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From evil spirits to extra affection

-An investigation of Ghanaian nursing
students' attitudes towards mental illness

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ABSTRACT

Background: People suffering from mental illness are stigmatised in almost all societies and nurses are in key position to break this stigma. Ghana is a country greatly influenced by religion and traditional beliefs, which, by and large, affects the perception of mental illness. Nursing students have the opportunity to learn how to understand mental illness and have, due to this, an important role fighting old traditions and breaking the stigma. **Aim:** to examine Ghanaian nursing student's attitudes towards mental illness. **Method:** This is a descriptive empirical study carried out by collecting qualitative data with semi-structured interviews. **Result:** The students recognize that lack of education and information within the Ghanaian society contributes to stigmatization and isolation of people suffering from mental disorders. Lack of resources, hospitals and educated health care-staff are major problems that need to be solved. The students highlight that society believes mental illness to be caused by evil spirits as result of bad behavior. The students state that mental illness is caused by chemical imbalance in the body due to heredity, nutritional factor and/or drugs. The students stress the importance of treating mentally ill patients as any other patient; good nursing is believed to be fundamental to the recovery process. **Conclusion:** The students' attitudes towards mental illness differs a lot from their perception of what society in general considers. **Clinical significance:** The findings show a need for broadening the knowledge about mental illness in the Ghanaian community; nurses could help eradicating the stigmatization of mentally ill persons.

Key words: mental illness, Ghana, nursing students, attitudes, nursing care.

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INTRODUCTION

In general, most views of mental health are likely to incorporate a person's sense of fulfillment and identity, not just as an individual but also as a part of a group or society, but the extent to which this occurs may be very different in different cultures. (Fernando, 2002, s.39).

Early autumn 2011 Swedish radio reported about witch-camps and prayer-camps in Ghana. This awakened our interest for how the Ghanaian health care system cares for people with abnormal behavior and people suffering from mental disorders. As a nurse it is important to have an understanding about how different diseases and conditions are perceived and cared for in diverse communities around the world. Based on earlier experiences, we recognize mental illness to be both controversial and taboo within the healthcare system as well as in the society worldwide. Nursing students will, after graduating, be the main players in the future mental health care and our attitudes towards mental illness will lay the foundation of tomorrow's psychiatric nursing. We were given the possibility to spend 12 weeks in Ghana and chose to investigate how the phenomenon mental illness is expressed by future nurses.

BACKGROUND

Mental health -a definition

There is no established definition of mental illness, though there are certain tools such as DSM-IV (Herlofson, Landqvist & American psychiatric association, 1995) and ICD-10 (World Health Organization [WHO], 2012) available to diagnose mental illness.

WHO defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

Mental illness can be assumed to be the opposite of the definition of mental health.

Mental disorders comprise a broad range of problems with different symptoms.

However, they are generally characterized by combination of abnormal thoughts, emotions and behaviors as well as difficulties to relate with others. Some examples of disorders are schizophrenia, depression, bipolar disorder and disorders due to drug abuse. Most of these disorders can be successfully treated (WHO, 2012).

Healthcare in Ghana

In Ghana, a country of approximately 24 million inhabitants, there are four main categories of health care delivery systems. The public, the private for profit, the private not for profit and traditional health care performed by healers and medicine men.

Health care centers and district hospitals provide primary health care services, regional hospitals provide secondary health care and there are teaching hospitals which provide tertiary services (Adu-Oppong, Kisiwaa-Ameyaw & Wiafe Addai, 2010). There are 343 hospitals and 379 community health care centers (CHPS) in Ghana (Ghana Health Service [GHS], 2010). A big concern in Ghana is the migration of educated health care workforce to developed countries. BBC news states in July 2008 that Ghana suffers a ‘brain drain’ of health workers when nurses rather choose to move abroad to work. To prevent this, nurses are charged a governmental fee if they choose to work outside Ghana before serving in a Ghanaian hospital for five years

(<http://www.news.bbc.co.uk>). The number of doctors in the country was 2009 estimated to be 2033 and nurses 24974 (GHS, 2010). The sources of income within the health care system derive from private households, the Government of Ghana and Bilateral and Multilateral donors. In 2005 the government of Ghana introduced the National health insurance scheme (NHIS) that replaced the system of ‘paying from

your own pocket' to a membership of an insurance scheme where households are expected to make payments according to income. The goal is to make NHIS a system that will work as a health service mechanism in the whole country (Adu-Oppong, Kisiwaa-Ameyaw & Wiafe Addai, 2010).

Psychiatric care in Ghana

During the early 19th century patients suffering from mental illness in Ghana were locked up in prison. Before that the only existing treatment was performed by healers. At the beginning of the 20th century the first mental hospital was built in the capital Accra, and during a long time, Accra Psychiatric Hospital was the only mental hospital in West Africa. The hospital fast became overcrowded but has gone through a number of changes during the past decades, such as more educated employees and a higher number of staff (Ewusi-Mensah, 2001). Today's psychiatric care in Ghana lacks a lot of resources when it comes to facilities, education and modern treatment methods. Ghana has three public psychiatric hospitals (Accra Psychiatric Hospital, Ankaful Psychiatric Hospital, and Pantang Psychiatric Hospital) with the total capacity to treat 1800 people. WHO estimates that 650,000 Ghanaians suffer from severe mental conditions and that 2.17 million more Ghanaians are suffering from moderate to mild mental disorders. This leads to a treatment gap of 98% of the affected population (Bark, Nyarko & Klecha, 2010). Economic aspects are also central for choosing health care; traditional medicine is highlighted as the only alternative affordable for the poorer part of Ghana's population. Traditional medicine is defined by as:

the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses
(<http://www.who.int/mediacentre/factsheets/fs134/en/>).

