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Nurses' Knowledge And Skills About Of Caring Of Patients' Schizophrenia At Jeddah General Hospitals

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Abstract

Background Schizophrenia is a psychological condition that is lifelong in nature and advanced nursing is essential. Nurses are in a significant position to guarantee the best patient outcomes in the psychologically schizophrenia patients with effective appraisal and administration and psychosocial services. Nonetheless, quality care provision may be hindered by knowledge and skills gaps in nurses who cannot deliver quality care due to insufficient specific training in some general hospitals.
Aim: The research was aimed at evaluating both clinical skills and the degree of knowledge of nurses in general hospitals in Jeddah in relation to providing care to schizophrenic patients.
Method: It was performed in a quasi-Experimental research design. The study sample consisted of a group of 100 nurses employed at Jeddah general hospitals in reference to a validated instrument that gauged the level of knowledge and competency in relation to caring about schizophrenia. Descriptive statistics were used in analyzing the data to determine the level of competency.
Results: According to results, it was determined that 35 percent of nurses had a below 50 scores which meant a low level of knowledge and skills. Half of its scores ranged between 51-70 which indicates that they are fairly competent, whereas only 14 per cent showed very good knowledge and competence with scores of between 71-90. Only 1% demonstrated high levels of competency (above 91) indicating that there is a very large gap in knowledge and skill level between nurses in general hospitals in providing care to patients with schizophrenia.
Conclusion: The research highlights the necessity of specific educational activities and in-service training to increase the competencies of nurses to treat patients diagnosed with schizophrenia. Development of these competencies can play a crucial role in enhancing patient well-being, decreasing the rates of relapse and providing comprehensive psychiatric help.

Keywords: schizophrenia, nursing knowledge, clinical skills, psychiatric care, general hospitals, Jeddah.

Introduction

Mental health conditions are a substantial burden worldwide, and schizophrenia is one of the most disabling mental conditions, in that one out of every 100 global citizens has schizophrenia (Ahmad et al., 2022; Alqahtani et al., 2022). Nurses play a significant frontline role in the provision of care to patients in general hospitals especially in areas where psychiatric departments can be embedded to take part in general healthcare services. Patients with schizophrenia usually have multifaceted symptoms, namely, delusions, hallucinations, formal thought disorder, and emotional blunting, which demand a certain degree of specific skills in the therapeutic communication, risk evaluation, medication administration, and psychosocial interaction (Batool et al., 2022; El-Ashry et al., 2024). In spite of this, recent studies indicate that in most

settings, nurses lack sufficient preparedness related to knowledge and skills in the maintenance of such presentations. It has been repeatedly indicated with global concern that the nurses are not adequate in terms of proficiency and confidence to take care of patients with schizophrenia and entire nursing curricula and in-service training sometimes fail to prepare them accordingly (Hazzazi et al., 2023).

On the international scene, a recent cross-national review revealed that the level of mental health literacy in general nurses was low in most of the countries, and it was identified that misconceptions about the nature and treatment of schizophrenia is one of the factors that enhance stigmatization and poor patient outcomes (Uguz, 2024). In the states belonging to the Gulf Cooperation Council (GCC), such as Saudi Arabia, little large-scale research is available, yet the existing ones report similar gaps. In a systematic review of the literature focused on Gulf countries, Elyamani and Naja (2021) identified a negative attitude to mental illness within healthcare providers, such as nurses, who have low rates of adequate training to serve patients with psychiatric diagnoses. The beliefs in the culture that relate mental disorders to the supernatural behavior also contribute to such attitudes and ultimately affect clinical interaction and sympathetic scenes (Mahsoon, 2024; Sapharina et al., 2024).

To speak more about the Saudi Arabian population in particular, mental illness is estimated to be a condition that affects close to 18 percent of patients who attend primary care facilities (Mahsoon, 2024). However, psychiatric nursing is still a lowly-resourced specialty: numerous nurses claim to feel scared, unprepared, and stigmatized when faced with the task of working on psychiatric floors or having to deal with schizophrenia in any other ward (Mahsoon, 2024; Alyousef & Alhamidi, 2023). Psychiatric nurses in Saudi hospitals who were examined through the qualitative study considered that they lacked the knowledge related to medication management and use other therapeutic skills, stating that they needed clinical education with a structured curriculum as well as inter-professional collaboration and role clarification processes (Alyousef & Alhamidi, 2025). An additional regional systematic review of Saudi mental health nursing noted that educational interventions substantially enhance the clinical competency of psychiatric nurses, although regular continuing education practices show inconsistency (Alanazi et al., 2023). In addition, Saudi Arabian primary healthcare nurses have also complained of gross health education insights overall, which is an indicator of underlying gaps in baseline expertise (Alsaleh, 2016). Such results point to the necessity to improve training, especially with regards to dealing with schizophrenic patients.

