

Healing Hands, Understanding Minds: A Study on Nurses Knowledge and Attitudes Toward Psychological Problems

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ABSTRACT

Introduction: This study aimed to evaluate mental health nurses' knowledge, attitudes, and experiences in providing physical healthcare to patients with mental illnesses, as well as the effectiveness of treatments designed to improve these aspects of their work. It also assessed nurses' attitudes and understanding of psychological difficulties in general hospital settings.

Objectives: The study aims to assess the knowledge and attitude of staff nurses at SRM MCH & RC regarding psychological problems, correlate their knowledge and attitude, and examine the association between these factors and selected demographic variables.

Methods: A quantitative research approach with a descriptive design was used for the study, conducted among 60 staff nurses at SRM MCH & RC. The setting was chosen based on study viability, subject availability, and authority clearance. Convenient sampling was employed.

Results: In this study, 66.67% of staff nurses demonstrated sufficient knowledge about psychiatric issues, while 33.33% had moderately sufficient knowledge. Regarding attitudes, 63.33% showed a positive attitude, and 36.67% had a somewhat positive attitude towards mental health. The average practice score was 113.23 ± 20.64 , and the average knowledge score was 18.03 ± 2.24 . A statistically significant moderate positive correlation ($r = 0.589$, $p < 0.001$) was found between knowledge and practice, suggesting that better knowledge of psychological problems led to improved practices. Additionally, previous exposure to mentally ill patients ($\chi^2 = 3.962$, $p = 0.047$) was significantly correlated with nurses' awareness, while no other demographic variables showed significant associations with knowledge levels. Conclusion. The assessment reveals a mixed understanding among staff nurses regarding psychological issues, with strengths in symptom recognition and basic interventions but gaps in advanced therapeutic techniques and holistic care. Targeted education and initiatives to foster empathy can enhance both knowledge and attitudes, improving care quality for patients with psychological problems.

Keywords: Knowledge, Attitude, Psychosocial problems, staff nurses

1. INTRODUCTION

Many people might still be unaware of mental illness, even in light of recent advancements in mental health that have enhanced our understanding of mental health conditions, having a bad attitude is known to make it difficult to give persons with mental illnesses quality care. The goal of this research is to evaluate nursing staff members' attitudes and knowledge regarding psychological problems. It is indeed true that isolation and loneliness can be devastating and frightening experiences for individuals with psychological problems. Social support and connection are crucial for mental well-being, and when people with mental illness are cut off from their loved ones and society, it can exacerbate their condition and hinder their recovery. Unfortunately, there are instances where families or caregivers may not fully understand or know how to cope with psychological problems, leading to seclusion and neglect. Stigma and misunderstanding surrounding mental health can contribute to this behavior, as some individuals may fear or misunderstand mental illness, leading them to isolate the affected person. Institutionalization is another aspect mentioned, and historically, mental health institutions have faced criticism

for their treatment of patients. While there have been improvements in mental healthcare and a shift towards community-based care, there are still instances where individuals may face difficulties in reintegrating into their families or society after their recovery. It's important to note that the experiences of mentally ill individuals can vary widely, and not everyone will undergo the exact same circumstances. However, it is crucial to promote understanding, empathy, and support for individuals with mental illness, ensuring that they are treated with dignity, respect, and provided with the necessary care and opportunities for recovery.¹

Unfavourable attitudes toward people with mental illnesses are attributed to stigma. Stigma affects a patient's connections, social network, employment opportunities, and overall quality of life. It also worsens the already weak family bond and lowers the self-esteem of the diagnosed patient. Stigmatization may still arise even in cases where an individual's behavior is considered "normal," due to their confinement to a psychiatric hospital, even if their mental illness has improved. Remarkably, stigma exacerbates the lives of those who are stigmatized, even when medical intervention improves their conditions. Mental illness was therefore still regarded as a sign of excess and weakness.²

