

Relationship between Emotional Intelligence Levels of Nurses Working in the Regional Psychiatry Hospital and Their Views about Mental Illnesses/People with Mental Illness

Sahha Bozdogan Yesilot^{1*}, Ayse Inel Manav², Nesibe Sedef³, Yakup Dundar⁴, Didem Ates⁵, Saliha Ozler⁶

¹Research Assistant, PhD, Cukurova University, Faculty of Health Science Nursing Department 01380, Adana, Turkey

²Cukurova University Abdi Sutcu Vocational School of Health Services, 01380, Adana, Turkey

³Dr. Ekrem Tok Mental Health Hospital Adana, Turkey

⁴Dr. Ekrem Tok Mental Health Hospital Adana, Turkey

⁵Dr. Ekrem Tok Mental Health Hospital Adana, Turkey

⁶Dr. Ekrem Tok Mental Health Hospital Adana, Turkey

Original Research Article

*Corresponding author

Saliha Bozdogan Yesilot

Article History

Received: 10.02.2018

Accepted: 24.03.2018

Published: 30.03.2018

DOI:

10.21276/haya.2018.3.3.2



Abstract: Aim of this study is to evaluate the relation between emotional intelligence and attitudes and behaviours of nurses who work in a mental health hospital in regard to mental illnesses and patients. This is a descriptive study. Participants are all nurses who work in Dr. Ekrem Tok Mental Health Hospital in Adana. The study sample consisted of 93 nurses who agreed and had criteria to participate in this study. Data were collected by using socio-demographic questionnaire, Schutte Emotional Intelligence Scale and Opinions about Mental Illness Scale. Data were analysed using SPSS package programme, Pearson correlation test and t-test. The average age of individuals participating in the study is $39,44 \pm 7,73$. Average working period of participated nurses in this hospital is $8,43 \pm 6,56$. The mean score of Schutte Emotional Intelligence Scale is $128,05 \pm 11,60$. Findings indicate a positive correlation between emotional intelligence and B factor of Opinions about Mental Illness scale. According to the findings; the nurses with high level of emotional intelligence score had higher scores for protective and humane approach. Thus, the development of positive attitudes towards people with mental illnesses can be achieved based on this finding. Therefore, we can recommend training program in order to increase emotional intelligence for nurses.

Keywords: Emotional Intelligence, Stigma, Nurse, Psychiatric patient, Care

INTRODUCTION

Emotional intelligence is a way of understanding self and others [1]; it is a changing factor which explains how well one can dominate own emotions and use them more effectively [2].

It is in every area where human interaction exists, and it enables to comprehend, perceive, know, and manage emotions in an effective, appropriate, and beneficial way [3].

In addition, emotional intelligence is the prerequisite of the nursing skills such as sensitiveness, empathy, creativity, self-awareness, and entrepreneurship [4, 5]. Individual-centered care relationship is the most important tool possessed by psychiatric nurses, who work for the protection, maintenance and development of mental health in every setting [6, 7]. In this relationship, nurses are expected to recognize and manage both their own feelings and the feelings of the people they provide care [8]. High levels of emotional intelligence of health care personnel in therapeutic relationships have proven to be beneficial to the patient by creating an authentic relationship with the

caregiver, recognizing and enabling a deeper understanding of the individual's feelings, providing individual-centered care, and making decisions together with the individual. With this aspect, emotional intelligence exists in all decision-making and creative thinking processes of psychiatric nursing because it affects nurses' assessing and managing the context of the care at that moment [9, 10].

From past to present, mental illnesses and individuals with mental illness have been affected by society's, patient relatives', patients', and health professionals' negative beliefs, views, attitudes and stigmatization [11]. Stigmatization of individuals with mental illness and their relatives result in decrease in self-respect, loneliness, and decrease in help-seeking behaviours [12,13].

In stigmatization, with the effects of beliefs and views in mind, one does not accept people as they are. In fact, a professional nurse who has self-awareness should be able to distinguish her own negative beliefs, views, attitudes, behaviors as well as their effects on the person to whom she provides care. Emotional intelligence has effects on one's self-awareness. Accordingly, a potential relationship is considered to exist between emotional level of psychiatric patients and their views about mental illnesses. It is interesting to note that limited number of studies in the world has mentioned this relationship, and there is lack of studies on this issue in Turkey.