In the system of general hospitals in Jeddah where the provision of psychiatric beds could be inadequate and emergency or general wards handle the patients with acute psychosis, knowledge and skills of the general nursing staff will be of paramount importance. The role of a nurse requires them to evaluate the threat, handle the use of antipsychotic medicines, enlist family services, use psychosis-informed interchange, and arrange references. Nonetheless, anecdotal evidence gathered among the leadership of local nursing staff indicates that most staff members believe themselves quite unprepared in such duties, resorting more to improvised education than a prescribed practice or guided clinical practice. Since the vision of Saudi Arabia intends to grow its mental health infrastructure and develop more effective healthcare professionals, it is critical to realize the existing status of the preparedness of nurses (WHO, cited in summary of Middle East health policy, 2023).

Available international evidence demonstrates that nursing education initiatives, which can be short and moderated interventions (e.g., a few days of specific training or monitored clinical placements), can enhance knowledge, decrease prejudice, and enhance the ability to handle care of those with severe mental illness such as schizophrenia (Onyia et al., 2023; El-Ashry et al., 2024). However, it is not quite evident how these principles are or may be manifested in the context of Saudi general hospitals, especially those in the city of Jeddah and their tertiary hospitals. Factually, there is a lack of statistics on knowledge and skill levels of psychiatric specialist and general ward nurses in this regard also. Absence of comparative insight deprives policy-makers and hospital administrators of the evidence to structure relevant continuing professional development programmes that relate to the global best practice as well as to the local cultural context.

This gap has been important to close not only in terms of the professional confidence of nurses but also in relation to the patient results. Weak knowledge and inadequate skills in the field of schizophrenia may precondition the risk of relapse, ineffective treatment with medications, prolonged stays in hospitals,

involuntary hospitalization, and low therapeutic alliance. Notably, healthcare professional stigma may increase patient isolation and dampen the tendency to seek help especially those cultures where the stigma of mental illness is quite strong. So, the assessment and enhancement of the knowledge and skills of nurses to treat schizophrenics is an essential element of mental healthcare service delivery in the 21st century in Saudi Arabia.

Altogether, the provision of care for schizophrenia requires advanced nursing skills and knowledge, which may be insufficient in general hospitals worldwide, countries in the Gulf region, and Saudi Arabia in particular. Although international literature backs the impact of selected academic intervention, insufficiency in the latest evidence empirically capturing the status quo of nurse preparedness across general hospitals in Jeddah exists, and no evidence compares general ward nurses with psychiatric ward counterparts. In the absence of that evidence, clinical leaders will not be able to target training or policy interventions to increase care to such vulnerable patient population.

Nevertheless, schizophrenia and its treatment in Saudi Arabia is treatable in a general hospital environment (average of 18% of primary care patients residing in the country are diagnosed with a psychiatric condition (Mahsoon, 2024)) but no recent empirical data exist on the competence and expertise of nurses regarding the treatment of patients with schizophrenia within general hospitals in Jeddah. This shortage restricts the possibilities of designing effective training program, providing the quality of care, and decreasing the stigma during clinical interactions.

Jeddah general hospitals are of particular value to assess the competency and readiness of nurses to treat schizophrenia patients because this will inform the design of an evidence-based curriculum and ongoing educational opportunities that are aligned with the goals of Vision 2030; increase patient safety, patient therapeutic interaction, and medication management; decrease stigma and increase recovery-oriented care; and will support healthcare policy designers in the enhancement of psychiatric care capacity in the context of general Saudi health care facilities.

Method

The current study used a quasi-Experimental research design. All nurses who are working in King Fahad General Hospital – Jeddah, King Abdullah Medical Complex, King Abdulaziz Hospital, and East Jeddah. paradigm to determine the level of knowledge and skills possessed by nurses as far as the care of patients with schizophrenia in Jeddah general hospitals is concerned in Saudi Arabia. It was a target population of the registered nurse actively working at the study will conduct at general hospital in patient department general medical units where schizophrenic patients are usually treated. Purposive sampling of 100 nurses was included to cover all the four big general hospitals in Jeddah including King Fahad General Hospital, King Abdulaziz Hospital, King Abdullah Medical Complex, and East Jeddah Hospital. The inclusion criteria included nurses at least one year of experience in clinical practice and nurses who had direct contact with psychiatric patients. The respective hospital research ethics committees approved the ethical aspects of the study, and all the participants gave informed consent.