Tabi, Powell and Hodnicki (2006) points out that the ratio of traditional healers to population is 1:200 in the country of Ghana which makes the access to traditional healers much wider than the access to medical doctors.

Admission to psychiatric hospitals is free to all patients; medication and tests are subsidized but free to those who are declared poor (Ewusi-Mensah, 2001). First generation psychotropic drugs are free of charge provided by Ghana Health Service (E. K. Duvor, personal communication, 15th of May 2012). The newer antipsychotic drugs,

antidepressants, anti-epileptic and tranquilizers have fewer side effects but are usually expensive and not available for everyone in need of them because of poverty (Morny, 2007). This forces people to use older anti psychotic drugs that lead to severe side effects. As a result of this, the already stigmatized people suffering from mental illness get even more secluded from the society they live in. One of the participants in Morny's study describes the feeling of not being able to speak correctly as a reaction to the drugs. Another stated that the drugs she was given made her drowsy and weak. These kinds of reactions make the person affected feel like he/she does not belong in the 'normal' society and therefore, would rather stay hospitalized instead of going back to the neighborhood they live in. Morny (2007) continues her paper describing how psychiatrists in Ghana believe that many mental disorders are lifelong and that consequences like long time hospitalization and drug abuse are common. Morny states that the lack of research about mental illness in Ghana is a problem that leads to more stigma. Moreover, Tabi et al. (2006) conclude that making decision regarding health care is a complex process which involves a wide spectra of influences from traditional culture, religion, education, finance and economics, and last but not least, family and friends.

Ghana is a country that is still greatly influenced by traditional African beliefs, which significantly affects the perception of mental illness (Quinn, 2007). Ewusi-Mensah (2001) describes that trust in traditional medicine and medicine men are widely spread in Ghana. Up to 70% of the families of patients with mental illness believe in traditional forms of treatment for mental illness. Furthermore Ewusi-Mensah claims that it is not uncommon for patients to become removed from hospitals by their families, who turn to traditional and spiritual healers for help. There is a belief that mental disorders are caused by supernatural evil forces which can only be cured using traditional healing. There are also reports of religious camps where people with various mental disorders are chained to the ground and "treated" with rituals, fasting and prayers (ibid.). The use of traditional medicine is common and generally accepted in the Ghanaian society. Okanlawon, Akowuah, Siakwal and Druye (2011) illustrate in their article how Ghana's Ministry of Health (MOH) aims to integrate traditional herbal medicine with orthodox medicine. Furthermore, the access to orthodox medicine is very limited in large parts of the country. Traditional healers are often the only existing health care in rural areas. Okanlawon et al. (2011) performed a study among Ghanaian

nurses that showed that 76% of the respondents were positive to the integration of traditional medicine and orthodox medicine.

People who suffer from mental illness are strongly stigmatized and ostracized from society. IRIN (Humanitarian news and analysis, [IRIN], 2011) describes an ongoing progress at parliamentary level to break this stigma. In addition, there is a new bill concerning recruitment in mental health and awareness campaigns to the public. IRIN points out that times are changing, which in turn should affect how health care professionals in Ghana are trained in psychiatry and how they will treat people with mental health problems in the future.

The nurse's role

International Council of Nurses (ICN, 2006) states in their Code of Ethics for Nurses that “nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering”. ICN highlights the importance of treating all patients with the same amount of respect regardless of culture, gender, sexuality, disability or illness. Moreover, ICN illuminates in their Position Statement for mental health (International Council of Nurses, [ICN], 2008) that people suffering from mental illness are stigmatised in almost all societies and that nurses are in a key position to break this stigma. Mental illness is frequent in all levels of the health care system which means that all nurses are responsible for promoting mental health through prevention, care, treatment and rehabilitation. Studies show that it is required that medical personnel are present, attentive and empathetic when dealing with people suffering from mental illness and therefore it is imperative that nursing students have access to this knowledge during their training (Salzmann-Krikson, Lutz, Ivarsson and Eriksson, 2008).

In a study done by Lethoba, Netswera and Rankhumise (2006) in a public mental hospital in South Africa about professional nurses' perceptions of nursing mentally ill patients, they found that a majority of nurses had a positive perception of patients, though negative and stereotyped perceptions of the patients also existed. The authors found a great difference in the view of nursing mentally ill patients among the nurses participating. The views differed depending on age, gender, employment and religious views. A conclusion was made that mainly part time nurses and female nurses lack self-

confidence to nurse mentally ill patients and that the lack of knowledge and experience of caring for these patients were the common denominator on why the negative perception existed (ibid.).

Women and mental illness

A qualitative study made by Ofori-Atta et al. (2010) contained interviews and group discussions with key stakeholders in the society of Ghana such as academics, police officers, nurses, hospital executives, teachers, politicians and religious and traditional healers. The writers found that the majority of those who worked in the health care system believed that the most obvious cases of mental illness were more common in men. The less obvious cases, such as depression and psychosis, were more prevalent in women. The study shows that the common perceptions of why women are affected by mental illness include gender differences, hormones, consuming love, sorcery, physical abuse, infertility and poverty. A natural vulnerability of women is described by the participants. This vulnerability is believed to be affecting Ghanaian women's mental health since women are perceived to be biologically less able to cope with stress. Women are considered to be the weaker sex because of how they are affected by external conditions to a greater extent than men and this is believed to cause mental health problems. The study also shows that many women in Ghana are considered to suffer from mental illness because of the not uncommon polygamy that usually involves men being married to more than one woman. This, say many of the interviewees, can lead to depression for the women involved in the relationship (ibid.). The study described above displayed the presence of the belief in witchcraft within the community. A woman is often accused of witchcraft when someone in her village becomes ill. A general health nurse that took part in the study said "When someone goes mad in the neighborhood people will often turn to a woman in the community, and point fingers at her and say that she is a witch and caused the damage with her witchcraft..." (s. 592) As a consequence of these kinds of accusations the woman may be separated from the community and be forced to move to a 'witch-camp' where she will undergo 'cleansing' rituals to get rid of the witchcraft. Ofori-Atta et al. (2010) argue, based on a research by Badoe (2005), that women living in 'witch-camps' in Gambanga in Northern Ghana were women who in some way challenged the patriarchal order. Many of the participants in the study mentioned different kinds of gender disadvantages as one of the factors that might cause mental illness among

women in Ghana. As mentioned before, polygamy is one factor. When the participants discussed marriage and problems within it, it became clear that these problems appeared to be synonymous with polygamy. A woman admitted at a psychiatric hospital for depression explained:

