



Determination of attitudes and practices of nurses working in the psychiatry clinic towards physical health care of individuals with severe mental illness

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ABSTRACT

Introduction and aim. Individuals with severe mental illness experience more physical health problems than the general population and their life expectancy may be shorter. Therefore, the physical care provided to these patients is very important. This study aims to examine the attitudes, practices, and training needs of nurses working in psychiatry clinics towards physical health care of individuals with severe mental illness.

Material and methods. This descriptive, cross-sectional study collected data from 139 nurses in psychiatry clinics using the Personal Information Form and Physical Health Attitude Scale.

Results. This study found that nurses often provide physical healthcare as part of their routine care for individuals with severe mental illness. However, the study also revealed that nurses require additional education to better provide this type of care. Despite this, the nurses generally displayed a positive attitude towards physical health. The average total score on the physical health attitude scale was 80.33 ± 10.14 .

Conclusion. The study concluded that nurses have a positive attitude towards physical health in general. The role of nurses working in psychiatry clinics is crucial in evaluating and caring for physical health of individuals with severe mental illness, as it is an important aspect of holistic nursing care. It is necessary to make nurses aware of their shortcomings in providing physical health care and support them in improving in this area.

Keywords. attitude, nurse, physical health, severe mental illness

Introduction

Individuals with severe mental illness typically have a lifespan that is 25 years shorter than the average person, and they often suffer from physical health issues that can lead to social isolation and a lower quality of life.^{1,2} Undiagnosed and untreated medical diseases are more common in individuals with mental illness.³ Individuals with severe mental illness are more likely to

suffer from various physical health problems, such as diabetes, cardiovascular diseases, respiratory diseases, and some types of cancer, compared to the general population.⁴ This suggests that people with severe mental illness do not benefit from healthcare advances to the same extent as the general population.^{4,5} In addition, it is stated that the evaluation of the physical health of the patients in primary and secondary health care services

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can be neglected.^{6,7} Also, patients do not always receive the physical health care they need during their hospital stay.⁸ The cause of this healthcare inequality is complex and multidimensional.⁹ It has been reported that there are multifactorial barriers in the management, and diagnosis of physical diseases of individuals with mental illness, which can be caused by the patient and the disease, treatment, and health workers.^{1,2,4,5} Individuals with severe mental illness cannot demand adequate physical health care, cannot recognize their physical problems, and may have difficulty in complying with health care recommendations due to symptoms such as cognitive impairment, social isolation, and skepticism.^{2,10} In addition, the fact that healthcare professionals do not adequately inform individuals with severe mental illness about their physical health, have insufficient communication with patients, focus on mental illness rather than physical illness, and see physical complaints as psychosomatic complaints may adversely affect the physical health of patients.^{2,10} In the qualitative study of Happel et al. with nurses, it was determined that stigma against patients prevents them from receiving physical health care.¹¹ Another study found that nurses performed routine physical health care with confidence but were less confident in interpreting physical health outcomes that required interpretation, such as lipid levels. In the same study, it was seen that the physical health needs of the patients were not adequately addressed.⁷

Individuals with severe mental illness need the support of nurses in recognizing, evaluating, and managing their physical health problems.^{7,9,12} Therefore, psychiatric nurses have a key role in providing holistic care that includes mental and physical healthcare for individuals with mental illness.^{8,12-14} The roles of nurses in the psychosocial care of individuals with mental illness are as important as their roles in the physical care of patients.^{12,15} Psychiatric nurses can play a role in providing care for common physical problems in patients, encouraging a healthy lifestyle, and improving patients' self-care.^{6,13,16} In this context, it is important to know the attitudes, behaviors, and thoughts of nurses working in psychiatry clinics towards the physical health of individuals with mental illness. However, there are limited studies in the literature on nurses' attitudes, behaviors, and thoughts about providing physical health care. It is seen that several quantitative and qualitative studies have been conducted in the last decade measuring nurses' attitudes, practices, and training needs regarding providing physical health care to individuals with severe mental illness.^{7,11,12,15,17-20} When the studies are examined, it is seen that the attitudes of nurses towards physical health care and their physical health care practices, differ. It is seen that more studies are needed to reveal the attitudes and practices of nurses towards physical health care of individuals with mental illness.