It is considered that negative beliefs, views, attitudes and stigmatization of mental illnesses and people with mental illness could prevent the patient from receiving the care and treatment s/he deserves; and high level of emotional intelligence of the psychiatric nurses increases the probability of reaching and understanding the patient and providing him/her with the appropriate care. Hence, the present study is expected to guide psychiatric nurses and contribute to the access to qualified care as well as community mental health.

METHODS

Research design

This study, which is descriptive in nature, aims to identify the relationship between emotional intelligence levels of nurses working in the regional psychiatric hospital and their views about mental illnesses/people with mental illness.

Setting

This study was conducted in the Psychiatric Hospital located in Adana, Turkey and affiliated with the Public Hospitals Authority of Turkey, Republic of Turkey, Ministry of Health. The institution has 724 beds; and there are 164 nurses working in it.

Target population and the sample

Target population of the study was 164 nurses who worked in Dr. Ekrem Tok Psychiatric Hospital. Sample size was calculated using power analysis, which indicated 99 nurses. Five questionnaires were eliminated due to data loss, thus the study was conducted with 93 nurses (56.7% of the target population).

INCLUSION CRITERIA

- Nurses who accepted to participate in the study were involved in this study.

DATA COLLECTION TOOLS

Data were collected through the Socio-demographic Form, the Revised Schutte Emotional Intelligence Scale, and Opinions about Mental Illness Scale (OMI).

The Socio-demographic Form

The Socio-demographic Form, which was prepared by the researchers in line with the related literature, consists of 11 close-ended questions that aim to collect information about individuals' socio-demographic features (age, gender, marital status, education level, etc.) [14, 10, 15].

The Revised Schutte Emotional Intelligence Scale (RSEIS)

The 33-item Schutte Emotional Intelligence Scale was developed by Schutte *et al.* in 1998 and revised as 41-item scale by Austin *et al.* in 2004; Turkish adaptation of the scale was performed by Tatar *et al.* in 2011 [16-18].

Schutte *et al.* reported that reliability of the scale was high (Cronbach's Alpha value 0,87-0,90) [16]. Austin *et al.* found the internal reliability co-efficient of the 33-item scale as (α ;0,84), but then suggested a 41-item, three-dimension revised scale which included "Adjustment of Emotions", "Utilization of Emotions" and "Appraisal of Emotions" dimensions [17].

Turkish adaptation of the Revised Schutte Emotional Intelligence Scale (RSEIS) indicated that both explanatory and confirmatory factor analyses of the three-factor structure were consistent with the results reported by Austin *et al.* Cronbach's Alpha internal consistency coefficient of the scale was 0,82 for the total scale and 0,75, 0,30 and 0,76 for the subscales. Test-retest reliability coefficient of the total scale was found (n=88) $r=0,49$ in one-week interval and (n=85) $r=0,56$ in two-week interval [18].

Opinions about Mental Illness Scale (OMI); Opinions about Mental Illness Scale (OMI): Opinions about Mental Illness (OMI) is a Likert type scale which consists of 51 items. The scale was developed by Cohen and Struening in 1961, and its reliability and validity was performed by Arkan in Turkey in 1986 [19, 20]. In addition, a number of studies at national and international level utilized this scale to identify views about individuals with mental illness. OMI assesses views and attitudes about mental illnesses in five dimensions.

• FACTOR A

Authoritarianism Dimension: This factor reflects the view indicating that people with mental illness are different from and inferior to normal people.

• FACTOR B

Benevolence Dimension: This factor indicates the level of protective and humanistic approach shown to people with mental illness.

• FACTOR C

Mental Hygiene Ideology: Such ideology reflects mental health professionals' philosophy.

Accordingly, mental illness is like other illnesses. Hence, it should not be seen as a very different illness category.

• **FACTOR D**

Social Restrictiveness Dimension: This factor indicates that people with mental illness should be restricted both when they are hospitalized and later so that the society, particularly the family, could be protected. This view proposes that people with mental illness are dangerous.

