

Knowledge and Attitude Towards Psychiatry among Nursing Staffs in Tertiary Health Care Hospital

Geethanjali P¹, Aswin Sasidharan², Venkat Raman N³

¹3rd year MBBS Student, Saveetha Medical College and Hospital, Kuthambakam, Chennai, Tamil Nadu, India.

Email: palasa8c@gmail.com, ORCID ID: 0000-0002-2311-0435,

²Post graduate Resident, Department of Psychiatry, Saveetha Medical College and Hospital, Kuthambakam, Chennai, Tamil Nadu, India.

Email: ashisonlineee@gmail.com, ORCID ID: 0000-0002-4924-9865,

³Assistant professor, Department of Psychiatry, Saveetha Medical college and Hospital, Kuthambakam, Chennai, Tamil Nadu, India.

Email: venkatknr2001@gmail.com, ORCID ID: 0000-0003-0330-9196,

Abstract

Background: A shortage of experts in psychiatry, each in terms of psychiatrists and psychiatric nurses is obvious worldwide. The attitude of health care specialists has been defined as being, even more, negative than that of the general public, which worsens the diagnosis for patients with a mental illness. This study hence aimed to discover attitudes towards psychiatry amongst Nurses and observe factors associated with those attitudes. The aim is to study the attitude towards psychiatry among nurses in tertiary health care centers. **Subjects and Methods:** The present cross-sectional study used an online web survey tool to evaluate attitudes toward psychiatry among 400 nursing staff with the usage of the Attitudes toward Psychiatry (ATP-30) scale. Descriptive statistics and more than one linear regressions had been used to observe associated factors (sociodemographic and education). **Results:** Totally 400 nursing staff took part in the research study. Among them the mean age of the participants was 33 years. And the prevalence of negative attitudes was 66.5%. Various socio demographic parameters revealed that the majority of the participants were undergraduate females, who are never married and lack adjustment disorder. And they show a negative attitude towards psychiatry. **Conclusion:** The majority of staff on this study advocated unfavourable attitudes towards patients within the psychiatric setting. The present psychiatry curriculum may be advanced to nurture the improvement of empathetic attitudes towards people with mental illness. Despite the small size of the sample, the nurses' negative attitude towards the mentally-ill patients gives beneficial baseline records for in addition large-scale research and underscores the want for psychoeducation of various health care professionals, inclusive of nurses.

Keywords: Attitude towards Psychiatry, Cross-Sectional Study, Mental Health.

Corresponding Author: Dr. Geethanjali P, 3rd year MBBS Student, Saveetha Medical College and Hospital, Kuthambakam, Chennai, Tamil Nadu, India.

Email: palasa8c@gmail.com

Received: 09 January 2022

Revised: 25 February 2022

Accepted: 03 March 2022

Published: 15 April 2022

Introduction

Mental fitness and health are crucial to the quality of life of people and the productiveness of communities.^[1] One of the most important impediments to the conclusion of positive mental health and well being is stigma and discrimination, that could have effect on all factors of an individual's life.^[2] According to the World Health Organization (WHO), about 450 million people suffer from mental illness worldwide, with predominant depression being the main reason of disability in the world.^[3] Furthermore, WHO additionally pronounced that during 2014, much less than 1 psychiatrist became serving 100,000 people in almost 1/2 of of the world's population and there have been about 7.7 nurses per 100,000 people operating in mental health settings worldwide.^[4] These figures have severe implications on psychiatry. A scarcity of experts both in terms of psychiatrist,^[5] and psychiatric nurses is evident.^[6] Thornicroft considers stigma to be an amalgamation of (a)

ignorance and misinformation due to lack of knowledge, (b) prejudice flowing from negative attitudes, and (c) discrimination resulting from social exclusion or avoidance.^[7]

Research has proven that stigma contributes to a postpone in searching for treatment.^[8,9] Some research have determined that even in developed societies, approximately 1 / 4 of people visit a religion healer or member of the clergy institution for help initially before consulting a psychiatrist or general practitioner.^[10] Stigma and discrimination toward the ones experiencing mental illness is the finest barrier to recovery and provision of effective care and treatment.^[11] It has additionally been stated that many psychiatric patients experience discrimination by health care specialists, which includes doctors, nurses and social workers.^[12,13,14,15] In fact, a few research have determined that health care specialists hold more negative attitudes toward mental illness than the general public, which similarly restricts the recovery costs and quality of

care,^[16,17,18] while effective attitudes in nurses are stated to encourage hope, inspire people to take manage in their lives and have interaction in proactive decision making about their future.^[19]

