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### Key Words

Nurses, attendants, attitude, mental illness

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**Received:** 22 November 2023

**Accepted:** 29 November 2023

**Published:** 30 November 2023

**Citation:** Sumati Arikera and Shilpa Waikar 2023. Comparison of Attitude and Perspective of Nurses and Patient Care Attendants Working in Tertiary Care Psychiatry Institute Towards Mental Illness. Res. J. Med. Sci., 17: 203-208, doi: 10.59218/makrjms.2023.12.203.208

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## Comparison of Attitude and Perspective of Nurses and Patient Care Attendants Working in Tertiary Care Psychiatry Institute Towards Mental Illness

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### ABSTRACT

In India, very few studies exist that show the attitude of mental health professionals towards mental illness, specially of the Nursing staff and the Patient Care Attendants. This study hence aimed to explore the attitude and perspective of the Nursing staff and Patient Care Attendants working in tertiary care psychiatry institute, as they work closely with psychiatric patients in the ward. All the nursing staff and (which included 61 nurses working at Tertiary care Psychiatry Institute were considered for the study, out of which 30 Nursing staff and 30 Attendants consented for the study. Attitudes of both the groups were assessed using CAMI scale. Community Attitude Towards Mental Illness after written informed consent. There was a significant difference noted in Authoritarianism and Social restrictiveness domains of CAMI, with supporting ward staff scoring highest. However no significant difference was found in Benevolence and Community mental health ideology domains of CAMI. Among the sociodemographic variables, there was significant correlation between age, residence, education, duration of experience, marital status with various domains of CAMI. Nurses had more positive attitudes than the Supporting ward staff towards mental illness. Sociodemographic variables such as age, education, marital status had more favourable attitude.

## INTRODUCTION

The study of attitudes toward mental illness and people with mental illness has been an important domain of mental health professionals. Individuals living with psychiatric illness have been seen as bizarre, terrifying, eccentric, aggressive and who lack self control<sup>[1-5]</sup>. Patients with mental illness feel that they are treated with disrespect, are often ignored and have to wait longer than other patients, they are ridiculed, or face the suspicion that their physical complaints may only be imagination<sup>[6]</sup>.

The attitudes to the mentally ill have mirrored the overall situation at the times. Stigma and discrimination are noted to be obstacles to the integration of people with mental illness in society. In efforts to reduce stigma and discrimination health professionals play an important role as they have frequent contact and responsibility for treatment and rehabilitation of patients<sup>[3]</sup>.

In western studies, scientists have commonly researched that supporting ward staff (eg: attendants) are more authoritarian and restrictive in their perspectives about mental patients than are clinic experts (specialists, nurses)<sup>[7]</sup>.

A few studies have investigated key perspectives in both general and specialised population including health professionals. Since negative attitudes and beliefs, especially the ones held by the workforce, who are destined to have contact with individuals with psychiatric illness and can have broad repercussions, it is basic that this group be widely studied. Specific consideration has been missing on nursing staff and all the more uniquely on the ward attendants, who from a significant cog in the wheel of mental health services. The focus of psychiatric care today is de-institutionalization and extension of services to community care, which depends on a number of key conditions, tolerance and non discrimination being one of the most important.

Negative attitudes are likely to increase the stress already suffered by the mentally ill and in turn, reduce their quality of life. They are also likely to affect their lives and recovery of people with mental illness, reduce their status and disempower them. Thus research on attitudes towards mentally ill is necessary to ensure quality of life for persons with mental illness<sup>[8]</sup>.

A study that characterizes their attitude would go on far in shaping approaches and instructive projects for diminishing shame and advancing positive mental health services. This study aims to study such attitudes and explore the relations of different domains with various sociodemographic factors.

### What is already known about this topic:

- Negative attitudes towards mental illness can lead to stigmatising views of people with mental health problems

- Stigma by mental health professionals affects the quality of care provided for those with mental health problems and also their rate of recovery
- Currently little is known of the attitudes towards mental illness by registered nurses and the attendants working in mental health environments

### What this paper adds:

- Differences seen in the attitudes between Nurses and Psychiatric ward attendants towards care of people with mental illness
- The various sociodemographic variables affecting the attitudes

### Limitations:

- Sample size too small
- Since everyone has not participated, results cannot be generalised

## MATERIALS AND METHODS

**Subjects:** The target population of this study included nursing staff and ward attendants aged 18-60 years working at Tertiary care Psychiatry Institute, a premier institute in India, Goa for postgraduate training in mental health. The centre has a large clinical service capacity of 190 psychiatric inpatient beds and serves as a primary centre for the people living in the immediate vicinity and a tertiary referral centre for nearby states of India such as Karnataka, Maharashtra as well as foreigners who come to Goa for tourism., etc. After a list of all eligible Nursing staff and the Patient Care Attendants was obtained, each of them were approached to obtain consent for the study after explaining to them about the study. Subjects consented for the study were recruited for the same.