In India, knowledge about psychological problems among staff nurses varies widely depending on factors such as education, training, and exposure to mental health issues. While many nurses receive basic education on common psychological disorders during their training, there may be gaps in their understanding and awareness of less prevalent or culturally specific conditions. Additionally, limited resources and access to continuing education opportunities can impact nurses' ability to stay updated on the latest developments in the field of mental health. However, efforts are being made to improve mental health literacy among healthcare professionals, including nurses, through workshops, seminars, and online courses. Collaborations between mental health professionals and nursing associations also play a crucial role in enhancing nurses' knowledge and skills in addressing psychological problems among patients.³

Almost 15 million individuals in India suffer from severe mental health issues. Approximately 30 million people have moderate mental diseases. Approximately half of victims with severe mental illnesses receive no treatment at all. Despite the Government of India's special interest in mental health care through the establishment of the National Mental Health Programme, District Mental Health Programme, Region Hospital Psychological Units, and General Hospital Psychiatric Units, we still have a long way to go before we can truly achieve the goal of "Mental Health for all." The primary reason for the goal's failure to be achieved is the lack of rural-to-urban coordination in the delivery of mental health care. For this reason, the researcher was motivated to address the population and problem statement.⁴

In Tamil Nadu, the knowledge on psychological problems among staff nurses is influenced by several factors. The state has various nursing colleges and institutions that offer education and training programs for nurses, including modules on mental health and psychology. However, the depth and quality of this education can vary. In rural areas and smaller healthcare facilities, where resources may be limited, nurses may have less exposure to comprehensive training on psychological problems. Additionally, cultural stigmas surrounding mental health can impact nurses' willingness to engage with the topic openly.⁵

2. MATERIALS AND METHODS

RESEARCH APPROACH

Quantitative research approach was adopted for the study.

RESEARCH DESIGN

Descriptive research design was adopted for the study.

SETTING OF THE STUDY

The investigation was carried out among 60 staff nurses who are working at SRM MCH & RC, the choice of setting was made with consideration for the study's viability, subject availability and authority clearance.

POPULATION TARGET POPULATION

Staff nurses working at SRM MCH & RC.

ACCESSIBLE POPULATION

The population comprises of 60 Staff Nurses at SRM MCH & RC.

SAMPLE

Staff nurses working at SRM MCH & RC Those who fulfil the inclusion criteria were chosen.

SAMPLE SIZE

The study samples comprises of 60 staff nurses between the age group of 20 to 45yrs working at SRM MCH & RC.

SAMPLING TECHNIQUE

Convenient sampling technique was adopted for the study.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

Male and Female Staff Nurses who are working at SRM MCH & RC.

Staff nurses who are willing to participate in the study

EXCLUSION CRITERIA

Staff nurses unwilling to take part in the research.

Nurses who are unavailable for data collection.

ICU staff nurses.

VARIABLE

DEMOGRAPHIC VARIABLE

Age, gender, religion, marital status, education ,locality ,place of work, and previous experience with patients having psychological problems

DEVELOPMENT AND DESCRIPTION OF THE TOOL

Section A, section B and section C make up the data gathering tool

SECTION A

Structured questionnaire to extract the demographic information like Age, gender, religion, marital status, education, locality, place of work, and previous experience with patients having psychological problems.

SECTION B

Semi structured questionnaire was used to assess the knowledge on psychological problems among staff nurses. Total 20 questions, A score of 1 denotes correct response and 0 denotes an incorrect response.

SECTION C

Modified Orientation to the Mental illness scale (OMI). This was developed by Mr. Prabhu in 1983 was used to assess the attitude on psychological problems among staff nurses. Total 30 questions were used, strongly disagree denotes 1 and strongly agree denotes 5.

SCORING AND INTERPRETATION

Section B: The Knowledge Questionnaire has 20 items in all. True or False is the format employed here; 1 denotes a correct response and 0 denotes an incorrect response.

Inadequate Knowledge- 1-10

Moderately Adequate Knowledge – 11-15

Adequate Knowledge- 16-20

Section C:

Attitude will be scored in 5-point Likert scale

Unfavorable- < 50

Moderately favorable-51-100

Favorable -101-150

3. CONTENT VALIDITY

Senior nursing advisers reviewed the research questions. It is clear that the experts were asked for their opinions on the tool's appropriateness for changing in order to enhance the product's content. Expert opinions that were incorporated into the study's tool suggested that the method was been modified.

