



The Effect of Internalized Stigma on the Adherence to Treatment in Patients With Schizophrenia



Emine Yılmaz, Ayşe Okanlı *

Department of Psychiatric Nursing, Faculty of Health Sciences, Ataturk University, 25100, Erzurum, Turkey

ABSTRACT

This study was conducted to determine the effect of internalized stigma on the adherence to the treatment of patients with schizophrenia. The population of the study consisted of patients who were diagnosed with schizophrenia according to the DSM IV diagnostic criteria and compatible with the study criteria. The study was completed with 63 patients overall. The researcher used Demographics Questionnaire, Morisky Medication Adherence Scale, Drug Attitude Inventory and Internalized Stigma of Mental Illness Scale to gather data. Among the patients, 11.1% adhered to the treatment, and 54.0% did not. The mean score for the internalized stigma level of patients was 76.39 ± 14.30 . A positive significant relationship was found among the scales ($p < 0.05$). The level of internalized stigma of patients with schizophrenia was determined to be high, and the internalized stigma had a negative impact on the adherence and attitude toward the treatment.

© 2015 Elsevier Inc. All rights reserved.

Schizophrenia is one of the mental disorders characterized by social and psychological disabilities due to its worse prognosis compared with that of other mental health disorders and limited treatment options until recently (Kızıltoprak, 2006; Öztürk, 2008). Schizophrenia is a serious and highly stigmatizing psychiatric disorder that often results in disastrous personal and social outcomes (Sağduyu et al., 2003; Siris, 2011). Public's beliefs about patients with schizophrenia are generally negative and rejective. It is believed that patients with schizophrenia are more dangerous, aggressive, prone to crime, never healing and inconsistent in Turkey (Aker et al., 2002; Kıvrıkcık et al., 2004; Taşkın, 2004). These are myths that need to be dismissed.

This approach is known as internalized stigma, which is independent from objectively experiencing exclusion or discrimination. Internalized stigma indicates a type of identity transformation and describes the tendency of people with mental illness to internalize the stereotypes that are generally held about mentally ill patients (Yanos, Roe, Markus, & Lysaker, 2008). The study conducted by Gerlinger et al. (2013) found high levels of internalized stigma among patients with schizophrenia. These subjective experiences have been linked to many negative outcomes, such as social isolation, increased symptom severity, and poorer treatment adherence. Reviewing the international literature, many studies demonstrated high levels of internalized stigma among patients with schizophrenia in other countries (Adewuya, Owoeye, Erinfolami, & Ola, 2011; Assefa, Shibre, Asher, & Fekadu, 2012; Barke, Nyarko, & Klecha, 2011; Ying, Wolf, & Wang, 2012). A study conducted in 14 European countries found high levels of internalized stigma, with

41.7% reporting moderate or high levels of stigma (Brohan, Elgie, Sartorius, & Thornicroft, 2010). Studies on this field are limited in Turkey. All studies conducted in Turkey show that the level of internalized stigma is high in patients with schizophrenia (Doganavsargil, 2009; Sarıkoç, 2011; Yıldız et al., 2012).

Internalized stigma is an important factor affecting the adherence to treatment in patients with schizophrenia (Uhlmann et al., 2014). Adherence generally describes the extent to which patients follow the directions for treatment collaboratively designed with their prescriber or therapist (Hudson et al., 2004). The studies conducted on the subject on the international platform reveal that internalized stigma causes delayed seeking for treatment among patients, promotes a treatment-resistant and avoidant coping style, fosters the perception of undergoing treatment as inability and weakness, and is a factor that hinders and weakens the adherence to treatment. Working patients present non-adherence to treatment for fear of stigmatization in their workplace, despite their positive attitude toward drugs, non-adherence to treatment is high (Adlaf, Hamilton, Wu, & Noh, 2009; Corrigan, Watson, & Barr, 2006; Myers, Fakier, & Louw, 2009). Many of studies conducted in Turkey show that non-adherence to treatment of patients with schizophrenia is widespread, although adherence to treatment plays a vital role in psychiatric rehabilitation (Alıcıkuşu, 2009; Ersoy & Varan, 2007). Despite the critical importance of medication, non-adherence to the prescribed drug treatments has been recognized as a worldwide problem and may be the most challenging aspect of treating patients with schizophrenia. The data obtained in the study will pave the way for further studies and bridge an important gap in the literature. This study was conducted to determine the effect of internalized stigma on the adherence to treatment of patients with schizophrenia and to ascertain the affecting factors.

* Corresponding Author: Ayşe Okanlı, Department of Psychiatric Nursing, Faculty of Health Sciences, Ataturk University, 25100, Erzurum, Turkey.

E-mail address: a.okanli@gmail.com (A. Okanlı).

MATERIALS AND METHODS

Design

Population of this descriptive study constituted patients with schizophrenia who consult Psychiatry Clinics of Ataturk University, Yakutiye Medical Research Hospital, and Erzurum Regional Training and Research Hospital. All patients meeting the study inclusion criteria were enrolled without using any specific sampling method. The final study sample comprised 63 patients that met the study inclusion criteria and accepted to participate in the study. Dependent variables were internalized stigma, adherence to treatment and attitude toward drugs.

