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The Effect of Cine-education Method on Mental Diseases Beliefs and Stigmatization Tendency in Student Nurses

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ABSTRACT:
Purpose: This research was carried out to determine the effect of cinema films watched on nursing students on mental illness beliefs and stigmatization tendencies.
Method: This research, which was planned in the pretest-posttest, semi-trial pattern without a control group, was conducted between March and May 2020 with student nurses who took psychiatric nursing courses at a university. The impact of screening movies on students' beliefs about mental illness and stigmatization tendencies were evaluated. Personal data form, Beliefs Towards Mental Diseases Scale (BTMDS) and Stigma Scale (SS) were used to collect the data, and the data were analyzed in the SPSS package program.
Results: A statistically significant difference was found between the students' pre-test and post-test SS, BTMDS mean scores and its sub-dimensions. ($p<0.05$). It is seen that the stigmatization tendencies of the students are moderate before watching the films and the tendency to stigmatizing decreases after watching the films. It was found that the beliefs about mental illness were moderately negative before the students watched the films, and their post-test scores decreased compared to the pre-test scores after watching the films.
Conclusion: It has been determined that student nurses' tendency to stigmatize and their beliefs about mental illness positively affected after watching movies. It is recommended to provide trainings in different methods that will create awareness among students on combating stigmatization, and to conduct qualitative studies in which the long-term effects of films are determined.
Keywords: *Cinema, Stigmatization, Faith, Student, Psychiatry*

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INTRODUCTION

The stigmatization of people with mental illness is as old as human history. In human history, individuals with mental illness were perceived as dangerous and distantly approached, when the symptoms of mental illness were not adequately understood and explained (Öztürk and Uluşahin, 2014). Considering patients as "dangerous" and "people who are not clear what to do" creates prejudices that include the feelings of anger, fear, and helplessness that make people want to move away from individuals with mental illness. Prejudices are an indicator of the belief of society towards mental illness (Batastini et al., 2018). Prejudices, negative attitudes, beliefs and exclusionary behaviors towards individuals with mental illness constitute a tendency to stigmatization. Community's tendency to stigmatization is a reflection of the cultural elements and beliefs in that society (Karakaş et al., 2017). Stigmatization for mental illnesses emerges as individuals with mental illness can never be healed, made decisions, cannot work in any job and should be ashamed. This situation creates a vicious cycle by causing to prolong the disease process and become

chronic. The unusual and unexpected behavior and thoughts of the patients may cause restlessness in the society and cause exclusion of the patients, social isolation, deterioration of interpersonal relations, affecting business life and functionality, and disability (Karakaş et al., 2017).

Today, although people can access a lot of information about the etiology, prognosis and treatment of mental illnesses, negative and intolerant attitudes and prejudices continue (Çam and Bilge, 2013). Having knowledge about mental illnesses, contacting and establishing relationships with patients, linked to beliefs and stigmatization tendencies towards mental illnesses, can also provide positive attitudes and behaviors towards patients (Çam and Bilge, 2013). Nurses can act as role models in bringing individuals with mental illness into society by affecting their beliefs about mental illness by influencing the perspective of society. Especially individuals with mental illness are affected by the attitudes and behaviors of healthcare professionals (Sewilam et al., 2015).

Thanks to the rapidly developing technology in recent years, it is remarkable that cinema films are used in teaching levels as "case study method" (Blanco, 2005). The useful education model created by showing films/short films/video clips in different thematic areas during medical education or specialty education is called cine-education (Darbyshire and Baker, 2012). It is important that movie films contain more detail and are visually rich than written or spoken definitions as case discussions. Because, thanks to the visual and auditory presentation, the case comes alive, disease/patient/condition/event is not just a definition and it can be made easy to make abstract concepts concrete by turning it into a living experience (Alarcón and Aguirre, 2007). It has been determined that cinema has positive effects not only in the development of clients and the society, but also in individuals who are trained in medical/psychiatry and psychology, individual and group studies, recognition, treatment and rehabilitation of mental disorders, therapeutic communication, teaching intercultural issues and developing empathy skills (Gramaglia et al., 2013).

This research was conducted to determine the nursing students' beliefs and stigmatization tendencies towards mental illness, which is a role model in the society, and to examine how much the beliefs and stigmatization tendencies towards mental illnesses can be affected with the cinema films watched. It is thought that the study will shed light on the literature on the change in the stigma and belief of students receiving health education.

MATERIAL and METHODS

The form, place and date, population and sample of the research

The research was carried out with the students of the nursing department at Ağrı İbrahim Cecen University between March and May 2020, by designing a pretest-posttest semi-trial model. 48 students who took psychiatric nursing lessons from the senior students of the nursing department constitute the target population of the study. 32 students who accepted to participate in the research and who wanted to watch the films in the research, who have internet, computer, and have an appropriate environment, constitute the sample of the research.

