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ORIGINAL RESEARCH

Attitudes Toward Schizophrenia Among Nurses and the General Public: A Comparative Study

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Abstract

Objective and Aim

Stigma toward individuals with schizophrenia is common in the general population and may also occur among healthcare professionals, potentially affecting access to care and treatment quality. This study aimed to compare attitudes toward schizophrenia among nurses working in general medical services and healthy individuals from the general population.

Materials and Methods

This comparative cross-sectional study included 122 participants: 65 nurses working in general hospital services and 57 healthy individuals from the general population. Sociodemographic characteristics were collected using a structured data form. Attitudes toward schizophrenia were assessed using the 32-item schizophrenia section of the Attitudes Toward Psychiatric Illness Questionnaire developed by the Psychiatric Research and Education Center (PAREM). Responses were categorized as agreement or disagreement, while "no opinion" responses were excluded from the analysis. Statistical analyses were performed using IBM SPSS Statistics version 26, with $p<0.05$ considered statistically significant. The study was approved by the hospital Ethics Committee (20.07.2023; decision no. 2710), and written informed consent was obtained from all participants.

Results

The groups were comparable in terms of age, gender, and educational level. Significant differences were observed for four questionnaire items. Compared with nurses, participants from the general population were more likely to agree that schizophrenia is a condition experienced by everyone from time to time ($\chi^2=3.842$, $p=0.050$), considered schizophrenia more treatable ($\chi^2=12.25$, $p<0.001$), and had more positive attitudes toward the effectiveness of medication ($\chi^2=8.52$, $p=0.004$). Nurses were more likely to express negative attitudes toward the benefit of psychotherapy ($\chi^2=4.73$, $p=0.030$). Both groups demonstrated substantial

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stigmatizing beliefs. Schizophrenia was perceived as a sign of mental weakness by 68.9% of nurses and 83.0% of the general population. Furthermore, 72.6% of nurses and 57.1% of the general population believed that individuals with schizophrenia never fully recover. High levels of social distance were also evident, particularly regarding marriage, employment, and renting a house. Both groups frequently perceived individuals with schizophrenia as aggressive or unable to make appropriate decisions about their lives.

Conclusion

Nurses working in general medical services did not demonstrate more positive attitudes toward schizophrenia than the general population and showed particularly negative perceptions regarding treatment effectiveness and recovery. These findings indicate that stigma toward schizophrenia may persist within general healthcare settings. Strengthening mental health education, increasing contact with individuals with mental disorders, and incorporating psychiatric rotations or experiential learning into general nursing education may help reduce stigma and improve the quality of care provided to individuals with schizophrenia.

Keywords: Schizophrenia, Stigma, Attitudes, Nurses, Mental Health.

1. Introduction

Stigmatization is the process by which an individual is socially distanced from others and excluded from society because of a particular characteristic. Research indicates that individuals with mental disorders commonly experience stigma, social distancing, exclusion, and rejection by society (1,2).

Individuals who experience stigmatization due to a mental disorder may isolate from society and may even avoid seeking mental health services (3,4). Research on public stigma suggests that, among mental disorders, schizophrenia is often perceived most negatively by the general population(5). Stigma toward individuals with mental disorders occurs in the general public, among their family members, and among healthcare professionals (6,7). Studies comparing the general public and healthcare professionals in terms of stigma exist. Although generally healthcare professionals have more positive attitudes, some studies report that they may exhibit more negative attitudes toward mental illness than the general public (8). Determining the attitudes of both the general public and healthcare professionals toward individuals with schizophrenia is crucial for recognizing and understanding the stigma these patients experience. This study aims to compare attitudes toward schizophrenia between general medical service nurses and healthy individuals from the general population.

2. Materials and Method

It enrolled nurses from a general hospital (n=65) and healthy controls (NFN, n=57) in the study. Two groups were compared using the Attitudes Towards Schizophrenia Questionnaire (ATSQ), developed by the Psychiatric Research and Education Center (PAREM) (9). Additionally, a sociodemographic data form was administered to the participants. Ethics Committee approval was received by the hospital Ethics Committee (on 20.07.2023, decision number 2710). Informed consent was obtained from all participants. The data was recorded anonymously. IBM SPSS Statistics 26 was used ($p < 0.05$).