FACTOR E

Interpersonal Etiology Dimension: This factor indicates the belief that the real cause of a mental illness is problematic interpersonal relations between parents and children. Each of these factors is defined with a specific group of items. Responses to these items include 1=I totally agree, 2=I agree, 3=I am not sure but I guess I agree, 4=I am not sure but I guess I disagree, 5=I disagree, 6=I totally disagree. All responses from 1 to 6 are scored independently of being positively or negatively loaded. Factor formulas are as follows:

Factor Formula

$$A = 67 - \sum (1,6,9,11,16,19,21,39,43,46,48)$$

$$B = 31 + \sum (26,32,34,36,37,40,49) - \sum (2,12,17,18,22,27,47)$$

$$C = 48 + (31) - \sum (3,13,23,28,33,38,44,50)$$

$$D = 47 + \sum (8,41) - \sum (4,7,14,24,29,42,45,51)$$

$$E = 43 - \sum (5,10,15,20,25,30,35)$$

This way, if a person totally agrees with all the items in Factor A (I totally agree, 1 point), the score is 67-11, namely 56. If s/he disagrees with all the items (I totally disagree- 6 points), the score is 67-66, namely 1. Higher scores obtained through the formula indicate positive attitudes related to that factor. The OMI scale successfully measures attitudes toward different groups of mental illnesses. As OMI is designed for six attitudes, like in Likert type scales, it enables to make a more sensitive analysis. The duration needed for the data collection tools was 5 minutes for the Socio-demographic form, 10 minutes for the RSEIS, and 10 minutes for the OMI, which is approximately 25 minutes in total. The Socio-demographic form and the

scales were administered by the researchers through face to face interviews.

DATA ANALYSIS

Analysis of the data was performed using IBM SPSS Statistics 22 (IBM SPSS, Turkey) program for the statistical analyses. Cronbach's alpha internal consistency coefficient for the Revised Schutte Emotional Intelligence Scale and the Opinions about Mental Illness Scale were found 0,679 and 0,816 respectively.

ShapiroWilks test was performed in order to assess the normality of the parameters, which indicated that the data had normal distribution. Data were analyzed using both descriptive statistical methods (means, standard deviations, frequency) and Student t test for the analysis of the quantitative data between the two groups. One-way analysis and Tukey HSD post hoc test, which aimed to identify the group that created the difference, were also performed. Pearson Correlation Analysis was done for the analysis of the relationship between the scale dimensions. Statistical significance was taken $p < 0,05$.

Ethical Considerations

Prior to the study, ethical committee approval was obtained from Çukurova University Non-invasive Clinical Studies Ethics Committee, and written approval was obtained from the Republic of Turkey Ministry of Health, Adana General Secretariat of Public Hospitals Administration of Turkey. Although participation in the study was on voluntary basis, nurses were informed about the confidentiality issues and told that they could withdraw from study whenever they wanted, and their consent was obtained.

FINDINGS

Average age of the participants was found $39,44 \pm 7,73$. Of all the nurses participating in the study, 25,8% were male and 74.1% were female. They had been working as nurses for $17,92 \pm 9,08$ years on the average, and duration of working in the institution where the study was conducted was $8,43 \pm 6,56$ years on the average. 89,2% (n=83) were married, and 83,9% had children. 47,3% (n=44) graduated from high school or university, and 50,5% had income equal to expenses.

Table-1: Distribution of Some Socio-demographic Features of the Nurses (N=93)

		Min-Max	Ort±SS
Age (year)		20-59	39,44±7,73
Duration of working as a nurse (year)		1-37	17,92±9,08
Duration of working in this institution (year)		1-28	8,43±6,56
		n	%
Age groups	≤35	27	29,0
	36-44	45	48,4
	≥45	21	22,6
Gender	Male	24	25,8
	Female	69	74,2
Marital Status	Single	10	10,8
	Married	83	89,2
Having Children	Yes	78	83,9
	No	15	16,1
Number of children (n=78)	1	23	29,5
	2	50	64,1
	3	5	6,4
Education Level	HHS	14	15,1
	Associate's degree	35	37,6
	Bachelor's and Master's degree	44	47,3
Income Level	Income less than expenses	41	44,1
	Income equal to expenses	47	50,5
	Income more than expenses	5	5,4

Table-2: Distribution of the Scores Obtained From RSEIS and OMI Dimensions (N=93)

Scales	Dimensions	Min-Max	Ort±SS	Median
Revised Schutte Emotional Intelligence Scale	Optimism/Regulation of Emotions	26-99	79,77±10,19	81
	Appraisal of Emotions	13-47	28,59±7,45	28
	Utilization of Emotions	9-32	19,69±4,08	20
	Total	62-156	128,05±11,60	128
Opinions about Mental Illness Scale	Authoritarianism	4-52	29,11±6,27	29
	Benevolence	16-55	42,46±6,72	42
	Mental Hygiene Ideology	32-68	55,94±5,44	56
	Social Restrictiveness	12-48	28,75±6,05	29
	Interpersonal Etiology	1-32	18,37±5,30	19

