

## NURSES KNOWLEDGE, ATTITUDE AND PERCEPTION TOWARDS MENTAL ILL PATIENTS

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**Abstract:** *Mental illness is a significant global health challenge, yet it remains stigmatized, particularly in low- and middle-income countries. Nurses, as frontline healthcare providers, play a crucial role in mental health care. Their knowledge, attitudes, and perceptions significantly influence the quality of care provided to individuals with mental illness. Objective: To assess the knowledge, attitudes, and perceptions of nurses toward mental illness in a tertiary care hospital in Lahore, Pakistan. Methods: A descriptive cross-sectional study was conducted among 152 nurses using a structured and validated questionnaire. Data were analyzed using SPSS version 26, with results presented as frequencies and percentages. Results: The study found that 48% of nurses had low knowledge regarding mental illness, while only 19.1% demonstrated high knowledge. Negative attitudes were prevalent, with 67.1% of nurses exhibiting stigmatizing views. Additionally, 67.8% of participants perceived individuals with mental illness as dangerous. Younger nurses and those with less experience displayed greater knowledge gaps and more negative attitudes. Conclusion: Despite moderate knowledge among some participants, negative attitudes and perceptions were widespread, highlighting the need for targeted educational programs and stigma-reduction initiatives. Comprehensive mental health training and policy reforms are essential to improve nursing practices and promote equitable mental health care.*

**Keywords:** Mental Illness, Knowledge, Attitudes, Perceptions, Nurses, Stigma

### Introduction

Mental health is a critical component of overall health and well-being, yet it remains one of the most neglected areas of healthcare globally, particularly in low- and middle-income countries like Pakistan. The World Health Organization (WHO) estimates that one in four individuals will experience a mental health issue in their lifetime, yet stigma and misconceptions continue to hinder access to care and effective management (1). In Pakistan, mental illness is surrounded by cultural and social taboos, limiting awareness and perpetuating discriminatory attitudes, even among healthcare providers (2). Nurses play a pivotal role in mental health care, as they are often the primary point of contact for patients in clinical settings. Their knowledge, attitudes, and perceptions directly impact the quality of care provided to individuals with mental illness. However, studies conducted in Pakistan and other developing countries reveal significant gaps in nurses' understanding and acceptance of mental health disorders. For example, a study in Karachi reported that over 50% of nurses attributed mental illness to supernatural causes, highlighting the need for targeted education and training (3). Globally, research underscores the importance of addressing the stigma associated with mental illness within healthcare systems. Negative attitudes and misconceptions among healthcare providers not only affect patient outcomes but also discourage individuals from seeking timely care. A study conducted in India found that 63% of nurses believed mental illness was a result of personal weakness, indicating a widespread need for awareness programs (4). Similarly, in Bangladesh, nurses demonstrated limited knowledge about the biological and environmental causes of mental illness, further emphasizing the need for capacity building (5). In Pakistan, the burden of mental illness is substantial, with

depression, anxiety, and psychotic disorders being among the most prevalent conditions. According to the Pakistan Mental Health Survey, only 10% of individuals with mental health conditions receive adequate treatment due to barriers such as stigma, limited resources, and lack of trained professionals (6). This highlights the urgent need for healthcare providers, particularly nurses, to be equipped with accurate knowledge and a positive attitude toward mental health care. Interventions aimed at improving nurses' knowledge, attitudes, and perceptions have shown promising results in various settings. Educational workshops, role-playing scenarios, and integration of mental health training into nursing curricula have been effective in reducing stigma and enhancing care quality (7, 8). However, there is limited research in Pakistan evaluating the current state of nurses' knowledge, attitudes, and perceptions toward mental illness, necessitating further investigation. This study aims to assess the knowledge, attitudes, and perceptions of nurses toward mental illness in a tertiary care hospital in Lahore, Pakistan. The findings will provide valuable insights into existing gaps and inform the development of targeted interventions to improve mental health care and reduce stigma within the healthcare system.