Attitudes Towards Schizophrenia Questionnaire (ATSQ)

Participants were administered the 32-item schizophrenia section of the Attitudes Toward Psychiatric Illness Questionnaire developed by PAREM. In the questionnaire, a case having DSM-IV diagnostic criteria for schizophrenia is presented first, and participants are asked to rate their agreement with statements reflecting their perspectives, beliefs, and attitudes toward

this case. The questionnaire was explained to the participants, and they were asked to complete it independently. Response options were as follows: “agree: 1, partially agree: 2, partly disagree: 3, disagree: 4, no opinion: 5.”In the analysis, “agree” and “partly agree” responses were coded as “agree,” while “disagree” and “partly disagree” responses were coded as “disagree.” It was excluded ‘ no opinion’.

3. Results

122 individuals were included in the study. The attitudes toward schizophrenia and sociodemographic features of 65 nurses working in general services were compared with those of 57 non-healthcare individuals from the general population, who were recruited through convenience sampling, using a schizophrenia attitudes questionnaire and a sociodemographic data form (developed by the researchers). In the nurse group, 55.4% (n=36) were female, and 44.6% (n=29) were male. In the general population group, 63.2% (n=36) were female, and 36.8% (n=21) were male. There was no significant difference between the groups in terms of gender (χ^2=0.759, p=0.384). The mean age of the nurses was 35.85 ± 8.65, while the mean age of the general population group was 37.58 ± 11.89. No significiant differences between groups regarding age (U=1791.50, z=-0.313, p=0.754). Regarding educational status, 83.1% (n=54) of the nurses had a bachelor’s degree or higher, and 16.9% (n=11) had an associate degree. In the general population group, 82.5% (n=47) had a bachelor’s degree or higher, and 17.5% (n=10) had a high school or associate degree. No participants in either group had an education level below high school. Education level was redefined into 2 levels: undergraduate and above vs. below undergraduate, and no significant difference was found between the groups (χ^2=0.008, p=0.928).

When each item of the Attitudes Towards Schizophrenia Questionnaire was examined, significant differences between the groups were found for items 22, 25, 26, and 27. Regarding the item assessing recognition of schizophrenia—“schizophrenia is a condition that everyone experiences from time to time”—the general public showed higher agreement ($\chi^2(1)$=3.842, p=0.050). Compared to nurses, the general public held more positive attitudes toward the treatability of schizophrenia ($\chi^2(1)$=12.25, p<.001). Similarly, the general population had more positive views regarding the effectiveness of medication in treating schizophrenia ($\chi^2(1)$=8.52, p=.004). In contrast, nurses had more negative attitudes regarding the benefit of psychotherapy for schizophrenia ($\chi^2(1)$=4.73, p=.030).

There was no significant differences were found between the groups except for these items. However, as each item may provide insight into attitudes related to stigmatization, the percentages of participants for each statement were evaluated separately for every item of the scale (Table 1). The findings point to a complex pattern of attitudes in both groups. A considerable proportion of participants, particularly in the general public, regarded schizophrenia as a sign of mental weakness (68.9% of nurses and 83.0% of the general public). This statement can be interpreted that such beliefs were less common among nurses when compared to the general population, but the presence is frequent in the nurse group also shows that the presence of misconceptions about schizophrenia is not limited. Most participants in both groups stated that professional medical help should be sought (96.9% of nurses and 93.0% of the general public). This may be considered a positive finding, as it indicates broad recognition that schizophrenia is a condition requiring medical evaluation and treatment.

Conclusion

Stigma toward mental disorders is manifested in the form of social stereotypes, prejudiced attitudes, and discrimination (10,11). Stigmatizing approaches toward individuals diagnosed with schizophrenia are also frequently observed in healthcare settings, and the level of these attitudes may vary according to the healthcare professional’s occupational group, educational background, and personal experiences. Stigmatizing beliefs, attitudes,

Table 1: Percentages of ATSQ Item Responses Among Nurses and the General Population, and group Comparisons (Chi Square Analysis)