The structured, self- administered questionnaire used was based on three sections with data collected accordingly. The first part involved the demographic details that amounted to age; gender; marital status; education level; the number of years of experience in psychiatric areas; and completion of mental health nursing course. The second section estimated the level of the nurse's knowledge about schizophrenia and other psychiatric disorders based on a 12-item multiple-choice survey. All the examinations were evaluated to reflect on understanding symptomatology, diagnosis, and overall concepts about psychiatric nursing. The third part evaluated the practical competencies, Respondents were asked about their level of competency in managing the symptoms that include hallucinations, delusions, agitation and suicide risk on a 3-point scale (Not Met = 0, Partially Met = 1, Met = 2). The tool psychometric properties will be assessed after plotting the pilot study.

Knowledge and skills questionnaires showed very good reliability in internal consistency with the values of Cronbach alpha at 0.81 and 0.79, respectively. Before the intended comprehensive usage, the instrument underwent a pilot-test on 31 nurses outside the final sample of another hospital to clarify and

make the instrument relevant. This was done by analyzing data collected through the SPSS version 26 where descriptive statistics namely the frequencies, percentages, means, and standard deviations were used to outline the demographic profile and distribution of knowledge and skills scores. The findings gave a clear account of the state of competence among the nurses and areas of improvement regarding the process of psychiatric nursing care particularly in terms of schizophrenia identification and management in non-specialized hospitals.

Results

Table 1: Demographical Information of the study participants (N = 100)

Variable	Category	f	%)
Gender	Male	34	34.0
	Female	66	66.0
Age	20 – 29	24	24.0
	30 – 39	40	40.0
	40 – 49	25	25.0
	50 – 59	11	11.0
Marital Status	Single	19	19.0
	Married	70	70.0
	Divorced	6	6.0
	Widow	5	5.0
Qualification	Diploma in Nursing	29	29.0
	Bachelors in nursing	54	54.0
	Graduate Degree in Nursing (3=Nursing Administration, 4=Nursing Public Health 3=Nursing Medical and Surgical 3=Nursing Education)	17	17.0
Years of Experience in Psychiatric Units	From 1 – 5 years	21	21.0
	From 6 – 10 years	43	43.0
	From 11 – 15 years	17	17.0
	More than 15 years	19	19.0
Mental Health Nursing Course Completion	I have completed nursing course of mental health	66	66.0
	I haven't completed nursing course	34	34.0
Name of Hospital	King Fahad General Hospital – Jeddah	24	24.0
	King Abdullah Medical Complex	23	23.0
	King Abdulaziz Hospital	25	25.0
	East Jeddah	28	28.0

The demographic circumstances of the participants indicate that female nurses make up the largest percentage of the participants (66 percent), with the males constituting 34 percent of the sample. The largest proportion of age group was 30-39 years (40 %), 40-49 years (25 %) and only 11 % was having the age group 50-59 years showing a youthful workforce. Most (70%) of the interviewees were married and more than half had a baccalaureate degree in nursing (54%) and few had a masters or doctoral degree (17%). With respect to psychiatric experience 43 percent of them had some experience of 610 years and 66 percent of them had been through the mental health nursing course. It was distributed to the nurses in fairly equal amounts and the largest percentage was represented as East Jeddah (28%).

Table 2: Level of Nurses' knowledge about of caring of patients schizophrenia (N = 100).