Total RSEIS mean scores of the nurses were found 128,05±11,60, and the scores obtained from the subscales were 79,77±10,19 for Optimism/Regulation of Emotions, 28,59±7,45 for Appraisal of Emotions, and 19,69±4,08 for Utilization of Emotions. An analysis of RSEIS scores according to general features showed that there were no statistically significant differences between the age groups in terms of the total mean scores ($p:0,014$; $p<0,05$). Paired comparison performed in order to identify which group created the difference indicated that scale total scores of the nurses who were aged between 36 and 44 were significantly higher than the nurses who were aged 25 years and younger ($p:0,012$; $p<0,05$). No significant differences were found between the other age groups in terms of the scale total scores ($p>0,05$). No significant differences were found between the other features in terms of the RSEIS subscale and total mean scores ($p>0,05$).

The participants' OMI subscale scores were 29.11 ± 6.27 for Authoritarianism, 42.66 ± 6.72 for Benevolence, 55.94 ± 5.44 for Mental Health Ideology, 28.75 ± 6.05 for Social Restrictiveness, and 18.37 ± 5.30 for Interpersonal Etiology.

An analysis of the OMI scores according to general features revealed that Authoritarianism ($p:0,002$; $p<0,01$) and Interpersonal Etiology ($p:0,001$; $p<0,01$) dimension mean scores of males were significantly higher than those of females. Benevolence ($p:0,047$; $p<0,05$) and Interpersonal Etiology ($p:0,001$; $p<0,01$) dimension scores of nurses who had been working as a nurse for less than 20 years were significantly higher than the nurses who had been working for 20 years and more. Interpersonal Etiology dimension scores of the nurses who had been working in this institution for less than 7 years were significantly higher than those who had been working for 7 years and more ($p:0,014$; $p<0,05$). No statistically significant

differences were found in other features in terms of the

OMI dimension mean scores ($p > 0,05$).

Table-3: Correlation Analysis of the RSEIS and OMI scores (N=93)

Opinions about Mental Illness Scale	Revised Schutte Emotional Intelligence Scale							
	Optimism/Regulation of Emotions		Appraisal of Emotions		Utilization of Emotions		Total	
	r	p	r	p	r	p	r	p
Authoritarianism	0,075	0,477	0,087	0,406	0,099	0,344	0,124	0,236
Benevolence	-0,043	0,686	-0,256	0,013*	-0,205	0,049*	-0,099	0,347
Mental Hygiene Ideology	-0,014	0,898	-0,169	0,106	-0,142	0,175	-0,050	0,635
Social Restrictiveness	0,034	0,750	-0,147	0,158	-0,094	0,368	0,028	0,789
Interpersonal Etiology	0,075	0,477	0,087	0,406	0,099	0,344	0,124	0,236

Pearson Correlation Analysis* $p < 0,05$

A negative, 25,6 % level, statistically significant relationship was found between Appraisal of Emotions dimension and Benevolence dimension scores ($r: -0,256$, $p: 0,013$; $p < 0,05$). A negative, 20,5 % level, statistically significant relationship was found between Utilization of Emotions and Benevolence dimension scores ($r: -0,205$, $p: 0,049$; $p < 0,05$).

DISCUSSION

The present study is the first study in Turkey which aims to identify the relationship between emotional intelligence levels and views about mental illness/people with mental illness in nurses working in a regional psychiatric hospital.

An analysis of nurses' RSEIS total scores and sub-scale scores showed that the nurses had above-average emotional intelligence score ($128,05 \pm 11,60$). Nurses are reported to have above-average emotional intelligence scores in the literature, which is in line with the results in our study [21-24]. Nursing education is based on supporting the individuals to whom nurses provide care and cooperating with them. Nurses' providing care with the cooperative and supportive attitudes they learned in the fundamental nursing education is independent from the compelling and traumatic situation they are in [25, 26]. For an effective and successful nursing care, nurses should be able to comprehend, understand, organize and manage their own feelings [27]. Our findings indicating above-average emotional intelligence scores of nurses might suggest that nurses can manage emotional components in nursing care.

