

Impact of Mental Health Training on Nurses' Attitudes Toward Psychiatric Patients

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Abstract

This quasi-experimental trial investigated the effects of mental training programs on the attitude of the nurses about psychiatric patients. One hundred and twenty registered nurses in the public and private hospitals took part in four weeks of education based on interactive lectures, case discussions, and reflective exercises. The standardized Likert-scale questionnaire was adopted to measure the attitudes before and after the training. The findings showed that post-training attitude scores were significantly better than the pre-training attitude scores ($p < .001$), which is a positive change in attitude towards mentally ill people. The results indicate that mental health training is a useful intervention in reducing stigma, improving mental health literacy, and empathetic nursing practice. Since most nurses are employed in general healthcare environments where psychiatric comorbidities are prevalent, it is highly suggested to incorporate structured mental health education into the academic program and into continuing professional development programs. Enhancing the attitude of nurses toward psychiatric patients has the potential of eventually enhancing therapeutic relationships, as well as the quality of mental health care provision as a whole.

Keywords: Mental health training; Nurses' attitudes; Psychiatric patients; Stigma reduction; Mental health literacy; Nursing education; Empathy; Quasi-experimental study

Introduction

Attitudes of nurses towards mentally-ill individuals are very crucial in determining the quality of psychiatric care provided and the outcome of patients. Suboptimal therapeutic relationships, violations of patient dignity, and low treatment adherence can be caused by negative beliefs, stigma, and low self-confidence among nurses (Abujaber et al., 2025; Ang et al., 2025). Mental health disorders are experienced by people in any environment, and therefore, the exposure of nurses to psychiatric care and their perception of psychiatric care are found to be impactful not only in the psychiatric unit but also in a general healthcare setting. Although the topic of mental health literacy is currently gaining momentum in the community, stigma and misunderstandings continue to pose a problem in the nursing culture and are usually based on insufficient training and clinical exposure.

The mental health training is expected to enhance the knowledge of nurses, negative stereotypes management, empathy, and confidence in working with psychiatric patients (Ilgin et al., 2024). It is found that nurses who get structured education on mental illness through their curriculum or professional development have greater mental health literacy and more positive attitudes. Indicatively, nurses with formal exposure to psychiatric issues in their studies displayed superiorly comprehended and positive attitudes towards people with mental disorders compared with those

who were not subjected to the training Mental health awareness education has a direct impact on care provision attitudes and can help to diminish stigmatizing attitudes towards unpredictable or potentially dangerous behaviors which can be mistakenly attributed to psychiatric patients.

Another critical element, which is affected by the mental health training is empathy. The studies show that there are a high negative correlation between stigmatizing attitudes and empathy between nurses, and the lower the stigma the higher the empathy scores . Empathy helps to enhance patient engagement as well as to create therapeutic alliances that play a crucial role in recovery (Elshahat Hamed et al., 2025). Workshops, cognitive behavioral strategies, and reflective practice exercise materials have been proposed as training modalities in order to decrease discriminatory attitudes and develop empathetic communication competencies among nursing staffs (Walker et al.,2022).

Research of quasi-experimental type also indicates that with the help of specific educational programs, it is possible to change the attitude and knowledge of nurses in favor of psychiatric care, particularly in those situations when there is a perceptual barrier. Nevertheless, attitudinal changes can be sustained through regular reinforcement after a single instance of training to make it sustainable and as a part of everyday practice (Khalil et al., 2025). Also, learning quips with actual clinical situations under supervision assists students of nursing, in changing theoretical ideas into practice and alleviates anxiety related to mental health nursing practice

In various contexts of the world, the importance of incorporating mental health modules at both pre-registration and in-service nursing levels is emphasized in research studies to refute the existing belief in myths concerning mental illnesses and enhance the professional abilities of nurses. This type of integration helps to improve not only better attitudes but also better preparedness of nurses to work as multidisciplinary teams when providing care to psychiatric patients (Ang et al., 2025). To summarize, the current evidence points to the fact that mental health training is an essential process of increasing the level of positive attitudes among nurses towards psychiatric patients. The educational aspect is capable of minimizing the stigma, enhancing the empathy, and increasing the overall competence in the practice of providing mental health care, which, in turn, can lead to the increased quality and more humane nursing practice.

