

A qualitative study of attitude toward people with mental illness among nurses in Saudi Arabia

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Abstract

Introduction: Nurses are the most important care contributors during patients' hospitalization and have become a significant source in the delivery of mental health care. However, the attitudes and abilities of many nurses in providing this care have been shown to be destitute, and this may have a negative effect on the provision of care to patients. Little is known about the attitudes of nurses toward people with mental illness in Saudi Arabia. **Objective:** This study featured a qualitative research design. The main aim of this study was to explore the attitudes of nurses toward people with mental illness in Saudi Arabia. **Method:** Data were collected through semi-structured face-to-face interviews with nurses. Thematic analysis was used for data analysis. **Results:** The data analysis identified three main themes that affect nurses' attitudes toward people with mental illness. The identified themes are as follows: 1) personal factors, 2) social factors, and 3) factors related to the view toward mental illness. **Conclusion:** This study concluded that a number of factors affect nurses' attitudes toward people with mental illness. Several recommendations are discussed in relate to nurses' education, continuous mental health training courses, and public education about mental health.

Key words: nurses, attitude, mental illness, qualitative, Saudi Arabia

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I. Introduction

Nurses are the most important care contributors during patients' hospitalization and have become an important source in the delivery of mental health care. However, the attitudes and abilities of many nurses in providing such care have been shown to be deprived, and this may have a negative effect on the provision of care to patients¹. Although noticeable development has taken place in the field of mental health services in several countries, nurses with different specialties may still have hesitations about and negative attitudes toward people with mental illness. Factors associated with nurses' attitudes towards people with mental illness in health-care settings are conflicting².

A negative view toward patients and continuous criticism are known to be related to patients' functioning and general outcomes³. Therefore, fewer nurses view mental health nursing as a likely profession choice⁴. This view is supported by the fact that mental health nurses find dealing with patients with mental illness to be very challenging and to require extra training. Nurses claimed they need a coherent therapeutic framework to guide their practice, and their caregiving experiences seem to improve where this exists⁵. Consequently, the negative attitudes of healthcare workers toward people suffering from mental illness may cause stigma and discrimination, which result in difficulties with seeking help, treatment, and recovery from mental illness⁶. In addition, it affects their social integration⁷ and quality of life in general⁸. Therefore, understanding the attitudes of nurses' toward people with mental illness is vital to delivering a high quality of mental health nursing care⁹.

Several studies conducted in different countries have investigated attitudes toward people living with mental illness amongst healthcare providers at both mental health and general healthcare facilities¹⁰⁻¹³. In Taiwan, mental health nurses employed at acute psychiatric units demonstrated more negative attitudes toward mental illness compared with those working in psychiatric rehabilitation units and outpatient clinics or community psychiatric rehabilitation center⁹. In Turkey, the results indicated that the mental health workers described difficulty with forming relationships, understanding clients, and establishing cooperation to be among the primary reasons for difficulties. This study also showed that a strong relationship exists between mental health workers' feelings of boredom as well as guilt and the tendency to display positive behaviors to establish borders against people with personality disorders¹⁴. In Palestine, the participants expressed both negative and positive attitudes toward patients; however, the results revealed more negative than positive attitudes, particularly in relation to alcohol misuse, medication, patients' ability to control their emotions, and the genetic

predisposition to mental illness¹⁵. In Finland in 2016, a study was conducted to describe nurses' attitudes toward people with mental illness and to examine the factors associated with their attitudes in primary care health centers. Data were collected from 264 nurses using a self-report questionnaire, and it was found that nurses' attitudes toward people with mental illness were generally positive. The nurses mostly reported willingness to help and feelings of concern and sympathy toward these patients. However, younger nurses or those without additional mental health training expressed a fear of patients².

Chambers et al. (2009) explored the attitudes of nurses working in mental health settings across five European countries, namely Portugal, Ireland, Finland, Italy, and Lithuania, and 810 registered nurses were interviewed using the Community Attitudes toward Mentally Ill (CAMI) scale, which has four subscales, namely authoritarianism, benevolence, social restrictiveness, and community mental health ideology. They found that 72.5% had a medium level of stigma, 48.8% showed social isolation from people with mental disorders, and 62.5% had positive emotional reactions toward patients with mental illness¹⁶. However, another study that Des Courtis et al. (2008) conducted among Swiss and Brazilian people who worked with people with mental illness found that the Brazilian reported more positive attitudes, whereas the Swiss reported stigmatizing and high social distance from people with mental illness¹².