The attention on nurses is mainly crucial as they're the most important group of health care experts concerned in the direct care of patients, which include people with mental health problems.^[20] A highly skilled, flexible, and culturally aware nursing staff can in the long run have a high-quality impact on practice.^[21] Studies looking at registered nurses imply that certified nurses with better degrees of training and people with specialised psychiatric education have more positive attitudes than unqualified staff and people without any psychiatric training.^[22,23] For nursing and psychology students, exposure to a psychiatric setting in the course of training and having personal contact have both been related to effective attitudes.^[24,25,26,27] Other research, however, have discovered no association of formal psychiatric training and interpersonal contact with a positive attitude closer to mental illness.^[28,29,30] There appears little consensus or knowledge of the elements that shape and preserve both negative or positive attitudes to mental illness. What is obvious is that attitudes are multifaceted and are possibly to have a complicated relationship with an individual's training, education and experience, on the one hand, and his sociodemographic, cultural and religious characteristics, on the other.^[31]

Subjects and Methods

It is a descriptive cross-sectional study. This study was conducted at Saveetha medical college and Hospital (SMCH), Thandalam, Chennai, wherein they provide the high-quality service in Tertiary health care for the patients at an affordable cost. The subjects were the nursing staff who had completed under graduation (B.Sc./ Any diploma in nursing). The study pattern of this Cross-sectional study consisted of 400 Nursing staff. The study was approved by the Institutional Ethics Committee. Informed consent was received from all subjects. Those who did not consent have been excluded. The Questionnaire has been allotted in every OPD and ward and the subjects have been given 15-20 minutes to fill the Questionnaire once they consent for the study. The Questionnaire included 2 parts. First component contained a socio-demographic profile. It collects primary information (which might be the experimental variables Eg. Gender, Age, marital status, residence, religion, education, designation, etc.), consisting of the willingness and intention towards psychiatry.

The second component contained 30 item scales of ATP (Attitude towards Psychiatry). It is a Likert type scale measuring the attitude of Nursing staff approaching psychiatry. This scale has been reliable and has proven appropriate validity, which is being used regionally and worldwide. The score ranges from 30 to 150, in which greater positive results are achieved when you get higher values. Scores <90 implies negative attitude towards psychiatry, >90 suggests a positive outcome of the results,

=90 tells us a neutral attitude towards psychiatry. The participation was purely voluntary, and confidentiality was maintained throughout.

The survey was conducted from February 2021 to June 2021. This ATP 30 questionnaire is based on a Likert scale which includes responses -strongly disagree to strongly agree. In this study, we reverse coded the scale as it allows in reducing (Response bias) to ensure that they pay interest in filling out the forms. (1 - Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly Agree). The records accrued turned into expressed as Mean ± Standard deviation. The suggest rankings had been analyzed the use of the Student 't-check the use of the statistical software program SPSS model 26.

Results

The total number of subjects included were 400 Nurses (N=400) [Table 1] shows that the majority of participants were between 31-40 years (68.5%). 22.5% of participants were between 20-30 years and 9% of participants were >40 years. The mean and standard deviation of Age in Years is 33.44±5.431. The maximum number of participants were Females (99%). 1% of participants were Males. The average Years spent at School and in Full Time Study is 12 years. Out of 400 participants majority of them were Under Graduates (84.3%); are from Rural place (72.5%); were Never Married (68.5%); are working as Non-government Employees (86.5%); who are earning monthly income of < Rs.15000 (61.8%). Out of 400 participants, the majority of them are in the Nuclear Family (73.5%); most of them were Hindus (62%). Adjustment disorder was present in 63 (15.8%) participants.

