety disorder (post-traumatic stress disorder, obsessive-compulsive disorder, and panic disorder), Psychotic disorder (schizophrenia), addictions and substance abuse, and personality disorder (antisocial personality disorder and obsessive-compulsive personality disorder) (Parekh, 2015). According to the World Health Organisation (WHO), the burden of mental illness is becoming a worldwide health concern; with an estimate of 450 million people suffer from a mental or behavioural disorder and about one million mentally ill people commit suicide every year (WHO, 2003). About 76% to 85% of people are suffering from mental illness in low-and middle-income countries (LMICs) that have still not received treatment. As compared to high-income countries, were about 35% to 50% of people with mental illnesses have not received treatment (World Health Organisation, 2018).

People who suffer from a mental illness are still regarded as human beings, Ayano (2018, p.1.) asserts that "all people with mental disorders have the right to receive high-quality treatment and care delivered through responsive health care services". Yet in many countries, there remains limited access to treatment and many psychiatric institutions have being degrading, resulting in patients having to move to general hospitals. However, due to limited resources and violations of human rights of people being unable to access mental health treatment, there is still a misconception and labelling of mentally ill people (WHO, 2003).

According to the WHO, mental health is defined "as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to their community" (2014, p.12). If we had to break this definition down further, there are three factors of mental health which are 1) well-being, 2) effective functioning of the individual, and 3) the effective functioning of the community (Westerhof & Keyes, 2010). Mental health also refers to our levels of joy, happiness, fulfilment in the way we feel about ourselves and how we manage stress problems in our life or the way we interact with the world. However, being mentally healthy has a great deal to do with how we manage our day-to-day events including how we manage in our jobs. Promoting well-being is an important factor especially in mental health services, as having a mental illness can affect a person's identity and the ability to maintain their social roles (Slade, 2010). In contrast to this, we are sometimes unaware of the impact that poor mental health can have on our work and lives (Westerhof & Keyes, 2010).

Poor mental health is often overlooked, as we do not understand what mental health is, and therefore we think that mental health and mental illness mean the same thing. For example, stress from a job or poor communication problems in a relationship can all contribute to poor mental health as we fail to look after our physical well-being. Positive mental health includes human health and well-being, where it is not about feeling happy and joyful all the time but being able to cope with problems, eat healthily, exercise and looking after ourselves. To improve our mental health we first need to understand the meaning of mental health and how it affects our daily lives, as well as the type of mental health care facilities that are available (WHO, 2014).

2.2.1. Misconception of Mental Illness

Misconceptions are referred to as the way we incorrectly view things due to misunderstandings (Stanford, 1982, p. 646). It is mostly associated with negative thoughts and attitudes especially around how we see mentally ill people, as this is due to the lack of knowledge and education (WHO, 2003). This lack of education hinders our understandings of the major common mental illness today such as depression and anxiety (Nishanthi & Revathi, 2017). Negatively or falsely labelling mentally ill people as being '*dangerous* or *crazy', 'frightening, unpredictable and strange'* can affect people's daily lives as some are denied employment, educational opportunities and are stigmatised and discriminated in health insurance. Not only are they challenged by the stereotype and prejudices as the results of the misconception of mental illness, they are even robbed of quality of life (WHO, 2003; Nishanthi & Revathi, 2017; Ebrahimi, Namdar, & Vahidi, 2012).

According to Egbe et al. (2014), society has its norms and how people should behave, however even though people with mental illness tend to look physically healthy, the stigmatising misconception around mental illness is that people who do suffer from a mental illness deliberately pretend to be sick. It is this stigma that sets mentally ill people apart from society by labelling them by their mental illness, which in turns makes them outcasts in society. As a result of the stigma being a reality among society and healthcare professionals and attached to mental illness, people with a mental illness are reluctant to seek help or to be treated. Due to the stigma that society portrays mental illness, Health care professionals are seen as corrupt or evil and not having enough specialised training skills in mental illness or unable to do their jobs, due to their negative attitudes, perception and lack of knowledge towards mental illness (Heyman, 2012; Sabella & Fay-Hillier, 2014). The negative stigma that society has on nurses' and mental illness will result in nurses' having a negative attitude and perception on mental illness, which will contribute to how people who suffer from a common mental illness receive quality patient care. However, stigma in healthcare facilities negatively affect people seeking health services especially at a time when they need it the most. In health care facilities, the manifestation of stigma is widely recognised by physical and verbal abuse, outright denial of care and making people wait in long queues just to receive treatment. Even though healthcare professional may not be cognitive of how stigma occurs and the way it affects people and how healthcare policies or structures may affect mentally ill patients, the lack of knowledge regarding mental illness may also drive stigma (Nyblade, et al., 2019). To

combat this negative misconception, nurses' and other practitioners should actively promote mental health and well-being as well as educate themselves about mental illness, to reduce the stigmatising attitudes that they have towards mental illness. However, even though education may have being seen to increase the awareness and knowledge about mental illness, alone it is not effective in creating a positive view with those that have negative attitudes which influences the provision of care for patients. This will help to create an awareness of mental illness and mental health (Heyman, 2012; Ebrahimi, Namdar, & Vahidi, 2012). Therefore the lack of knowledge and negative perception would contribute to the stigmatising attitudes that nurses' have towards mental illness, as nurses are not necessarily equipped in terms of knowledge to provide care.

2.3. Mental Health Care Services in South Africa

South Africa has come a long way since 1994 with the commitment of improving mental health care services through the adoption of the White Paper for the Transformation of Health Systems and the Mental Health Act No. 17 of 2002 as this paper aims to promote human rights, institutional treatment and community-based care (Ramokgopa, 2012). The Mental Health Care Act 17 of 2002 was developed in South Africa, as a framework for dealing with the problems that were associated with mental health and to actively promote intervention support services and community-based care, treatment and rehabilitation services. The Act aims:

> to provide for care, treatment, and rehabilitation of persons who are mentally ill; to set out different procedures to be followed in the admission of such person; to establish review boards in respect of every health establishment; to determine their powers and functions; to provide for the care and administration of the property of mentally ill person' to repeal certain laws, and to provide for matters connected therewith (Mental Health Act 17 of 2002, p.1).

Despite the efforts of the Mental Health Care Act, there are many barriers to the effective implementation of its directives. These barriers include significant socioeconomic and financial factors, lack of training in mental healthcare services, unavailability of mental health policies, inadequate resources, poor communication skills between nursing staff and management and the lack of skilled nurses in primary health care to identify mental illness (Hlongwa & Sibiya, 2019). In the slow treatment process, socioeconomic and financial constraints to provide mental health patients with efficient mental health care facilities in

LMICs such as South Africa. Therefore the WHO along with the South African government have expressed that mental health care must start and be integrated at PHC services (WHO, 2008).

However, even though South Africa has made significant advances at the level of health policy development and legislation, the implementation of the right to health for people with a mental illness is far from being achieved in South Africa (Schierenbeck, Johansson, Andersson, & van Rooyen, 2013) . Hlongwa and Sibiya (2019) found that some of the challenges that have hindered the implementation of integrated mental health care in KwaZulu Natal were a lack of training in mental health care, unavailability of mental health policies, inadequate resources, poor communication between management and staff, misdiagnosing of patients and lack of skills among PHC nurses when it came to mental illness. Nurses' felt that they lacked the ability and skills to implement such policies and therefore should be encouraged to develop their knowledge and skills through their careers. Therefore, nurses need to be consulted in the development of mental health policies to ensure that the policy addresses nurses needs, supports and problems regard mental illness and to provide them with the training, support and guidance to implement such policies, which will enable them to have the support, guidance and training. Hence these barriers also contributing factors towards nurses' attitudes and perceptions towards mental illness.

2.4. Nurses' perceptions, attitudes and knowledge towards mental illness in Primary Health Care (PHC)

Appropriate, efficient and quality of health care services to improve a person's health is the aim of all health systems and health care services. According to the WHO, PHC is the first level of contact that individuals make in terms of receiving adequate health care, which forms an integral part of a countries health care system (WHO, 1978). After the 30th anniversary of the Alma-Ata Declaration in 2008, the WHO published a report called *The World Health Report 2008: Primary Health Care; Now More Than Ever,* aimed to address four sets of PHC reforms which are "service delivery reforms to make health systems people-centred, public policy reforms to promote and protect the health of communities, leadership reforms to make health authorities more reliable and universal coverage reforms to improve health equity" (WHO, 2008, p. xvi; Rifkin, 2018).

While PHC remains weak in many countries especially with regards to poor quality of care and insufficient staff members, the WHO and UNICEF will continue to promote PHC as

the leading foundation in health and healthcare facilities to achieve a patients well-being and a healthy lifestyle, making sure that everyone is catered for in PHC facilities. Although safe primary care and good quality of care is an essential component in the PHC approach, that is not enough as policies, actions and empowering people and the community is also required to attain a higher standard of the health system when educating people about mental health. Treating communities and people as the fundamental elements in contributing to their health and well-being, it is crucial to understand the importance of a PHC approach (WHO, 2018).

2.4.1. Attitudes and Perceptions of Nurses'

Even though the conceptions of perceptions and attitudes are defined below, for the purpose of this study they will be presented together, as generally studies have presented these two concepts together as they both influence one another.

An attitude can be defined as the way an individual thinks or feeling about a person or topic (Waite, 2013), as your attitudes are linked to the way you perceive things. Our attitude is shaped by our knowledge and our perceptions, and if one has limited knowledge regarding a certain resource, it will result in a person developing negative attitudes and therefore behaving in a stigmatising way towards someone. For example, society has awareness that mental illness is surrounded by negative attitudes and stigma, as mentally ill people are seen as unpredictable and dangerous. If people's knowledge towards mental illness is less stigmatising then one would have a positive attitude towards mental illness. Therefore, society's perception and knowledge is link to how attitudes are forms and how these attitudes are then linked to the way people behaviour. In this context, the researcher will look at current and past literature on how nurses' attitudes are shaped by their knowledge and perceptions towards mental illness, and how these attitudes affect their behaviour and actions to treat patients.

A perception is regarded as the way individuals see or become aware of the way you understand something (Waite, 2013) and in this context, the researcher is looking at how nurses perceive mental illness personally in their lives and the nursing profession.

Mental illness stigma has being a topic that is spoken in many communities all over the world, not just with the general population but also healthcare professionals. In most society mental illness has carried a huge amount of stigma, which is related to a lack of knowledge, negative attitudes (prejudice) and avoidance behaviour (discrimination). It is

through this stigma that mentally ill people are labelled and treated differently from other people. Martensson, Jacobsson and Engstrom (2014) state that our attitudes towards mental illness are formed due to a lack of knowledge, experiences of mental illness and qualification levels. Due to this, nurses' behaviour and actions are linked to their attitudes. Their knowledge and perception about mental health will influence their attitudes which will therefore influence treatment and care towards mentally ill patients. Research has shown that health care professionals are unaware of the their negative attitudes towards mental illness and how by labelling someone in a certain way can result in harm to a patient can hinder the delivery of person centred care (Hsiao, Lu, & Tsai, 2015).

From the literature we know that knowledge of mental illness relates to how we perceive mental illness and how we then act towards people with mental illness. For example if someone has limited to no knowledge of what mental illness is and has only ever heard and seen mental illness portrayed in a negative light, this would influence how they behave towards mental health patients. However, interestingly, the literature also states that our attitudes are influenced by certain demographics like age and gender (Martensson, Jacobsson, & Engstrom, 2014; Hsiao, Lu & Tsai, 2015; Sari & Yuliastuti, 2018).

A study conducted in five European countries by Chambers et al., (2010) compared the attitudes of the health care workers with the attitudes of the MHCU's to mental health illnesses. The five countries that were used were Finland, Lithuania, Ireland, Italy, and Portugal. Their findings concluded that generally, nurses' hold positive attitudes towards people with mental illness which depended on nurses' age, qualifications, educations, and experience. Attitudes differed across countries; Portuguese nurses' attitudes were higher than Lithuanian nurses. So even though nurses' attitudes did differ in some countries they are largely similar especially when associated with being females and with the senior position. Given that nurses' across Europe experience attitudes towards mental illness differently, it is evident that when they received further education towards mental illness they tend to have a positive attitude. Understanding mental illness not only helps to provide a positive quality of care but prevents people from having a stigmatising and discriminating label of mental illness. However, this study has shown that due to the small sample size of participants we still do not know enough about nurses' attitudes towards common mental illness and how this could impact PCC (Chambers et al., 2010).

The delivery of Person Centred Care (PCC) in health and human services is the core feature of quality care when it comes to nursing care. It does not only involve speaking and listening to a patient in need but allowing the patient to get involved in every stage of their health care and treatment, by making their decision about medical care a central point (Hsiao, Lu, & Tsai, 2015; Calisi, Boyko, Vendette, & Zagar, 2016). A study conducted by Tees and Ozcetin (2016), focused on designing a person-centred education approach to evaluate the attitudes of nursing students towards people with mental health problems. It was found that through semi-interviews three themes emerged from the data which were 1) moving from fear to understanding, 2) meaning attributed to mental illness, 3) promoting hope and positive change in the students that could be inhibited to future practices. For PCC to be incorporate in quality care for patients, these student nurses' needed to work on their values and attitudes to develop their insight by incorporating practical knowledge and education into their clinical practices. This showed that spending quality time with people who have a mental illness condition deepened their understanding of the illness and challenged their negative assumptions. Hence, the importance of facilitating practical experience with people living with a mental illness into the education curriculum would overcome prejudice, stigma or fear, which will promote positive attitudes among nurses' and would increase their knowledge about mental illness and create a PCC approach (Tee & Ozcetin, 2016) According to Haydon and Bronwe (2018), each patient's care and needs are unique and depends on the type of treatment and diagnostic illness that they have, as their needs, illness, and wishes are all contributing factors to PCC that nurses' provide. However, if nurses' portray a negative attitude and perception towards mental illness and people suffering from a mental illness, it will affect PCC and how people receive treatment (Haydon & Browne, 2018).

