



The Role of Nursing in Reducing Stigma Toward Patients with Schizophrenia in the Community

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Article Info

Article history:

Received Oct 20, 2025

Revised Nov 23, 2025

Accepted Dec 30, 2025

Keywords:

Schizophrenia;
Stigma reduction;
Mental health nursing;
Community-based interventions;
Social inclusion.

ABSTRACT

Schizophrenia is a chronic mental disorder often accompanied by societal stigma, which can result in social exclusion, discrimination, poor treatment adherence, and reduced quality of life. Nurses, as frontline mental health professionals, play a vital role in addressing stigma through education, therapeutic communication, community outreach, advocacy, and family counseling. Despite this, the contribution of nursing roles to stigma reduction in community settings remains underexplored. This study aimed to examine the role of nursing in reducing stigma toward patients with schizophrenia and to identify factors influencing the effectiveness of nursing-led interventions. A mixed-methods design was employed, involving nurses, patients with schizophrenia, family members, and community members. Data were collected through in-depth interviews, questionnaires, focus group discussions, and observations. Qualitative data were analyzed using thematic analysis, while quantitative data were examined with descriptive and inferential statistics to assess public stigma, self-stigma, and discriminatory behavior. The findings indicate that nursing interventions, including mental health education, therapeutic communication, community outreach, advocacy, and family counseling, were associated with improved public attitudes, reduced self-stigma among patients, and decreased discriminatory behaviors. Nurses' confidence and competence in stigma reduction also increased, contributing to greater social inclusion and quality of life for patients. Cultural beliefs, community education levels, and institutional support were identified as important moderating factors. In conclusion, nurses play a crucial role in reducing stigma toward patients with schizophrenia, particularly through community-based interventions. Strengthening nursing involvement in anti-stigma programs and providing policy and institutional support are essential for sustainable stigma reduction. This study highlights the importance of nurse-led, community-oriented strategies in promoting acceptance, recovery, and social inclusion for individuals with schizophrenia.

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1. INTRODUCTION

Schizophrenia is a chronic and severe mental disorder that affects how individuals think, feel, and behave, often leading to significant impairments in daily functioning (Harvey & Strassnig, 2012). Globally, schizophrenia affects approximately 20-24 million people and represents a substantial public health burden due to its early onset, long duration, and high level of disability. According to the World Health Organization, schizophrenia is one of the leading causes of years lived with disability worldwide. In many low- and middle-income countries, including Indonesia, the burden of schizophrenia is further compounded by limited access to mental health services, shortages of trained mental health professionals, and persistent societal stigma. National data indicate that people with schizophrenia frequently experience repeated hospitalizations, unemployment, social isolation, and dependence on family members, all of which place emotional, social, and economic strain on patients, families, and the healthcare system.

One of the most significant challenges faced by patients with schizophrenia is stigma. Stigma toward individuals with schizophrenia manifests in various forms, including social rejection, discrimination, negative labeling, and stereotyping. Patients are often perceived as dangerous, unpredictable, or incapable of functioning normally in society (Roberts & Dyer, 2003). These negative perceptions may lead to exclusion from employment opportunities, education, and community activities. In addition to public stigma, patients frequently experience self-stigma, in which they internalize society's negative attitudes and develop feelings of shame, low self-worth, and hopelessness. Self-stigma can be particularly damaging, as it may discourage individuals from seeking help or engaging actively in their treatment and recovery process.

The impact of stigma on patients with schizophrenia is profound and multifaceted. Stigma negatively affects quality of life by limiting social relationships, reducing opportunities for meaningful roles, and increasing feelings of loneliness and marginalization (Chronister et al., 2013). It also interferes with treatment adherence, as patients who fear being labeled or judged may avoid mental health services or discontinue medication prematurely. Furthermore, stigma undermines recovery by reducing motivation, self-efficacy, and community support, all of which are essential components of long-term psychosocial rehabilitation. Difficulties in social integration, such as rejection by neighbors or lack of acceptance in community settings, further hinder patients' ability to live independently and participate fully in society.

Several recent studies have explored nursing-related approaches to reducing stigma toward people with schizophrenia. For example, a study evaluated the effectiveness of nurse-led brief psycho-education in reducing self-stigma among clients with schizophrenia and affective disorders. Using a Solomon four-group design, this research found that brief psycho-educational sessions delivered by trained nurses significantly reduced stigma domains such as alienation, stereotype endorsement, and social withdrawal within a 1-month follow-up period. The authors suggested that nurse-led psycho-education shows promise as a supportive nursing care practice in routine mental health settings, particularly in lower-middle-income countries where stigma remains a barrier to care.