Aim

This study analyzed the attitudes, practices, and training requirements of nurses working in psychiatry clinics regarding the physical health care of people with mental illness. The study aims to provide insights into the nursing care provided to individuals with mental illness and guide efforts to promote holistic care. This study aims to examine the attitudes, practices, and training needs of nurses working in psychiatry clinics towards physical health care of individuals with mental illness. This study sought answers to the following questions;

- What are the physical health attitudes of nurses working in psychiatry clinics in individuals with mental illness?
- What are the practices and training needs of nurses working in psychiatry clinics for physical health care for individuals with mental illness?
- How do sociodemographic characteristics and characteristics of physical health care affect the physical health attitudes of nurses working in psychiatry clinics with individuals with mental illness?

Material and methods

Study design

This study was conducted in a descriptive, cross-sectional design.

Setting

This study was conducted with nurses working in psychiatry clinics in a regional hospital in the Eastern Anatolia Region of Turkey between January 2022 and May 2022. The hospital is a large branch hospital with a capacity of 488 beds serving as a regional hospital in the field of mental health in Turkey. Alcohol and Drug Abuse Treatment and Research Center, Child and Adolescent Substance Addiction Treatment Centers, Community Mental Health Center is a hospital serving 18 provinces with specific units such as Protected Houses. There are physicians specialized in internal medicine, neurology, biochemistry and microbiology in the hospital to meet the physical care of the patients.

Participants

The population of this study consists of nurses working in psychiatry clinics in a regional hospital in the Eastern Anatolian Region of Turkey. The total number of nurses working in the hospital is 150. Nurses working in leprosy units, except psychiatry units, were not included in the sample. Since the researcher himself works as the nurse of this institution, he was not included in the sample. In this study, it was aimed to reach all other nurses working in psychiatry units, and sampling method was not used. Accordingly, 139 nurses (99.2%) who agreed to participate in the study and met the inclusion criteria were reached.

Sampling inclusion/exclusion criteria

The inclusion criteria were volunteering to participate, providing physical care to individuals with mental illness, and working as a nurse in psychiatry clinics for at least 6 months. Exclusion criteria from the study were not accepting to participate in the study and working outside of psychiatry clinics.

Data collection tools

In the study, “Personal Information Form” and “Physical Health Attitude Scale” were used as data collection tools in collecting the data of nurses working in psychiatry clinics. The data were collected face-to-face with the nurses working in the clinics of a regional hospital in the Eastern Anatolian Region of Turkey, who agreed to participate in the study, and by giving data forms to those who did not want this method, by asking them to fill in themselves. In addition, during the data collection phase, clinics were visited during working hours five days a week and data collection was carried out for a nurse in approximately 15-20 minutes.

Personal Information Form

This form, which was created by the researchers by scanning the literature, consists of 18 questions that evaluate the views, practices, and training needs of nurses regarding physical health care, as well as age, gender, professional education level, professional experience, and working style.^{12,21}

Physical Health Attitude Scale (PHAS)

The original 28-item scale was developed by Robson and Haddad in 2012.²² Turkish validity and reliability study was conducted by Özaslan et al. in 2020.¹⁵ The scale is a 5-likert-type scale with 24 items and 4 sub-dimensions. The scale has four sub-dimensions. “nurses’ attitudes towards their participation in physical health care sub-dimension”, “nurses’ confidence in providing physical health care sub-dimension”, “perceived barriers to physical health service delivery sub-dimension” and “attitudes towards smoking and negative beliefs sub-dimension”. Each item in the scale is scored between 1 and 5. Items 4, 6, 8, 11, 12, 13, 14, 16, 20, 23, 24 in the Turkish scale are calculated by reverse coding. The total score that can be obtained from the scale is between 24-120. A high score from the scale is an indicator of a positive attitude towards physical health. In the Turkish validity and reliability study, the scale total score Cronbach’s alpha value was 0.83. Cronbach’s alpha values for the sub-dimensions found in the validity and reliability study ranged from 0.64 to 0.88.¹⁵ In this study, the total score cronbach’s alpha value of the PHAS was found to be high as 0.79. As a result of this research, cronbach’s alpha values for the sub-dimensions ranged from 0.60 to 0.84.

