

## Investigation of nursing students' attitudes toward people with mental disorders: A comparative study of Thailand and Japan

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### Abstract

The purpose of this study is to show attitudes toward mental illness and mental disorders in Japan compared with those in Thailand, whose political organization is similar to the Japanese. Respondents were nursing students having experiences common to both countries, such as studying nursing science and having practical training. In all, 582 (66.5%) questionnaires, consisting of 265 from Yamanashi and 317 from Bangkok, were collected to analyze attitudes toward people with mental disorders. Results showed that nursing students in Yamanashi tended to positively answer the questionnaire items concerning emotional and behavioral attitudes, whereas nursing students in Bangkok tended to positively answer those recognizable ones. Nursing students in Yamanashi tended to be negative about such practical behavior as "wanting to help the mentally ill", which is considered to be a characteristic of Japanese people. On the other hand, nursing students in Bangkok tended to have a positive attitude to "want to help the mentally ill" although they were negative in emotional and behavioral attitudes.

It followed from this that nursing students in Yamanashi were influenced by the presence of contact experiences people with mental disorders, whereas those in Bangkok were influenced not by their contact experiences, but by something of their religious views.

**Key Words** : Attitudes, mental disorders, nursing students, A comparative study of Thailand and Japan,

### 1 Introduction

Society members' attitudes toward mental illness, mental hospitals, and people with mental disorders have various effects on patients' visiting and attending mental hospitals and their daily life in different regions. Although social members' attitudes toward people with mental disorders are said to be determined by information from acquaintances in their immediate groups, incident coverage related to people with mental disorders, and their actual contact experiences with them<sup>1) 2)</sup>, there have been few reports to show the mechanism by which such attitudes form. Contact experiences with mental disorders are also said to change attitudes toward them for the better<sup>3)</sup>. Some researches report that their families' and neighbors' attitudes toward people with mental disorders are less welcoming than people engaged in medical care<sup>4) 5)</sup>. Also, their neighbors' attitudes toward people with mental disorders are reported to have recently become more welcoming<sup>3)</sup>.

We think it desirable that attitudes of nursing students, who are supposed to be engaged in medical care in the future and to

have many chances to contact with people with mental disorders, should be positive. Previous research on nursing students described that their attitudes toward people with mental disorders were changed positively by practical training and lectures<sup>6) 7)</sup>. Considering the situation where people with mental disorders are encouraged to enter society on the basis of mental health welfare laws, it seems difficult to suppose that Japanese attitudes have changed very differently from the situation pointed out in Kure - "a state of placing the mentally ill under house arrest and statistical observation" (1918). Also, as Kure noted, it has seldom been shown whether such attitudes toward mental illness and people with mental disorders are characteristic of Japan or not.

Yamamoto et al.<sup>8)</sup> made a comparative study of medical student attitudes toward people with mental disorders in Thailand, Australia, and Japan. They reported that there was no difference irrespective of education. Particularly in Thailand, after education, students' attitudes toward people with mental disorders were reported to become more intolerant.

Therefore, this study attempts to show attitudes toward people with mental disorders and mental disorders in Japan compared with those in Thailand, whose political organization, constitutional monarchy, is common to the Japanese organization. Respondents were nursing students having

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experiences common between both countries, such as learning the science of nursing and having practical training. Taking the learning and training effects into consideration, we hoped to make clear the difference in attitudes caused by the both peoples' living environments and awareness.

**II Methods**

**1 Subjects**

Subjects were selected from Yamanashi Prefecture in Japan and from Bangkok City in Thailand. Collectively, 417 nursing students of two colleges in Yamanashi Prefecture (the "Yamanashi nursing students") and 453 nursing students of three colleges in Bangkok City (the "Bangkok nursing students") amounted to 870.

**2 Questionnaire Items**

The 32 questionnaire items made by Tadatsu et al.<sup>2)</sup> were partially improved and used as questionnaire items in this study. To "agree" to the questions was represented as 1, to "somewhat agree" was 2, to "somewhat disagree" was 3, and to "disagree" was 4. Our questionnaire items included factors for formation of attitudes toward people with mental disorders, such as presence of contact experiences with them. The same questionnaires were used both in Bangkok and Yamanashi. In Bangkok, the English translated questionnaires were translated into the Thai language. Questionnaire items were discussed previously and then questionnaire research was conducted.

