



3. Among the unsuccessful students, the academic failure group draws significantly more part figure drawings than the group that withdraws for "personal reasons."

A second sample, in which there was a smaller group of unsuccessful students, failed to show significant differences between successful and unsuccessful students in drawing either part body or opposite sex figure first. However, a comparison of the unsuccessful students who were academic failures and those who withdrew for "personal reasons" produced findings in the same direction as those in the first sample. Discussion focuses on the relationship of denial of body and bodily functions to success in nursing itself and to underachievement as a whole. There seems to be some support for the notion that an inadequate self-concept is related to emotional difficulties that lead to underachievement.

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### Comparing Opinions About Mental Illness for Hospital Attendants and Practical Nursing Students

Russell N. Cassel

Mary L. Carlton

Marianna Rothe

More and more we come to realize that the social milieu and the context in which treatment occurs in a hospital or treatment care center has an important and crucial bearing on the effectiveness of such treatment. Certainly hospital attendants and practical nurses, who probably interact directly with patients more than any other staff member, tend to structure that social milieu and context in a major way. During times of sickness and stress, the mental health of persons becomes increasingly important. For those who are mentally ill, it becomes an even more crucial matter.

An important aspect of nursing education deals with the development of acceptable attitudes towards mental health, and this certainly includes programs for hospital attendants and practical nurses. This study sought to make meaningful comparisons regarding opinions held concerning mental illness between a group of veterans hospital attendants and a group of practical nurses just completing basic training, and to relate such opinions to a supervisor's rating of each person's on-job effectiveness.

Two different theoretical hy-

RUSSELL N. CASSEL (Ed.D., University of Southern California, Los Angeles, California) is professor of educational psychology at the University of Wisconsin in Milwaukee. His specialty is measurements and research.

MARY L. CARLTON (B.S.N., Marquette University School of Nursing, Milwaukee, Wisconsin) is an instructor in the practical nursing program at Milwaukee Area Technical College.

MARIANNA ROTHE (Ph.B., University of Wisconsin in Madison) is finance director of the Young Woman's Christian Association in Racine, Wisconsin. Her activity in this area of study stems from

potheses were being tested in study:

1) that practical nurses, because of their higher selection standards (high school graduation as compared to eighth grade completion) and prestigious job image, would score significantly higher on "The Opinions About Mental Illness Scale" (OMI) than a corresponding group of hospital attendants in the same hospital.

2) the more effective practical nurses and hospital attendants who are to be on the job, the better attitudes will tend to be towards mental illness; that attitude towards mental illness is a vital contribution to job success for all persons who interact with patients in a hospital.

#### Groups. Hospital Attendants

This was a group of 74 available hospital attendants in a public hospital facility. Fifteen of the 74 were male. The age range was 28 to 55 with a modal age of about 40. All of them had completed the eighth grade successfully, and many of them were high school graduates. About one-third of them were Negroes, the remainder were Caucasians. They were all members of regular hospital staff and were working in the same career for some time.

#### Practical Nursing Students

This was the total membership of a group of 71 students who had completed six weeks in their practical nursing as part of their training program, in which emphasis was placed on developing a "close relationship" with patients. All of them were females. The age range was 18 to 55 with a modal age of about 27. Fifteen of the 71 were Negroes, and the remainder were Caucasian. All of them were high school graduates. About one-third of the number had previously been hospital attendants.

#### The Instrument. The Opinions About Mental Illness Scale

(OMI) is an experimental, unpublished psychological questionnaire designed by the authors to assess certain attitudes that people have about mental illness (Cohen and Struening, 1962.) The instrument is comprised of 51 items, for which the authors report five factors each representing a different part of the score on the questionnaire.

potheses were being tested in this study:

1) that practical nurses, because of their higher selection standards (high school graduation as compared to eighth grade completion) and more prestigious job image, would score significantly higher on "The Opinions About Mental Illness Scale" (OMI) than a corresponding group of hospital attendants in the same hospital.

2) the more effective practical nurses and hospital attendants tend to be on the job, the better their attitudes will tend to be towards mental illness; that attitude towards mental illness is a vital contributor to job success for all persons who interact with patients in a hospital.

**Groups. Hospital Attendants.** This was a group of 74 available hospital attendants in a public hospital facility. Fifteen of the 74 were male. The age range was 28 to 55 with a modal age of about 40. All of them had completed the eighth grade successfully, and many of them were high school graduates. About one-third of them were Negroes, and the remainder were Caucasian. They were all members of the regular hospital staff and had been working in the same job career for some time.

**Practical Nursing Students.** This was the total membership of a group of 71 students who had completed six weeks in mental nursing as part of their training program, in which emphasis was placed on developing a "caring relationship" with patients. All of them were females. The age range was 18 to 55 with a modal age of about 27. Fifteen of the 71 were Negroes, and the remainder were Caucasian. All of them were high school graduates. About one-third of the number had previously been hospital attendants.