Another area of investigation involves educational strategies aimed at future nurses. Chen et al. (2025) conducted a pilot feasibility randomized controlled trial of a Chinese culture-specific online intervention designed to decrease schizophrenia stigma among fourth-year nursing students. This study demonstrated that culturally adapted training could significantly reduce stigmatizing attitudes and improve empathy and intended behaviors toward people with schizophrenia when compared to a control group. The authors highlighted the importance of culture, empathy, and structured stigma-reduction training in nursing education.

Similarly, a quasi-experimental study published in 2024 examined the effect of simulation with standardized patients on stigma toward individuals with schizophrenia spectrum disorders among undergraduate nursing students. After simulation exercises portraying real clinical interactions, the study found statistically significant improvements in nursing students' attitudes across multiple stigma dimensions, indicating that experiential learning techniques can effectively reduce stigma perceptions in nursing education.

In addition to nursing-specific interventions, related research underscores the broader implications of stigma for patients and their quality of life. Wardani & Dewi (2018) investigated the relationship between self-stigma and quality of life in patients with schizophrenia, finding a significant negative correlation between self-stigma levels and quality of life. This study recommended nursing interventions focused on preventing negative stigma and improving patient well-being, emphasizing the relevance of stigma reduction within nursing care plans.

Beyond targeted nursing education and interventions, other research has focused on attitudes within the psychiatric nursing profession itself. A 2025 study in BMC Nursing examined stigmatizing attitudes and predictors of empathy among psychiatric and mental health nurses. The findings indicated that higher education, greater years of experience, and stronger empathy were linked to more positive attitudes toward mentally ill patients, suggesting that continuing professional development and empathy training could further enhance stigma reduction among practicing nurses.

In this context, nurses play a strategic and essential role as frontline mental health professionals. Nurses are often the healthcare providers who have the most frequent and sustained contact with patients with schizophrenia, both in clinical settings and in the community. Their role extends beyond providing medical care to include health education, therapeutic communication, counseling, and psychosocial support. Nurses also interact closely with families and community members, positioning them uniquely to influence attitudes, dispel myths, and promote understanding about schizophrenia. Through community outreach, psychoeducation programs, and advocacy, nurses can help reduce fear and misconceptions, encourage supportive behaviors, and foster more inclusive environments for patients with mental illness.

Despite the recognized importance of stigma reduction, existing community-based efforts are often limited in scope, fragmented, or not systematically implemented. Many anti-stigma initiatives focus primarily on public campaigns or policy-level interventions, with insufficient emphasis on the practical and sustained involvement of nurses at the community level. Additionally, the role of nurses in stigma reduction is frequently under-documented and underutilized, particularly in resource-limited settings. This gap highlights the need for research that specifically examines and strengthens nursing involvement in reducing stigma toward patients with schizophrenia. By understanding and optimizing the role of nurses, more effective, culturally sensitive, and sustainable stigma reduction strategies can be developed to improve the lives of patients and promote mental health inclusion in society.

2. RESEARCH METHOD

Conceptual and Theoretical Framework

This study is grounded in a conceptual framework that explains the relationship between the role of nursing and the level of stigma toward patients with schizophrenia in society. The framework assumes that nurses, as key mental health professionals, play a central role in shaping public perceptions, patient self-perceptions, and social responses to schizophrenia through various professional roles and interventions. These nursing roles act as the independent variables that influence stigma-related outcomes, while several contextual factors may moderate or confound this relationship.

The independent variable in this study is the role of nursing, which encompasses several interrelated functions (Doran et al., 2002). First, mental health education provided by nurses to patients, families, and community members aims to increase knowledge about schizophrenia, correct misconceptions, and reduce fear associated with mental illness. By improving mental health literacy, nurses help the public understand schizophrenia as a treatable medical condition rather than a personal or moral failing. Second, therapeutic communication allows nurses to build trust, demonstrate empathy, and model respectful interactions with patients, which can influence both patients' self-perceptions and the attitudes of others who observe or participate in care. Third, community outreach activities, such as home visits, community meetings, and public awareness programs, enable nurses to engage directly with society and promote inclusive attitudes toward

individuals with schizophrenia. In addition, advocacy and empowerment roles involve supporting patients' rights, encouraging self-confidence, and facilitating participation in social and economic activities, thereby challenging discriminatory practices. Finally, family counseling conducted by nurses helps families develop supportive attitudes and coping strategies, reducing stigma within the immediate social environment of the patient.