**The dependent variable:** Attitudes towards the Mentally Ill was assessed using the CAMI scale developed by Taylor, Dear and Hall. its reliability and validity have been demonstrated by previous studies Sevigny. as well as its applicability in different ethnic communities Sevigny. Song. The CAMI is a self-report scale that measures the negative and positive attitudes According to Taylor and colleagues (1979) the scale includes 40 items with four dimensions:

**Authoritarianism:** Refers to a view of the mentally ill person as someone inferior who requires coercive handling.

**Benevolence:** Corresponds to a paternalistic and sympathetic view of the mentally ill.

**Social restrictiveness:** Refers to the belief that the mentally ill are a threat to society and should be avoided.

Table 1: Sociodemographic characteristics of sample population

Characteristics	Nurses (n = 30)	Attendants (n = 30)
<b>Age (years)</b>		
18-30	15 (50.0%)	5 (16.66%)
31-40	6 (20.0%)	9 (30.0%)
41-50	3 (10.0%)	8 (26.6%)
51-60	8 (26.6%)	8 (26.6%)
<b>Gender</b>		
Female	25 (83.33%)	15 (50.0%)
Male	5 (16.66%)	15 (50.0%)
<b>Religion</b>		
Hindu	25 (83.33%)	30 (100%)
Christian	5 (16.66%)	0 (0.0%)
<b>Residence</b>		
Urban	13 (43.33%)	11 (36.66%)
Rural	17 (56.6%)	19 (63.33%)
<b>Marital status</b>		
Married	16 (53.33%)	13 (43.33%)
Unmarried	1 (3.33%)	20 (66.66%)
Widow	4 (13.33%)	6 (20.0%)
<b>Education</b>		
Primary	0 (0.0%)	0 (0.0%)
Secondary	0 (0.0%)	14 (46.66%)
Higher Secondary	8 (26.66%)	8 (26.66%)
Graduate	6 (20.0%)	2 (6.66%)
<b>Income</b>		
5,000-10,000	0 (0.0%)	30 (100.0%)
>10,000	4 (13.33%)	26 (86.66%)
<b>Experience in ward</b>		
≤5 years	14 (46.66%)	0 (0.0%)
5-10 years	8 (26.66%)	3 (10.0%)
11-20 years	5 (16.66%)	2 (6.66%)
21-30 years	13 (43.33%)	9 (30.0%)
>30 years	4 (13.33%)	2 (6.66%)

**Community mental health ideology:** Concerns the acceptance of mental health services and mentally ill patients in the community.

**Each dimension has 10 questions:** Five positive and five negative. On each question, we used a Likert scale where response categories ranged from 1 (strongly agree) to 4 (strongly disagree).

**The independent variables:** Demographic variables included age, gender, education (primary, secondary, higher secondary and graduate), religion (Hindu, Muslim, Christian, and other), residence (urban versus rural), income and experience in mental health set-up. Socio-demographic characteristics The total sample size was 60 (Table 1); consisting of 30 Nurses and 30 Psychiatric care attendants, with majority of the nurses belonging to the age group 18-30 years and psychiatric care attendants belonging to the age group 31-60 years, with females being the predominant responders amongst the nurses and males being predominant amongst the psychiatric care attendants. Both, the nurses and attendants majority belonging to Hindu religion, majority living in Urban areas, majority married and income of more than Rs. 10,000. Nurses were graduates, where as the attendants completed their secondary higher education; majority of the nurses having completed <5 years of experience and psychiatric care attendants completed 5-10 years of experience in the psychiatry wards.