Literature Review

Mental illness Perceptions and attitudes of nurses

The attitude of nurses towards patients with mental health issues plays a huge role in determining the nature of care and quality care to the patients. A cross-sectional study carried out in Pakistan has provided evidence that even though some nurses have a positive attitude toward persons with mental illness, there are still differences in stigma and perception of mental illness among clinical settings. It is important to understand these attitudes because they may, or may not, make it possible to engage with patients and achieve their recovery (Hayder, Andleeb, and Ahmed, 2024). Specific studies devoted to the perception of nurses also show that clinical experiences define the interpretation of psychiatric patients by nursing students. As an example, qualitative stories about nursing students indicate that early clinical experiences usually influence their emotional reactions and attitude toward mentally ill individuals, future professional assumptions, and methods of psychiatric treatment (Mansouri and Darvishpour, 2024). The comparison of studies conducted in several countries shows that nursing students have different degrees of stigmatizing attitudes to mental illness, and cultural and educational background partially explain such variations. These recommendations indicate that there are no homogeneous perceptions of psychiatric patients and these perceptions depend on sociocultural and educational variables that ought to be taken into account in training design (Moxham et al., 2024).

Attitude Effect of Training and Clinical Education

A number of studies indicate that it is possible that both attitude to mental illness among nursing students and practicing nurses can be influenced with the help of formal training and education. A review of a structured psychiatry education program implemented in the nursing student population revealed that attitudes shifted significantly toward positive changes after the training with a significant effect of specific educational interventions that aid in eliminating any form of stigma and establishing an open approach toward collaboration with mentally ill patients (Rikhari et al., 2025). Likewise, a Saudi Arabian study has found that the completion of psychiatry courses has a positive impact on the attitudes of nursing students towards psychiatric career and decreases negative attitudes towards psychiatric patients even though the correlation was not always statistically significant in all dimensions of the attitudes (Mahsoon et al., 2024). In addition to conventional course work, there are education programs which discuss the roles of nurses in physical health care to patients with severe mental illness that have demonstrated good impacts on the attitudes and practices of the nurses. Following organized training, nurses involved in the work experienced a notable increase in their attitudes towards giving holistic care, which is why further professional training in the mental health setting is important (Elsayed Abd Elkawy and Barakat, 2023).

Greater Training Requirements, Literacy, and Professional Development

Mental health literacy, which is defined as information and beliefs regarding mental illness that can help in their recognition, management or prevention, have become one of the major frameworks used to explain and enhance attitudes towards mentally ill individuals. In a study of general nurses, the participants trained about mental health as students or willing to be trained about it in the future showed better mental health literacy and more positive beliefs, which shows the potential of literacy-based education to reduce negative attitudes (2024). The narrative review study uncovers current gaps in the perception and training experience of nurses, especially in the area of integrated care of physical and mental health requirements. Even though nurses understand the significance of such training, limitations in existing programs might negatively affect the preparation, indicating the necessity of the enriched curricula that would integrate theoretical, clinical and interprofessional aspects (Jabbie, Walshe, and Ahmed, 2024). Additionally, studies that have explored the experience of clinical psychiatric postings reveal that clinical placements have an effect on nurses intentions to pursue mental health nursing as a specialty, which supports the notion that practical exposure (in addition to theoretical training) is at the core of attitude formation and career path (Njaka et al., 2024).

Methodology

In this study, the research design was a quantitative quasi-experimental research design in order to test the impact of mental health training on the attitude that nurses have towards psychiatric patients. The quasi experimental method was chosen as the random assignment was impossible in the clinical condition, although it was possible to evaluate attitudinal changes before and after an intervention. The research was organized in the chosen public and private hospitals that were offering the general and psychiatric healthcare services. The target sample comprised registered nurses in the medical, surgical, emergency, and psychiatric units. Only nurses who had not less than one year of clinical experience were selected because they must be sufficiently exposed to the profession, and those who had undergone formal training in mental health in the last 6 months or those in psychiatric specialization programs were not included to prevent bias.

