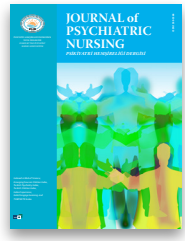
JOURNAL OF
PSYCHIATRIC NURSING

DOI: 10.14744/phd.2025.76736
J Psychiatric Nurs 2025;16(4):302-311



Original Article

Social distance and related factors of nurses working in non-psychiatric clinics toward individuals diagnosed with mental disorders

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Abstract

Objectives: The aim of this study is to determine the level of social distancing among nurses working in non-psychiatric clinics toward individuals diagnosed with mental disorders and the associated factors.

Methods: The study was conducted using a descriptive and correlational research design. Data were obtained from 217 nurses working in non-psychiatric clinics. Data were collected using an individual information form and the 'social distance scale,' which includes two separate scenarios regarding anxiety and schizophrenia diagnoses. The SPSS (Statistical Package for Social Sciences for Windows 22.0) and AMOS programs were used in the data analysis.

Results: The social distance score was found to be 3.86±1.75 for the anxiety disorder case and 5.98±1.36 for the schizophrenia case. In both cases, the statement "Suppose that you have a sister. Would it bother you if your sister wanted to marry this person?" had the highest mean score. It was found that nurses most frequently reported the emotion of 'compassion' toward the anxiety disorder case and 'unhealthiness and fear' toward the schizophrenia case.

Conclusion: According to the study findings, it can be stated that nurses working in non-psychiatric clinics have higher levels of social distance toward people diagnosed with schizophrenia compared to those diagnosed with anxiety disorder. Therefore, training programs aimed at reducing social distance can be organized for nurses who also provide care to people with mental disorders in the clinics where they work.

Keywords: Anxiety disorder; schizophrenia; social distancing

Studies on mental disorders show that people with mental disorders are judged as irrational, unpredictable, unreliable, dangerous, and hostile in almost every culture.[1–5] This situation leads to negative evaluations toward these individuals in addition to the mental disorder itself. These negative evaluations cause various negative attitudes and behaviours, particularly social distance.

Social distance is a concept that describes the relationships of closeness–distance and familiarity–unfamiliarity between social groups, and determines the extent to which people perceive other people or groups as close or distant to themselves.[6] Social distance also contributes to making sense of the level of interaction, the degree of acceptance, and the boundaries of intimacy within which relationships can be established between different social groups.[7] In the determination of social distance, in addition to its cognitive and behavioral dimensions, the emotional component, which includes how members of a group feel about the 'other', plays an important role.[6]

Social distance is one of the concepts that significantly affects how an individual with a mental disorder is accepted or rejected by others and their position in society;[2,8–10] and it is 'a degree to which people accept the participation of indi-

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Submitted: November 01, 2025 **Revised:** December 09, 2025 **Accepted:** December 14, 2025 **Available Online:** December 30, 2025

viduals with mental disorders in their social relationships'.[11] In general, it is stated that people labeled as "mentally ill" are avoided in intimate settings, while they are approached more acceptingly in general and impersonal social environments.[12] The tendency of society to avoid close contact with individuals with mental disorders is seen as one of the fundamental factors in the emergence of social distance.[11,13]

Social distance, which can negatively affect people with a mental disorder label, is a form of stigma that leads to social othering and reduced life opportunities. This situation results in patients receiving less social support. It manifests itself in many negative ways, such as the risk of not finding a job, loss of social status, lack of social acceptance, social isolation, and the perception of a tainted identity.[14,15] Increasing distance toward individuals with mental disorders feeds prejudice and reinforces discrimination and stigma.[16] The levels of stigma and social distance behaviours vary depending on factors such as the visibility or concealability of the illness, its course over time, the tension it creates in interpersonal relationships, its aesthetic characteristics, its cause, and the perceived risk or dangerousness toward others.[12,16] Social distance impedes help-seeking behaviors and reduces the willingness to provide support to them.[17]

In reducing social distance to mental disorders in society, the group that should play the most critical role in raising public awareness with accurate and scientific information is healthcare professionals. However, research shows that healthcare professionals, similar to individuals in the general population, often display negative attitudes and behaviours, such as social distance, toward mental disorders.[18–20] Among healthcare professionals who first encounter individuals with mental illness outside psychiatric clinics, nurses hold an important position and play a decisive role in the care, guidance, and treatment processes of these individuals. Therefore, understanding the social distance tendencies of nurses working in non-psychiatric clinics toward mental disorders is considered important for improving the quality of care and developing strategies to reduce stigma.

The aim of this study is to determine the level of social distance and related factors toward individuals diagnosed with mental disorders among nurses working in non-psychiatric clinics.

Research Questions

- What are the levels of social distance of nurses working in non-psychiatric clinics toward individuals diagnosed with anxiety and schizophrenia?
- What are the factors related to the levels of social distance of nurses working in non-psychiatric clinics toward individuals diagnosed with anxiety and schizophrenia?

What is presently known on this subject?