		Nurses (N=65)	Genral Population N=57)
1. The case has a physical ilness	Agree	6(9.7%)	6(11.3%)
	Disagree	56(90.3%)	47(88.7%)
	Statistics	Kikare= 0.083, P=0.774	
2. The case has a mental disorder	Agree	63 (98.4%)	56(98.2%)
	Disagree	1(1.6%)	1(%1.8)
	Statistics	$\chi^2(1)=0.007$, p = .934	
3. The condition is caused by a weakness in his personality.	Agree	32(54.2%)	31(58.5%)
	Disagree	27(45.8%)	22(41.5%)
	Statistics	$\chi^2(1)=0.205$, p = .651	
4. The condition is caused by social problems (such as unemployment, poverty, or family problems).	Agree	29(50%)	22(43.1%)
	Disagree	29(50%)	29(56.9%)
	Statistics	$\chi^2(1)=0.513$, p = .474	
5. What should the case do first to recover from this condition? (one answer)	1. He should first see a doctor.	63(96.9%)	53(93.0%)
	2. He should first be strong.	0(0%)	1(1.8%)
	3. He should first go on a vacation and get away from his current environment.	1(1.5%)	2(3.5%)
	4. His living conditions should first be improved.	1(1.5%)	1(1.8%)
6. If the case wants to see a doctor, which of the following should he do first? (one answer)	1. He should first go to a primary care physician / family doctor.	3(4.6%)	2(3.5%)
	2. He should first go to an internal medicine physician.	0(0%)	1(1.8%)
	3. He should first go to a psychiatrist.	62(95.4%)	54(94.7%)
	4. There is no condition requiring him to see a doctor.	0(0%)	0(0%)
7. Schizophrenia is a state of extreme sadness.	Agree	18(30.5%)	10(18.9%)
	Disagree	41(69.5%)	43(81.1%)
	Statistics	$\chi^2(1)=2.018$, p = .155	
8. Schizophrenia is a state of mental weakness.	Agree	42(68.9%)	44(83.0%)
	Disagree	19(31.1%)	9(17.0%)
	Statistics	$\chi^2(1)=3.072$, p = .080	
9. Schizophrenia occurs because of social problems (such as unemployment, poverty, or family problems).	Agree	33(56.9%)	29(58.0%)
	Disagree	25(43.1%)	21(42.0%)
	Statistics	$\chi^2(1)=0.013$, p = .908	
10. A change of environment (such as going on vacation) makes an important contribution to recovery from schizophrenia.	Agree	15(28.3%)	15(28.3%)
	Disagree	38(71.7%)	38(71.7%)
	Statistics	$\chi^2(1)=0.000$, p = 1.000	
11. People with schizophrenia do not recover completely.	Agree	45(72.6%)	24(57.1%)
	Disagree	17(27.4%)	18(42.9%)
	Statistics	$\chi^2(1) = 2.673$, p = 0.102	
12. Religious healers or clergy can cure schizophrenia.	Agree	1(1.6%)	2(3.6%)
	Disagree	62(98.4%)	54(96.4%)
	Statistics	$\chi^2(1) = 0.475$, p = 0.491	
13. Schizophrenia does not improve unless social problems	Agree	21(35%)	22(42.3%)
	Disagree	39(65%)	30(57.7%)
	Statistics	$\chi^2(1) = 0.629$, p = 0.428	