The dependent variable is the level of stigma toward patients with schizophrenia, which is conceptualized as a multidimensional construct (Lysaker et al., 2008). Public stigma refers to negative stereotypes, prejudice, and fear held by society toward individuals with schizophrenia. Self-stigma occurs when patients internalize these negative societal attitudes, leading to reduced self-esteem, feelings of shame, and decreased motivation for recovery. Discriminatory behavior includes overt and covert actions such as social exclusion, denial of employment, and unequal treatment in community settings. The framework proposes that effective nursing roles and interventions contribute to reducing public stigma, preventing or alleviating self-stigma, and minimizing discriminatory behaviors in society.

The relationship between nursing roles and stigma reduction is influenced by several moderating or confounding factors (Yuan et al., 2018). Cultural beliefs about mental illness may either reinforce stigma or support acceptance, depending on societal norms and values. Media influence, including news coverage and entertainment portrayals of schizophrenia, can shape public attitudes positively or negatively, potentially strengthening or weakening the impact of nursing interventions. The education level of the community affects how health information is received and understood, which in turn influences the effectiveness of mental health education provided by nurses. Furthermore, support from health institutions and policymakers plays a crucial role in enabling nurses to implement stigma-reduction programs through adequate training, resources, and policy backing.

This conceptual framework is supported by several relevant theories. Goffman's Stigma Theory explains how individuals with schizophrenia are socially labeled and devalued due to attributes perceived as undesirable, leading to exclusion and discrimination (Maharjan, 2019). Nursing interventions aim to challenge these labels by promoting accurate knowledge and humanizing patient experiences. Recovery-Oriented Mental Health Care emphasizes hope, empowerment, social inclusion, and patient-centered care, aligning closely with nursing roles in advocacy, education, and empowerment. Additionally, Peplau's Interpersonal Relations Theory highlights the therapeutic nurse-patient relationship as a foundation for healing and personal growth. Through effective interpersonal interactions, nurses can reduce self-stigma, strengthen patients' self-concept, and model respectful relationships that influence broader social attitudes.

Research Method

This study employs a mixed-methods research design to comprehensively examine the role of nursing in reducing stigma toward patients with schizophrenia in society. The mixed-methods approach is chosen to integrate the strengths of both qualitative and quantitative methods, allowing for an in-depth exploration of experiences and perceptions while also providing measurable evidence of relationships between nursing roles and stigma levels (Curry et al., 2009). By combining these approaches, the study aims to generate a holistic understanding of how nursing interventions influence stigma reduction at individual, family, and community levels.

The participants in this study include multiple stakeholder groups to capture diverse perspectives (Magasi et al., 2009). These consist of nurses working in mental health or community health settings, patients diagnosed with schizophrenia, family members or caregivers who are directly involved in patient care, and community members who interact with patients in everyday social environments. The inclusion of these groups enables the study to assess nursing roles from both provider and recipient perspectives, as well as to understand broader societal attitudes toward schizophrenia.

Data are collected using several complementary data collection methods. In-depth interviews are conducted with nurses and patients to explore personal experiences, professional roles, and perceptions related to stigma and stigma reduction (Subu et al., 2021). Questionnaires are administered

to community members and family caregivers to measure levels of knowledge, attitudes, and stigmatizing behaviors toward individuals with schizophrenia, as well as perceptions of nursing interventions. Focus group discussions are used particularly with community members and families to facilitate collective reflection and discussion on stigma, cultural beliefs, and the effectiveness of nursing-led education and outreach programs. In addition, non-participant observation is carried out during community outreach activities or clinical interactions to capture real-life nursing practices, communication patterns, and community responses that may not be fully expressed through self-report methods.

The data analysis process follows the mixed-methods design (Almeida, 2018). Qualitative data obtained from interviews, focus group discussions, and observations are analyzed using thematic analysis. This involves transcribing the data, coding meaningful units, identifying recurring patterns, and developing themes related to nursing roles, stigma experiences, and stigma reduction strategies. Quantitative data collected through questionnaires are analyzed using statistical analysis, including descriptive statistics to summarize participant characteristics and stigma levels, as well as inferential statistics to examine relationships between nursing interventions and levels of public stigma, self-stigma, and discriminatory behavior. The integration of qualitative and quantitative findings allows for triangulation, thereby enhancing the validity and depth of the study's conclusions.