OMI is assessed out of the scores obtained from the subscales rather than the total score. Therefore, this section includes subscale scores that have significant relationships with RSEIS. Nurses' benevolence mean score toward people with mental illness was found $42,46 \pm 6,72$. In their study that investigated attitudes and behaviors of nurses toward people with mental illness, Bostancı and Aştı found the benevolence mean score of nurses working in psychiatric polyclinic as $44,5 \pm 6,9$ [28].

In the study which investigated views of nurses working at psychiatry field and other clinics about mental illnesses and people with mental illness, benevolence subscale mean score was reported to be $41,58 \pm 5,94$ [29]. Yüksel *et al.* investigated instructors' views about mental illnesses and found that benevolence subscale mean scores were similar [30]. OMI benevolence subscale is associated with protection and humanistic feelings. This dimension reflects sympathetic and paternalistic view on the basis of humanism and religious principles. According to this view, other individuals in society should be willing to understand and share feelings of people with mental illness, and society should do its duty for the people with mental illness. In this regard, it is possible to say that benevolence tendency of the nurses participating in the study about protecting these patients is not associated only with the society they are in; it is similar to other members of the society [28].

A negative, significant relationship was found between OMI benevolence dimension and RSEIS Appraisal of Emotions and Utilization of Emotions dimensions ($r = -0,256$, $p = 0,013$; $r = -0,205$, $p = 0,049$). Hence, as the assessment of their own feelings and use of emotions decreases in nurses working at psychiatry field, their benevolence attitudes toward people with mental illness increase. Benevolence is associated with humanistic features. According to these results, nurses might have demonstrated benevolence behaviors in the care process because of their insufficient awareness about their emotions. Armstrong reported a medium level, statistically significant relationship between high emotional intelligence and low stigmatization [31]. As the related literature indicates no other studies on the emotional intelligence levels of nurses working at psychiatry field, the result of this study are parallel with the ones reported by Armstrong and contributes to the literature.

CONCLUSION

This study, which aimed to identify the potential relationship between emotional intelligence levels of nurses working in the regional psychiatry

hospital and their views about mental illnesses/people with mental illness, found that nurses had above-average level of emotional intelligence; as nurses' awareness of their own feelings and assessment of their emotions decreased, they became more benevolent toward people with mental illness. In conclusion, it is recommended that nurses should be provided with trainings about recognizing and managing their own emotions and similar studies should be conducted with larger sample groups.