...You know, if somebody has love for a man and you demean it, it is very painful, very very painful and we go of the rails. We give everything to you, everything, and with that he is trying to share that love with somebody else, another woman...(Ofori-Atta et al. 2010, s. 593).

Ofori-Atta et al. (2010) describes physical abuse as a second issue for women related to gender disadvantages. The fear of being left alone without an income or fear of being physically hurt or even killed leads these women to stay with their abusive men. Those who call the police to report the abuse tend to be very few declared a police officer contributing to the study. Women depending on their men as their only source of income lose control over their own life, argued one group of participants. As a result of the woman depending on the man she has no choice other than staying in the relationship/marriage even if it is an unhealthy one. Teachers participating in the study describe the phenomena of young and poor women forging relationships with older men who provide them with their material needs. All this often results in mental illness for the woman. Other participants also stated that shame and humiliation caused by the domestic violence within the relationship is a great burden which might result in mental illness. A quote from one of the male hospital administrators that summarizes the gender imbalance reads;

I think the gender plays such a big part due to the male dominance of society, you know, gender disparity. Women are so often seen as lesser beings than men. They are so often not empowered enough to be able to enjoy their rights, they are so often suppressed and oppressed, and out of frustration from all of this they get mentally ill (Ofori-Atta et al. 2009, s.595).

Theoretical framework

Travelbee (1971) describes nursing as an ongoing process between the professional nurse and an individual, a family or society. The main goal of this process is to prevent, cope with and, if necessary, find meaning in the experience of illness. Travelbee stresses that it is of great importance that the nurse develops an understanding of the way in which the ill person perceives themselves and their illness. This is far more important than any care giver's grading system. Everything affecting a person's health and wellbeing is part of the nurse's responsibility. The interpersonal relationship

between nurse and patient is characterized by a never ending flow of influence and counter-influence from nurse to patient, and from patient to nurse (ibid.).

Travelbee (1971) states that the human capability to conceptualize and generalize allows one to abstract meanings from different phenomena. By extension, this means that the term patient can be used as a stereotype and a generalization. The nurse is a human being just like a patient and is also just as subject to being perceived as a stereotype. Travelbee explains how this general view of a nurse might affect the understanding and relatedness between humans as nurse and patient which can result in a certain interaction based on these stereotypes. The nurse's ability to understand the other person is based on her or his interest and empathy. All people, both health workers and patients are influenced by their culture's meanings of the concept of illness. Travelbee claims that a nurse's perceptions of life, death and the human nature will strongly determine how much value the nurse places on the humans she or he encounters. Travelbee declares communication to be the key tool to understanding between nurse and patient. Communication is described as a process which makes the establishment of an interpersonal relationship, a big part of the foundation of nursing. Good communication demands knowledge, sensitivity and timing (ibid.).

PROBLEM AREA

Evidence-based nursing, where the nurse integrates science with practical experience to plan and evaluate caring measures, is the core of successful health care. Mental illness is a stigmatized and emotive condition in all societies, Ghana is no exception. Nurses are a product of the society and the context in which they are active; therefore it would not be surprising to find the same attitudes and preconceptions among health care personnel as in the community in general. The intention is to investigate how these attitudes appear in today's nursing students in Ghana. It is of utmost importance to understand how to solve the problem of negative attitudes towards mental illness in professional health care.

AIM

To examine Ghanaian nursing student's attitudes towards mental illness.

METHOD

Design

This is a descriptive empirical study carried out by collecting qualitative data with semi-structured interviews. In a qualitative study the purpose is to clarify the participants' views and attitudes towards the concerned subject. The aim is to present the result of the study and let the reader decide what might be transferable or generalizable (Polit & Beck, 2010). The use of a qualitative method is preferred, according to Polit and Beck, when examine a basic problem. The possibility to let the participants discuss their individual standpoint is of great value when collecting qualitative data. Furthermore, since the purpose of this study is to create a broad understanding of the social context, in which the nursing students perceive mental illness, is the use of a qualitative design preferred due to its strengths in describing varieties of a social phenomenon. The use of a self-report method like interviews to collect data is a flexible way to get satisfactory information from the participant (ibid.).

Setting and sample

The data collection was made in a city in Eastern region, Ghana. Eastern region is the sixth largest region with an estimated population of 2.2 million inhabitants the year 2005. The most common occupation is work within agriculture, manufacturing and transport (GHS, 2012). The population consist of 68.8% Christians, 15.9% Muslims and 8.5% traditional (Adu-Oppong, Kisiwaa-Ameyaw & Wiafe Addai, 2010).

Due to difficulties finding participants to the study a convenience sample was made with the help of two gate-keepers. One student, who also was the first interviewee, and two psychiatry teachers informed the students about the study and encouraged them to participate. The participants were five final year students between the ages of 20-24 attending a nurse school in Eastern Region, Ghana. All of the students grew up in cities around the country.

Data collection

Semi-structured interviews were conducted with the help of an interview guide to make sure that the different question areas were answered (Polit & Beck, 2010). The use of a semi-structured interview guide prevents the possible outcome of limited questions and answers in the interview. When the interview-guide is too strict the authors have a

tendency to miss important information and might misunderstand what the interviewee tries to say. The use of a more open interview-guide made it possible to maintain a spontaneous and enterprising interview that will illuminate the interviewee's standpoint told in his or her own way (Ryen, 2004). The recorded material was listened to and transcribed by both of the authors.