Previous studies showed that a relationship exists between sociodemographic characteristics and health workers' attitudes. With regard to age, older health care workers hold more positive attitudes toward mental illness compared with younger ones^{10, 13}. Inconsistency was found in relation to gender. For example, women were reported to have lower levels of stigmatizing attitudes compared with men^{10, 13}. However, Panayiotopoulos et al.¹⁷ found that men were more positive about the abilities of patients with mental diseases. In Nigeria, female healthcare providers reported negative attitudes compared with men¹⁸. In addition, nurses with higher levels of education and positions stated they had low levels of stigma^{11, 19}. In contrast, some researchers found that healthcare providers who had completed postgraduate studies reported negative attitudes toward patients with mental illness compared with those who had lower levels of education¹⁷. Furthermore, regular contact with individuals living with mental illness was found to be strongly associated with positive attitudes¹⁹.

In some studies, healthcare workers were found to exhibit discriminating actions toward persons with mental illness. For example, in Nigeria, Chikaodiri (2009) conducted a study and found that 53% of the participants did not want to work bedside in psychiatric wards. In addition, 64.1% expressed doubts about offering care to patients with mental illness and recommended isolating them¹⁸. These findings are supported by a study conducted in Kenya where general health providers were not enthusiastic about admitting patients with mental illness to general wards²⁰. It was found that the higher one's contact with people with mental illness, the less discriminating predisposition one has¹⁹.

An extensive literature search showed that only one published quantitative study was done in Saudi Arabia to investigate nurses' attitudes toward people with mental illness and the sociodemographic factors associated with their attitudes in 2016. The results showed that nurses' attitudes were generally positive. The nurses' positive attitudes were associated with age, years of experience, previous contact with people with mental illness, and position³. Therefore, the main purpose of this study was to explore how Saudi nurses perceive patients with mental illness, through the use of a qualitative study design.

Purpose

This study's aim was to explore the attitudes of nurses toward people with mental illness at one hospital in Saudi Arabia. The study answered the following questions:
"How do mental health nurses perceive people with mental illness?"

II. Method

Design

A qualitative design was used. Data were collected through the use of face-to-face interviews and were analyzed via thematic analysis.

Participants and Data Collection

A purposive sample of nurses working at psychiatric wards and at a clinic at a general hospital in the eastern region of Saudi Arabia were recruited for this study. Data collection took place during the period from January to March 2017. Data were collected through face-to-face, semi-structured interviews with 10 mental health nurses. Participants asked the following initial core question: "How do you perceive working with people with mental illness?" Further questions were added throughout the interviews that were relevant to the focus and progress of the individual interview process so as to obtain in-depth information, clarification, and additional details²¹. The interviews took around 60 minutes and were recorded on a digital voice recorder under agreement from each participant. Interview recording is essential for the evaluation of qualitative research because it helps one to record data without missing any details²². The interviews were later transcribed and analyzed.

Data Analysis

The data were analyzed through the use of thematic analysis to explore the factors associated with nurses' attitudes toward people with mental illness at one hospital in Saudi Arabia. Thematic analysis is a well-known method for identifying and analyzing qualitative data. It is flexible and can be applied to various methods of data collection, such as data collected through focus groups or interviews. Furthermore, thematic analysis makes data analysis easier because it helps with categorizing and describing the obtained data and then formulating study themes²³. In this study, after the data were transcribed, they were entered into the Nvivo software, version 9 (Nvivo 2010), and then, themes and subthemes were identified.

Ethical Considerations

Ethical approval was received from the Human Research Ethics Committee at the University of Dammam, Saudi Arabia. The study participants were informed about the study's ethical considerations and signed an informed consent form. The aim of this study, voluntary participation, confidentiality, the storage of data, and the right of the participant to withdraw at any time of the research were explained.

III. Results

A total of 10 nurses were involved in the study. All nurses are females, the majority are married (80%), and the mean age is 27 years. Three main themes were identified, and under each theme, a number of subthemes emerged. The three main themes are personal factors, social factors, and mental health nursing factors. The results of the thematic analysis of the factors related to the attitudes of nurses toward mental illness are presented in Table 1.

