

A DESCRIPTIVE STUDY OF KOREAN NURSING STUDENTS' ATTITUDES TOWARD MENTAL ILLNESS

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I. THE PROBLEM

Statement Of Problem

The purpose of this study was to identify attitudes toward mental illness on the part of nursing students enrolled in a selected baccalaureate program in Korea. The following question was considered: what are the attitudes toward mental illness and their relation to religious preference, size of home community, and future job preference for psychiatric nursing of Korean nursing students?

Definition of Terms

The following are definitions of words used in the statement of the problem and in the review of the literature and will be referred to throughout the study:

Attitude... "Attitude is the predisposition of the individual to evaluate some symbol or object or aspect of his world in a favorable or unfavorable manner. Opinion is the verbal expression of an attitude but attitudes can also be expressed in nonverbal behavior. Attitudes include both the affective, or feeling core of liking or disliking, and the cognitive, or belief, elements which describe the objects of the attitude, its characteristics, and its relations to other objects. All attitudes thus include beliefs, but not all beliefs are attitudes. When specific attitudes are organized into hierarchical structure, they comprise value systems." (Lambert and Lambert, 1964)

Mental Illness... The kind of emotional illness which bring patients to mental hospitals or a psychiatric unit of general hospitals. (Cohen and Struening, 1962)

Mental Patients... Those individuals hospitalized in a mental hospital or a psychiatric unit of a general hospital, who have been diagnosed by psychiatrists as having one of the major forms of psychoses. (Cohen and Struening, 1962)

Attitudes toward Mental Illness...A complex of feelings, fears, convictions, prejudices or other tendencies toward mental illness which are measured according to the Five Factors of the OMI Scale by Cohen and Struening. (Chave, 1928 and Cohen and Struening, 1962)

Religious Preference...State of prior choice in regard to a system of belief, whether Buddhist, Roman Catholic, Protestant or Non-affiliate.

Size of Home Community...The largeness of a student's environmental place of residence. Three divisions were included: large city-over 300,000; small city-between 50,000 and 300,000; and suburb-less than 50,000.

Future Job Preference for Psychiatric Nursing...Stated preference for work in psychiatric nursing. Psychiatric nursing is a specialized area of practice in the science and art of nursing. It is a service to people affected by pathological thought processes or other personality disorders manifested in such a way as to interfere with healthy or normal living. It has functions and practices that are intended to prevent or to have corrective impact upon mental illness, and is concerned with the promotion of optimal mental health for all individuals and families in the community (American Nurses' Association, 1961)

Limitations

It is recognized that there are limitations inherent in this study:

1. Information obtained in this study is relevant only to the specific sample investigated as randomization of a population was not the means of selection.
2. The relationships between expressed attitudes and overt behavior is not within the scope of this study. It cannot be assumed that expressed attitudes will be an expression of positive or negative behavior that will influence the community.
3. Subjects' attitudes toward test taking and personal problems of subjects would influence attitudes and objectivity in responding.
4. The survey taken at a specific time does not bring into account the possible change of attitudes that might occur at a later time.
5. Subjects may respond to the items differently according to whether or not one had already completed psychiatric clinical nursing experience.
6. Of the questionnaires distributed, 55 were returned (70.5%). Of that number, 2 were incomplete, which accounts for a sample size of 53.
7. Since the OMI Scale has not been used in Korea, the study of this instrument has not been validated and substantial socio-cultural difference may influence validity of instruments.
8. Responses from only female students reduces generalizability.
9. Differences in educational background may influence expressed attitudes.

Significance of Problem

The problem lies within the broad range of psychiatry, since it concerns the effects of attitudes of psychiatric hospital personnel upon the treatment of patients with mental illness. A growing body of literature documents the importance of attitudes toward mental illness as a factor in the performance of mental health professionals. Since nursing students are a part of health team, their attitudes toward mental patients and mental illness are significantly considered in a therapeutic milieu.

Many mental health workers today generally accept the premise that the attitudes of hospital personnel toward mental illness are important in the effective treatment of mental patients. Current

thinking about psychiatric treatment places increasing emphasis in the influence of attitudes.

Carl Rogers has felt that the attitudes of the psychotherapist about his patients and his work is of paramount importance to the psychotherapeutic process. (Rogers, 1951) Extending this view to the therapeutic community of a mental hospital, it can be inferred that the attitudes of every member of the surrounding the patient toward various aspects of the hospital setting are relevant to the therapeutic atmosphere. Since nurses are a powerful therapeutic agent, they have been a central feature of the therapeutic community for the treatment of mental illness.

According to the writer's experience, most Koreans have negative attitudes toward mental illness, although she cannot document through literature. A cross-cultural study by Kahn and Jones showed the attitudes of Korean and American mental patients toward mental illness and hospitalization. (Kahn and Jones, 1967)

The Korean negative attitude is qualitatively different from the American negative attitude. It is based more on fears of other patients, than on anger about control and restriction as is the case for the Americans. The Korean patients see the hospital as a place which controls or keeps patients out of society's way. Mental illness is something that just happens to a patient and is considered largely hereditary in the Korean view.

The writer thinks that many feel great shame or revulsion in Korea when faced with mental illness either in themselves or others. There is a feeling of dread about mental illness or mental hospital.

The writer assumed that such negative attitudes toward mental illness among Korean people may also be present in a population of Korean nursing students. Long before students become actively involved in psychiatric nursing, they have been exposed to and influenced by cultural attitudes toward mental illness.