Nursing has become a growing profession worldwide, especially in integrating mental illness in PHC facilities. Several studies conducted in LMICs have investigated nurses' attitudes towards mental illness (Abera et al., 2014; Dube & Uys, 2015; Mfoafo-M'Carthy & Sossou, 2017). A study done in uThungulu Health District in KwaZulu-Natal among PHC nurses reported that they have positive attitudes and beliefs towards people with a mental illness, however, felt that they have inadequate knowledge when it comes to managing psychiatric patients (Dube & Uys, 2016). Even though, nurses' tend to have their perception of who they are as professionals, especially in PHC settings where they have to stop being nurses' and be every other profession such as doctors, pharmacists,

administrators, ETC, resulting in them losing their professional identity. These added roles end up demanding more time out of nurses' which make them lose focus in providing care to the community which should be their focal responsibility. This results in them being burnout stressed and distance which causes them to be less empathic towards patients (Fernandes, Silva, Silva, Torres, Dlas, & Moreira, 2018).

Basson, Julie and Adejumo (2014), conducted a study to identify the factors which influence the attitudes and perceptions of professional nurses towards the mental illness. Setting in a governmental associated psychiatric hospital in the Western Cape, South Africa, and a sample of 60 professional nurses' we selected from the institution of 90 permanently employed nurses. The researchers found that even though majority of the participants were female nurses', a number of factors such as (length of time worked in mental health, degree of diploma that professional nurses' obtain, the ward in which the nurse is currently working in) all play a significant role in the perceptions of nurses' competence to treat patients with a mental illness. However factors such as educational levels, experience in mental health and aged determined the kind of attitudes that nurses' developed towards the mentally ill, which were found that younger generation of nurses tend to have negative attitudes, fear and stereotypes against mental illness than compared to the older generation of nurses' (Basson, Julie, & Adejumo, 2014). As they are seen to be more vulnerable and overwhelmed when entering a new work environment and find it hard to adapt especially without the help of support. A study conducted by Mabala, van der Wath and Moagi (2019), aimed to explore newly qualified nurses' perceptions of working at mental health facilities. The research revealed four themes: fear related to the mental healthcare environment; self-doubt upon meeting the expectations of the inter-professional team; ways to adjust to the challenges; and confidence as mental health professionals. They felt that their perception towards mental illness was affected by the lack of awareness of their limited knowledge, skills and understanding of a patient's state of mind as well as to remain calm when challenging situations arises (Mabala, van der Wath, & Moagi, 2019). Hence to improve perceptions towards mental illness, mental health specific training need to take place this in turn would decrease in the negative attitudes regarding mental illness (Hasan, 2020).

Abera, Tesfaye, Belachew, and Hanlon (2014) conducted a study in South-West Ethiopia that aimed to assess the challenges and opportunities arising from integrating mental health

care into primary health care. The findings showed that all the participants had positive attitudes towards mental illness and supported the need to integrate mental health care into PHC services, however, 96.7% felt that further training is needed to provide adequate mental health care and that health systems and structures such as lack of rooms, poor supply of medication and absent specialist supervision were identified as a challenges for these participants to integrate mental health care in PHC (Abera, Tesfaye, Belachew, & Hanlon, 2014). This study has shown that other stakeholders within the health system such as health facility managers, people with mental health problems and community-based health workers to name a few were not included in the study, which could affect their attitudes towards people with a mental illness. Furthermore, the PHC workers contributions were based on perception rather than on actual experiences of task sharing, due to the fact they were currently not delivering mental health care at that time (Abera, Tesfaye, Belachew, & Hanlon, 2014). Similarly, another study conducted in Finland focused on nurses' attitudes towards people with a mental illness and the factors that are associated with their attitudes in PHC facilities. The findings conclude that nurses' have a positive attitude towards mental illness, however, younger nurses' who do not have further psychiatric educational training tend to have fear towards the mentally ill (Ihalainen-Tamlander, Vahaniemi, Loyttyniemi, Suominen, & Valimaki, 2016). A study conducted in Ethiopia by Sahile et al., (2019) focused on primary health care nurses' attitude towards people with severe mental disorder in Addis Ababa. Their findings concluded that primary healthcare nurses' who were females, had a diploma, had less than 5 years working experience, poor knowledge about mental illness and less training display negative attitudes towards people with a severe mental illness (Sahile, Yitayih, Yeshanew, Ayelegne, & Mihiretu, 2019).

A study conducted by Hsiao, Lu, and Tsai (2015) focused on factors that influenced mental health nurses' attitudes towards people with mental illness, The findings, however, concluded that nurses' were found to have negative attitudes towards patients with substance abuse as compared to those who suffered from major depression or schizophrenia. Nurse's who were much older and had more clinical experience were found to show more empathy and positive attitudes towards patients with mental illness. Concerning working environments, nurses who worked in an acute psychiatric unit had shown negative attitudes compared to psychiatric rehabilitation units and outpatient clinics or community psychiatric rehabilitation centres (Hsiao, Lu, & Tsai, 2015).Similarly,

another study conducted by Matthews et al. (2016) focused on the attitudes of nurses' towards caring for the mentally ill at a rural general hospital. Their findings concluded that minority of the nurses' had a positive attitude towards the environment in which care has been offered to mentally ill patients, however majority of the nurses' had negative attitudes towards mental illness, Demographic factors such as females, 6-10 years work experience and older nurses were also a contributing factor that played a role in nurses' negative attitudes. Nurses' felt that in order to change their misconception regarding their attitudes towards mental illness there needs to be more trained psychiatric nurses in general hospitals as well as continuing educational workshops or educational training. (Matthews, Rhoden-Salmon, & Silvera, 2016).

Rao, et al. (2009), conducted a study that assessed stigmatised attitudes among health care professionals towards mental health patients. The instrument used to assess the 180 participants was the Attitude to Mental Illness Questionnaire. The researchers found that participants have high stigmatising attitudes towards substance abuse disorder, enduring mental illness and patients in a forensic hospital than compared to short-lived psychotic episodes (Rao, Mahadevappa, Pillay, Sessay, Abraham, & Luty, 2009). Generally, this finding shows that social desirability may affect the results indicating a negative view of patients that have substance abuse disorder. This is relevant to the researcher's studies as it indicated that, although healthcare providers are supposed to have an open view of mental illness.

Mavundla (2000), a study was conducted to explore the professional nurses' perception of nursing mentally ill people. Setting in a tertiary urban hospital in Durban, a sample of 12 nurses who at one time or another was involved in nursing mentally ill people, was selected from a population of 800 professional nurses that are employed in the setting. The researcher found that four themes had emerged from the findings which were perception of self (in terms of their capability and knowledge to deal with the symptoms of their patients), perception of a patient, perception of emotions that could hinder the way nurses' care for the mentally ill and perception of their workplace (Mavundla, 2000). It was found that nurses' in this general hospital, portrayed negative perceptions which affected their functioning as nurses' within their workplace. Nurses' felt that they need more knowledge and skills to help mentally ill people and should be given emotional support for example counselling, as some feared these mentally ill people in the wards (Mavundla, 2000). Globally the need for mental health care has been a major problem, due to human

resources shortages, policy changes, and poor services deliveries especially in LMICs, with people who have severe mental illness, live far from treatment facilities and are unable to access quality care (Wainberg, et al., 2017). However poor service deliveries are brought upon by many nurses' not being employed by the government, hence community and patients are bound to complain as 'fewer nurses' cannot do the job of thousands of nurses' (Pieterse, 2019). The future aims of PHC are first to bring together the implementation of shared values such as social justice, equity, and community participation so that everyone can receive the health care they need and secondly to combat the current barriers that are hindering PHC today (Rifkin, 2018).

From the literature and studies presented above, it is evident that knowledge and perceptions do impact on the attitudes one holds towards people with mental illness. Additionally these duties have also highlighted the relationship between certain demographics like age and gender and how this relates to the attitudes and perceptions health care workers hold. . It is important that nurses' need to become more aware of their attitudes and perceptions, and its implications it can have towards patients with a mental illness. However, in order to change nurses' perception and attitude towards mental illness and to provide provisional quality of care, it is evident that there is still a stigmatising label towards mental illness and this is due to limited education, lack of human resources and knowledge that nurses' have towards mental illness.

Despite these findings, there is little literature known within the South African context, therefore this study will explore nurses' attitudes towards common mental illness. Hence to promote quality person centred care towards people with a mental illness, the researcher wants to understand and explore how knowledge and perception contributes to nurses' attitudes towards mental illness.

2.4.2. Knowledge of Nurses'

Knowledge can be defined by how we know something in terms of theoretical, practical or facts, and in this context, the researcher is looking at how knowledge is vital when it comes to nurses' interacting and treating patients ((Hall, 2005).

Knowledge is important to raise awareness of a nurse's personal and professional being which can help them practice and improve patient care (Hall, 2005). Nursing education and training in South Africa is regulated by the South African Nursing Council (SANC) through the Nursing Act No. 33 of 2005, which is responding to changing needs,

expectations and priorities in health and healthcare. Due to the demanding changes in the burden of diseases, nursing qualifications have being revaluated so that nurses' who acquire the necessary knowledge, skills and behaviour are able to improve patient healthcare as well as being able to work in a variety of roles such as practitioners, educators, leaders and researchers. Therefore, it is important that student nurses' training to become healthcare professional have to have adequate training in mental illness (Mahlathi & Dlamini, 2017; Sawadogo, Lameyre, Gerard, Bruand & Preuz, 2020). Sawadogo et al., (2020) focused a study to explore the knowledge, attitudes and practices regarding mental health amongst health professionals at the end of their curriculum in Burkina Faso. It was found that nursing students have very limited time dedicated to mental disorder in their curriculum. The nursing students described their hospital training experience as a way to apply their theoretical knowledge that they have learnt in the classroom. Their self-confidence started to increase with the help of mental health internship. Therefore, having clinical training in the curriculum is the upmost important, however their lack of knowledge and clinical experience with patients have lead these student to have negative attitudes towards people with a mental illness (Sawadogo, Lameyre, Gerard, Bruand, & Preux, 2020). Hence, continuous training is a fundamental need to assist nurses to further develop their skills and knowledge which could be used to change their behaviour and attitudes towards mental illness. However with this in mind, education of nurses would depend on the needs of each country, the role nurses needed and resources that are available (World Health Organisation).

Chaudhary and Mishra (2009) conducted a study on exploring the knowledge and practices of general practitioners regarding psychiatric problems in India (Ludhiana). Out of the sample of 158 non-psychiatric general practitioners, 95% of them were aware of the etiology of mental illness and knew of the available treatment facilities. However, 79.7% of the practitioners did not know anything about the diagnostic criteria or where they exposed to training on how to deal with the mentally ill, as they treated their psychiatric patients in their own intuitions. It is found that 98.5% of general practitioners, who provide mental health services at primary healthcare facilities, feel that they need proper training and orientation in the management of patients in order to improve the quality of healthcare (Chaudhary & Mishra, 2009). Similarly a study conducted by Ramalisa, du Plessis and Koen (2018) aimed to increase coping and strengthening resilience in nurses who provide mental health care. The study found that in order to strengthen their resilience to care for

mentally ill involuntary patients, management needed to consider in-service training, education, trained staff and team work. It is evident from these studies that knowledge is a vital component for nurses' to provide quality mental health care, treatment for patients and to rightfully diagnosis patients (Ramalisa, du Plessis, & Koen, 2018)

It is evident from the literature above, that without the integration of mental illness policies into PHC facilities and the appropriate training and exposure to common mental illness this will most likely affect the treatment of patients in the sense that it is more likely for them to be diagnosed incorrectly due to a large extent a lack of knowledge. Although nurses' are seen as the first contact in mental health care, having limited knowledge, a negative perception and attitude towards patients suffering from mental illness, could impact on the type of care they provide. Therefore, the purpose of this present study was to explore and describe nurses' attitudes, perception and knowledge towards common mental illness and determine the role of gender, age and education in relation to these.

2.5. Factors that influence the relationship between Nurse's perception, attitudes and knowledge towards Mental Illness

Although it is evident from the above research, the researcher has found that studies have highlighted that nurses' possess both positive and negative attitudes towards mental illness. Factors such as education, personal factors, and community education, all have played a vital role in nurses' attitudes especially by how they understand mental illness. These factors will be discussed in detail below.

2.5.1. Education

Education is seen as an important foundation in any profession, with nurses' providing treatment and care, in many countries psychiatric education of nurses' seem to be inadequate; with their roles in providing quality mental health care is underdeveloped. Knowledge and skills can contribute tremendously to promoting mental health but also educating the public to prevent and treat mental illness. In terms of the topic of mental illness, it firstly needs to be introduced in the earliest stages of the nursing curriculum, with further education to assist nurses once they are qualified (WHO, 2003). However, with additional education and training will help nurses not only understand mental illness and their capabilities on how to treat mentally ill patients but will also help them deal with their stigma about mental illness (Mavundla, 2000). Although nurses' complete a four-year degree continuous training and skills are required to help them provide quality health care.

