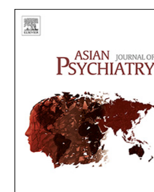
Asian Journal of Psychiatry 36 (2018) 1–7

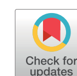
Contents lists available at ScienceDirect

Asian Journal of Psychiatry

journal homepage: www.elsevier.com/locate/ajp



An internet-based survey in Japan concerning social distance and stigmatization toward the mentally ill among doctors, nurses, pharmacists, and the general public



Tomoo Fujii[a,*], Manako Hanya[a], Masanori Kishi[a], Yuki Kondo[a], Marshall E. Cates[b], Hiroyuki Kamei[a]

[a] *Laboratory of Clinical Pharmacy Practice and Health Care Management Faculty of Meijo University, 150 Yagotoyama, Tempaku-Ku, Nagoya, 468-8503, Japan*
[b] *McWhorter School of Pharmacy, Samford University, 800 Lakeshore Drive, Birmingham, Alabama, 35229, USA*

ARTICLE INFO

Keywords:
Stigmatization
Social distance
Mentally ill
Questionnaire survey
Healthcare professionals
The general public

ABSTRACT

Stigma associated with psychiatric disorders tends to be manifested as negative attitudes or behavior toward the mentally ill. It has negative influences, such as leading to difficulty in establishing trust-based relationships and interfering with medical treatment. In order to reduce such stigma, it is necessary to clarify its extent and characteristics in healthcare professionals. Considering this, an Internet-based questionnaire survey was conducted, involving doctors (n = 186), nurses (n = 161), and pharmacists (n = 192) in comparison with the general public (n = 331), and using the Whatley Social Distance Scale (WSDS) and Index of Attitudes toward the Mentally Ill (IATM) as stigma-related indices.

Median total WSDS scores and interquartile range were as follows: doctors: 15.5(12.0–18.0), nurses: 14.0(12.0–16.5), pharmacists: 15.0(13.0–17.0), and the general public: 16.0(13.0–18.0). Similarly, median IATM scores were as follows: doctors: 39.0(36.0–42.0), nurses: 39.0(37.0–43.0), pharmacists: 40.0(36.0–42.0), and the general public: 37.0(33.0–41.0). IATM scores were significantly higher in the professional groups than the general public group. Both healthcare professionals and the general public with prior exposure to mental illness were more favorable attitudes toward the mentally ill. Especially among healthcare professionals, they working in psychiatric departments were more favorable attitudes.

These results suggest that the stigma of healthcare professionals toward the mentally ill was shown to have a smaller and relatively favorable attitude than that of the general public. In order to correct the stigma it was suggested that a good contact experience with the patient such as work and training in psychiatry is effective.

1. Introduction

In Japan, the number of individuals with mental disorders has exceeded 3 million since 2005; in 2011, the number reached 3.2 million (Ministry of Health, Labour and Welfare, 2011). As a national policy, the government clarified its visions to improve mental healthcare, medical, and welfare services in September 2004. Based on this, these services are being shifted from inpatient treatment to community-based care, consequently increasing the necessity of providing appropriate medical information and improving the quality of psychiatric services for the mentally ill. In psychiatry, there are concerns over 'social hospitalization' or forcing patients to continuously stay in hospitals even when home care is feasible due to their families' or communities' refusal to receive them. In addition to campaigns to overcome stigma associated with mental disorders to enhance social awareness of this issue, approaches for healthcare professionals to understand patients with mental disorders are essential to improve the quality of psychiatric services and establish systems for community-based medicine. Furthermore, measures to improve healthcare professionals' awareness are necessary to provide appropriate medical services for such patients (Ministry of Health, Labour and Welfare, 2004).

Stigma associated with mental disorders tends to be manifested as negative attitudes or behavior, including biased views and discrimination toward the mentally ill. It has negative influences, such as leading to difficulty in establishing trust-based relationships, and interfering with medical treatment. In order to enhance patients' sense of security in communities and medical facilities, it is necessary to reduce such a stigma among healthcare professionals. It has been reported that

* Corresponding author.
E-mail addresses: tomorrow3saikoudesu@yahoo.co.jp (T. Fujii), manako@meijo-u.ac.jp (M. Hanya), 100973223@ccalumni.meijo-u.ac.jp (M. Kishi), 100973229@ccalumni.meijo-u.ac.jp (Y. Kondo), mecates@samford.edu (M.E. Cates), hkamei@meijo-u.ac.jp (H. Kamei).

https://doi.org/10.1016/j.ajp.2018.05.017
Received 30 September 2017; Received in revised form 7 April 2018; Accepted 13 May 2018
1876-2018/ © 2018 Published by Elsevier B.V.

although healthcare professionals play an important role in the daily lives of patients with mental disorders, 25% of such patients perceive stigma among their families and healthcare professionals (Gras et al., 2014). Negative attitudes toward mental illness have been especially recognized in Japan, where mental illness is often seen as a lack of willpower for which the patient and the patient's family feels shamed (Ng, 1997). The establishment of trust-based relationships with patients is key to appropriate treatment, collaboration among healthcare professionals, and patient socialization. Trust-based relationships between patients with mental disorders and healthcare professionals are also essential for appropriate mental health management in community-based medicine. In short, the establishment of such relationships is important to improve the quality of psychiatric services, but the stigma associated with mental disorders, manifested as negative attitudes, makes it difficult, and this interferes with medical treatment (Modgill et al., 2014). It has been reported that 180 university student participants indicate greater social distance for severe mental illness (i.e., schizophrenia) than less severe mental illness and physical illness (Kasow and Weisskirch, 2010). So greater understanding of how individuals perceive mental illness can inform efforts to educate the public.