### Methodology

The study employed a descriptive cross-sectional design to evaluate the knowledge, attitudes, and perceptions of nurses regarding mental illness in a tertiary care hospital in Lahore, Pakistan. This design was chosen to provide a snapshot of the participants' current understanding and attitudes toward mental health care at a specific point in time. The study population included 152 nurses working in various departments, including medical, surgical, and psychiatric

wards. Participants were selected using a convenience sampling technique. Inclusion criteria required nurses to have at least one year of professional experience and willingness to participate in the study. Nurses on extended leave or those unwilling to provide consent were excluded. Data were collected using a structured and pre-validated questionnaire. The questionnaire was developed based on existing literature and expert input to ensure content validity and reliability. It comprised four sections: socio-demographic characteristics, knowledge, attitudes, and perceptions regarding mental illness. The socio-demographic section gathered information on variables such as age, gender, marital status, education level, years of experience, and department. The knowledge section assessed participants' understanding of the causes, symptoms, and management of mental illness. The attitudes section explored participants' personal views and biases, while the perceptions section examined stereotypes and stigmas associated with mental illness. Ethical approval was obtained from the institutional review board before the study began. Participants were informed about the study's objectives, and written informed consent was obtained. Anonymity and confidentiality were maintained throughout the research process, and participants were assured of their right to withdraw from the study at any time without any consequences. The questionnaires were distributed to participants during their work hours, and sufficient time was provided for completion. A trained research assistant was available to clarify any questions to ensure accuracy and completeness of responses. Completed questionnaires were collected, reviewed for completeness, and securely stored. Data analysis was conducted using SPSS version 26. Descriptive statistics, including frequencies and percentages, were used to summarize socio-demographic characteristics, knowledge levels, attitudes, and perceptions. Inferential statistics were applied to examine

associations between socio-demographic variables and participants' knowledge, attitudes, and perceptions. Results were presented in tables and figures for clarity and ease of interpretation.

**Results**

This study evaluated the knowledge, attitudes, and perceptions of nurses toward mental illness.

The study included 152 nurses, predominantly female (96.7%) and within the age group of 26–30 years (34.9%). Most participants were single (50.7%), held a diploma in general nursing (49.3%), and had 7–9 years of working experience (34.2%). The highest representation was from medical departments (54.6%) (Table 1).

The majority of nurses demonstrated low to moderate knowledge regarding mental illness. For instance, 91.4% of participants correctly identified that genetic inheritance could cause mental illness, while 90.1% associated it with personal weakness. However, 18.4% erroneously considered mental illness as God's punishment (Table 2).

A significant proportion of nurses exhibited negative attitudes toward mental illness. While 74.3% agreed that mentally ill individuals should not make routine decisions, only 46.7% believed they deserved the same rights as others. Moreover, 59.2% expressed reluctance to disclose a personal mental health issue (Table 3).

The study revealed predominantly negative perceptions among participants. For example, 67.8% believed mentally ill persons are dangerous, and 60.5% thought they could be identified by physical appearance (Table 4).

The majority of nurses demonstrated low knowledge (48.0%), negative attitudes (67.1%), and negative perceptions (68.4%) toward mental illness, indicating a significant gap in awareness and empathy (Table 5).

**Table 1: Socio-Demographic Characteristics of Nurses**

Variable	Category	Frequency (n)	Percentage (%)
Age	21–25 years	17	11.2
	26–30 years	53	34.9
	31–35 years	47	30.9
	41–45 years	8	5.3
Gender	Male	5	3.3
	Female	147	96.7
Marital Status	Single	77	50.7
	Married	75	49.3
Qualification	General Nursing	75	49.3
	Post RN	21	13.8
	BSN	56	36.8
Experience	1–3 years	29	19.1
	4–6 years	50	32.9
	7–9 years	52	34.2
	>10 years	21	13.8

**Table 2: Knowledge of Nurses toward Mental Illness**

Question	Yes (%)	No (%)
Genetic inheritance causes mental illness	91.4	8.6
Substance abuse causes mental illness	89.5	10.5
Bad experiences cause mental illness	86.8	13.2
Mental illness is God's punishment	18.4	81.6
Mental illness is caused by personal weakness	90.1	9.9
Mental illness is caused by spirits	92.1	7.9

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**Table 3: Attitudes toward Mental Illness**

Question	Agree (%)	Disagree (%)
Mentally ill individuals should not make decisions	74.3	1.3
I would be afraid to converse with a mentally ill patient	24.3	3.3
People with mental illness should have equal rights	46.7	3.9
I would not disclose personal mental illness	59.2	9.2

**Table 4: Perceptions toward Mental Illness**

Question	Agree (%)	Disagree (%)
Mentally ill persons are usually dangerous	67.8	0.7
Mental illness is identifiable by appearance	60.5	3.3
Mentally ill individuals can form true friendships	41.4	0.0