Table 1: Result of Thematic Analysis of the Qualitative Data

Codes	Subthemes	Themes
Nurses	<ul style="list-style-type: none">• Experience with mental illness• Education	<ul style="list-style-type: none">• Personal factors
Culture	<ul style="list-style-type: none">• Stigmatizing of patient• Stigmatizing of health care provider	<ul style="list-style-type: none">• Social factors
Mental Health Care	<ul style="list-style-type: none">• Lack of continuous training• Lack of resources	<ul style="list-style-type: none">• Mental health nursing factors

1. Personal Factors

Two main subthemes were identified, which include: experience with a relative or friends with mental illness, and education as students.

• Experience with Mental Illness

Nurses reported that having a family member or friends with mental illness makes them feel empathetic toward and supportive of their family members and friends with mental illness. Therefore, they felt confident about and comfortable with dealing with patients with mental illness. For example:

"My father was poor, and unfortunate to live isolated and to feel guilt, we felt so sorry for him as we didn't enjoy our life with him"

"I had a very close friend during my university study we really had good time but when he passed through difficult circumstance and was diagnosed as having bipolar disorder my life totally changed ... I felt lonely and I tried to help him to complete her study but I couldn't"

"My brother was diagnosed with schizophrenia sometimes he acting strangely and losing all his relationship with friends and colleague, I want really to understand how does he feel and help him"

"Although it was very hard for me to accept that my mom needs to hospitalize in mental hospital, I finally accept it because that the only way that will help her to come back to us normal. Mental illness likes any other disease but we need to accept it"

"My faith in Allah is very strong, and I do believe that my mom's disease is on the hand of Allah, and if Allah love one of his slave test him, and as a family we need to accept Allah willing"

- **Education**

Participants claimed that their nursing education impacted their initial views toward people with mental illness. The participants reported that it was hard for them to understand the concept of mental illness, the meaning of mental diseases, symptoms, and even the required nursing care. For example:

"Understanding of the theoretical content of the psychiatric course was tough and hard as I could not believe that some people can see or hear or feel something that is not present"

Nurses commented that doing invasive procedures makes them feel competent and feel good about their jobs. However, in psychiatric nursing, the core nursing intervention is based on communication skills and nurses do not always feel confident in this area. For example:

"I understand before that the good nurse is one who can give excellent intramuscular or intravenous injection, however, as a psychiatric nurse I need to be excellent in communication with patient and keep a therapeutic nurse-patient relationship makes me feel useless and hopeless as this task can't be measure and compare with other invasive procedure"

Participants reported their first experiences with people with mental illness in the hospital setting. In general, their experiences were unexpected with regard to the ward atmosphere and to dealing with the patients. For example:

"I had never dealt with people with mental illness, and during first day for me on the psychiatric ward; It seems for me as visiting a house as there was no any formality in the ward as I saw in the medical or surgical wards. I felt so worried and afraid"

"I had a bad experience during the first day of my clinical training as a student as one of the patient kept following me at the ward and saying strange words, I felt unsafe and threaten"

"Seeing patient how they look especially after having the side effects of some medication make me feel bad and sorry for them, It was so harsh for me to get the point that in order to cure hallucination and delusion patient will have severe side effect that will affect their physical appearance and then they need to get another medication to cure the side effects"

In addition, some of the nurses reported that studying psychiatric illnesses makes them go beyond to apply what they have studied in their own lives, as mental illness is mainly focused on personal feelings and emotions, and this learning about mental illness negatively affects their views toward themselves.

"Attending a lecture about bipolar disorders make me go far away with myself. I remember myself in some sad and happy condition, I thought what is the different between be sick and normal people. It is possible for me to be diagnosed with this disease one day, I am confuse in to what degree can a person be hospitalized for being depressed or happy"

2. Social Factors

Participants reported that there is a number of social factors that play a strong role in the negative view of people with mental illness and toward the health care providers who are working with them.