- Social distance, stigma, and prejudice toward people with mental disorders negatively affect help-seeking, access to care, and reintegration into society, leading to exclusion and social isolation.
- In the literature, stigma has generally been examined, and studies investigating social distance behaviors are limited.
- Although nurses working in non-psychiatric clinical settings frequently interact with individuals with mental disorders within the healthcare system, their attitudes on this issue have not been sufficiently investigated.

What does this article add to the existing knowledge?

- This study reveals the social distance levels of nurses working in non-psychiatric clinics toward individuals with mental disorders, addressing both the behavioral and emotional dimensions of stigma.
- The findings indicate that the lack of knowledge, fear, and negative attitudes of nurses increase social distance, which conflicts with the humanistic and holistic care principles that form the foundation of the nursing profession.

What are the implications for practice?

- These findings highlight the need for educational programs that increase nurses' awareness and knowledge of mental disorders, beginning in their nursing education.
- Identifying misconceptions and fears about severe mental disorders, such as schizophrenia, among nurses working in non-psychiatric clinics will contribute to planning training aimed at this issue. This will support the development of a more empathic, inclusive, and non-stigmatizing approach to care. It will strengthen nurses' interactions with people with mental disorders and support holistic and humanistic care. It will also increase participation in treatment and improve social integration.

Materials and Method

Type of Research

This study was descriptive and cross-sectional.

Variables of the Study

The independent variables of the study are the individual characteristics of the participants, and the dependent variable is the Social Distance Scale score.

Place and Time of the Study

The study was limited to the Marmara region to form a homogeneous sample with similar regional conditions and was conducted between August and October 2025.

Sample

The study population consisted of nurses working in non-psychiatric clinics. The sample size was calculated using the formula used when the population is unknown ($n=\sigma^2\times Z^2/d^2$),[21] accepting a 95% confidence level and deviation (d)=2 (n=209), and the data of the social distance scale (SD=14.77) from the Ceylan and Özcan study[22] were used in the sample calculation. The inclusion criteria were actively working in a non-psychiatric clinic; the exclusion criteria were having previously worked in a psychiatric clinic and having received special training in the field of psychiatric nursing. Data were obtained from 217 participants. The snowball technique was used to determine the participants.

Data Collection Process

Data were collected from nurses working in non-psychiatric clinics in the provinces located in the Marmara region through an online questionnaire form prepared via Google Forms, and participants were reached through social media platforms. Online data were obtained according to the 'The Checklist to Report Results of Internet E-Surveys (CHERRIES).' Consequently, the CHERRIES guideline is a checklist based on web-based surveys that allows a better understanding of sample selection and possible differences between the 'selected sample' and the 'representative' sample. The checklist consists of 8 categories, including 'Design', 'Ethics', 'Development and Form evaluation', 'Recruitment process and description of the sample participating in the survey', 'Survey administration', 'Response rates', 'Preventing Multiple entries from the same individual', and 'Analysis'.[23] In this study, to prevent participants from making more than one data entry, a restriction was applied to prevent participants from making more than one response submission. Before starting the survey, participants were informed about the purpose of the investigation, the principles of confidentiality, and that participation was voluntary. Furthermore, no incentive or reward was given for the study. To avoid missing data entries, all questions were arranged as mandatory questions, and since submission was not accepted when the form was completed incompletely, there are no missing data. No personal data containing identifying information about the participants were collected, and the data were stored in an encrypted virtual environment accessible only to researchers. Completing the survey took an average of 5–10 minutes.

Data Collection Tools

Individual Information Form: It consisted of 11 questions evaluating age, gender, marital status, family structure, the place where the participant lived the longest, whether there was an individual with a mental illness in their close environment, their status of receiving or considering psychiatric support, whether they had previously obtained information about mental disorders, what they felt towards individuals with mental disorders, the unit they worked in and their years of work experience.

Social Distance Scale (SDS): The scale developed by Arkar [11] includes two sample cases of paranoid schizophrenia and anxiety disorder and 14 questions developed to measure the preferred social distance from an individual with a mental disorder. The scale is a 7-point Likert-type scale scored as: Definitely does not disturb: 1, Does not disturb: 2, Slightly does not disturb: 3, No difference: 4, Slightly disturbs: 5, Disturbs: 6, Definitely disturbs: 7. Higher scores on the scale indicate greater social distance.[11,22] The Cronbach's Alpha coefficient of the original scale was reported as .88. In this study, the Cronbach's Alpha value of the scale was 0.93 for the anxiety case and .96 for the schizophrenia case.

Ethical Considerations

Ethical approval for the study was obtained from the Scientific Research and Publication Ethics Committee of Bahçeşehir University (date 01.08.2024 and number 2024/07). Individuals who met the inclusion criteria and agreed to participate were informed via Google Forms in accordance with the Declaration of Helsinki, and their consent was obtained.