Changing of medications, new technology, ETC, aspects around mental illness keep evolving every day. For nurses' to keep up with the new trend, the workforce needs to provide programs to adapt to their nurses. However, older nurses' in this profession feel that nowadays nurses' lack general compassion and only see this profession as merely a job. This could be brought about as a result of the education bar requirements being lowered for people to enrol in a nursing academy. Due to various complaints from patients who have receive poor quality of care, the Kwa-Zulu Natal Health MEC Dr. Sibongiseni Dhlomo had announced that the department will look into getting retired nurses to come and assist with training future nurses (Pieterse, 2019). If nurses' feel more confident in their profession, they will have positive attitudes and perceptions towards mental illness. Nurses' will be able to educate the community's perception and attitude of the stigma and discrimination and to stop the labelling of mental illness.

2.5.2. Personal and Community Education

Personal and community perception and attitudes of mental illness varies in different countries and cultures, as people have different beliefs and views about mental illness. Although it is beneficial that the public knows about mental illness, it is often being said as a neglecting factor. As a result, they fail to recognize and understand mental illness, which could harm people receiving treatment (Benti, Ebrahim, Awoke, Yohannis, & Bedaso, 2016).In many countries the causes of mental illness can be seen as biological, social-environmental or supernatural; our beliefs about the causes can also hinder the type of treatment we respond to. For example: if one believes that mental illness was caused by supernatural causes, then a person would seek help from a traditional healer, resulting in them being more reluctant to western medication (Jorm, 2000).

People's beliefs about mental illness can be the main factor leading to labelling and stigmatisation of the mentally ill. However, one's perception changes in time as the education and awareness about mental illness changes, as education and social media are the leading factors that can change a society's perception and attitude towards a more positive perspective (Benti, Ebrahim, Awoke, Yohannis, & Bedaso, 2016). According to Benti et al., (2016) conducted a study on community perception towards mental illness among the residents of Gimbi Town. The research found that the community had negative perceptions towards mental illness and this was found among the old aged, less educated, private workers, people who were unable to access information about mental health and family members who had no history of mental illness. Study was done in South Africa also

found out that stigma and misinformation's regarding mental illness do exist, with more emphasis on educating the public about mental disorders (Hugo, Boshoff, Traut, Zungu-Dirwayi, & Stein, 2003). A study conducted among family members in a selected community on the iLembe District of KwaZulu-Natal to help make recommendations on how to cope with a family member's mental illness found that family-related stigma of mental illness does exist due to lack of education. Education awareness needs to address the myths and facts regarding mental illness, family stigma, and stigma interventions. This will help to curb the negative stigma that communities and family members have regarding mental illness (Nxumalo & Mchunu, 2017).

Presently, not enough awareness is still created among mental illness. From the research studies above stigma and discrimination play a vital factor in the misconceptions of mental illness. Education, interventions and brochures and social media campaigns need to be designed to reduce the stigma and discrimination that the community has about mental illness (Egbe, Brook-Sumner, Selohilwe, Thornicroft, & Petersen, 2014). This will only happen if nurses' stand as a mental health advocate to promote mental illness and should especially start in PHC facilities.

2.6. Theoretical Framework

Several theoretical frameworks have been used in an attempt to explain nurses' attitudes towards mental illness, which is either negative or positive (Fairall, et al., 2018). This study will structure the discussion of literature about mental illness using the conceptual model of Labelling Theory, which is well suited to exploring nurse perceptions and attitudes towards people living with mental illness (Pasman, 2011).

2.6.1. Labelling Theory:

According to Markowitz (2013), Labelling Theory can be defined as "a framework for understanding the effects of the stigma that is associated with the devalued status of people with mental illness" (p.46). A mental illness can be defined as a serious health condition that can lead to distress and disability that undermines the functioning and development of a person's quality of life. However, classifying a person to be mentally ill can be hard at times as people tend to behave differently. Despite healthcare providers and people living with mental illness joining forces to partake in interventions to attain a better life, many people still do not seek treatment or participate in healthcare interventions (Corrigan, Druss, & Perlick, 2014). This is due to the discrimination around the stigma of mental

illness that people refuse effective treatment and care. Being labelled as "*mentally ill"* can have a significant effect on an individual's life, as individuals get attached to these labels and develop a stigma once these labels have taken form. Labelling individuals in society especially those that suffer from a mental illness places a negative stereotype on them. Being labelled with a mental illness, an individual believes that they are different from others, dangerous, weak and incompetent (Markowitz, 2013). This is due to the way the public responds to people with mental illness (Markowitz, 2013).

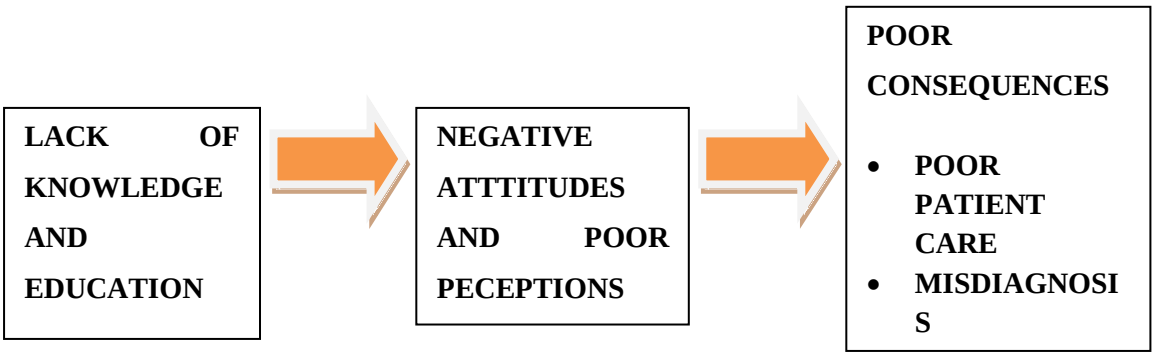
Thomas Scheff who was the first to apply labelling theory to mental illness, as described in his book "Being Mentally Ill" (1966), and claimed to believe that one's expectations and behaviour internalises and forms the central identity of an individual, which in turn completes the process of being "*mentally ill".* If society finds an individual acting strangely then they usually place the term of mentally ill on those that show strange behaviour. The individual then subconsciously changes his or her behaviour to suit the expectations of society (Scheff, 1999). However, Walter Gove (1970a) on the other hand felt neither that labelling nor the society affects a person suffering from mental illness. However, it is their behaviour that portrays them to be mentally ill. He claimed that when an individual is mentally ill, they behave in a certain manner and society treats them in this manner due to their behaviour. Due to this treatment from society, mentally ill people have a poor quality of life as they are not able to provide for themselves. Hence they isolate themselves from others failing in receiving of delaying quality treatment, as a fear of being labelled mentally ill (Scheff, 1974; Panayiotopoulos, Pavlakis & Apostolou, 2013).

According to Pasman (2011), people often find it hard to speak and understand their mental illness, as they feel ashamed due to this illness. As a result of this society places people into groups and differentiates between '*normal people* and *mentally ill'*. This not only leads to stigmatization and discrimination but creates low self-esteem, depressive symptoms and limited social networks towards mentally ill individuals (Pasman, 2011; Panayiotopoulos, Pavlakis & Apostolou, 2013). However, there has being some gap in the literature that fails to look at the positive psychological impact of being labelled with a mentally ill diagnosis (Pasman, 2011). There are some positive aspects of labelling theory as it can help an individual receive the right treatment and support programs, it helps one to understand and be educated around their illness, and it can provide relief when one behaviours in a certain way that society does not accept them. Hence a label can provide a person with an opportunity to rehabilitate and empower themselves against stigma and

discrimination, which in turn increases their self-esteem and well-being. As society would have a better understanding and is more forgiving towards any unacceptable behaviour (Pasman, 2011).

Contrary to this, although there is research which states that labelled mental illness can have a positive effect on an individual's life with treatment and effective coping strategies, research is still limited in this area. The majority of research shows that labelling people with a mental illness do lead to negative outcomes, such as discrimination and feelings of rejection which could worsen their condition. Labels that can be stigmatizing, can also lead to proper recovery and treatment because individuals would now understand why they behaviour in a certain manner. Hence this theoretical construct will help to explore nurse's perception and attitudes towards mentally ill patients, by illustrating whether their diagnostic labelling of patients have an influential impact to proper treatment, and how educating the public could create a positive label towards mental illness. Although there are other theoretical frameworks such as Goffman's theory of social stigma, labelling theory is the most appropriate, as it helps us to explore the interactive process of labelling and how social and economic structures impact a person to display deviant behaviour.

2.7. Conceptual Framework for this study



As explained in the rationale of the study, the health care system is moving from an acute care to a person centred care in South Africa. Therefore nurses' are required to treat patients holistically, and if nurses' have negative attitudes towards mental illness, this could act as a barrier. This would also relate to how people with a mental illness disorder and mental health care is going to impact the quality of care that nurses' provide. It is assumed that with better knowledge and education of mental illness are more likely to have positive attitudes toward the mentally ill, which will result in a better nurse-patient relationship and quality of patient care. However, Ndetei et al,. (2011) state that (Ndetei,

Khasakhala, Mutiso, & Mbwayo, 2011) having knowledge about mental illness by primary healthcare professional does not always reduce their association with stigma nor improve nurses' attitudes.

Morris et al., (2011) state that "the harbouring of negative attitudes by nurses towards any patient can have implications for recovery" (p.460), and therefore equipping nurses with knowledge and education could improve their attitudes towards people with a mental illness, as well as reduce the stigma and fear that nurses' have about mental illness. However, research does indicate that there is a significant positive relationship between nurses' attitudes and their practice (Jiang, He, Zhou, Shi, Yin, & Kong, 2013). Therefore, the literature states that to moderate the relationship between attitudes, perception, and quality of care, it depends on the knowledge, education and skills that nurses' have towards mental illness, however it is evident in the literature above, that nurses' gender, age and qualifications are contributing factors towards their attitudes and it is because of this attitudes and perception, that can hinder or provide quality patient care. If one displays a positive attitude and perception and quality of knowledge towards mental illness, this will help reduce the stigma against people being labelled by mental illness.

This study will therefore explore and describe the perceptions, knowledge and attitudes of professional nurses working in primary healthcare hold towards common mental illness in the North West Province.

2.8. Conclusion

Nurses', in general, have positive attitudes to MHCUs from these studies**,** as it shows that many factors impact the MHCUs ability to receive accessible quality health care. These factors include shortage of staff, lack of resources, and lack of skills and knowledge of nurses. To improve the attitudes of nurses' in future studies, we need to understand the impact of negative attitudes on MHCU treatment.

CHAPTER THREE: METHODOLOGY

3.1. Introduction

This chapter describes the research methods that were used in this study, which include research design, study site, the size and sample of the participants, describe the data collection techniques, data analysis, the instruments used for the study and the ethical considerations for underrating the study. Secondary data has been used for this study which was part of a PRIME project.

3.2. Research Aims

The aim of this study was to explore and describe the perceptions, knowledge and attitudes of professional nurses working in primary healthcare hold towards common mental illness in the North West Province.

3.3. Research Objectives

1. To explore the knowledge, attitudes and perception of nurses' towards common mental illness.

2. To investigate the relationship between demographic factors and knowledge towards mental illness.

3. To investigate the relationship between demographic factors and attitude towards mental illness.

4. To investigate the relationship between demographic factors and perception towards mental illness.

3.4. Research Questions

1. What are the knowledge, attitudes and perceptions of nurses' towards common mental illness?

2. What is the relationship between demographic factors and knowledge towards mental illness?

3. What is the relationship between demographic factors and attitude towards mental illness?

4. What is the relationship between demographic factors and perception towards mental illness?

3.5. Study Location

The study took place in the North West Province in South Africa. North West Province lies in the north of South Africa on the Botswana border. It has a population of 3 748 436. The major contributor to the province is mining which represents a quarter of South Africa's mining industry. There are four municipality districts in the North West Province which are Bojanala Platinum, Dr Kenneth Kaunda, Dr Ruth Segomotsi Mompati and Ngaka Modiri Molema (North West Municipalities, 2012-2018). The two districts that have been used for this research are Dr Kenneth Kaunda District (DKK) and Bojanala Platinum (BP) District.