In spite of the publicity given to mental illness and to psychiatric hospitals in recent years, the general feeling still persists that psychiatric disorders are uncanny and mystifying phenomena and these feelings might affect nurse-patient interaction and nursing students' preference for psychiatric nursing after graduation.

An important aspect of nursing education deals with the development of acceptable attitudes toward mental illness. The attitudes of nursing students are of special concern because they have intimate, frequent contact with the patients. Canter and Shoemaker refer to influence the nurse exerts on the lives of hospitalized psychiatric patients. (Canter and Shoemaker, 1960)

...the nurse generally has the most intimate and daily contact with the patient and in terms of time alone has the opportunity for the most significant interaction with the patient. Her attitudes toward mental patients can well have decisive effect upon the course of therapy.

An understanding of the feeling and attitudes of the nursing students toward mental illness can help the nursing students to understand her role in helping patients. If a nursing student holds negative attitudes toward the mentally ill, her interaction with patients may not be therapeutic for patients nor satisfying to her. (Walsh, 1971)

Karnosh and Mereness stressed that "psychiatric nursing is largely a matter of nurse attitudes." (Karnosh and Mereness, 1949)

Much of psychiatric nursing involves the development of self and of others rather than any specific body of information. The increasing emphasis on the interpersonal aspects of the nursing relationship, the repeated references to therapeutic use of self, and the emphasis on therapeutic care as opposed to custodial care of psychiatric patients have led nursing educators to concern themselves with the factors in the educative process which relate to the personal development of the nursing students. (Hayes and Swenson, 1963)

As Southard emphasized the importance of religious attitudes of psychiatric nurses (Southard, 1959), the writer also believes that religious preference may influence attitudes about mental illness.

Generally, most of mental hospitals and nursing schools in Korea are located in big cities. The writer assumes that people in urban areas are more informed about concepts of mental health than people in suburban areas. This assumption may also be present among Korean nursing students.

The writer assumes that there are some common misconceptions about psychiatry that inhibit the nurse from utilizing psychiatric concepts in the practice of nursing in Korea. One of the commonest misconceptions is that psychiatry is concerned only with patients in a psychiatric hospital.

The fact is that psychiatry is equally concerned with patients in the psychiatric hospital, who also have emotional stresses and problems, and with patients in the community, who can be treated without hospitalization.

Another concern involves the broad range of psychiatric nursing education in conjunction with considerable curriculum evaluation of Korean nursing education.

The nursing profession has been gaining in popularity among Korean women in recent years. The trend in Korea is to upgrade nursing education. There are 47 basic nursing schools and 5 graduate programs in Korea. There are 12 collegiate programs, 19 junior college programs, 7 professional school programs, and 9 technical nursing high schools. (**The Korean Nurse**, Vol. XI, No. 25, 1972) Since a Five-Year Nursing Manpower Plan outlined by the Ministry of Health and Social Affairs, Nursing Division, the 29 schools of nursing existing in 1966 were asked to double the number of applicants accepted into their programs each year over the five-year period. Since 1966, 18 additional new nursing schools were opened in order to meet the demand for increased nursing manpower. (**The Korean Nurse**, Vol. XI, No. 25, 1972)

In view of the increasing number of nursing schools in Korea, how well do nursing educators provide nursing education for the students? Conroy concluded in her report that "nursing educators in this country are insufficient in both quantity and quality of professional preparation for teaching."

She also pointed out the lack of standardization and of philosophical basis for organization of the curriculum. (**The Korean Nurse**, Vol. XI, No. 25, 1972)

The writer believes that investigation of attitudes toward mental illness of Korean nursing students may be one way of evaluating psychiatric nursing education as part of general nursing education curriculum. If the students express negative attitudes toward mental illness, there is a major need for professional nursing educators to be concerned about attitudes development and change. Remmers and Cage (1955) stated that:

Educational philosophers, curriculum builders, administrators, and teachers are all becoming increasingly aware that educational procedures and curriculum content can and do change attitudes. Educators must be concerned with whether it is producing types of attitudes patterns that are desirable as the integrating force of society.

Therefore, the results of this study could be used to help nursing educators to identify the areas to be concerned in psychiatric nursing and to change some aspects of nursing curriculum as well. Since the goal of psychiatric nursing is to provide effective patient care, there is need for the investigation of nursing students' attitudes about mental illness and mental patient.

For these reasons the writer investigated the attitudes toward mental illness and their relation to religious preference, size of home community, and future job preference for psychiatric nursing of Korean nursing students.

Therefore, the present student study was directed toward describing and measuring attitudes of nursing students toward mental illness in order to get some ideas of the over-all attitudinal atmosphere prevailing among this Korean nursing student's group.