Stages of the Research

Stage 1: After explaining the purpose, method and the process related to the research, after obtaining verbal consent from those who voluntarily agreed to participate in the research, the introductory information form prepared by the researchers, the Beliefs Towards Mental Diseases Scale (BTMDS), the Stigma Scale (SS) was created by Google form and sent online to the students from the groups where collective announcements were made and the pre-test data were collected in the first week (16-22.03.2020). In this study, it was preferred to students, who take the 4th grade psychiatric nursing lesson, and students with knowledge about psychiatric disorder, since it was thought that they could analyze the psychiatric disorders in the films better during the watching of the films.

Stage 2: The movie titles with psychiatric disorders that were requested to be watched between 23.03.2020- 01.05.2020 were sent to the group every week as they came. In this process, they were monitored with feedback whether they watched online or not. The student, who could not watch a

movie due to any problem, was able to watch 3 movies the following week. Six students who found this process boring and did not want to continue were excluded from the study. Movies by week: week 1 ('One Flew Over the Cuckoo's Nest', 'Patch Adams' (theatrical environment)), week 2 ('Black' (disability and alhzhemir disease), 'My Name is Khan' (stigma, autism)), 3 week ('Rain Man', 'Mercury Rising' (autism)), week 4 ('Sybil', 'Black Swan' (dissociative disorder)), week 5 ('Fight Club' (violence, psychosis), 'A Beautiful Mind' (schizophrenia)), 6th week (' American Beauty '(trans cultural psychology), 'Crazy heart' (alcohol addiction), 7th week ('Shutter Island' (defense mechanisms, identity disorder), 'Amour' (Elderly, Dementia)). No factors were considered during this week and the rankings. While choosing films, it was tried to be preferred by the students who have easy access and psychiatric disorders and which have a lot of likes. Participants were asked to watch the films alone, if possible, in such a way that they could watch the movies on the day and at any time, but without being affected by other individuals, which would affect the movie impression, noise, telephone, etc. Accordingly, the participants were asked whether they had a suitable environment for watching movies beforehand and those who were eligible were included in the research.

Stage 3: 1 week after the students watched the films, Beliefs Towards Mental Diseases Scale (BTMDS) and Stigma Scale (SS) post-test data were collected using the same method in which the pre-test data were collected and the data were analyzed.

Data Collection Tools

Introductory Information Form: It consists of questions created by researchers and containing students' introductory features.

Beliefs Towards Mental Diseases Scale (BTMDS)

It was developed by Hirai and Clum (2000), and Turkish validity reliability was made by Bilge and Çam (2008) (Hirai and Clum, 2000; Bilge and Çam, 2008).The scale is of 5-point Likert type and consists of 21 items and three sub-dimensions. Scores are taken from the scale between 0-105. The high total score of the scale indicates negative belief. Three sub-dimensions of the scale; Hazardousness (related to the fact that individuals with mental illness are dangerous) consists of 8 items, of desperation and deterioration interpersonal relationships (related to the fact that individuals with mental illness deteriorate their interpersonal relationships and as a result of which individuals feel helpless) it consists of 11 items, shame (related to the fact that mental illness is a shameful situation) it consists of 2 items. In our study, the Cronbach Alpha coefficient was found 0.88.

Stigma Scale (SS): The scale developed by Yaman and Güngör consists of a 5-point Likert type, 22 items and 4 dimensions (Yaman and Güngör, 2013a).Four sub-dimensions of the scale; Discrimination and exclusion (measures perception of discrimination and exclusion as a result and indication of stigmatization), labeling (measures tendency to label individuals according to gender, marital status, age, origin, sexual preference), Psychological health (stigmatization against individuals with psychological problems, communication problems) , prejudice (measures the tendency to stigmatize individuals by creating prejudice according to crime trend, worldview, seniority, lifestyle and individual characteristics). It is interpreted that the individuals who receive less than 55 (Multiplying 2.5-medium value and 22-item number) points from the Stigma Scalehave a low stamping tendency and individuals who are above 55 points have a high stamping tendency (Yaman and Güngör, 2013b). In our study, the Cronbach Alpha coefficient was found 0.87.

Analysis of Data

The data were analysed using the SPSS statistical package programme on the computer. Descriptive statistics, Kolmogorov-Smirnov, Independent Samples t test, Paired Samples t test, One Way ANOVA and Pearson correlation tests were used to in the analysis of data. In the study, all findings were tested at the significance level of ‘p <.05’.

Ethical Principles

Ethical approval was obtained from Ağrı İbrahim Cecen University Scientific Research Ethics

Committee and written permission was obtained from the institutions where the study would be conducted. Verbal permission was obtained from those who wanted to participate in the research by making necessary explanations to the individuals included in the research.