Statistical Analysis

The data obtained in the study were analysed using SPSS (Statistical Package for Social Sciences) for Windows 22.0 and the AMOS program. In the descriptive data, numbers, percentages, means, standard deviations, and min–max values were used. Normality analysis of the data set was performed to evaluate whether the distribution statistically conformed to a normal distribution. In the analyses performed, both visual methods (histogram, QQ plot) and parametric tests (Kolmogorov–Smirnov, Shapiro–Wilk) were examined together. The results obtained showed that the data set met the assumption of normal distribution. Data related to the research questions were analysed using Paired Samples t-test, Independent Samples t-test, and One-way ANOVA, and in cases where significant differences were found, the Tukey HSD post hoc test was applied to determine from which groups the differences originated. All findings were accepted as significant at the $p<0.05$ level.

Results

The mean age of the participants was 32.66±8.54; 89.4% were women, 53.5% were single, 87.6% had a nuclear family structure, and 88.9% had lived the longest in a city/metropolis area. Furthermore, 59.9% worked in inpatient clinics and 35.9% had more than 10 years of work experience. 67.7% of the participants were determined not to have a person with a mental disorder in their close environment, 52.5% had received or considered receiving psychiatric support, 89.9% had knowledge of mental disorders, and 36.9% reported that the emotion they felt the most about mental disorders was uneasiness and fear (Table 1).

In the study, the mean SDS score of nurses for the anxiety disorder case was 3.86±1.747, and the mean SDS score for the schizophrenia case was 5.98±1.356 (Table 2). In both cases related to disorders, the statements with the highest mean scores were: 'If you knew this person, would you share your daily problems with them and confide in them?', 'Assume you work at the same workplace as this person.' 'Would sharing the same room with them disturb you?' and 'Assume that you have

Table 1. Individual characteristics of nurses (n=217)

	Mean±SD (min–max)	
Age	32.66±8.546 (22–57)	
	n	**%**
Gender		
Female	194	89.4
Male	23	10.6
Marital status		
Single	116	53.5
Married	101	46.5
Family structure		
Nuclear	190	87.6
Extended	27	12.4
Place lived longest		
Village/Town	24	11.1
City/Metropolitan	193	88.9
Presence of a person with mental disorder in close environment		
Yes	70	32.3
No	147	67.7
Receiving/considering psychiatric support		
Yes	114	52.5
No	103	47.5
Knowledge of mental disorders		
Yes	195	89.9
No	22	10.1
Working unit		
Inpatient clinics	130	59.9
Other (FHC,OR, outpatient clinic, administrative, etc)	87	40.1
Years of professional experience		
Less than 1 year	25	11.5
1–5 years	75	34.6
6–10 years	39	18.0
More than 10 years	78	35.9
Most frequently felt emotion toward mental disorders		
Uneasiness and fear	80	36.9
Curiosity	43	19.8
Compassion	68	31.3
Pity	26	12.0

SD: Standard deviation; FHC: Family health center; OR: Operating room.

a sister. Would it bother you if your sister wanted to marry this person?' Similarly, in both cases related to the disorders, the statements with the lowest mean scores were: 'Would sitting next to this person on a municipal bus disturb you?', 'Would buying groceries from a store operated by this person on your street disturb you?', and 'Assume that you work at the same workplace as this person but in different rooms. Would being under the same roof with this person disturb you?' When the mean scores of the SDS items were compared between the anxiety and schizophrenia cases, a significant difference was found in all items and in the total scale score, the schizophrenia case having higher mean SDS item scores ($p<0.001$) (Table 2).

When the mean social distance scores of nurses were compared according to their individual characteristics in the anxiety case, a significant difference was found between those who knew about mental disorders and those who did not in terms of the mean SDS scores ($t=-2.340$, $p=0.027$), while no significant differences were found in the mean SDS scores for gender, marital status, family structure, the place lived the longest, receiving/considering psychiatric support, having an

Table 2. Comparison of social distance item mean scores in anxiety and schizophrenia cases (n=217)

	Anxiety case				Schizophrenia case				Test	
	Mean	SD	Min	Max	Mean	SD	Min	Max	t	p
Would sitting next to this person on a municipal bus disturb you?	2.17	1.510	1	7	5.59	1.727	1	7	-24.593	**<0.001**
Would being together with this person during a seven-hour intercity trip disturb you?	3.36	1.955	1	7	6.06	1.349	1	7	-19.393	**<0.001**
Would buying groceries from the small shop operated by this person on your street disturb you?	2.30	1.679	1	7	5.49	1.821	1	7	-21.962	**<0.001**
Assume you live in an apartment building. Would it disturb you if this person worked as the building superintendent?	3.29	1.988	1	7	5.94	1.478	1	7	-19.242	**<0.001**
Assume you have a house you want to rent out. Would you rent it to this person?	3.92	2.151	1	7	6.18	1.315	1	7	-15.249	**<0.001**
Would attending a family gathering after learning that this person will be present disturb you?	3.12	1.806	1	7	5.76	1.545	1	7	-20.405	**<0.001**
If you met this person at a family gathering, would you play a game such as cards, rummikub, bingo, or a similar game with them?	3.58	2.033	1	7	5.95	1.498	1	7	-17.368	**<0.001**
If you met this person at a family gathering, would you talk with them about general issues?	3.97	2.143	1	7	6.04	1.478	1	7	-14.628	**<0.001**
If you knew this person, would you share your daily problems with them and confide in them?	4.29	2.105	1	7	6.10	1.404	1	7	-13.237	**<0.001**
Would it disturb you if this person moved next door and became your immediate neighbor?	3.72	2.032	1	7	6.15	1.249	1	7	-17.056	**<0.001**
If this person were a hairdresser/barber, would you get your hair cut by them?	3.80	2.202	1	7	5.95	1.556	1	7	-14.390	**<0.001**
Assume you work in the same workplace as this person. Would sharing the same office with them disturb you?	4.55	2.011	1	7	6.28	1.252	1	7	-13.236	**<0.001**
Assume you work in the same workplace but in different rooms. Would being under the same roof with this person disturb you?	2.91	1.862	1	7	5.71	1.658	1	7	-20.007	**<0.001**
Assume you have a sister. Would it disturb you if your sister wanted to marry this person	5.44	1.797	1	7	6.60	0.980	1	7	-10.084	**<0.001**
Total	3.86	1.747	1.00	7.00	5.98	1.356	1.00	7.00	-17.203	**<0.001**