(such as unemployment, poverty, or family problems) are resolved			
14.People with schizophrenia should not be allowed to move freely in society.	Agree	38(61.3%)	31(59.6%)
	Disagree	24(38.7%)	21(40.4%)
	Statistics	$\chi^2(1) = 0.033$, p = 0.855	
15. I could work with a person with schizophrenia.	Agree	17(28.8%)	13(28.8%)
	Disagree	42(%71.2)	32(%71.1)
	Statistics	$\chi^2(1) = 0.000$, p = 0.993	
16. I could marry a person with schizophrenia.	Agree	3(5.4%)	2(3.8%)
	Disagree	53(94.6%)	51(96.2%)
	Statistics	$\chi^2(1) = 0.156$, p = 0.693	
17. Having a neighbor with schizophrenia would not disturb me.	Agree	19(31.7%)	11(20.8%)
	Disagree	41(68.3%)	42(79.2%)
	Statistics	$\chi^2(1) = 1.718$, p = 0.190	
18. If I had a house, I would not rent it to a person with schizophrenia.	Agree	47(77%)	37(71.2%)
	Disagree	14(23%)	15(28.8%)
	Statistics	$\chi^2(1) = 0.511$, p = 0.475	
19. People with schizophrenia are aggressive.	Agree	47(73.4%)	28(65.1%)
	Disagree	17(26.6%)	15(34.9%)
	Statistics	$\chi^2(1) = 0.850$, p = 0.357	
20. People with schizophrenia cannot make correct decisions about their own lives.	Agree	52(82.5%)	39(81.3%)
	Disagree	11(17.5%)	9(18.8%)
	Statistics	$\chi^2(1) = 0.031$, p = 0.861	
21. Schizophrenia is contagious.	Agree	6(9.5%)	1(1.9%)
	Disagree	57(90.5%)	53(98.1%)
	Statistics	$\chi^2(1) = 3.043$, p = 0.081	
22. Schizophrenia is not an illness, but a condition that everyone experiences from time to time.	Agree	5 (8.1%)	11 (20.8%)
	Disagree	57(91.9%)	42 (79.2%)
	Statistics	$\chi^2(1)=3.842$, p=0.050	
23. People with schizophrenia are insane / mentally ill.	Agree	53(85.5%)	40(81.6%)
	Disagree	9(14.5)	9(18.4%)
	Statistics	$\chi^2(1)=0.299$, p=0.585	
24. Schizophrenia is an illness.	Agree	63(96.9%)	57(100%)
	Disagree	2(3.1%)	0(0%)
	Statistics	$\chi^2(1)=1.783$, p=0.182	
25. Schizophrenia is a treatable illness.	Agree	39 (61.9%)	47(90.4%)
	Disagree	24(38.1%)	5(9.6%)
	Statistics		
26. Schizophrenia is an illness that can be treated with medication.	Agree	43(68.3%)	43(91.5%)
	Disagree	20(31.7%)	4(8.5%)
	Statistics	$\chi^2(1) = 8.52$, p = .004.	
27. Schizophrenia is an illness that can be treated with psychotherapy.	Agree	29(46%)	29(67.4%)
	Disagree	34(54%)	14(32.6%)
	Statistics	$\chi^2(1) = 4.73$, p = .030	
28. If you thought you had schizophrenia, what would you do first?	Go on a vacation	4(6.2%)	1(1.8%)
	See a doctor	59(90.8%)	56(98.2%)
	Seeking religional help	0 (0%)	0 (0%)
	Nothing	1(1.5%)	0 (0%)
	Other	1(1.5%)	0 (0%)
29. If you decided to see a doctor, which of the following would you consult first?	1. Family Doctor	2(3.1%)	1(1.8%)
	2.Psychiatrst	63(%96.9)	54(%94.7)
	3.İnternal medicine doctor	0 (0%)	0 (0%)
	4.Brain surgeon	0 (0%)	0 (0%)
	5.Neurologist	0 (0%)	2(3.5%)
	6. None of	0 (0%)	0 (0%)
30. Medications used in the treatment of schizophrenia may cause dependence / addiction.	Agree	44(83.0%)	27(79.4%)
	Disagree	9(17.0%)	7(20.6%)
	Statistics	$\chi^2(1) =0.180$, p = .672	
	Agree	41(83.7%)	19(67.9%)
	Disagree	8(16.3%)	9(32.1%)

31. Medications used in the treatment of schizophrenia have serious side effects.	Statistics	$\chi^2(1)$ =2.591, p =0.107	
32. Schizophrenia is a congenital illness.	Agree	30(55.6%)	16(36.4%)
	Disagree	24(44.4%)	28(63.6%)
	Statistics		
Chi square analysis, ATSQ scale is a 5-point Likert type. In the analysis, “agree” and “partly agree” responses were coded as “agree,” while “disagree” and “partly disagree” responses were coded as “disagree”, marked "no idea" were not evaluated.			

and behaviors of healthcare professionals toward patients are referred to as provider stigma (10). Our research results are valuable when we consider that stigma can lead to inadequate care for mentally disordered patients (12,13).

There was significant differences in items related to the treatment of schizophrenia, suggesting that nurses, despite being key actors in the healthcare system, may hold more negative and hopeless beliefs about the treatability of schizophrenia and the effectiveness of available treatment methods. Similarly, previous studies have reported that healthcare professionals often display a high level of pessimism regarding recovery (14). Additionally, no important differences were found between nurses and the general population in terms of recognizing schizophrenia, as the items assessing identification showed no significant group differences except for item 22, which reached only a trend level of significance. This finding suggests that, while general nurses may not differ substantially from the general population in recognizing schizophrenia, they may hold more negative beliefs about its treatment and recovery. But in most studies, psychiatric nurses have been found to display more positive attitudes than general nurses (8, 10, 14,15). This difference in the psychiatric nursing profession compared to general nursing may be associated with greater contact and familiarity with people with mental disorders and, consequently, with experiential learning. Taken together, these findings underscore the importance of experiential learning and suggest that rotations through psychiatric services may help provide more positive attitudes among nurses.