Data analysis

The data obtained in this study were evaluated through the SPSS 22.0 statistical program (IBM, Armonk, NY, USA). Frequency and percentage analyzes were used to determine the descriptive characteristics of the nurses participating in the research. Mean and standard deviation statistics were used to analyze the scale data. Kurtosis and Skewness values were examined to determine whether the research variables showed a normal distribution. In this direction, parametric tests were used in the analysis of normally distributed variables, and non-parametric tests were used in the analysis of non-normally distributed variables. Parametric tests such as t-test, one-way analysis of variance (ANOVA) and post hoc (LSD) analyzes were used to analyze the differences in scale levels according to nurses’ descriptive characteristics, and non-parametric Man Whitney U test and Kruskal Wallis tests were used. The results were evaluated at the 95% confidence interval, at the $p < 0.05$ level of significance.

Ethical consideration

Ethics committee approval (07.10.2021/88697) was obtained from the Human Research Ethics Committee of Zonguldak Bülent Ecevit University in order to conduct the study. In addition, written permission was obtained from the institution where the research was conducted. Nurses who agreed to participate in the study were informed about the purpose, duration and scope of the study, and verbal and written consent was obtained from the participants, explaining that participation in the study was voluntary.

Results

Findings obtained as a result of this research (1) socio-demographic characteristics; (2) physical health care characteristics of nurses; (3) nurses’ training needs related to physical health care, and (4) nurses’ PST scores are presented under four headings.

Sociodemographic characteristics

The mean age of the nurses is 32.97 ± 8.12 , and 29.5% of them are between the ages of 31-35. Of the nurses, 75.5% were women, 66.2% had a bachelor’s degree, 30.9% had a working year of less than 5 years, and 54.0% had a working year of less than 5 years in psychiatry units. 31.7% of the nurses work in the male acute unit and 56.8% of them work in a shift for 24 hours. The mean number of patients per nurse was 11.53 ± 5.88 (Table 1).

Characteristics of nurses regarding physical health care practices

50.4% of the nurses reported that obesity-weight gain is the most common physical health problem in individuals with severe mental illness. On the other hand,

85.6% of the nurses stated that smoking is the most common problem that can negatively affect physical health in individuals with severe mental illness (Table 2). It was determined that 93.5% of the nurses always evaluate the physical health status of the patient at the first admission. 51.8% of nurses think that the psychiatric care they provide to patients does not interfere with physical care. 58.3% of nurses stated that their working conditions were not sufficient to provide physical care, and 82.7% stated that “the high number of patients per nurse” prevented them from providing physical health care (Table 2).

Table 1. Sociodemographic characteristics of nurses working in psychiatry clinics (n=139)

	$\bar{x} \pm SD$ (min-max)	
Age	32.97 ± 8.12 (18-56)	
	n	%
<25	29	20.9
26-30	29	20.9
31-35	41	29.5
35>	40	28.8
Gender		
Female	105	75.5
Male	34	24.5
Educational status		
Health vocational high school	17	12.2
Associate degree	24	17.3
Undergraduate	92	66.2
Master degree	6	4.3
PhD	0	0
Years of work in nursing		
<5	43	30.9
5-9	32	23
10-14	35	25.2
≥15	29	20.9
Years of study in psychiatry clinics		
<5	75	54
5-9	30	21.6
≥10	34	24.5
Psychiatric unit		
Female acute	37	26.6
Female subacute	14	10.1
Male acute	44	31.7
Male subacute	24	17.3
Other (CMHC, AMATEM etc)	20	14.4
Working hours in one shift		
8	55	39.6
16	5	3.6
24	79	56.8
	$\bar{x} \pm SD$ (min-max)	
Number of patients per nurse	11.53 ± 5.88 (4-30)	
	n	%
1-5	20	14.4
6-10	61	43.9
11-15	34	24.5
>15	24	17.3
Total	139	100

