



Nurses' Attitudes and Stigma about Mental Illness and Substance Abuse

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Abstract

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BACKGROUND: Stigma and negative attitudes can affect the quality of life of the mentally ill and people with substance use disorders. Nurses' personal attitudes toward mental illness and substance abuse affect the care they provide.

AIM: The aim of the study was to examine the attitudes of nurses toward mental illness and substance abuse.

MATERIALS AND METHODS: This was a cross-sectional study conducted in March and April 2022 at the Neuropsychiatric Hospital among nurses. The survey was filled out by 100 nurses, 43 (43%) male and 57 (57%) female nurses. The survey consisted of a revised scale for measuring attitudes toward psychiatric patients, the scale of knowledge on psychiatric patients, and the social distance scale. The statistical analysis was performed using MedCalc® Statistical Software version 20.218.

RESULTS: Compared to male nurses, female nurses are significantly more afraid of mental patients (χ^2 test, $p = 0.01$), and estimate that they are aggressive and dangerous for the environment (Fisher's exact test, $p = 0.001$). Compared to female nurses, male nurses change the way that they communicate significantly more with mentally ill people (χ^2 test, $p = 0.01$, they are especially kind to mentally ill people, so as not to cause unwanted reactions (χ^2 test, $p < 0.001$).

CONCLUSION: Nurses' attitudes toward mentally ill people are negative, and there is a difference according to gender. Most nurses estimate that mentally ill patients are aggressive and dangerous to the environment and cannot fully feel understanding toward them.

Introduction

Mental illness is explained by a significant disorder in an individual's behavior that is expressed through cognitions and emotions and is reflected through dysfunction in psychological, biological, or developmental processes that are a part of mental functioning [1]. It is currently estimated worldwide that mental disorders are responsible for 12% of diseases and it is expected that by 2020, it will reach 15% of all diseases on a global scale [1], [2]. Mental illness carries a greater public stigma than any other disease, and sufferers are likely to be discriminated against more often than sufferers of other illnesses [3]. A mentally ill person is stigmatized in society and stigma has also been reported to affect mentally ill persons' families [4]. Other problems arise from the above, such as unemployment, problems with housing, health care, media, and lack of social support [5], [6], [7].

When talking about the stigma, there is a lack of knowledge about mental illnesses, both in the general

population and among health professionals, where prejudices and negative attitudes, and discriminatory behaviors occur, which create a strong driver of social exclusion of people with mental illnesses and a violation of their rights and needs [8], [9]. Studies examining professionals' perceptions of mental illness have found overwhelmingly negative attitudes and approval of restrictive and discriminatory practices toward mentally ill people [10], [11]. In their study, Lam *et al.* described the attitudes of primary care physicians toward mentally ill patients in Hong Kong and examined physicians' attitudes toward schizophrenia and depression and the influence of their demographic variables. The results showed that two-thirds of primary care physicians are willing to care for patients with depression, which is significantly more than for schizophrenia [10]. Research in Poland has shown that Polish psychiatrists have similar stigmatizing attitudes toward the mentally ill as the general population [11].

In the Republic of Croatia, according to the assessment of the Croatian Institute of Public Health from 2016, mental illnesses ranked as high as fourth

place. According to a further assessment, slightly less than a third (25,9%) of all mental illnesses are depression, followed by disorders related to alcohol consumption (17,1%), and in third place are anxiety disorders (14.1%) [12]. The share of mental illnesses that use services at the primary health-care level is 4–5%, and the share at the secondary level is around 6–7% of all hospitalizations [12]. In general, mental disorders are illnesses that often begin in young adulthood, with a relatively high frequency, and are often chronic in nature [13]. This alone is expected to negatively affect the quality of life of the individual, but also the quality of life of their family [4], [14].

