



## Associative Stigma Related to Psychiatric Nursing Within the Nursing Profession



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### ABSTRACT

This study deals with stigmas towards mental illness, individuals with mental illness, psychiatric nurses, and the role of psychiatric nursing within the nursing profession. Responses from 108 psychiatric nurses and 108 non-psychiatric nurses indicated that stigmas towards mental illness, individuals with mental illness, and the role of psychiatric nursing, are more prevalent among non-psychiatric nurses; associations between these stigmas were found among both psychiatric and non-psychiatric nurses. The findings suggest that both psychiatric and non-psychiatric nurses harbor associative stigma related to the practice of psychiatric nursing. Implications are discussed.

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Stigma is formed when people are incorrectly perceived as having an exaggerated negative attribute, resulting in an overall diminishing of their value (Goffman, 1963). Dudley (2000) defined stigma as stereotypes or negative opinions attributed to a person or to a group of people, where their attributes or behaviors are perceived as different and inferior to the social norm. According to Goffman (1963) there are three types of stigma: those that refer to external deformations (such as physical impairments), tribal stigma (for example based on one's religion or ethnic origin), and individual or personal deviations (such as mental illness). People who are stereotyped experience a blow to their value, social identity, and humanity.

Stigma related to mental illness has been frequently described in the academic literature (Angermeyer, Schulze, & Dietrich, 2003; Sadow & Ryder, 2008; Thesen, 2001; Weiss, Ramakrishna, & Somma, 2006). Stigmatization of psychiatric nursing, in contrast, has received much less research attention (Halter, 2002). The term 'associated stigma' is used to describe the stigmatization of one who has a close relationship with an individual with mental illness. Stereotypes directed at individuals with mental illness are redirected towards those who are close to these individuals or who care for them. Associated stigma constitutes a threat to mental health professionals since mental illness is perceived as contagious (Goffman, 1963; Halter, 2008; Hinshaw, 2007; Mehta & Farina, 1988; Ross & Goldner, 2009). For example, negative stereotypes towards people with mental problems – i.e., that they are dangerous and unpredictable – have led to a negative perception of psychiatric nurses, who are perceived as being neurotic, inefficient, and unskilled, and as having mental problems of their own (Gouthro, 2009; Halter, 2008; Schulze, 2007). Moreover, psychiatric nurses encounter negative

reactions when specifying their field of work (Verhaeghe & Bracke, 2012). This might be detrimental to the self-esteem and image of nurses who experience associative stigma (Sadow & Ryder, 2008; Sercu, Ayala, & Bracke, 2014).

Negative stereotypical perceptions of the mental health field are common not only among the general public, but also among a variety of healthcare workers (Halter, 2002; Happell & Gaskin, 2013; Holmes, 2006; Lauber & Sartorius, 2007; Ross & Goldner, 2009). For example, Gaebel et al. (2014) found that medical students are not inclined to choose a career in psychiatry. Medical students describe the field of mental health as lacking scientific foundations, depressing and ineffective, and requiring the capacity to interact with crazy and dangerous people (Malhi et al., 2003). Similarly, there is considerable evidence showing that mental health nursing is unpopular among nurses and nursing students (DeKeyser & Kahana, 2006; Hayman-White & Happell, 2005; Stuhlmiller, 2003). In Australia, for instance, nursing students ranked mental health nursing as the least worthy profession, a ranking that remained consistent after their graduation as well (Happell, 2002). Another study in Ireland found that psychiatric nursing is considered inferior nursing work or even not real nursing (Wells, Ryan, & McElwee, 2000). Registered nurses report that they do not appreciate or respect psychiatric nursing and are not interested in developing a career in this field (Ghebrehiwet & Barrett, 2007; Halter, 2008; Hinshaw, 2007; Horton, 2007).

Ross and Goldner (2009) suggested that nurses occupy the regrettable role of perpetrators and recipients of stigma related to mental illness (Ross & Goldner, 2009). The literature shows that psychiatric nurses hold more positive attitudes towards their work (Sercu et al., 2014) and towards mental illness than the general public and general medical nurses (Ross & Goldner, 2009). However, Ross and Goldner (2009) also found psychiatric nurses to be a stigmatizing group, displaying negative attitudes of blame and fear as well as discriminatory behaviors.

Professionals stigmas about psychiatry and mental illness not only reflect public attitudes but also enhance and perpetuate the stigmatization

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of people with mental illness and hamper their treatment (Boling, 2003; Halter, 2002, 2008; Tognazzini, Davis, Kean, Osborne, & Wong, 2008). Stereotypical attitudes towards mental illness and psychiatric nursing might deter nursing students from working in this field (Happell, 2009), potentially increasing the shortage of nursing personnel in this field (Gaebel et al., 2011; Holmes, 2006).

The nursing profession is obligated to reduce the stigmatization of mental illness, but it must begin by treating the stigmas that exist, both explicitly and implicitly, within the profession (Halter, 2008). The current study compared stigmas held by psychiatric nurses versus non-psychiatric nurses, towards mental illness, individuals with mental illness, psychiatric nurses, and the role of psychiatric nursing.

