

Original Article

The Effects of Stigma on Mental Health Nurses: A study at Ankaful Psychiatric Hospital

Sampson Opoku Agyemang (BSc, BA, RMN) ¹

Jerry Paul Ninnoni (PhD, MBA, RMN) ²

Abstract

Society's perception of the causes of mental disorder is one of the factors that influence how the mentally ill is treated. Stigma affects not only people with mental illnesses but nurses and other professionals working with individuals diagnosed with mental illness. This study assessed the effect of stigma on mental health nurses. A cross-sectional descriptive design was adopted for this study, and a structured questionnaire was used to collect data from 101 mental health nurses. Data was analyzed and summarized descriptively using frequency tables and graphs. An inferential analysis was conducted by Pearson Product Moment of correlation and Independent sample t test. The results show that the respondents perceive stigma to stem largely from the society. Females reported a higher level of stigma and discrimination from the general public than males. The majority of the participants view stigma as discrimination. Public education and expansion of community care are important measures to reduce the effects of stigma and discrimination.

Keywords:

Stigma; mental illness; mental health nurses; help seeking behavior.

1. *School of Nursing and Midwifery
University of Cape Coast, Ghana*

2. *Head, Department of Mental Health
University of Cape Coast, Ghana*

1. **Corresponding Author:**
*School of Nursing and Midwifery
University of Cape Coast, Ghana
E-mail: popesampson10@gmail.com
Tel. 233243373271*

Introduction

Mental disorders account for at least 160 million lost years of healthy life of which about 30% could be prevented with existing interventions (World Health Organization, WHO, 2008). The WHO further reports that there are over two million Ghanaians suffering from moderate to mild mental disorders, and about 650,000 are suffering from severe mental illnesses (WHO, 2014). It is further estimated that Ghana's treatment gap (defined as the number of people whose illness goes untreated) stands at 98% (WHO, 2014). Several reasons, including stigma, may account for this treatment gap. Stigma is defined as the negative effect of a label and the result of disgrace that sets a person apart from others in a society (Tawiah, Adongo & Aikins, 2015).

Stigma is classified into felt or perceived stigma and enacted stigma. Felt or perceived stigma refers to real or imagined fear of societal attitudes and potential discrimination arising from a particular undesirable attribute, disease (such as mental disorders), or association with a particular group (people with mental illness). Enacted stigma, on the other hand, refers to the real experience of discrimination experienced by a person or group of people with a particular undesirable attribute or disease such as mental disorders (Tawiah et al, 2015).

In recent years, the concept of stigma has been attracting increased attention among health professionals and the general population. It is reported that stigma relating to mental illness does not only affect patients but also their caregivers and in particular, nurses. Mental health nurses are mostly identified with mental health patients and as a result have reported stigma resulting from their association with patients (Eddington et al, 2008; Hanafiah & Van Bortel, 2015). Jack-Ide, Uys and Middleton (2013), in a qualitative study at the Neuro Psychiatric Hospital, Port Harcourt- Nigeria, claim that reports of stigma and negative attitudes towards mental health nurses were reflected in a lack of interest in following a career in mental health practice. Mental health professionals feel stigmatized by other staff due to the nature of their work (Opore et al, 2017). Nurses reported that many people in need of mental health care avoid going to the psychiatric hospital for fear of being labeled (Kapungwa et al, 2010).

Effects of stigma on mental health nurses include a delay in health seeking behaviors, loss of job, social exclusion and the emotional impact of stigma. Studies which investigated stigma among mental health patients reported that certain demographic variables such as age and gender appear to influence patients' experiences of stigma. In a cross-sectional study in Ho municipality of Ghana involving outpatients and their relatives, females reported that they were more stigmatized than males (Tawiah et al, 2015). Similarly, in a facility-based cross-sectional study conducted on 422 consecutive samples of people with mental illness in Ethiopia, females showed higher self-stigma than males. It was identified that educational background has inverse relationship with stigma. As an individual's education level increases, discrimination experience scores decrease significantly (Girma et al, 2013). Although research regarding mental health nurses is well documented, little is known how stigma impacts on nurses in Ghana.

This study examined the prevalence and effect of stigma on mental health nurses and how demographic variables such as gender and marital status influence the experience of stigma. The following hypotheses were formulated and tested:

Hypothesis 1: There is significant correlation between nurses understanding of stigma, effects of stigma and measures to reduce stigma.