Data for 2020 show that 6% of all hospitalizations in Croatia are for patients with mental illnesses. The working group of people aged 20–59 is the most represented (70%) on the days of hospital treatment [13]. Treatment of mentally ill patients is possible through all levels of primary care. The type and approach to treatment depend on the diagnosis itself, as well as the severity of the symptoms [15]. Treatment can be carried out using pharmacological preparations or psychotherapy [16]. Combined treatment, which includes both a pharmacological and a psychotherapeutic approach, is also one of the types of treatment for mentally ill people. Psychiatric nurses are an integral part of the multidisciplinary mental health care team. They play a leading role leader of support in the therapeutic process [15], [16]. A study conducted in the United States on nurses who expressed their attitudes toward people with mental disorders showed stereotypical beliefs that people with mental illnesses would be devalued and discriminated against and supported the stigmatizing attitudes by expressing a stronger desire for social distance from the person with schizophrenia more than with depression or diabetes [17]. Lack of knowledge, lower level of education, less professional experience, and lack of familiarity, that is, no friends or relatives with mental illness, are factors associated with more negative and unfavorable attitudes toward people with mental illness [18]. Today, the care of mentally ill people is a complex type of treatment in which nurses make a significant contribution to their care for mentally ill people. It is very important to have a professional approach to mentally ill people because they have been the ones most exposed to stigmatization since ancient times [19].

Nursing literature describes different attitudes and feelings of nurses toward patients with substance use disorders, including intolerance, anger, mistrust, helplessness, anxiety, and the feeling that these patients are manipulating them [20]. Substance abuse can cause not only physical signs and symptoms but also behavioral dysregulation that may be beyond a person's control. Drug abuse can cause health-related problems that cause behavioral disorders, family conflicts, loss of work, money, and problems with the

law [21]. Scientific research shows that people addicted to drugs get sick more often than people who do not use them. Their nutrition is very low, which makes them more susceptible to infections. Stomach problems, inflammation of the throat, and lungs due to smoking, swelling of the nasal cavities due to sniffing and damage to blood vessels and, widespread infections due to injections are some of the health problems. Drug use is also accompanied by emotional and mental problems, which in turn cause conflicts and disagreements within the family, at work, and among friends [21].

For the effective provision of healthcare to the mentally ill and patients with substance use disorders, the attitudes of health workers toward patients are important and must be consistently evaluated. Since there are few studies on the assessment of the attitudes of health workers toward people with mental disorders and with substance use disorders, a cross-sectional study was conducted in Croatia to assess the attitudes of health workers toward them. The aim of the conducted research is to examine the attitudes of nurses toward mental illness and substance abuse.

Materials and Methods

Study type and examinees

This was a cross-sectional study conducted during March and April 2022. Nurses of the Neuropsychiatric Hospital took part in the survey and 100 nurses responded to the survey. In the research, 120 (60% of employed nurses) nurses were planned to participate; however, 14 refused to fill out the survey and six surveys were filled out incorrectly.

Methods

Knowledge and attitudes toward persons with mental illness were tested using an anonymous questionnaire [22]. The study was approved by the Ethics Committee of the Neuropsychiatric Hospital (UR/BR: ZH/MS 2176-128-14-966-2/22). The survey to which the respondents answered was given to them in paper form. Along with the survey, they were given a brief description of why the survey will be used and were informed that the survey is anonymous and that the data are protected. The survey consisted of a revised scale for measuring attitudes toward psychiatric patients (SAPP), the scale of knowledge on psychiatric patients (SKPP), and the social distance scale [22]. The initial part of the survey included sociodemographic variables: Gender, age, professional qualification, workplace, work experience, type of working hours, place of residence, and

socioeconomic status. The second part of the survey, a revised SAPP, constructed according to the Summer School for Psychology Students 2003 consisted of statements related to personal attitudes about the mentally ill and the attitude toward them while they are in the workplace [22]. Respondents were able to answer each statement to what extent it applies to them. A Likert scale was used for the answers: Does not apply to me at all; does not apply to me; does not apply to me nor does it not apply to me; applies to me and completely applies to me [22]. The third part of the survey, The SKPP, consisted of five questions to which the examinees had to decide whether the statement was true or false in their opinion [22], [23]. The fourth part of the survey, the social distance scale, contained a table of group members that the examinees had to mark if they would accept individual mentally ill patients (drug addicts, alcoholics, depressed, and PTSD sufferers) as a neighbor, friends, teacher, sibling's life partner, child's life partner, or as their own life partner [22]. The reliability of the attitude scale used is 0.88, the knowledge scale is 0.503, and the social distance scale is 0.88 [22].