4. RELIABILITY OF THE TOOL

The split half technique was used to determine the tool's reliability. The dependability score of the tool is $r=0.589$, So the

tool was feasible and reliable.

5. ETHICAL CONSIDERATION

The research was done at SRM MCH & RC, Kattankulathur, authorization was received from medical superintendent of SRM MCH & RC Prior to beginning data collection, each participant gave their informed consent. The group was assured that each person's identities would be protected and that they might leave at any time.

6. DATA COLLECTION PROCEDURE

Both the Research Committee and the Ethical Committee gave their official written consent for the study to be conducted. Medical superintendent at SRM MCH & RC granted permission to carry out the investigation. Convenient sampling was utilized to select participants during the seven-day of data collecting period. The researcher first built a good relationship with research subjects before obtaining their informed consent and providing them with information and attitude tools about psychological issues that staff nurses face.

Table1 : Frequency and percentage distribution of demographic variables of the staff nurses. N = 60

DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
Age		
Less than 30 years	40	66.7
31 – 40 years	20	33.3
41 – 50 years	-	-
50 years and above	-	-
Gender		
Male	4	6.7
Female	56	93.3
Religion		
Hindu	50	83.3
Muslim	1	1.7
Christian	9	15.0
Marital status		
Single	28	46.7
Married	32	53.3
Divorced	-	-
Widow	-	-
Education		
Undergraduate	60	100.0
Postgraduate	-	-
Locality		
Rural	12	20.0
Urban	48	80.0
Place of work		

Government hospital	-	-
Private hospital	60	100.0
Have you ever worked with mentally ill patients before?		
Yes	7	11.7
No	53	88.3
Do any members of your family have a mental health condition?		
Yes	-	-
No	60	100.0

The results in Table 1 shows that most of the staff nurses, 40(66.7%) were aged less than 30 years, 56(93.3%) were female, 50(83.3%) were Hindus, 32(53.3%) were married, 60(100%) were undergraduates, 48(80%) were residing in urban area, 60(100%) were working in private hospital, 53(88.3%) were not exposed previously with mentally ill patient and 60(100%) had no family members suffering with mental illness.

Table 2: Frequency and percentage distribution of level of knowledge regarding psychological problems among the staff nurses. N = 60

Level of Knowledge	Frequency	Percentage
Inadequate Knowledge (1 – 10)	0	0
Moderately Adequate Knowledge (11 –15)	20	33.33
Adequate Knowledge (16 – 20)	40	66.67

The results in Table 2 (Adebawale TO, Ogunlesi AO, 1999;28(1-2):35-41) shows that among the staff nurses, 40(66.67%) had adequate knowledge and 20(33.33%) had moderately adequate knowledge regarding psychological problems among the staff nurses.

Table 3: Frequency and percentage distribution of level of attitude regarding psychological problems among the staff nurses. N = 60

Level of Attitude	Frequency	Percentage
Unfavorable Attitude (≤ 50)	0	0
Moderately Favorable Attitude (51 – 100)	22	36.67
Favorable Attitude (101 – 150)	38	63.33

The results in Table 3 ((Read J, Law A, 1999, p:216-219) shows that among the staff nurses, 38(63.33%) had favorable attitude and 22(36.67%) had moderately favorable attitude regarding psychological problems among the staff nurses.

Table 4 : Correlation between of knowledge and attitude regarding psychological problems among the staff nurses.
N = 60

Variables	Mean	S.D	Karl Pearson's Correlation 'r' Value
Knowledge	18.03	2.24	r=0.589 p=0.0001, S***
Attitude	113.23	20.64	

***p<0.001, S - Significant

The results in Table 4 (Gureje O, Lasebikan VO, Ephraim-Oluwanuga O, et al, 2005;186:436-441) depicts that the mean score of knowledge was 18.03±2.24 and the mean score of attitude was 113.23±20.64. The calculated Karl Pearson's Correlation value of r=0.589 shows a moderate positive correlation which was found to be statistically significant at p<0.001 level which clearly states that the knowledge regarding psychological problems among the staff nurses increased or improves which ultimately their practice towards it also improves or increases.