- **Stigmatizing of Patients**

Four out of 10 nurses mentioned that their patients claimed that they lost their relationships with their family and friends when they were diagnosed with mental illness. For example:

"One of my patients told me that my illness ruined all my relationship with my family and friends, I felt everybody afraid of me because they view me as I am insane and dangerous"

"I found it very hard to return back to my job after my first discharge, I knew all my work mates will keep away from, because they don't want to be responsible if anything happens when I am with them"

In addition, some nurses reported that some patients preferred to stay in the hospital, where they felt cared for and comfortable, because they felt that their families would not accept them after they were discharged from the hospital. For example:

"I would like to stay forever at hospital, it is hard for me to continue working as a teacher to find new job. Nobody can understand my condition; even my closest family... hospital is the best place for me to live in"

- **Stigmatizing of Health Care Providers**

The majority of the participants reported that they donot feel confident enough to claim they are working with patients with mental illness. Their families and friends may be afraid of them because they have negative views toward mental illness. For example:

"When I told my husband I am working with mental health patient he was very upset and I asked me to leave my work. I felt down and anxious"

"My mother ask so many time to change the ward as she felt very proud when I work in surgical or critical care unit"

In addition, some participants reported that they felt frustrated that some nurses donot understand the routine job of a mental health nurse. Other nurses focused on the invasive procedures they regularly do and viewed psychiatric wards as places where they can get rest.

"Some time, I heard from other nurses saying if you want to stay comfortable with nothing to do go and work in mental health care units, they are so relaxed and have nothing to do... for us we are burn out of providing the basic nursing care of medication, IV insertion, blood extractionand usually we have large patient ratio... It is very frustrated they don't understand how stress and challenging is our work"

3. Mental Health Nursing Factors

Two subthemes were identified and categorized under mental health nursing factors: 1)lack of continuous training and 2) lack of resources.

- **Lack of Continuous Training**

Eight out of 10 participants claimed that they lack continuous training with regard to mental health nursing. The nurses reported that they do have enough training to take care of mental health problems. Their knowledge about mental health nursing, however, is based only on their general studies. The nurses believed that they need up-to-date training courses and workshops to give them confidence in dealing with patients with mental illness. For example:

"I did not train to take care of patient with mental illness, all what I do is based on the head nurse direction and doctor direction"

"I think dealing with mental health people required a will trained nurse, who have a certain criteria, as the treatment is based on communication skills, and sitting limit for the patient, therefore, training workshop is must for all nurses"

Furthermore, some participants reported that mental health wards usually have nursing staff shortages, and this can be solved by pulling out nurses from other hospital wards. This, however, erroneously implies that any nurse can cover or manage people with mental illness and it is also hard for a nurse to leave his or her ward and cover for someone else for a day.

"Usually, when we have a full house patient we asked help from nursing office, we get a pull out nurse who never dealt with mental illness patient and seem unhappy to spent her shift with us, we ask her to do the minimum help to cover the gap, but we still unsatisfied"

- **Lack of Resources**

The majority of the participants reported that resources for mental health services are lacking. This includes a lack of security teams and support, especially when an aggressive patient is in the ward. For instance:

"We felt exposes for many situation where some patient become aggressive and we cannot do anything to keep the safety of ourselves and other patient"

"We depend in control other patient to call for help from other male psychiatric ward; we are the female have less physical control over emergency situation on the ward... and sometime will wait for long time and on one will come for help"

"As nurses we still need security that protect us, we heard so many nurse we hurt by their patient and this made us fear ... we asked so many time to have a security team to be available all time with us"

IV. Discussion

This study revealed a number of factors that affect nurses' perceptions of people with mental illness at one hospital in Saudi Arabia. At the same time, nurses suggested different ways in which to improve their perceptions and attitudes in dealing with these patients. Study participants agreed that being close to a family member or relative with mental illness helps one to develop a positive attitude toward patients with mental illness and to deal effectively with them. The finding of the study is supported by other studies conducted in Arab and Western countries²⁴⁻²⁷. In addition, this result is supported by Alshowkan (2016), who studied the sociodemographic factors associated with attitudes toward people with mental illness, through the use of the CAMI scale for 225 nurses, and found that nurses who have previous contact with mental illness have positive attitudes compared with those with no contact³. In addition, the latest study found that nurses who have direct contact with friends suffering from mental illness hold more positive attitudes toward them compared with those who do not have such contact²⁸. This result emphasizes the importance of previous professional contact with people with mental illness.