Statistical methods

Data were described using descriptive statistical methods. Frequency distribution and percentages were used to report participant sociodemographic characteristics (gender, age, level of education, and socioeconomic status), personal and professional attitudes toward the mentally ill, nurses' knowledge of the mentally ill, and acceptance of the mentally ill into the close circle of nurses. The Chi-square test and Fisher's exact test were used to analyze the differences between proportions and compare samples. All p-values were two-sided. The significance level was set to Alpha = 0.05. The statistical analysis was performed using MedCalc® Statistical Software version 20.218

Table 1: Sociodemographic characteristics of nurses

	Number (%) of nurses		p*
	Male	Female	
Gender	43 (43)	57 (57)	
Age			
20–25	10 (23.25)	14 (24.56)	
26–30	16 (37.20)	16 (28.07)	
31–35	9 (20.93)	5 (8.77)	
36–40	4 (9.30)	5 (8.77)	
41–45	3 (6.97)	15 (26.31)	
46–55	1 (2.32)	2 (3.5)	
Level of education			
High school graduate	35 (81.39)	33 (57.89)	0.04
Baccalaureus/baccalaurea of nursing	6 (13.95)	19 (33.33)	
Master's degree in nursing	2 (4.65)	5 (8.77)	
Socioeconomic status satisfaction			
Completely satisfied	9 (20.93)	4 (7.01)	0.12
Partially satisfied	24 (55.81)	37 (64.91)	
Dissatisfied	10 (23.25)	16 (28.07)	

* χ^2 test.

(MedCalc Software Ltd, Ostend, Belgium; <https://www.medcalc.org>; 2023).

Results

The survey was completed by 100 nurses, 43 (43%) males and 57 (57%) females. The majority of nurses who responded to the survey are aged 25–30. Female nurses have significantly higher levels of education compared to male nurses (χ^2 test, $p = 0.04$) (Table 1).

Sixty-one (61%) examinees are partially satisfied with their socioeconomic status. There are no significant differences in satisfaction with socioeconomic status in relation to female and male examinees (Table 1).

Male examinees related significantly more than female ones to the claim that being afraid of mental patients does not apply to them at all. (χ^2 test, $p = 0.01$). On 18 (31,6%), the statement that they feel discomfort when they see a mental patient neither

Table 2: Personal attitudes toward the mentally ill

Personal attitude	Nurses	Does not apply to me at all (%)	Does not apply to me (%)	Does not apply to me nor does it not apply to me (%)	Applies to me (%)	Completely applies to me (%)	p*
I am afraid of mentally ill people.	Male (%)	28	10	4	1	0	0.01
	Female (%)	65.11	23.25	9.32	2.32	0	
When I see a mentally ill person, I feel uneasy	Male (%)	40.35	26.31	33.33	0	0	0.003
	Female (%)	19	6	4	4	0	
You never know how a mentally ill person might react	Male (%)	44.18	13.95	9.32	9.32	0	0.34
	Female (%)	20	19	18	0	0	
A mentally ill person arouses pity in me	Male (%)	35.08	33.33	31.57	0	0	0.14
	Female (%)	1	1	16	17	18	
I cannot fully feel understanding for the mentally ill	Male (%)	2.32	2.32	37.20	39.53	41.86	0.006
	Female (%)	2	1	9	12	26	
In contact with a mentally ill person, I am afraid that by some recklessness I could cause them to harm themselves	Male (%)	3.50	1.75	15.78	21.05	45.61	0.04
	Female (%)	3	2	24	14	0	
	Male (%)	6.97	4.65	55.81	32.55	0	
	Female (%)	6	9	22	17	3	
	Male (%)	10.52	15.78	38.59	29.82	5.26	
	Female (%)	28	6	7	2	0	
	Male (%)	65.11	13.95	16.27	4.65	0	
	Female (%)	27	17	0	3	0	
	Male (%)	47.36	29.85	0	5.26	0	
	Female (%)	8	7	15	3	0	
	Male (%)	18.60	16.27	34.88	6.97	0	
	Female (%)	9	3	31	8	6	
		15.78	5.26	54.38	14.03	10.52	

* χ^2 test.