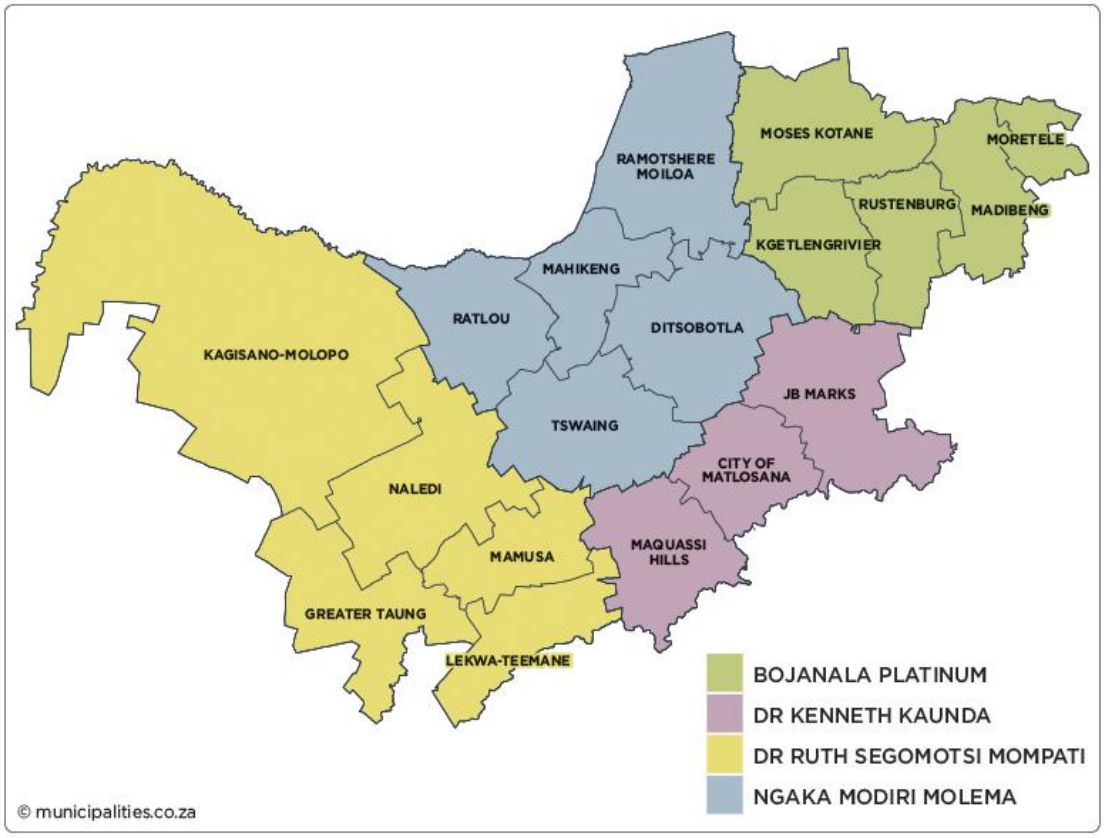


Figure 3.1: Map of the North West Province (source: North West Municipalities, 2012-2018)

3.5.1. Dr Kenneth Kaunda District Municipal Area

DKK has a population of 745 878 (Profile Dr Kenneth Kaunda District, 2017) and comprises a geographical area of 14 671 square kilometres. It has three local municipalities: JB Marks, City of Matlosana and Maquassi Hills. Dr Kenneth Kaunda District comprises of 4 Sub-Districts; Matlosana and Tlokwe (peri-urban areas) and Ventorsdorp and Maquassi Hills (rural areas). Most of the population resides in Matlosana and Tlokwe, which is known for its gold and uranium, DKK has the most prominent gold mines in the world (Profile Dr Kenneth Kaunda District, 2017).

3.5.2. Bojanala Platinum District Municipal Area

Bojanala Platinum District makes up the majority of the population of 1 657 148 million people (North West Municipalities, 2012-2018). There are five sub-districts which are Kgetlengriver, Madibeng, Moses Kotane, Moretele and Rustenburg. Bojanala District as well as DKK both shares the same economic sectors which are community services, mining, financial, trade, transport, manufacturing and tourism. Bojanala District is known as the world's largest platinum production with areas in copper, nickel and chromites (Profile Bojanala District, 2017).

3.6. Research Method

A quantitative research method was used for this study. Quantitative research can be defined as explaining phenomena by collecting numerical and manipulation of observations (Babbie, 2016). This design is best suited for this study because the researcher is trying to describe nurse attitudes, knowledge and perceptions towards common mental illness.

3.7. Study Sample

In this study, registered professional nurses working within both the DKK and Bojanala districts will comprise the sample. For the purpose of this study the criteria were that the participants had to be professional nurses', the researcher included anyone who was a professional nurse including Facility nurses', as they are also responsible for the provision of health care services, including mental health, at the PHC level, as they perform all the clinical duties that other nurses perform. These districts were chosen from previous research that was conducted using the PRIME and COBALT (CO-morBidity of AIDS/HIV Affective disorder, and Long Term Health) trial who have being working in these districts for the past three years implementing a mental health plan (Petrus, 2017). COBALT is a

five-year trial project that integrates multi-disease management while the PRIME looks at up scaling treatment programmes for low-middle income countries (Fairall, et al., 2018).

3.8. Sample Technique and Procedure

The sampling technique that was used at each of the clinics to select participants was non-probability sampling. According to Babbie (2016), non-probability sampling is "conducted in situations that do not permit the kinds of probability samples used in large-scale social survey" (p. 195). Non-probability sampling was best suited to collect the data in this study as it was more convenient to sample all the nurses' in the clinic in both districts.

For the DKK district, a sample of 137 nurses was obtained for the study while a sample of 93 nurses' was obtained in the Bojanala districts. A total of 230 professional nurses' participated in the study.

3.9. Data Collection

This study used secondary data that was already collected and captured in all the clinics in both districts that were part of the PRIME/COBALT trial, which is a program to improve mental health systems. This data was collected between September 2014 and September 2015 (Petrus, 2017). According to Babbie (2015) defines secondary analysis as "the data collected and processed by one researcher are reanalysed-often for a different purpose-by another" (p. 288).

Data were collected using self-administered research survey. Nurses' were firstly informed of their rights, their participation was voluntary and that they could withdraw their participation at anytime without any negative consequences by informing the researcher. Participants were taken through the socio-demographic and a written consent form to complete (Appendix 3). The purpose of the study and the questionnaires were explained fully to all participants in English, and the requirements of the researcher were only interested in professional nurses.

3.10. Instruments

3.10.1. Mental Illness: Clinician's Attitude (MICA) Scale

The MICA was developed at the Health Services and Population Research Department at the King's College in London. There are 16-items in the scale that were developed to assess attitudes of medical students towards people with mental illness. The scale has six

points in the questionnaire which they can choose their answer from strongly agree to strongly disagree. Research was conducted using the MICA v4 scale to measure foundation year nursing student's attitude towards mental illness. The scale was found to be reliable and valid with a reliability of internal consistency of coefficient alpha = 0.79 and a test-retest of =0.80. It is self-administered and only takes five minutes to complete which makes it quick and simple to complete. It is a cost-effective way to measure to assess attitudes towards people with mental illness (Gabbidon et al., 2013).

3.10.2. Reliability and Validity of the MICA

Coakes and Steed (2003, p.140.) state that "there are several different reliability coefficients. One of the most commonly used is Cronbach's alpha, which is based on the average correlation of items within a test if the items are standardised. If the items are not standardised, it is based on the average covariance among the items".

The Mental Illness: Clinician's Attitudes (MICA) Scale presented a Cronbach's alpha coefficient of 0.753 which is above the value of 0.7, indicating that it is a very good value that can lead the researcher to say that the research will get the same results if the researcher carried out this survey with a larger sample of respondents. Hence not only is it reliable but the instrument is valid for the use in this study. The Cronbach's alpha was calculated for all the questions which have the same scales in each section.

3.11. Data Analysis

The data were analysed using the Statistical Programme for Social Sciences (SPSS 25.0). Data was entered into the SPSS program using numerical codes for all the variables. Descriptive and Inferential statistical analysis has being used for this study. According to Babbie (2016), descriptive analysis is defined as "the characteristics of a sample or the relationship among variables in a sample" (p. 452) and inferential statistics is defined as "measures used for making inferences from findings based on sample observations to a larger population" (p. 460). Descriptive statistics were conducted on the demographics of the study, to organise and summarise the data and to describe the sample. Inferential statistical analysis has being used to examine the relationship between attitudes, perception and knowledge towards common mental illness. The Pearson r correlation analysis was used to determine if there were any significant relationships and to answer research question 1. Factor analysis was used to determine to see if the number of items in the MICA questionnaire can be reduced and to see what some of the potential sub-scale were

in the questionnaire. This was done to answer research questions 2, 3 and 4, which were to determine if there were any significant relationship between demographic factors and attitudes, knowledge and perception. Before analysing the data, the researcher had screened the data for any possible errors by running frequencies on all the variables, ensuring that all the values fell within the possible values for each variable (Petrus, 2017).

3.12. Ethical Considerations

Ethical clearance was obtained from the Humanities and Social Science Research Ethics Committee; the reference number is HSS/1661/018M on the 14 March 2019 (see Appendix 1). Permission from the primary investigator of The Programme of Improving Mental Healthcare (PRIME) study was obtained for the researcher to gain access to the data set of the PRIME Study (see Appendix 2).

Before any questionnaire was given out, the researcher and this study were guided by ethical guidelines (see Appendix 3). Participants were given informed consent forms, which had information stating the nature of the study and the purpose of the research (see Appendix 3). Before commencing any interview, the participants were informed that their participation was voluntary and that no special rewards such as money would be given to them should they wish to participate. Participants were also informed that during the interview if they felt uncomfortable or emotional, they would be able to refuse to participate any further.

Confidentiality, privacy and anonymity were also addressed with the participants, stating that their identity will remain anonymous and that their initial names will not be published or attached in any documents. The researcher also explained, as per UKZN protocol and procedures that all questionnaires will be stored in a locked up cupboard in the UKZN psychology department for five years and destroyed thereafter in an adequate manner.

3.13. Conclusion

This chapter has described the research methodology that was used to conduct this study. The socio-demographic information sheet and informed consent of the participants were obtained, as well as the description of the study site. This chapter included a discussion of the sample of nurses in the clinics of Dr Kenneth Kaunda and Bojanala Platinum District in the North West Province, and the sampling methods. Data were collected using a

questionnaire and analysed using SPSS. This chapter ended with a discussion on the ethical guidelines that were considered with regards to the study.

CHAPTER FOUR: RESULTS

4.1. Introduction

This section represents the results after analyzing the data. The purpose of the study was to explore nurses' attitudes toward common mental illness in the North West Province. This chapter will firstly present the demographic information of the sample population, followed by the reliability and validity of the measuring instrument used to assess the research questions by looking at the Cronbach's Alpha coefficients. The data analysis was conducted accordingly to answer the research questions of the study which were:

1. What are the knowledge, attitudes and perceptions of nurses' towards common mental illness?
2. What is the relationship between demographic factors and knowledge towards mental illness?
3. What is the relationship between demographic factors and attitude towards mental illness?

4. What is the relationship between demographic factors and perception towards mental illness?

4.2. Demographic Information

The data were collected from professional nurses (n=229) which participate in the study from Dr Kenneth Kaunda and Bojanala district clinics. There were more females (85%) than males (15%) in the sample and hence it must be noted that the perceptions are dominated by female respondents.

Respondents that formed part of the sample represented all of the age groups i.e. 31-40 years (23.1%), 20-30 years (18.2%), 41-50 years (20.4%) followed by 51-60 years (21.8%) and finally more than 61 years (16.4%). Thus we have a very mature sample.

Over (90%) of the sample was Black respondents whilst there was an equal representation of respondents who were single and married, both at (40.6%).

The research shows that (72.4%) of the respondents of the sample had a Diploma in Nursing whilst the modal number of dependents that the participant had was one dependent (29%). An overwhelming (91.5%) of the sample was Professional nurses with only 8.5% being Facility managers.

Finally, the results reveal that (41.4%) of the respondents were more than 15 years in the Nursing profession followed (23.8%) who were in the Nursing profession for 2-5 years. The full demographics of the sample population are presented in Table 4.1.

Table 4:1 Sample of Demographic profile

Characteristics	**N**	**%**
Gender (n = 227)		
Male	34	15.0
Female	193	85.0
Age (n = 225)		
20-30	41	18.2
31-40	52	23.1
41-50	46	20.4
51-60	49	21.8
61+	37	16.4
Marital Status (n = 229)		
Single	93	40.6
Married	93	40.6
Divorced	16	7.0
Widow	26	11.4
Remarried	1	.4
Race (n = 228)		
Black	207	90.8
White	12	5.3
Coloured	8	3.5
Other	1	.4
Number of dependents (n = 224)		
None	48	21.4
1	65	29.0
2	56	25.0
3	33	14.7
3+	22	9.8
Qualification (n = 228)		

Matric	6	2.6
Diploma in Nursing	165	72.4
Bachelor's Degree in Nursing	48	21.1
Other	9	3.9
Job title (n = 223)		
Professional Nurse	204	91.5
Facility Manager	19	8.5
No of years in profession (n=227)		
Less than 1 year	21	9.3
2-5 years	54	23.8
6-10 years	36	15.9
11-15 years	22	9.7
15+ years	94	41.4

Note. N = 229

4.3. Reliability and Validity of the MICA

Coakes and Steed (2003, p.140.) state that "there are several different reliability coefficients. One of the most commonly used is Cronbach's alpha, which is based on the average correlation of items within a test if the items are standardised. If the items are not standardised, it is based on the average covariance among the items".

The Mental Illness: Clinician's Attitudes (MICA) Scale presented a Cronbach's alpha coefficient of 0.753 which is above the value of 0.7, indicating that it is a very good value that can lead us to say that we will get the same results if we carried out this survey with a larger sample of respondents. Hence not only is it reliable but the instrument is valid for the use in this study. The Cronbach's alpha was calculated for all the questions which have the same scales in each section.

4.4. The mean overall MICA score by the Socio-demographics

The tables below represent on the MICA scores and what percentages of the socio-demographics of nurses have stigmatising attitudes against people who have mental illness.