**The Instrument.** The Opinions About Mental Illness Scale (OMI) is an experimental, unpublished psychological questionnaire designed by the authors to assess certain attitudes that people have about mental illness. (Cohen and Struening, 1962.) It is comprised of 51 items, for which the authors report five factors, each representing a different part-score on the questionnaire: 1)

people are considered as being inferior persons requiring firm and strict handling, 2) Unsophisticated Benevolence — mentally ill people are childlike and unfortunate, with treatment being religious and humanistic, 3) Mental Hygiene Ideology — mentally ill patients are similar to normal patients, differing only in degree, not in kind, 4) Social Restrictiveness—the mentally ill must be restricted for the protection of society, and 5) Interpersonal Etiology—mental illness is the result of faulty childhood experiences. Previous administration used a Likert type six point scale ranging from a value of one to six, for scoring purposes, and with defined positions as follows: strongly agree, agree, not sure but probably agree, not sure but probably disagree, disagree, and strongly disagree.

All 51 of the items for the experimental OMI were included as they were initially described for this study.

The administration of the OMI was a regular part of the in-service education program of the hospital, and was accomplished by the respective supervisors involved.

**Findings.** A principal component factor analysis was accomplished on the 51 items for the 145 subjects involved in the study. The reliability and internal consistency of part-scores are a function, in large part, of the number of items and the homogeneity of such clusters. Because scores with fewer than a dozen or more items tend to be unstable, it was deemed that no more than four part-scores could establish stability based on a total of 51 items. In order to extract only four factors, each factor had a minimum of 2.20 eigen values, and all four factors accounted for only 27 per cent of the total variance. The first factor accounted for only 10 per cent of the total variance. Since 73 per cent of the total variance was not accounted for by the four extracted factors, the degree of homogeneity among items within each factor was not great, and the naming of such factors left much to be desired. Based on a nucleus

ings, the following identification of factors was established:

Factor 1—Attitude Toward Mental Illness (ex. The best way to handle patients in mental hospitals is to keep them behind locked doors.)

Factor 2—Nature and Cause of Mental Illness (ex. The mental illness of many people is caused by the separation or divorce of their parents during childhood.)

Factor 3—Prevention and Treatment of Mental Illness (ex. There is little that can be done for patients in a mental hospital except to see that they are comfortable and well fed.)

Factor 4—Living Conditions for Mentally Ill (ex. The small children of parents in mental hospitals should not be allowed to visit them.)

The four extracted factors were rotated orthogonally to maximize the loadings for identification purposes. The theory of maximum weights sufficient to obtain four and only four factors was used. This resulted in: Factor 1 with 12 items, Factor 2 with 12 items, Factor 3 with 15 items, and Factor 4 with 12 items.

**Reliability.** An internal consistency measure of reliability for the total score on the OMI by use of the Kuder-Richardson Formula 20 yielded a Pearson  $r$  of .718, based on the 145 subjects in this study. For part-scores similar  $r$ 's were obtained as follows: Factor 1—Attitude Towards  $r = .468$ ; Factor 2—Nature and Cause  $r = .435$ ; Factor 3—Prevention and Treatment  $r = .557$ ; and Factor 4—Living Conditions  $r = .510$ .

**Intercorrelation of Scores.** Supervisors' ratings were accomplished by the overall respective supervisor of both the hospital attendants and the practical nursing students. Supervisors ranked their employees in terms of their effectiveness in working with hospital patients, with the most effective one being ranked first and the least effective one ranked last. These rankings were then converted to "stanine" scores, normalized standard scores, ranging

the OMI obtain relatively low intercorrelations, and have hardly any relationship to the supervisors' ratings of their effectiveness in working with hospital patients.

**Profile and Norm for OMI.** The norm and profile for the OMI for all four part-scores and the total score were converted to a McCall T-score base, with a mean (M) of 50, and with a standard deviation (SD) of 10.

**Hypothesis 1.** Table 1 contains a simple analysis of variance for the part and total scores on the OMI between the 72 hospital attendants and the 71 practical nursing students, for which the data was available. In terms of the total score on the OMI hypothesis 1 is rejected as having no significant level of difference. This was equally true for part-scores 1 and 4 (Attitude Towards, and Living Conditions) for hypothesis 1. However, for part-score 2 (Nature and Cause) hypothesis 1 was accepted, with the M for the practical nursing students be-

ing 39.62 as opposed to an M of 34.89 for the hospital attendants. For part-score 3 (Prevention and Treatment) hypothesis 1 was accepted, with the M for hospital attendants being 50.90 as opposed to an M of 46.43 for the practical nursing students; showing hospital attendants better informed.