Table 3: Professional attitude toward the mentally ill

Professional attitude toward the mentally ill	Nurses	Does not apply to me at all (%)	Does not apply to me (%)	Does not apply to me nor does it not apply to me (%)	Applies to me (%)	Completely applies to me (%)	p
If I could, I would prefer to leave mentally ill patients to a colleague	Male (%)	28	6	7	0	2	0.28
	Female (%)	65.11	13.95	16.27	0	4.65	
When a mentally ill person comes to me, I change the way I communicate	Male (%)	27	14	14	1	1	0.01
	Female (%)	47.36	24.56	24.56	1.75	1.75	
If I could choose who I would work with, it certainly wouldn't be the mentally ill	Male (%)	0	4	7	13	19	<0.001
	Female (%)	0	9.32	16.27	30.23	44.18	
I am especially kind to mentally ill people so as not to cause unwanted reactions	Male (%)	5	6	19	17	10	<0.001
	Female (%)	8.72	10.52	33.33	29.86	17.54	
You should be careful when working with a mentally ill person	Male (%)	4	8	13	4	14	0.12
	Female (%)	9.32	18.60	30.23	9.32	32.55	
A greater distance than usual should be kept from the mentally ill	Male (%)	18	6	21	12	0	0.74
	Female (%)	31.57	10.52	36.84	22.05	0	
I speak more calmly with a mentally ill person	Male (%)	4	0	29	7	3	0.06
	Female (%)	9.32	0	67.44	16.25	6.97	
Mentally ill people have a harder time understanding the instructions given to them for treatment	Male (%)	8	9	17	23	0	0.04
	Female (%)	14.03	15.78	29.86	40.35	0	
If a mentally ill person is accompanied by someone, I give the treatment instructions to that other person.	Male (%)	0	3	12	10	18	0.12
	Female (%)	0	6.97	27.90	23.25	41.86	
With a mentally ill person, I make sure to check whether they have understood the treatment instructions	Male (%)	3	0	17	18	19	0.57
	Female (%)	5.26	0	29.82	31.59	33.33	
I always take the information given by a mentally ill person with a grain of salt	Male (%)	4	1	19	16	3	0.06
	Female (%)	9.30	2.32	44.18	37.20	6.97	
		6	5	24	18	4	
		10.52	8.77	42.10	49.52	7.01	

* χ^2 test.

applies nor does it not apply to female examinees, which is significantly more compared to male nurses (χ^2 test, $p = 0,003$). Men responded significantly more than women that the claim that they cannot fully feel understanding for mental patients does not apply to them at all (χ^2 test, $p = 0.006$). A significant number of female nurses answered that it completely applies to them, that when in contact with a mentally ill patient, they are afraid that by some recklessness, they could cause the patient to harm themselves (χ^2 test, $p = 0.04$) (Table 2).

Claims that when a mentally ill person comes to them, they change the way of communication (χ^2 test, $p = 0.01$); that if they could choose who they would work with, it would certainly not be the mentally ill (χ^2 test, $p < 0.001$); and that they are especially kind to mentally ill people, so as not to cause unwanted reactions are significantly more common among male nurses than among female nurses (χ^2 test, $p < 0.001$) (Table 3).

With regard to the professional relationship and understanding of the mentally ill, the claim that mentally ill people have difficulty understanding the instructions given to them for treatment applies significantly more completely to female nurses (χ^2 test, $p = 0.04$), and the claim that if a mentally ill person is accompanied by someone, the instructions about the treatment are given to that other person applies significantly more completely to male nurses (χ^2 test, $p = 0.01$) (Table 4).

Significantly more female nurses compared to male nurses correctly believe that the common characteristic of mentally ill patients is that they are not aware of their actions (Fisher's exact test, $p = 0.03$), as well as that it is true that mentally ill people are aggressive and a danger to their environment (Fisher's exact test, $p = 0.001$) (Table 5).

In the third part of the survey, they could decide whether they would accept a mentally ill person. Drug addicts are the worst accepted (Table 6).