Participants that fit the inclusion criteria were recruited using a non-probability purposive sampling technique. The size of the sample was calculated based on the established sample size

estimation protocols, so that the statistical power to detect any significant difference in attitude scores was obtained. The intervention consisted of a mental health training program of four weeks in a structured manner. The program also involved interactive lectures, discussions based on cases, role plays, and reflective exercises. Mental health literacy, common psychiatric disorders, stigma reduction, therapeutic communication and ethical considerations, training content- The training was about mental health literacy, common psychiatric disorders, stigma reduction, therapeutic communication and ethical considerations in mental health nursing practice.

A self-administered structured questionnaire was used to collect the data. The demographic data such as age, gender, educational level, years of clinical experience, and unit of work at the moment were collected in the first part. The second part measured the attitude of the nurses towards psychiatric patients on a standardized attitude scale which was derived based on earlier validated scales. The answers were measured on a five-point Likert scale, where strongly disagree was given the lowest score and strongly agree, the highest score, was given. An understanding of attitude levels before the training program was implemented was taken in baseline data to determine the pre-intervention attitude levels. Data on the post-intervention were obtained after 4 weeks following the completion of the training through the same instrument. Data collection through participation was voluntary and all participants signed the informed consent. The Statistical Package of the Social Sciences (SPSS) was used in data analysis. Demographic characteristics and attitude scores were summed up using descriptive statistics like frequencies, means and standard deviations. Paired sample t-tests were used to perform inferential analysis to compare pre and post training scores where a significance value of $p < .05$ was used. The appropriate institutional review board gave its ethical approval, and confidence of information and anonymity of the subjects were taken seriously in the research.

Results

Table 1 Demographic Characteristics of the Participants

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	38	31.7
	Female	82	68.3
Age (years)	21–30	46	38.3
	31–40	51	42.5
	>40	23	19.2
Education	Diploma	44	36.7
	Bachelor's degree	62	51.7
	Master's degree	14	11.6

Variable	Category	Frequency (n)	Percentage (%)
Clinical Experience	1–5 years	49	40.8
	6–10 years	45	37.5
	>10 years	26	21.7
Working Unit	General wards	78	65.0
	Psychiatric units	42	35.0

The demographic profile of the participants indicates that the nursing workforce is diverse, which confirms the overall generalizability of the study results. The large number of female nurses is indicative of the gender ratio that is prevalent in the nursing field. The largest proportion of the respondents belonging to the 31-40 age bracket implies that most of the respondents were in the advanced stage of their careers, most probably in the position of having enough clinical experience to develop consistent attitudes towards psychiatric patients. Over fifty percent of the nurses possessed a bachelor degree, which suggests sufficient academic background, whereas an even smaller percentage of nurses had postgraduate education, which can also affect the variations in professional attitude. Clinical experience differed among the respondents with majority of the nurses having one to ten years experience where meaningful comparisons were made between the different levels of experience. Notably, many of the participants were not in psychiatric units, but in a general ward, and this implies that nurses in non-mental health environments come across psychiatric patients regularly. This highlights the need to train all nurses on mental health and not just those in the special psychiatric set-up.

