

NURSES' PERCEIVED BARRIERS TO THERAPEUTIC CARE OF PATIENTS WITH SCHIZOPHRENIA IN A TERTIARY CARE HOSPITAL IN KARACHI: A QUALITATIVE STUDY

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Abstract

Schizophrenia is a complex illness that requires ongoing therapeutic engagement, skilled communication, symptom management, and a safe and supportive environment of care. Nurses are pivoted, but clinical complexity, resource constraints, organizational factors and emotional and attitudinal issues can be barriers to nursing practice. Limited context-specific evidence exists on perceived barriers to schizophrenia care by nurses in Karachi. Understanding these barriers is critical in improving nursing preparedness and quality of mental health care. The aim of the study is to explore the perceptions of registered nurses on barriers to effective therapeutic care for patients with schizophrenia in a tertiary care hospital in Karachi, Pakistan. A descriptive qualitative design was used. Eight registered nurses with experience in caring for patients with schizophrenia were recruited by purposive sampling. Data were collected using a semi-structured interview guide based on the Capability, Opportunity, Motivation–Behaviors (COM-B) model. Interviews were thematically analyzed using Braun and Clarke's six-phase approach. The study adhered to ethical principles of informed consent, voluntary participation, confidentiality and protection of the participants' identities. Four interconnected themes emerged: (1) Navigating Clinical Complexity with Limited Preparedness, (2) Delivering Care Within a Resource-Constrained Clinical Environment, (3) Balancing Fear, Stigma and Professional Commitment, and (4) Building a Supportive System for Competent and Compassionate Schizophrenia Care. Nurses reported challenges related to therapeutic communication, psychotic symptoms, aggression, treatment refusal, staffing shortages, workload, limited resources, fear, safety concerns, and stigma. Participants said the priorities for improvement were practical training, adequate staffing, organizational support, supervision, teamwork and person-centered care. The barriers to the care of schizophrenia are more than the competence of individual nurses and reflect the interaction of clinical, organizational and motivational influences. Strengthening pragmatic psychiatric training, staffing, supportive supervision,

resources, safety measures, and interdisciplinary collaboration may improve nurses' confidence and promote safer, compassionate, person-centered mental health care.

INTRODUCTION:

Schizophrenia is a severe and complicated mental condition that affects perception, thought, behavior, emotional expression, cognition and social functioning. The clinical signs may include delusions, hallucinations, disordered thinking and behavior, negative symptoms, cognitive impairment and extreme agitation, which can severely interfere with personal, familial, social, educational and occupational functioning. Schizophrenia affects roughly 23 million people globally, which is around 1 in 345 persons, and people with the disorder die about nine years earlier than the normal population (World Health Organization (WHO, 2025a; Buriro et al., 2024). However, even with this enormous burden, access to effective treatment is limited, with only around 29% of people with psychosis obtaining expert mental health care (WHO, 2025a). This treatment gap underscores the continued need for accessible, responsive and recovery-oriented mental health treatments, especially in resource-constrained areas. Effective care for schizophrenia should not only control symptoms, but also include psychoeducation, psychosocial rehabilitation, family interventions, psychological therapies, support for recovery, and meaningful participation of patients in decisions about their treatment (WHO, 2025a; Buriro et al., 2024). Recent data supports customized and recovery oriented approaches. Liu et al. (2024) showed the potential benefit of a needs-tailored, nurse-led recovery program for people with schizophrenia and Xu et al. (2026) highlighted the significance of communication, therapeutic relationships, patient participation, and systemic support in shared decision-making. These findings support the idea that quality care for schizophrenia necessitates not only clinical management but also respect for dignity, therapeutic involvement, participation, and recovery.

Nurses, due to their continuous and face-to-face contact with patients, play an important part in this process (Buriro et al., 2023). Their roles include evaluation, medication administration, monitoring treatment response, therapeutic communication, crisis management, psychoeducation, physical health monitoring, safety management, rehabilitation and collaboration with patients, families and interdisciplinary teams. However, the presence of acute psychotic symptoms, suspiciousness, reduced insight, cognitive difficulties, agitation or communication problems might make it difficult to develop therapeutic connections. Daliri et al. (2024) discovered that individual, interpersonal, organizational, community and policy-related elements influenced the management of schizophrenia thus proving that nursing practice is influenced by a broader clinical and organizational environment. Clinical expertise is consequently crucial but may not guarantee successful treatment care. Nurses need to have theoretical knowledge and practical skill of therapeutic communication, de-escalation, crisis intervention, risk assessment, and person-centered engagement (Buriro et al., 2024). Taga-Shikuri et al. (2025) described the challenges experienced by nurses in learning the therapeutic techniques, tailoring interventions to specific patients, and applying them within current service structures. Effective practice was also seen as dependent on ongoing consultation, supervision, adequate working conditions and further training (Taga-Shikuri et al., 2025). Workload and time constraints might also impede comprehensive treatment in a similar way. Långstedt et al., (2024) revealed that various nursing examinations for patients with schizophrenia spectrum disorders were challenging and time-consuming in ordinary practice. (Långstedt et al., 2024). Heavy workloads and competing duties may thereby restrict

opportunities for tailored communication, trust building, assessment, patient education and therapeutic engagement

Safety is another key aspect of mental nursing. Acute agitation, violence, and unpredictable conduct may increase nurses' worry, stress, and concern for their safety. Recent research from psychiatric settings reports a lot of workplace violence, both verbal and physical, and stresses the significance of de-escalation training, workplace safety protocols, and organizational support (2025). Concerns for safety should not promote the perceptions that persons with schizophrenia are dangerous. Safe and therapeutic practice should be guided by individual risk assessment and appropriate clinical and organizational safety measures. Stigma can also affect therapeutic interaction. People living with schizophrenia continue to endure stigma, discrimination and human rights violations, WHO (2025a) recognizes. A systematic evaluation of 44 studies by Kruse and Dodell-Feder (2025) found stigma associated with schizophrenia across healthcare professions. Such stigma was apparent in preconceptions, prejudice, discriminating conduct, social isolation, and pessimism about recovery. Stigma differed by professional function, education, experience, and contact with people with schizophrenia, with more positive attitudes linked to greater overall professional and personal interaction (Kruse & Dodell-Feder, 2025). These impressions may affect therapeutic optimism, communication, patient participation and person-centered treatment.

