



Original research

Nursing students' alternative beliefs regarding care for patients suffering from depression

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ABSTRACT

Depression is an illness that constitutes a major challenge for Public Health worldwide. Therefore, there is a clear need to receive training to care for this type of patient. This study sets out to identify alternative non-scientific beliefs among nursing students regarding the topic of depression after studying the module of Psychopathology. This study enrolled 102 third year undergraduate nursing students. The students resolved a case on an individual basis in written form which was analysed qualitatively. In this study, we have found that, despite having undergone information-transfer educational training in relation to the physiopathology of depression, nursing students persist in holding unscientific beliefs about this condition. On the basis that the opinions of nurses about depression can influence the care of their future patients, it is important to consider these alternative beliefs as learning difficulties in order to design an effective teaching instruction.

1. Introduction

Depression is a frequent mental disorder worldwide; the World Health Organization (World Health Organization, 2017a) calculates that it affects some 350 million people. Although there are effective treatments for depression, more than half of those affected worldwide (and over 90% in many countries) receive none of those treatments. In countries with widely varying per capita income figures, persons with depression are often misdiagnosed (World Health Organization, 2017a). It is a fact that people with mental disorders have disproportionately high disability and mortality rates. For example, people with major depression and schizophrenia, due to the physical health issues that often go unobserved, have a probability 40%–60% higher of premature death than the general population (World Health Organization, 2015). Additionally, the course and recovery rate show the complex nature of this condition (Richards, 2011). The epidemiological evidence mentioned makes it clear that knowing how to treat patients with depression is a skill that every nursing professional will need during their career regardless of the context in which they may be working. However, caring for these patients entails serious difficulties.

Previous research has found that among the obstacles to giving effective treatment is, firstly, the stigmatization that psychiatric patients have to endure (Hsiao et al., 2015; Makowski et al., 2016; Stuhlmiller, 2005; Thornicroft et al., 2016; World Health Organization, 2017a; Wynaden et al., 2014), and secondly, closely related to the first factor,

the high number of false beliefs regarding mental pathologies in general (Hoekstra et al., 2010; Stone et al., 2016; Thongpriwan et al., 2015; Vadlamudi et al., 2008), and depression in particular (Furnham et al., 2016; Munizza et al., 2013; Shellman et al., 2007). The literature on cognitive psychology refers to beliefs of this type as “alternative ideas or folklore” (Driver et al., 1994). A further obstacle on top of these is the difficulty of changing these beliefs among the general population (Makowski et al., 2016; Thornicroft et al., 2016).

Depression care is a common subject in undergraduate nursing education syllabus. We have found a few research studies related to the teaching of mental health (Arbanas et al., 2017; Barry and Ward, 2017; Delaney and Barrere, 2012). However, to the best of our knowledge, no studies have investigated nursing students' alternative beliefs of caring for depressed people, or explored the efficacy of depression care teaching methods to adult nursing undergraduate students.

To gain this knowledge is essential in order to assist nursing educators teaching strategies that challenge students' non-scientific beliefs about depression. Furthermore, it will allow preventing future generations of nurses from joining the workforce with convictions of this kind intact. They will be able to not only provide effective care to patients with depression but also counter such misconceptions in society at large through their role as educators.

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2. Methods

2.1. Objective

The aim of this project was to be able to produce an effective teaching-learning proposal that could directly tackle problems identified among students in relation to knowledge about depression. In this article, we focused on alternative non-scientific beliefs manifested by students after having completed the Psychopathology module having received traditional expository instruction.

Therefore, the research question in this study was: What alternative beliefs about depression do third year nursing students have after having received instruction on Psychopathology with an information-transfer educational model?

2.2. Design

To address this research question, we gave third year nursing students from the University of the Basque Country (Spain) a problem to solve. 102 students participated in the research (84 women and 18 men). All participants were born in Spain and were aged between 20 and 23 years.

All nursing students had taken a Psychopathology module, which included 13 h of lectures and 2 h of traditional expository instruction on mental illnesses. Differential aspects of the most relevant mental health problems in the community, including depression, focusing on physiological and psychological aspects were taught. The learning outcomes regarding depression included: to define the concept of depression; to identify different psychological theories of the aetiology of the depression; to become aware of distress in depression; and to identify the possible needs of patients during the depression. The lectures were given by experienced teachers from the Department of Nursing.

In order to explore alternative non-scientific beliefs manifested by pre-registration nurses, students were asked to solve a problem about depression, focusing on definition, classification, aetiology, symptoms and nursing care aspects. All students solved this scenario the same day and under the same conditions. The problem solved by the students in class is presented below.