It is hypothesized that:

- A. There will be significant positive relationships between internalized stigma, non-adherence to treatment and negative attitude toward drugs.
- B. The non-adherence to treatment will be associated with negative attitude toward drugs.

Patients

It was planned to include all patients with schizophrenia who met the inclusion criteria and were diagnosed with schizophrenia according to the DSM-IV criteria, between May of 2012 and September of 2012 in the Psychiatry Clinics of Ataturk University, Yakutiye Medical Research Hospital, and Erzurum Regional Training and Research Hospital. The study started with 70 schizophrenia patients; however, 7 patients did not complete the study due to various reasons, and so the study was completed with 63 patients, and no specific group was chosen from the population.

Inclusion Criteria of the Study

- > Resides in the city center of Erzurum
- > Diagnosed with schizophrenia according to the DSM-IV diagnosis criteria
- > Open for communication and cooperation
- > In a remission period (the treatment period of the patient ended, signs of an active period, insight developed)
- > A history of disease for at least 2 years
- > Between 18 and 60 years old

Exclusion Criteria of the Study

- > Patients hospitalized for the first time
- > Having other and/or additional axis 1 mental disorders (drug or alcohol addiction)
- > Patients with organic brain syndrome or mental retardation

Outcomes and Measures

Instruments

The data were collected by using Socio-Demographic Questionnaire, Internalized Stigma of Mental Illness Scale, Morisky Medication Adherence Scale and the Drug Attitude Inventory.

Socio-Demographic Questionnaire

The questionnaire consisted of 11 questions regarding the characteristics of the patients, such as age, gender, marital status, level of education, social security, employment status, total monthly income, people who live together, the place they live in and the duration of the disease.

Internalized Stigma Scale (ISMI)

The Internalized Stigma of Mental Illness Scale (ISMI) developed by [Ritsher, Otilingam, and Grajales \(2003\)](#) is a self-reporting scale including 29 items evaluating internalized stigma. The scale evaluates individuals' subjective experiences of stigma within the framework of five subscales: alienation, stereotype endorsement, discrimination experience, social withdrawal and stigma resistance. The items in the ISMI are answered by using a four-point Likert-type scale as strongly I do not agree (1 point), I do not agree (2 points), I agree (3 points) and definitely I agree (4 points). The items of the sub-scale stigma resistance are scored in reverse. The total ISMI score was obtained by adding the scores of five sub-scales ranging from 29 to 116 points. The high scores in the ISMI mean that the internalized stigmatization of the person is more severe in the negative sense. The validity and reliability study of the scale was conducted by [Ersoy and Varan \(2007\)](#). In this study, the Cronbach's alpha coefficient was found to be 0.75.

Morisky Medication Adherence Scale (MMAS)

The scale was developed by Donald E. Morisky, and its validity study was carried out by [Morisky, Green, and Levine \(1986\)](#). The scale consists of four questions that measure drug adherence. The questions are answered in the form of yes/no. If all questions are answered with no, then the medication adherence is high; if one or two questions are answered with yes, then medication adherence is medium; and if three or four questions are answered yes, then the medication adherence is low. It is easy to fill out the scale.

Drug Attitude Inventory (DAI)

Consisting of 10 questions, the Drug Attitude Inventory is a scale type that has been widely used in studies to determine the drug attitudes. It is the short version of DAI-30 (Drug Attitude Inventory - 30 questions), and its validity and reliability study was conducted by [Hogan, Awad, and Eastwood \(1983\)](#). The scale includes 10 items. A medication-adherent patient is expected to mark 6 items as "correct" and 4 items as "wrong". Each answer representing adherence gets +1, whereas answers that correspond to non-adherence get -1. Results are expressed in scores ranging from -10 to 10.

Statistical Analysis

The SPSS 15 statistical package program was used to assess the data. Descriptive statistical data (mean, standard deviation, percentage) were used for data analysis (demographic characteristics of the patients and to determine scale, subscales scores and mean scores). Pearson's correlation was used to examine the relationship between the scores, and the results were interpreted using a confidence interval of 95% and significance level set at $p < 0.05$.

Ethical Considerations

Before conducting the study, both verbal and written permissions were obtained from the hospital participating in the study. Regarding ethical considerations, the protocol was approved by the Ethics Committee of Atatürk University in accordance with the Declaration of Helsinki. Before collecting the data for the study, the patients were informed about the purpose of the study, its duration and the procedures involved, with the aim of protecting the rights of the patients participating in the study. They were also informed that they could withdraw from the study anytime, and that their identities and personal data collected during the study would be kept confidential. All interviews were conducted by the first author in a private room. The four questionnaires were completed with a participant in one session that lasted 25–30 minutes.

Download English Version:

<https://daneshyari.com/en/article/6787022>

Download Persian Version:

<https://daneshyari.com/article/6787022>

[Daneshyari.com](https://daneshyari.com)