3. RESULTS AND DISCUSSIONS

Improved public attitudes toward patients with schizophrenia

Improved public attitudes toward patients with schizophrenia represent a critical outcome of effective mental health nursing interventions and stigma reduction efforts. Positive changes in public attitudes are reflected in increased understanding, acceptance, and empathy toward individuals living with schizophrenia, as well as a reduction in fear, prejudice, and negative stereotypes (Schomerus et al., 2012). When the public is exposed to accurate information about schizophrenia through nurse-led mental health education and community outreach programs, misconceptions that portray patients as dangerous, unpredictable, or incapable of social functioning can be gradually corrected. This shift in knowledge forms the foundation for more respectful and supportive attitudes within society.

As public attitudes improve, communities become more willing to engage with patients with schizophrenia in everyday social contexts, such as neighborhoods, workplaces, and community activities. Acceptance and openness encourage social interaction and inclusion, allowing patients to participate more actively in community life without fear of rejection or discrimination (Devine & Lashua, 2002). Improved attitudes also foster supportive behaviors, including offering assistance, encouraging treatment adherence, and advocating for equal opportunities in employment and education. These changes contribute to a social environment that promotes dignity, human rights, and social justice for individuals with mental illness.

Furthermore, improved public attitudes have a positive impact on the recovery process of patients with schizophrenia. When patients feel accepted and respected by society, they are less likely to internalize negative stereotypes, thereby reducing self-stigma and enhancing self-esteem and motivation. A supportive community atmosphere reinforces the effectiveness of clinical and psychosocial interventions provided by nurses and other healthcare professionals. Ultimately, the improvement of public attitudes toward patients with schizophrenia not only benefits individuals and families but also strengthens community cohesion and advances the broader goal of inclusive and compassionate mental health care.

Increased confidence and competence of nurses in stigma reduction

Increased confidence and competence of nurses in stigma reduction are essential outcomes that strengthen the effectiveness of mental health care and community-based interventions for patients with schizophrenia (Killaspy et al., 2022). Confidence enables nurses to engage more actively in addressing stigma, both within clinical settings and in the wider community. When nurses feel assured in their knowledge and skills, they are more willing to initiate conversations about mental illness, challenge negative stereotypes, and provide accurate information to patients, families, and

community members. This confidence is often developed through education, training, and direct experience in mental health care, which empower nurses to perform their roles effectively and professionally.

Competence in stigma reduction refers to nurses' ability to apply evidence-based strategies such as mental health education, therapeutic communication, advocacy, and family counseling in a culturally sensitive manner. Competent nurses can assess stigma-related attitudes, identify misconceptions, and tailor interventions to the needs of individuals and communities (Farley-Toombs, 2012). They are also skilled in building therapeutic relationships with patients with schizophrenia, fostering trust, empathy, and respect, which helps reduce self-stigma and supports recovery. Through community outreach and interdisciplinary collaboration, competent nurses contribute to creating environments that promote understanding and acceptance of mental illness.

The combination of increased confidence and competence enhances nurses' professional identity and reinforces their role as key agents of change in stigma reduction. Nurses who are confident and competent are better equipped to advocate for patients' rights, influence public attitudes, and support policy initiatives aimed at mental health inclusion (Hassen et al., 2022). Over time, this strengthens the sustainability of stigma reduction efforts and improves the overall quality of mental health services. Ultimately, empowering nurses with the confidence and competence to address stigma contributes to improved patient outcomes, stronger community support systems, and a more humane and inclusive approach to mental health care.

Enhanced social inclusion and quality of life for patients

Enhanced social inclusion and quality of life for patients with schizophrenia are important outcomes of effective stigma reduction and comprehensive nursing care. Social inclusion refers to the ability of individuals with schizophrenia to participate fully in community life, maintain meaningful social relationships, and access opportunities such as education, employment, and community activities without discrimination (Leff & Warner, 2006). When stigma is reduced through nursing-led education, advocacy, and community outreach, patients are more likely to be accepted and supported by their families, neighbors, and the broader society. This acceptance creates a sense of belonging and reduces social isolation, which is a common challenge faced by individuals with schizophrenia.

