

# Effects of preventive education for reduction of prejudice towards schizophrenia on nursing students

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**Purpose:** The present paper introduces our attempts to develop the ways to reduce the Prejudice Towards Schizophrenia (PTS) by using the video-based education. The traditional Japanese culture often stigmatizes patients who were diagnosed as schizophrenia and their families. Reduction of the lay people's PTS (prejudices toward schizophrenia) is an important factor for the patients who intended to live in the local community with adequate quality of life. To reduce PTS is also an important part of nursing education. We examined the effect of a short educational video program designed to reduce the PTS of nursing students.

**Method:** Participants were 139 nursing undergraduate students. The video program was derived from a thirty-minute educational program "Kiratto Ikiru" broadcast by NHK TV which introduced the lifestyle of a newly married couple with schizophrenia helping each other. The effects of the TV video program were measured by the Attitude toward Mental Disorder Scale (AMDS; Kitaoka-Higashiguchi *et al.* 2001) in the pre-test and the post-test. AMDS consists of two subscales: (1) Social Distance Scale, which measures the behavioral component of prejudice, and (2) Bad Image Scale, which measures the cognitive component of prejudice. The educational session was done in November, 2008. Ethical consideration: This research project had been admitted by the Ethics Committee of Seirei Christopher University.

**Results:** As for comparison of pre and post tests, the reduction of points of both subscales were significant:  $M = -.30$ ,  $F_{(1, 276)} = 97.014$ ,  $p < .001$  in Social Distance Scale, and  $M = -.83$ ,  $F_{(1, 276)} = 820.164$ ,  $p < .001$  in Bad Image Scale. Effect Size was much larger in Bad Image Scale ( $ES = 1.84$ .) than in Social Distance Scale ( $ES = .55$ ). The percentage of attitude change in desirable direction was 98% in Bad Image Scale, and 69% in Social Distance Scale. Attitude change was observed in most of the nursing

student participants.

**Discussion:** The present study clarified the idea that even a short video program could have changed people's PTS in a positive way.

The effect sizes of the present study were much larger than previous studies summarized in Ito, Kodaira, Matsugami, & Inoue (2009), which revealed that narrative contents and explanatory contents had different effects in changing the attitude. Narrative contents could have changed the images of schizophrenia better than explanatory contents, possibly because the narratives showed the life itself, so that the participants were able to see the real life story of people with schizophrenia.

As Link *et al* (1999) pointed out, 61% of people have "perceived danger," which is presumed to be equivalent to the "bad image" in this study to schizophrenia, and thus the reduction of the PTS could well be thought of as an important issue to consider both at the professional levels and public settings. World Psychiatric Association (2002) suggested that some of the advantage for using movie/video programs as a media for reducing stigmas is the audio-visual expression with appealing realities and the power to influence people at the emotional and perceptual levels. Ritterfeld & Jin (2006) showed the effect of watching a movie about a person with schizophrenia on audience's reduction of the PTS, although they used a 100-minutes movie, which might have been too long to use in a normal class in school or university.

Results of the present study indicated that even a short, 30-minute TV program had been effective in reducing the PTS to a noticeable manner. The present study showed that the negative attitudes towards schizophrenia, or the PTS, could have been altered with audiovisual education materials with little time and cost.

Although this research consisted of a short educational experiment, it has made it clear that the contents of video programs have different effects on the levels of change for the PTS. Comparing this study with

future studies on other issues relevant to the prejudice would contribute to understanding the psychological processes of prejudices operating towards other individuals with malfunctions and disabilities. Effectiveness, efficacy, and accountability are necessary conditions of good prejudice reduction study and practice.

In this regard, we propose *the EASES Model* for making an educational module, which was applied to creating a part of the video programs used in the previous studies (Ito, 2008).

Ito (2008) pointed out that the accountability of an education material as a module will be dependent on the following five components that can be used effectively and efficiently. The *EASES Model* includes a total of the five important factors for accountability of educational modules or parts of those units: (1) *Effective results*, (2) *Amusing contents*, (3) *Safety, sustainability and economy*, (4) *Easy access to materials*, and (5) *Short time*.

*Effective Results* can be measured as improvement of the participants' competence. Evaluation of an education session can be conducted in the three fields: (1) increased knowledge of the disease, (2) attitude change (or awareness formation or prejudice reduction) towards the people with the disease, and (3) skill formation, such as communication skills. Correct knowledge of the disease, such as mental disorder and HIV/AIDS, is crucial to reduce people's fear, prejudice, and stigmatized relationship. Iida, Ito, & Inoue (2008) showed the association of knowledge and attitude toward people living with HIV/AIDS. As prejudice is a negative and unjustifiable attitude toward certain groups or group members (Ito, 1997); thus, an educational module with audio-visual materials must also contribute to the attitude change. Since the formation of skill, such as communication skills with people who have schizophrenia, needs practice or exercise, the audio-visual material can play a role in providing some preparatory information or the models for the activity to build necessary skills.

*Amusing Contents* is the next important factor for accountability of education materials. This factor can be differently measured in the following three contents: (1) interesting contents as the entertaining degree of the material, (2) the

evocation of further interest, which can be measured as the degree of audience's further willingness to know more about the issue, and (3) the satisfaction and richness of time which can be measured as sense of fulfillment of watching time.

*Safety, Sustainability and Economy* are important elements for educational modules as well. First, safety means that the material is non-invasive or does no harm to the audience. Sustainability assures the repeatability and reproducibility of the experimental design for evidence-based practice. Economic efficiency or non-expensiveness means that the education cost is minimal, and it needs no special devices. Here, for example, the audiovisual materials in this study were all recorded from publicly broadcasted Educational Programs of NHK, which is the national public broadcasting company. The materials used have been obtained from a low cost.

*Easy Access to Materials* is another important factor for accountability-based educational materials. For audience/students, the prejudice reduction education must be easy to access for the audience. For teachers/ education providers, the prejudice reduction education must be easy to implement, without special skills or experiences.

*Short Time* is the final important factor for educational materials to be used as a part of the unit of educational program. The class time is usually from 40 to 90 minutes, depending on the school schedules.

Hence, materials must be shorter than the class time for ensuring other modules of the unit, such as discussion, question and answer session, and writing reflections, to happen in the class time period.

**Conclusion:** When these five factors are all ready, a session of prejudice reduction education will be though of as feasible, fruitful, and accountable for spending time, energy and human resources! *The EASES Model* will contribute to promote to build a community with harmony and without prejudice towards social minority groups including family members and people with schizophrenia through school education and adult education. Furthermore, *the EASES Model* can be applicable to not only mental health education but also different kinds of nursing education in general.