All the interviews took place in the backyard of the guesthouse located on the school compound. The interviews started with a short introduction about the aim and goal of the thesis. All interviews started and ended with relaxed small talk. One of the authors of this study was asking the questions while the other author concentrated on listening and observing body language. The first interview was done with only one participant using the interview guide. Due to feedback from the interviewee one question was removed from the interview guide. The removed question was of the nature that its absences were judge not to be of any significance for the result. When needed, follow-up questions were asked at the end of the interview. The interviewees were also encouraged to add any additional thoughts at the end of each interview. Due to the difficulty to find participants, mainly caused of what the authors of this study perceived as shyness and timidity of the Ghanaian students, the second and the third interview were conducted in pairs. The questions were directed to both of the participants and they answered in turns. All the interviews lasted between 15-20 minutes and the interviewees were ensured confidentiality. The authors made it clear that no names would be used and a permission to record the interviews was granted by the students. The interviews were recorded and transcribed by the observing author. Afterwards the transcribed material was cross-checked by the second author. ‘

Data analysis

Graneheim and Lundman (2003) point out that qualitative research based on interviews builds on the mutual perceptions of both the interviewer and the interviewee. Polit and Beck (2010) highlight the importance of converting the data into shorter units to avoid the necessity to reread all the collected material. Researches must involve in a very careful reading process to develop a high-quality category scheme, this to be able to ascertaining underlying concepts of the content (ibid.). In this study the analyzing scheme was inspired by Graneheim and Lundman (2003), but with the addition of themes. The data was condensed into meaning units, condensed meaning units and

codes. The codes were compared to each-other and put together due to their similarities. Based on the general context of the codes a relevant theme was conceived functioning as an umbrella meaning to conclude the findings. An example of the analyzing scheme is presented in Table 1.

Table 1. Example of analyzing scheme

Meaning unit	Condensed meaning unit	Code	Theme
-I think in Ghana, em, our health system is very poor and I think we need to get people who are devoted like me. Yeah. To take care of people.	Poor health system needs dedicated people.	Poor health system	Resources
- Mental illness, like society we don't accept it. So here in Ghana, if you are that thing there's a little stigma attached to it. So ,people don't try to come closer to you. People they separate like, you have your own kind of life. They try to keep you away from the society that's.It's like, the interaction is not that good. -They try to isolate them. The mentally ill.	Mentally ill people get stigmatized and isolated by the society.	Stigma and isolation.	Beliefs of the society

The participants' body language was also analyzed and similarities and differences were compared. The most notable body expressions, such as signs of shyness and insecurity, were taken into consideration when analyzing the oral data.

ETICHAL ASPECTS

Before initiating the inquiry the principal of the Ghanaian nursing school was presented a draft explaining the content and purpose of the study. After reading an oral agreement was made with the principal, granting access to the school and the students willing to participate. To preserve the identity of the participants the name of the school and city were left out. The students were guaranteed confidentiality and the recorded interviews were only listened to by the authors of the study. Since the group of interviewed students is very small, total anonymity is virtually impossible. Extra caution was taken not to expose the participants' identity, no names or identifiable data was published. The interviews took place in a quiet and secluded area to make sure that the respondents would not feel pressured or bothered. The participants were informed that they could end their participation, at any time, and that they could ask questions if there was something that needed to be clarified. The participants were offered an opportunity to correct any misunderstandings at the end of each interview. Polit and Beck (2010)

state that it is important to be considerate and careful when asking questions about personal views, fears and weaknesses. Since this was sensitive subject, it was very important that participants did not feel singled out and criticized. The participants were assured that the information given during the interviews would not be used against them in any way. This is to make them feel secure to freely speak their mind during the interviews (ibid.).

RESULT

The students recognize mental illness as a growing problem in Ghana. The lack of education and information within the society contributes to the stigma and the isolation people suffering from mental disorder are exposed to. The lack of resources, hospitals and educated health care-staff are major problems that need to be solved. The students' perceptions and attitudes are discussed in relation to four themes detected while analyzing the collected data: nursing –education and profession, students' perception of mental illness, believes of the society and resources. Furthermore, observations of body language and behavior will be presented at the end.

Nursing –Education and profession

The clinical training provides the nursing students with some experience of treating mentally ill patients. Student number 2 describes her first encounter with a mentally ill patient as somewhat scary, and she describes a fear that the patient, who is perceived as unpredictable and may act violently. The students have diverse opinions about how well their education prepares them for the future work with mentally ill patients. The students describe their psychiatric training provided by the school as new and interesting information. Student number 5 expresses that the school provides very good book-knowledge but little practical experience within psychiatric health care. Despite this the student feels that the education gives them a good preparation for the future work as a nurse. Student number 1 states that it is of utmost importance to be prepared to care for patients with mental condition since mental illness is common and can happen to anyone. When asked if the students feels prepared to care for mentally ill patients student number 5 answered:

“Yeah, the training we get here and when we go to the ward is preparing us for the outside world so we are prepared.”

The students express a common interest for working in the health sector. Nursing is described as a noble profession and caring for sick people is described as honorable. The health sector in Ghana is described as poor and with a demand for devoted people, which is part of the motivation for the nursing students. Student number 2 describes her future profession like this:

“Actually there is...if you are a nurse, there is nothing missing. If you are a nurse and you said this is your profession you like the job that you want to do, you have to do it wholeheartedly.”