#### Association between the two groups and parameters:

Association between the two groups and sociodemographic variable Chi-squared test was used to explore the association between “group” and “age”, “group” and “gender” and “group” and “residence”. A significant difference between the 2 groups was found in terms of distribution of age ( $\chi^2 = 10.119$ ,  $p = 0.018$ ). Nurses had the larger proportion of age 18-30 years, where as Attendants had the larger proportion of age 41-50 years. A significant difference between the two groups was found in terms of gender ( $\chi^2 = 8.187$ ,  $p = 0.004$ ). Nurses had larger proportion of female gender, attendants had a larger proportion of male gender and no significant difference between the two groups in terms of distribution of residence was found. ( $\chi^2 = 0.247$ ,  $p = 0.619$ ).

Fisher’s exact test was used to explore the association between group and religion and no significant difference between the two groups in terms of religion was found ( $\chi^2 = 4.308$ ,  $p = 0.111$ ), significant difference in marital status was found, ( $\chi^2 = 11.782$ ,  $p = 0.002$ ), most of the nurses being unmarried and attendants were married, a significant difference between the two groups in terms of education was found, ( $\chi^2 = 27.551$ ,  $p < 0.001$ ), nurses had a larger proportion of graduates and attendants had a larger proportion of Primary schooling group and a significant difference between the two groups was found in terms of experience in the ward ( $\chi^2 = 23.019$ ,  $p = \leq 0.001$ ), nurses had a larger proportion of <5 years of experience where as attendants had a larger proportion of 5-10 years, and no significant differences was found between the two groups in terms of income. ( $\chi^2 = 2.147$ ,  $p = 0.237$ ).

Kruskal Wallis Test and Fisher’s exact test were used to find out the correlation between age and the domains of CAMI, it was found that, Nurses had a significant association of age with Benevolence score ( $p > 0.033$ ), which shows nurses aged between 41-50 years were more benevolent. Psychiatric care attendants had a significant association of age with community mental health ideology score (0.026) which shows attendants aged between 51-60 years had better community mental health ideology score (Table 2-7).

Wilcoxon-Mann-Whitney U test and Fisher’s test were used find correlation between residence and the domains of CAMI, a significant association ( $p > 0.027$ ) was found among psychiatric care attendants with social restrictiveness domain, with psychiatric care attendants belonging to rural residence scoring highest, suggesting attendants of rural residence were more socially restrictive towards patients with mental illness. Kruskal Wallis test and Fisher’s exact test was used to find the correlation between marital status and domains of CAMI, a significant association was found

Table 2: Comparison of nurses and psychiatric care attendants with CAMI

Factors	Nurses (Mean±SD)	Ward attendants (Mean±SD)	Significance value (p-value)
Authoritarianism score	29.27±3.51	30.53±1.66	0.025
Benevolence score	38.43±5.22	35.80±3.68	0.078
Social restrictiveness score	22.97± 4.16	26.73±4.75	0.005
Community mental health ideology score	35.43±5.53	33.13±3.60	0.069

Table 3: Correlation between socio demographic variables and various domains of the scale

	AGE (years)				p-value
	18-30	31-40	41-50	51-60	
Authoritarianism score	N (n = 15)	(n = 6)	(n = 3)	(n = 6)	0.465
	28.93±3.20	28.60±3.51	26.00±1.41	30.50±4.59	
	A (n = 5)	(n = 9)	(n = 8)	(n = 8)	0.500
Benevolence score	30.50±0.58	29.75±2.43	31.25±1.58	30.75±1.16	
	N : 41.93±4.81	35.00±3.39	37.00±4.24	35.67±3.93	0.033
	A : 39.00±0.00	35.25±3.58	34.50±4.31	37.25±2.76	0.149
Social restrictiveness score	N : 20.93±4.73	23.20±1.64	26.00±0.00	24.17±3.06	0.133
	A : 25.00±1.15	28.25±4.80	28.25±5.82	24.51±4.81	0.268
	N : 37.14±6.14	32.80±6.46	33.00±2.83	35.00±4.43	0.509
Community mental health ideology scale	A : 33.50±2.89	34.25±3.33	30.75±2.66	35.75±2.31	0.026