**3 Proceduer**

Questionnaires were handed out to the subjects, who had previously listened to explanation of investigation intent. They were collected after receipt at four colleges, then called for and posted.

**4 Analysis Methods**

Attitudes toward people with mental disorders were compared between nursing student groups in Yamanashi and Bangkok and among nursing students having contact experiences and those having no experiences ( 2 inspection). Questionnaire items of attitudes regarding mental disorders were analyzed using the classification by Tadatsu<sup>2)</sup>, classifying items about emotional attitudes into three groups reflecting emotional attitudes (Table 1), recognizable attitudes (Table 2), and behavioral attitudes (Table 3). All groups of items consisted of

positive and negative questions.

**III Results**

Collected questionnaires were 265 (63.5%) from nursing students in Yamanashi and 317 (69.9%) from nursing students in Bangkok, amounting to 582 (66.9%). Because Chonbanch's variable showed reliability of collected questionnaires was 0.63, results were considered reliable.

**1 Subjects' background**

Subjects consisted of 160 freshmen, 161 sophomores, 182 juniors, and 79 seniors. Male students were 35 (consisting of nine nursing students in Yamanashi and 26 nursing students in Bangkok). Students who had finished practical training were 89 (15.2%) while students who had not finished yet were 493 (84.8%).

**2 Attitudes toward people with mental disorders**

**(1) Questionnaire items of emotional attitudes**

Rates of students in Yamanashi who (somewhat) agreed to

**Table1** questionnaire item of emotional attitudes

positive	10	Do you think people with mental disorders are honest?
	18	Do you think that people with mental disorders are especially sensitive?
	24	Do you think people with mental illness have normal minds?
	26	Do you feel a sense of intimacy with people who have mental disorders?
negative	1	Do you think mental patients are unhappy?
	9	Do you think people with mental disorders are strange?
	19	Do you feel afraid of people with mental disorders?
	13	Do you think that people with mental disorders are somber?
	27	Do you think people with mental disorders are somehow weaker than other people?

**Table2** questionnaire item of recognizable attitudes

positive	4	Do you think mental patients ever recover?
	6	Do you think a mental disorder is an ordinary disease?
	8	Do you think it is important to communicate with people who have mental disorders?
	14	Do you consider a person with a mental disorder "mentally ill"?
	16	Do you think social and family problems contribute to mental illness?
negative	22	Do you think that mental patient, if they get sufficient support, can live a normal life as part of society?
	3	Do you think people with mental disorders shut themselves up in their own world?
	7	Do you think people with mental disorders behave in unpredictable ways?
	11	Do you think people with mental disorders are dangerous?
	21	Do you think mental illness is hereditary?
	25	Do you think mental illness puts a large burden on a patient 's family?
	28	Do you think it is impossible to communicate with some who has a mental disorde?
32	Do you think people with mental disorders behave as they do because they are afraid?	

**Table3** questionnaire item of behavioral attitudes

positive	12	Do you want to help the mentally ill?
	20	Do you think it is necessary to understand people with mental disorders?
	29	Would you like to study psychiatry and mental health nursing in detail?
	31	Would you like to be a psychiatric nurse in the future?
negative	5	Do you think it is impossible to understand the behavior of a person with a mental disorder?
	15	Do you find it difficult to approach a person who is mentally ill?
	17	Do you think people who have mental disorders should be isolated in hospitals?
	23	Do you think psychiatric disorders cause marital problems?
	30	Would you prefer not to have contact with people who have mental disorders?
	33	Do you think you become mentally ill?

the following questions were significantly higher than those in Bangkok: “Do you think people with mental disorders are honest?” ( $\chi^2=111.2, p<0.001$ ); “Do you think that people with mental disorders are especially sensitive?” ( $\chi^2=75.3, p<0.001$ ); “Do you think that people with mental illness have normal minds?” ( $\chi^2=86.8, p<0.001$ ); “Do you think mental patients are unhappy?” ( $\chi^2=13.8, p<0.01$ ); and “Do you think people with mental disorders are strange?” ( $\chi^2=23.3, p<0.001$ ).