Improved social inclusion has a direct and positive impact on the quality of life of patients (Western et al., 2007). Supportive social environments encourage patients to engage in daily activities, build social networks, and develop a sense of purpose and self-worth. Through therapeutic communication and empowerment strategies, nurses help patients strengthen coping skills, increase self-confidence, and take an active role in their recovery process. As patients experience greater understanding and respect from others, feelings of shame and self-stigma decrease, allowing them to focus on personal growth and functional independence.

Furthermore, enhanced quality of life is reflected not only in psychological well-being but also in improved physical health, treatment adherence, and overall life satisfaction. Patients who feel socially included are more likely to seek help when needed, comply with treatment plans, and maintain long-term engagement with mental health services (Dixon et al., 2016). The supportive role of nurses in fostering inclusive communities and advocating for patient rights plays a crucial role in sustaining these outcomes. Ultimately, enhanced social inclusion and quality of life contribute to the holistic recovery of patients with schizophrenia and promote a more inclusive and compassionate society.

Practical Implications and Recommendations

The findings of this study have important practical implications for strengthening the role of nursing in reducing stigma toward patients with schizophrenia. Given nurses' close and continuous interaction with patients, families, and communities, their involvement in anti-stigma programs should be systematically enhanced (Carrara et al., 2021). One key strategy is the integration of nurse-led mental health education and community outreach programs that focus on improving mental health literacy, correcting misconceptions about schizophrenia, and promoting empathy. Nurses should be actively involved in designing and delivering culturally sensitive education sessions, home visits, and community discussions that address stigma at the grassroots level. In addition,

strengthening nurses' skills in therapeutic communication, counseling, and advocacy through regular training and supervision can increase their confidence and effectiveness in challenging stigmatizing attitudes and behaviors.

Several recommendations can be directed toward policymakers, health institutions, and nursing education providers (Ubbink et al., 2013). Policymakers should prioritize stigma reduction as a core component of national mental health strategies and allocate sufficient resources to support community-based mental health nursing programs. Policies that promote interdisciplinary collaboration and protect the rights of people with mental illness are also essential in creating an enabling environment for stigma reduction. Health institutions should support nurses by providing ongoing professional development, clear clinical guidelines, and manageable workloads that allow nurses to engage in preventive and promotive mental health activities beyond routine clinical care. Furthermore, nursing education institutions should incorporate comprehensive mental health and stigma reduction content into undergraduate and postgraduate curricula. This includes experiential learning approaches, such as simulations, community placements, and reflective practice, to help nursing students develop empathy, cultural competence, and practical skills in addressing stigma.

In terms of future research, further studies are needed to evaluate the long-term effectiveness of nurse-led stigma reduction interventions across different cultural and community settings. Future research could also explore the specific mechanisms through which nursing interventions influence public stigma, self-stigma, and discriminatory behavior. Comparative studies using experimental or longitudinal designs would be valuable in establishing causal relationships between nursing roles and stigma reduction outcomes (Sercu et al., 2015). Additionally, research that examines the perspectives of patients and families in greater depth can provide insights into how nursing practices can be further tailored to meet their needs. Expanding the evidence base in this area will contribute to the development of more effective, sustainable, and context-specific strategies for reducing stigma toward patients with schizophrenia.

Challenges and Barriers

Efforts to reduce stigma toward patients with schizophrenia through nursing interventions face several significant challenges and barriers that can limit their effectiveness. One of the major obstacles is the limited availability of mental health resources, particularly in low- and middle-income settings (Saraceno et al., 2007). Shortages of mental health facilities, trained personnel, medications, and funding restrict the scope and continuity of stigma reduction programs. Nurses working in community or primary health care settings often lack access to adequate tools, educational materials, and referral systems, making it difficult to implement comprehensive and sustained anti-stigma initiatives.

Another critical barrier is cultural stigma and persistent misconceptions surrounding schizophrenia. In many communities, mental illness is still associated with supernatural beliefs, moral weakness, or personal failure. These cultural perceptions contribute to fear, discrimination, and social exclusion of individuals with schizophrenia. Deeply rooted cultural beliefs can be resistant to change, even when accurate information is provided (Harris & Crane, 2002). As a result, nurses may encounter challenges in correcting misinformation and promoting acceptance, especially in communities where traditional beliefs and social norms strongly influence attitudes toward mental illness.