SD: Standard deviation; t: Paired sample t-test.

individual with a mental illness in the close environment, the unit worked in, and years of work experience (p>0.05). In the case of schizophrenia, when the mean social distance scores of the nurses were compared according to their individual characteristics, significant differences were found in SDS scores for gender (t=4.399, p<0.001), marital status (t=-3.238, p=0.003), family structure (t=-3.223, p=0.006), having knowledge of mental disorders (t=-2.837, p=0.009), the unit worked in (t=-2.530, p=0.018), and years of work experience (F=24.830, p<0.001) (p<0.05), while no significant difference was found for receiving/considering psychiatric support and having an individual with a mental disorder in the close environment (p>0.05) (Table 3).

It was found that the most frequently reported emotion of the nurses was compassion in the anxiety case, and uneasiness and fear in the schizophrenia case (p<0.05) (Table 3).

Discussion

Mental disorders are among the groups toward which social distance behaviours are most commonly developed. Social distance is especially observed in areas such as employment, education, health support, and interpersonal relationships.[8,13,24,25] Such misconceptions and prejudices about mental disorders may lead to the exclusion and isolation of individuals from social life. Therefore, people with mental disorders often lack social support because the people around them tend to behave distantly toward them.[26]

In this study, the mean social distance score of nurses working in non-psychiatric clinics for people diagnosed with schizophrenia (5.98±1.36) was found to be higher than the mean score toward individuals diagnosed with anxiety (3.86±1.75). The fact that schizophrenia is one of the most well-known mental disorders in society due to its symptoms and that individuals diagnosed with schizophrenia are thought to be dangerous and unpredictable[2,27,28] is considered to be a reason for the higher mean SDS score for the schizophrenia case. Angermeyer and Matschinger[28] reported that accepting the stereotype that people with schizophrenia are "dangerous" was significantly associated with the desire to maintain social distance from them. Similarly, in their study examining the forms of stigma toward mental disorders

Table 3. Comparison of social distance scores by nurses' individual characteristics (n=217)

	Anxiety case		Schizophrenia case	
	Mean	SD	Mean	SD
Gender				
Female	3.65	0.866	6.05	0.287
Male	3.31	0.873	5.47	0.395
Test	t=1.040 p=0.308		t=4.399 p<0.001*	
Marital status				
Single	3.41	0.862	5.82	0.324
Married	3.85	0.867	6.18	0.259
Test	t=-1.372 p=0.182		t=-3.238 p=0.003*	
Family structure				
Nuclear	3.58	0.84917	5.94	0.300
Extended	3.90	0.98330	6.27	0.277
Test	t=-0.920 p=0.366		t=-3.023 p=0.006*	
Place lived longest				
Village/Town	3.59	0.85938	5.96	0.299
City/Metropolitan	3.78	0.92278	6.16	0.288
Test	t=-0.538 p=0.595		t=-1.800 p=0.083	
Presence of a person with mental disorder in close environment				
Yes	3.67	0.82398	6.02	0.255
No	3.59	0.88703	5.97	0.313
Test	t=0.238 p=0.813		t=0.436 p=0.666	
Receiving/considering psychiatric support				
Yes	3.64	0.85839	6.05	0.298
No	3.58	0.87327	5.91	0.294
Test	t=0.175 p=0.863		t=1.266 p=0.217	
Knowledge of mental disorders				
Yes	3.53	0.857	5.95	0.296
No	4.33	0.930	6.26	0.274
Test	t=-2.340 p=0.027*		t=-2.837 p=0.009*	
Working unit				
Inpatient Clinics	3.42	0.840	5.87	0.323
Other (FHC,OR, outpatient clinic, administrative, etc)	3.90	0.907	6.15	0.260
Test	t=-1.455 p=0.158		t=-2.530 p=0.018*	
Years of professional experience				
Less than 1 year	3.18	0.669	5.22	0.356
1-5 years	3.58	0.879	6.03	0.276
6-10 years	3.85	0.994	6.08	0.363
More than 10 years	3.67	0.890	6.14	0.295
Test	F=1.530 p=0.218		F=24.830 p<0.001*	
Most frequently felt emotion toward mental disorders				
Uneasiness and fear	3.42	0.549	6.27	0.233
Curiosity	3.55	0.817	5.68	0.304
Compassion	3.83	0.944	5.76	0.396
Pity	3.61	0.880	6.19	0.315
Test	F=7.622 p<0.001*		F=12.391 p<0.001*	