On the other hand, rates of students in Bangkok who (somewhat) agreed to the following questions were significantly higher than those in Yamanashi: “Do you feel afraid of people with mental disorders?” ( $\chi^2=18.8, p<0.001$ ); “Do you think that people with mental disorders are somber?” ( $\chi^2=169.4, p<0.001$ ); and “Do you think people with mental disorders are somehow weaker than other people?” ( $\chi^2=114.9, p<0.001$ ).

These results showed that nursing students with positive attitudes were found more in Yamanashi than in Bangkok, in light of questionnaire items inquiring about emotional attitudes. (Fig.1)

(2) Questionnaire items concerning recognizable attitudes

Rates of nursing students in Yamanashi who (somewhat) agreed to the following questions were higher than those in Bangkok: “Do you think people with mental disorders are dangerous?” ( $\chi^2=16.3, p<0.01$ ); “Do you think mental illness puts a large burden on a patient’s family?” ( $\chi^2=113.6, p<0.001$ ); and “Do you think it is impossible to communicate with someone who has a mental disorder?” ( $\chi^2=140.7, p<0.001$ ).

On the other hand, rates of nursing students in Bangkok who (somewhat) agreed to the following questions were higher than those in Yamanashi: “Do you think mental patients ever recover?”

( $\chi^2=51.7, p<0.001$ ); “Do you think social and family problems contribute to mental illness?” ( $\chi^2=105.3, p<0.001$ ); “Do you think that mental patients, if they get sufficient support, can live a normal life as part of society?” ( $\chi^2=36.3, p<0.001$ ); “Do you think a people with mental disorders behave in unpredictable ways?” ( $\chi^2=35.9, p<0.001$ ); “Do you think mental illness is hereditary?” ( $\chi^2=36.1, p<0.001$ ); and “Do you think people with mental disorders shut themselves up in