II. REVIEW OF LITERATURE

Since the late 1950s when questionnaires were constructed to investigate attitudes about mental illness, there has emerged a sizable body of research in this area, concerning the delineation of attitudes held by the general public, by mental health personnel, by patients, and susceptibility of such attitudes to modification through academic or practical experience, and relationship between attitudes and behavior. (Rabkin, 1972)

A variety of recent studies have illustrated the generally negative and rejecting attitudes of most Americans regarding mental illness and the mentally ill. Although dissenting views and findings have been reported, they form a minority opinion. Nunnally has stated:

People in the mental-health-education field commonly say that one of the most difficult problem to overcome is the stigma attached to the mentally ill. This assumes that the public holds negative attitudes toward the mentally ill. (Nunnally, 1961)

Several studies have attempted to measure the attitudes of the public toward mental illness. Most investigations of public attitudes toward mental illness have been based on a survey rather than experimental model. One of the earliest of these was that of Ramsey and Seipp (1948a, 1948b) who interviewed adults in Trenton, New Jersey, to learn their opinions and attitudes concerning mental illness. The authors reported that respondents with higher educational and occupational levels were less apt to view mental illness as punishment for sin or the outcome of poor living conditions, were less inclined to believe in the deleterious effects of associating with the mentally ill, and were optimistic about the possibility of recovery.

A significant, large-scale research on this topic was that underway at the Institute of Communications Research of the University of Illinois. This five-and-one-half year project was begun in January 1954 under the co-directorship of Nunnally and Osgood (1961). Among their findings, selected observations from their 1954 data report that "as is commonly suspected, the mentally ill are regarded with fear, distrust and dislike by the general public. Comparing public attitudes toward the mentally ill with public attitudes toward normal persons, the mentally ill are regarded as relatively worthless, dirty, dangerous, cold, unpredictable, insincere, and so on. An important finding is that there is a strong negative halo that surrounds the mentally ill; "they are regarded as all things bad. Such unselectively negative attitudes may, in part, be due to a failure to observe and learn about mental illness phenomena in daily life." In Nunnally's report, the stigma

associated with mental illness was to be very general, both across social groups and across indicators, with little relation to demographic variables such as age and education.

In contrast to Nunnally (1961) Hollingshead and Redlich (1958) found distinct and dramatic difference in attitudes and knowledge about mental illness and mental patients as a function of social class and education. In their studies, where attitudes were inferred from observed behavior in psychiatric treatment situations, they found that upper-class members have more favorable attitudes toward psychiatrists, have clear conceptions of their roles, are better informed about mental illness, and are more accepting of mental patients than those in the lower classes.

The effect of familial attitudes has been studied in considerable detail. The supportive family reactions to day hospitalization and participation in family therapy sessions are related to success in avoiding rehospitalization (Zwerling and Mendelsohn, 1965).

Kahn and Jones (1967) have showed differences on attitudes between Korean and American mental patients toward mental illness and hospitalization. Mental illness was considered largely hereditary and incurable in the Korean view. Korean patients saw the hospital as a place which controls or keeps patients out of society's way. The authors have emphasized that patients' attitudes would vary according to national culture which deals with authority and authoritarian control.

A cross-national study by Levine (1972) has showed evidence that there are substantial national differences in attitudes toward mental illness. Levine also emphasized that the attitudes toward mental illness are more or less part of a person's general orientation to special issues, rather than a narrow function of his concept of mental illness. From the sociological point of view, Levine suggests that there are more authoritarian and socially restrictive attitudes toward mental illness in a community climate characterized by an authoritarian social-political structure. In his study, the British nurses showed more favorable attitudes on Authoritarianism and Social Restrictiveness than the nurses from Czechoslovakia. West German physicians had more favorable attitudes toward Authoritarianism and Social Restrictiveness than Czechoslovakian physicians.

This writer with many others, recognizes the importance of opinions and attitudes toward the mentally ill as having an influence on the attitudinal atmosphere that may exist within the psychiatric setting and in the development of social norms and culture within individual ward units.

Since the research of Gilbert and Levinson (1956) there has been considerable interest in studying mental health attitudes among persons actually involved in the treatment of the mentally ill. Investigators have reported that personnel with lower status are more authoritarian and restrictive in their attitudes toward mental patients, while those with advanced professional training-psychiatrists, psychologists, and nurses in a psychiatric unit, show more awareness of the strengths patients possess, are more liberal and tolerant in their attitudes, and are more optimistic about their prospects for recovery. (Rabkin, 1972)

A number of other studies have investigated college students' attitudes toward mental illness. (Gelfand and Ullman, 1961; Walsh, 1971)

Gelfand and Ullman did a study of attitude changes toward mental illness associated with psychiatric clerkship training. The study was done with a group of medical students receiving a three-week clerkship at a veterans' neuropsychiatric hospital. Results indicated that programs of greater mental health education and consultation facilities for the students produced positive changes

in attitudes: that contact with mentally ill patients was associated with change.

One of the studies to report effective attitude change due largely to the instruction received was conducted by Coston and Kerr (1962). The Opinions About Mental Illness (OMI) was administered before and after an abnormal psychology course. The authors found that all women regardless of class rank, and those men in the upper half of their class, became less authoritarian and less socially restrictive in their attitudes. Both men and women became less benevolent and more convinced of interpersonal etiology as cause of mental illness. These findings were interpreted to suggest that the students gained a certain sophistication as a result of the course, but that the better students were more open to favorable change than the other.

The portion of nursing education which has received much interest and research has been psychiatric nursing. It is possible that the social science worker has found an "open field" to study the interaction technique for attitude change, since nursing students are assigned to settings with psychiatric patients while they receive clinical experience directed toward developing beginning skills in therapeutic interaction.