Table 4: Professional relationships and understanding of the mentally ill

Professional relationships and understanding of the mentally ill	Nurses	Does not apply to me at all (%)	Does not apply to me (%)	Does not apply to me nor does it not apply to me (%)	Applies to me (%)	Completely applies to me (%)	p
When working with a mentally ill person, it is necessary to constantly keep an eye on them	Male (%)	0	1	10	18	14	0.14
	Female (%)	0	2.3	23.25	41.86	32.55	
Mentally ill people have a harder time understanding the instructions given to them for treatment	Male (%)	1	1	16	11	28	0.04
	Female (%)	1.75	1.75	28.07	19.29	49.12	
I speak more calmly with a mentally ill person	Male (%)	0	1	28	13	1	0.61
	Female (%)	0	2.32	65.11	30.23	2.32	
If a mentally ill person is accompanied by someone, I give the treatment instructions to that other person.	Male (%)	5	3	25	16	8	0.01
	Female (%)	8.77	5.26	43.86	28.07	14.03	
With a mentally ill person, I make sure to check whether they have understood the treatment instructions	Male (%)	2	1	8	17	5	0.57
	Female (%)	4.65	2.32	18.60	39.53	11.62	
I always take the information given by a mentally ill person with a grain of salt	Male (%)	3	2	23	21	8	0.06
	Female (%)	5.26	3.26	40.35	36.84	14.09	
When working with a mentally ill person, it is necessary to constantly keep an eye on them	Male (%)	2	5	19	13	4	0.12
	Female (%)	4.65	11.62	44.18	30.23	9.30	
Mentally ill people have a harder time understanding the instructions given to them for treatment	Male (%)	13	6	21	9	0	0.74
	Female (%)	22.87	10.56	36.84	17.78	0	
I speak more calmly with a mentally ill person	Male (%)	2	2	6	18	15	0.12
	Female (%)	4.65	4.65	13.95	41.86	34.88	
If a mentally ill person is accompanied by someone, I give the treatment instructions to that other person.	Male (%)	2	1	14	18	22	0.06
	Female (%)	3.50	1.75	24.56	31.57	35.59	
With a mentally ill person, I make sure to check whether they have understood the treatment instructions	Male (%)	1	1	14	15	15	0.06
	Female (%)	2.32	2.32	32.55	34.88	21	
I always take the information given by a mentally ill person with a grain of salt	Male (%)	2	1	19	21	14	0.06
	Female (%)	3.50	1.75	33.33	36.84	47.36	

* χ^2 test.

Table 5: Nurses' knowledge of the mentally ill

Knowledge of nurses	Male nurses		Female nurses		p*
	True (n/%)	False (n/%)	True (n/%)	False (n/%)	
A common characteristic of mentally ill patients is that they are not aware of their actions	19 44.58	24 55.81	38 66.66	19 33.33	0.03
Mentally ill patients are aggressive and dangerous to people around them	19 44.58	24 55.81	8 14.03	49 85.96	0.001
Parents can completely prevent the occurrence of mental illness in children with proper educational procedures	7 16.27	36 83.72	18 31.57	39 68.42	0.10
All mental illnesses can be treated with understanding and conversation	6 13.95	37 83.04	13 22.80	44 77.19	0.31
Every mentally ill person must be treated in a hospital	5 11.62	38 88.37	14 24.56	43 75.43	0.13

*Fisher's exact test.

Discussion

Our results showed that the attitudes of nurses who work with the mentally ill are negative; most nurses estimate that mentally ill patients are aggressive and dangerous to the environment and cannot fully feel understanding toward them. It is known that negative attitudes of health professionals, especially nurses, worsen people's mental health problems and can seriously affect their prospects for recovery [24], [25]. Compared to male nurses, female nurses are significantly more afraid of mental patients, feel discomfort when they see a mental patient, and estimate that they are aggressive and dangerous for the environment in our research. Other research shows that women have more openness and were positive for integration, but they were also timid and avoidant, more than men, in relation to people with mental illnesses [26].

People with mental illness experience significant health disparities including morbidity and premature mortality. Research suggests that stigma is a contributing factor to these perceived disparities. The tripartite conceptualization of stigma suggests that three problems underlie stigma problems of knowledge (ignorance), attitudes (prejudice), and behavior (discrimination) [27].

In a cross-cultural study involving five European countries, the results showed that nurses from Lithuania had a negative attitude, while nurses from Portugal had a more positive attitude toward mentally ill people. This is attributed to general public attitudes toward mental illness in the countries concerned [28]. The research conducted in Nigeria included healthcare workers employed in non-psychiatric and psychiatric hospitals.

The research showed that healthcare workers with fewer years of experience have more stigmatizing attitudes [29]. Other studies show that negative attitudes toward the mentally ill are associated with factors such as having longer years of practice, being female, working in the hospital, and being employed in the public sector [10].

Communication is an important segment of the work of nurses. Quality communication consists of intelligible speech and active listening. Communication becomes especially important for patients suffering from mental illnesses. Psychiatrists especially need comprehensible language, communication skills, and empathy to effectively communicate with patients in the mentally ill population [30], [31]. In our research, almost half of the nurses stated that they change the way they communicate when they talk to a mentally ill person. The majority of male nurses and slightly fewer female nurses believe that the mentally ill should be kept under close watch.