Table 2. Characteristics of nurses working in psychiatry clinics regarding physical health care practices (n=139)^a

	n	%
The most common physical health problems in individuals with severe mental illness*		
Obesity/Weight gain	70	50.4
Diabetes mellitus	67	48.2
Cardiovascular disorders	63	45.3
Thyroid disorders	36	25.9
Urinary infection	10	7.2
Cancer	2	1.4
Other	4	2.9
The most common problems in individuals with mental illness that may adversely affect physical health*		
Lack of hygiene	117	84.2
Smoking	119	85.6
Drinking alcohol	32	23
Being overweight	78	56.1
Not exercising or doing sports, sedentary life	83	59.7
Psychiatric symptoms in the patient	88	63.3
Psychotropic drug side effects	68	48.9
Evaluation of the physical health status of the patient at the first hospitalization		
Everytime	130	93.5
Sometimes	8	5.8
None	1	0.7
Psychiatric care interferes with physical care		
Yes	43	30.9
No	72	51.8
Undecided	24	17.3
Adequacy of working conditions for physical care		
Yes	27	19.4
No	81	58.3
Undecided	31	22.3
Barrier working condition		
Working shifts	3	3.7
High number of patients per nurse	67	82.7
Insufficient number of nurses	10	12.3
Other	1	1.2
Total	139	100

^a * – more than one option has been marked

Nurses’ practices regarding physical health care

81.3% of the nurses regularly monitor the patient’s blood pressure, 82% always help the patient to pay attention to personal hygiene, 51.1% sometimes encourage patients to exercise regularly, 55.4% always encourage patients to eat healthy, It was determined that 78.4% of the patients always followed up the routine weight of the patients, and 81.3% of the patients at risk always followed up the blood glucose abnormalities regularly. It was determined that 51.8% of the nurses sometimes evaluate the oral and dental health of the patients, 46.8% sometimes make attempts to help the patients quit smoking, and 43.9% never inform the patients about birth control methods (Table 3).

Educational needs of nurses regarding physical health care

79.9% of the nurses have knowledge and skills related to physical health care, 78.4% of them received train-

ing on physical health care, 65.1% of those who received training received this training during their undergraduate education, 51.4% of them received training in physical health care. stated that it was sufficient in providing care (Table 4). It was determined that nurses stated that they mostly needed training on exercise (59.7%) and smoking cessation (50.4%) among the physical health care practices that could be given to patients (Table 4).

Table 3. Practices of nurses working in psychiatry clinics for physical health care of individuals with mental illness (n=139)

	Everytime n (%)	Sometimes n (%)	None n (%)
Blood pressure monitoring	113 (81.3)	24 (17.3)	2 (1.4)
Helping them take care of their personal hygiene	114 (82)	24 (17.3)	1 (0.7)
Encouraging patients to exercise regularly	61 (43.9)	71 (51.1)	7 (5)
Encouraging patients to eat healthy	77 (55.4)	54 (38.8)	8 (5.8)
Doing routine weight follow-up of patients	109 (78.4)	23 (16.5)	7 (5)
Monitoring blood glucose abnormalities of at-risk patients	113 (81.3)	22 (15.8)	4 (2.9)
Evaluation of patients' oral and dental health	37 (26.6)	72 (51.8)	30 (21.6)
Attempts for patients to quit smoking	36 (25.9)	65 (46.8)	38 (27.3)
Informing patients about birth control methods	25 (18)	53 (38.1)	61 (43.9)