Students’ perception of mental illness

The definition of mental illness is described in similar ways by the students. Student number 1 points out culture’s impact on our perceptions of what is normal; abnormalities depend on the context:

“[Mental illness is] A division from what is normal because I mean being in a certain place that their culture and everything would be different from mine at that place I think I would become abnormal and then abnormalities also leading to mental illness.”

Furthermore, mental illness is described as the inability to adjust, to be coherent and to make critical decisions. Lack of personal growth, sense of purpose in life and the ability to cope with one another are also pointed out as characteristic of a mentally ill patient. People with mental conditions are believed to be easily identified on the streets by their dirty appearance and abnormal behavior. The causes of mental illness are believed to be a chemical imbalance due to nutritional factors, hereditary, certain drugs or old age. Student number 5 express her beliefs about how society effect people’s social life, stress and broken hearts will eventually lead to an increased number of people suffering from mental conditions. Student number 2 describes mental illness as:

“..... It is a condition characterized by state of purpose, sense of purpose in life. The ability to cope with one another.”

All of the students highlight that there are gender differences when it comes to mental conditions. Women are believed to develop depression more often than men. This is explained by women's inability to cope with stress:

"For me as a nurse as a health worker I know that men are able to cope with stress more than women. So, when the person is not able to cope with the stress or certain condition eh it can lead to a mental illness. Women get more than men in Ghana."

The students believe in a possible recovery for most mental conditions, though it sometimes can be a long and difficult process. Diagnosis is explained as a procedure that takes long time and thorough investigations. Proper diagnosis is highlighted as an important factor to be able to give the right treatment. Drugs are cited as the main part of the treatment. The nurse's role is explained as very important when caring for mentally ill patients. When asked about what is good treatment for a mentally ill patient student number 5 answers:

"I think because their problem has to do with the mind they have to get more affection, extra affection so they can feel that they are part of the human race and not isolated."

The provision of proper beddings, clean and noise-free environment and assistance with everything from nutritional meals to personal hygiene are all parts of good nursing. It is important that the nurse pays good attention to and listens to the mentally ill patient to understand what triggers the condition. The nurse's role is to educate and inform both the patient and the family about the condition and the way to recovery. One student illuminates the importance of preparing the patient psychologically to deal with the condition. The students articulate the importance of treating mentally ill patients the same way as any other patient and they claim that there is no stigmatization in the hospital setting. One student expresses fear of not being able to help mentally ill patients as well as she would like in the future and states that this feels very painful. Student number 3 elucidates the importance of placing the patients in the ward according to their condition to let them associate with each other. When talking about the psychiatric care within the hospital setting the student explains how it is divided:

“Okey, what I know. If you go to the psychiatric nursing the wards, they are not together; both men and women are not together. And each condition is in groups, they don’t mix. This one is suffering from dementia, this one is suffering from schizophrenia, they don’t combine the both of them. They are separated so we have both men and women, they are not together.”

Beliefs of the society

All of the interviewees state that there is a stigma attached to mental illness in the Ghanaian society. There are little acceptance for mentally ill people in the society which often leads to exclusion and isolation. Student number 1 proclaims:

“One, there’s stigmatization because they think the person is no more normal. The person is of no value to the community or the society so they stigmatize.”

The stigma is linked to religious beliefs, especially among the illiterates in the society, which explains mental illness as caused by curses from evil spirits. Mental illness is believed to be a bad omen as a consequence of a person’s bad behavior, criminal acts or sins. Student number 1 states:

“The society especially those who are illiterate and those who didn’t attend school they think that there’s a bad omen that has fallen on the patient”

Mental illness is a condition which affects the entire family for generations. Student number 5 clarifies that one is not advised to marry in to a family with a history of mental illness, mostly because of fear for hereditary:

“Someone who doesn’t sound well in the family so if you marry there’s likelihood that when you give birth you child will also be mad. So I think this stigma is with the marriage thing, they don’t encourage it.”

Resources

The students are united in their opinions about improvements needed in the Ghanaian psychiatric health care. Due to an increased number of people suffering from mental conditions there is a rising demand for more psychiatric hospitals, doctors and nurses.

The existing treatment is described as old-fashioned and needs to be improved to provide a better care for the patient. When discussing the future of psychiatric care in Ghana student number 4 says:

“We hope that there will be more hospitals for the psychiatric patient. And there will be more tutors and psychiatric nurses in Ghana.”

Observations during the interviews

All of the participants except one showed signs of shyness. They were mumbling, giggling and hiding behind their books. There were a lot of hesitations during the conversation, and all the participants looked to each other for comfort and confirmation. The students who were interviewed in pairs gave each other encouragement through positive feedback. They were also continuously looking for information in their textbooks; even though they were informed about that the interview questions were to measure their attitudes and not their knowledge.

DISCUSSION

Method discussion

The aim of the study was to investigate Ghanaian nursing students' attitudes towards mental illness. A descriptive empirical study was carried out by collecting qualitative data with semi-structured interviews. The method of data collection was chosen due to its strengths in response-rate and the possibility to avoid misinterpretations. According to Polit and Beck (2010) a qualitative approach is flexible and gives the possibility to make adjustments during the research process. The aim in a qualitative study is to understand the whole and develop a better understanding for a phenomenon as it exists and is created by individuals in its own context. Since the aim of this study was to get a broad understanding about the student's attitudes and believes, semi-structured interviews were used to make sure that desired areas would be covered. Therefore a written interview-guide is to prefer in this study (ibid.). Although it is important to ask the same questions to all the interviewees, Graneheim and Lundman (2003) describe interviewing as an ongoing process that might generates new insights about the investigated phenomenon. In turn, these new insights can themselves generate follow-up questions and narrow the focus for the research (ibid.). To match the aim of the study the interview guide was modified after the first interview. One question was

removed; the removed question was not considered to affect the outcome of the study. Graneheim and Lundman also state the importance of letting the interviewees freely talk about the concerning subject within the area. Polit and Beck (2010) proclaim that errors when transcribing interviews are nearly inevitable. To avoid misinterpretations in a larger extent a cross-checking of the transcribed material was made by both authors. A content analysis was performed to narrow down the collected information into meaning units, condensed meaning units and codes. The codes were categorized in to four different themes, on which we based our findings. The search for themes involved discovering common concepts among the participants but also pursuing variation. The authors of the study were well aware of the possible similarities between the students participating in the study and that the themes intended to be investigated would only be able to apply to nurse students in that specific school and city. When conducting a study researches have to look very carefully into if the theme only applies to certain people in certain communities and in certain contexts (Polit & Beck, 2010).