Sr	Category	f	%	M	SD
1	Statement				

	The symptoms of schizophrenia are the same for every person.	21	21.0	2.88	1.37
	Schizophrenia is not diagnosed easily and quickly.	20	20.0		
	Although there is a long list of symptoms a person with this disorder will demonstrate all symptoms.	26	26.0		
	DSM-5-TR explains clearly which combination of symptoms is required for diagnosis.	16	16.0		
2	Statement				
	Are central to nursing care and patient recovery	10	10.0	3.12	1.29
	Do not impact on the nursing process or care.	24	24.0		
	Do not affect the patient's behavior or actions.	33	33.0		
	May increase the unpredictability of violent behavior	10	10.0		
	a. and d. are correct.	23	23.0		
3	Statement				
	less than one third get this help	21	21.0	3.02	1.51
	most sufferers of schizophrenia have psychosis	23	23.0		
	more specialist treatment would be available if community care was improved for	13	13.0		
	most sufferers (worldwide) receive no care at all	19	19.0		
	a., c., and d. are correct	24	24.0		
4	Statement				
	sometimes suicidal	19	19.0	2.87	1.34
	predictable	25	25.0		
	sometimes violent	21	21.0		
	always heavily medicated	20	20.0		
	a. and c. are correct	15	15.0		
5	Statement				
	not every patient has depressive symptoms – some only experience manic episode	24	24.0	2.77	1.35
	the combinations of symptoms necessary for diagnosis are not fixed	20	20.0		
	DSM-5-TR only offers guidance – but is very detailed	24	24.0		
	every patient has the same symptoms	19	19.0		
	a., b., and c. are all correct	13	13.0		
6	Statement				
	inability to concentrate	24	24.0	2.98	1.49
	delusions and hallucinations	17	17.0		
	loss of energy	19	19.0		
	excessive or prolonged sadness	17	17.0		
	only a. and b. are incorrect	23	23.0		
7	Statement				
	delusions and hallucinations	24	24.0	2.94	1.48
	belief they have "superpowers	19	19.0		
	these are the same in depressive and manic periods	18	18.0		
	a. and c. are correct	17	17.0		
	a. and b. are correct	22	22.0		
8	Statement				
	Often responsive to CBT	24	24.0	2.96	1.51
	Sometimes suicidal	19	19.0		
	Predictable	18	18.0		
	Need to be restrained	15	15.0		
	a. and b. are correct	24	24.0		

9	obsessive compulsive disorder diagnosis is not always easy because:				
	Obsessions can vary in intensity	18	18.0	3.01	1.36
	Although compulsions are defined in DSM-5-TR they can be hidden	19	19.0		
	Patients are often functional	26	26.0		
	Every patient presents the same symptoms	18	18.0		
	a., b., and c. are correct	19	19.0		
10	Statement				
	When the patient is first diagnosed	18	18.0	3.00	1.36
	If the patient is suicidal	22	22.0		
	When the patient's family needs respite	18	18.0		
	If the patient is a danger to themselves or others	26	26.0		
	b. and d. are correct.	16	16.0		
11	Statement				
	Each substance group is different	19	19.0	3.18	1.48
	Each person is different	17	17.0		
	Co-morbidities may hide or mask	19	19.0		
	It is always the same	17	17.0		
	Only d. is incorrect	28	28.0		
12	Statement				
	Essential to prevent risk of harm	17	17.0	2.96	1.35
	Carried out in any order	24	24.0		
	Needed to build trust	23	23.0		
	The same as for general admissions patients	18	18.0		
	a. and c. are correct	18	18.0		

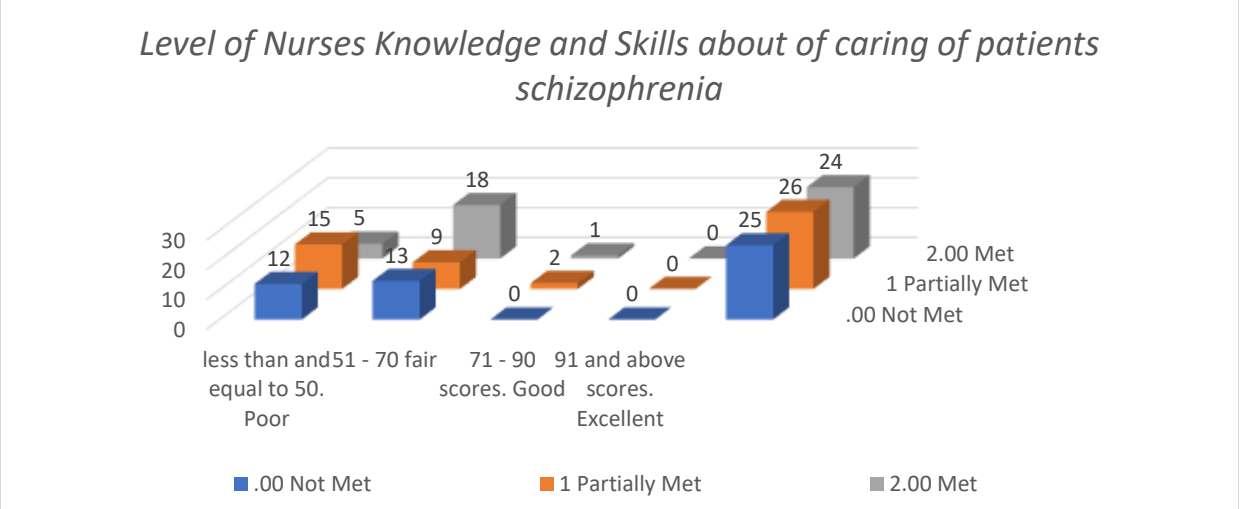
The findings show the differences in the extent of the knowledge about psychiatric disorders and diagnostic procedures. Moderate knowledge was indicated by the range of 2.77 to 3.18 (on a hypothetical 5-point scale) of the mean scores on items. As an illustration, mere 16 percent of them managed to coherently match the diagnostic criteria of schizophrenia according to the DSM-5-TR criteria, with a rather large percentage of the respondents being misinformed about the symptoms. In addition, a significant proportion (33%) incorrectly felt that the negative symptoms have no influence on patient behavior. The awareness of bipolar disorder, OCD, and substance abuse disorders had poor support as well and less than a quarter of the respondents selected the thorough answers. It implies that there is a knowledge deficit, especially in thoughtful psychiatric presentations and comorbidity.