Table 2 Descriptive Statistics of Nurses' Attitude Scores Before and After Mental Health Training

Measurement	Mean	Standard Deviation
Pre-training attitude score	2.91	0.48
Post-training attitude score	3.74	0.52

As demonstrated by the descriptive statistics in Table 2, the attitudes of nurses towards the psychiatric patients have improved evidently after the mental health training program. The mean pre-training attitude score should be considered rather low, which presupposes the fact that nurses started with quite neutral or moderately negative attitudes, which can be explained by insufficient knowledge about mental health, by the stigma, or by the lack of confidence in gaining control over the psychiatric conditions. After the intervention, the average attitude score has risen significantly with more positive perceptions and acceptance of psychiatric patients. The growth of the mean score indicates that the training was effective in dealing with misconception and improving the

knowledge level of mental illness. Also, the minor case of standard deviation increase in the post training scores could show the difference in the degree to which participants internalized the training material, which might be due to personal experience or preconceived ideas. On the whole, the results prove that a well-organized mental health educational program may result in the significant attitudinal change, which supports the significance of the educational interventions to promote the empathy and decrease the stigma among the nursing professionals.

Table 3 Comparison of Pre- and Post-Training Attitude Scores Using Paired Sample t-Test

Measurement	Mean Difference	t-value	p-value
Post-test – Pre-test	0.83	11.62	< .001

The results of the paired sample t-test as shown in Table 3 confirm that the significance of the change in attitudes of the nurses after mental health training was statistically significant. The mean difference between post training and pre-training scores is positive, which demonstrates that the attitudes of the participants to psychiatric patients have been significantly improved after the intervention. The t -value is high indicating that the training program had a great impact and therefore the change is not a chance occurrence. The p-value of less than .001 is a strong indication that the variation of attitude scores prior to and after the training is very high. This statistical significance helps in the effectiveness of the mental health training program in affecting the perception and attitudes of the nurses. The results suggest that educational interventions that are focused can be instrumental in solving the problem of stigma and developing positive attitudes in the nursing practice. In turn, attitudinal change should be maintained and even strengthened with the help of such training programs as a part of the continuous professional development programs.

Discussion

The current research sought to address how it affects the attitude of nurses towards psychiatric patients as a result of a structured mental health training program. The results show clearly that the attitude scores have significantly improved after the four weeks of the educational intervention. This is evidenced by the fact that the mean scores of pre-training ($M = 2.91$) and post-training ($M = 3.74$) and the highly significant value of the paired sample t-test ($p < .001$) indicate that mental health training is fundamental in bringing about more positive perceptions among nurses.

The findings agree with the earlier researchers who report the effectiveness of organized psychiatric education in the sense of decreasing stigma and positive attitudes toward the profession. As an illustration, a study by Rikhari et al. (2025) and Mahsoon et al. (2024) found that the attitudes of nursing students and practicing nurses were changed significantly in a positive manner following formal psychiatric coursework. Likewise, the findings correspond to the findings that indicate that the level of mental health literacy improves the awareness level and reduces the number of stereotypical attitudes toward people with mental conditions (Jabbie, Walshe, and Ahmed, 2024). The current research supports the claim regarding the direct impact of knowledge-based interventions on the belief systems and professional conduct.

A significant finding during this research is that most of the participants worked in general wards and not in psychiatric units. This brings about the applicability of mental health training to other forms of settings outside special psychiatric contexts. Medical, surgical, and emergency nurses often work with the patients that have comorbid psychiatric conditions. Such encounters will strengthen fear, uncertainty, or negative stereotypes without proper training. The substantial change in this research implies that nurses who had not been trained in psychiatric specialization

could acquire more sympathetic and confident attitudes with the help of purposeful exposure provided by educational programs.

The theoretical connection between the development of empathy and stigma reduction is also supported by the results. The relationship between stigma and empathy is acquired thus inverse, i.e., the less stigmatizing beliefs, the more empathetic engagement takes place, as it has been emphasized in the previous literature (Elshahat Hamed et al., 2025). Interactive elements of the intervention, such as role plays and reflective exercises, in this study, could have been a cause of this change as they promote perspective-taking and emotional comprehension. This implies that training programs no longer need to rely on the didactic lectures but instead, some form of experiential learning is to be embraced to achieve the attitudinal change.