With regard to education, nurses pointed out the important roles of mental health nursing education and of providing on-the-job training, as these play a strong role in building the necessary foundation for them to work as staff nurses at mental health departments. Nurses emphasized having an initial fear of and difficulty with understanding mental illness, being in the ward atmosphere, and dealing with patients for the first time. This result is reinforced by other studies²⁹⁻³². Some factors have been found to affect nursing education, namely a shortage of teaching/learning support, a lack of learning opportunities, and theory-practice disintegration³³. In addition, Dickens, Lamont, and Gray (2016) reported that education should be evidence based and that nurses must be involved in designing, implementing, and teaching comprehensive therapeutic perspectives. Another factor that affects nurses' attitudes toward mental illness is a lack of training, which is directly predictive of recognized negative attitudes⁵. This result is supported by previous research^{9,34-35}. In Finland, it was found that young nurses and nurses with no training in mental health reported being afraid of dealing with patients with mental illness². Therefore, special consideration must be given to nursing education and on-the-job training to prevent nurses from developing stigmatized attitudes toward patients. Several recommendations have been established to improve nursing education and training. The recommendations include the following: 1) Revise basic nursing education to include mental health nursing competencies before starting clinical practice, 2) provide additional clinical education and training to employed nurses, and 3) use nurses with advanced education and clinical experience as guides and resources for other nurses through providing more reciprocal and actively cooperative relationships with other nurses^{35,15}.

The stigmatization of patients and nurses was reported to negatively affect nurses' attitudes in dealing with patients with mental illness. Nurses were concerned about the negative views of their families and friends, of being hurt by the patients or of being mentally ill themselves. Generally, Arab people feel shame about mental illness and people with mental illness, and this view may affect mental health care providers as well. This study is supported by other studies conducted in Arab countries, for instance, in Saudi Arabia⁸, Morocco³⁶, Qatar³⁷, Oman³⁸, Palestine¹⁵, Jordan¹³, Egypt, and Kuwait³⁹. In addition, previous studies revealed that mental health nursing is devalued within the nursing profession. This can be rationalized by the devaluation of interactive practice and the prizing of technical skills. In addition, the separation of people with mental illness from general medical settings leads to a separation of the staff as well³⁵. Furthermore, mental health nursing was viewed as having a low status and as receiving little respect, whereas nurses in other specialties were viewed as having high skill, logic, and respect. Therefore, mental health nursing was found to be among the least preferred of the specialty areas⁴⁰⁻⁴². In light of this, it has been reported that nurses need to be aware of stigma and its consequence to ensure that patients receive high-quality mental health nursing care⁴³ and thus experience an improved quality of life⁴⁴. In addition, interventions should destigmatize patients and mental health care providers⁴⁵.

Another theme that emerged from this study is the lack of resources for providing safe mental health care. Nurses expressed being fearful due the lack of security teams that are available all of the time to control emergency crises, such as aggressive behaviors. Nurses felt overburdened and responsible for ensuring the safety of all patients and mental health care providers. This result is supported by several research studies⁴⁶⁻⁴⁸ that revealed that nurses often feel alone when presented with patients whose disorders pose a safety threat to themselves and to others. Therefore, the lack of supportive resources within psychiatric wards and clinics plays a strong role in nurses' negative attitudes toward people with mental illness.

V. Conclusion

The main aim of the study was to explore mental health nurses' attitudes toward people with mental illness in Saudi Arabia. It concluded that a number of factors affect nurses' attitudes toward people with mental illness. Several recommendations were discussed related to nurses' education, continuous mental health training courses, and public education about mental health.