Table 1: Demographic characteristics of Nurses

Demographic profile	Nurses
Age	20-30 years: 90 (22.5%)
	31-40 years: 274 (68.5%)
	>40 years: 36 (9%)
Sex	Male: 4 (1%)
	Female: 396 (99%)
Years Spent at School (in full time study)	12 years: 100 (100%)
Highest qualification attained	Undergraduate: 337 (84.3%)
	Post graduate: 63 (15.8%)
Background	Rural: 290 (72.5%)
	Urban: 110 (27.5%)
Marital Status	Currently married: 126 (31.5%)
	Never married: 274 (68.5%)
Occupation	Non-government employee: 100 (100%)
Average Income (per month last year)	<Rs.15,000: 247 (61.8%)
	Rs.15,000-25,000: 89 (22.3%)
	>Rs.25,000 : 64 (16%)
Family Type	Joint family : 106 (26.5%)
	Nuclear family : 294 (73.5%)
Religion	Hindu : 248 (62%)
	Christian : 130 (32.5%)
	Muslim : 22 (5.5%)
Adjustment Disorder	Present : 63 (15.8%)
	Absent : 337 (84.3%)

[Table 2] The result shows that the majority of participants

had Negative Attitude towards psychiatry (66.5%). 30.3% of participants had Positive Attitude towards psychiatry and 3.3% of participants had Neutral Attitude towards psychiatry. [Figure 1]

Table 2: Attitude towards Psychiatry

Attitude Towards Psychiatry	No. of Cases	Percentage
Positive Attitude	121	30.3%
Neutral Attitude	13	3.3%
Negative Attitude	266	66.5%
Total	400	100%

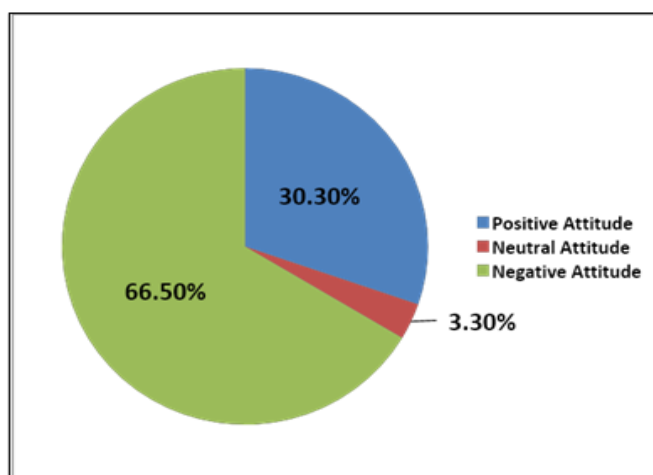


Figure 1: Attitude towards Psychiatry

[Table 3] describes the significant correlation between the attitude towards psychiatry and Sociodemographic details of Nursing staff. On the basis of gender, the majority of the females and males have a negative attitude towards psychiatry which is 66% and 0.5% respectively, whereas when compared based on education, 57.5% of undergraduates and 9% postgraduates have a negative attitude towards psychiatry. And among the currently married group 19.5% of them have a negative attitude whereas those who never married have 47% negative attitude. When it comes to religion basis, 17% of hindus have positive attitudes, 2.25 % of Christian has neutral attitude and 4.5% of muslim have negative attitude. Those who have adjustment disorder have 9% negative attitude and those who don't have adjustment disorder have 24.7% positive attitude. There are few sociodemographic details which have no significant correlation with the research study that includes age, number of years spent at school and in full time study, background, income, occupation and family type.

Table: 3 Significant correlations between sociodemographic details and attitude towards psychiatry

		Attitude Towards Psychiatry			P value
		Positive Attitude (%)	Neutral Attitude (%)	Negative Attitude (%)	
Sex	Female	30.25	2.75	66	<0.001*
	Male	0	0.5	0.5	
Highest Education Attained	Undergraduate	24.75	2	57.5	0.037*
	Post Graduate	5.5	1.25	9	
Marital Status	Currently Married	9.75	2.25	19.5	0.01*
	Never Married	20.5	1	47	
Religion	Hindu	17	1	44	0.003*
	Christian	12.25	2.25	18	
	Muslim	1	0	4.5	
Adjustment Disorder	Present	5.5	1.25	9	0.037*
	Absent	24.5	2	57.5	

*Significant

Discussion

Similar to our study, the modern study indicated quite a high incidence of poor attitude among primary health care nurses towards people with intense mental disorders. The current finding turned out to be consistent with a study performed in other high and low assets settings which includes Jamaica, Switzerland, Malaysia, and Greece.^[32,33,34,35,36,37] The incidence of the attitude of nurses towards people with SMD turned very high in African settings which includes Kenya, Tanzania, Zambia, South Africa and Nigeria. This means that poor attitude of primary health care nurses towards humans with SMD is an international problem.^[34,38] Similar explanatory versions of mental illness and poor analysis of the disorder across distinct settings are probably the reasons. In a few cultures

nurses would possibly provide an explanation for supernatural reasons for SMD and in settings wherein there may be no powerful interventions, in Africa, negative attitudes might be higher.