Nursing specific studies supports the value of education and clinical exposure in tackling these attitudes. Rayan (2024) identified variations in mental illness stigma among nursing students and registered nurses, and reported that registered nurses with more education had reduced stigma. Chen et al. (2024) observed that educational interventions and direct contact with people with schizophrenia were typical techniques to reduce stigma among health professional students, but the cultural and empathy-related features were not usually sufficiently considered. Simulation with

standardized patients has also shown promise in changing nursing students' views about people with schizophrenia spectrum disorders (García-Carpintero Blas et al., 2024). More recently, culturally-informed educational treatments indicated increases in knowledge, attitudes, intended behavior and empathy in schizophrenia (Chen et al., 2025). Cultural context is also crucial as nurses' judgments may be influenced by wider social ideas about mental illness. According to Chen et al. (2026), nursing students' opinions of schizophrenia were influenced by knowledge gaps, misconceptions, cultural beliefs, family and community attitudes and exposure to mental health services. Mensah (2024) also found that psychiatric nurses encountered social and structural forms of mental health stigma, and that the lack of material resources and wider neglect of psychiatric services hindered their professional tasks. Findings indicate that therapeutic nursing care needs to be understood in its cultural, social and organizational context and not only in terms of individual clinical ability.

This approach is especially essential in Pakistan, where mental health services continue to be hampered by major resource and labor constraints (Buriro et al., 2024). Mahesar et al. (2025) showed limited mental health facilities and a large deficit of specialist professionals. Main Thompson and Saleem (2025) identified underinvestment, workforce limitations, treatment gaps, and ongoing stigma as key barriers to strengthening mental healthcare. At the international level, the Mental Health Atlas 2024 further highlights ongoing shortfalls in financial and human resources, particularly in lower-income settings (WHO, 2025b). More recently, Lateef et al. (2026) found a treatment gap of more than 90% in Pakistan and emphasized the poor mental health expenditure, insufficient service capacity, stigma and deficiencies in mental health surveillance. Despite efforts to integrate mental health into primary health care, WHO regional reporting still highlights limited resources, stigma, weak institutional mechanisms and inadequate mental health data as major obstacles across the Eastern

Mediterranean Region, including Pakistan (WHO, 2025c).

Karachi, the largest metropolitan hub in Pakistan, has significant tertiary hospitals and specialized psychiatric facilities, however there is inadequate evidence when the experiences of frontline nurses delivering direct therapeutic care to patients with schizophrenia. Current data suggests that novel mental health services can be deployed in Karachi, including a multidisciplinary psychiatric helpline backed in part by specially trained nursing staff (2025). But the research from other countries cannot be immediately translated to Karachi since nursing practice is affected by local staffing patterns, resources, institutional culture, professional preparation, patient populations and sociocultural beliefs of mental illness.

Thus, it is crucial to understand the challenges to schizophrenia care from the nurses' views in their real clinical context. Current available evidence suggests these barriers may be present at multiple levels including knowledge and confidence, difficulties communicating with patients with psychotic symptoms, staffing and workload pressures, lack of resources and supervision, fear, safety issues and stigmatizing beliefs. Conversely, good education, supportive leadership, sufficient resources, interdisciplinary teamwork, professional supervision, safety precautions, and recovery-oriented practice can improve therapeutic care. The current study aims to explore the perceived barriers faced by registered nurses in providing therapeutic care to patients with schizophrenia in a tertiary care hospital of Karachi, Pakistan. The findings may provide context-specific evidence to influence psychiatric nursing education, continuing professional development, staffing and resource planning, supportive supervision, safety strategies, interdisciplinary collaboration and person-centered care for schizophrenia.

Problem Statement:

The lasting effect on perception, cognition, behavior, social functioning and quality of life means that schizophrenia continues to be a major

burden on mental health services. Schizophrenia impacts approximately 23 million individuals worldwide, but just 29% of those experiencing psychosis access specialized mental health care, underscoring a substantial disparity between the demand for and availability of suitable services (World Health Organization WHO, 2025a). The complexity of schizophrenia also places considerable demands on nurses who are expected to establish therapeutic relationships while managing psychotic symptoms, treatment refusal, behavioral disturbances and safety concerns, and maintain prolonged and direct contact with patients (Buriro et al., 2024). Nurses working with people with schizophrenia experience individual, interpersonal, organizational, and health-system challenges that influence their capacity to deliver comprehensive and recovery-oriented care (Daliri et al., 2024). Moreover, nurses who use specialized therapeutic interventions have had difficulty applying theoretical knowledge to practice, adapting interventions to the complex needs of patients, and ensuring adequate supervision and organizational support (Taga-Shikuri et al., 2025). The findings indicate that therapeutic care requires more than individual nursing knowledge and includes adequate clinical skills, confidence, supportive working conditions, and opportunities for meaningful nurse-patient engagement.

Inadequate staffing, workload pressures, resource constraints, fear of aggression, occupational safety concerns and stigmatizing perceptions may further erode nurses' capacity to provide therapeutic care to clients with schizophrenia (Buriro et al., 2024). The Mental Health Atlas 2024 reveals persistent gaps in mental health financing and human resources, particularly in low-income countries, pointing to the continued inadequacies of many health systems in delivering accessible and high-quality mental health services (WHO, 2025b). Exposure to violence in the workplace can cause increased stress among psychiatric nursing staff and have negative impacts on their professional well-being and relationships with patients, which highlights the need for organizational safety systems, staff preparedness, and de-escalation skills

(Alenezi et al., 2025). Stigma can simultaneously damage person-centered therapeutic relationships. A recent systematic review of 44 studies found stigma associated with schizophrenia-spectrum among different healthcare professional groups, manifested through stereotypes, prejudice and discriminatory behavior. Greater professional experience and contact with people with schizophrenia was generally associated with more favorable attitudes (Kruse & Dodell-Feder, 2025). Therefore it appears that the interaction of clinical capability, environmental opportunities and motivational or emotional influences create barriers to therapeutic nursing care, rather than a single shortfall in nursing practice.

The problem is acute in Pakistan where mental health services remain under-invested, under-resourced in terms of trained professionals, limited in community-based services and stigmatized. Main Thompson and Saleem (2025) found that mental health services in Pakistan remain concentrated in tertiary care institutions located in major urban centers, and the shortage of specialist personnel and limited allocation of healthcare resources continue to restrict service capacity. A recent analysis using the Global Mental Health Countdown 2030 indicators estimated that the treatment gap for mental health in Pakistan is over 90%. The analysis identified low mental health expenditure, insufficient service capacity, limited primary-care psychosocial services, stigma and weak systematic surveillance as the key barriers (Lateef et al., 2026). [Frontiers][3] The evidence is scarce and more context specific to explain the perceptions of the registered nurses working in tertiary hospitals in Karachi, regarding the barriers they face in providing therapeutic care to the patients with schizophrenia specifically. Without understanding the nurses' perspective interventions may be narrowly focused on individual training and miss organizational conditions, resource availability, safety concerns, professional attitudes and support mechanisms influencing therapeutic practice. Hence, this study was conducted to explore perceived barriers of registered nurses to therapeutic care of patients

with schizophrenia in a tertiary care hospital in Karachi, Pakistan to generate context-specific evidence for nursing education, organizational support, staffing and resource planning, safety strategies and person-centered mental health care.