Table 4:2 Age and overall mean MICA score

Age	Mean
20-30	38.2308
31-40	42.6200
41-50	44.0227
51-60	43.4222
61+	46.9412
Total	42.9670

Note. Total mean score= 42.9670

The results indicate that there is a moderately stigmatising attitudes among the nurses, which state that the lower they score the less negative stigmatising attitudes they have not to say they don't have stigma they have less stigmatising attitudes and the higher they score more stigmatising attitudes. Therefore younger nurses have a slightly lower score than the older nurses, indicating that they are less prejudice against mentally ill patients.

Table 4:3 Qualifications and overall mean MICA score

Qualifications	Mean
Matric	49.6667
Diploma in Nursing	43.7355
Bachelor's Degree in Nursing	39.9565
Other	44.6250
Total	43.1256

Note. Total mean score = 43.1256

The results indicate that nurses' with a bachelor's degree have a lower score as compared with nurses with matric, diploma and other qualifications, which mean that nurses' with this qualification have less stigmatising attitudes than highly qualified nurses'.

Table 4:4 Numbers of Years in profession and overall mean MICA score

No. Of years in the Profession	Mean
Less than 1 year	39.1429
2-5	41.2692
6-10	44.5758

11-15	46.0952
15+	43.7356
Total	43.0467

Note. Total mean score = 43.0467

The results above state that those nurses with more than 6 years' experience have higher mean scores than those with less than 6 years experience, which indicates that they have slightly moderately stigmatising attitude towards mentally ill patients.

Table 4:5 Gender and overall mean MICA score

Gender	Mean
Male	41.3333
Female	43.3956
Total	43.0791

Note. Total mean score = 43.0791

There is not much difference between the males and females mean overall MICA score, indicating that both genders have moderating stigmatising attitudes.

4.5. Relationship between Age, Gender, Number of years in the profession, Qualification and the overall mean MICA scores.

In order to test these relationships the researcher makes use of the point biscerial correlation since we are a testing a continuous variable (ratio interval scale) against three categorical variables (nominal variable). Based on Pearson correlation that was between the overall mica score and how it relates to the demographics, the research found interesting was that only significant demographic factor that had a significant relationship to the overall mica score was age, and number of years in the profession which has being stated in the literature. The results are as follows:

Table 4:6 Overall MICA score and Age, Gender, Number of years in the profession and Qualifications

Correlations

		OVERALLMICA	Age	Gender	NrYrsProfession	Qualifications
OVERALLMICA	Pearson Correlation	1	.241**	.074	.141*	-.132
	Sig. (2-tailed)		.000	.278	.039	.054
	N	216	212	215	214	215

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The researcher finds a weak correlation between the age and the number of years in the profession with respect to the overall MICA score. Both these relationships are positive and significant at the 5% level. The weak relationships suggest that as the age increases so the does the overall MICA score and as the number of years in the profession increases so does the overall MICA score, meaning that the longer you are in the profession and the older you are you tend to have a higher mica score so you tend to have more negative attitudes. However it also states in the literature that older nurses' have more stigmatising attitudes as they are reluctant to further their education and knowledge then compared to younger nurses' towards mental illness, where as nurses' who have years of experience in the profession does not necessarily mean that they have more or less stigmatising attitudes as it depend on factors that surround them such as lack of skills, lack of human resources, work environment and ECT.
However it must be stressed that these are very weak positive relationships and must be interpreted with some caution.

4.6. Exploring the Knowledge, Perception and Attitudes of nurses' towards common mental illness of the MICA Questionnaire

The MICA is an instrument that assesses Healthcare Professional's attitudes towards people with mental illness. An analysis of the MICA-4 questionnaire was conducted to determine whether there was a significant difference in nurses' attitude, knowledge and perception towards mental illness. The results for the different subscales are presented separately below:

4.6.1. Knowledge

An analysis of the MICA questionnaire was conducted to compare nurses' knowledge towards common mental illness. The results are presented in Table 4.2.

Table 4.7 Results of the MICA questionnaire with regards to subscale- Knowledge

	Questions	Total (Agreement)	Total (Disagreement)	% multiple by total no. of nurses
	Knowledge			
MICA1r	I just learn also about mental health when I have to, and would not bother reading additional material on it	63.1%	36.9%	145
MICA2r	People with a severe mental illness can never recover enough to have a good quality of life	77.4%	22.6%	178
MICA8r	Being a health/social care professional in the area of mental health is not like being a real health/social professional	75.6%	24.4%	173
MICA12	The public does not need to be protected from people with a severe mental illness	28.2%	71.8&	165
MICA13r	If a person with a mental illness complained of physical symptoms (such as chest pain) I would attribute it to their mental illness	75.8%	24.2%	174
MICA14r	General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist	72.4%	27.6%	166
MICA15	I would use the terms 'crazy',			

r	'nutter', 'mad' etc.., to describe to colleagues people with a mental illness who I have seen in my work	89.4%	10.6%	205

Note. MICA questions 1, 2, 8 and 15 shows that these questions display negative attitudes, pertaining generally to the knowledge and education that nurses' have towards mental illness and the stigma that is attached to their lack of education, which results them in further their education and knowledge towards mental illness.

The results show that (54.2%) of the sample collectively agreed and strongly agreed that "they just learn about mental health when they have to, and would not bother reading additional material on it. The results indicate that (63.1%) of the respondents strongly agreed (32.7%) and agreed (31.4%) that "people with severe mental illness can never recover enough to have a good quality of life". It is found that collectively respondents strongly agree (37.8%) and agreed (32%) that "being a health/social care professionals in the area of mental health is not like being a real health/social care professional". The results were distributed as strongly disagree (41.9%) followed by disagreeing (20.3%) towards the fact that "the public does not need to be protected from people with a severe mental illness". It is found that (68.3%) of the sample agreed and strongly agreed that "if a person with a mental illness complained of physical symptoms (Such as chest pain) they would attribute it to their mental illness" whilst the majority of the respondents i.e. (68.4%) strongly agreed and agreed that "General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist". An overwhelming (86.4%) of the sample agreed and strongly agreed that "they use the term 'crazy', 'nutter', 'mad etc., to describe to colleagues people with a mental illness who they have seen in their work".

4.6.2. Perception

An analysis of the MICA questionnaire was conducted to compare nurses' perception towards common mental illness. The results are presented in Table 4.8.

Table 4.8 Results of the MICA questionnaire with regards to subscale- Perception

	Questions	Total	Total	% multiple

		(Agreement)	(Disagreement)	by total no. of nurses
	Perception			
MICA3	Working in the mental health field is just as respectable as other fields of health and social care	79.2%	20.8%	182
MICA4r	If I had a mental illness, I would never admit this to my friends because of fear being treated differently	68.1%	31.9%	156
MICA5r	People with severe mental illness are dangerous more often than not	42.9%	57.1%	131
MICA6r	Health/social care staff know more about the lives of people treated for a mental illness than do family members or friends	29.5%	70.5%	162
MICA7r	If I had a mental illness, I would never admit this to my colleagues for fear of being treated differently	55.1%	44.9%	126
MICA9	If a senior colleague instructed me to treat people with a mental illness in a disrespectful manner, I would not follow their instructions	73.1%	26.9%	168

Note. MICA questions 4, 6 and 7 shows that these questions display negative attitudes, pertaining generally to the perception that are required for a nurse to have when treating patients with a mental illness and the stigma that is attached to staff that are diagnosed with having a mental illness including the nurses' themselves.

The results shows that (68%) of the sample collectively agreed and strongly agreed that "working in the mental health field is just as respectable as other fields of health and social care", whilst (57%) of the sample collectively agreed and strongly agreed that "if they had a mental illness, they would never admit this to their friends because they would fear being

treated differently". Thus the research finds that over half the sample has fear of the stigma attached to mental illness whilst only (16.4%) of the sample disagreed with this perception. The results reveal that the majority of the respondents somewhat disagree (27.7%), agree (18.8%) and disagree (18.3%) that "people with severe mental illness are dangerous more often than not". The responses are almost evenly distributed i.e. approximately (30%) with respondents being positive and negative as well towards this aspect of the research. The research finds that (70.6%) of the sample collectively somewhat disagreed, strongly disagreed and disagreed that "Health/social care staff know more about the lives of people treated for a mental illness than do family members or friends". This hints at the fact that family members also have a role to play in the lives of people with mental illness. The research also finds that (38.6%) of the sample collectively disagreed and strongly disagreed whilst (45.8%) collectively agreed and strongly agreed that "if they had a mental illness they would never admit this to their colleagues for fear of being treated differently". Here again, this hints at the fear of stigmatism and prejudice that comes from being diagnosed with mental illness. The research shows that about (70%) collectively agreed and strongly agreed that "if a senior colleague instructed them to treat people with a mental illness in a disrespectful manner; they would not follow their instructions".

4.6.3. Attitudes

An analysis of the MICA questionnaire was conducted to compare nurses' attitudes towards common mental illness. The results are presented in Table 4.4.

Table 2.9 Results of the MICA questionnaire in comparison to subscale- Attitudes

	Questions	Total (Agreement)	Total (Disagreement)	% multiple by total no. of nurses
	Attitudes			
MICA10	I feel as comfortable talking to a person with a mental illness as I do talking to a person with a physical health is assessed	80.3%	19.7%	184
MICA11	It is important that any health/social professional supporting a person	90.4%	9.6%	207

	with a mental illness also ensure that their physical health is assessed			
MICA16	If a colleague told me they had a mental illness, I would still want to work with them	86.8%	13.2%	199

The research shows that (65.8%) of the sample collectively agreed and strongly agreed that "they feel as comfortable talking to a person with a mental illness as they do talking to a person with a physical illness". This underscores the lack of prejudice amongst the respondents towards people with mental illness. This is the strength of the research that is highlighted in the perceptions of the respondents. The respondents strongly agreed (56.1%) and agreed (28.5%) that "it is important that any health/social care professionals supporting a person with a mental illness also ensures that their physical health is assessed". This constitutes (84.6%) of the sample and is an overwhelming response emphasizing the physical health of the health/social care professional. Finally, the research shows that just fewer than (80%) i.e. (77.7%) of the sample agreed and strongly agreed that even though "a colleague would have a mental illness they will still work with them". This hints at a lack of prejudice amongst the respondents towards colleagues who are mentally ill.

4.7. Factor Analysis

According to Coakes and Steed (2003, p.147), Factor analysis is "a data reduction technique used to reduce a large number of variables to a smaller set of underlying factors that summarize the essential information contained in all the variables". Factor analysis was done for the researcher to determine to see if the number of items can be reduced and to see what some of the potential sub-scale is for the MICA.

In this research, factor analysis was carried out as a way to reduce a number of times into smaller items which could explain the data further into a set of sub-constructs. "The Principal Components method was used with varimax rotation".

Table 4.10 Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.160	19.751	19.751	3.160	19.751	19.751	2.372	14.825	14.825
2	1.966	12.289	32.040	1.966	12.289	32.040	1.891	11.820	26.645
3	1.504	9.398	41.438	1.504	9.398	41.438	1.824	11.399	38.044
4	1.271	7.944	49.383	1.271	7.944	49.383	1.510	9.438	47.482
5	1.040	6.500	55.883	1.040	6.500	55.883	1.344	8.401	55.883
6	.968	6.050	61.933						
7	.875	5.470	67.403						
8	.819	5.122	72.525						
9	.798	4.985	77.510						
10	.721	4.507	82.016						
11	.584	3.648	85.664						
12	.570	3.564	89.228						
13	.562	3.514	92.742						
14	.486	3.040	95.782						
15	.372	2.324	98.106						
16	.303	1.894	100.000						

Note. Extraction Method: Principal Component Analysis.