Table 4. Training needs of nurses working in psychiatry clinics on physical health care practices that can be given to individuals with mental illness (n=139)^a

	n	%
Having knowledge and skills		
Yes	111	79.9
No	28	20.1
Getting an Education status		
Yes I have been trained	109	78.4
No, I did not receive any training	30	21.6
Where did the training come from*		
In undergraduate education	71	65.1
In in-service training	38	34.9
Is the education received in caregiving sufficient?		
Yes	56	51.4
No	22	20.2
Sometimes	31	28.4
Which of the physical health care practices that can be given to patients are most needed for training**		
Exercise	83	59.7
Cardiovascular health management	64	46
Diabetes care	56	40.3
Healthy eating	56	40.3
Quit smoking	70	50.4
Weight management	44	31.7
Reproductive health	32	23
Oral and dental health problems	23	16.5
Practices to improve physical health	26	18.7
Total	139	100

^a* – those who answered yes to the previous question answered; ** – more than one option is marked

Nurses' Physical Health Attitude Scale (PAHS) Scores

The mean total score of the nurses' PAHS was 80.33±10.14 (Table 5).

There is no statistically significant difference in the total score of the nurses' PAHS according to gender, unit of work, duration of work in a shift, number of patients per nurse, age, education level, working year as a nurse, and working year in psychiatry units (p>0.05) (Table 6).

Table 5. PAHS scores of nurse

	$\bar{x} \pm SD$ (min–max)
Total score	80.33±10.14 (32–120)
Sub dimensions	
Attitudes towards participating in physical health care	25.20±6.08 (8–40)
Confidence in providing physical health care	18.85±3.1 (9–25)
Perceived barriers to physical health care	18.66±3.03 (6–25)
Attitudes and negative beliefs towards smoking	17.61±3.74 (6–30)

PAHS total scores show a statistically significant difference according to the nurses' knowledge and skills related to physical health care (U:1067.500; p=0.011). The total scores of PAHS show statistically significant differences according to the sufficiency of the education received by the nurses regarding physical health care (X²=9.483; p=0.009). It was determined that the total score of those who thought that education was sufficient in care was higher than those who thought that education was not sufficient in care (p<0.05) (Table 7).

It was found that there was no statistically significant difference in terms of the total mean scores of the PAHS of the nurses according to the psychiatric care's prevention of physical care, the adequacy of working conditions for physical care, and their educational status (p>0.05) (Table 7).

Discussion

The role of nurses working in psychiatry clinics in evaluating and caring for the physical health of individuals with mental illness is very important for holistic nursing care.⁸ This study, it was aimed to determine the attitudes, practices, and training needs of nurses working in psychiatry clinics regarding the physical health care of individuals with mental illness.

In the study, nurses working in psychiatry clinics stated obesity and weight gain was the most common physical health problem in individuals with mental illness. This result aligns with the findings from previous studies in the literature.^{4,23,24} In the study of Firth et al., it is stated that obesity is seen at a higher rate in individuals with severe mental illness compared to the general population.⁴ Collins et al. stated in their study that deaths due to physical health problems caused by the increase in body weight of severe mental patients are

Table 6. Comparison of the total PAHS score according to the sociodemographic characteristics of nurses working in psychiatry clinics (n=139)^a