Research Objectives: To explore registered nurses' perceived barriers to providing therapeutic care for patients with schizophrenia in a tertiary care hospital in Karachi, Pakistan.

Research Questions: What barriers do registered nurses perceive when providing therapeutic care to patients with schizophrenia in a tertiary care hospital in Karachi, Pakistan?

Literature Review:

Theoretical Framework: This study was theoretically grounded in the Capability, Opportunity, Motivation-Behaviour (COM-B) model created by Michie et al. (2011). The concept suggests that Capability, Opportunity and Motivation all interact to produce behavior (Lashari & Umrani, 2023; Lashari, Morio & Jalbani, 2026). In the current study, the behavior of interest was nurses' provision of effective therapeutic care to schizophrenic patients. Capability was the nurses' knowledge, clinical skills, therapeutic communication, confidence and ability to manage psychotic symptoms, hostility and treatment rejection (Lashari & Umrani, 2023). Opportunity encompassed workplace and organizational aspects such as personnel, workload, therapy time, resources, clinical environment, supervision and interdisciplinary support (Lashari, Morio & Jalbani, 2026). Motivation was described as nurses' attitude, beliefs, fear, safety, stigma, empathy and professional dedication to providing therapeutic and person-centered care (Lashari, Umrani & Buriro, 2023; Lashari & Umrani, 2024).

The COM-B model was acceptable because barriers to therapeutic care for schizophrenia might not be limited to the knowledge and skills of specific nurses. The balance between clinical readiness, organizational issues, and nurses'

emotional and professional responses might impact effective care. Thus, COM-B informed the development of the semi-structured interview guide and gave an interpretative framework to comprehend the data. The themes were initially identified from the participants' replies using

thematic analysis, and then interpreted in relation to the Capability, Opportunity and Motivation. The COM-B model was used to assist the interpretation, rather than predetermine the topics (Michie et al., 2011).



Fig 1: COM- B Model

Research Methodology:

Research Design

A qualitative descriptive research design was chosen because the aim of this study was to offer a practice-oriented description of nurses' perceptions of barriers to therapeutic schizophrenia care, and not to create a new theory or to explore the philosophical essence of lived experience. This design allowed the researchers to stay close to participants' stories while exploring clinical, organizational, environmental, emotional and attitudinal factors affecting nursing practice. The design was particularly suited to generating findings with direct relevance to nursing education, clinical practice and organizational improvement.

Sampling Technique:

Eight registered nurses who had experience in the care of patients diagnosed with schizophrenia were recruited using a purposive sampling method. Purposive sampling was appropriate as participants were purposefully selected based on their direct clinical experience with the phenomenon of interest and their ability to provide relevant and information-rich perspectives. The study required first-hand knowledge of the clinical and organizational challenges of therapeutic care of schizophrenia, and nurses with no experience of caring for patients with schizophrenia were not considered suitable participants.

Research tool

A semi-structured interview guide was used to collect data through ten open-ended questions. The interview guide explored the nurses' overall experience of caring for people with schizophrenia; difficulties in therapeutic communication and relationship building; knowledge, skills and confidence; difficult symptoms and behaviors; workload, staffing and resource constraints; organizational and multidisciplinary support; attitudes and beliefs; fear and personal safety concerns; training needs; and recommendations for improved care (Buriro et al., 2024, Lashari & Umrani, 2023). The guide was based on the COM-B model, with questions addressing Capability, Opportunity and Motivation but also allowing participants sufficient flexibility to describe issues outside of the framework. Clarification and richer descriptions were obtained by using neutral probing questions as needed.

Ethical Considerations:

The study was conducted in accordance with the ethical principles that protected the rights, dignity and privacy of the participants. Participants were included only after informed consent after being informed about the aims and procedures of the study. Participation was voluntary and participants were informed about their right to refuse participation or withdraw from the study without penalty. Confidentiality and anonymity were protected by not including personally identifiable information and by storing the collected data securely. Participants' responses were used for research purposes only and any quotations, where included, were presented without any information that could identify individual participants. Data collection was approved by the relevant institutional ethical review authority.

Data Analysis:

Data were analyzed using Braun and Clarke's six-phase thematic analysis approach. The process of analysis involved reading the participants' responses multiple times to become comfortable

with them, generating initial codes, searching for meaningful patterns, developing candidate themes, reviewing and refining themes, and defining and labeling themes. The analysis was initially done inductively, to keep close to the participants' accounts. The generated themes were then interpreted through the Capability, Opportunity, Motivation-Behaviour (COM-B) framework to determine how individual, organizational and motivational factors impacted on nurses' provision of therapeutic care to patients with schizophrenia. The data resulted in four main themes and their subthemes.

Braun and Clarke's approach of theme analysis was used to analyze the interview data (Wahid, Ghazi & Lashari, 2023; Lashari & Umrani, 2023). Through repeated review and coding of the responses of the nine participants, themes emerged related to clinical preparedness, therapeutic communication, management of psychotic symptoms, organizational constraints, emotional responses, professional attitudes, and recommendations for improving care (Buriro et al., 2024). These were examined and synthesized into four overarching themes with twelve subthemes. The themes were inductively derived from participants' narratives and analyzed using the Capability, Opportunity, Motivation-Behaviour (COM-B) framework. Theme 1 largely reflects Capability. Theme 2 is reflective of Opportunity. Theme 3 reflects Motivation. Theme 4 is a combination of all three COM-B components.

Theme 1: Navigating Clinical Complexity with Limited Preparedness

This issue addresses the clinical problems that nurses have in delivering therapeutic care to patients with schizophrenia. Participants demonstrated knowledge of schizophrenia and described a number of appropriate therapeutic approaches; however, their accounts suggested that psychotic symptoms, unpredictable behavior, refusal to treatment and difficulty in establishing trust may challenge their ability to translate knowledge into effective practice. The three subthemes identified were: Communication and

Trust as Fragile Foundations of Care, Managing Psychotic Symptoms, Aggression and Treatment

Refusal, and Confidence Alongside Continued Learning Needs.

