Comparison of the attitude toward stigma among the staff and students and faculty at Abadan School of Medical Sciences

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Abstract

Background: Stigma is a powerful social, inclusive and sustainable phenomenon and affects vulnerable populations. Stigma increases to psychiatric disease and is a leading burden of the disease on public health. This study aimed to investigate the attitude of students, faculty and staff toward stigma toward severe psychiatric patients in Abadan.

Methods: This study is descriptive. The study population included all students, staff and faculty members of Abadan School of Medical Sciences in 2016. The sample consisted of 282 subjects who were selected by convenience sampling method. To collect the data, demographic data, social distance questionnaires and being dangerous questionnaires were used. Data were considered using KS-test, independent T test, I U-Whitney, Wilcoxon test and were analyzed in SPSS-22, significance level was (0.05> p).

Results: The results showed that stigma of Employees with severe psychiatric disorders (34.21 10.64) is more than students (31.27 10.84) and professors (26.42 8.79). There is a direct correlation between age and stigma of professors, 0.514. No correlation was found between students and staff (0.05> p). It was also found that in the three groups health care and the fight against diseases in clinical laboratory sciences have more social Distance than other fields of study (mean 10.62, 8.86, 7) and two of the groups in clinical laboratory sciences and nursing have more stigma than other academic fields (34.06, 31.48), but the feeling of being dangerous has less stigma than other factors (23.43, 22.62).

Conclusion: According to the findings, it can be concluded that of the three groups of teachers, students and staff in clinical laboratory sciences, nursing has less social Distance, and higher stigma and yet feels dangerous has a higher sigma than the other disciplines. It is essential for the university community to understand components of the stigma towards mental illness.

Key words: severe psychiatric illnesses, attitudes, stigma, Abadan.

Introduction

The human body and mind have deep connection and attachment to each other. Therefore, their disease will affect each other. Complications and signs of physical illness are commonly visible and can be perceived by the five senses, but psychiatric symptoms usually influence emotions, feelings and behavior of the person and give a vague sense in early disease that the person does not understand it easily (1).

Total load and the prevalence of psychiatric disorders are a priority of the mental health services system. Mental health problems form 8.1 percent of =all diseases (2). Based on the results of a study that is part of a national study on health in Iran, the prevalence of mental disorders in the study population was 21% and depressive symptoms was in 21%, anxiety symptoms were in 20.8 percent, physical symptoms were in 17.9 percent and symptoms of social dysfunction were in 14.2 percent of people (3). In a study, the prevalence of mental disorders in Tehran was 14.3 and anxiety and mood disorders are 8.6 and 4.5 percent, respectively, reported as the most prevalent psychiatric disorders (2).

Despite the high prevalence of mental illness and despite major upgrade in quality and effectiveness of mental health services in the past decade, there is a significant Distance between the prevalence of these disorders and the use of mental health services (2). In an epidemiological study, it was shown that less than 30% of psychiatric patients follow treatment processes and another study showed that about 40 percent of patients with schizophrenia refuse to accept treatment (4). Most Asians and Westerners have the lowest latency delay in referral to treatment (5). One of the factors that can be a barrier in improving these diseases is stigmatization of mental illness (6). Goffman knows stigma as a split identity, that the feature is assigned to the individual or group, of which the credibility of members of the group or individual have unwanted attention imposed on them (7). Stigma indicates conditions of debasement(1), so that the stigmatised person, is not considered as a normal human with sufficient adequacy for acceptance in society (7). In Persian language, stigma is also called social stigma. The patient feels lack of compliance with the aspirations and social demands due to signs and symptoms of disease and feels the shame and despair and tries hiding their illness to compensate for this difference (8-9, 2). This makes them avoid treatment (4), which would protect them from withdrawal from society (8).

Patients with mental illness often are faced with two major problems. Firstly, they have compromising symptoms that vary depending on the type of disease (such as anxiety, delusions, hallucinations, etc.). These symptoms can influence employment, independent living and life satisfaction of these individuals (8). Secondly, social misconceptions can help in the creation of stigma against these people, even people who have well controlled disease in the workplace, or who are experiencing this problem when looking for a job. So, mental patients often will suffer loss of self-esteem (10) followed by declining confidence in their efficiency and confidence in the future. They are believed to be less valuable than others (4); they consider themselves responsible for causing the disease (12-11). And so, stigma affects their personal emotions (4).

Naturally, the conditions create restrictions for the stigmatised person, which strongly influences their individual psychosocial life. Limitations in acceptance among peers, use of economic and social benefits, jobs and education, social relations and loss of social support networks and even deprivation of looking healthy and having normal experiences (9-8). In such a situation, those with stigma see themselves as unworthy and not fitting in with society.\ (8).