Hypothesis 2: There are gender differences in nurses' understanding of stigma, effects of stigma and measures taken to reduce stigma.

Design and Methods

A descriptive cross-sectional design was used to collect information from the participants.

Research setting

The study was conducted at Ankafu Psychiatric Hospital. The Hospital is located in the Komenda-Edina-Eguafo-Abirim Municipality in the Central Region of Ghana. It is the only psychiatric hospital outside the capital of Ghana (Accra) to serve the Central, Western and Northern sectors of Ghana. It was established in 1965 with a bed capacity of 500. Currently, the hospital has a total bed capacity of 311. It operates 4 male wards, 2 female wards, 1 drug and alco-

hol rehabilitation center and a general and psychological Out Patients Department. The hospital is responsible for the treatment, welfare, training and rehabilitation of the mentally ill and serves as a training centre for health training institutions in mental health across the country. The hospital also receives psychiatric patients from all over Ghana and from neighboring countries, namely, Benin, Burkina Faso, La Cote D'Ivoire, Nigeria and Togo. The hospital receives an average of 40,000 out-patients every year. Ankaful Psychiatric hospital was chosen because the hospital admits and treats large numbers of mentally ill patients and there are about 185 Registered Mental Health Nurses who work at the hospital who may experience effects of stigma.

Target population

The target population for this study was made up of Registered Mental Health Nurses [RMN] who work at the Ankaful Psychiatric Hospital and were at post during the time of the study.

Sampling procedure

A census method was used for this study because: the population was not very large, there was enough time to collect data and a higher degree of accuracy was required from the study. At the time of the study, the hospital had a total population of 185 RMN, comprising 106 males and 79 females. 42 nurses out of the 185 nurses were on study leave, leaving a total of 143 nurses at post at the time of the study, of which 101 were sampled.

Data collection instrument

A structured questionnaire was used to collect data from the respondents. The researcher developed the questionnaire following consultation with mental health nurses who have suffered from the effect of stigma before. To ensure reliability, pretesting of the questionnaire was carried out and ambiguous questions were restructured in a way that could be easily understood. The Chronbac's alpha of the questionnaire was 0.80. The tool was designed in English since all the respondents were educated at least to the Diploma level.

Data collection procedure

A written permission was secured from the hospital authority to interact with nurses at the hospital. The objectives of the study were explained to participants for their consent. A consent form stating the purpose and significance of the study was explained to respondents and given to them to fill. The researchers were solely responsible for the administration of the questionnaire and data collection from the respondents. The questionnaire was administered at the various wards and departments of the respondents. The data was collected within 21 days.

Data processing and Analysis

The data was analyzed and summarized descriptively into frequency tables and graphs. Inferential statistical tests, specifically Pearson Product Moment of correlation and Independent t test, were used.

Ethical consideration

An introductory letter was obtained from the School of Nursing, University of Cape Coast to the Ankaful Psychiatric Hospital. It stated the purpose of the study and expected outcomes. A written permission was secured from the hospital authority to interact with nurses at the hospital. The objectives of the study were explained to the participants for their consent, and they were also informed that they had the right to withdraw from the study at any point if there was any form of discrimination. Information collected was treated confidentially and the identities of the respondents were not disclosed in writing the report.

Results

The results showed that, out of 101 respondents, 61.4% were males whilst 38.6% were females. It was found that 76.2% were between 18 to 30 years whilst 2.0% were above 40 years (Table 1). The results also revealed that 50.5% were married whilst 49.5% were single. It was further observed that 95.0% were Diploma holders whilst 5.0% were Degree holders as indicated in the table below.

Table 1: Demographic Backgrounds of the Participants (N=101) participants

Variable	Frequency	Percentage %
Sex		
Male	62	61.4
Female	39	38.6
Age		
18-30	77	76.2
31-40	22	21.8
41-50	1	1.0
50 and above	1	1.0
Marital status		
Single	50	49.5
Married	51	50.5
Qualification		
Diploma	96	95.0
Degree	5	5.0
Ward or Department		
Acute ward	49	48.5
Chronic Ward	14	13.9
Outpatient department	27	26.7
Rehabilitation center	10	9.9
Administration	1	1.0
Number of years worked in the facility		
1-5 years	85	84.2
6-10 years	14	13.9
11-15 years	1	1.0
16 years and above	1	1.0
Religion		
Christianity	98	97.0
Islam	2	2.0
Traditional Religion	1	1.0

Hypothesis One

H1: There is significant correlation between nurses’ understanding of stigma, effects of stigma and measures to reduce stigma.