The results obtained in our research regarding the acceptance of drug addicts are the most unrepresented in the responses of nurses. Only 10 (23.25%) male nurses would accept a drug addict as a neighbor or friend, and this is also the highest number of acceptances considering the other categories (teacher, life partner of a sibling, or of a child). Moreover, in female nurse answers, the lowest acceptance is for drug addicts; although almost half of the female nurses 28 (49.12%) declared that they would accept a drug addict as a neighbor. Most nurses have a negative opinion of people with substance abuse disorders. In the research conducted in Croatia in 2015 [32], according to the results obtained in the research, the majority of nurses would accept all categories as neighbors, with the fact that treated drug addicts were the least accepted

Table 6: Acceptance of mentally ill people into the close circle of nurses

Member of group	Neighbour		Friend		Teacher		Sibling's life partner		Your child's life partner		Life partner	
	MN %	FN %	MN %	FN %	MN %	FN %	MN %	FN %	MN %	FN %	MN %	FN %
Drug addict	10 23.25	28 49.12	10 23.25	16 28.07	2 4.65	4 7.01	3 6.97	4 70.1	2 4.65	4 7.01	4 9.30	2 3.50
Alcoholic	28 65.11	34 59.64	26 60.47	24 42.10	7 16.27	6 10.52	10 23.25	8 14.03	5 11.62	6 10.52	7 16.27	6 10.52
Suffering from schizophrenia	19 44.18	38 66.66	18 41.86	28 49.12	11 24.28	7 12.28	9 20.93	9 15.78	6 11.26	8 14.03	7 16.27	8 14.03
Suffering from depression	26 60.46	46 80.70	27 62.79	46 80.70	11 24.28	20 25.08	15 34.88	20 25.08	9 20.93	18 21.36	9 20.93	20 25.08
Suffering from PTSD	24 55.84	44 77.19	23 53.48	42 73.68	14 32.55	12 21.05	13 30.23	22 27.18	16 37.20	18 21.36	9 20.93	20 25.08

MN: Male nurses, FN: Female nurses.

as colleagues at work, treated drug addicts and patients with schizophrenia were the least accepted as friends. The lowest representation is in answers related to treated drug addicts. As the life partner of a close person, the worst results for treated drug addicts are again shown in the mentioned research. In conclusion, drug addicts as a group of mentally ill people were the worst accepted in the research [32].

A study looking at what can be done to help drug users has highlighted the need to address negative biases among professionals in the sense that such attitudes have a negative effect on the treatment process and the quality of care [33]. A systematic review of mental health nurses' perceptions and attitudes toward alcohol and other drug use among mental health clients shows negative attitudes, which are likely to result in poor quality of care and treatment outcomes, which indicates a need for up-to-date knowledge that can inform the development of training programs [34].

Nurses do not wish for themselves or any of their close ones to have a mentally ill person in their family, while they have positively accepted that they have nothing against their neighbor being a mentally ill person. Considering that the majority of respondents live in the countryside the question is whether their acceptance was imposed or if it is really a personal attitude. After all, the village is a small local community where you should be able to rely on and accept each other.

If we assume that nurses are educated about mental illnesses, it is expected that their knowledge alone can influence their attitudes to be somewhat more positive than the rest of the population. However, this research shows that the acceptance of mentally ill people in the segment of private life is still unfavorable. It was already mentioned that acceptance in society is also necessary for the recovery of the mentally ill. Stigma and discrimination against the mentally ill are widespread even in a population that is expected to be enlightened. There is a need in to develop strategies to change the stigma attached to mental illness at both institutional and community levels [9], [35].

An important limitation of this study is selection bias, the study was conducted in one center, and nurses that participate in the care of patients with mental illnesses took part in this research. Other participants in the research were not included: doctors, psychologists, social workers, and primary healthcare workers to obtain comprehensive findings about the attitude toward the mentally ill.

Conclusion

Personal attitudes of nurses toward mentally ill people are negative, most nurses feel uncomfortable

around mentally ill people, they cannot fully feel understanding, most of them would not like to work with mentally ill people and they estimate that mentally ill people are aggressive and dangerous for the environment. There is a difference in the attitudes of nurses according to gender toward mentally ill and substance abuse patients.

Therefore, it is important to restart training programs for nurses and health professionals to reduce negative attitudes toward people with mental illnesses at the level of primary and hospital care, both through workshops, individual training, and through coordination of all experts [36]. More extensive research is needed on the effectiveness of attitude change interventions and the links between attitudes and practice [37].

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