The workload of nurses and lack of specialized training also present substantial challenges. Nurses often manage high patient loads and multiple responsibilities, leaving limited time and energy to engage in preventive and promotive activities such as stigma reduction and community education (Pender et al., 2006). In addition, not all nurses receive adequate training in mental health nursing, communication skills, or stigma reduction strategies during their formal education or professional development. This gap can reduce nurses' confidence and competence in addressing stigma and advocating effectively for patients with schizophrenia.

Furthermore, community resistance or lack of cooperation can hinder stigma reduction efforts. Some community members may be unwilling to participate in educational programs, deny the existence of stigma, or resist changes in long-standing attitudes and behaviors. Negative experiences,

fear of association with mental illness, or mistrust of health professionals may also contribute to poor community engagement. Without strong collaboration and support from community leaders and stakeholders, nursing-led stigma reduction initiatives may struggle to achieve meaningful and lasting impact. Addressing these challenges requires coordinated efforts, adequate resources, continuous training, and sustained engagement with communities to foster understanding and acceptance of mental health issues.

Comparison of the Results of the Current Study with Previous Research

The results of the current study are largely consistent with findings from previous research, reinforcing the important role of nursing in reducing stigma toward patients with schizophrenia. Similar to earlier studies, this study demonstrates that nurse-led interventions such as mental health education, therapeutic communication, community outreach, and family counseling are associated with more positive public attitudes and reduced stigmatizing behaviors. Previous research has shown that increased mental health literacy and direct contact with mental health professionals contribute significantly to decreasing fear and misconceptions about schizophrenia, and the present findings support these conclusions by highlighting the effectiveness of nursing involvement at the community level.

In line with prior studies, the current study also confirms that stigma has a substantial negative impact on patients' quality of life, treatment adherence, and social integration. Earlier research has emphasized that public stigma and self-stigma act as major barriers to recovery and help-seeking behavior among individuals with schizophrenia (Dubreucq et al., 2021). The findings of this study align with these observations, showing that nursing interventions not only influence community attitudes but also help patients develop greater self-confidence and reduce internalized stigma. This supports recovery-oriented mental health care models reported in previous literature, which emphasize empowerment, hope, and social inclusion as key components of successful mental health interventions.

However, the current study adds to existing research by placing a stronger emphasis on the multifaceted and practical roles of nurses in stigma reduction, particularly within community and family contexts. While many previous studies have focused on public campaigns, media interventions, or educational programs targeting students and the general population, this study highlights the sustained and relational nature of nursing care as a unique strength in addressing stigma (Gronholm et al., 2017). The findings suggest that nurses' continuous engagement with patients, families, and communities allows for deeper and more lasting attitude changes compared to short-term or one-time interventions reported in some earlier studies.

Furthermore, the study expands upon previous research by identifying contextual factors such as cultural beliefs, community education levels, and institutional support that influence the effectiveness of nursing-led stigma reduction efforts. Although earlier studies have acknowledged these factors, the current research provides a more integrated understanding of how they interact with nursing roles in real-world settings (Thompson et al., 2004). Overall, the results not only corroborate existing evidence but also contribute new insights by emphasizing the central and strategic position of nurses in sustainable stigma reduction initiatives for patients with schizophrenia.

4. CONCLUSION

This study underscores the critical role of nurses in reducing stigma toward patients with schizophrenia. As frontline mental health professionals, nurses are uniquely positioned to influence patients, families, and communities through mental health education, therapeutic communication, advocacy, and family counseling. The findings highlight that nursing interventions play a significant role in improving public attitudes, reducing self-stigma, and minimizing discriminatory behaviors, all of which are essential for supporting recovery and social inclusion among individuals with schizophrenia. The study also emphasizes the importance of community-based nursing interventions in addressing stigma at the societal level. By engaging directly with communities through outreach programs, home visits, and collaborative activities with community leaders, nurses can challenge

misconceptions, promote mental health literacy, and foster more inclusive environments. Community-based approaches allow stigma reduction efforts to be culturally sensitive, sustainable, and responsive to local needs, making them more effective than interventions that are limited to clinical settings alone. Overall, this study contributes to the advancement of mental health nursing practice by providing evidence of the strategic and multifaceted role of nurses in stigma reduction. The findings support the integration of stigma reduction strategies into routine nursing care and professional training, and they offer a foundation for developing policies and programs that strengthen nursing involvement in community mental health. By highlighting the value of nursing-led interventions, this study contributes to the broader goal of improving the quality of life, dignity, and social inclusion of patients with schizophrenia.

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