The purpose of hypothesis one was to find out the correlation between nurses’ understanding of stigma, effects of stigma and measures to reduce stigma. Pearson product moment correlation analysis was conducted at 0.05 level of significance. The results

show that understanding of stigma correlated significantly with measures to reduce stigma ($r = .46, p < 0.001$), whereas it shows no significant association with effects of stigma ($r = -.05, p = .172$).

Hypothesis Two

H1: There are gender differences in nurses’ understanding of stigma, effects of stigma and measures taken to reduce stigma. This hypothesis was tested using independent t test and the result presented in Table 2.

Table 2: *Independent Samples t-Test of Gender of Nurses’ Understanding, Effects and Measures to Reduce Stigma*

Variables	N	M	SD	t -value	p-value
Understanding of stigma				-.62	0.314
Male	62	24.40	2.97		
Female	39	24.77	2.87		
Effects of stigma				-.18	0.421
Male	62	23.48	2.26		
Female	39	23.56	2.16		
Measures taken to reduce stigma					
Male	62	6.23	1.46	-.02	0.754
Female	39	6.23	1.59		

As can be seen, there was no significant effect of gender on the understanding of stigma, effects of stigma, and measures taken to reduce stigma ($p \geq 0.05$). This implies that both male and female nurses did not differ in terms of understanding, effects and measures to reduce stigma.

Discussion

The majority of nurses admitted they feel stigmatized when they are discriminated against because of their profession and when people perceive them to behave the same as their patients. The views of the respondents confirm the definition of stigma by Tawiah et al (2015), which states that stigma is the negative effect of a label and a result of disgrace that sets a person apart from others in a society. Similarly, two independent surveys using convenience samples of

adults in Ghana concludes that the majority of people regard mentally ill persons and people associated with them as inferior (Barke, Nyarko & Klecha, 2011). In this study, females shared a higher view of stigma and discrimination than males. Similarly, in a cross-sectional study conducted on 422 consecutive samples of people with mental illness in Ethiopia, females showed higher self-stigma than males (Girma et al, 2013). The study further found that participants who reported high understanding of stigma also reported high effects of stigma. However, there was an inverse relationship between understanding of stigma and effects of stigma. The participants who reported high understanding of stigma again reported low effects of stigma. Female respondents obtained higher scores in understanding of stigma and effects of stigma compared to males.

Effects of stigma

The majority of mental health nurses felt other nurses perceive them to behave the same as their patients. In support of the above, Sartorius (2007) concludes that there is evidence to suggest that mental health professionals feel stigmatized by other staff due to the nature of their work. It is therefore unsurprising that health professionals are reluctant to take up psychiatric practice due to stigma and a lack of institutional support (Kapungwa et al, 2010). Furthermore, this study points out that mental health nurses were of the view that people treat them with contempt due to their profession. This negative attitude towards Mental Health Nurses negatively influences their interest in the profession. This observation largely corroborates the finding by Jack-Ide et al. (2013), as discussed previously.

Notwithstanding the above, the study is limited in the following ways. First, the study design does not permit the establishment of cause and effect relationship, given that the demographic characteristics of the nurses at Ankafu Psychiatric Hospital may differ from their counterparts in other psychiatric hospitals in the country. Furthermore, the findings may not be generalized beyond the current sample. Lastly, there is the possibility that the participants were motivated to respond in a biased manner given that mental illness is highly stigmatized in Ghana.

Implication for nursing practice

The findings of the study raised many issues that affect mental health nurses in the performance of their duties. Nurses admitted they feel stigmatized when

they are discriminated against because of their profession, and this causes lack of interest in following a career in mental health nursing. Mental health nurses were of the view that people treat them with contempt due to their profession and the majority of them felt other nurses perceive them to behave the same as their patients. Stigmatization and name calling can affect their self-esteem and make them withdraw from other health care providers. The findings reported here suggest that there is the need for policy makers, including those from the Mental Health Authority and Ministry of Health to address the challenges of stigmatization in mental health nursing. Measures to reduce stigma should be targeted at the mental health nurses. Bagley and King (2005), for instance, argue that, rather than focusing on public education, stigma-busting campaigns should focus on educating people with experience of mental illness to help them reject self-stigma and confront or constructively avoid public stigma. This may help improve upon the quality of mental health care delivery in Ghana.

Conflict of interest

The authors acknowledge that there was no conflict of interest.

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