Previously, studies have explored components of psychiatry training that might assist to enhance the image of psychiatry. Regarding attitudes closer to psychiatric patients, Rusch et al.^[39] discovered that education, and contact with psychiatric patients, are associated with higher attitudes towards them. In fact, previous research confirmed that medical and nursing college students encouraged much less stigmatizing attitudes after being knowledgeable about mental illness and having contact (clinical placement) with those psychiatric patients.^[40,41] However, contrasting research has proven that there has been no alternate or a change withinside the negative direction in medical college students' attitudes towards people with mental illness

following medical placements.^[42] Perhaps, those variations may be defined through variations within the psychiatric training and best of medical placements throughout programmes.

The end result of the existing study stated that most of the studied nurses had negative attitudes because of that nurses do not conceptualize the significance of safety for psychiatric patients, abuse of human rights, and they may lack supervision of their care provided for patients. The nurses' ideas about psychiatric patients affect their attitude about patients' need for safety. This rationalization consents with Higgins et al. (2015), who declared that restricted research exist on how nurses conceptualize "risk", how they interact with assessment or safety planning, or how they solve the tensions.^[43]

Conclusion

In this study, we observed that the Nursing staff have a negative attitude of their perception about mentally ill patients, their diseases, treatment, about the psychiatric subject and the psychiatrists. The Nursing staff display an unfavorable outcome (negative attitude) towards psychiatry. It is therefore vital to initiate education programs for the nurses aimed toward promoting positive attitudes which will lead them to be sensitive to the desires of mentally-ill patients and also improve their understanding towards psychiatry. Such programs can encompass interdisciplinary seminars and reflective seminars challenging the nurse's assumptions and attitudes closer to mental illness and supporting them recognize multiculturalism via way of means of imparting a secure explorative surroundings through professional facilitation.^[44]