From the above table, the cumulative variance that 5 factors are explaining is 55.88%. All of the 5 factors have Eigen values over 1. The first factor accounts for 19.75% of the variation. This is normally the case in factor analysis. The researcher now takes a look at questions from the MICA which has not loaded on the factors and see which ones can be eliminated from the data, which in turn the researcher would then re-run the factor analysis. The scree plot confirms the 5 factors:

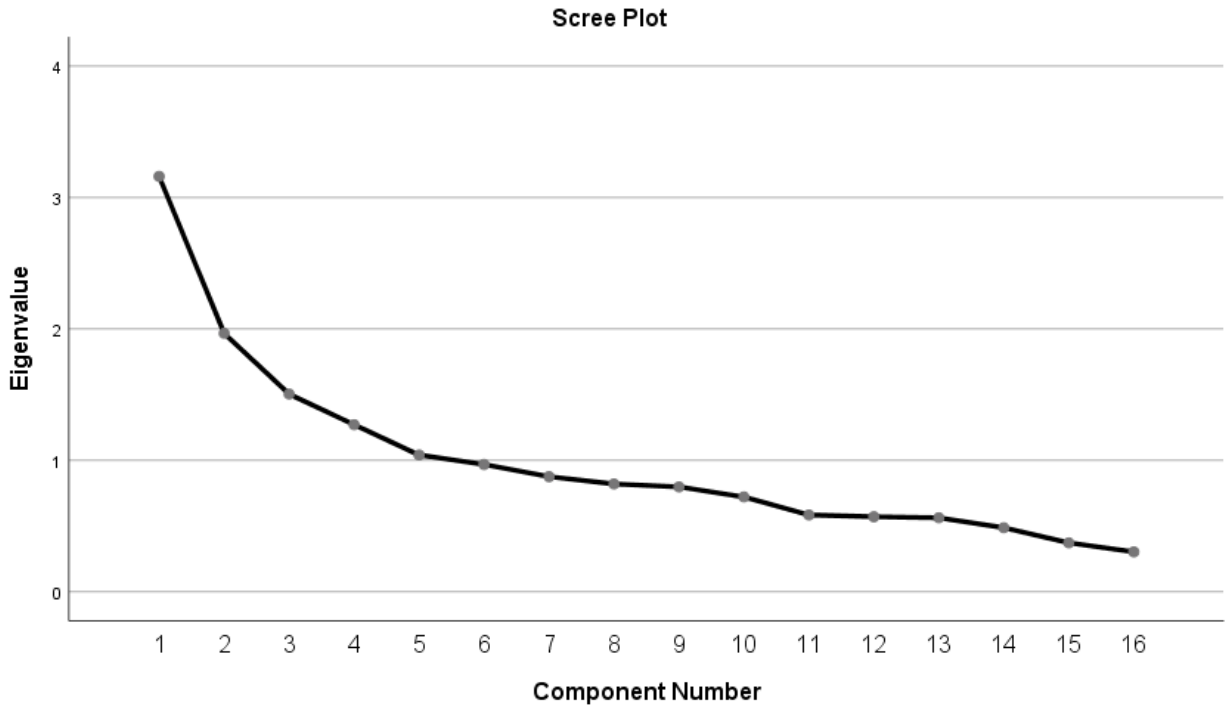


Figure 4.1: Scree Plot of the Five Factors

Table 4.11

Rotated Component Matrix[a]

	Component				
	1	2	3	4	5
MICA1r	.709	.035	.050	.142	.021
MICA2r	.706	.007	.100	-.055	.006
MICA8r	.616	.154	.270	.046	.014
MICA14r	.574	-.162	-.046	.305	.042
MICA11	-.139	.768	.000	.086	.180
MICA10	.019	.765	.135	-.126	.116
MICA16	.159	.632	-.056	.028	-.042
MICA7r	.328	.141	.682	-.090	.177
MICA6r	-.109	-.192	.666	.057	-.038
MICA5r	.183	.152	.601	.083	-.254
MICA4r	.536	.096	.596	-.004	.054
MICA13r	.103	.119	.117	.775	-.033
MICA12	.010	.292	.067	.640	-.167
MICA15r	.347	.203	.014	.577	-.305
MICA9	-.056	.081	.116	.047	.820

MICA3	.207	.171	-.242	-.056	.633

Note: Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.

Most literature suggests that a "factor loading of 0.3 or greater can be considered to be significant" (Kline, 1994). Due to the large number of items that are in the scale, it is advisable to adopt the principle of factor loadings of 0.4 or higher to be significant, otherwise, due to this the number of items that are in the data will not be reduced, however the purpose of conducting Factor analysis is to *reduce* the number of items to a comprehensible set of items, will be defeated.

From the above-rotated component matrix, all questions have loadings that are greater than 0.4 and none of the items will be dropped from the data set and be re-run with factor analysis. From the factor analysis, the MICA questions were further grouped into five factors which are discussed below. It was then further grouped into sub-scales: knowledge, perception and attitudes. Factor analysis was done for the research to confirm these three factors, as the researcher has analysed the data in terms of knowledge, perception and attitudes and to see what potential sub-scales are listed within the data and from the factor analysis, it is found that there are five factors which the researcher had then collapsed into three factors.

FACTOR	QUESTION OF THE MICA
Factor 1: Attitude towards mental Illness education (Knowledge)	Q1; Q2; Q8; Q14
Factor 2: Support and compassion towards mental illness (Attitude)	Q10; Q11; Q16
Factor 3: Stigma attached to mental illness (Perception)	Q4;Q5;Q6;Q7
Factor 4: Public Image of Mental Illness (Knowledge)	Q12;Q13;15
Factor 5: Respect shown to mental illness (Perception)	Q3;Q9

4.8. The Relationship between demographic factors and Knowledge, Perception and Attitudes towards Mental Illness

In order to answer the research question, Correlation analysis was conducted to examine the relationship between demographic factors and the sub-scales. The results are presented in Table 4.7, Table 4.8 and Table 4.9, the findings from the Pearson product-moment correlation analysis which was conducted to determine the existence and the strengths of the relationships for the tested variables. Only results that proved to be significant of 0.01 or 0.05 alpha level are reported on below:

Table 4.12 Correlation Matrix between demographic factors and Subscale-Knowledge

		MICA 1r	MICA 2r	MICA 8r	MICA 12	MICA13r	MICA14r	MICA15r
1. Age	Pearson Correlation	.184**	.147*	.256**	.128	.076	.091	.053
	Sig. (2-tailed)	.006	.029	.000	.056	.258	.175	.431
2. Gender	Pearson Correlation	.017	.070	.101	.042	.045	.043	.084
	Sig. (2-tailed)	.801	.300	.133	.535	.499	.516	.212
3. NrYrsProfession	Pearson Correlation	.173**	.020	.241**	.061	.042	.014	.023
	Sig. (2-tailed)	.010	.764	.000	.365	.530	.839	.729
4. Qualifications	Pearson Correlation	.059	.060	-.025	-.099	.000	.025	.001
	Sig. (2-tailed)	.384	.373	.711	.136	.994	.706	.983
5. Marital Status	Pearson Correlation	.088	.101	.179**	.055	.019	.149*	-.012
	Sig. (2-tailed)	.187	.131	.007	.413	.778	.024	.853

Note. $^{**}p < .05$, $^{*}p < .01$, two-tailed, $N = 229$, for gender 1 = male and 2 = female

4.8.1. The relationship between knowledge and Age

Concerning the relationship between age and nurses' knowledge, the results showed a weak negative correlation (r = .184, r = .147 and r = .256, p< 0.05), which indicate that as age increases the knowledge decreases or as the age decreases the knowledge increases. This could be due to the effect of training in the early years or the lack thereof in the older years.

4.8.2. The relationship between knowledge and number of years in the profession

Regarding the relationship between number of years in the profession and nurses' knowledge, the results indicate a weak negative correlation, (r = .173 and r =. 241, p < 0.05), this indicates that as the number of years in the profession increases the knowledge decreases or as the number of years in the profession decreases the knowledge increases.

4.8.3. The relationship between knowledge and marital status

The results indicate that there is a weak positive correlation between nurses' knowledge and marital status (r = .179 and r = .149, p < 0.05) indicating that as the nurses marital status increases so does their knowledge increase.

Table 4.13 Correlation Matrix between demographic factors and Subscale-Attitudes

		MICA10	MICA11	MICA16
Age	Pearson Correlation	-.008	.010	.097
	Sig. (2-tailed)	.902	.880	.147
	N	224	224	224
Gender	Pearson Correlation	.068	.077	.172**
	Sig. (2-tailed)	.307	.246	.010
	N	226	226	226
NrYrsProfession	Pearson Correlation	.013	.107	.062
	Sig. (2-tailed)	.849	.108	.353
	N	226	226	226
Qualifications	Pearson Correlation	-.111	-.110	-.100
	Sig. (2-tailed)	.095	.097	.133
	N	227	227	227
Marital Status	Pearson Correlation	-.022	.069	.072
	Sig. (2-tailed)	.738	.300	.280
	N	228	228	228

Note. **p < .05, *p < .01, two-tailed, N = 229, for gender 1 = male and 2 = female

4.8.4. The relationship between Attitudes and Gender

The analysis show that with regards to the relationship between nurses' attitudes and gender, there is a weak, positive correlation, r =. 172, p < .05 which indicates that as the number of females increases so do their attitudes increase.

There are *no* other significant relationships between attitudes and any of the demographic variables.

Table 4.14 Correlation Matrix between demographic factors and Subscale-Perception

		MICA3	MICA4r	MICA5r	MICA6r	MICA7r	MICA9
Age	Pearson Correlation	.059	.065	.122	.064	.038	.027
	Sig. (2-tailed)	.380	.335	.071	.343	.575	.685
Gender	Pearson Correlation	.000	-.100	.043	-.060	-.061	-.051
	Sig. (2-tailed)	.996	.135	.523	.375	.368	.447
NrYrsProfession	Pearson Correlation	.057	.028	.006	-.028	-.034	.034
	Sig. (2-tailed)	.397	.672	.929	.680	.610	.612
Qualifications	Pearson Correlation	-.016	-.118	-.109	-.191**	-.208**	-.030
	Sig. (2-tailed)	.810	.077	.105	.004	.002	.653
Marital Status	Pearson Correlation	.064	-.004	.040	.005	-.023	.099
	Sig. (2-tailed)	.335	.954	.551	.941	.731	.138

Note. ***p* < .05, **p* < .01, two-tailed, *N* = 229, for gender 1 = male and 2 = female

4.8.5. The relationship between perception and qualifications

The results indicate that there is a weak negative correlation (r = -.191 and r = -.208, p < .05) relationship between nurses' perception and qualifications, which indicate that as the qualifications of nurses' increases so does their perception about being treated for a mental illness decrease.

4.9. Conclusion

This chapter presents the reliability and validity of the scale used in this study which proved to be reliable and valid for use. It also presented the results displaying the demographic sample of participants which found that nurses' working in Dr Kenneth

Kaunda and Bojanala District were black female professional nurses' within the age of 31-40, who obtained a diploma in nursing and had 15+ years of experience in the field. The results indicate that older nurses with 15+ years of experience display higher (stigmatising) attitudes towards mentally ill patients than younger nurses' with few years of experience.

CHAPTER FIVE: DISCUSSION AND COMCLUSION

5.1. Introduction

This study aimed to explore and describe nurses' attitudes, perception and knowledge towards common mental illness in the North West Province. This chapter will discuss the findings that have been obtained from this study concerning the research questions, objectives and existing literature.

The four objectives of the study were as follows:

1. To explore the knowledge, attitudes and perception of nurses' towards common mental illness.
2. To investigate the relationship between demographic factors and knowledge towards mental illness.
3. To investigate the relationship between demographic factors and attitude towards mental illness.
4. To investigate the relationship between demographic factors and perception towards mental illness.

The findings will be in line with relevant literature, followed by recommendations for future research and limitations and strengths of the study.

OBJECTIVE 1: TO EXPLORE THE KNOWLEDGE, ATTITUDES AND PERCEPTION OF NURSES' TOWARDS COMMON MENTAL ILLNESS

Knowledge

The construct of knowledge is an understanding of someone or something which is acquired through the process of education, experience or learning new information about mental illness facts (Stevenson, 2003). In terms of knowledge, the findings suggest that nurses felt that education did not play a vital role or the need for them to educate themselves when it came to treating patients.

The MICA demonstrated that within the PHC clinics, the majority of the participants reported a significantly higher score when relating to questions about knowledge around

mental illness. These results suggest that the majority of the respondents felt that it was not essential for them to further their knowledge towards mental illness which in turn could hinder the quality and type of care that they provide for the mentally ill. The findings are similar with those found among primary health care nurses' could identify that they lacked the knowledge, education and skills which had contributed to providing poor quality care as a result of them not having sufficient management skills when it came to treating the mentally ill (Dube & Uys, 2015).

However this finding contradicts with what was found by a study conducted by Maconick et al., (2018), which found that long-term, in-service training programmes to facilitate mental health care in primary care improved mental health nurses' ability to provide better care for their mentally ill patients.. In addition to this in-service training, nurses' would no longer label a patient diagnose with a mental illness, as being crazy or not normal or even devalue their profession in working in mentally ill environments. Thus this, all contributes to lack of further training and education around mental illness as this is due to people not understanding mental illness. Even though nurses' are seen to be the most important contributor when it comes to a patient's hospitalisation and treatment, which has shown to be an important element when it comes to delivering quality mental health care. However, this care has shown to be deprived when nurses' have negative attitudes and negative perceptions which can affect how nurses' provide quality holistic patient care. Thus an integration of mental illness into primary health care would require nurses' to change their attitudes, perception and knowledge of mental illness conditions and request more in-service training to develop their skills which will support their roles as mental healthcare nurses' (Maconick, Jenkins, Fisher, Petrie, Boon, & Reuter, 2018).

Similar studies have found that if nurses' are placed in a psychiatric environment from the start of their professional career, would not only receive further training in mental health but are more confident when dealing with a mental health issue (Payne, Harvey, Jessopp, Plummer, Tylee, & Gournay, 2002). Further training not only boosted the nurses' confidence level, but it also influenced their attitudes when treating patients (Payne, Harvey, Jessopp, Plummer, Tylee, & Gournay, 2002). The findings from this research support the notion that if nurses' have more knowledge towards mental illness not only would if affect their attitudes, however educating themselves would also be a contributing factor when treating and diagnosing patients with a mental illness. (Payne, Harvey, Jessopp, Plummer, Tylee, & Gournay, 2002).

Attitudes

As per the result from the MICA, it was found that the majority of the nurses' exhibit a positive attitude when relating to questions about attitudes towards mental illness. The majority of the participants reported a significantly high score when addressing their comfort levels when talking to people with a mental illness, that they would still work with colleagues who had a mental illness and that a mentally ill patient's physical health also be assessed. The more comfortable nurses are. These positive attitudes that nurses' depict towards people living with a mental illness could also contribute to the way the public and media speak about mental illness. This could be enhanced through social media, radio stations and policies that promote mental health programmes, which will favour the government in allocating more funds and resources when constructing the mental health budget.