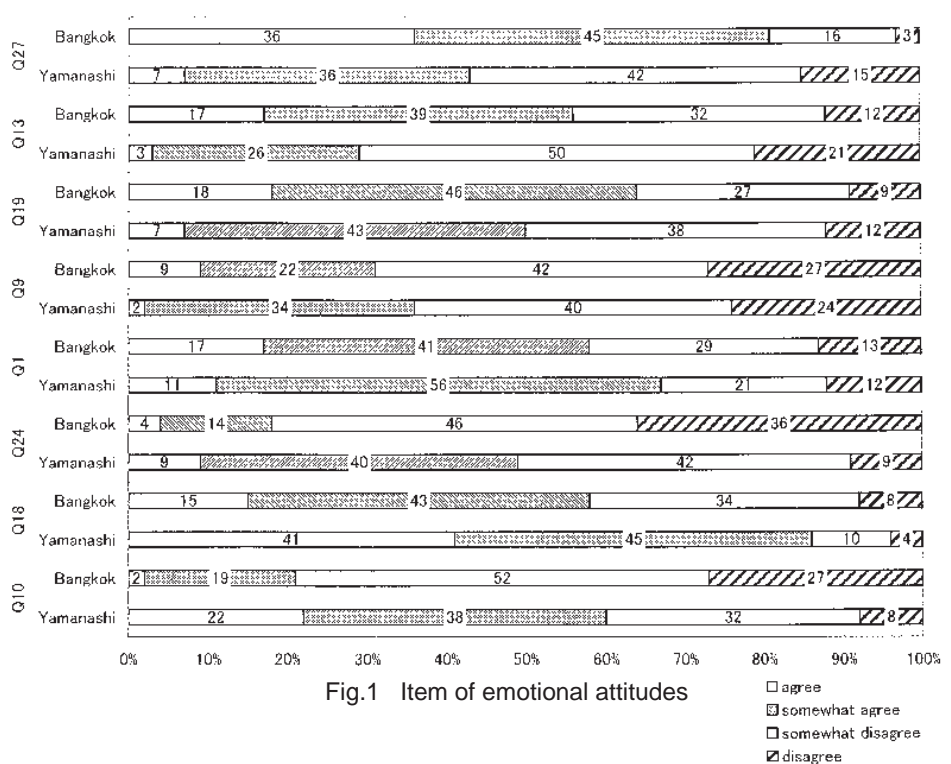


Fig.1 Item of emotional attitudes

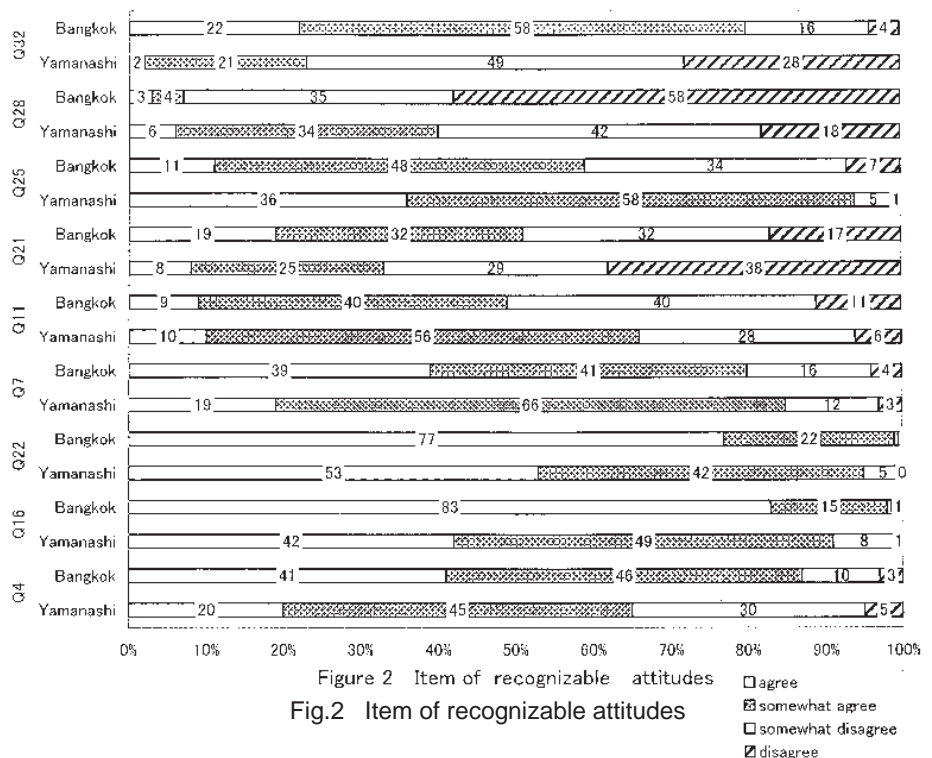


Figure 2 Item of recognizable attitudes

Fig.2 Item of recognizable attitudes

their own world?" ( $\chi^2=204.9, p<0.001$ ).

For questionnaire items of recognizable attitudes, while nursing students in Bangkok tended to be positive in that they agreed to such questions as "Do you think mental patients ever recover?", they tended to be negative in that they (somewhat) agreed to such questions as "Do you think people with mental disorders behave in unpredictable ways?". In contrast, although nursing students in Yamanashi tended to have negative attitudes, considering patients "dangerous", they tended to have positive attitudes, disagreeing with such questions as "Do you think mental illness is hereditary?" and "Do you think people with mental disorders behave in unpredictable ways?" (Fig. 2)

(3) Questionnaire items regarding behavioral attitudes

Rates of nursing students in Bangkok who (somewhat) agreed to the following questions were higher than those in Yamanashi: "Do you want to help the mentally ill?" ( $\chi^2=169.6, p<0.001$ ); "Would you like to study psychiatry and mental health nursing in detail?" ( $\chi^2=19.8, p<0.001$ ); "Would you like to be a psychiatric nurse in the future?" ( $\chi^2=36.6, p<0.001$ ); "Do you think it is impossible to understand the behavior of a person with a mental disorder?" ( $\chi^2=40.2, p<0.001$ ); "Do you think people who have mental disorders should be isolated in hospitals?" ( $\chi^2=198.7, p<0.001$ ); and "Do you think psychiatric disorders cause marital problems?" ( $\chi^2=24.2, p<0.001$ ). The rate of those in Bangkok who (somewhat) disagreed to the question of "Do you think you might become mentally ill?" ( $\chi^2=102.8, p<0.001$ ) was also higher.