The “Isabel’s anxiety” problem

“45-year old Isabel came to the outpatient clinic asking for treatment because in the last 4 months she had noticed that she was feeling anxious, not sleeping well and wanted to give up her job because she was feeling overwhelmed even though previously she had enjoyed her work. Her husband commented that she was well regarded and very popular at work *“she is very hard-working, very responsible, she isn’t satisfied until everything is just right. At home she’s the same; everything must be done ... she is very orderly, and she gets cross if the children or I leave things lying around, especially now ... she yells at us, cries for no reason”*. The patient acknowledged that she felt sad more often and had almost no enthusiasm for activity of any kind. She felt worse in the morning when she woke up but improved somewhat in the afternoon. She has lost about 7 kg in this time and doesn’t sleep well. *“I wake up several times during the night and I find it hard to sleep, I can’t stop thinking of all the things I have to do, I feel guilty for not being able to take care of the kids ... I believe my husband is going to leave me, I’m irritable ... I have thought that if I died things would be better. I don’t feel like doing anything, I think about quitting my job. I can’t stop thinking that things are bound to get worse; it’s a vast feeling of sadness, it’s different ... it feels like a huge void”*.

A1. Based on the symptoms presented, what condition does the patient have? (define the sub-type and rule out the rest, providing a rationale for your answer). Identify all the characteristics that appear in the text before arriving at a conclusion. Do you believe that the patient may be suffering from other symptoms as well as the ones she has mentioned? If so, what are they? Why do you think she may be

suffering from them but hasn’t mentioned them?

A2. The patient has commented indirectly on several possibilities regarding the aetiology of her problem. Do you think it is important to know what it is? If so, why? What do you think could be the cause of this problem? Could there be some other cause? Provide a rationale for your answer.

A3. As a general nurse, what nursing care would you give the patient and her family? Do not lose sight of the fundamentals of an interview based on a supportive relationship and support your answer with argumentation.

When the problem had been drafted, its contents and aims were validated. Regarding the validity of the scenarios and their relevance to the study’s aims, two members of faculty in the Department of Nursing and two psychiatric–mental health clinical nursing specialists who have more than 5 years’ experience in the field, were able to confirm that the problem’s content and questions set were appropriate for any student who had completed the Psychopathology module. In addition, a pilot study was conducted with a small student sample which confirmed that the students generally had no difficulty interpreting the problems or the questions.

A total of 102 students submitted their individual written solutions to the problem “Isabel’s anxiety”. They were required to apply their knowledge of Psychopathology. To categorize the responses, the comments that qualified as “an explanation” were coded, on the basis of easily recognizable features, such as scientific statements and argumentation from a scientific perspective (Cortazzi, 1993). One member of the research team read the students’ answers and from them derived a draft set of description categories or alternative beliefs for each question. The students’ answers were then analysed by the same researcher and each of them was tentatively allocated to one of the draft alternative beliefs. The other researchers then proceeded likewise separately. The response allocations were then compared, and a highly significant degree of agreement was achieved, with a Cohen kappa reliability coefficient average of 0.86. Any disagreements about the description of alternative beliefs or the allocation of responses to categories were settled by referring to the answers as the sole evidence of the students’ understanding. The focus was thus on the students’ understanding, interpreting each answer holistically, rather than on the occurrence of particular statements matching a specific category of explanation. An iterative process was then employed to arrive at the final descriptions of alternative beliefs that reflected a similar understanding among the categorised responses (Ericsson and Simon, 1993).

A qualitative analysis of the students’ written answers to the problem was made. Common tendencies were identified, and representative examples are included in this paper.

This study built on Jiménez-Aleixandre et al.’s (Jiménez-Aleixandre and Pereiro-Munaz, 2005) interpretation of Toulmin’s Arguments Pattern (Toulmin, 1985). A framework was used to analyse argumentation. The examples included in the Results section illustrate how even though students have been taught about depression, they continue to hold alternative beliefs about it that run counter to established facts. These examples are representative of our data.

With respect to ethical considerations, this study was not disadvantageous in any way for the participants. We focused on variation in experiences and understanding of depression care by the group of students as a whole. In this research, we used aggregated data as to ensure equity. Moreover, the subjects’ identities were kept strictly confidential and all students written answers were coded and analysed anonymously. This research was supported by The Education Advisory Service of the University of the Basque Country (UPV/EHU), who provided funding for conducting the research (REF: N. 6836).

3. Results and discussion

In this section we look at the results obtained from the problem-solving activity “Isabel’s anxiety” with regard to depression. The results

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