Although accurate recognition of the extent and characteristics of such a stigma among healthcare professionals is indispensable for its reduction, detailed surveys on this issue involving doctors, pharmacists, nurses, or the general public have rarely been conducted to date in Japan. The present study examined the stigma associated with mental disorders using the Whatley Social Distance Scale (WSDS) (Whatley, 1959) and Index of Attitudes toward the Mentally Ill (IATM) (Hiday, 1983), focusing on social distances and attitudes toward mental disorders. Both scales have been used to examine stigma in Japanese students (Ono et al., 2013; Cates et al., 2011). In the present study, they were used for an Internet-based questionnaire survey to compare social distances and attitudes toward the mentally ill among doctors, nurses, pharmacists, and the general public.

2. Methods

2.1. Subjects

The study involved 186 doctors, 161 nurses, and 192 pharmacists - collectively termed professional groups - as well as 331 members of the general public as registered monitors for an Internet-based survey company (Social Survey Research Information Co., Ltd./SSRI, Idemitsu Nishi Shinjuku Bldg. 5-1-14 Nishi Shinjuku, Shinjuku-ku, Tokyo 160-0023). All participants were Japanese residents who had been randomly selected by the company and agreed to participate in web-based surveys. A page outlining the study was initially presented, and it was followed by a questionnaire survey only when consent was obtained. The study was approved by the ethics committee of the Faculty of Pharmacy, Meijo University.

2.2. Site of study

Data were collected from the subjects' responses to the questionnaire at SSRI. Data processing and statistical analysis were performed at the Faculty of Pharmacy, Meijo University.

2.3. Period of study

From February to April 2014.

2.4. Contents of the questionnaire

The questionnaire was designed to examine respondents' attributes, as well as WSDS (Table 1) and IATM (Table 2) scores.

The participants' demographic variables included: age, gender, occupation (e.g., medical professional, company employee, housewife, student), work history, working facility (e.g., university hospital, general hospital, psychiatric hospital, clinic, dispensing pharmacy), department work (e.g., psychiatry, internal medicine, surgery), and 5-item questionnaire concerning prior exposure to mental illness (i.e., 1: Has visited a mental hospital, 2: Has experienced a mental illness, 3: Knows a family member/friend that has experienced a mental illness, 4: Has been admitted to a mental hospital, 5: Knows a family member/friend that has been admitted to a mental hospital).

The reason for and purpose of using the 2 scales were as follows: they were used in previous studies in Japan involving pharmacy students and the United States; and to examine attitudes toward mental illness from 2 different perspectives: social distance and stigmatization, respectively.

2.5. WSDS (Table 1)

This scale is designed to measure social distances that prevent the social interactions with people with mental illness. It consists of 8 statements to be evaluated on a 3-point scale: < Agree > , < Neutral > , and < Disagree > . On scoring, individual favorable and unfavorable answers earn 1 and 3 points, respectively; thus, the total score ranges from 8 to 24. Scores lower than or equal to a median of 16 represent more favorable attitudes. Higher scores indicate greater social distance. The WSDS score in the text below shall be described as median and interquartile range (25–75 percentiles).

2.6. IATM (Table 2)

This scale is designed to measure stigmatization by way of rejecting negative statements about people with mental illness. It consists of 11 statements to be evaluated on a 5-point scale: < Strongly agree > , < Agree > , < Neutral > , < Disagree > , and < Strongly disagree > which are scored 1-5, respectively. Four items are reverse scored (see Table 2). The total score ranges from 11 to 55. Scores higher than or equal to a median of 33 represent more favorable attitudes. The IATM score in the text below shall be described as median and interquartile range (25-75 percentiles).

2.7. Statistical analysis

Statistical analysis was performed using IBM SPSS ver. 22. Multivariate analysis of variance (MANOVA) was used to ascertain if any demographic variables of participants were associated with changes in the scores of WSDS and IATM. Responses to the questionnaire were compared between 2 and among multiple groups using the Mann-Whitney U test and Kruskal-Wallis test, respectively, both of which were followed by multiple comparisons, adopting the Bonferroni method. Items related to the subjects' attributes were examined using the chi-square test and residual analysis. The significance level was set at $p = 0.05$.

3. Results

3.1. Demographic variables

Demographic variables, stratified by the four groups, are shown in Table 3. A total of 870 (response rate: 100%) responded to the questionnaire: 186 doctors, 161 nurses, 192 pharmacists, and 331 members of the general public.

3.2. Influence of participant's demographic variables on the score of WSDS and IATM by MANOVA (Table4)

According to the MANOVA, gender (Wilks' lambda $F = 3.12$;

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