## METHOD

The target participants of this quantitative cross-sectional survey study were psychiatric and non-psychiatric nurses. The research population was sampled at two medical centers: a large psychiatric hospital in northern Israel and a general hospital in central Israel. The inclusion criterion was being a registered nurse.

The study was approved by the Institutional Review Boards of both sites. Informed consent to participate in the study was obtained from all participants. Each of the participants was assured confidentiality. Questionnaires were distributed by the researchers. Data were collected during June–September 2014.

### Instrument

The questionnaire consisted of 52 items and was divided into 5 parts. Part 1 of the questionnaire examined sociodemographic and professional characteristics of nurses (12 items, i.e., seniority in the nursing profession). Part 2 of the questionnaire examined stigmas towards mental illness (16 items, i.e., "Mental illness is a condition like any other medical condition"), and was comprised of the CAMI (Community Attitudes towards the Mentally Ill) questionnaire (Taylor, Dear, & Hall, 1979). Part 3 examined stigmas towards individuals with mental illness. This part was based on the short version of the ATAMHS (Attitudes towards Acute Mental Health Scale) developed by Baker, Richards, and Campbell in 2005 (5 items, i.e., "A person with mental illness is (on a scale of) dirty... clean"). The CAMI and ATAMHS tools were translated into Hebrew for a previous study and achieved good internal reliability (0.72) (Drori, Guetta, Ben Natan, & Polakevich, 2014). Part 4 examined stigmatization of psychiatric nurses (7 items, i.e., "Psychiatric nurses have

personality disorders"). Part 5 examined stigmatization of the role of psychiatric nursing (12 items, i.e., "Psychiatric nursing provides individuals with mental illness with valuable assistance"). Parts 4 and 5 of the questionnaire were based on the literature review.

Responses to the items in Parts 2–5 were ranked on a Likert scale of 1 (strongly disagree) to 6 (strongly agree), with the exception of 5 items derived from the ATAMHS, which were ranked on a positive–negative scale. Face and content validity of the questionnaire was assessed independently by three nursing specialists in psychiatry, who examined the clarity of the items. Following their comments, some of the items were modified using more coherent wording. A pilot study was conducted among 10 psychiatric nurses and 10 non-psychiatric nurses. The pilot study showed good internal consistency and face validity of the questionnaire. Cronbach's alpha coefficients for the subscales ranged from 0.80 to 0.92.

## RESULTS

Questionnaires were distributed to 250 nurses. Of these, 216 were returned fully completed, for a response rate of 86.4%. Table 1 shows that 50% of the respondents were nurses working in the psychiatric field (psychiatric nurses) and the other half were nurses not working in the psychiatric field (non-psychiatric nurses). Most of the respondents were women (72.7%). There was a significant difference between the mean age of the psychiatric and non-psychiatric nurses ( $t(214) = 5.9, P < .01$ ); psychiatric nurses were much older ( $M = 43.9, SD = 10.7$ ) than non-psychiatric nurses ( $M = 35, SD = 10.9$ ). A significant difference was also found between the place of birth of psychiatric and non-psychiatric nurses ( $\chi^2(4, 216) = 13.98, P < .01$ ), with 60% of psychiatric nurses born in the former USSR versus 30% of non-psychiatric nurses, most of whom (70%) were Israeli born. A significant difference was found in the marital status of respondents ( $\chi^2(4, 216) = 34.83, P < .01$ ); 75% of psychiatric nurses were married versus 59% of non-psychiatric nurses. Another significant difference was found between the religion of psychiatric and non-psychiatric nurses ( $\chi^2(3, 216) = 22.01, P < 0.01$ ); 49.1% of non-psychiatric nurses were Muslim Arabs versus 23% of psychiatric nurses.

Approximately 75% of respondents were nurses with an academic degree, and the rest were registered nurses with no degree. The research findings show a significant difference in seniority in the profession and seniority in the specific field of work (mean number of years) between psychiatric and non-psychiatric nurses ( $t(214) = 6.2$ ,

**Table 1**  
Sociodemographic Characteristics of the Respondents.

		Psychiatric nurses		Non-psychiatric nurses		P
		N	%	N	%	
Sex	Male	35	32.4	24	22.2	0.94
	Female	73	67.6	84	77.8	
Country of birth	Israel	50	40	75	70	0.00
	Other	75	60	33	30	
Marital status	Married	81	75	59	54.6	0.00
	Other	27	25	49	45.4	
Religion	Jewish	85	78.7	55	50.9	0.00
	Muslim	23	21.3	53	49.1	
		M	SD	M	SD	P
			range		range	
Age		43.9	10.7	35.0	10.9	0.00
Seniority in the profession.		19.3	11	10.1	10.9	0.00
Seniority in the field of work		18.6	29.4	7.6	8.9	0.00

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