It has become the responsibility of the mental health nursing educator to determine effective means of aiding the students in unlearning or in modifying past learned negative attitudes toward the mentally ill. It has been assumed that attitude modification is best accomplished by guiding the student in attaining knowledge about the dynamics of mental health and illness and by supportive counselling and supervision of the student during clinical experience in psychiatric nursing. (Swain, 1973). Positive changes in attitude of nursing students toward mental illness and the mentally ill have been associated with the combination of academic and clinical experience in psychiatric nursing. (Altrocchi and Eisdorfer, 1961; Canter and Shoemaker, 1960; Johannsen and others, 1964).

Altrocchi and Eisdorfer (1961) reported two studies that were designed to explore changes in favorableness of attitude toward mental illness as a function of didactic instruction about mental illness and intensive clinical experience.

They did not obtain the expected attitude changes among college students on the first study. In a subsequent study, they found that nursing students who had contact with patients during their courses did show positive attitude changes. The authors suggested that students in advanced stages of college and nursing education who are relatively well-informed, do not change attitude toward mental illness as a result of increased information, but that personal involvement with patients, specific training in dealing with them, or supervision directed at self-understanding may be necessary in addition to or instead of academic instruction.

Morris (1964) used the OMI (Opinions About Mental Illness) Scale in her study of nursing students' attitudes. The OMI was administered before and after a psychiatric nursing experience. The subjects were second-year nursing students in a three-year program. The twelve weeks psychiatric nursing experience, offered at the Veterans Administration Hospital, New York. Her findings based on pre and post tests given to 56 nursing students revealed that attitudes were modifiable and this change was a function of psychiatric nursing experience. This study indicated nursing student's attitudes change toward mental illness associated with the psychiatric nursing experience. A comparison of pre-test OMI mean scores with post-test mean scores showed decreases in Authoritarianism and increased acceptance of Interpersonal Etiology.

Lewis and Cleveland (1966) reports that nursing students following an eight week psychiatric

affiliation exhibited attitudinal changes on OMI Scales. A control group of twenty-eight students not exposed to a psychiatric experience were similarly tested. Results indicated that the psychiatric program significantly influenced students' attitudes toward mental illness while the control group showed no significant alteration. The study demonstrated that attitudinal changes do occur in appropriate directions to a degree considerably greater than chance following a psychiatric affiliation.

The studies on personality indicate an interest in personality characteristics of nurses and nursing students, especially during their psychiatric affiliation. Williams and Williams (1961) were interested in the comparison of the attitudes of nursing students during psychiatric affiliation and hospital attendants in relation to interpersonal alienation (authoritative personality) toward the mentally ill individual. Their findings indicated that nursing students were more modern in their attitudes of stigma and symptoms of mental illness (acceptance and understanding) than attendants.

Further findings of relationship between authoritarian personality and attitude have wide implications for selection of nursing students and how much emphasis should be put on attitudes as a prominent and continuing part of nursing education or any educational program.

In the studies of attitudes of students, however, little attention has been paid to the role of religious influences or to association between work orientation and religious preference. Two studies reviewed related attitudes to religious affiliation. Interviews conducted by Ramsey and Seipp (1948a) revealed trends in the direction of Catholics being more inclined than Protestants to resort to family care and treatment of mental illness and an association of insanity with sin. Ramsey (1949) found that Catholics tend to estimate the incidence of insanity higher than Protestants.

Krebs (1961) found the trend that Catholics to be lowest on the mean scores of her attitudes and information about mental illness study. Protestants made higher average scores than Catholics and Jews. Jews scored higher than Catholics. However, none of the mean differences was significant.

In general the findings of social psychology indicate that an individual is significantly affected in his life style by the group or groups of which he is a member. (Slusser)

It seems an almost indubitable promise that one's religion makes some kind of behavioral difference in one's life.

Southard (1959) emphasized the importance of the religious attitudes of nurses in psychiatric nursing. Southard stated that the attitudes of the nurses toward religion and their outlook on life constitute one factor in psychiatric nursing.

She also indicated that Christianity finds practical expression in the nurses's understanding of, and her relationship with, psychiatric patients.

III, METHODOLOGY

Sample

Fifty-three nursing students were the subjects in the study. They were seniors attending a four-year baccalaureate program in Seoul National University, Korea. The ages of the subjects ranged from 20 to 23 years, with an average of 21 years and two months. The subjects were females who were enrolled in the course in psychiatric nursing in the second semester of 1972.

The OMI was administered during the latter half of the second semester of 1972 in a group setting in the class room. The students were asked for their opinions and were told that the information would be used for research purposes only that the material could be confidential with the report of the results of the study being written in such a way that there were no right or wrong.

answers and that the investigator was interested in their opinions, what they thought, and how they felt about mental illness. The psychiatric nursing course is offered as the last learning experience in the program for the students and lasts for 32 weeks.

Instrument

Measuring instruments used in recent research have been the Custodial Mental Illness (CMI) Scale developed by Gilbert and Levinson and Opinions About Mental Illness (OMI) Scale designed by Cohen and Struening (1962).