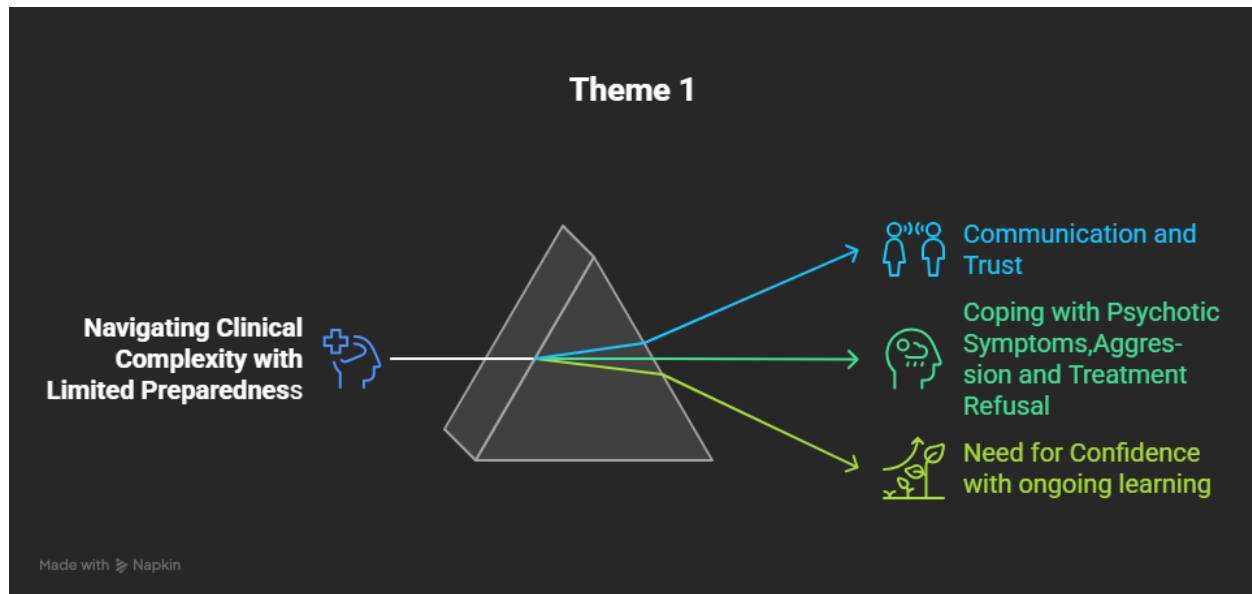


Fig 2: Graphical Representation of Theme 1

Subtheme 1.1: Communication and trust:

Therapeutic communication and trust were identified as essential yet challenging components of schizophrenia therapy. Participants reported hallucinations, delusions, paranoia, suspiciousness, withdrawal, poor attention, fear, and lack of cooperation as obstacles to meaningful communication. Patients often refused to accept caregivers and nurses had to spend more time building rapport before care could be delivered. Therefore, the participants identified plain language, active listening, reassurance, patience, and non-confrontational communication as important tactics in building a therapeutic relationship.

P2: Its very difficult because of serious symptoms like delusions, hellusination, social withdrawal. I tried to communicate with simple language and active listening.

P8: It's not easy to get these patients to accept you and it takes a long time for them to get comfortable with you and believe in you, and that slows down the treatment process in each shift.

These stories show that the difficulty in communicating was not just a matter of the nurses not having the skills to communicate, but rather the relationship between the nurses' communicative capability and the patients' fluctuating mental states. Likewise, the recent qualitative evidence from the hospitalized patients with schizophrenia and nurses reveals that trust, communication, patient readiness, and the quality of the nurse-patient interaction influence patients' participation in decisions regarding treatment (Xu et al., 2026). Similarly, Taga-Shikuri et al. (2025) reported that nurses had difficulty tailoring psychosocial interventions to the specific characteristics and clinical situations of patients with schizophrenia, which reinforces the need for flexible and non-standardized communication strategies.

P9: The main problems include lack of trust, suspiciousness, hallucinations, delusions, poor concentration and sometimes aggressive or withdrawn behavior. Some patients may answer questions inappropriately. I speak plainly and

clearly, I listen patiently, I don't debate their beliefs, I give them time to respond.

Communication and trust generally formed interconnected underpinnings of therapeutic care. Participants felt that communication with people experiencing psychosis required time, patience, flexibility and sensitivity to symptoms rather than conflict. The findings suggest that improving nurses' therapeutic communication skills should include practical preparation for engaging with patients who are skeptical, withdrawn, deluded or disturbed and for maintaining involvement as trust develops slowly.

Subtheme 1.2: Coping with Psychotic Symptoms, Aggression and Treatment Refusal

Acute and unexpected presentation of schizophrenia was identified by the participants as one of the most difficult clinical scenarios. There were numerous references to aggression, hallucinations, delusions, acute paranoia, agitation, poor insight, risk of self-harm and refusal of treatment. Such manifestations presented a dual obligation for nurses, where they were expected to establish a therapeutic relationship but also protect the patient, themselves and others from potential damage.

P2: I would say aggression and unpredictable behaviour.

P5: Anosognosia (Lack of Insight) It is a common symptom in patients with schizophrenia. They do not know or admit that they are ill. They don't want to take medicine or have medical treatment because they believe they are perfectly normal.

The participants' views suggest that the task was more than recognizing symptoms. Nurses had to determine how to respond therapeutically when psychotic symptoms interfered directly with the acceptance and safety of treatment. In a similar manner, Taga-Shikuri et al. (2025) had challenges in tailoring therapeutic strategies to the diverse individual characteristics of patients with schizophrenia. Findings on psychiatric nursing safety also indicate that exposure to aggressiveness and violence may impact nurses' well-being and professional functioning, highlighting the

significance of aggression-management skills and organizational safety measures (Abu El-Kass et al., 2025). Structured scenario-based training has also been shown to be an effective method of enhancing nurses' responses to increasing psychiatric crises (Shahhosseini et al., 2026) and recent de-escalation research supports this (Shahhosseini et al., 2026).

P8: The most difficult situations are when people are aggressive, extremely agitated, having hallucinations and delusions, refusing medication or treatment, and acting unpredictably. Patience, good communication, teamwork and safety measures are important when working with patients who might be a danger to themselves or others.

The results suggest that care of complicated psychotic symptoms involves a synthesis of clinical knowledge and communication skills, risk assessment and teamwork/de-escalation ability. Difficult patient behavior should not be considered merely as aggression and refusal of treatment. Impaired insight, paranoia, hallucinations and perceived threats might affect collaboration, as shown by the narratives of participants. Improving nurses' expertise in therapeutic responses to such situations may decrease reliance on reactionary strategies and contribute to safer, patient-centered care.

Sub-theme 1.3: Need for Confidence with Ongoing Learning

Levels of perceived preparation varied across participants. Some reported feeling confident and skilled, others said they were moderately or basically prepared and found it difficult to use their expertise during unexpected or severe occurrences. This variation shows that readiness for schizophrenia care is not a binary concept. Nurses may have theoretical knowledge but feel uncertain in using this information in situations of acute psychosis, violence, treatment rejection or fast changes in behavior.