Limitation of the Research

The limitations of this study are that the control group could not be formed due to the low number of students, the repeat measurement could not be made due to the graduation status of the students and that the research results could be generalized to the students participating in this study.

RESULTS

It was determined that 53.1% of the individuals participating in the study are women, 100.0% are single, 43.8% of their income is equal to their expenses, 81.3% are not mental diagnosed with a family / friend, 65.6% did not see a person with a severe mental diagnosis and the average age of the group is 22.47 ± 2.14. (Table 1).

Although the SS total score mean of the students was 61.37 ± 10.45 and the stigmatization tendency was high before watching the films, the pre-test sub-dimension mean scores of the SS were; discrimination and exclusion 13.43 ± 4.09, labeling 17.12 ± 2.91, psychological health 13.96 ± 3.88, prejudice 16.84 ± 3.22. Before watching the films, it is seen that the mean score of the students on BTMDS was 57.75 ± 10.96 and their beliefs about mental illnesses were moderately negative. BTMDS pre-test sub-dimension mean scores; dangerousness was determined as 25.90 ± 5.94, despair and deterioration in interpersonal relationships as 29.75 ± 6.57, and embarrassment as 2.09 ± 1.48 (Table 2).

It is seen that after the students watch the films, the mean of SS total score is 46.62 ± 10.04 and the tendency to stigmatization decreases. discrimination and exclusion are determined as 8.53 ± 2.69, labeling 13.53 ± 3.95, psychological health 11.21 ± 3.40, prejudice 13.34 ± 3.14. After watching the films, it is seen that the mean score of the BTMDS was 47.43 ± 14.16 and their beliefs about mental illnesses were moderately negative. Students' post-test BTMDS sub-dimension mean scores; Dangerousness was determined as 20.68 ± 6.85, Despair and Interpersonal Disruption as 20.34 ± 4.66, Embarrassment as 1.40 ± 1.56 (Table 2).

When the pretest-posttest SS point means and sub-dimensions of the students are compared; It was determined that the SS post-test mean scores decreased compared to the pre-test mean scores and the difference was statistically significant ($p>0.05$) (Table 3).

When the mean scores of the students' pretest-posttest BTMDS are examined; It was determined that the post-test means of the sub-dimensions of the dangerousness, helplessness and interpersonal relationships of BTMDS decreased compared to the pre-test mean scores, and the difference was statistically significant ($p<0.05$). No significant difference was found between the post-test and pre-test mean scores of the BTMDS shame sub-dimension. ($p>0.05$) (Table 3).

Table 1. Introductory Characteristics of Students (n: 32)

Introductory Features		n:32	%
Gender	Male	15	46.9
	Female	17	53.1
Marital status	Single	32	100
	Married	-	-
Income rate	Income less than expense	5	15.6
	Income equal to expense	14	43.8
	Income more than expense	13	40.6
Is there any acquaintance with a mental diagnosis from family / friends	Yes	6	18.8
	No	26	81.3
Have you seen someone with a severe mental diagnosis	Yes	11	34.4
	No	21	65.6
The average age	$\overline{X}$ ±SD(min. 20, max. 32)	22.47 ± 2.14	

Table 2. Pretest-posttest values and mean scores of students from SS and BTMDS (n: 32)

Scales	Marked Min-max values Pre-test	Post-test	Mean ±standard deviation Pre-test	Post-test
SS				
Discrimination and exclusion	6-24	6-18	13.43 ± 4.09	8.53 ± 2.69
Labeling	12-22	6-23	17.12 ± 2.91	13.53 ± 3.95
Psychological health	5-20	5-16	13.96 ± 3.88	11.21 ± 3.40
Prejudice	8-25	5-18	16.84 ± 3.22	13.34 ± 3.14
SS Total	**34-84**	**22-65**	**61.37 ± 10.45**	**46.62 ± 10.04**
BTMDS				
Dangerousness	13-37	6-34	25.90 ± 5.94	20.68 ± 6.85
Helplessness and KAI deterioration	15-40	11-28	29.75 ± 6.57	20.34 ± 4.66
Shame	0-6	0-6	2.09 ± 1.48	1.40 ± 1.56
BTMDS Total	**39-76**	**16-75**	**57.75 ± 10.96**	**47.43 ± 14.16**

Table 3. Comparison of the pre-test and post-test mean scores of the students from SS and BTMDS (n: 32)