The OMI is a set of scale derived through factor analysis. The item pool of approximately 200 opinion items referent to the cause, description, treatment, and prognosis of mental illness was reviewed by a group of research workers and reduced to a total of 70 items. These items, presented in Likert format, were tested by the authors of the scale in two V.A. mental hospitals in the Northeast and Midwest, using large samplings of the personnel within the hospitals. The results were analyzed, the factors identified, and the resulting factor scores were related by analyses of variance to occupation, education, age, and sex. The final scale consisted of 51 items which yielded factorially stable scores on five dimensions: authoritarianism, benevolence, mental hygiene ideology, social restrictiveness, and interpersonal etiology. Intercorrelations among attitude scores were under .30, except for the correlation between authoritarianism and mental hygiene ideology, which was .39. Reliability coefficients of internal consistency for each of the five factors are: a range from .49 for benevolence to .82 for authoritarianism, with coefficients for mental hygiene ideology and interpersonal etiology being about .60. Social restrictiveness scores had the lowest reliability coefficient, .21. Factor validity coefficients are: authoritarianism .73, benevolence .76, mental hygiene ideology .65, social restrictiveness .67, and interpersonal etiology, .66. (Cohen and Struening, 1962)

In this study, the instrument used for measuring attitudes was the OMI Scale.

The five factors of the OMI are as follows:

Factor A-Authoritarianism:

This factor seems to very similar to what is measured by the California F Scale and the Gilbert-Levinson Scale. High scores on this factor view the mentally ill as inferior to normals and requiring coercive handling. The items also reflect that the mentally ill must submit to authority.

Factor B-Benevolence:

A high score on this factor represents a kindly paternalistic attitude toward patients who are viewed as being essentially childish in nature. The origin of this attitude seems to lie in the protestant ethic. It is encouraging and nurturant, but still acknowledges some fear of patients.

Factor C-Mental Hygiene Ideology:

The idea that mental patients are much like normal people, differing only degree, not in kind. This attitude emphasizes a belief in the efficiency of hospital treatment, a liberal humanitarian view of mental patients. This view is partially summarized in "mental illness is an illness like any other.

Factor D-Social Restrictiveness:

The items making up this factor reflect a negative attitude in which the mentally ill are a threat to society, especially to their family, and must be restricted both during and after

hospitalization. This factor differs from Authoritarianism, Factor A, in that here the family is seen as needing protection rather than society in general.

Factor E-Interpersonal Etiology:

High scores on this factor reflect the belief that mental illness develops from faulty interpersonal experience, particularly deprivation of parental love and attention during childhood.

It includes a belief that abnormal behavior is motivated, e. g., mental illness is an avoidance of problems, successful people seldom become mentally ill.

The OMI Scale is composed of 51 six-point Likert-type items ranging from strongly agree to strongly disagree. The positions on the six-point scale were given numerical values from six to one as follows; six points for strongly disagree, five points for disagree, four points for not sure but probably disagree, three points for not sure but probably agree, two points for agree and one point for agree strongly. Each subject's score for the position responses for each factor scale are summed according to Cohen and Struening's formula to obtain score.

In order to obtain personal data from the students, four additional items were attached. Each student was asked to indicate her age, religious preference, size of home community, and future job preference for psychiatric nursing on the data sheet.

The OMI Scale was not translated into Korean language because of the difficulties in translating some of the terms of the OMI into Korean. Since the students have learned English, they could understand the OMI without translation. However, the students were asked to seek clarification from a psychiatric nursing instructor who was administering the questionnaires.

Procedures for Collecting Data

Permission to do the study was given by an associate professor of the Department of Nursing, Medical College in Seoul National University by encouraging letters.

The OMI study was conducted on September, 1972. All students were tested in a group setting in the classroom. The cooperation in distributing the questionnaires was done by a psychiatric nursing instructor. The questionnaires were gathered with the assistance of a psychiatric nursing instructor. No students were forced to return the questionnaires.

IV. FINDINGS

Presentation of Data

The study investigated the attitudes toward the mental illness of nursing students in a selected baccalaureate program in Korea. The study was conducted during the latter half of the second semester of the senior year of a program. Of the 78 questionnaires distributed, 55(70.5%) were returned. Two of the respondents had omitted to answer a number of questions and to give demographic data, so these questionnaires were not used in the study.

Of the 53 subjects, 1(1.8%) was Budhist, 15(29.1%) were Protestants, 8(14.5%) were Catholics, and 29(54.6%) were Non-affiliates.

Forty-one (77.4%) were students from big cities; ten students (18.8%) were from small cities; and two (3.8%) students were from suburbs.

Of the 53 subjects, only 8(15.1%) preferred psychiatric nursing as their future job; 25(47.2%) were undecided; and 20(37.7%) did not prefer psychiatric nursing for their future job.

The OMI Scale was scored according to the formula developed by Cohen and Struening. Each factor received the number appropriate to the respondent's position on the agree-disagree continuum. In the treatment of the data, the writer computed mean scores and standard deviation scores for each of the factors. Post-test mean scores of OMI Factors from Morris's (1964) study were viewed for comparison.

When this questionnaire was distributed, some students had already finished psychiatric nursing clinical experience, although everyone was still taking psychiatric nursing instruction. Since the study population was exposed in the areas of psychiatry before taking the OMI, the writer thought it more meaningful to use post-test mean scores for comparison rather than pre-test scores from Morris's study. Comparisons were made between the post-test by Morris's and study population using t test (two-tailed) to determine if there were significant mean differences in two studies.

To study the relationships between the OMI Factors and religious preference, size of home community, and future job preference for psychiatric nursing, each sample was broken down into subgroups for each demographic variable. The means for the demographic variables were computed. Because of the small number in each classification, the t test was used to determine significance of the mean scores on students demographic variables.