P1: I know how to handle. I know and I'm confident and skilled.

P3: I think I am quite well prepared with my basic knowledge of psychiatric nursing and clinical

practice but the acute exacerbation or severe psychosis still challenges my skills.

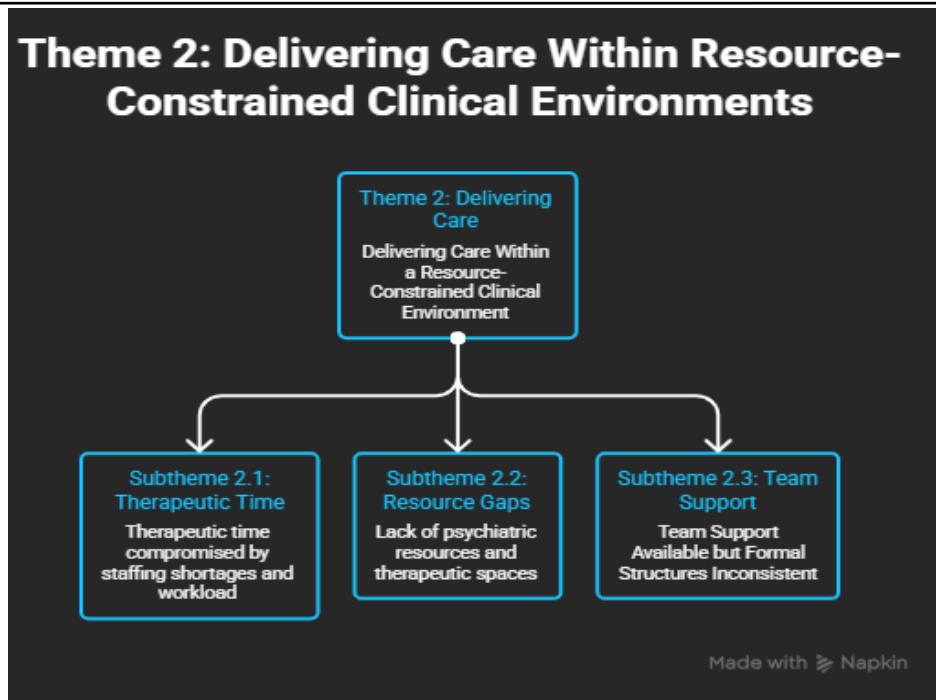
New research suggests that confidence and a thirst for continued learning can go hand in hand. Taga-Shikuri et al. (2025) found that nurses providing interventions to people with schizophrenia experienced challenges in learning therapeutic methods and applying them to individual patients. Ongoing consultation, supervision and mutual learning were recommended. Likewise, recent research on de-escalation training reveals that practical, scenario-based educational interventions might improve nursing competency in handling stressful psychiatric contacts (Shahhosseini et al., 2026). These data support the view that professional competency develops through continuous experiential learning rather than only through theoretical education.

P9: I have basic knowledge and clinical skills to care for patients with schizophrenia, but I think that continuous education and clinical training are needed. [More] practical experience in mental nursing would enable me to increase my confidence, communication skills and capacity to manage tough situations.

This subtheme reveals that the main problem was not a common lack of understanding among the participants. Instead, there was a gap between theoretical competence and confidence in handling complex clinical problems. Continuing professional development, supervised psychiatric exposure, simulation, case-based learning and training in practical skills may therefore be more acceptable approaches to the problem than presuming that nurses just need more theoretical material .

Theme 2: Delivering Care Within a Resource-Constrained Clinical Environment

The second theme shows that the nurses' individual capacity but also the opportunities given in the workplace affected the therapeutic care. Participants regularly explored themes of staffing, workload, time, physical resources, multidisciplinary aid and organizational support. Three subthemes emerged: 1) Staffing Shortages and Workload Compromise Therapeutic Time; 2) Inadequate Psychiatric Resources and Therapeutic Spaces; and 3) Available Team Support and Inconsistent Formal Structures.



Graphical Representation of Theme 2

Subtheme 2.1: Therapeutic time compromised by staffing shortages and workload

Organizational impediments that were among the clearest included staffing shortages and high workload. Nurses cited short staffing, double jobs, high patient to nurse ratios, paperwork requirements, lack of experienced personnel and restricted time. This was especially troublesome, because individuals with schizophrenia were seen as needing long-term communication, reassurance, observation, counseling and specialized attention.

P2: Workload, double duties, shortage of senior staff, time and lack of resources can impact patient care.

P8: These patients always need more than one person with them because they need more care and attention which sometimes is not possible due to shortage of staff or more workload on one staff. These stories demonstrate how time is a crucial healing resource. Therapeutic relationships might be hard to establish if nurses lack the time to converse repeatedly and engage individually. Ali and Shaban (2025) pointed out the necessity of organizational support, noting that nurses were

under structural pressures such as staffing shortages and severe workloads. Barry (2025) also described mental health nursing as a high-demand job, requiring workplace support to ensure staff well-being. Furthermore, recent psychiatric nursing evidence has indicated that perceived staffing deficiency is related to occupational dangers, including higher exposure to workplace violence (Abu El-Kass et al., 2026).

P3: With high patient to nurse ratios, heavy documentation demands, and short staffing, there is very little time for the one-on-one therapeutic communication that these patients so desperately need.

This subtheme shows that although insufficient staffing may not have a direct impact on therapeutic care, it may have the impact of lowering time available to establish a therapeutic relationship, provide counseling, observe and do early intervention. Therapeutic involvement should not be the entire duty of individual nurses, but rather that improving schizophrenia treatment must include an evaluation of workload distribution and staffing adequacy.

Subtheme 2.2: Lack of psychiatric resources and therapeutic spaces

The physical care environment significantly affected nurses' capacity to respond effectively to patients experiencing psychosis. Participants reported a lack of resources, insufficient designated psychiatric facilities, and the absence of quiet or low-stimulation areas. Environmental constraints may be especially significant when caring for patients with hallucinations, paranoia, agitation or sensory overstimulation, because the environment can assist or impede efforts to calm and engage the patient.

P1: Short staffing and resource unavailability.

P3: In a busy tertiary setup, there is no dedicated psychiatric space and resources, which makes it difficult to manage subtle behavioral changes.

The accounts of the participants suggest that environmental opportunity is a salient aspect of therapeutic practice. According to Taga-Shikuri et al. (2025), the implementation of psychosocial interventions for schizophrenia depends on nurses who are adequately trained and on working settings that allow sufficient time and constant support. Ali and Shaban (2025) also found that systemic pressures on nurses include limited access to organizational resources. The results support the notion that professional competence cannot make up for poor environmental conditions permanently.