Though nurses' showed positive attitudes towards mental illness as discussed above in the findings of this research, this display of positive attitudes relates to the education that primary health care nurses' have towards mental illness. These findings are similar a study conducted by Martensson, Jacobsson and Engstrom (2014), which found that nursing staff tend to have a positive attitude towards mental illness if their knowledge around mental illness is less stigmatising or if they have or had a close friend with a mental health problem. However, it is one's choice to be in contact or not with a person who suffers from a mental illness, although this may not only affect the quality of care that nurses' provide the culture of the workplace can also be affected negatively.

The increased levels of familiarity among people in society living with a mental illness and the increase positive attitudes towards accepting a colleague with a mental illness could be the result of close contact with these people, as they understand the benefit of mental health services and the common fear that society has labelled with people having contact with the mentally ill (Olwit, 2015). Though this is a positive finding in this research, a study conducted by Waugh, Lethem, Sherring and Henderson (2017) differ from these findings which found that it is not common for colleagues to have negative attitudes as they fear of being stigmatised and discriminated from their colleagues which is a significant factor in preventing their mental illness status in the workplace. A concern about stigmatisation and discrimination in the workplace has being a concern for many nurses who fear losing their jobs or not getting the promotion they deserve. Similarly,

healthcare professionals are also concerned about colleagues seen them as unable to cope with tier jobs which could result in the impact of stress which in turn could impact patient quality care. The other factor that could also contribute to non-disclosure of mental illness and having a high stigmatising attitude could result in older nurses' have grown up in a different era then younger nurses'. This could also imply that older nurse has already built a relationship with their colleagues over many years and they would know each other's issues so it would be easier for them to disclose their mental health issues as compared to younger nurses who have just started working in PHC facilities. Though these findings in the study above is different from the findings in this research, it still holds some relevant as even though primary health care nurses' may have shown positive attitudes towards mental illness, there remains a gap in the education towards mental illness between primary health care nurses' and qualified mental health nurses. This is due to little time given to mental health training and education towards primary health care nurses' and this would leave them more exposed to stigma and discrimination towards colleagues who have a mental illness.

Perceptions

The perceptions of the respondents are shaped by the knowledge about mental illness, as this sets the measures for mental health services that are provided by nurses' and other healthcare professionals. The use of labelling a person mentally ill can have negative beliefs and perceptions which is associated with a high stigma and discrimination resulting in barriers to care for the mentally ill.

The results from the MICA found that majority of the nurses' displayed negative perceptions when providing quality patient care to those suffering from a mental illness and the stigma that is attached to staff that are diagnosed with having a mental illness including the nurses' themselves. These findings are similar to a study conducted by Ross and Goldner, (2009) and Joyce, McMillan and Hazelton, (2009), in which they found that nurses do not disclose their mental status to their friends and colleagues as they felt that it would be seen as a personality weakness or a character defect. Due to negative perception and fear of disclosure about their mental status could make society, family and colleagues devalue psychiatric nurses' within the nursing profession. Being judged with a mental illness could imply that nurses' are unpredictable or cannot be depended on. The fear of disclosure of a mental illness could confirm the perception that nurses' with a mental

illness is a risk to others. Even though some friends and colleagues might be supportive, the wellbeing of a nurse might still be affected due to fear of being stigmatised. These findings are similar to what other researchers found among nurses' in primary health care. For nurses' to integrate mental health into PHC, they need to have a shared understanding of mental illness by educating themselves on the type of mental illness they have. This would equip them to understand what they are going through and hope to cope better; however, it would allow them to get more support and acceptance about mental health status from friends, family and colleagues. This will assist in reducing stigma toward mental illness and help nurses integrate mental illness into PHC facilities.

Nurses' felt they were insufficiently equipped in terms of skills to provide necessary treatment to MHCU's. This was due to nurses' not having any development programmes available to them to improve their skills when caring for the mentally ill (Shilubane & Khoza, 2014). Similarly in Kwa-Zulu Natal, Durban, the professional nurses' perception of nursing mentally ill people in a tertiary urban hospital found four themes which were perception of self (in terms of their capability and knowledge to deal with the symptoms of their patients), perception of a patient, perception of emotions that could hinder the way nurses care for the mentally ill and perception of their workplace (Mavundla, 2000). These studies above are relevant to the findings of this research because nurses' negative perception that nurse hold in terms of not disclosing their mental status to friends and colleagues are brought upon factors such as insufficient education among our nursing staff.

OBJECTIVE 2: TO INVESTIGATE THE RELATIONSHIP BETWEEN DEMOGRAPHIC FACTORS AND KNOWLEDGE TOWARDS MENTAL ILLNESS

The only significant relationship between demographic factors and knowledge was age and number of years in the profession which will be elaborated below in more detail.

5.2 The Relationship between Age and Knowledge

As presented in the results, the study found that younger nurses' held less stigmatising attitudes than older nurses' towards mental illness as they are exposed to more education , however the results from the research is contrary to what was found in an earlier study done by Hsiao, Lu and Tsai (2015). The study found that older nurses' who had more clinical experience were found to be more empathic and caring towards patients suffering

from a mental illness. The findings of the study by Hsiao et al., (2015) therefore imply that older nurses' are seen as being more equipped to handle patients due to their maturity and emotional wellbeing and can help in promoting educational sessions among nurses' who have entered the professional field as they are more clinically experienced than compared to younger nurses'. As a result of this nurses' have to work overtime due to massive skills shortage and lack of resources, they have admitted that they become too tired to perform their nursing duties (Hsiao, Lu & Tsai, 2015). Similar, a study conducted by Manoochehri, Imani, Atashzadeh-Shoorideh and Alavi-Majd (2015) where they found that younger nurses' tend to be dissatisfied with their jobs as they do not have the necessary knowledge about mental illness to provide quality patient care and meet the needs of the patient, as most of their learning experience happened while they are studying full-time.

In light of these research findings, one would find it hard to understand why older nurses' are brought in to provide mentorship and skills to the younger generation of nurses'. When older nurses tend to hold higher stigmatising attitudes and are reluctant to educate themselves. Due to this negativity display, it would impact on the integration of mental health in PHC (Pieterse, 2019).

From the findings, we can suggest that with continuing education for nurses' are most likely to promote mental health in PHC facilities and are more likely to have positive attitudes which will influence the way they treat patients with a mental illness and to make better decisions regarding patients care (Dube & Uys, 2016). However, the focus should be on appropriate training which will help nurses to improve their knowledge, skills and attitudes regarding mental health care services and the mentally ill. The focus should be on ongoing mental health training and in-service education for all nursing staff including nursing students as this will improve nurses' planning and presentation of PCC (Chorwe-Sungani, 2013; Letlape, Koen, Coetzee, & Koen, 2014).

5.2.1 The Relationship between Number of Years in the Profession and Knowledge

As presented in the results, the study found that as the number of years in the profession increases, nurses become more reluctant to further their knowledge about mental illness. 10 to 20 years ago, nurses' were seen as assistants to doctors as their education and training were more clinical base and more about the biomedical fixed. (Johnson, 2015). However, the focus of education for nursing has changed drastically which has included changing the scope of practice of nurses and revising the nursing qualifications. It was not about being

the primary care person for an individual, as nurses' were mainly an assistant to the doctor; however, presently nurses' are trained to do more than simply assist (Blaauw, Ditlopo, & Rispel, 2014). This could be the fact that the system is encouraging the younger generation to be exposed more and to obtain more knowledge and to be able to express their emotions.

Nurses' working in a fast paced environment that is always consisting of changing, hence continuous education or learning plays an essential role in their nursing developmental careers. However, nurses' acquire knowledge in different ways and it is not always through formal training but also working within certain contexts that can expose them to different learning. Student nurses' are formally introduced to clinical practice in their initial stages of student, while more experience-qualified nurses' gain their knowledge through every day expose in the workplace. Consequently, nurses' need to share exchange and confirm their knowledge with their colleagues. (Skar, 2010). The results suggest that nurses' years in the profession can affect their knowledge, however, the findings of this study are contrary with a study conducted by by Fukada (2018), found that even though nurses' with less than five years experience were able to take on basic responsibility, risk management and ethical practice, their competency was low in professional development, improvement of nursing quality and health promotion.

From the research results, it appears that no matter how many years of working experience a nurse may have, whether they receive continuous education and knowledge can affect their attitudes towards mental illness and the quality of care they provide to patients.

OBJECTIVE 3: TO INVESTIGATE THE RELATIONSHIP BETWEEN DEMOGRAPHIC FACTORS AND ATTITUDES TOWARDS MENTAL ILLNESS

The only demographic factor that had a significant relationship with regards to attitudes towards mental illness was gender, which will be discussed below in detail.

5.3. The Relationship between Gender and Attitude

As presented in chapter 4, the results presented in this study found that the more females nurse there are in the workplace the more positive attitude they have towards mental illness. This is supported by a study conducted in Europe by Chambers, et al., (2010) which found positive attitudes were associated with being females and having a senior position. This could be expected as nursing is seen as a feminine profession which is closely linked to 'Florence Nightingale' as the perception that caring for the sick is the role

of females. This could be due to many reasons, such as lack of role models and mentors, and discrimination in a clinical setting.. However, this phenomenon is fast-changing over the last twenty years were more males have chosen nursing as a profession, even though in some parts of South Africa they are still the minority group (Ndou & Moloko-Phiri, 2018).

Another study conducted by Mavundla (2000), who found that nurses' felt that they required more knowledge and skills to help mentally ill people however was limited in his study of not having a sample that included males. This could be that the hospital that the study was conducted did not have employment of male nurses' or only female nurses wanted to participate in the study. A study conducted by Dysvik and Sommerseth (2010) found that female nurses' are seen to be more caring and mothering than compared to male nurses' who tend to be more emotionally reserved and objective. However when both genders work in the same department to provide patient care, both their contribution can have a positive effect on the attitudes towards mental illness, as their use of competencies can benefit the patient. Although there is a significant change in males entering the nursing profession, the perception of the public might still remain that the nursing profession is still suited for females as they are seen to be more empathic and caring towards patients then compared to males. This could be that females nurses' are able to express their emotions more easily then male nurses'.

From the research results, we can suggest that even though majority of the gender in this study were females, other studies have also shown that females tend to take the role of nurses, and this is evident in research that is present above. Female nurses' tend to have less stigmatising attitudes and provide better quality of care than compare to males.

OBJECTIVE 4: TO INVESTIGATE THE RELATIONSHIP BETWEEN DEMOGRAPHIC FACTORS AND PERCEPTION TOWARDS MENTAL ILLNESS

The only demographic factor that had a significant relationship with regards to perception towards mental illness was qualifications, which will be discussed below in detail.

5.4. The Relationship between Qualifications and Perception

Education is one aspect to combat or reduce the stigma that is associated along with mental illness, as the lack of knowledge can harm the attitudes towards people living with a mental illness. This is because many people might not fully understand what mental illness

is all about, the type of treatment that is and how one can obtain quality patient care. The study results found that there was a significant positive relationship that existed for qualifications and perception towards mental illness. This is supported by a study in Indonesia was conducted by Sari and Yuliastuti (2018) which found that age and years of study in nursing students were associated with their perception towards mental illness. They felt that education about mental illness and along with physical contact with a mentally ill person could reduce stigma and develop a positive attitude and perception towards mental illness. Another study conducted by Alshowkan (2017) found that nursing education impacted on their initial behaviour towards people with a mental illness. They felt that the additional studies in psychiatric illness helped them apply their studies not only to their patient's lives but their lives as well, and that continuous training gave them the confidence and positive perception in dealing with patients with a mental illness to provide better quality care.

From the results, it is evident that perception towards mental illness is due to inadequate knowledge and education among nurses. This could also affect their confidence and they may feel that due to not having the adequate skills and qualifications could affect the way they treat quality patient care.

5.6 Conclusion

This thesis aimed to explore nurse's attitudes, perceptions and knowledge towards common mental illness. This study concludes that there is a significant relationship between age, gender, number of years in the profession and qualifications. These findings suggest that the longer nurses' stay in their profession the more stigmatising their attitudes become, which compromises the provision of quality of care for all patients. However, younger female nursing staffs that are more qualified have less stigmatising attitudes than the older nurses' which means that younger staff members have being oriented towards mental health. This could be due to changes in the new nursing education curriculum. This has resulted in them having a more positive perception of mental illness.

5.7 Recommendations for future research

The results of this study have implications for future training of nurses' in the North West province. Firstly, mental illness training should be implemented in training of nurses' especially in their nursing education. Secondly, in-service training should be done to improve nurses' knowledge about the management and handling patients with a mental

illness as this may help to reduce their negative attitudes and perceptions and would give them more exposure to boost their confidence to improve patient quality care. Given that nurses have an expanding role in Primary Health Care facilities, education must be a priority, as continual education, skills development and specialisation in the field of psychiatric and mental health care should also be encouraged. Thirdly, it would be worthwhile to consider qualitative interviews which would be more useful to investigate lived experiences of attitudes, perceptions and knowledge towards mental illness. This research is not a national or international study but can be extended to become one. Lastly, the possible avenues of future research are to conduct a longitudinal study across the major health institutions and measure the change in attitudes of healthcare workers over some time. This is in line with the WHO priorities in developing nursing resources for mental health; mental health should be incorporated into basic nursing curriculum. To develop a nurse's education, further development of their knowledge and skills should be established to ensure that they can provide services for people with mental illness in PHC. However developing such programmes depend on the needs of each country, the role that nurses' play and the resources that are available (Mental Health).