*: p<0.05 was considered statistically significant. SD: Standard deviation; FHC: Family health center; OR: Operating room.

among people living in rural areas, Kuzmickus and Balzarini [26] found that participants described schizophrenia and psychotic disorders as 'dangerous' and "unpredictable." This perception caused fear-based avoidance behaviors and increased social distance. They also noted that beliefs about people with schizophrenia posing a 'potential risk to the environment" reduced the willingness to form close relationships with them. The large-scale review by Angermeyer and Dietrich[29] also

supports these findings. They reported that community participants evaluated schizophrenia symptoms as indicators of mental illness at much higher rates compared to depression and anxiety disorders and attributed "unpredictable" and 'dangerous' characteristics to these individuals. In the study by Dündar et al.[30] with 165 participants, it was found that anxiety disorder was defined as an illness by only one-fourth of the participants, and the reactions shown in such situations were considered normal. Ociskova et al.,[8] in their study evaluating stigma and internalized stigma in patients with anxiety disorder, reported that stigma is seen more frequently in severe mental disorders, while internalized stigma is more pronounced in anxiety disorders. This situation may lead individuals to withdraw from society and increase social distance. Lucas and Phelan[31] stated that negative social distance is stronger in schizophrenia than in diagnoses of panic disorder and depression. Mathias et al.[5] reported that patients diagnosed with psychosis preferred to be kept at a greater social distance than patients diagnosed with depression. The lower social distance scores of the nurses in the anxiety case may be due to the difference in the social perception of this disorder. In the literature, anxiety disorders are generally defined as understandable, related to daily stress, and treatable conditions; therefore, these individuals are not viewed as 'dangerous' or 'uncontrollable.'[29,32] This perception contributes to nurses developing a compassionate, understanding, and protection-orientated attitude towards people with anxiety, and therefore reduces the social distance. Schizophrenia is reported to be one of the most stigmatised mental disorders among mental health professionals.[18] These results support the finding in the current study that nurses show a greater social distance from schizophrenia cases. Beliefs about dangerousness and unpredictability regarding schizophrenia create a fear-based tendency to withdraw, and this may affect the level of establishing a professional relationship.

In this study, in both the cases of anxiety and schizophrenia, the item "Assume that you have a sister. Would it bother you if your sister wanted to marry this person?" had the highest mean score (Table 2). This finding indicates that nurses tend to maintain distance at the level of forming a close family bond with people with mental disorders. Although stigma toward mental disorders is often expressed at an abstract level, it is known that when personal or family closeness is involved, these attitudes may appear more rigid and exclusionary.[33]

Kuzmickus and Balzarini[26] reported in their study that participants showed a marked unwillingness to engage in relationships that require close contact, such as friendship, neighbourhood, or kinship, with individuals with a mental disorder. They stated that the tendency to keep distance increased especially in situations involving the perceived possibility of 'posing a danger' or "causing harm," while the desire for distance decreased in more superficial social interactions. Alpan et al.[34] in their study evaluating the attitudes of health science faculty students toward schizophrenia disorder, concluded that nearly half of the students did not want people with schizophrenia in their lives in matters such as marriage, being a neighbour, or working together.[34] Corrigan and Nieweglowski[33] in their study examining the relationship between stigma toward mental disorders and familiarity, reported that increasing familiarity does not always reduce stigma; they noted that stigmatising attitudes can even increase among individuals with high levels of familiarity, such as siblings, spouses, or parents. They stated that family members may develop feelings of anxiety, anger, or guilt due to the economic, emotional, and social difficulties of living with an individual who has a mental disorder, and that this may increase the internalisation of social stigma and relational withdrawal.

In the anxiety case, the social distance scores were higher among nurses who did not have knowledge about mental disorders. This result shows that lack of knowledge increases social distance by reinforcing prejudice, fear, and avoidance behaviours. In the literature, various studies show that the level of knowledge about mental disorders is inversely related to stigmatising attitudes, meaning that as knowledge increases, prejudices decrease.[1,32,35,36] In the study conducted by Wang et al.[32] with nurses, it was also reported that the level of knowledge about mental disorders reduced stigma, and that stigma indirectly affected social distance. In the systematic review of Çam and Bilge,[1] it was emphasised that lack of knowledge about mental disorders is one of the most important factors that increases stigma in society and among healthcare professionals. Corrigan and Watson,[35] by drawing attention to the triadic structure between knowledge, emotional response, and behavioural tendencies, emphasised that cognitive awareness is the main determinant of social distance.