Table 5: Association of staff nurses' level of understanding about psychological issues and the demographic characteristics they have chosen.
N = 6

Demographic Variables	Frequency	Knowledge
		Chi-Square & p-value
Age		X ² =0.038 d.f=1 p=0.846 N.S
Less than 30 years	40	□
31 – 40 years	20	
41 – 50 years	-	
50 years and above	-	
Gender		X ² =2.143 d.f=1 p=0.143 N.S
Male	4	□
Female	56	
Religion		
Hindu	50	X ² =0.510 d.f=2 p=0.775 N.S
Muslim	1	
Christian	9	
Others	-	
Marital status		X ² =0.837 d.f=1 p=0.360 N.S
Single	28	□
Married	32	
Divorced	-	
Widow	-	
Education		-

Undergraduate	60		
Postgraduate	-		
Locality			$X^2=0.000$ <input type="checkbox"/>
	12		d.f=1
Demographic Variables		Frequency	Attitude
			Chi-Square & p-value
Age			$X^2=0.897$
Less than 30 years	40		d.f = 1
31 – 40 years	20		<input type="checkbox"/>
41 – 50 years	-		p=0.344 N.S
50 years and above	-		
Gender			$X^2=0.328$
Male	4		d.f=1 p=0.567 N.S
Female	56		
Religion			$X^2=1.780$
Hindu	50		d.f=2
Muslim	1		p=0.411 N.S
Christian	9		
Others	-		
Marital status			$\chi^2=0.463$
Single	28		d.f=1 p=0.496 <input type="checkbox"/> N.S
Married	32		
Divorced	-		
Widow	-		
Education			-
Undergraduate	60		
Postgraduate	-		
Locality			$\chi^2=0.161$ <input type="checkbox"/>
Rural	12		d.f=1 p=0.688 N.S
Urban	48		
Place of work			-
Government hospital	-		
Private hospital	60		

Do you have any previous exposure with mentally ill patient?			$\chi^2=1.709$ d.f=1 p=0.191 N.S
Yes		7	
No		53	
Do you know of any relatives who are afflicted with mental illness?			
Yes		-	
No		60	
Rural			
Urban		48	
Place of work			
Government hospital		-	
Private hospital		60	
Do you have any previous exposure with mentally ill patient			$\chi^2=3.962$ d.f= 1 p=0. 047 S*
Yes		7	
No		53	
Do you have any previous exposure with mentally ill patient?			
Yes		-	
No		60	

Table 5: Association of staff nurses' level of understanding about psychological issues and the demographic characteristics they have chosen. N = 60

* $p < 0.05$, S – Significant, N.S – Not Significant

The results in Table 5 displays the demographic variable, "Have you ever worked with mentally ill patients" ($\chi^2=3.962$, $p=0.047$) had shown statistically significant association with level of knowledge regarding psychological problems among the staff nurses at $p < 0.05$ level and the other demographic variables had not shown statistically significant association with level of knowledge regarding psychological problems among the staff nurses.

Table 6: Association of level of attitude regarding psychological problems among the staff nurses with their selected demographic variables. N = 60

N.S – Not Significant

The results in Table 6 shows that the demographic variables did not show statistically significant association with level of attitude regarding psychological problems among the staff nurses.

7. CONCLUSION

In conclusion, the assessment highlights a mixed landscape of knowledge and attitudes towards psychological problems among staff nurses. While there's a solid foundation of understanding in symptom recognition and basic interventions, there

are notable gaps in more advanced therapeutic techniques and holistic patient care approaches. Moreover, attitudes towards psychological issues demonstrate a need for further destigmatization and empathy- building efforts. Moving forward, targeted educational interventions coupled with initiatives fostering empathy and understanding can effectively enhance both knowledge and attitudes, ultimately improving the quality of care provided to individuals with psychological problems.

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