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References

- [1] Bennett J&Stennett R. Attitudes towards mental illness of nursing students in a Baccalaureate programme in Jamaica: a questionnaire survey. *J PsychiatrMent Health Nurs* 2015; 22: 599-605
- [2] Ihalaineden-Tamlander N, Vahaniemi A, Loytyniemi E, SuominenT&Vallimaki M. Stigmatizing attitudes in nurses towards people with mental illness: a cross-sectional study in primary settings in Finland. *J PsychiatrMent Health Nurs*2016; 23: 427-437.
- [3] Alshowkan A.Nurses attitudes toward people with mental illness. *Int J Ment Health Psychiatry* 2016; 2:1-6
- [4] Ong HL, Seow E, Chua BY,Xie H, Wang J, Lay YW, Chon SA &Subramaniam M. Why is psychiatric nursing not the preferred option for nursing students: A cross-sectional study examining pre-nursing and nursing school factors? *Nurse Educ Today* 2017; 52: 95-102
- [5] Dickens GL, Lamont E& Gray S. Mental health nurses' attitudes, behavior, experience and knowledge regarding adults with a diagnosis of borderline personality disorder: systematic, integrative literature. *J ClinNurs* 2016; 25: 1848-1875
- [6] Hert M, Correll CU, Bobes J, Cetkovich-Bakmas M, Cohen D, AsaiI&Ndetei DM. Physical illness in patients with severe mental disorders. I.Prevalence, impact of medications and disparities in health care. *World Psychiatry*2011; 10: 52-77.
- [7] Hansson L, Stjensward S &Svensson B. Perceived and anticipated discrimination in people with mental illness: an interview study. *Nord J Psychiatry* 2014; 68: 100-106
- [8] Poreddi V, Thimmaiah R& Math SB. Attitudes toward people with mental illness among medical students. *J Neurosci Rural Pract* 2015; 6: 349-354
- [9] Hsiao CY, Lu HL, Tsai YF. Factors influencing mental health nurses' attitudes towards people with mental illness. *J PsychiatrMent Health Nurs*2015; 24: 272-280
- [10] Bjorkman T, Angelman T &Jonsson M. Attitudes towards people with mental illness: a cross-sectional study among nursing staff in psychiatric and somatic care. *Scand J Caring Sci*2008; 22: 170-177.
- [11] Al-Awadhi A, Atawneh F, Alalyan ZY, Shahid AA, Al-Alkhadhari S &Zaid MA. Nurses' attitude toward patients with mental illness in a general hospital in Kuwait. *Saudi J Med MedSci*2017; 5: 31-37
- [12] Courtis J, Rodes-Cabau J, Larose E, Dery J P, Nguyen C M, Proulx G & Bertrand OF. Comparison of medical treatment and coronary revascularization in patients with moderate coronary lesions and borderline fractional flow reserve measurements: clinical trial comparative studys. *Catheter CardiovasInterv*2008; 71: 541-548.
- [13] Hamdan-Mansour AM&Wardam LA. Attitudes of Jordanian mental health nurses toward mental illness and patients with mental illness. *Issues Ment Health Nurs*2009; 30: 705-711.
- [14] Eren N &SahinS.An evaluation of the difficulties and attitudes mental health professionals experience with people with personality disorders. *J PsychiatrMent Health Nurs*2015; 23: 22-36
- [15] Ahmead M, Rahhal A& Baker J. The attitude of mental health professional towards patient with mental illness in an inpatient setting in Palestine. *IntJ Ment Health Nurs*2010; 19: 356-362.
- [16] Chambers M, Guise V, Valimaki M, Botelho M A, Scott A, StaniulieneV&ZanottiR.Nurses' attitudes to mental illness: a comparison of a sample of nurses from five European countries. *Int J Nurs Stud* 2010; 47: 350-362.
- [17] Panayiotopoulos C, PavlakisA&Apostolou M. Improving mental health services through the measurement of attitudes and knowledge of mental health professionals and the general population in Cyprus. *Int J Ment Health*2012; 41: 30-46.
- [18] Chikaodiri AN. Attitude of health workers to the care of psychiatric patients. *Ann Gen Psychiatry* 2009; 8: 19-19.
- [19] Ebrahimi H, Namdar H &VahidiM.Mental illness stigma among nurses in psychiatric wards of teaching hospitals in the north-west of Iran. *Iran J Nurs Midwifery Res*2012; 17: 534-538.
- [20] Muga FA, Jenkins R. Training, attitudes and practice of district health workers in Kenya. *Soc Psychiatry PsychiatrEpidemiol* 2008; 43: 477-482.
- [21] Pope C& Mays N. *Qualitative Research in Health Care*, 3rd edn, Oxford: Blackwell Publishing; 2006.
- [22] KingN&Horrocks C. *Interviews in Qualitative Research*, London, SAGE Publication Ltd;2010.
- [23] Clarke V & Clarke V. Using thematic analysis in psychology. *Qual Res Psycho*2006; 3: 77-101
- [24] Corrigan PW, Edwards AB, Green A, Diwan SL & Penn DL. Prejudice, social distance and familiarity with mental illness.*Schizophr Bull*2001; 27: 219-225
- [25] Couture S & Penn D. Interpersonal contact and the stigma of mental illness: a review of the literature. *J Ment Health* 2003; 12: 291-306
- [26] Bjorkman T, Angelman T &Jonsson M. Attitudes towards people with mental illness: a cross-sectional study among nursing staff in psychiatric and somatic care. *Scand J Caring Sci*2008; 22: 170-177.
- [27] Vibha P, Saddichha S & Kumar R. Attitudes of ward attendants towards mental illness: comparisons and predictors. *Int J Soc Psychiatry* 2008; 54: 469-478
- [28] Granados-Gamez G, Rodriguez M, Granados A & Marquez-Hernandez, VV. Attitudes and beliefs of nursing students toward mental disorder: the significance of direct experience with patients. *PerspectPsychiatrCare*2017; 53: 135-143.
- [29] Alshowkan A&Kamel N. Nursing Student experiences of psychiatric clinical practice: a qualitative study. *Nurs Health Sci*2016; 5: 60-67
- [30] HanafiahAN&Bortel V. A qualitative exploration of the perspectives of mental health professionals on stigma and discrimination of mental illness in Malaysia.*Int J MentHealth Syst*2015; 9: 1-12.
- [31] Henderson S, Happell B & Martin T. Impact of theory and clinical placement on undergraduate students' mental health nursing knowledge, skills and attitudes. *Int J Ment Health Nurs*2008; 16: 116-125.
- [32] Mabuda B T, Potgieter E&Alberts U. Student nurses' experiences during clinical practice in the Limpopo Province. *Curatiosis*2008; 31: 19-27.