When examined in terms of the sociodemographic characteristics of nurses, it was found that the level of social distance to the schizophrenia case was higher among women, those who were married, those with an extended family structure, and those who had been working in the profession for more than 10 years. This finding shows that social distance is shaped not only by individual prejudices but also by the interaction of demographic and sociocultural characteristics. In the literature, it is emphasised that beliefs and attitudes toward mental disorders are multidimensional, and variables such as sociodemographic characteristics (e.g., age, gender, education), level of knowledge about mental health, personal contact experience, the mental disorder label, the type of psychopathology, and the individual characteristics of the patient are determinants of these attitudes.[1] In particular, these variables shape whether individuals perceive a mental disorder as 'understandable,' 'dangerous,' or 'unpredictable,' and this is

directly reflected in attitudes toward social distance. In the literature, it is seen that the demographic factors that affect social distance vary between societies, although there are some common tendencies. In the study by Jorm and Oh,[37] in which they examined more than 30 community studies, it was stated that age, level of education, cultural values, and experience of personal contact significantly affected social distance. Researchers reported that social distance tended to increase in older age groups as adherence to social norms and traditional values became stronger. In the literature, older generations (Generation X) are reported to have higher levels of concern about social pressure and labelling and may be less tolerant of mental disorders. This situation may explain the high levels of social distance observed in nurses who have been working in the profession for a long time.[38] Outside inpatient units, such as family health centres, operating rooms, outpatient clinics, and administrative units, the higher social distance found among nurses may be the result of limited contact with individuals with mental disorders. Limited contact is not considered sufficient to reduce stigma and social distance behaviours or to develop positive attitudes.

One of the most notable findings of this study is that nurses expressed compassion more frequently in the anxiety case, whereas they expressed fear and uneasiness in the schizophrenia case. This finding shows that different types of mental disorders evoke different perceptual and emotional responses. Similarly, the literature reports that people diagnosed with schizophrenia are the group most affected by stigma and are generally perceived by society and healthcare professionals as 'unpredictable,' 'dangerous,' and 'uncontrolled.'[39,40] Giandinoto et al.[41] reported in their study that the majority of healthcare professionals evaluated people diagnosed with schizophrenia as 'dangerous,' and that this perception strengthened fear and avoidance behaviours. Similarly, Lee and Seo[4] stated that direct or indirect contact reduced the perception of danger towards individuals with schizophrenia, but that in the absence of contact, fear and the tendency toward social withdrawal remained high. These findings are consistent with the nurse's reports of fear and uneasiness towards people with schizophrenia in the present study. Angermeyer and Dietrich[29] reported that emotions such as uneasiness, uncertainty, and fear were most frequently associated with people with schizophrenia, while such negative emotions were observed at much lower levels in depression and anxiety disorders.

On the contrary, anxiety disorders are generally seen in society as mental conditions that are 'related to everyday stress,' 'understandable,' and 'treatable.'[29,32] Therefore, individuals experiencing anxiety are not perceived as "dangerous," but rather as vulnerable and in need of help. This perception strengthens the tendency to show compassion, protection, and support, thus contributing to a reduction in social distance. In their study conducted with nurses, Wang et al.[32] showed that there is an inverse relationship between the level of knowledge about mental disorders and stigmatising attitudes; as the level of knowledge increases, fear and prejudice decrease and social distance is reduced.

It has been stated that in efforts to reduce negative attitudes and behaviours toward individuals with mental disorders (such as social distance and stigma), the fundamental components are providing information about the illnesses, ensuring contact with individuals who have mental disorders, and working with the media on this issue.[1,2,42–44]

Strengths and Limitations of the Study

This study is the first to examine the level of social distance toward mental disorders among nurses working in non-psychiatric clinics. The presence of separate scenarios for schizophrenia and anxiety diagnoses allows for the identification of different dimensions of stigma based on diagnosis. Through the use of the scale and a scenario-based approach, the levels of social distance of nurses were addressed together with emotional expressions such as compassion, fear, unease, and pity.

The study data was collected from nurses working in the Marmara Region; therefore, the findings cannot be generalised. Additionally, although the study was conducted online, the sample size remained limited due to the aim of forming a homogeneous sample, and this situation restricts the generalisability of the findings. Since the data were collected on a voluntary basis, social desirability bias may have occurred. As the scale includes scenarios for people diagnosed with anxiety and schizophrenia, the results of the study cannot be generalised to all mental disorders.

Conclusion and Recommendations

In this study, it was found that the level of social distance towards individuals diagnosed with schizophrenia was significantly higher among nurses working in non-psychiatric clinics compared to those diagnosed with anxiety. The findings show that nurses' perceptions and attitudes toward mental disorders vary depending on the type of illness; fear and uneasiness were more prominent in schizophrenia cases, while compassion was more evident in anxiety cases.

It was found that the level of knowledge of mental disorders significantly affected social distance, with nurses who lacked knowledge showing a greater tendency toward distance. Additionally, sociodemographic factors such as age, gender, family structure, professional experience, and living environment were also found to be determinants of social distance.