Intensive listening was done during the interviews in this study, primarily performed by the one author who was not asking the interview questions. Documentation of body language and a description of the interviewees' demeanor were also done at the same time. Polit and Beck (2010) describe that when carrying out a qualitative research is the use of different strategies of great importance, this to strengthen the result and to increase the credibility. Non-verbal communication reflects a person's emotions and attitudes; it is possible to apprehend aspects of the communication not expressed with words (Stier, 2009).

To enhance dependability and to avoid bias, the use of triangulation is of great value. Multiple data collection has been used to some extent through an extensive background research using the databases Academic search elite, MEDLINE, CINAHL with full text and AMED. Articles from local newspapers and policy documents from Ghana Health Service were also made. Information about the psychiatric care and nursing education in Ghana has also been collected through discussion with qualified health care staff, students and teachers during the research period. This information has correlated well with the answers given during the interviews which give some credibility to the result. This study would have gained more dependability if both time- and space triangulation had been carried out (Polit & Beck, 2010). The use of time-triangulation to collect data

would establish a correspondence of the phenomenon across time, gathering data at different times of the day or different times during a year. Space triangulation would give an implication of how nursing students perceive mental illness in different settings which would give the study greater transferability. The aim of this study was never to strive for generalizability; the sample is by far too small to represent all Ghanaian nursing students. This study presents only a mere implication of where the future focus of research should be. A convenience sample may have led to a homogeneous group of participants, attracting only those who have a special interest in and/or extra knowledge about the subject (ibid.). Due to the difficulties to find willing participants to this study it was of great help to use gatekeepers to encourage the Ghanaian nursing students to take part in the interviews. The use of gatekeepers is key to gain access to areas suitable for the inquiry in question. This enables the possibility to develop a trusting relationship between the parties involved in the research (Polit & Beck, 2010).

Both authors of the study have been equally familiar with all the material. During the data analysis have continuous discussions about the content and its meaning taken place. A thorough work was carried out when condensing the transcribed material into meaning units. Graneheim and Lundman (2003) illuminate the issue with multiple meanings and understandings when approaching qualitative data. Being two researchers or more slightly minimizes the risk of making untruthful assumptions and misunderstanding the collected data material (Polit & Beck 2010). Graneheim and Lundman (2003) stress the issue with finding the most appropriate meaning unit narrowing down the data in to meaning units and codes. To make it easier for the reader to understand and judge the data analysis, a short sample of the condensed material is presented under the data analysis headline (table 1). It is important to create relevant categories and themes to be able to exclude irrelevant data. Another way of distinguish similarities and differences in the constructed categories is to present quotations from the transcribed text. All of this will give increased credibility to the findings (ibid.). Polit and Beck (2010) explain the role of the researcher in a qualitative study as the data collecting instrument. Thus, the researcher's understanding, knowledge and qualification is the foundation of the credibility of the data. Since the interviewers and the interviewees came from different cultural backgrounds there was a risk of misinterpretation of the collected data. Stier (2009) points out that different cultures have the tendency to perceive the world differently which results in diverse norms and

values of the society. The authors of the study were aware of and sensitive to cultural and communicative differences. After spending several weeks in the country experiencing the culture and different norms of the society the authors of the study had an insight in the life of Ghanaian people. The religious believes, and how they affected the society, can be pointed out as the biggest difference between the Ghanaian society and the authors own.

One issue with this particular study is the language barrier; neither the authors of the study nor the interviewees speak English as their mother tongue which can lead to misunderstandings and limitations. Two of the interviews were conducted in pairs. This evened out the amounts of participants with equal numbers of interviewers and interviewees. The interviewees seemed more relaxed and more prone to speak their mind in the company of a colleague. Polit and Beck (2010) illuminates possible biases occurring when using an interviewer as a data-collecting tool instead of using a questionnaire. Respondent's reactions to the questions might be affected by the interviewer and not the questions themselves (ibid.).

Result discussion

The nursing students' attitudes towards mental illness were described in four themes: nursing- profession and education, students' perception of mental illness, believes of the society and resources. From these themes a few conclusions were derived: the students' attitudes towards mental illness differs a lot from their perception of what society in general considers. The students highlight that the society believes mental illness to be caused by curses from evil spirits and bad omens as a result of bad behavior. The students themselves state that mental illness is caused by chemical imbalance in the body due to heredity, nutritional factor and/or drugs. Furthermore, the students describe the stigma put on people with mental illness by the society resulting in isolation and fear of relating to these people. The students stress the importance of treating mentally ill patients as any other patient; good nursing is believed to be fundamental to the recovery process. The findings will be discussed in comparison to Travelbee's theory about nursing and previous published research.

Symptoms, understanding and interpersonal relationships

The students seem to be aware of WHO's (2012) definition of mental health; when explaining mental illness and its characteristics they describe it with antonyms such as difficulties to cope with stress and daily activities as well as not being of value to the community. Moreover, the students use several of the symptoms presented in ICD-10 while describing schizophrenia, depression and other mental disorders. Problems like coherence with others and abnormal behaviors are suggested as some common features of mental illness. Turkson (2000) also uses the word abnormally when he in his article describes the act of a schizophrenic young man believed to be possessed by an evil spirit.