Sociodemographic characteristics	n	PAHS total score $\bar{x} \pm SD$
Age		
<25	29	81.31±12.41
26–30	29	78.82±6.27
31–35	41	81.48±11.35
>35	40	79.55±9.40
		$X^2 = 3.431$
		$p = 0.33$
Gender		
Female	105	80.73±10.79
Male	34	79.11±7.8
		$U = 1481.000$
		$p = 0.136$
Educational status		
Health vocational high school	17	79.58±6.08
Associate degree	24	80.08±12.94
Undergraduate	92	80.19±9.94
Master degree	6	85.66±10.63
		$X^2 = 1.761$
		$p = 0.624$
Years of work in nursing		
<5	43	80.9±8.8
5–9	32	78.25±9.17
10–14	35	81.85±13.45
>15	29	79.96±8.33
		$X^2 = 4.522$
		$p = 0.21$
Years of study in psychiatric clinics		
<5	75	81.62±9.92
5-9	30	78.26±11.09
≥10	34	79.32±9.63
		$X^2 = 1.754$
		$p = 0.416$
Psychiatric unit		
Female acute	37	81.35±12.89
Female subacute	14	79.92±9.03
Male acute	44	80.22±10.48
Male subacute	24	80.50±7.71
Diğer (CMHC, AMATEM etc)	20	78.80±7.13
		$X^2 = 1.654$
		$p = 0.799$
Working hours in one shift		
8	55	82.56±7.1
16	5	85.8±19.7
24	79	78.44±10.86
		$X^2 = 5.68$
		$p = 0.058$
Number of patients per nurse		
1-5	20	81.75±10.62
6–10	61	81.98±10.1
11–15	34	78.58±7.85
>15	24	77.45±12.14
		$X^2 = 5.415$
		$p = 0.144$

^a X^2 – Kruskal-Wallis Test; U – Mann Whitney U test; $p < 0.05$

Table 7. Comparison of the PAHS total score and sub-dimension scores of nurses working in psychiatry clinics according to their physical health care characteristics (n=139)^a

	n	PAHS total score $\bar{x} \pm SD$
Psychiatric care interferes with physical care		
Yes	43	79.27±6.05
No	72	80.93±12.75
Undecided	24	80.45±6.72
		$X^2 = 2.475$
		$p = 0.29$
Adequacy of working conditions for physical care		
Yes	27	81.29±10.05
No	81	80.03±11.39
Undecided	31	80.29±6.18
		$X^2 = 0.174$
		$p = 0.916$
Having knowledge and skills		
Yes	111	81.36±10.13
No	28	76.28±9.26
		$U = 1067.500$
		$p = 0.011$
Getting an education status		
Yes I have been trained	109	80.43±11.13
No, I did not receive any training	30	80.00±5.30
		$U = 1526.000$
		$p = 0.576$
Where did the training come from		
In undergraduate education	71	81.08±10.97
In in-service training	38	79.21±11.46
		$U = 1228.500$
		$p = 0.443$
Is the education received in caregiving sufficient?		
Yes	56	82.66±11.90
No	22	76.50±13.59
Sometimes	31	79.19±5.89
		$X^2 = 9.483$
		$p = 0.009$
		$PostHoc = 1 > 2, 1 > 3$

^a X^2 – Kruskal-Wallis Test; U – Mann Whitney U test; posthoc – Tukey and LSD

much higher than deaths due to accidents and suicide in these patients.²⁴ Kayar Erginer and Partlak Günüşen, in their research examining the physical health status and health lifestyle behaviors of individuals with severe mental illness, determined that most of the patients had hypertension, cardiovascular diseases, and diabetes mellitus.¹³ It is stated that there are many factors affecting obesity and weight gain in individuals with severe mental illness. The presence of psychotropic drugs used by patients, insufficient exercise, unhealthy diet, and inability to cope with psychiatric symptoms can be shown among the most important causes of obesity.^{10,12,25,26} While weight gain and obesity in patients cause many physical health problems, they increase the risk of mor-

tality in patients.^{22,27} For this reason, it is very important for nurses working in psychiatry clinics to plan and implement interventions to prevent weight gain and obesity, and to monitor and evaluate patients in this respect.