P5: The absence of low-stimulation areas (quiet rooms, sensory spaces) can lead to acute sensory overload in hallucinating or paranoid patients and agitation.

The subtheme identifies the clinical setting as an active component of schizophrenia therapy, not a passive background. De-escalation and therapeutic engagement may be facilitated by dedicated, safe, suitably resourced, and low stimulation settings, whereas inappropriate environments may make it more difficult to manage disturbed patients. Thus, resource planning should account for the unique environmental needs of patients in tertiary-care psychiatric facilities.

Subtheme 2.3: Team Support Available but Formal Structures Inconsistent

The participants generally reported obtaining some type of help from supervisors, coworkers, psychiatrists, doctors, psychologists and other nurses. Positive comments were made regarding guidance, teamwork, availability of medication and emotional support. However, other reports revealed that more formalized procedures, such as clinical supervision, routine debriefing, counseling and specialist interprofessional backup, were less frequently available.

P2: I get guidance and teamwork.

P3: We heavily depend on peer support and the guidance of immediate nurse supervisors or attending psychiatrists in acute crises. But formal debriefing sessions, clinical supervision and interprofessional support are still ad hoc rather than systematic.

Recent findings suggest this is a distinction between informal help and a more structured support that is offered by an organization. Barry (2025) reported that mental health nurses viewed peer support as being a vital part of working with service users, but that they commonly experienced it as informal, self-initiated and variably available, with official organizational assistance typically considered to be insufficient. Ali and Shaban (2025) also pointed out the necessity of organizational support for nurses experiencing strain, stress and emotional demands. Specifically for schizophrenia treatment, Taga-Shikuri et al. (2025) suggested the ongoing availability of supervisors and mutual learning opportunities when nurses provide therapeutic interventions.

P9: It is important to have the support of supervisors, psychiatrists, doctors, psychologists and other nurses. Teamwork helps nurses cope with tough patients and take the correct decisions. But regular psychiatric nursing supervision, counseling and organizational support would improve the quality of care further.

The findings indicate that teamwork among colleagues is already an essential resource for nurses, but informal assistance should not

substitute formal institutional mechanisms. Structured supervision, postincident debriefing, access to psychiatric specialists and supportive leadership may improve nurses' ability to cope with challenging situations and safeguard their professional well-being.

Theme 3: Balancing Fear, Stigma and Professional Commitment:

The third topic is the motivational and emotional aspects of schizophrenia care. Participants

reported dread, anxiety, safety, views of schizophrenia, empathy, professional duty and commitment to rehabilitation. Instead of consistent negative or positive attitudes, the stories showed a tension between emotional caution and professional devotion. Three subthemes emerged: Therapeutic Engagement is Shaped by Fear and Personal Safety; Stigma and Beliefs May Distance or Connect; and Professional Duty and Empathy Weigh Fear.

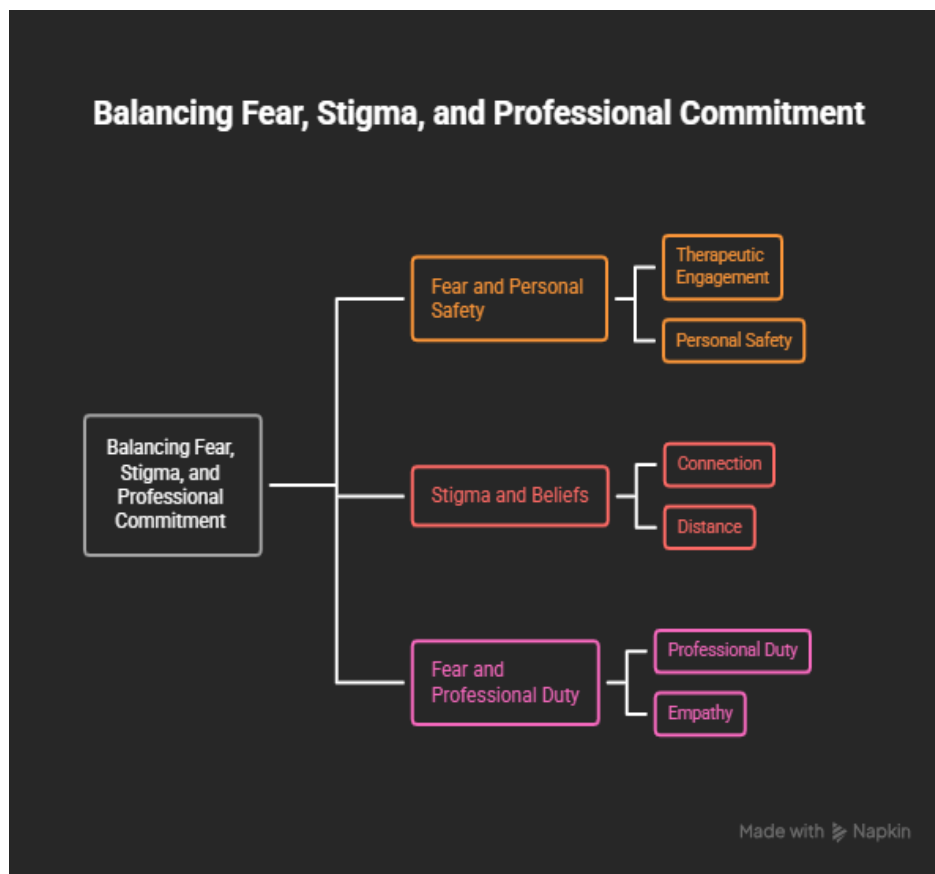


Fig 4: Graphical Representation of theme 3

Subtheme 3.1: Fear and Personal Safety Affecting Therapeutic Engagement

Fear and concerns about safety of the individual were key influencers on nurse-patient relationship. Participants acknowledged that unpredictable agitation, hostility and the potential

for physical or verbal violence could lead to worry, tension and anxiety. Such feelings can affect confidence, communication, decision-making and the inclination to be physically close to a worried patient.

P2: Stress, anxiety and fear can effect communication and confidence so i always calm and follow safety procedures when needed.

P8: Such patients can harm with objects or with words which sometimes make nurses fear of this patients and makes more concerned for personal safety.

This is congruent with current evidence in psychiatric nursing. Abu El-Kass et al. (2025) observed that psychiatric nurses had high exposure to verbal and physical violence in the workplace, and that violence exposure was associated with nurses' quality of life. More recent multicentre data relates workplace violence to burnout, job dissatisfaction, absenteeism and turnover intentions in psychiatric nursing, where insufficient staffing and security were related with greater exposure (Abu El-Kass et al., 2026). These data support the view that participants' concern was mainly an occupational safety response, rather than a simple negative attitude toward schizophrenia.