TABLE I. RAW SCORES OBTAINABLE FOR THE OMI FACTORS BY THE SCORING SYSTEM USED IN THE STUDY

Raw scores for the OMI Instrument	OMI Factors				
	A	B	C	D	E
Minimum scores	1	4	7	1	7
Maximum scores	56	66	47	55	37

In Table I, a high score on a factor indicates a greater amount of that particular factor.

TABLE II. OMI FACTOR SCORES OF THE STUDY POPULATION

Factors	Mean	Standard Deviation
A	28.9	4.89
B	39.3	6.69
C	27.8	4.57
D	28.3	4.75
E	21.0	3.86

TABLE III. FACTOR MEAN SCORE COMPARISONS AND T TESTS°

OMI Factors	Nursing Students Post-Test (Morris)	Study Population	T Tests
A	14.98	28.9	13.86°°
B	50.23	39.3	10.2°°
C	28.25	27.8	0.59
D	20.91	28.3	8.6°°
E	21.51	21.0	0.57

° Comparisons between study population (1972. N=53) and Nursing Students' Post-test by Morris (1964, N=56).

°° t test significant at $P < .05$ ($df=107$), t where $P < .05=1.9826$

°°° This table must be viewed with caution. The time of testing and geographical locations vary considerably.

TABLE IV. MEAN SCORES OF THE OMI FACTORS ACCORDING TO RELIGIOUS PREFERENCE

Religious Preference	OMI Factors					
	N	A	B	C	D	E
Budhism	1	23	47	26	23	26
Protestant	15	28.1	41.8	29.4	27.5	22.7
Catholic	8	31.4	36.5	28.5	27	21.3
No Preference	29	28.8	38.5	26.9	29.3	19.8

N=53

TABLE V. COMPARISON OF FACTOR MEAN SCORES BETWEEN CHRISTIANS (PROTESTANTS AND CATHOLICS) AND NON-AFFILIATES

	N	A	B	C	D	E
Christians	23	29.2	40.0	29.1	27.3	22.2
Non-affiliates	29	28.8	38.5	26.9	29.3	19.8°

N=52

° Factor E, Interpersonal Etiology, is significant at the .05 level between two groups. $df=50$, $P < .05$, $t=2.4388$ (t where $P < .05=2.009$)

TABLE VI. MEAN SCORES OF THE OMI FACTORS ACCORDING TO SIZE OF HOME COMMUNITY

HOME COMMUNITY	OMI Factors					
	N	A	B	C	D	E
Big City	41	29.2	38.9	27.6	28.0	21.2
Small City	10	28	41	29	29	20.9
Suburbs	2	26.5	39.5	25.5	31.5	17

N=53

TABLE VII. COMPARISON OF FACTOR MEAN SCORES BETWEEN BIG CITY AND SMALL CITY (INCLUDING SUBURBS)

Size of City	OMI Factors					
	N	A	B	C	D	E
Big City	41	29.2	38.9	27.6	28.0	21.2
Small City	12	27.8	40.0	28.4	29.4	20.3

N=53

TABLE VIII. MEAN SCORES OF THE OMI FACTORS ACCORDING TO FUTURE JOB PREFERENCE FOR PSYCHIATRIC NURSING

Preference	N	A	OMI Factors B	C	D	E
Will Prefer	8	28.0	40.9	31.0	27.0	23.0
Will not Prefer	20	29.0	39.1	28.1	29.4	19.7 ^a
Undecided	25	29.1	39.0	26.6	27.9	21.4

N=53

^a Factor E: Significant at .05 level of confidence. $df=26$, $P<.05$ $t=2.1155$ (t where $P<.05=2.056$)

The Factor A scale of the OMI has been identified by the authors with the California F Scale, the Authoritarian personality scale, (Adorno, et.al., 1950) and the OMI scale which consists of Likert-type items.

Cohen and Struening describe this scale as one in which mentally ill persons are considered different and inferior to "normal". The items reflect that mentally ill must submit to authority and suggest that the patient would require guards, locked doors, and coercive handling.

The findings of this study in the Factor A indicate a range between the raw score of 16 and the high score of 37. The mean score for Factor A was 28.9. In comparison with the mean score from Morris's (1964) study, population in this study showed significantly higher score on authoritarianism (Table III). It was found that there was a trend for the nursing students who will prefer to work as psychiatric nurses for their future to receive lower scores on the mean scores of Factor A and Factor D (Social Restrictiveness) (Table VIII) than those who will not prefer working.

The mean score of the Factor A for Christian group which included Catholic and Protestant students was 29.2. However, Christian group showed slightly higher mean score in authoritarianism scale than Non-religious group.

Factor B (Benevolence) as described by the authors of the OMI Scale indicates a kindly paternalistic view toward the mental patients that they state originates more in religion and humanism than science or the sophistication of professionalism (Cohen and struening, 1963). It indicates an encouraging and nurturant attitude toward the mentally ill.

In Table III, the mean score for Factor B in this study group was compared with Morris's study. The mean score of this study group was shown significantly lower than Morris's. Reports of past surveys have reported nurses and nursing students to be high in the factor of Benevolence. Surprisingly, the mean score on Factor B of this study population was not high as writer expected. The highest mean score on Factor B was found in the future psychiatric nurse group, but it was still lower score compared to any other American nursing student in the studies. The raw score range in Factor B was between 26 and 55. The highest mean score was appeared in the students' group those who are from small city. Among Christian group, Protestant students showed more favorable direction than Catholic students, though this was not tested for statistical significance.