As a result of this study, nurses stated that patients' smoking was the most common behavior that could negatively affect their physical health. This finding is similar to the studies in the literature. It is stated that smoking rates are higher in individuals with severe mental illness than in individuals without mental illness.^{28–31} As a result of the study conducted by Dickerson et al., it was determined that the rate of smoking was 62% in patients with schizophrenia, 37% in patients with bipolar affective disorder, while this rate was 17% in patients without a psychiatric disorder. It is stated that individuals with severe mental illness have higher smoking rates as well as lower smoking cessation rates.³¹ Although the barriers to quitting smoking are multifactorial, it is stated that the attempts of psychiatry services to quit smoking are limited.³² For this reason, nurses related to smoking, which has an important contribution to the emergence of physical health problems in individuals with severe mental illness, should plan initiatives to encourage patients to quit smoking within the framework of multidisciplinary team cooperation. Nurses can teach patients effective coping methods instead of smoking.

In this study, the physical health care that nurses regularly give to their patients, evaluation of the physical health status of the patient at the first hospitalization, regular monitoring of the patient's blood pressure, helping the patient pay attention to personal hygiene, encouraging health nutrition, routine weight monitoring, regular blood pressure monitoring of risky patients. It has been determined that glucose abnormalities are followed. This finding in the study suggests that nurses provide physical health care, which is mostly included in routine care, in clinics. This result is similar to the results in the literature.^{18,19} As a result of a similar study conducted with psychiatric nurses in Asian countries, it was found that the majority of nurses evaluate the patient's physical health while providing nursing care at the first hospitalization, and routinely apply physical health care such as monitoring blood pressure and helping personal hygiene.³³ As a result of a similar study conducted with nurses in Australia, it was determined that the majority of nurses saw it as a nursing responsibility to help patients manage their weight and to advise patients on nutrition and how to prevent heart disease.¹⁷

As a result of this study, an important result related to providing physical healthcare is that nurses rarely apply interventions to encourage patients to exercise regularly, evaluate oral and dental health, and quit smoking, and they never inform patients about birth control methods. These shortcomings in assessing patients' physical health and providing holistic physical health care can be explained

by several factors. First; Another finding in this study is the perceived barriers of nurses in providing physical health care. The results of this study show that the psychiatric care given by the nurses to the patients, the working conditions and the high number of patients per nurse prevent them from providing physical health care. This result is similar to the literature.^{17,21,33} In a similar study with psychiatric nurses in three Asian countries, nurses' workload, patients' lack of motivation to exercise, patients' lack of interest in improving their own physical health, and the presence of mental illness are shown as similar situations that prevent nurses from providing physical health care.³³ In a similar study, it was determined that nurses see workload as an obstacle in providing physical health care.¹⁷ As the second factor that may cause deficiencies in providing physical health care, it is discussed in the literature that nurses do not trust themselves in providing holistic physical health care with all its dimensions, do not see physical health care as a priority, and do not have adequate training in assessing physical health and providing care.^{8,21,27,34,35} In Gray and Brown's study, it was determined that psychiatric nurses do not find themselves sufficient to provide physical health care to individuals with mental illness, they think that patients tend to their own mental health, and that the physical health of patients is not among their priorities.³⁶ In their study with psychiatric nurses, Çelik İnce et al. determined that individuals with mental illness could not receive the physical health services they needed, that patients generally focused on their mental problems, and somatic interpretation of their physical complaints prevented these patients from receiving physical health care.¹² In this study, it was determined that the education of nurses on physical health care, especially in undergraduate education, was sufficient in providing physical health care. However, it has been determined that among the physical health care practices that can be given to the patients, the training needs are mostly about exercise and smoking cessation. Moreover, it is evident that nurses should possess adequate knowledge and confidence in assessing oral and dental health of individuals with mental illness, explaining contraceptive methods, and evaluating and managing physical health concerns. They should also receive appropriate training to fulfill the requirements of providing care and interventions to safeguard physical health.^{27,33} It is important to provide training to nurses that caters to their specific needs, particularly in the area of patient care. Repetition of these trainings on an annual basis has been shown to increase nurses' confidence in administering physical health care to patients, and has a positive impact on the overall quality of care provided.⁸