Travelbee (1971) describes the nurse's importance in developing an understanding of the way in which the ill person perceives himself and his illness. One of the students relates to the importance of thoughtful care-giving as being able to help the patient to deal with his/her condition. Travelbee states that everything affecting a person's health and wellbeing is part of the nurse's responsibility. In a similar way, the students' conclude that good nursing involves everything relating to a patient's life and personal needs.

Cultural outlook on mental illness

One of the students describes mental illness as something determined by culture and context which is similar to Travelbee's thoughts about how understanding people is based on interest, empathy and their culture's meanings of the concept of illness. The students states that mental illness is something that can happen to anyone and that it is important to take as good care of mentally ill patients as any other patient. This correlates well with Travelbee's (1971) declaration that the nurse's thoughts and feelings about a patient will affect the interaction with him or her. It also goes hand in hand with ICN's Code of Ethics (ICN, 2006) which declares that all patients should be treated with the kind of respect, regardless of disability or sickness.

The students account for the same traditional and outdated opinions about mental illness by the community as Ewusi-Mensah (2001). Stigmatization and isolations of mentally ill people is described by both students and Ewusi-Mensah as a big problem

in the Ghanaian society. The lack of trained psychiatric staff is highlighted as an issue by both students and IRIN (2011), and they share the same hope for a better future. Salzmann-Krikson, Lutz, Ivarsson and Eriksson (2008) state the importance of attentive and empathic psychiatric health care staff, the students give these aspects of nursing when describing the need for extra affection that mentally ill patients require. It is imperative with a broad focus on how to care for the psychiatric patient is present during nursing education according to both the students and Salzmann-Krikson et al.

Poor education and stigmatization

Socioeconomic status is pointed out as a crucial factor when making health care related decisions and understanding health (Tabi, Powell & Hodnicki, 2006). The students explain how the illiterate and poorer groups of the Ghanaian society tend to believe bad omens and evil spirits to be the cause of mental illness. Barke, Nyarko and Klecha (2010) conclude that higher education leads to more positive attitudes towards persons suffering from mental illness. Turkson (2000) describes how traditional beliefs and practices influence the perception of psychiatric disorders in the rural folks in Ghana; mental illness is often thought to be caused by the possession of evil spirits. Turkson claims that the belief in unknown evil forces makes families turn to the vast number of churches, prayer camps and shrines all over Ghana for help and relief. Morny (2007) further states that the lack of research about mental illness in Ghana leads to more stigmatizing of people with mental conditions. In addition, the students clarify how the lack of knowledge about mental illness among people in the society is causing isolation which results in unsatisfying or non-existent health care. The stigma is not just put on the person suffering from mental illness; the entire family will be ostracized for generations due to fear of catching the disease (ibid.). Dodor, Kelly and Neal (2009) states that negative attitudes and behaviors of healthcare personnel can strengthen the stigma attached to a disease. This is explained by the high status healthcare workers possess in all social contexts; if a disease is labeled with negative attributes by hospital staff it can easily be recognized by the society and lead to discriminatory actions. The students did not express any negative feelings towards mental illness and they believe that stigmatization does not exist in the hospitals and mentally ill patients are understood to be treated as good as any other patient group (ibid.).

Barke, Nyarko and Klecha (2010) conducted two individual surveys in southern Ghana to measure attitudes towards mental illness and the level of stigma put on the

psychiatric patient. The authors found out in their research that many Ghanaian patients suffering from mental disorders experience a high level of stigma. At the same time there was evidence of more positive attitudes towards mentally ill persons, such as support for spending tax money on better psychiatric care (ibid.).

All the students describe a great gender difference within mental illness. Women are believed to have more difficulties coping with stress in everyday life. Ofori-Atta et al. (2010) found out in their research that Ghanaian women are understood to be biologically vulnerable which makes them more prone to be depressed or develop other mental conditions. The hardship and stress, such as economic distress, polygamy and different kind of gender disadvantages, put on Ghanaian women are also pointed out to cause mental illness. Broken hearts and relationship issues are believed to be a factor causing mental illness detected by both the students and Ofori-Atta et al. Women are also more probable to be pointed out as witches using witchcraft to cause mental illness in their villages (Badoe, 2005).

The students interviewed in pairs seemed to feel secure in having the colleague to rely on in times of language-limits and timidity. Encouraging comments from the other participant also contributed to a comfortable atmosphere. Polit and Beck (2010) describes how focus group interviews can generate a good dialogue between the participants, which is something the authors of this study found to be true when performing the interviews in pairs. It was taken into consideration that not everyone is comfortable speaking and sharing their views in front of a group, or in this case another participant (Polit & Beck, 2010). The continuously eyeing in the textbook showed signs of insecurity and pressure to answer the questions correctly with support of their textbooks. There is a risk that the participants avoid to express disagreement with the interviewers due to politeness and respect. This could also be influenced by the participants' feeling of being less smart or less knowledgeable compared to the interviewers (ibid.). Through observations made at campus has the conclusion been drawn that the Ghanaian education system is strongly determined by hierarchy, ranging from principal through teachers to class prefects and students of different educational levels. Despite equal levels of education the participants might be affected by the fact that the interviewers have another background, culture and possibly a slightly different education. An other factor possibly affecting the interview answers was the lectures in

psychiatry held by a psychiatric nurse and teacher from Sweden. Two of the students participating in the study attended that lecture the same day of the interview.