P3: Such an emotional strain might lead staff to avoid close contact, to use pharmacological restraint, or to be reluctant in day-to-day interactions, which patients often pick up on and respond to.

This subtheme highlights the need to address safety and therapeutic engagement concurrently. Nurses cannot be expected to exert calm continuous therapeutic contact if they feel poorly protected. Sufficient staffing, security protocols, team response, aggression-management education, and de-escalation skills may mitigate fear and allow nurses to remain therapeutically engaged without unnecessary distance from patients.

Subtheme 3.2 Stigma and beliefs can create distance or connection

It was agreed that the care nurses' attitudes regarding schizophrenia could affect the care they delivered. Negative views, fear, and the perception of patients as unpredictable or challenging may foster defensive interactions, whereas trust and collaboration may be promoted by positive and non-judgmental beliefs. Knowledge was also

helpful as understanding the illness helped nurses perceive atypical behavior as part of the patient's condition rather than as willful wrongdoing.

P3: Unsupported nurses, or nurses who view schizophrenia as unpredictable and unmanageable, may have implicit biases that result in defensive, task-oriented care, rather than compassionate, patient-centered engagement.

P9: Negative attitudes, fear or stigma can make patients feel rejected or misunderstood. A positive, respectful, non-judgmental attitude fosters trust and encourages patients to cooperate in treatment.

There is much recent evidence in favor of this interpretation. Kruse and Dodell-Feder (2025) reviewed 44 research systematically and concluded the stigma of schizophrenia in the healthcare professions involved preconceptions, bias and discriminatory behavior. The review found stigma was connected with healthcare providers' judgments of dangerousness and unpredictability, social distance, and pessimism about recovery, but increased professional experience and contact with individuals with schizophrenia were generally associated with less stigma. The results show that professional education and clinical experience have an impact on the perception of schizophrenia and subsequently the attitude toward patients.

P6: It's hard to understand what the patient is going through without knowledge.

In this sense, the subtheme emphasizes that the views about schizophrenia are not static or divorced from knowledge and experience. Better knowledge of psychosis; genuine clinical contact; challenging preconceptions and emphasis on recovery may lessen defensive attitudes. Important to point out that the findings don't suggest that all nurses who participated in the study were stigmatizing. Instead, the data show the participants' understanding that attitudes and beliefs can either hinder or empower therapeutic connections.

Subtheme 3.3: The role of fear and professional duty and empathy

Besides anxiety and safety concerns, participants often referred to empathy, kindness, respect, patience, dignity, hope and professional duty. Nurses stressed the need to see the person, not just the disease, and to remain calm and courteous even when behavior got challenging. This suggests professional ideals may serve as a counterbalancing force when nurses are feeling anxious or uncertain.

P5: Each patient is a patient and it is a nurse's duty to treat each patient whether he is mentally vulnerable or he has any disease.

P7: Look at the pt not the illness, collaboration, hope and recovery focus.

In interpreting these data, the coexistence of empathy and dread is noteworthy. Kruse and Dodell-Feder (2025) discovered that healthcare-provider responses to schizophrenia include cognitive, emotional and behavioral components and that increased contact and professional experience can be related with more positive attitudes. Inpatient schizophrenia treatment, support nurse-patient connection, communication, trust and respect, as described in the study by Xu et al. (2026), is necessary for patient participation. Taken together, this evidence demonstrates that professional commitment can foster engagement even when nurses harbor understandable emotional worries.

P1: When you're working with a patient with schizophrenia you have to be more aware and sympathetic to the patient.

This subtheme indicates that therapeutic motivation is to reach a balance between professional obligation and emotional responses to tough clinical settings. Empathy did not eradicate concerns about risk, nor did fear necessarily erase compassionate practice. To support nurses in maintaining this balance, education, reflective practice, adequate safety mechanisms and a clinical culture that emphasizes dignity, recovery and person-centered engagement are needed.

Theme 4: Building a Supportive System for Competent and Compassionate Schizophrenia Care.

The last theme identifies the solutions suggested by the participants. Their ideas went beyond education of individual personnel to staffing, supervision, resources, physical surroundings, team work, family participation and person-centered care. This theme therefore includes Capability, Opportunity and Motivation in COM-B. Three subthemes were identified: Moving from theoretical knowledge to practical competence; Creating organizational conditions that allow therapeutic care; and Strengthening person-centered and interprofessional care.

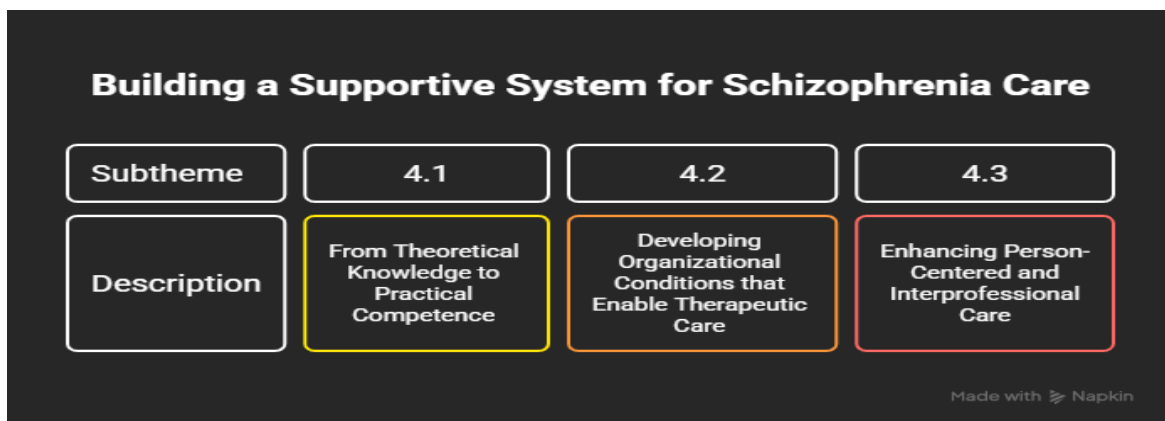


Fig 5: Graphical Representation of Theme 4

Subtheme 4.1: From Theoretical Knowledge to Practical Competence

Participants highlighted the value of practical professional development. Suggested areas were education on schizophrenia, therapeutic communication, psychopharmacology, de-escalation, crisis intervention, aggression management, suicide prevention, mental health emergencies, self-protection, workshops, mentorship and supervised clinical exposure. These recommendations imply that nurses sought knowledge that they could apply directly in tough situations they faced in practice.

P2: Education of mental health would increase nurses confidence and their competence.