In this study, when the scores of the nurses from the scale are evaluated, it can be said that they have a positive physical health attitude. In some of the studies in the literature, it was determined that psychiatric nurses have positive attitudes toward participation in physical health

care, it was determined that some of them had negative attitudes.^{3,9,15,37} In addition, in the studies in the literature, psychiatric nurses have different views on the importance of physical health care and the role of nurses in this issue; It has been determined that the difference in the level of trust of nurses in providing physical health services is effective in the emergence of this situation.^{18,19} The results of the study also show similarities with the studies of Ganniah et al. and Howard and Gamble.^{3,7} However, Bradshaw and Pedley showed that mental health nurses generally have a low level of positive health promoting attitudes towards physical health care.¹⁶ It has been noticed that nurses working in psychiatry clinics have varying attitudes towards providing physical health care to patients. Patients with severe mental illness require the assistance of nurses not only in managing their psychiatric illnesses but also in maintaining their physical health. Psychiatric nurses are crucial in providing comprehensive care to patients. Therefore, it is imperative to promote positive attitudes towards physical health care among nurses and identify their requirements in this area.

Clinical implications for nursing practice

Based on the research findings, it is advisable for nurses in psychiatric clinics to assess the overall physical health of their patients during regular care. Additionally, providing in-service training to nurses on topics that require training can help improve their ability to provide physical healthcare support. To address the issue at hand, it is important to increase nurses' awareness, knowledge, and skills in providing holistic care, reduce the nurse-to-patient ratio in psychiatry clinics, and implement evidence-based nutrition, exercise, and hygiene programs for patients. Incorporating activities like nutrition and sports into routine care in psychiatry clinics and developing infrastructure to support these efforts can also help. By doing so, we can reduce physical health problems in individuals with severe mental illness and improve nurses' knowledge and confidence levels on this topic.

Study limitations

Since the study was conducted only in a regional hospital located in the Eastern Anatolia Region of Turkey, the fact that it could not be generalized to all psychiatric nurses can be considered as the main limitation of the study.

Conclusion

As a result of this research, which was conducted to determine the attitudes, practices, and training needs of nurses working in psychiatry clinics toward physical health care of individuals with severe mental illness, it was determined that obesity and weight gain, diabetes, and cardiovascular diseases are the most common physical health problems of nurses in individuals with mental illness. It has been determined that lack of hygiene

and smoking are among the problems that can negatively affect physical health. Almost all of the nurses evaluated the routine physical health status of the patients at the first hospitalization; It has been determined that the most frequently given physical health care practices are practices such as regular monitoring of blood pressure, helping patients to pay attention to their personal hygiene, and routine weight follow-up.

Overall, the research indicates that nurses working in psychiatry clinics have positive attitudes towards physical health. However, there is a need to improve their awareness and confidence in evaluating and caring for various aspects of physical health, such as oral and dental health assessments, explaining birth control methods, and interventions to protect physical health. It's important to determine and meet their training needs in order to address these areas of improvement.

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Author contributions

Conceptualization, H.Y.K. and S.Ç.İ.; Methodology, H.Y.K. and S.Ç.İ.; Software, H.Y.K.; Validation, H.Y.K. and S.Ç.İ.; Formal Analysis, H.Y.K. and S.Ç.İ., Expert Statistician; Investigation, H.Y.K. and S.Ç.İ.; Resources, H.Y.K. and S.Ç.İ.; Writing – Original Draft Preparation, H.Y.K. and S.Ç.İ.; Visualization, S.Ç.İ.; Supervision, S.Ç.İ.; Project Administration, H.Y.K. and S.Ç.İ.; Funding Acquisition, H.Y.K. and S.Ç.İ.

Conflicts of interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Data availability

Data available on request from the authors.

Ethics approval

Ethics committee approval (07.10.2021/88697) was obtained from the Human Research Ethics Committee of Zonguldak Bülent Ecevit University in order to conduct the study. In addition, written permission was obtained from the institution where the research was conducted. Nurses who agreed to participate in the study were informed about the purpose, duration and scope of the study, and verbal and written consent was obtained from the participants, explaining that participation in the study was voluntary.

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