**Table 5: Overall Knowledge, Attitude, and Perception Levels**

Category	Level	Frequency (n)	Percentage (%)
Knowledge	Low	73	48.0
	Moderate	50	32.9
	High	29	19.1
Attitude	Positive	50	32.9
	Negative	102	67.1
Perception	Positive	48	31.6
	Negative	104	68.4

## Discussion

This study assessed the knowledge, attitudes, and perceptions of nurses regarding mental illness in a tertiary care hospital in Lahore, Pakistan. The findings reveal moderate knowledge levels, significant negative attitudes, and stereotypical perceptions toward individuals with mental illness, reflecting a critical gap in mental health training among nurses. These results align with and expand upon previous studies conducted in similar contexts.

In this study, 48% of nurses demonstrated low knowledge regarding mental illness, while only 19.1% had high knowledge levels. These findings are consistent with Rahman et al., who reported limited knowledge among nurses in Bangladesh, with only 25% correctly identifying biological causes of mental illness (9). Similarly, Malik et al. found that over 40% of nurses in public hospitals in Karachi believed that mental illness was caused by supernatural forces, further emphasizing the persistence of cultural misconceptions (10). Attitudes toward mental illness in this study were predominantly negative, with 67.1% of nurses exhibiting stigmatizing views. This aligns with Das et al., who observed that 63% of nurses in India attributed mental illness to personal weakness, resulting in reluctance to engage with mentally ill patients (11). The negative attitudes observed in this study, such as the belief that mentally ill individuals should not make routine decisions (74.3%), are reflective of broader societal stigma, as highlighted by Thornicroft et al., who emphasized the pervasive impact of such attitudes on care delivery and patient outcomes (12). Perceptions of mental illness were similarly concerning, with 67.8% of nurses viewing mentally ill individuals as dangerous. These findings parallel those of Saeed et al., who found that 65% of nurses in rural Pakistan held similar views, influenced by cultural and media-driven stereotypes (13). Such perceptions can result in discriminatory behavior and reluctance to provide equitable care for mentally ill patients, further

marginalizing this vulnerable population. Despite these challenges, there is evidence that targeted interventions can improve knowledge and reduce stigma among nurses. For example, Henderson et al. demonstrated that mental health-related workshops significantly enhanced nurses' understanding and empathy, reducing stigma by 30% in a UK-based study (14). Similarly, Rahman et al. noted that integrating mental health training into nursing curricula in Bangladesh led to a 20% improvement in nurses' attitudes and practices (9).

This study also highlighted demographic factors influencing knowledge and attitudes. Younger nurses and those with less experience exhibited lower knowledge levels and more negative attitudes. These findings are consistent with Zafar et al., who reported that nurses with greater clinical exposure were more likely to adopt evidence-based practices and less likely to stigmatize mental illness (15).

The findings of this study underscore the urgent need for comprehensive mental health education and stigma-reduction programs for nurses in Pakistan. Addressing these gaps requires a multifaceted approach, including policy reforms, institutional support, and community engagement, to ensure equitable and effective mental health care delivery.

## Conclusion

This study highlights significant gaps in the knowledge, attitudes, and perceptions of nurses toward mental illness in a tertiary care hospital in Lahore, Pakistan. While some nurses demonstrated moderate knowledge, negative attitudes and stereotypical perceptions were prevalent, reflecting deeply ingrained societal stigma and insufficient mental health training. These findings underscore the urgent need for targeted educational interventions, continuous professional development, and institutional policies aimed at reducing stigma and improving mental health care delivery. Addressing these

issues is critical for fostering a more empathetic and competent nursing workforce and ensuring equitable care for individuals with mental illness.

#### Declarations

#### Data Availability statement

All data generated or analyzed during the study are included in the manuscript.

#### Ethics approval and consent to participate

Approved by the department Concerned. (IRBEC-SNU-93321/23)

#### Consent for publication

Approved

#### Funding

Not applicable

#### Conflict of interest

The authors declared absence of conflict of interest.

#### Author Contribution

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Study Design, Review of Literature., data collection

##### HUMAIRA SADDIQUE (Course Coordinator)

Conception of Study, Development of Research Methodology Design, Study Design, Review of manuscript, final approval of manuscript.

Conception of Study, Final approval of manuscript.

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