REFERENCES

1. Baltaş, Z. (2006). *Duygusal zeka: İnsanın dünyasını aydınlatan ve işine yansıyan ışık*. Remzi Kitabevi.
2. Yaylacı, G. Ö. (2006). Kariyer yaşamında duygusal zekâ ve iletişim yeteneği. *İstanbul: Hayat Yayıncılık*.
3. Eröz, S. S. (2013). ÖrGütlerde dUyGUsal zeka. *Balıkesir Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 16, 29.
4. Van Dusseldorp, L. R., van Meijel, B. K., & Derksen, J. J. (2011). Emotional intelligence of mental health nurses. *Journal of Clinical Nursing*, 20(3-4), 555-562.
5. McQueen, A. C. (2004). Emotional intelligence in nursing work. *Journal of advanced nursing*, 47(1), 101-108.
6. Laraia, M. T., & Stuart, G. W. (2005). *Principles and practice of psychiatric nursing*. Langara College.
7. Varcarolis, E.M. (2006). *Psychiatric mental health nursing*. 5th Ed., China: Saunders Elsevier.
8. Nair, M.A. Lee, P. (2016). Emotional Intelligence in Nursing. *IOSR Journal of Nursing and Health Science*, 5(6): 38-42.
9. Akerjordet, K. Severinsson, E. (2004). Emotional Intelligence in Mental Health Nurses Talking about Practice. *International Journal of Mental Health Nursing*, 13: 164-170.
10. Bulmer Smith, K. Profetto-McGrath, J. Cummings, G.G.(2009). Emotional intelligence and Nursing: An integrative literature review. *International Journal of Nursing Studies*, 46: 1624-1636.
11. Çam, O. Bilge, A. (2013). Türkiye'de Ruhsal Hastalığa / Hastaya Yönelik İnanç, Tutum ve Damgalama Süreci: Sistemantik Derleme. *Psikiyatri Hemşireliği Dergisi*, 4(2):91-101.
12. Taşkın, E.O. Özmen, E. (2004). Ruhsal hastalıklarla ilişkili tutumlar: Türkiye çalışmalarının gözden geçirilmesi. *Psikiyatri Psikoloji Psikofarmakoloji Dergisi*, 12:229-238.
13. Verhaeghe, M. Bracke, P. Bruynooghe, K. (2008). Stigmatization and self-esteem of persons in recovery from mental illness: The role of peer support. *International Journal of Social Psychiatry*, 54:206-218.
14. Goleman, D. (2012). *Emotional intelligence*. The 10th Anniversary Edition, New York: Bantam Books; 2012.
15. Birks, Y.F. Watt, I.S. (2007). Emotional intelligence and patient-centred care. *J R Soc Med*, 100:368-374.
16. Schutte, N.S. Malouff, J.M. Hall, L.E. Haggerty, D.J. Cooper, J.T. Golden, C.J. (1998). Development and validation of a measure of emotional intelligence. *Pers Individ Differ*, 25(2): 167-77.
17. Austin, E. J., Saklofske, D. H., Huang, S. H., & McKenney, D. (2004). Measurement of trait emotional intelligence: testing and cross-validating a modified version of Schutte et al.'s (1998) measure. *Personality and individual differences*, 36(3), 555-562.
18. Tatar, A., Tok, S., & Saltukoğlu, G. (2011). Gözden Geçirilmiş Schutte Duygusal Zekâ Ölçeğinin Türkçe'ye Uyarlanması ve Psikometrik Özelliklerinin İncelenmesi. *Klinik Psikofarmakoloji Bülteni-Bulletin of Clinical Psychopharmacology*, 21(4), 325-338.
19. Cohen, J., & Struening, E. L. (1962). Opinions about mental illness in the personnel of two large mental hospitals. *The Journal of Abnormal and Social Psychology*, 64(5), 349.
20. Arkan, B., Bademli, K., & Duman, Z. Ç. (2011). Sağlık Çalışanlarının Ruhsal Hastalıklara Yönelik Tutumları: Son 10 Yılda Türkiye'de Yapılan Çalışmalar. *Psikiyatri Güncel Yaklaşımlar*, 3(2).
21. Codier, E., Kamikawa, C., Kooker, B. M., & Shoultz, J. (2009). Emotional intelligence, performance, and retention in clinical staff nurses. *Nursing administration quarterly*, 33(4), 310-316.
22. Tagoe, T., & Quarshie, E. N. B. (2017). The relationship between emotional intelligence and job satisfaction among nurses in Accra. *Nursing open*, 4(2), 84-89.
23. Kahraman, N. Hiçdurmaz, D. (2016). Identifying emotional intelligence skills of Turkish clinical nurses according to sociodemographic and professional variables. *J Clin Nurs.*, 25(7-8):1006-15.
24. Ogińska-Bulik, N. (2005). Emotional intelligence in the workplace: exploring its effects on occupational stress and health outcomes in human service workers. *International Journal of Occupational Medicine and Environmental Health*, 18(2):167-175.
25. Seada, A. Fathi Sleem, W. (2012). Professional socialization process and acquisition of professional nursing values among undergraduate nursing students. *Journal of American Science*, 8(4): 678-83.
26. Talley, B. (2006). Nurses and nursing education in Ghana: Creating collaborative opportunities. *International Nursing Review*, 53(1): 47-5.

27. Schutte, N.S. Malouff, J.M. Simunek, M. McKenley, J. Hollander, S. (2002). Characteristic emotional intelligence and emotional well-being. *Cognition and Emotion*,16(6): 769–785.
28. Bostancı, N. Aştı, N. (2004). Hemşirelerin ruh sağlığı bozuk olan bireylere karşı tutum ve davranışlarının değerlendirilmesi. *Düşünen Adam*, 17(2):87-93.
29. Moran, M. (2008).The opinions of the nurses working at psychiatric field and other clinics about psychiatric disorders and patients. Mersin University, Unpublished Master thesis.
30. Yüksel, N. Yılmaz, M. Örekici Temel, G. (2015). Öğretim elemanlarının ruhsal hastalıklara ve hastalara ilişkin görüşleri. *Psikiyatri Hemşireliği Dergisi*, 6(1):26-32).
31. Armstrong, E.N. (2015). A study on the relationship between emotional intelligence and mental illness stigma. Unpublished dissertation, Walden University, College of Social and Behavioral Sciences.