Table 3: Level of Nurses' skills about of caring of patients schizophrenia (N = 100).

Sr	Category	f	%	M	SD
1	Statement				
	Not Met	40	40.0	0.66	0.58
	Partially met	54	54.0		
	Met	6	6.0		
2	Statement				
	Not Met	47	47.0	0.58	0.59
	Partially met	48	48.0		
	Met	5	5.0		
3	Statement				
	Not Met	41	41.0	0.66	0.61
	Partially met	52	52.0		
	Met	7	7.0		
4	Statement				

	Not Met	46	46.0	0.56	0.53
	Partially met	52	52.0		
	Met	2	2.0		
5	Statement				
	Not Met	61	61.0	0.42	0.55
	Partially met	36	36.0		
	Met	3	3.0		
6	Statement				
	Not Met	70	70.0	0.33	0.33
	Partially met	27	27.0		
	Met	3	3.0		
7	Statement				
	Not Met	73	73.0	0.30	0.30
	Partially met	24	24.0		
	Met	3	3.0		
8	Statement				
	Not Met	89	89.0	0.12	0.12
	Partially met	10	10.0		
	Met	1	1.0		
9	Statement				
	Not Met	61	61.0	0.42	0.42
	Partially met	36	36.0		
	Met	3	3.0		

There was an obvious shortage in the measurement of practical nursing skills. Most of the responses were either not met or partially met in all the categories of skills. As an example, the participants included 89 percent of the nurses which were not able to accurately identify psychiatric emergencies and one percent of them had the standards according to which emergencies could be recognized. There was also the lack of development of skills on how to manage hallucinations, delusions, agitation, and anxiety. An example is that 73 percent of them were not able to portray the skills required for dealing with anxious patients, and only 3 percent claimed to have entirely attained the expectations when dealing with agitation. Their general average scores were very poor with only a few more than 1.0 indicating incompetence in basic psychiatric care practices.



The graph shows that 35 percent of the nurses received 50 or less percent that depicts a poor transfer of knowledge and skills on how to care about patients with schizophrenia. The nurses who had a fair degree

of competency in their scores ranged between 51 and 70 with approximately 50 percent of the nurses having these scores. Very few (14 percent) showed good knowledge and skills with a range of 71 to 90 and only 1 percent was at an excellent level with a score above 91. Such findings demonstrate global lack of knowledge and clinical competences of nurses in general hospitals in Jeddah in terms of treating patients with schizophrenia and managing them.

Discussion

The results of this research highlight dangerous deficiency in the knowledge and skills of nurses treating the patients with schizophrenia in general hospitals within the city of Jeddah. A good percentage of the nursing staff displayed poor to fair competency among them with 35% of them being below 50 and 50% of them still indicated to be between 51-70, which is rated to be only fair. The fact is consistent with the available literature that has discussed this issue of the lack of mental health education among general nurses globally especially in developing countries due to scarcity of psychiatric education in many undergraduate curriculums (Johansen et al., 2021; Guan t al., 2021; Lora et al., 2022; Vancampfort et al., 2023). This factor is also influenced by the few hours of exposure to psychiatric settings in the training process thus being unprepared to take care of such patients with complex mental health needs e.g. schizophrenia.