5.8. Study Limitations

There are a few limitations of this study. Firstly, the study sample size only focused on professional nurses' and excluded other healthcare professionals. There was an effort made to ensure that all nurses' working in PHC were included. However, the findings are not representative of all nurses' in the North West Province. Secondly, access to the data was limited as it is existing secondary data that has been used in previous research, therefore researcher was unable to add any further questions or information to the questionnaire that could have added more value to the research, as the questionnaire was already been complied and administered. For example, it would have been interesting to investigate the role knowledge and attitudes have towards nurses in their practice.

5.9. Strengths of the study

This study was done with nurses' who looked at NHI and Non-NHI sites. The research had a diversity of a sample of the context in which nurses were found. The sample size did include facility managers which provided contributed to the results of this study as well 15% of males participated in this research which does help to get a better sense into the men who are in this profession. However, we neglect this factor of male nurses' because

we expect nursing professions to only be for females. It is also important to understand the changes that are occurring in the healthcare system, why nurses' are excluded in the writing up of policies and how they integrate mental illness which will give us a better understanding as to what nurses' go through especially in integrating mental healthcare or why they are excluded in developing intervention. By doing we are able to explore their attitudes and perceptions and by identifying where it is they feel they need help, we can then develop interventions that will benefit nurses'.

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APPENDICES

APPENDIX1: ETHICIAL APPROVAL UNIVERSITY OF KWAZULU NATAL

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

14 March 2019

Ms Charlene Natasha James (202523020)
School of Applied Human Sciences – Psychology
Howard College Campus

Dear Ms James,

Protocol reference number: HSS/1661/018M
Project title: Exploring nurse's attitude towards common mental illness

Approval Notification – Amendment Application

This letter serves to notify you that your application and request for an amendment received on 04 March 2019 has now been approved as follows:

- Change in Research Methodology

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for period of 3 years from the date of original issue. Thereafter Recertification must be applied for on an annual basis.

Best wishes for the successful completion of your research protocol.

Yours faithfully

.....
Dr Rosemary Sibanda (Chair)

/ms

Cc Supervisor: Dr Ruwayda Petrus
cc Academic Leader Research: Dr Maud Mthembu
cc School Administrator: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee
Dr Rosemary Sibanda (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 3587/8350/4557 **Facsimile:** +27 (0) 31 260 4609 **Email:** simbap@ukzn.ac.za / snymanm@ukzn.ac.za / mohunp@ukzn.ac.za
Website: www.ukzn.ac.za

1910 - 2010
100 YEARS OF ACADEMIC EXCELLENCE

APPENDIX 2: PERMISSION LETTER TO USE PRIME DATA

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

27 January 2019

University of KwaZulu-Natal

Humanities and Social Sciences Research Ethics Committee

Chairperson

RE: PERMISSION TO USE PRIME DATA FOR MASTERS THESIS

This letter serves to inform the committee that Ms Charlene James student number 202523020 has permission to use the PRIME MICA data for her Master's thesis title: Exploring nurse's attitudes towards common mental illness.

As the principal investigator of the study which ended in 2017, I grant her full access to the data based on the fact that the data was collected by her current supervisor Dr Ruwayda Petrus as part of the PRIME team.

If you have any questions, please do not hesitate to contact me at peterseni@ukzn.ac.za or 031 260 1709.

Yours Sincerely,

Professor Inge Petersen

Director

Centre for Rural Health

School of Nursing and Public Health

APPENDIX 3: INFORMED LETTER AND QUESTIONNAIRE

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

24 February 2014

Ms Ruwayda C Petrus (211506565)
School of Applied Human Sciences
Howard College Campus

Protocol reference number: HSS/1074/013D
Project title: Positive psychological resources amongst nurses in National Health Insurance (NHI) pilot

Dear Ms Petrus,

Full Approval – Expedited

With regards to your response to our letter dated **23** October 2013, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)

/ms

cc Supervisors: Professor JH Buitendach and Professor I Petersen
cc Academic Leader Research: Professor D McCracken
cc School Administrator: Ms Ausie Luthuli

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
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POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

To : **Ruwayda Petrus**

From : **Policy, Planning, Research, Monitoring & Evaluation**

Subject : **Approval Letter- Positive psychological resources amongst nurses in National Health Insurance (NHI) Pilot.**

Purpose

To inform the researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The researcher is expected to arrange in advance with the chosen districts or health facilities, and issue this letter as proof that permission has been granted by the Provincial office.

Upon completion, the Department expects to receive the final report from the researcher.

Kindest regards

Director: PPRM&E
Mr L Moaisi.

14/02/2014
Date

DEPARTMENT OF HEALTH
PRIVATE BAG X2068
2014 -02- 14
SUPERINTENDENT GENERAL

Healthy Living for All

INSTRUCTIONS

Dear Research Participant, you are requested to answer the questionnaires in this booklet. You will also need to sign an indemnity form to show that you consent to this study. Please answer all the questions.

Your participation is much appreciated.

Dear Research Participant

I am a researcher working with the PRIME (Programme for Improving Mental Health Care) project at the University of KwaZulu Natal in Durban, South Africa. The Principal Investigator of this project is Professor Inge Petersen. Her details are listed below. The PRIME-SA project is funded by the Department of International Development (DFID) in the United Kingdom and the current study is jointly funded by PRIME and the National Research Foundation.

The current study is interested in the psychological capital, job strain, job satisfaction, burnout and wellbeing of nurses working in the North West.

What is the purpose of the study?

The overall aim of the research is to understand the wellbeing of nurses in the context of the re-engineered PHC system and the NHI. The aims of the research are approached from a mixed methodology with corresponding objectives. **The first objective** is researched from a qualitative perspective. To develop an understanding of the experiences and perceptions of nurses with regards to their wellbeing, job satisfaction, job strain and burnout, as well as their perception and understanding of the re-engineered PHC system and the NHI. **Secondly, the researcher aims to** determine the relationship between Psychological Capital, Job Satisfaction, Burnout, Job Strain and Wellbeing amongst nurses quantitatively through the use of this baseline questionnaire in an attempt to evaluate their response to the changes happening in the healthcare system. In addition, the baseline questionnaire also attempts to measure levels of stress and wellbeing of nurses who have undergone PC101+ training and clinical communication skills training.

Who are we asking to participate?

All registered professional nurses working in Primary Health Care facilities in the North West are eligible to participate. The study will be conducted during April 2016 – April 2017. We would like to recruit approximately 200 nurses working within Primary Health care facilities.

What will it mean if you participate in this study?

If you agree to participate in the study, you will receive a booklet made up of several

questionnaires that we would like you to answer. These questionnaires focus on assessing your level of wellbeing as well as how you experience job strain and burnout in your current vocation. It will also assess level of stress you experience and the resources you employ to cope with stress and burnout. For your participation in both the Clinical Communications Skills Workshop and the Baseline Questionnaire, you will receive a small thank you gift. In order for you to receive your gift, you need to complete the baseline questionnaire, and the Clinical Communication Skills training. Your participation is likely to help generate knowledge and greater understanding on the wellbeing, job satisfaction and burnout of nurses in South Africa with relation to their psychological capital and job strain. Your knowledge will be used to help researchers develop programs and interventions focused on fulfilling the current wellbeing needs of nurses in South Africa.

Will my information remain confidential?

Yes. Should you agree to take part in the study, all your records will be seen by the study researchers only. Information and results of the study that are shared with other researchers will not contain any identifiable (personal) information such as names or contact details. Every effort will be made to keep your information confidential.

The possibility also exists that, despite the absence of identifying data, the clinic could be identified as one of the research sites due to a process of deduction from the public information about the PRIME project. This does not mean that you yourself will be identified but that the aggregate data from the study may be linked back to your clinic.

Do I have to participate in this study?

Your participation will be voluntary and your identity will be protected throughout the research. Anonymity will be ensured by omitting any identifying characteristic, such as your name, or department.

How will we report this research?

We will report our results and other aspects of the study in scholarly journals, conferences and to the Department of Health via policy briefs and other reporting structures.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number HSS/1074/013D) and the North West Department of Health.

In the event of any problems or concerns/questions you may contact:

For questions related to the study	For your rights as a research participant
Researcher: Ruwayda Petrus Tel: 27 31 260 2261 Email: petrus@ukzn.ac.za **Research Supervisors:** Professor Inge Petersen Tel: 27 31 260 7970 Email: Peterseni@ukzn.ac.za Professor Joey Buitendach Tel: 27 31 260 2407 Email: Buitendach@ukzn.ac.za	**RESEARCH OFFICE** Miss Phumelele Ximba KwaZulu-Natal, SOUTH AFRICA Tel: 27 31 360 3587 Email: ximba@ukzn.ac.za

I…… (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT…….... DATE……

Consent form for participation in the study titled: "Positive Psychological Resources amongst nurses in the NHI: Pilot."

Please complete this form after you have been through the information sheet and understand what your participation in this study entails.

Thank you for considering taking part in this study. If you have any questions arising from the information sheet, please ask before you decide whether to take part. You will be given a copy of the information sheet and consent form.

I, (write your full name here), _____ have been informed about the Study.

I understand the purpose and procedures of the study.

I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without any negative consequences.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions or concerns or queries related to the study or my rights as a research participant, I understand that I may contact:

For questions related to the study	For your rights as a research participant
Researcher: Ruwayda Petrus Tel: 27 31 260 2261 Email: petrus@ukzn.ac.za **Research Supervisors:** Professor Inge Petersen Tel: 27 31 260 7970 Email: Peterseni@ukzn.ac.za Professor Joey Buitendach Tel: 27 31 260 2407 Email: Buitendach@ukzn.ac.za	**RESEARCH OFFICE** Miss Phumelele Ximba KwaZulu-Natal, SOUTH AFRICA Tel: 27 31 360 3587 Email: ximba@ukzn.ac.za

_____ _____

Signature of Participant Date

_____ _____

Signature of Witness Date

(Where applicable)

_____ _____

Signature of Translator Date

(Where applicable)

BIOGRAPHICAL DATA SHEET

INSTRUCTIONS: (Please answer the following questions by circling the applicable box and do not make any marks in the shaded boxes)

Gender:

Male	1	Female	2

Age Group:

20 - 30	31 40	41 - 50	51 - 60	61+
1	2	3	4	5

Marital Status:

Single	Married	Divorced	Widow	Remarried
1	2	3	4	5

Race:

Black	White	Coloured	Indian	Other
1	2	3	4	5

Number of Dependents (This refers to everyone who is dependent on you including children):

None	1	2	3	3+
1	2	3	4	5

Highest Qualification Obtained:

Matric	Diploma in Nursing	Bachelor's Degree in Nursing	Other
1	2	3	4

Please indicate your position in the Clinic:

Nursing Assistant	Enrolled Nurse	Professional Nurse	Facility Manager
1	2	3	4

Number of years in the profession:

Less than 1 year	2-5 years	6-10 years	11-15 years	15+
1	2	3	4	5

ATTITUDES TOWARDS MENTAL HEALTH

Mental Illness: Clinicians Attitudes Scale

Instructions: The following questionnaire measures your attitudes towards mental illness. For each of the sixteen questions, please respond by ticking one box only. Mental illness here refers to conditions for which an individual would be seen by a psychiatrist. Please tick the box which most accurately represents your position on the statement.

	Strongly Agree	**Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Disagree**	**Strongly Disagree**
1. I just learn about mental health when I have to, and would not bother reading additional material on it.	1	2	3	4	5	6
2. People with a severe mental illness can never recover enough to have a good quality of life.	1	2	3	4	5	6
3. Working in the mental health field is just as respectable as other fields of health and social care.	1	2	3	4	5	6
4. If I had a mental illness, I would never admit this to	1	2	3	4	5	6

my friends because I would fear being treated differently.						
5. People with a severe mental illness are dangerous more often than not.	1	2	3	4	5	6
6. Health/social care staff know more about the lives of people treated for a mental illness than do family members or friends.	1	2	3	4	5	6
7. If I had a mental illness I would never admit this to my colleagues for fear of being treated differently.	1	2	3	4	5	6
8. Being a health/social care professional in the area of mental health is not like being a real health/social care professional.	1	2	3	4	5	6

9. If a senior colleague instructed me to treat people with a mental illness in a disrespectful manner, I would not follow their instructions.	1	2	3	4	5	6
10. I feel as comfortable talking to a person with a mental illness as I do talking to a person with a physical illness.	1	2	3	4	5	6
11. It is important that any health/social care professional supporting a person with a mental illness also ensures that their physical health is assessed.	1	2	3	4	5	6
12. The public does not need to be protected from people with a severe mental illness.	1	2	3	4	5	6
13. If a person with a mental illness complained of physical symptoms (Such as chest pain) I would attribute it to their mental illness.	1	2	3	4	5	6

14. General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist.	1	2	3	4	5	6

15. I would use the term 'crazy', 'nutter', 'mad etc., to describe to colleagues people with a mental illness who I have seen in my work.	1	2	3	4	5	6
16. If a colleague told me they had a mental illness, I would still want to work with them.	1	2	3	4	5	6