References

- Sharma A, Madaan V, Petty FD. Exercise for mental health. *Prim Care Companion J Clin Psychiatry*. 2006;8(2):106. doi:10.4088/pcc.v08n0208a
- Ahmedani BK. Mental Health Stigma: Society, Individuals, and the Profession. *J Soc Work Values Ethics*. 2011;8(2):41-416.
- Reddy MS. Depression: the disorder and the burden. *Indian J Psychol Med*. 2010;32(1):1-2. doi:10.4103/0253-7176.70510
- Garg K, Kumar CN, Chandra PS. Number of psychiatrists in India: Baby steps forward, but a long way to go. *Indian J Psychiatry*. 2019;61(1):104-105. doi:10.4103/psychiatry.IndianJPsychiatry_7_18.
- Katschnig H. Are psychiatrists an endangered species? Observations on internal and external challenges to the profession. *World Psychiatry*. 2010;9(1):21-28. doi:10.1002/j.2051-5545.2010.tb00257.x
- Browne G, Cashin A, Graham I, Shaw W. Addressing the mental health nurse shortage: undergraduate nursing students working as assistants in nursing in inpatient mental health settings. *Int J Nurs Pract*. 2013;19(5):539-45. doi: 10.1111/ijn.12090.
- Thornicroft G, Brohan E, Kassam A, Lewis-Holmes E. Reducing stigma and discrimination: Candidate interventions. *Int J Ment Health Syst*. 2008;2(1):3. doi: 10.1186/1752-4458-2-3.
- Wang PS, Berglund P, Olsson M, Pincus HA, Wells KB, Kessler RC. Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62(6):603-13. doi: 10.1001/archpsyc.62.6.603.
- Morgan C, Fearon P. Social experience and psychosis insights from studies of migrant and ethnic minority groups. *Epidemiol Psychiatr Soc*. 2007;16(2):118-23. doi: 10.1017/s1121189x00004723.
- Wang PS, Berglund PA, Kessler RC. Patterns and correlates of contacting clergy for mental disorders in the United States. *Health Serv Res*. 2003;38(2):647-673. doi:10.1111/1475-6773.00138
- Sartorius N. Iatrogenic stigma of mental illness. *BMJ*. 2002;324(7352):1470-1471. doi:10.1136/bmj.324.7352.1470
- Brinn F. Patients with mental illness: general nurses' attitudes and expectations. *Nurs Stand*. 2000;14(27):32-6. doi: 10.7748/ns2000.03.14.27.32.c2792.
- Schulze B, Angermeyer MC. Subjective experiences of stigma. A focus group study of schizophrenic patients, their relatives and mental health professionals. *Soc Sci Med*. 2003;56(2):299-312. doi: 10.1016/s0277-9536(02)00028-x.
- Lauber C, Anthony M, Ajdacic-Gross V, Rössler W. What about psychiatrists' attitude to mentally ill people? *Eur Psychiatry*. 2004;19(7):423-7. doi: 10.1016/j.eurpsy.2004.06.019.
- Rao H, Mahadevappa H, Pillay P, Sessay M, Abraham A, Luty J. A study of stigmatized attitudes towards people with mental health problems among health professionals. *J Psychiatr Ment Health Nurs*. 2009;16(3):279-84. doi: 10.1111/j.1365-2850.2008.01369.x.
- Jorm AF, Korten AE, Jacomb PA, Christensen H, Henderson S. Attitudes towards people with a mental disorder: a survey of the Australian public and health professionals. *Aust N Z J Psychiatry*. 1999;33(1):77-83. doi: 10.1046/j.1440-1614.1999.00513.x.
- Caldwell TM, Jorm AF. Mental health nurses' beliefs about interventions for schizophrenia and depression: a comparison with psychiatrists and the public. *Aust N Z J Psychiatry*. 2000;34(4):602-11. doi: 10.1080/j.1440-1614.2000.00750.x.
- Chambers M, Guise V, Välimäki M, Botelho MA, Scott A, Staniulienė V, et al. Nurses' attitudes to mental illness: a comparison of a sample of nurses from five European countries. *Int J Nurs Stud*. 2010;47(3):350-62. doi: 10.1016/j.ijnurstu.2009.08.008.
- Jacob KS. Recovery model of mental illness: a complementary approach to psychiatric care. *Indian J Psychol Med*. 2015;37(2):117-119. doi:10.4103/0253-7176.155605
- Saxena S, Sharan P, Garrido M, Saraceno B. World Health Organization's Mental Health Atlas 2005: implications for policy development. *World Psychiatry*. 2006;5(3):179-184.
- Ludvigsen C. Enhancing nurse mobility in Europe: a case for language skills. *Nurse Educ Today*. 1997;17(2):87-90. doi: 10.1016/s0260-6917(97)80023-8.
- Scott DJ, Philip AE. Attitudes of psychiatric nurses to treatment and patients. *Br J Med Psychol*. 1985;58 (Pt 2):169-73. doi: 10.1111/j.2044-8341.1985.tb02630.x.
- Ludvigsen C. Enhancing nurse mobility in Europe: a case for language skills. *Nurse Educ Today*. 1997;17(2):87-90. doi: 10.1016/s0260-6917(97)80023-8.
- Bairan A, Farnsworth B. Attitudes toward mental illness: does a psychiatric nursing course make a difference? *Arch Psychiatr Nurs*. 1989;3(6):351-7.
- McLaughlin C. The effect of classroom theory and contact with patients on the attitudes of student nurses towards mentally ill people. *J Adv Nurs*. 1997;26(6):1221-8.
- Read J, Law A. The relationship of causal beliefs and contact with users of mental health services to attitudes to the 'mentally ill'. *Int J Soc Psychiatry*. 1999;45(3):216-29. doi: 10.1177/002076409904500309.
- Couture SM, Penn DL. Interpersonal contact and the stigma of mental illness: A review of the literature. *J Ment Health*. 2003;12:291-305.
- Kahn AM. Relationship between nurses' opinions about mental illness and experience. *Nurs Res*. 1976;25(2):136-40.
- Weller L, Grunes S. Does contact with the mentally ill affect nurses' attitudes to mental illness? *Br J Med Psychol*. 1988;61 (Pt 3):277-84. doi: 10.1111/j.2044-8341.1988.tb02789.x.
- Callaghan P, Shan CS, Yu LS, Ching LW, Kwan TL. Attitudes towards mental illness: testing the contact hypothesis among Chinese student nurses in Hong Kong. *J Adv Nurs*. 1997;26(1):33-40. doi: 10.1046/j.1365-2648.1997.1997026033.x.
- Addison SJ, Thorpe SJ. Factors involved in the formation of attitudes towards those who are mentally ill. *Soc Psychiatry*