**Hypothesis 2.** Table 2 contains the stepwise multiple correlations for the four part-scores on the OMI when used in concert against the supervisors' ratings. Hypothesis two was rejected as no significant relationship was obtained to support the notion that opinions about mental illness contribute to job effectiveness of hospital attendants and practical nursing students.

**Summary.** A comparative analysis was made of scores on a questionnaire designed to assess attitudes about mental illness between 74 hospital attendants and 71 practical nursing students. Each one of the four part-scores on the questionnaire was comprised of items representing one

of the four factors extracted by use of the principal components method of factor analysis, and rotated orthogonally to obtain simple structure: 1. Attitude Towards Mental Illness, 2. Nature and Cause of Mental Illness, 3. Prevention and Treatment of Mental Illness, and 4. Living Conditions for the Mentally Ill. The total score was the sum of the four part-scores. Reliability based on the Kuder-Richardson Formula 20 was established as follows: total score  $r = .718$ , and part scores ranged from a low of  $r = .435$  to a high of  $r = .557$ . No statistically significant relationship was obtained between scores for the various attitudes about mental illness and the respective supervisors' ratings for the total group of 145 hospital attendants and practical nursing students. Only two part-scores on the attitude questionnaire yielded significant differences between hospital attendants and practical nursing students at the .01 level of significance or better: part-score 2, practical nursing students had a better attitude, and part-score 3,

Table 1. Analysis of Variance Between Hospital Attendants and Practical Nursing Students on OMI Scores

SOURCE OF VARIANCE	DF	SUM OF SQUARES	MEAN SQUARE	FACTOR VALUE	LEVEL OF SIG.
1. Attitude Towards Mental Illness:					
Between Groups	1	1.17	1.17	.098	.753
Within Groups	142	1,693.82	11.93		
Total	143	1,694.99			
2. Nature & Causes of Mental Illness:					
Between Groups	1	805.03	805.03	36.431	.001
Within Groups	142	3,137.86	22.10		
Total	143	3,942.89			
3. Prevention and Treatment of Mental Illness:					
Between Groups	1	718.36	718.36	18.521	.001
Within Groups	142	5,507.80	38.79		
Total	143	6,226.16			
4. Living Conditions for Mentally Ill:					
Between Groups	1	13.29	13.29	.467	.502
Within Groups	142	4,038.46	28.44		
Total	143	4,051.75			
5. Total Score on OMI:					
Between Groups	1	17.09	17.09	.098	.754
Within Groups	142	24,867.47	175.12		
Total	143	24,884.56			

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**Table 2. Stepwise Multiple Correlation of OMI Part Scores with Supervisors' Ratings<sup>a</sup>**

PART SCORES ON OMI	SUPERVISORS' RATINGS	
	STEP	R <sub>c</sub> <sup>c</sup>
1. Attitude Towards Mental Illness	4	.130
2. Nature and Causes of Mental Illness	2	.130 <sup>b</sup>
3. Prevention and Treatment of Mental Illness	3	.130
4. Living Conditions for Mentally Ill	1	.118

<sup>a</sup> N = 145 maximum degree of correlation obtained when corrected for shrinkage.

<sup>b</sup> R<sub>c</sub> for 4 variables of .225 is statistically significant at .05 level.

<sup>c</sup> R<sub>c</sub> for 4 variables of .270 is statistically significant at .01 level.

hospital attendants had a better attitude.

**Conclusion.** In view of the above findings the authors feel that:

- The Opinions About Mental Illness Scale (OMI) has high "Face Validity" (appears to measure mental illness), and sufficient reliability to warrant its use for assessment of hospital attendants' and practical nursing students' attitude about mental illness.
- The four part-scores on the OMI obtain sufficient reliability to be used for a diagnostic profile in relation to attitudes about mental illness.
- There is little or no relation-

ship between the supervisors' ratings of hospital attendants' or practical nursing students' effectiveness in working with hospital patients and their scores on the OMI.

- Practical nursing students tend to have a better attitude concerning the nature and cause of mental illness than do corresponding hospital attendants.
- Hospital attendants tend to have a better attitude concerning the prevention and treatment of mental illness than do practical nursing students.
- There is no overall significant difference between hospital attendants' and practical nursing students' attitude about mental

illness, as measured by the OMI.

**Implications.** The Opinions About Mental Illness Scale (OMI) deals in a very meaningful manner with the problem of assessing attitude about mental illness. It can be used as an effective means for assessing the degree of familiarity of hospital attendants, practical nursing students, and others, with acceptable attitudes in relation to the treatment and care of the mentally ill.

The norms contained in Table 2 may be used as a basis for comparing scores for hospital attendants against scores for practical nursing students to give them meaning. The "S.D." units are probably more meaningful in this regard than the T-Scores.

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