While the nursing students in Bangkok tended to be positive in that they agreed to such questions as "Do you want to help the mentally ill?" and "Would you like to be a psychiatric nurse in the future?", they tended to be negative in considering that "it is impossible to understand behavior of a person with a mental disorder" or that patients "should be isolated in hospitals". On the other hand, those in Yamanashi tended to have positive attitudes in that they disagreed to such questions as "Do you think it is impossible to understand the behavior of a person with a mental disorder?" or "Do you think people who have mental disorders should be isolated in hospitals?"; however they tended to have negative attitudes in disagreeing with such questions as "Do you want to help the mentally ill?". (Fig.3)

3 Presence of contact experiences and attitude toward people with mental disorders

Among nursing students in Yamanashi, students who had contact experiences such as actually talking to people with mental disorders, were 154 (58%), those who had never had contact experiences were 93 (35%), and those who didn't remember whether they had ever had contact experiences were 18 (7%). In terms of places where they had contact experiences, 63 nursing students contacted patients in their own neighborhoods, 24 in their families, 23 among their friends, 32 in hospitals, and 45 in other places. Among nursing students in Bangkok, students who had talked to people with mental disorders were 201 (63%), those who had never done so were 77 (24%), and those who didn't remember were 36 (12%). In Bangkok, 38 nursing students had contact experiences in their neighborhoods, 31 in their families, 5 among friends, and 206 in other places. The rate of those in Bangkok who had contact experiences was higher than that in Yamanashi ( $\chi^2=10.9, p<0.01$ ). All students who finished practical training had contact experiences.

(1) Character of nursing students in Yamanashi having contact experiences

In respect to questionnaire items of emotional attitudes, we compared nursing students in Yamanashi having contact experiences with those having no contact experiences. The rate of students having contact experiences who agreed to the question of "Do you think that people with mental disorders are especially sensitive?" ( $\chi^2=11.7, p<0.01$ ) and disagreed to the question of "Do you feel afraid of people with mental

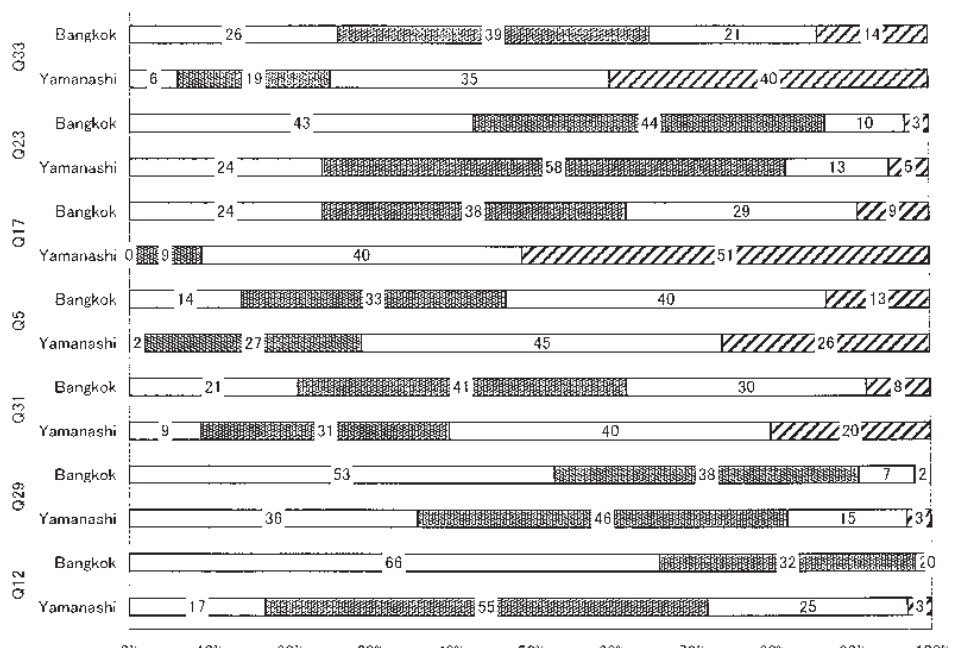


Fig.3 Item of behavioral attitudes

□ agree  
 ▨ somewhat agree  
 ▩ somewhat disagree  
 ▤ disagree

disorders?" ( $\chi^2=18.3, p<0.001$ ) turned out to be higher than that of those without contact experiences.

