SUMMARY

Negative attitude toward people with mental illness is the greatest barrier to recovery, development of effective care, treatment, and prevention of mental illness. Therefore, it is important for nurses and other health care providers to appreciate that stigma and its associated prejudice form is a very real barrier to recovery and may even be fatal.

The most important duty of a psychiatric nurse is to maintain a positive therapeutic relationship with patients in a clinical setting. Caring for people with mental illnesses demands an intensified presence and a strong desire to be supportive. Therefore, the nurse will intervene in areas of physical need to ensure that people have good levels of personal hygiene, nutrition, sleep etc. as well as tending to any concomitant physical ailments (Berg & Hallberg, 2010).

Aim of the study:

This study aims to assess the knowledge and attitude of the psychiatric nursing staff toward mental illness.

The study was done at the Psychiatric Mental Health Hospital in Benha City, The sample included 122 psychiatric nursing staff. Subjects consisted of 68 males 54 females, who are working at the Psychiatric and Mental Health Hospital in Benha city.

To collect data of this study, the following tools were used:

**First tool:**

A structured interviewing questionnaire was developed by the researcher based on literature review to assess:
A- Socio-demographic characteristics of the psychiatric mental health nursing staff such as: age, sex, marital status and level of education, and professional data of the psychiatric nursing staff such as: occupation, place of work, and years of experience in the psychiatric field.

B- Knowledge of the psychiatric mental health nursing staff about mental illness which contains close-ended questions such as: definition, causes, high risk group, ages in which mental illness occur, signs and symptoms of mental illness, defense mechanisms mostly used by mentally ill patients, stigma of mental illness, basic principles of psychiatric nursing, principles of effective communication with the patient, types of treatment modalities, drugs used in the treatment of mental illness, role of nurse during treatment with medications, aim of occupational therapy, types of recreational therapy, mentally ill patient rights.

Scoring system: For knowledge items, correct answers were predetermined according to literature review; a correct response was scored 1 and incorrect zero.

Second tool:

Attitude Scale for Mental Illness. The scale was a modified version of the questionnaire, Opinions about Mental Illness in Chinese Community (OMICC) (Ng & Chan, 2000). The OMICC scale has 34 items formed 6 factors. The items were constructed from the Opinion of Mental Illness (OMI) scale and a small survey with health professionals. This modified version had a total of 34 items that could also be broken up into the same six factors or subscales. The six subscales were:

1. Separatism (10 items); identified by items that emphasize the uniqueness of people with mental illness and keeping them away at a safe distance.
2. Stereotyping (4 items); characterized by items that define people with mental illness in a certain behavioral pattern and mental ability.
3. Restrictiveness (4 items); defined by items that hold an uncertain view on the rights of people with mental illness.
4. Benevolence (8 items); identified by items related to kindness towards people with a mental illness.
5. Pessimistic prediction (4 items); identified as the view that people with mental illness are unlikely to improve and how society treats them is not optimistic.
6. Stigmatization (4 items); identified by items that perceive mental illness as shameful, and it should be hidden.

For each item, the participants responded on a 5-point Likert scale. Each question is rated on a Likert Scale where; Zero=Strongly Disagree, Disagree=1, Not sure=2, Agree=3, and 4=Strongly Agree. Theses scores were converted into a percent score, and means and standard deviations were computed. So if the responses were:

- ≤ 50%→negative attitude and >50%→positive attitude.

The findings of the study can be summarized in the following:

- According to socio-demographic characteristic of the studied subjects, the findings pointed out that more than half of the studied nursing staff were males and married (57.38%, & 77.05% respectively).
- According to professional experience of the nursing staff, the finding revealed that the majority of them (80.33%) were nurses and regarding to their nursing qualification, less than three quarters of them (72.95%) are having diploma in nursing, while more than one third of
the staff (38.52%) their years of experience ranged between 5-<10 years.

- Concerning the psychiatric nursing staff knowledge about mental illness, the findings demonstrated that more than three fifths of the studied nursing staff (63.93%) had unsatisfactory knowledge about mental illness, but more than one third (36.07%) of them have satisfactory.

- In relation to the staff sources of knowledge about mental illness, the results indicated that majority the staff (93.75%) reported that their experience which are gained from working in this field is the main source of knowledge about mental illness followed by 82.85% for mass media.

- Considering the psychiatric nursing staff attitude toward mental illness, the results revealed that 19.00% of them have positive attitude toward mental illness, while the majority of them (81.00%) have a negative attitude.

- As regards relations between socio-demographic characteristics and nurse's knowledge toward mental illness, the results revealed that, nurses aged 30-<35 years obtained a high mean score (24.206±8.797) related to total knowledge toward mental illness.

- The nurses years of experience ranging from 1<5 years obtained a high mean score (26.094±7.664), related to total knowledge, with highly statistically significant difference at p-value <0.001.

- Concerning marital status and educational level, the highest mean score (25.667±2.887& 27.333±6.914 respectively) were related to single nurses and those who have bachelor in nursing, while female
nurses had better knowledge than males as they were obtain higher mean score (15.769 ± 3.718 & 14.000 ± 3.505 respectively).

- As for the relationship between socio-demographic characteristics and nurse's attitude toward mental illness, the results indicated that the nurses aged 35 years and more obtained higher mean score (80.486 ± 13.582) related to total attitude toward mental illness. There was no statistically significant difference with total attitude at p-value >0.05. However, the nurses years of experience from 10 and more obtain a high mean score (79.977 ± 11.357), related to total attitude, with no statistically significant difference at p-value >0.05.

- Concerning marital status and educational level, the highest mean score (79.455 ± 9.893 & 78.843 ± 12.064 respectively) related to single nurses and those who have diploma in nursing. While male nurses developed positive attitudes toward mental illness than female nurses (79.928 ± 12.5563 & 76.269 ± 8.8697 respectively).

- A highly positive significant correlation coefficients was found between nurse's knowledge and their attitude toward mental illness

**Recommendations**

Based on the findings and conclusion of this study, the following recommendations are suggested:

- Nursing staff play a major role in changing the attitude toward mental illness from negative to positive. This role must be done through:

  * Conducting regular in-service training program to provide the psychiatric nursing staff with up-to-date necessary knowledge about mental illness.
* Conducting workshops and seminars to help the psychiatric nursing staff in refreshing their knowledge, and to discuss their daily faced problems.

* Mass media can be used to raise awareness in society about mental illness because the media is the main source of information for many people.