Based on these results, it is recommended that training programmes aimed at positively influencing nurses' attitudes toward mental disorders be integrated into the curriculum, that

education and contact-based programmes designed to reduce stigma and social distance are implemented, and that the positive influence of the media is used. Therefore, implementing interventions aimed at preventing social distance and the accompanying emotions toward people with mental disorders will be effective. Future research may reveal the impact of sociocultural variables on social distance on a larger scale by including diverse cultural and geographical contexts. Comparative studies may also be planned to determine attitudes among nurses working in psychiatric and non-psychiatric clinics, as well as among different healthcare professionals. Experimental studies demonstrating the effectiveness of contact-based training programmes can reveal their impact on reducing social distance toward individuals with mental disorders. Qualitative studies can provide an in-depth examination of nurses' attitudes and other healthcare professionals' emotions related to social distance.

Ethics Committee Approval: The study was approved by the Bahçeşehir University Ethics Committee (no: 2024/07, date: 01/08/2024).

Informed Consent: Informed consent has been obtained from all participants.

Conflict of Interest Statement: The authors declare that there is no conflict of interest.

Funding: No financial support was received for this research.

Use of AI for Writing Assistance: No artificial intelligence tools were used in the writing process of this study.

Authorship Contributions: Concept – S.P., B.C.; Design – S.P., B.C.; Supervision – S.P., B.C.; Fundings – S.P., B.C.; Materials – S.P., B.C.; Data collection and/or processing – S.P., B.C.; Analysis and/or interpretation– S.P., B.C.; Literature search – S.P., B.C.; Writing – S.P., B.C.; Critical review – S.P., B.C.

Acknowledgments: We would like to thank all nurses who volunteered to participate in the study.

Peer-review: Externally peer-reviewed.

References

1. Çam O, Bilge A. The process of stigmatization, attitude, and belief about mental illness and patient in Turkey: a systematic review. J Psychiatric Nurs 2013;4:91–101. [Article in Turkish]
2. Ceylan B, Uyaroğlu AK. Psychiatric nurses' opinions and suggestions about stigmatization of schizophrenia. J Anatolia Nurs Health Sci 2018;21:97–103. [Article in Turkish]
3. Koike S, Yamaguchi S, Ojio Y, Ando S. Social distance toward people with schizophrenia is associated with favorable understanding and negative stereotype. Psychiatry Res 2018;261:264–8.
4. Lee M, Seo M. Effect of direct and indirect contact with mental illness on dangerousness and social distance. Int J Soc Psychiatry 2018;64:112–9.
5. Mathias K, Kermode M, Goicolea I, Seefeldt L, Shidhaye R, San Sebastian M. Social distance and community attitudes towards people with psycho-social disabilities in Uttarakhand, India. Community Ment Health J 2018;54:343–53.
6. López DG. A Phenomenological approach to the study of social distance. Hum Stud 2021;44:171–200.
7. Yaylalı TB. Social distancing in the construction of everyday life. ICTIMAIYAT J Soc Sci 2023;7:614–43. [Article in Turkish]
8. Ociskova M, Prasko J, Vrbova K, Kasalova P, Holubova M, Grambal A, et al. Self-stigma and treatment effectiveness in patients with anxiety disorders - a mediation analysis. Neuropsychiatr Dis Treat 2018;14:383–92.
9. Jombo HE, Idung AU, Iyanam VE. Attitudes, beliefs and social distances towards persons with mental illness among health workers in two tertiary healthcare institutions in Akwa Ibom State, South-South Nigeria. Int J Health Sci Res 2019;9:252–9.
10. Roslee NLB, Goh YS. Young adult's perception towards the formation of stigma on people experiencing mental health conditions: A descriptive qualitative study. Int J Ment Health Nurs 2021;30:148–57.
11. Arkar H. Akıl hastasının sosyal reddedilimi. Düşünen Adam1991;4:6–9. [Article in Turkish]
12. Taşkın EO. Ruhsal hastalıklarda damgalama ve ayrımcılık. In: Taşkın EO, editor. Stigma ruhsal hastalıklara yönelik tutumlar ve damgalama. 1. Baskı. İzmir: Meta Basım Matbaacılık; 2007. p.17–30.
13. Malas EM. Stigma toward to mental illness-revıew. MANAS J Sos Stud 2019;8:1170–88. [Article in Turkish]
14. Öktem P. Türkiye'de HIV/AIDS ile yaşayanların çalışma hakkı ihlalleri: yasal çerçeve ve alandan örnekler. VI Sosyal İnsan Hakları Ulusal Sempozyumu, Bildiri Kitabı. 2014. p.225–45.
15. Bekiroğlu S. Stigmatization of people with mental illness: a conceptual study on the affecting factors and their effects on people. OPUS Int J Soc Res 2021;17:595–618. [Article in Turkish]
16. Habeb M, Ciobanu AM, Al-Ani M, Mottershead R. Stigma in mental health: the status and future direction. Cureus 2025;17:e85398.
17. American Psychiatric Association. Stigma, prejudice and discrimination against people with mental illness. 2024. Available at: https://www.psychiatry.org/patients-families/stigma-and-discrimination. Accessed Dec 24, 2025.
18. Valery KM, Prouteau A. Schizophrenia stigma in mental health professionals and associated factors: A systematic review. Psychiatry Res 2020;290:113068.
19. Vistorte AOR, Ribeiro WS, Jaen D, Jorge MR, Evans-Lacko S, Mari JJ. Stigmatizing attitudes of primary care professionals towards people with mental disorders: A systematic review. Int J Psychiatry Med 2018;53:317–38.
20. Özaydın Ö, Gürün HP, Çavdar S, Tanrıverdi S, Dağ B, Yüzal S, et al. Beliefs of health workers in Istanbul towards individuals with mental health problems. Turk J Clin Psych 2022;25:278–88. [Article in Turkish]
21. Karasar N. Bilimsel araştırma yöntemi. 15. Baskı. Ankara: Nobel Yayın Dağıtım. 2005. [In Turkish]