The findings are consistent with studies showing that prejudices toward patients with schizophrenia are also present among healthcare professionals, are similar to those in the general population, and are generally negative (2,16). Healthcare professionals exhibited similar beliefs and attitudes with general public. It is important that the groups were matched in terms of age, gender, and educational status, which are potential confounding factors in stigma. Although no significant differences were found between the groups in the study, there were various statements that may be considered indicators of relatively negative attitudes. For example, although no difference was found between the groups for the statement, “This condition is due to the weakness of the individual’s personality structure,” the agreement rate was 54%–58%. This rate suggests the presence of stigmatization in both groups. It is important that both nurses and the general population attribute schizophrenia perceived as a personality disorder. The rate of evaluating schizophrenia as a form of mental weakness was quite high (68.9% among nurses and 83.0% in the general population). It may be said that nurses were more likely to disagree with this statement. However, this rate should be interpreted as high for nurses, given that they are expected to be better educated and to hold more positive attitudes toward psychiatric disorders. Agreement with the statement, “People with schizophrenia never fully recover,” was higher among nurses (72.6%) and lower among the general public (57.1%). This suggests that nurses, although not at a statistically significant level, may have pessimistic and negative perceptions. Indeed, nurses showed similar hopelessness

on other scale items related to treatment response.

A large proportion of both groups agreed with the "Patients with schizophrenia should not be allowed to move freely in society" item (61.3% of nurses and 59.6% of the general public). Holding negative judgments at rates above 50% should be interpreted as stigmatization. A similar pattern was also observed for the statement, "People with schizophrenia are aggressive." Both groups largely agreed with this statement (73.4% of nurses and 65.1% of the general public). Agreement with the statement, "People with schizophrenia cannot make correct decisions about their own lives," was also quite high (82.5% of nurses and 81.3% of the general public). These results suggest that both the general population and nurses have stigmatizing beliefs at high rates.

In the social distance items related to forming close relationships with people with schizophrenia, both groups generally confirmed statements reflecting stigmatization. Most participants did not agree with the statement, "I could work with a person with schizophrenia" (71.2% of nurses and 71.1% of the general public). Similarly, most did not agree with the statement, "I could marry a person with schizophrenia" (94.6% of nurses and 96.2% of the general public). A large proportion of participants agreed with the statement, "If I had a house, I would not rent it to a person with schizophrenia" (77.0% of nurses and 71.2% of the general public). The rates related to reluctance in a more distant type of relationship, such as neighborhood relations, were relatively lower. Most participants did not agree with the statement, "Having a neighbor with schizophrenia would not disturb me" (68.3% of nurses and 79.2% of the general public). In other words, it may be said that both groups would generally avoid close relationships, such as marriage and financial arrangements, whereas their negative attitudes were relatively less pronounced in more distant relationships such as neighborhood relations. It may also be said that both groups held negative perceptions regarding the treatment of schizophrenia. Agreement with the statement, "The medications used in the treatment of schizophrenia may cause addiction," was high in both groups (83.0% of nurses and 79.4% of the general public). Similarly, agreement with the statement, "The medications used in the treatment of schizophrenia cause serious side effects," was also quite high (83.7% among nurses and 67.9% in the general public). Although the difference was not statistically significant, the higher rates observed among nurses may still be noteworthy in terms of negative perceptions regarding schizophrenia treatment.

In conclusion, the absence of more positive attitudes among healthcare professionals—who are expected to be better educated and more positive toward psychiatric disorders—compared to the general population, points to the presence of stigma within the healthcare system. This finding is important, as individuals with schizophrenia receive care not only in psychiatric settings but also from nurses working in general medical services. This may negatively affect the quality and effectiveness of psychiatric and general medical care. Therefore, it is important to strengthen training programs to increase nurses' knowledge and awareness of mental disorders. Additionally, rotations of general nurses through psychiatric services may increase familiarity, provide experiential learning, and help reduce stigma.

Conflict of interest

The authors declare no conflict of interest.

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