P4: Workshops and hands on training should be there.

The preference of participants for applied learning is consistent with recent data. Taga-Shikuri et al. (2025) advised ongoing consultation, supervision, simpler training techniques, and reciprocal learning for the support of nurses providing therapeutic interventions to people with schizophrenia. Shahhosseini et al. (2026) evaluated a culturally adapted video-based course for mental nursing personnel and showed viability of scenario-based training to improve verbal de-escalation abilities. These studies, in all, support the move from information-based education to experiential education that allows nurses to practice communication and crisis-management methods.

P9: Nurses should be regularly trained on schizophrenia, therapeutic communication, psychiatric medications, de-escalation techniques, management of aggressive behavior, suicide prevention and mental health emergencies.

This subtheme implies that the enhancement of nursing capability is in need of a link between theoretical education and clinical practice. Nurses can turn knowledge into practical confidence through workshops, simulations, supervised exposure, case scenarios, mentorship and de-escalation exercises. Continuing education, therefore, must be directed toward those clinical

situations identified by the nurses themselves as particularly problematic.

Subtheme 4.2: Developing Organizational Conditions that Enable Therapeutic Care

Participants stressed the importance of making organizational changes at the same time as enhancing individual talents. Recommendations included increasing staffing, improving nurse-to-patient ratios, providing resources, creating quiet areas, establishing debriefing procedures, increasing supervision, and supporting ongoing education. The proposals are a direct outcome of the organizational barriers identified in the prior interviews.

P2: More resources, more staff, regular trainings can improve the quality of care.

On the hospital side, leadership should maximize nurse-to-patient staffing ratios, develop designated quiet areas for de-escalation, and set up routine debriefing protocols after critical incidents.

Recent research emphasizes organizational change. Barry (2025) discovered that mental health nurses depend extensively on peer support, but demand more robust formal support mechanisms from health care institutions. Ali and Shaban (2025) also identified that personnel shortages, workload, emotional demands and insufficient organizational resources can impact nurses and patient care. The implementation of therapeutic therapies requires a working environment that allows for adequate time, continuous supervision and collaborative professional growth (Taga-Shikuri et al., 2025). Hence, it is the organizational conditions that are decisive for whether the individual skill can be transferred to therapeutic behavior.

P9: Hospitals must be adequately staffed, regularly undergo mental health training, have suitable psychiatric resources and provide a safe atmosphere. Nurses need regular supervision and continuing education opportunities.

The results suggest that the responsibility for improving care for schizophrenia should be shared by nurses and health care organizations. Training nurses without addressing workload, staffing,

supervision, safety, and environmental resources risks shifting responsibility for systemic hurdles to individual practitioners. For progress to be sustainable, there must be an organizational environment in which nurses have sufficient opportunities to use their professional skills.

Subtheme 4.3: Enhancing Person-Centered and Interprofessional Care

Participants' final recommendations showed a more holistic view of therapeutic care, beyond only symptom relief. They stressed the value of respectful communication, supportive environment, family interaction, trust, timely medicine, hygiene, psychological support, teamwork and coordination with psychiatrists, psychologists and other specialists. Their accounts suggest that effective care for schizophrenia needs to acknowledge the patient as a person with emotional, social, physical and relational needs.

P5: I want to provide a family-like environment for patients. Nor should they be spoken to harshly nor should anyone raise their voice at them. We need to understand the pain they're in.

P8: Nurses should give socio psychotherapy as they really need it specially while dealing with such patients.

This emphasis on cooperation and person-centered interaction is in line with contemporary schizophrenia research. Xu et al. (2026) reported that shared decision-making among hospitalized patients with schizophrenia was influenced by communication, trust, nurse facilitation, patient preparation, family engagement, and supporting clinical systems. Kruse and Dodell-Feder (2025) also found that increased professional contact and experience are generally related with less stigmatizing attitudes, suggesting that genuine interpersonal involvement can help move toward more recovery-oriented care. These findings support a paradigm of therapeutic nursing as a relationship rather than just doing clinical tasks.

P5: Good teamwork between nurses, psychiatrists, psychologists and other healthcare providers may improve the quality of mental health nursing care.

This last subtheme synthesizes the primary findings of the analysis. Participants saw improvement as not only the responsibility of nurses, but care supported by patients and families, nurses, interdisciplinary professionals and healthcare organizations. Thus, person-centered communication, interdisciplinary collaboration, family involvement, and organizational support are complimentary techniques for the creation of safer and more compassionate therapy environments for people with schizophrenia.

The four themes together illustrate that impediments to therapeutic care for people with schizophrenia are the result of interacting individual and organizational variables. Navigating Clinical Complexity With Limited Preparedness reflects challenges in Capability such as difficulties communicating, psychotic symptoms, aggression, treatment refusal and differing confidence; Delivering Care Within a Resource-Constrained Clinical Environment exemplifies limitations in Opportunity, specifically staffing shortages, workload, limited time, inadequate resources and inconsistent organizational support; and Balancing Fear, Stigma and Professional Commitment reflects Motivation, where fear and safety concerns interact with empathy, professional responsibility and recovery-oriented values. Building a Supportive System for Competent and Compassionate Care of Schizophrenia incorporates all three components of the COM-B and proposes that therapeutic care requires more than individual nursing competence to be effective. Therefore, to improve Capability, Opportunity and Motivation for nurses to deliver safer, compassionate and therapeutically effective schizophrenia care, practical psychiatric training, therapeutic communication and de-escalation skills, adequate staffing and resources, structured supervision, safety measures, interdisciplinary teamwork, stigma reduction and person-centered care are needed.

Conclusion:

The results of the study revealed that the perceived barriers of nurses in the provision of therapeutic care to patients with schizophrenia were complex and included clinical, organizational and emotional aspects. Quality of therapeutic engagement was influenced by communication difficulties, management of psychotic symptoms, hostility, treatment rejection, fear, stigma, workload, personnel shortages, insufficient resources, and inconsistent organizational support.

The findings also revealed that nurses valued empathy, professional responsibility, cooperation, practical training and person-centered care. Thus, improving care for people with schizophrenia involves an integrated strategy to strengthening the clinical skill of nurses, supportive working environments and good professional attitudes, safety and recovery-oriented practice.

Recommendations:

- Provide regular practical training in therapeutic communication, de-escalation, aggression management and mental emergencies.
- Increase staffing numbers and nurse-to-patient ratios to provide appropriate time for therapeutic engagement.
- Offer organizational assistance via supervision, debriefing, safety precautions, and access to psychiatric resources.
- Promote stigma-sensitive and person-centered approaches to schizophrenia care across disciplines.

Researcher's Note: The study is selected for Fazaia Ruth Medical College presentation.

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