In respect to questionnaire items of recognizable attitudes, comparison of the presence of contact experiences was made among nursing students in Yamanashi. It showed that the rate of students having contact experience who disagreed to the question of "Do you think it is impossible to communicate with some who has a mental disorder?" ( $\chi^2=22.3, p<0.001$ ) and agreed to the question of "Do you think mental illness is hereditary?" ( $\chi^2=11.3, p<0.01$ ) was higher than that of students having no contact experiences.

In respect to questionnaire items concerning behavioral attitudes, comparison of the presence of contact experiences was made among Yamanashi nursing students. It showed that the rate of students having contact experiences who agreed to the following questions was higher: "Do you think it is necessary to understand people with mental disorders?" ( $\chi^2=15.3, p<0.01$ ), and "Do you think you might become mentally ill?" ( $\chi^2=12.3, p<0.01$ ). Also, the rate of students having contact experiences who disagreed to the questions of "Do you find it difficult to approach a person who is mentally ill?" ( $\chi^2=25.1, p<0.01$ ) and "Do you think people who have mental disorders should be isolated in hospitals?" ( $\chi^2=14.4, p<0.01$ ) was higher.

## (2) Character of nursing students in Bangkok having contact experiences

In the same way, comparison of presence of contact experiences was made among nursing students in Bangkok. In terms of questionnaire items assessing emotional attitudes, the rate of the students having contact experiences who agreed to the question of "Do you feel a sense of intimacy with people who have mental disorders?" ( $\chi^2=27.6, p<0.001$ ) turned to be higher than that of those having no contact experiences.

Also, for questionnaire items for recognizable attitudes, the rate of students having contact experiences who disagreed to the question of "Do you think a person with mental disorders behaves in unpredictable ways?" ( $\chi^2=11.9, p<0.01$ ) and agreed to questions of "Do you think mental illness is hereditary?" ( $\chi^2=12.2, p<0.01$ ) was higher than that of students having no contact experiences.

In terms of questionnaire items of behavioral attitudes, the rate of students in Bangkok having contact experiences who disagreed to the question of "Do you think people who have mental disorders should be isolated in hospitals?" ( $\chi^2=14.7, p<0.01$ ) was higher than that for students having no contact experiences.

## IV Discussion

### 1 Attitudes toward people with mental disorders

Comparison of nursing students in Bangkok and nursing students in Yamanashi showed great difference in their attitudes toward people with mental disorders. In terms of

questionnaire items of emotional and behavioral attitudes toward people with mental disorders, more answers suggesting their positive attitudes were obtained from nursing students in Yamanashi than those in Bangkok. Nursing students in Yamanashi thought that people with mental illness are more honest, that patients should not be isolated, and that they themselves might become mentally ill. In contrast, there were a few positive answers to questionnaire items of behavioral attitudes, say, to want to help the mentally ill or to be a psychiatric nurse in the future. It follows from this that nursing students in Yamanashi, though sympathizing with those with mental disorders, behave negatively themselves. It is considered that this is characteristic of Japanese people, who prefer to "be similar to others" or "not be prominent" in their behaviors<sup>9)</sup>.

On the other hand, in respect to questionnaire items of recognizable attitudes, more answers suggesting their positive attitudes were seen among nursing students in Bangkok than among those in Yamanashi. However, negative answers were conspicuous among nursing students in Bangkok in terms of questionnaire items assessing emotional and behavioral attitudes. It showed that they tended to feel afraid of mental patients and that they were weaker, answering that psychiatric disorders caused marital problems and that mental illness was hereditary. Although they were more positive than those in Yamanashi about recognizable attitudes, nursing students in Bangkok were more negative about emotional and behavioral attitudes. However, most of them showed a positive attitude in wanting to help the mentally ill, which belongs to questionnaire items of behavioral attitudes. It suggested that this should reflect religious views in Thailand. In other words, it is considered that this is not irrelevant to the fact: 95% of the people in Thailand are Buddhists, almost all men enter religious service once in their lives, and they believe that they can accumulate virtuous deeds by supporting those weaker than themselves<sup>10) 11)</sup>.