Such findings are consistent with other international studies and show that nurses are often experiencing the lack of confidence and limited skills dealing with psychotic symptoms, aggression on the part of the patient, and suicidal intent (Kameg et al., 2021; Morrison-Valfre 2022; Ambikile & Iseselo, 2023). The outcomes are even more eminent in Jeddah because culture has stigmatized mental illness, and there is scanty psychiatric infrastructure. Research indicates that nurses tend to use their attitudes or unofficial practices instead of evidence-based principles in treating schizophrenia and this increases the vulnerability of inferior care (Hung et al., 2021; Alwar & Addis, 2022; Forster et al., 2023). Such lack of training and supervision not only makes it more difficult to conduct a therapeutic communication but also slows down the ability of nurses to evaluate, monitor, and react to the onset of psychotic symptoms.

More so, the research shows that there is no uniformity in mental health continuing education programs, something that might explain the poor performance in clinical skills. It showed that only 14 percent of nurses have had good knowledge and skills, whereby only 1 percent scored excellent, this shows either advanced training is not accessible or was not utilized. A study by Li et al. (2022) notes the utmost necessity of well-structured in-service training programs improving the competency of nurses and patient outcomes. Lacking ongoing professional education, nurses cannot properly treat the most variable behavioral patterns of patients, administer medications, and intervene in a crisis, which are essential factors in schizophrenia (Chiang et al., 2021; Jabbie et al., 2024).

Practicing nursing with schizophrenic patients implies not only theoretical learning but also having practical skills such as the communication techniques in the therapeutic interaction, medication adherence assistance, and techniques of crisis management. This poor performance indicates that nurses working in general hospitals in Jeddah are not getting the extensive training to deal with all manner of needs. According to previous research in Saudi Arabia and other nations in the region, nurses still confuse or neglect the symptoms of hallucinations and delusions because of their inadequate exposure to clinical practice or outdated knowledge (Şenormancı et al., 2021; Al-Yateem et al., 2022; Mansouri & Darvishpour, 2024). Such mismanagement has been shown to increase the rate of rehospitalization and have a worse long-term patient outcome.

Other workplace related factors like shortage of staff, heavy workload, and little interprofessional collaboration, although not directly measured in the present discourse, are also likely to exacerbate the condition. Past studies have discovered that these systemic factors significantly affect the capacity of nurses to provide quality psychiatric care, particularly, in non-specialized hospital units (Zhou et al., 2021; Lin & Ma, 2023; Wand et al., 2024). Structural arrangements and administrative regulations would then have to be adjusted to focus primarily on the development of mental health competency because the absence of institutional interest is directly linked to the poor clinical performance of mental health professionals that would eventually lead to increased caregiver burden.

The findings presented in the study can be viewed as an awakening of nursing administrators and decision makers in the region. Trends in psychiatric care deficiencies are also impossible to dismiss, especially because the disclosure of schizophrenia and other major mental diseases is steadily growing in Saudi Arabia. Intensive reforms are required to ensure the inclusion of education about mental illness in basic nursing programs and the encouragement of constant learning with the help of frequent workshops, case-based presentations, and simulation-based education (Zhu et al., 2021; Molloy et al., 2023). It is not only a clinical imperative that the capacity of nurses to take care of patients with schizophrenia is enhanced but a priority order in the public health.

Future Direction

To determine whether or not structured interventions that amount to mental health training will be effective in equipping general hospitals in Saudi Arabia should be studied in the future. Longitudinal studies that would evaluate the performance of nurses prior and in the post-psychiatric education modules involving simulation learning and engagement of interactive workshops should be carried out to identify the best practices of sustainably stimulating competencies. Also, the use of patient outcome measures may allow developing a more definite connection between the competencies of nursing and the quality of care to schizophrenia patients.

Limitations

The research was restricted to the general hospitals in Jeddah and might prove not to be representative in other parts of Saudi Arabia. The cross-sectional design limits the inference that it is correctly seen as causality between educational background and competency. Furthermore, bias may also come with self-report questionnaires due to over/underreporting of knowledge and abilities by the respondents. Organizational factors and stress factors when it comes to workload were also not studied and this may have affected the performance of the nurses.

Conclusion

The study identifies a significant gap in knowledge and skills of nurses working with schizophrenia patients in general hospitals in Jeddah. The results indicate that more and better psychiatric nursing education and institutional support of constant learning are much needed. These gaps will also be the focus of addressing in an effort to enhance the quality of mental health care delivery and establish recovery-oriented practices in Saudi Arabia among individuals living with schizophrenia.

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