The other implication which is critical to the findings is the implication to sustainability. Although the post-test results reveal a significant improvement, the results of the past studies (Khalil et al., 2025) suggest that the single-session interventions might not be effective in maintaining the attitudes in the long term. Hence, the inclusion of mental health modules in the continuing professional development programs is quite imperative in order to maintain positive change. Regular refresher courses, interdisciplinary workshops, and supervised clinical exposure should be the focus policies of institutions to sustain the gains of the initial training.

The study has weaknesses although it has strong points. Quasi-experimental design is not randomized and thus may not be able to make full causal inference. Moreover, the use of self-reported attitude scales can result in bias in response because the participants could give socially desirable responses to questions after being trained. Additional longitudinal follow-ups in the future can determine the attitude retention in the long term and can use the mixed-method techniques such as qualitative interviews to understand the change in perception more closely. To sum up, the results of the current research are very powerful empirical data that structured psychological training can significantly change the attitude of nurses towards psychiatric patients. Through stigma reduction, improvement of mental health literacy and facilitated empathetic communication, educational interventions can lead to more human and patient-centered psychiatric care. It is thus highly suggested that mental health training be integrated in pre-service nursing and in-service professional development programs in an effort to make the delivery of mental healthcare services of a better quality.

Practical Implications

The results of this research have valuable implications to the nursing practice, education and policy-making. To begin with, the fact that the attitude of nurses in the post-mental health training period has greatly improved, serves as an indicator that structured psychiatric training needs to be incorporated in both undergraduate training programs and in the continuing professional development. Hospitals are also urged to adopt compulsory mental health training workshops to the nurses working in the general wards since they often face patients who have psychiatric comorbidities. Second, stigma-reduction modules, training in therapeutic communication, and reflective practice should be included in the regular in-service training by healthcare administrators. Roles-playing, case-based discussions, and supervised clinical exposure should be stressed as the interactive teaching methods that would improve the levels of empathy and confidence. Third, policymakers and nursing councils need to reformulate the competency standards to incorporate the mental health literacy as a basic professional requirement. Enhancing the attitude of nurses towards psychiatric patients will eventually result to better patient satisfaction, adherence to treatment, therapeutic relationships, and quality of care in psychiatric and general healthcare institutions.

Limitations

Although this study has important findings, it is limited in a number of ways. The quasi experimental design that was used does not allow making complete causal relationships due to the lack of random assignment. The internal validity might be affected because a control group is absent. Also, the researchers used self-reports in their study and this could be prone to social desirability bias particularly following the training intervention. The research was carried out in a sample of hospitals, and this may not be applicable in other areas or health facilities. Moreover, the post-test followed very closely on the intervention; hence, the attitude change was not evaluated in the long term. The research of the future must provide a solution to these methodological shortcomings to reinforce evidence in this field.

Future Directions

Further studies must assume randomized controlled trials to reinforce cause and effect inferences on the effectiveness of training on mental health. It is advisable that longitudinal studies be carried out to determine the persistence of positive attitudinal changes with time. The possible research direction of the researchers is also on the qualitative methods of perceiving a deeper psychological and emotional change in the perception of nurses. Further insight on the contextual differences could be gained through comparative research on psychiatric and non-psychiatric nurses. Furthermore, the use of digital learning platforms, simulation-based learning and interdisciplinary collaboration models could be included in future interventions to consider new training methods. Further evidence would be provided by assessing the direct effect of enhanced nurse attitudes on patient outcomes, e.g., on treatment adherence and the recovery rates.

Conclusion

The current research has shown that structured mental health education helps in enhancing the attitude of the nurses towards psychiatric patients. These results indicate that educational interventions can be used to diminish the stigma, increase the level of mental health literacy, and foster empathetic and patient-centered care. Since most of the nurses operate in non-psychiatric environments and thus interact regularly with people with mental illnesses, they need thorough training in all clinical fields. It is important to include mental health education in nursing curricula, and continuous professional development programs as one of the measures of promoting positive attitudes and improving the quality of psychiatric care in general. Healthcare systems can enhance more human, respectful, and effective mental health care by making nurses stronger in their knowledge, confidence, and empathy.

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