### 2 Presence of contact experiences with mental disorders and attitudes toward them

Nursing students having contact experiences with the mental disorders had positive attitudes toward them. This study also showed that nursing students in Yamanashi were more influenced by presence of contact experiences than those in Bangkok.

More nursing students in Yamanashi having contact experiences positively answered that they don't "think it difficult to approach a person who is mentally ill", that the "people who have mental disorders should not be isolated in hospitals", and that they themselves might "become mentally ill", than those having no contact experiences in Yamanashi. Results of the present study, similar to the report by Kawamura<sup>3)</sup>, showed that presence of contact experiences made attitudes toward people with mental disorders positive.

On the other hand, there were more nursing students in Bangkok who had contact experiences than in Yamanashi. Also, among nursing students in Bangkok, there was little difference seen in attitudes toward people with mental disorders irrespective of presence of contact experiences. It followed from this that the nursing students' attitudes in Bangkok hardly were influenced by presence of contact experiences. Factors determining nursing students' behavior in Bangkok may be influenced by Buddhist humanism or charity, which people in Thailand originally have<sup>10)</sup>. Therefore, it is considered to be characteristic of Japan that attitudes toward people with mental disorders are influenced by presence of contact experiences.

However, the rate of nursing students answering that "mental illness is hereditary" was higher among students having contact experiences both in Yamanashi and Bangkok. Certainly, contact experiences may afford a chance to encourage thinking that mental disorder is related to hereditary factors. The reason why they answered that "mental illness is hereditary" is beyond our present investigation. In addition to this limitation, how to pose the question seems problematic. They suggested necessity to investigate them further.

## V Conclusions

- 1 There was a difference seen in nursing students' attitudes toward people with mental disorders between both regions.
- 2 In terms of nursing students' attitudes toward people with mental disorders, emotional attitudes were more positive among students in Yamanashi; recognizable and behavioral attitudes were more positive among students in Bangkok.
- 3 In terms of behavioral attitudes toward mental disorder, rates of nursing students in Bangkok thinking that "wanted to help the mentally ill" and that would "like to be a psychiatric nurse in the future" were higher than that of those in Yamanashi.
- 4 Nursing students having contact experiences had more positive attitudes toward people with mental disorders than those having no contact experiences.

## VI Acknowledgments

This study was conducted as joint research with the Boromarranonani College of Nursing Napparat Vajira in Thailand. Because there have been few research efforts comparing nursing student attitudes toward people with mental disorders with those in other countries, this study is considered significant. However, results require further examination, taking appropriateness of investigation content and differing cultural backgrounds into consideration. Also, this study was synchronic, a future direction of this study will be to encompass a diachronic approach.

Finally, We are grateful to all those who supported this study.

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**要約**

本研究の目的は、政治機構が我が国と似ているタイと比較することによって、我が国の精神病や精神障害者に対する態度を明らかにすることとした。看護学の学習や実習を行うという点で共通する看護学生を対象者とした。山梨265名とバンコックの看護学生317名、計582名(66.5%)分の調査用紙が回収され、精神障害者に対する態度を分析検討した。その結果看護学生の精神障害者に対する態度のうち、感情・行動に対する態度は、山梨の学生の方が肯定的な態度を示す回答が多いことが認められ、認知に対する態度はバンコックの学生の方が肯定的態度を示す回答が多いことが認められた。山梨の学生は、「手助けしたい」という実際の行動に対しては消極的であり、これは日本人の特性ではないかと考えられた。これに対してバンコックの学生は、感情・行動面の態度は否定的態度を示す回答が多いが、「手助けをしたい」という態度が多く認められた。

これらのことから山梨の学生は精神障害者との接触体験の有無に影響を受けているが、バンコックの学生は接触体験ではなく、宗教観等が影響を及ぼしているのではないかと考えられた。

**キーワード：**精神障害者への態度，看護学生，日本とタイの比較