22. Ceylan B, Ozcan A. Struggling with negative beliefs, stigmatization and social distancing towards schizophrenia: the contact hypothesis. Int J Caring Sci 2023;16:1279–91.
23. Eysenbach G. Improving the quality of web surveys: the Checklist for Reporting Results of Internet E-Surveys (CHERRIES). J Med Internet Res 2004;6:e34.
24. Afe TO, Ogunsemi O. Social distancing attitudes toward the mentally ill and victims of sexual violence among college students in Southwest Nigeria. Indian J Soc Psychiatry 2016;32:320–4.
25. Akyürek G, Sahadet Sezer K, Kaya L, Temucin K. Stigma in obsessive compulsive disorder. In Kocabaşoğlu N, Bingöl Çağlayan H, editors. Anxiety Disord Childhood Adulthood. IntechOpen; 2019.
26. Kuzmickus D, Balzarini TK. Close to home: ıntersectionality of familiarity, emotions, and stigma of mental disorders among rural residents. SSM-Qual Res Health 2025;7:100572.
27. Yüksel N, Yılmaz M, Örekici Temel G. Opinions of faculty members regarding mental illnesses and patients. J Psychiatric Nurs 2015;6:26–32. [Article in Turkish]
28. Angermeyer MC, Matschinger H. The stigma of mental illness: effects of labelling on public attitudes towards people with mental disorder. Acta Psychiatr Scand 2003;108:304–9.
29. Angermeyer MC, Dietrich S. Public beliefs about and attitudes towards people with mental illness: a review of population studies. Acta Psychiatr Scand 2006;113:163–79.
30. Dündar SE, Aldanmaz F, Oğuz A. Halkın konversiyon bozukluğu, obsesif kompulsif bozukluk, anksiyete bozukluğu ve empotansa yönelik tutumları ve çeşitli değişkenler açısından incelenmesi. Kriz Derg 1995;3:250–7. [Article in Turkish]
31. Lucas JW, Phelan JC. Influence and social distance consequences across categories of race and mental illness. Soc Ment Health 2019;9: 215686931876112
32. Wang W, Xia J, Chen W, Ye J, Xie K, Zhang Z, et al. Exploring the interplay of mental health knowledge, stigma, and social distance among clinical nurses: a study in Liaoning, China. Front Psychiatry 2025;16:1478690.
33. Corrigan PW, Nieweglowski K. How does familiarity impact the stigma of mental illness? Clin Psychol Rev 2019;70:40–50.
34. Alpan A, Kocamanoğlu E, Yüce F, Akçakmak G, Günbal M, Aşık E, et al. Students' attitudes against schizophrenia at faculty of health sciences. Kırıkkale Uni Med J 2018;20:8–17. [Article in Turkish]
35. Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. World Psychiatry 2002;1:16–20.
36. Lien YJ, Chen L, Cai J, Wang YH, Liu YY. The power of knowledge: How mental health literacy can overcome barriers to seeking help. Am J Orthopsychiatry 2024;94:127–47.
37. Jorm AF, Oh E. Desire for social distance from people with mental disorders. Aust N Z J Psychiatry 2009;43:183–200.
38. Baral SP, Prasad P, Raghuvamshi G. Mental health awareness and generation gap. Indian J Psychiatry 2022;64(Suppl 3):S636.
39. Çam O, Yalçıner N. Mental illness and recovery. J Psychiatric Nurs 2018;9:55–60.
40. de Jacq K, Norful AA, Larson E. The variability of nursing attitudes toward mental illness: an integrative review. Arch Psychiatr Nurs 2016;30:788–96.
41. Giandinoto JA, Stephenson J, Edward KL. General hospital health professionals' attitudes and perceived dangerousness towards patients with comorbid mental and physical health conditions: Systematic review and meta-analysis. Int J Ment Health Nurs 2018;27:942–55.
42. Sewilam AM, Watson AM, Kassem AM, Clifton S, McDonald MC, Lipski R, et al. Suggested avenues to reduce the stigma of mental illness in the Middle East. Int J Soc Psychiatry 2015;61:111–20.
43. Arslantaş H, Abacıgil F, Adana F, Karadağ Ş, Koyak HÇ. Beliefs of nursing students about mental illnesses and social distance: the effects of theoretical and practical psychiatric nursing education. Yeni Symposium 2019;57:2–9.
44. Gökmen BD, Okanlı A. The effects of psychoeducation provided to care staff working at special care centers on their beliefs about schizophrenia. J Psy Nurs 2019;10:20–7.