Scales	Mean ± standard deviation Pre-test	Post-test	t	p
SS				
Discrimination and exclusion	13.43 ± 4.09	8.53 ± 2.69	6.173	0.001
Labeling	17.12 ± 2.91	13.53 ± 3.95	3.847	0.001
Psychological health	13.96 ± 3.88	11.21 ± 3.40	2.717	0.011
Prejudice	16.84 ± 3.22	13.34 ± 3.14	4.726	0.001
SS Total	**61.37 ± 10.45**	**46.62 ± 10.04**	**5.557**	**0.001**
BTMDS				
Dangerousness	25.90 ± 5.94	20.68 ± 6.85	3.640	0.001
Helplessness and KAI deterioration	29.75 ± 6.57	20.34 ± 4.66	6.268	0.001
Shame	2.09 ± 1.48	1.40 ± 1.56	1.824	0.078
BTMDS Total	**57.75 ± 10.96**	**47.43 ± 14.16**	**3.920**	**0.001**

SS: Stigma Scale , BTMDS: Beliefs Towards Mental Diseases Scale, (p>0.05)

DISCUSSION

Research on the use of cinema in nurse education is limited (Ayhan et al., 2018). When we look at the studies done by watching movies, it is seen that they generally work with the students of nursing and medical faculties and mostly attitude changes are investigated.15 In this study, in the light of multidisciplinary studies that show the effect of psychoeducations on knowledge, belief, attitude and stigmatization tendencies towards mental illnesses in the literature, the results of student nurses' regarding the beliefs and stigmatization tendencies towards cine-education and mental illnesses are discussed.

It is observed that the mean score of the SS total score was 61.37 ± 10.45 and the stigmatization tendency was high before the films were watched, and the mean score of the SS total score was 46.62 ± 10.04 after the films and the stamping trend decreased. (p>0.05). According to the findings of the study, movies contributed to student nurses in five areas: learning, awareness, development, change and motivation themes in the recognition, treatment and rehabilitation of mental disorders, therapeutic communication (Bhugra, 2003; Bilge and Palabıyık, 2017), teaching intercultural issues (Dave and Tandon, 2011), developing empathy (Bhugra, 2003; Bilge and Palabiyik, 2017), and reducing stigmatization (Bilge and Palabiyik, 2017). This contribution is in parallel with studies in which positive effects on learning at the cognitive, affective and behavioral level (Ayhan et al., 2018) are determined. Studies in which cinema films have been identified as an easy and effective tool for use in anti-stigmatizing interventions support this study (McCann, and Huntley Moore, 2016; Janoušková et al., 2017) In addition, it is seen in the literature that attempts to combat stigmatization are mostly

handled in the form of psychoeducations with a multidisciplinary approach (Altindag et al., 2006; Lincoln et al., 2008). It is stated that the effect of theoretical education, presentations, brochures, contact, simulation, case studies and video / short films / movies on stigma and discrimination in the antistigma studies are evaluated, and attitudes towards schizophrenia are positively affected and social distance is reduced (Bilge and Palabiyik, 2017; Altindag et al., 2006; Lincoln et al., 2008; Kerby et al., 2008; DiBartolo and Seldomridge, 2009).

After watching the films, the mean score of BTMDS was 47.43 ± 14.16, and their beliefs were moderately negative, and their negative beliefs decreased compared to the BTMDS mean score (57.75 ± 10.96) before watching the films. ($p>0.05$). Various studies showing positive results regarding the use of films are similar to this study (Terzioğlu et al., 2017; Ozcan et al., 2019; DiBartolo and Seldomridge, 2009).

Students define watching movies as a powerful educational tool that contributes to the theoretical and practical, increasing the educational and learning potential and experience (Yoo et al., 2010). Education with film, which is quite new in nursing, is preferred because it is effective, accessible, informative, fun, technological, economical (Gramaglia et al., 2013; Dave and Tandon, 2011; McCann, and Huntley Moore, 2016) and provides learning in a safe environment without harming the patient (Dave and Tandon, 2011).

It is reported that after the studies carried out with a multidisciplinary approach within the scope of psychoeducation, the social distance decreased due to the reduction of hazard prejudice (Yaman and Güngör, 2013a; Kerby et al., 2008), the information, beliefs and attitudes towards schizophrenia and depression changed positively (Ke et al., 2015), and stigmatization towards mental illnesses decreased (Kerby et al., 2008; Ke et al., 2015).

CONCLUSION

In the study, it was found that film watching method positively affected nursing students' stigmatization tendency and negative beliefs towards mental illness. For people in the community, especially individuals with mental illness, and families, are very important the health professionals' beliefs, attitudes and stigma tendencies, and this affects the treatment and recovery process. Considering that nursing students are a role model in the society, an effective, strong and good model can be created to change the negative beliefs and tendencies existing in the society with the positive beliefs and stigmatization tendencies towards psychological diseases with psychoeducations. Thus, stigma can be tackled more easily. In this context, it is recommended to carry out similar studies, to work in different groups, to examine the long-term effects of films, to investigate the opinions of experts working in this field and to create an archive for educational films for psychiatric nursing education.

Conflict of Interest

The author soft he article do not receive any research funding to conduct this research.

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