Table 4: Correlation between age and the domains

	Residence		p-value
	Urban	Rural	
Authoritarian score	N (n = 13)	(n = 17)	
	30.00±4.27	28.73±2.710	0.735
	A (n = 11)	(n = 19)	
Benevolence score	30.40±0.84	30.67±2.06	0.207
	N : 39.73±6.20	38.07±4.85	0.466
	A : 24.20±3.91	28.11±4.96	0.027
Social restrictiveness score	N : 22.73±4.63	22.80±4.23	0.938
	A : 24.20±3.91	28.11±4.96	0.027
Community mental health ideology score	N : 36.91±4.44	34.53±6.58	0.466
	A : 33.00±2.40	33.89±3.74	0.344

Table 5: Correlation between age and the domains

	Marital status			p- value
	Married	Unmarried	Widow	
Authoritarian score	N (n = 16)	(n = 13)	(n = 1)	0.370
	28.93±3.77	29.15±3.21	35.00±0	
	A (n = 20)	(n = 4)	(n = 6)	0.543
Benevolence score	30.33±1.81	30.00±0.00	31.00±1.79	
	N : 36.00±3.23	42.23±4.87	33.00±0	0.005
	A : 37.00±3.26	39.00±0.00	33.67±3.61	0.046
Social restrictiveness score	N : 24.53±2.59	20.54±4.68	27.00±00	0.017
	A : 27.11±4.46	24.00±0.00	24.67±6.59	0.448
Community mental health ideology score	N : 34.07±4.57	37.23±6.38	38.00±0	0.344
	A : 34.33±3.63	31.00±0.00	33.67±1.03	0.157

Table 6: Correlation between age and the domains

	Education				p-value
	Primary	Secondary	Higher secondary	Graduate	
Authoritarian score	N (n = 0)	(n = 0)	(n = 8)	(n = 22)	0.365
	28.25±3.77	29.62±3.51	30.00±15	31.67 ± 0.78	
	A (n = 6)	(n = 14)	(n = 8)	(n = 2)	0.012
Benevolence score	30.00±15	31.67±0.78	29.25±2.31	30.50±0.58	
	N		36.25±3.99	39.62±5.28	0.148
	A : 35.50±2.89	34.00±3.52	38.00±2.73	39.50±0.58	0.006
Social restrictiveness score	N		24.38±2.45	22.24±4.57	0.162
	A : 20.50±1.73	20.00±4.00	27.25±5.78	25.00±1.15	0.029
Community mental health ideology score	N		36.00±3.78	35.48±6.15	0.624
	A : 34.00±1.15	33.67±3.60	33.25±4.17	33.50±2.89	0.997

Table 7: Correlation between age and the domains

	Experience In ward (years)					p-value
	<5	5-10	11-20	21-30	>30	
Authoritarianism score	N (n = 14)	(n = 0)	(n = 8)	(n = 3)	(n = 5)	0.966
	28.93±3.20	-	29.00±4.12	31.00 +/- 5.66	29.60±4.51	
	A (n = 2)	(n = 13)	(n = 9)	(n = 4)	(n = 2)	
Benevolence score	33.00± 0.00	30.33± 2.15	30.50±1.20	30.00±1.15	31.00±00	0.141
	N: 41.93±4.81	-	36.00±3.37	33.50±0.71	36.20±4.15	0.024
	A: 30.00±0.00	37.33±2.99	35.25±3.58	35.50±2.89	40.00±0.00	0.019
Social restrictiveness score	N: 20.93±4.73	-	24.14±2.12	26.50±0.71	23.60±3.05	0.095
	A: 33.00±0.00	28.17±3.97	26.25±5.47	20.50±1.73	26.00±0.00	0.021
Community mental health ideology score	N: 37.14±6.14	-	33.86±5.64	34.50±4.95	34.40±4.67	0.658
	A: 33.00±0.00	35.00±3.59	30.75±1.58	34.00±1.15	36.00±0.00	0.016

with benevolence, with unmarried nurses and psychiatric ward attendants scoring the highest ( $p > 0.005$  and  $0.046$  respectively) them being more benevolent. Also a significant association was found between nurses and social restrictiveness score.

Kruskal Wallis test and Fisher's exact test was used to find the correlation between marital status and domains of CAMI, no significant association was found in the nurses, where as attendants had a significant association of education with authoritarian score ( $0.012$ ), benevolent score ( $0.006$ ) and social restrictiveness score ( $0.029$ ).

Kruskal Wallis test and Fisher's exact test was used to find the correlation between experience in ward and domains of CAMI; with nurses having a significant association with benevolent domain ( $p > 0.024$ ) psychiatric care attendants having significant association between benevolence ( $0.019$ ), significant association with social restrictiveness ( $0.021$ ) and with community mental health ideology score ( $0.016$ ).

