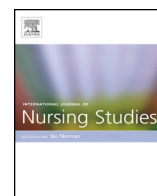




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## International Journal of Nursing Studies

journal homepage: [www.elsevier.com/ijns](http://www.elsevier.com/ijns)

# How does stigma influence mental health nursing identities? An ethnographic study of the meaning of stigma for nursing role identities in two Belgian Psychiatric Hospitals

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## ARTICLE INFO

*Article history:*

Received 31 January 2014

Received in revised form 15 July 2014

Accepted 29 July 2014

*Keywords:*

Mental health nursing

Stigma

Mental health care

Identity theory

Ethnography

## ABSTRACT

**Background:** Stigma constitutes a threat for professionals who work in mental health care, through their association with mental illness as a discrediting attribute. Together with nurses' unclear self-perception, recent insights suggest that stigma may inform the apparent identity crisis within the mental health nursing profession.

**Objective:** This article explores how stigma may give meaning to mental health nursing identities. The nursing role is built upon official labels, a prime trigger of stigma. Therefore, due to nurses' ambiguous relation with the psychiatric/medical care and their own stigma experiences due to their association with mental health problems, they can be considered as a stigmatizing, de-stigmatizing and stigmatized group. Dynamics which inform this intricate relation between stigma and mental health nursing identity are the focus of this article. Accordingly, this article points to the importance of including stigma in the overall study of mental health nursing identity.

**Design, settings and participants:** This research uses a qualitative case-study design. Ethnographic data were gathered from 33 nurses in 4 wards in two psychiatric hospitals in the region of Ghent (Belgium).

**Methods:** Participant observation and semi-structured interviews were combined to access the meaning of being a mental health nurse in these specific care contexts and its possible interference with mental health stigma.

**Results:** The findings suggest that tackling stigma is a particularly important personal motive for nurses to work in mental health care. The meaning of stigma is closely entangled with nurses' troublesome relationship with the medical model of care. Variations between hospitals regarding the extent to which stigma informs the professional role constructs and identity of nurses are found to be related to the degree of formalization of the nursing roles in these different hospitals.

**Conclusion:** The present study points to the relevance of the integration of stigma in mental health nursing identity research. Furthermore, the focus on stigma may offer an opportunity to link contexts of illness and care, and nurses' identity constructs.

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### What is already known about the topic?

- Mental health nurses are lacking a coherent professional self perception.
- As stigma is associated with the mental health profession, stigma was applied to mental health nurses and it led to the depiction of nurses as neurotic, lazy, etc.
- Associated stigma has an impact on mental health nurses job satisfaction, interpersonal care relations and service users self-stigma.

### What this paper adds

- Whereas previous research has seldom explicitly pointed to the possible impact of stigma on nursing identity, the present analysis shows that mental health stigma profoundly affects the motivation of nurses to work in mental health care.
- The degree of (dis)continuity between nurses' personal motivation to working in psychiatric nursing, and the meaning of stigma for their professional role taking, is related to the level of formalization of the nursing role in a medical and therapeutic framework.

## 1. Introduction

The process of identity formation has been a topic of interest among scholars of nursing since the mid-1970s. In mental health nursing in particular, the continuous search for distinctiveness has always been at the core of the profession (Holmes, 2006; Hurley, 2009; Nolan, 1993; Tilley, 2005). This endeavor has become more evident due to the process of deinstitutionalization, which has seemingly produced a loss of the mental health nursing identity (Cleary, 2004; Fitzpatrick, 2005; Loukidou et al., 2010; McCabe, 2000).

Research on mental health nursing identity, or what it means to be a nurse, often comes down to the study of nurses' intricate relationship with the medical, psychiatric model of care. Nurses, including nursing students (Mior and Abraham, 1996), were found to claim their liberation from the medical discourse, arguing a paradigm shift in psychiatric nursing from paternalism toward the idea of partnership between nurse and service user (Bray, 1999; Tilley, 2005), the adoption of a more empathic approach (Handsley and Stocks, 2009), and the engagement with expanding roles, such as talk-based therapy (Crawford et al., 2008; Hurley, 2009). Yet, some researchers (Barker and Buchanan-Barker, 2011; Clark, 1999; Cutcliffe and Happell, 2009) pointed to the remaining dominance of traditional psychiatric discourse in contemporary mental health nursing. Nurses' efforts not to define mental health nursing in medical scientific terms were then identified as a means to construct a distinctive professional identity, rather than to be the result of fundamental changes in mental health work.

Moreover, the vagueness about their professional identity concept has been linked to the unpopularity of the specialty and to negative attitudes toward mental health nursing among nursing students in most Western societies (Happel and Gaskin, 2013; Holmes, 2006). In fact,

Halter (2002) identified the combination of this unclear identity concept and social stigma as the basis for the current identity crisis within the mental health nursing profession. Stigma appeared to constitute a threat for professionals who work in mental health care, through their association with mental illness as a discrediting attribute (Goffman, 1963). Negative stereotypes of people with mental health problems – such as being blameworthy, dangerous, and unpredictable – are associated with the mental health nursing profession, which has led to the depiction and perception of nurses in this field as neurotic, ineffective, and unskilled (Gouthro, 2009; Halter, 2008; Schulze, 2007) and to negative reactions and jokes nurses have to face when they tell people in their environment about their job (Verhaeghe and Bracke, 2012).

Furthermore, the psychiatric framework has equally been depicted as a barrier for an empathic and respectful relationship between mental health professionals and service users in research on mental health stigma (e.g. Scheff, 1999). This focus on the possible negative impact of official diagnosis and formal mental health care in stigma research (e.g. Link et al., 1989), gave rise to studies of possible stigmatizing beliefs and attitudes of nurses, such as the perception of individuals with mental health problems as dangerous, bizarre, or unpredictable in contemporary studies on mental health nursing and stigma (Ross and Goldner, 2009). These studies are equivocal in the sense that some report no clear differences between the attitudes and beliefs of nurses and those of the general public (Schulze, 2007), while others have found that nurses may hold more negative attitudes and beliefs than the general population (e.g. Caldwell and Jorm, 2000).

However, the definition of stigma as the 'co-occurrence of labeling, stereotyping, separation, status loss and discrimination in a power situation that allows the components of stigma to unfold' (Link and Phelan, 2001, p. 367), suggests mental health nurses to occupy a more complex position in relation to stigma. On the one hand their professional context and work are built upon the official labels which are often depicted as the prime trigger for stigma to occur (Crow, 2006). Moreover, Ross and Goldner (2009) found psychiatric nurses to be a stigmatizing group, in having negative attitudes of blame and fear and discriminatory behaviors themselves. On the other hand, their ambiguous relation with the psychiatric/medical care model (see above), combined with their own stigma experiences due to their association with mental health problems (Halter, 2008), also led to the consideration of nurses as a stigmatized and de-stigmatizing group (Ross and Goldner, 2009; Schulze, 2007). Negative stereotypes of people with mental health problems – such as being blameworthy, dangerous, and unpredictable – are associated with the mental health nursing profession, which has led to the depiction and perception of nurses as neurotic, ineffective, and unskilled (Gouthro, 2009; Halter, 2008; Schulze, 2007). Yet, nurses also have the power and motivation to alter the stigma of mental health problems, for instance by increasing awareness of stigmatizing nursing practices (Bates and Stickley, 2013; Schulze, 2007). However, this power to de-stigmatize was found to be closely intertwined with the

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