Factor C, Mental Hygiene Ideology indicates a positive attitude like Factor B and encompasses the doctrine of the modern mental health professions. Cohen and Struening stated that implicit in the concept was that the mentally ill are viewed as someone much like normal people, differing in degree rather than in kind.

The raw score on this factor C range from 19 to 36 with mean score of 27.8. In comparison with the study by Morris's, the findings of this study indicated not much differences in the mean score of Factor C (Table III).

Cohen and Struening found this factor to be in sharp contrast to Factor A and to be correlated with both education and occupation. Their findings reported that aides and kitchen workers have the lowest means on Mental Hygiene Ideology among hospital personnel (Cohen and Struening, 1962). However, this factor in the study population was lower than that reported in the original surveys by Cohen and Struening and in the findings of other nursing student studies.

The highest mean scores were found in the future psychiatric nurses group, protestant group and students who have small cities for their home community. The lowest mean score on Factor C for students from the suburbs was expected. However, Christians recorded higher mean scores on Factor B and Factor C than Non-affiliates.

The factor of Social Restrictiveness (Factor D) is described as being related to the desire to restrict mental patients during and after hospitalization to protect society and the family unit. Cohen and Struening found a similarity to Factor A and D, but found that this factor did not spread the groups apart strongly. Klostreich (1969) found nursing students to be less socially restrictive toward patients as a result of their psychiatric affiliation and found these findings to correlate with the findings of similar studies. The findings of this study in the Factor D indicates a range between the raw score of 15 and 39 with mean score of 28.3. A statistically significant difference of the mean score between the study population and Morris's nursing students was shown at the five percent level of confidence. It is interesting that the lowest mean score was found among the nursing students who will not prefer to work as psychiatric nurses for their future. The highest score recorded on the future psychiatric nurses' group. But there was no significant difference in these two groups. The christian group had slightly lower mean score in Social Restrictiveness than Non-religious group as expected. Students from big city showed lower score than small city or suburbs, but there was no statistically significance in the mean scores between big city and small city.

Factor E is a circumscribed factor that reflects the belief that mental illness arises from interpersonal experience and deprivation of love and attention during childhood.

The raw score on this Factor E ranged from 14 to 30 with mean score of 21.0. Surprisingly, the study population had a mean score close to Morris's nursing students, which was 21.51 in their post-test. No significance in the mean score was found in two studies.

The findings of this study revealed that there was a significant difference in the mean score between future psychiatric nurses and non-psychiatric nurses. And also a significance of the mean score of Factor E between Christians and Non-religious affiliates was found at the five percent level of confidence. Students who are from big cities recorded slightly higher mean score than students from small cities. However, no statistical significance on the mean scores was found.

The findings of this Factor E in this study would appear to parallel the findings for the Factor C, Mental Hygiene Ideology in general.

V. DISCUSSION

Summary

The recognition that attitudes are important in the effective treatment of the psychiatric patient has been emphasized in this study and an importance of nursing education in motivating students in favorable directions toward mental hospitals and mental patients has been stressed. The general attitudes toward mental illness and mental patients in Korea have been described according to the writer's experience and other reported researches.

This study was concerned with the existing attitudes among nursing students in Korea toward mental illness. Several studies using nursing students as subjects have been made concerning their attitudes toward mental illness and the mentally ill in American literature. None of the mental illness attitude research reviewed was dealing with nursing students in the Korean literature. Since there has not been any reported research on attitudes toward mental illness among nursing students in the Korean literature, the writer undertook an investigation using Korean nursing students as a sample for this study.

The main purpose of this study was to identify attitudes toward mental illness of nursing students in Korea. A second purpose was to determine whether these attitudes relate to student variables of religious preference, size of home community, and future job preference for psychiatric nursing.

The measuring tool used in this study was a questionnaire developed by Cohen and Struening referred to as the "Opinions About Mental Illness" Scale (OMI). The OMI is a factor-analytically derived set of scales made up of 51 Likert-type items which yield factorially stable scores on five dimensions: authoritarianism, benevolence, interpersonal etiology, mental hygiene ideology, and social restrictiveness.

In order to obtain personal data from the subjects, four additional items were attached. The OMI Scales were not translated into Korean language. The subjects were asked to seek clarification.

The OMI has been used to test the effectiveness of academic courses and other planned educational programs in changing attitudes of nursing students concerning psychiatric patients. This study surveyed the existing attitudes at one period of time and did not deal with the study of attitude change. The study was done during the latter half of the second semester of the senior year of a baccalaureate nursing program. The findings of Morris's study were viewed for comparison with this study population.

The findings of this study indicated that Korean nursing students showed more negative attitudes toward mental illness than American nursing students in all five factors of the OMI Scale. Comparison of the mean scores between study population and Morris's study revealed statistical significances in Factor A, Factor B, and Factor D at the five (.05) percent level of confidence. Since the high score on Factor A and Factor D reflect a negative attitude toward mental illness, this study population revealed extremely negative attitudes compared to any other known surveys.

Results of this study indicated that the prevailing attitudes of high authoritarianism and social restrictiveness and an extremely low degree of benevolence did exist among Korean nursing students.

The factor mean scores in both Mental Hygiene Ideology and Interpersonal Etiology were lower

in this study population than Morris's study, but no statistical differences were found.