Wilcoxon-Mann-Whitney U-test and Fisher's test were used find correlation between gender, religion, income and the domains of CAMI and no significant association was found in both the groups.

## DISCUSSIONS

A wide literature is available presently about the attitude of nursing staff and psychiatric care attendants, however such comparative study between them is probably the first one from India. We chose nurses and psychiatric ward attendants as both of them work closely with the patients in the hospital, and we expected that nursing staff would have a more positive attitude towards patients with mental illness owing to their educational status. And as expected it was found that Nurses had an overall positive attitude compared to the psychiatric care attendants.

A significant difference between the two groups was found in the domains of authoritarianism and social restrictiveness the Patient care attendants being more authoritarian and socially restrictive, partially similar to a study done in India to assess the attitude of ward attendants towards mental illness done in 2008 which was compared with general attendants which showed that there was no significant differences in Authoritarianism and Benevolence domains of CAMI, where as significant differences in domains of social restrictiveness and community mental health ideology were found<sup>[8]</sup>.

This study also showed that among the nurses, age had a significant association with benevolence, however this study couldn't show among which age group it was significant, a similar study done by Bockman and D'Archy showed that age had a negative influence<sup>[9,10]</sup>. Residence had no association with attitude in Nurses, where as in attendants, Rural residence had a significant association with the domain

social restrictiveness, suggesting that psychiatric care attendants belonging to rural areas had more restrictive attitude, this could be due to less access to the media promotion of mental health and Psychiatric disorders as well as strong superstitious cultural beliefs prevalent with respect to mental illnesses.

Marital status had a significant association with benevolent domain, with unmarried Nurses and Psychiatric care attendants having more benevolent attitude, this probably could be explained by the fact that married people are more exposed to various social norms and have a good coping skills with better maturity level to handle situations that involve other people and their emotions. This is similar to the findings of Wolff and colleagues (1996) that married adults, especially those with children, had more positive attitudes.

Education had no significant association in Nurses, however in patient care attendants education had a significant association with benevolence and authoritarianism score, however the degree of education associated with these domains could not be evaluated in this study, which needs further and detailed evaluation. Education has always added to global understanding of a person, however education at the same time can even be taken as rigid goal directed approach without taking into consideration the individualistic characteristics which is needed in care taking. Education here can be seen as double edged sword.

More-educated people have been found to be more inclined to mingle with the mentally ill and less inclined to associate sin with mental illness Verghese and Beig, 1974 and similar positive correlations between educational level and tolerance towards the mentally ill have been observed in other studies Yang, 1989, Ng and Chan, 2000, Hannigan, 1999, Bhugra, 1989 reflecting that higher education is certainly the best way to eradicate stigmatizing attitudes and that dissemination of information about mental illness should be strongly advocated. Study by Ramsey and Seiff on the etiology and treatment of mental illness, saw that higher education and occupational status were less likely to view mental illness as a punishment for sin or outcome of poor living condition<sup>[11]</sup>. Higher educated people have positive attitude as seen in a study by Pandey *et al.*<sup>[8]</sup> Experience in the ward had a significant association with the domain benevolence in both the nurses and attendants, with more the years of experience more is the positive attitude and lesser the years of experience more was the socially restrictive attitude Income had no significant association with any domains in either of the groups in contrast to the study by Freman that people of low socio economic status hold a narrow definition of mental illness<sup>[12]</sup>. Unschuld stated that groups who experience different socioeconomic status also differ in their ways of looking at mental health issues<sup>[13-18]</sup>.

Gender and religion had no significance with respect to the attitude among both, the nurses and psychiatric care attendants suggesting that there was no difference between gender, various religions demonstrating that attitudes are similar among people from both gender and all religions. Nurses were found to have positive attitudes to mental illness as measured on all sub scales of CAMI.

Study by Argermeyer in the review of the population studies have found that older, less educated people tended to have less favourable attitudes to mental illness, where as, familiarity with mental illness and people with mental health problems was associated with positive attitudes<sup>[19,20]</sup>.

## CONCLUSION

Nurses had more positive attitudes than the Supporting ward staff towards mental illness. Sociodemographic variables such as age, education, marital status had more favourable attitude.

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