Conclusion

Based on only three short interviews of 15-20 minutes this study gives a mere implication of the current attitudes towards mental illness in the Ghanaian society expressed by the nursing students. This study showed that the Ghanaian nursing students participating had similar attitudes to mental illness, both among themselves and compared to previous research. Mental illness is believed to be caused by a chemical imbalance in the body due to hereditary, nutritional factors and/or drug abuse. The students describe society as having a different outlook on mental illness; in society mental illness is believed to be caused by bad omens and evil spirits. This results in stigmatization and isolation of the mentally ill. The students illuminate the lack of resources within psychiatric health care in Ghana; they all hope for more hospitals, educated psychiatric staff and newer and better drugs in the future. Good nursing, such as clean beddings, the provision of a calm environment and extra affection, is pointed out as fundamental to a full recovery for the mentally ill patient. The students recognize their psychiatric education to be satisfactory, but they request more clinical training to be even more prepared for caring for the mentally ill patient.

Clinical significance

Though the sample is small, the findings show a need for broadening the knowledge about mental illness in the Ghanaian community, and nurses could play a huge role in spreading information and in this way help to break the stigma. The nursing school could use the findings to improve their education and their clinical training. Since these students as future nurses will be working in many of the local health care clinics the encounter with mentally ill people will be inevitable. In this way the student's knowledge, when caring for the mentally ill, may herald a new and important era within the health care. The nursing students participating in this study understand and illuminate the lack of psychiatric health care, staff and resources in Ghana. This understanding might be of significance for development within the health care system. Participating in this study might awaken an interest about mental health care among the students which will hopefully be of importance in their future work as nurses in and around the community.

Further research

A broader study, with a larger sample and with a quantitative angle using a questionnaire to collect the data would enhance the reliability and offer a possibility to generalize the findings. This could lead to better understanding of the attitudes against mental illness among nursing students in Ghana. A follow-up study to investigate plausible changes in the participants attitudes towards mental illness after a few years of working in the field, would give an implication of how the work-environment affects nurses' attitudes. It would also be possible to evaluate whether the nursing education gave the students proper knowledge, strength and courage to care for mentally ill patients, which would be of interest and value for nursing training schools around Ghana.

SAMMANFATTNING

Psykisk ohälsa är stark förknippat med utanförskap och stigma i alla samhällen och kulturer. Ghana är ett land starkt präglad av religion; kristendom, islam och traditionell afrikansk tro påverkar synen på sjukdom. I delar av samhället uppfattas psykisk ohälsa vara orsakat av onda andar och är starkt förknippat med stigmatisering och isolering. Personer som lider av psykisk ohälsa tenderar att bli avvisade av sina familjer och förväntas klara sig på egen hand då ingen vill ta ansvar för dem. Detta kan leda till tvångsomhändertagande av dessa individer vilket resulterar i överfyllda avdelningar på de få psykiatriska sjukhus som finns i landet. I Ghana lider stor resursbrist inom psykiatrisk vård, det saknas både vårdplatser och utbildad personal. Då det finns mycket få psykiatriker i Ghana tvingas sjuksköterskor inom psykiatrin att axla ett tungt ansvar. Trots att psykiatrisk vård är gratis söker sig folk i stor utsträckning till healare, medicinmän och kristna böneläger för att bota psykisk ohälsa. Utöver religionens stora inverkan på det ghanesiska samhället kan detta delvis förklaras med den begränsade tillgången till modern och effektiv psykofarmaka samtidigt som alternativa behandlingsmetoder är betydligt mer tillgängliga. Sjuksköterskestudenter kommer efter examen att utgöra stommen av den ghanesiska vården och får därför en avgörande roll i det framtida bemötandet av den psykiatriska patienten.

Syftet med studien var att undersöka ghanesiska sjuksköterskestudenters attityder till psykisk ohälsa. Metoden som användes var en empirisk intervjustudie och innehållsanalys med kvalitativ ansats. Resultatet av studien visade att sjuksköterskestudenter identifierar psykisk ohälsa som ett växande problem i Ghana. Brist på utbildning och information utpekades av studenterna som bidragande orsaker till stigmatisering och utfrysning av personer som lider av psykisk ohälsa. Otillräckliga resurser, vårdplatser och utbildad hälsovårdspersonal med kunskap om psykisk ohälsa framhålls som stora problem inom sjukvårdssystemet som kräver en omedelbar lösning. Slutsatser som kan dras av studieresultatet är studenternas beskrivning av psykisk ohälsa som en kemisk obalans i kroppen orsakad av arv, nutritionsfaktorer och/eller narkotika. Studenterna redogör för hur samhället har uppfattningen om att psykisk ohälsa orsakas av onda andar och ses som dåliga omen. Detta resulterar i stigmatisering och isolering av personer som lider av psykisk ohälsa. Studien kan få klinisk betydelse då resultatet visade på ett stort behov av informationsspridning om psykisk ohälsa i det

ghanesiska samhället. Sjuksköterskor kan genom information och utbildning till samhället hjälpa till att bryta stigmat knutet till psykisk ohälsa. Bristen på resurser inom den psykiatriska vården i Ghana behöver uppmärksammas och åtgärdas för att på så sätt kunna erbjuda en mer human vård till de personer som är i behov av hjälp.

Nyckelord: psykisk ohälsa, Ghana, sjuksköterskestudenter, attityder, omvårdnad

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INTERVIEW GUIDE

The interviewee

Age/ Town -county -rural area/ Why nursing training

Mental illness

Definition –describe mental illness. Reasons? Gender differences?

Do you read about mental illness in nursing school? What do you read about?

Patients/ persons with mental illness

First meeting –what happened? Where were you? How did it feel? Where you afraid?

What did you think afterwards?

Treatment

Describe a good meeting with a patient with mental illness. Was that a typical encounter? If not, how is it usually?

How do you think that society respond to people suffering from mental illness?

Possible recovery? What do you think is good treatment for mentally ill patients? What is the nurses' role? What do you believe is good nursing when caring for mentally ill patients?

Good resources?

In your future work as a nurse, how often do you think you will meet mentally ill patients? Do you feel prepared for that situation?

Future

How would you describe your hopes for the future psychiatric care in Ghana?