- Psychiatr Epidemiol. 2004;39(3):228-34. doi: 10.1007/s00127-004-0723-y.
32. Ndetei DM, Khasakhala LI, Mutiso V, Mbwawo AW. Knowledge, attitude and practice (KAP) of mental illness among staff in general medical facilities in Kenya: practice and policy implications. *Afr J Psychiatry (Johannesbg)*. 2011;14(3):225-35. doi: 10.4314/ajpsy.v14i3.6.
 33. Chikaodiri AN. Attitude of health workers to the care of psychiatric patients. *Ann Gen Psychiatry*. 2009;8:19. doi:10.1186/1744-859X-8-19
 34. Kapungwe A, Cooper S, Mayeya J, Mwanza J, Mwape L, Sikwese A, et al; Mental Health and Poverty Project Research Programme Consortium. Attitudes of primary health care providers towards people with mental illness: evidence from two districts in Zambia. *Afr J Psychiatry (Johannesbg)*. 2011;14(4):290-7. doi: 10.4314/ajpsy.v14i4.6.
 35. Minas H, Zamzam R, Midin M, Cohen A. Attitudes of Malaysian general hospital staff towards patients with mental illness and diabetes. *BMC Public Health*. 2011;11:317. doi: 10.1186/1471-2458-11-317.
 36. Arvaniti A, Samakouri M, Kalamara E, Bochtsou V, Bikos C, Livaditis M. Health service staff's attitudes towards patients with mental illness. *Soc Psychiatry Psychiatr Epidemiol*. 2009;44(8):658-65. doi: 10.1007/s00127-008-0481-3.
 37. Solanki CK, Shah HM, Vankar GK, Parikh MN. Attitude toward mental illnesses among paramedical professionals and junior doctors. *Ann Indian Psychiatry*. 2017;1(2):102.
 38. Mavundla TR, Uys LR. The attitudes of nurses towards mentally ill people in a general hospital setting in Durban. *Curationis*. 1997;20(2):3-7. doi: 10.4102/curationis.v20i2.1297.
 39. Rüschi N, Corrigan PW, Todd AR, Bodenhausen GV. Implicit self-stigma in people with mental illness. *J Nerv Ment Dis*. 2010;198(2):150-3. doi: 10.1097/NMD.0b013e3181cc43b5.
 40. Mino Y, Yasuda N, Kanazawa S, Inoue S. Effects of medical education on attitudes towards mental illness among medical students: a five-year follow-up study. *Acta Med Okayama*. 2000;54(3):127-32. doi: 10.18926/AMO/32304.
 41. Happell B, Gaskin CJ. The attitudes of undergraduate nursing students towards mental health nursing: a systematic review. *J Clin Nurs*. 2013;22(1-2):148-58. doi: 10.1111/jocn.12022.
 42. Economou M, Peppou LE, Louki E, Stefanis CN. Medical students' beliefs and attitudes towards schizophrenia before and after undergraduate psychiatric training in Greece. *Psychiatry Clin Neurosci*. 2012;66(1):17-25. doi: 10.1111/j.1440-1819.2011.02282.x.
 43. Higgins A, Doyle L, Downes C, Morrissey J, Costello P, Brennan M, Nash M. There is more to risk and safety planning than dramatic risks: Mental health nurses' risk assessment and safety-management practice. *Int J Ment Health Nurs*. 2016;25(2):159-70. doi: 10.1111/inm.12180.
 44. Watson AC, Corrigan P, Larson JE, Sells M. Self-stigma in people with mental illness. *Schizophr Bull*. 2007;33(6):1312-1318. doi:10.1093/schbul/sbl076.

Copyright: © the author(s), 2022. It is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), which permits authors to retain ownership of the copyright for their content, and allow anyone to download, reuse, reprint, modify, distribute and/or copy the content as long as the original authors and source are cited.

How to cite this article: Geethanjali P, Sasidharan A, Raman NV. Knowledge and Attitude Towards Psychiatry among Nursing Staffs in Tertiary Health Care Hospital. *Asian J. Med. Res.* 2022;11(2):63-67.

DOI: [dx.doi.org/10.21276/ajmr.2022.11.2.12](https://doi.org/10.21276/ajmr.2022.11.2.12)

Source of Support: Nil, **Conflict of Interest:** None declared.