Of the three demographic variables, religious preference and future job preference for Psychiatric nursing showed significance of the mean score on Factor E (Interpersonal Etiology) at the .05 percent level of confidence. This finding indicated that Christians showed more positive attitudes than Non-religious affiliates in general and specially on Factor E. Interestingly, future psychiatric nurse group did show slightly more positive attitudes than non-psychiatric nurses in all of the five factors. But significant difference of the means in this two group was found only on Factor E as shown as religious preference.

Conclusions

The findings of this study indicated that the selected nursing students in Korea revealed generally negative attitudes toward mental illness and mental patients. They demonstrated the prevailing attitudes of high authoritarianism and social restrictiveness and a relatively low degree of benevolence which represent negative attitudes toward mental illness.

It was found that religious preference and future job preference for psychiatric nursing of the study population would relate to their attitudes on the OMI Scale. There was a trend that Christians and those who want to be psychiatric nurses in the future did show slightly more favorable responses than Non-affiliates and future non-psychiatric nurses group.

The findings on the variable of size of home community were equivocal in general. However, no significance was found between students from big cities and small cities.

In conclusion, the writer found existing negative attitudes toward mental illness and mental patients among Korean nursing students and this finding was meaningful in the study.

Implications

The above conclusions can be only applied to the population studied. No generalizations beyond these are suggested.

The information acquired from investigation of attitudes toward mental illness of nursing students may be valuable to nursing education but some interesting ideas and questions have emerged.

1. The findings of this study could be used as evidence of existing attitudes by nursing educators.
2. Attitudes measurement can be one aspect of an evaluative study to determine the effectiveness of nursing program and other educational program.
3. There is a great need to determine if the OMI items and scales are actually equivalent among the different countries.
4. There might be a close relationship between attitudes toward mental illness in a community and the social-political climate of that community.
5. The assessment of attitude change could be useful in measuring the effectiveness of the content and instruction of the psychiatric nursing course and the curriculum in general.

Recommendations

On the basis of the investigation, the following recommendations for further study were made:

1. To study other groups of students (four-year baccalaureate program) within the same geographical area to determine whether similar attitudes are found.
2. To do a longitudinal study to determine if expressed attitudes of this study change over a period of time.

3. Differences in expressed attitudes between Korean and American nursing students may be influenced by different educational background with cultural, geographic, and social differences.
4. There is a growing need to develop a measuring instrument that will measure attitude and attitude change, which encompass both psychologically and regionally equivalent items.
5. Modification of attitudes about mental illness has been proved in many recently reported studies. Since this study population revealed negative attitudes, the findings of this study are worthy of consideration in terms of nurses' therapeutic interaction with mental patients in a therapeutic milieu. This concern leads to a great need for modification of attitudes through refined educational curriculum by nursing educators in Korea.
6. However, this study is also a preliminary attempt to focus on manifestations of attitudes toward mental illness. Further research is necessary to demonstrate whether attitude changes have consequences for subsequent behavior.
7. The OMI Scale may be applied to different health personnel or general population in Korea to read their attitudes.
8. In summary, then, "a great deal of work must be undertaken to further establish the construct validity of the OMI factors" (Cohen and Struening, 1963).

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정신질환에 대한 간호학생의 태도 연구

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본 연구는 한국의 학사과정에 등록된 간호학생의 정신질환에 대한 태도를 조사 연구하는데 주 목적이 있고, 연구 결과에 의한 학생들의 태도와 학생들의 종교, 지역사회의 크기, 장애에 정신과 간호를 그들의 근무 영역으로 삼을 것인가에 대한 관련도를 조사하는데 두 번째의 목적이 있고, 세 번째의 목적은 미국에서 발표된 정신질환에 대한 태도 연구와 본 연구의 결과에서 나타나는 한국 학생들과의 태도를 비교해 보는데에 있겠다.

본 연구의 대상은 서울대학교 의과대학 간호학과 4학년생(1972년도)이었으며, 미국과의 비교 연구를 위해서 Morris의 간호학생 태도 연구를 사용했다.

본 연구에 사용된 도구는 Cohen과 Struening이 발간시킨 51항으로 구성된 Opinions About Mental Illness (O. M. I) Scale이며, 학생들로부터 개인적인 자료를 얻기위해 4항이 더 첨가되었다.

연구 결과를 보면 간호학생들의 정신질환에 대한 부

정적인 태도가 보여졌다. 즉, 높은 권위의식(요소, A)과 사회적 제한성(요소, D)을 표현했고, 사비심(요소, B)은 낮게 표현되었으니, 이는 정신질환에 대한 부정적인 태도를 보여주었다.

또한 본 연구에서 학생들의 종교와 졸업후 정신과 간호 영역에서 근무할 취향이 O. M. I. 에서 보여지는 태도면에 영향을 줌이 밝혀졌다. 즉 기독교인과 졸업후 정신과간호원 지망생이 비 기독교인과 비 정신과간호원 지망생보다 정신질환에 대한 태도에 보다 긍정적인 반응을 보였다. 학생들이 살고있는 지역 사회의 크기와 O. M. I. 척도에서 보여지는 태도면에 통계학적인 유의미의 차이는 없었다.

본 연구의 결과로 보여진 정신질환에 대한 간호학생들의 부정적인 태도는 간호교육의 년면적인 평가도 되겠지만 정신과 간호교육과정이나 다른 교육과정의 내용면의 재고려와 아울러 긍정적인 방향으로의 태도변화를 위해 보다 많은 연구가 필요하겠다.