- [33] Ross CA & Godner EM. Stigma, negative attitudes and discrimination towards mental illness within the nursing profession: a review of the literature. *J Psychiatr Ment Health Nurs* 2009; 16: 558-567
- [34] Medina CO, Kullgren G & Dahlblom K. A qualitative study on primary health care professionals' perceptions of mental health, suicidal problems and help-seeking among young people in Nicaragua, *BMC Family Practice* 2014; 15: 1-8
- [35] Oncu B, Soyca c, Ihan IO & Sayil I. Attitudes of medical students, general practitioners, teachers, and police officers toward suicide in a Turkish sample. *Crisis* 2008; 29: 173-179.
- [36] Kadri N, Manoudi F, Berrada S & Moussaoui D. Stigma impact on Moroccan families of patients with schizophrenia. *Can J Psychiatry* 2004; 49: 625- 629.
- [37] Bener, A & Ghuloum, S. Ethnic differences in the knowledge, attitudes and beliefs towards mental illness in a traditional fast developing country', *Psychiatra Danubina* 2011; 23: 157-164.
- [38] Al-Adawi S, Dorvlo AS, Al-Ismaily S, Al-Ghafry D, Al-Noobi, B, Al-Salmi A, Burke D, Shah M, Ghassany, H & Chand S. Perception of and attitude towards mental illness in Oman. *Int J Soc Psychiatry* 2002; 48: 305-317.
- [39] Bassim RE, Rabie MA & Meguid MA. Stigma and attitude toward mentally ill among a sample of non-medical staff working in psychiatric hospital: a transcultural study. *Arab J Psychiatry* 2011; 22: 55-64
- [40] Halter, MJ. Perceived characteristics of psychiatric nurses: stigma by association. *Arch Psychiatr Nurs* 2008; 22: 20-26
- [41] Ghebrehiwet T & Barrett T. Nurses and mental health services in developing countries. *The Lancet*; Retrieved 25/8/2017.
- [42] Hinshaw SP. *The mark of shame: Stigma from mental illness and agenda for change*, New York, Oxford University Press; 2007
- [43] Horton R. Launching a new movement for mental health. *The Lancet*. Retrieved 25/8/2017.
- [44] Olwit C. Stigma towards people with mental illness: Cross-sectional study among nursing staff in health facilities in Amolatar, Thesis, MPhil in Public Health, University of Cape Town; 2015
- [45] Alshowkan A, Curtis J, White Y. Factors Affecting the Quality of Life for People with Schizophrenia in Saudi Arabia: A Qualitative Study. *J Psychiatry* 2015; 18: 295
- [46] Haddad M, Walters P & Tylee A. District nursing staff and depression: a psychometric evaluation of depression attitude questionnaire findings. *Int J Nurs Stud* 2007; 14: 976-985
- [47] Lethoba KG, Netswera F.G. & Rankhumise E. How professional nurses in a general hospital setting perceive mental ill patients. *Curationis* 2006; 29: 4-11
- [48] Cleary M, Horsfall J, Hunt GE, Escott P & Happell B. Continuing challenges for the mental health consumer workforce: A role for mental health nurses?. *Int J Ment Health Nurs* 2011; 20: 438-444

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