At present, perceptions of psychiatric patients is different from patients with physical illness. One part of this attitude relates to knowing the psychiatric patient may be dangerous and another part is due to their lack of understanding of abnormal experiences. The diseases usually cause symptoms such as delusions and hallucinations, and these symptoms can affect their daily lives (13).

Attitudes of stigma of people with psychiatric illness is based on stereotypes and reaches a peak when there is insufficient awareness, misinterpretation and slight contact with the patients and this prevents attitude correction (9). Studies show that in people from the general population with familiarity of mental illness, the belief of these people with mental illness being dangerous is less (14). Other studies have also shown that medical students due to more information of mental illness have less stigma toward them than the freshmen (15).

The community response to mental illness can vary by severity, type of disease, the prevailing culture and traditions (8). The reaction can change over time (4). Stigma of schizophrenia, in Iran, follows in terms of both documentary and risk assessment (2). It has been shown that the stigma frequency varies between different nations and has increased in recent years (16). People have more stigma toward these patients than patients with physical diseases (4).

Noting that stigma is not an individual problem , it is a social problem and it is product of a reaction between society and the individual patient. It is a heavily discredited opinion that can be dealt with differently according to cultural norms. Considering the importance of this issue and that this phenomenon is a public health problem (13), in order to plan to control stigma, underlying information is required (4) and because students and teachers directly are related to the patient both during school and during their employment, we decided to study attitudes of Abadan School of Medical Sciences (students, faculty and staff) as part of the educated sections of Abadan residents toward stigma of severe psychiatric diseases.

Methods

This study is cross-sectional and was performed in 2016 in order to determine the attitude of students, faculty members and staff of Abadan School of Medical Sciences toward stigma of severe psychiatric disease. The population included all students in different fields (nursing, operation room, laboratory, medical, oral health, public health, health to fight disease, anesthesia) who numbered 595 people. All faculty members were 46 people and all the employees of Department of education, research and student were 100 people. The sample size for this study was calculated as 282 people. The samples were selected randomly from those who agreed to cooperate. All students, staff and faculty without restrictions in terms of age, gender, economic status, marital status and physical illness and psychiatric history were accepted. Study entry criteria was being a student of University of Medical Sciences, being a member of Faculty of Medical Sciences, being an employee of training assistance and having willingness to participate in the study. Among participants the least education level was diploma and Exclusion criteria included only those who refused to participate in the scheme. After obtaining written permission and submitting to the President of the University, check lists and questionnaires were explained to students, faculty and employees. Participants completed questionnaires which showed their agreement to participate in this research project. In a meeting that was held in classrooms, at first a description of the project was offered to students and teachers. The subjects completed questionnaires of the plan. Information was collected without giving their name. Firstly, participants completed their demographic information. Also a briefing was held for employees and after consenting to the study, questionnaires were available to them. Sampling lasted a month.

The questionnaire had two items of social distance and dangerousness in addition to the check list of information. Social distance scale analyzes respondents tendency to interact with a person with close or far relation. This scale was invented and used by Bogard to measure social distance scale on the basis of race and ethnicity in 1925, but in 1957, Cumming first used this scale for attitude towards the mentally ill patients. Philip (1963) was the first person using this scale by description. The questionnaire has 7 questions and a history and grading scale varies from study to study (no / yes, disagree / or I do not want / agree or would like). Spiro was the first person using definitely would like to / would not desire. Today, biographies are set based on the DSM (17 and 13). Cronbach alpha and reliability coefficient of the questionnaire is estimated by North (2006) (82%), Link (2003) 75% and Ranjbar (1389) 92 %(19-18-13).

Dangerousness scale measures respondents' attitudes about the dangers of psychiatric morbidity. beleiving mental patients as dangerous, leads to patients' incidence of discrimination and segregation. This scale has 8 Likert questions and answers are rated in three forms (disagree / no idea / agree) (17 and 13). Cronbach alpha and reliability

coefficient of the questionnaire is estimated by Pan (2001) 78%, Erik 72% and Ranjbar 96% (21-20V 13).

Stigma score was obtained by adding both of the questionnaires. Checklist contains demographic variables (age, gender, job and marital status, educational level, place of residence).

Analysis of data was done using descriptive statistics (mean, frequency, percentage, standard deviation) and analytical methods suh as KS test, independent T-test, Mann-Whitney, Wilcoxon test. Data were analyzed using SPSS version 22. The level of significance was considered as (0.05> p).

It is worth noting in this study that the Cronbach alpha for dangerousness was 0.70 and for social distance was 0.86 that represents the reliability of the results.

Results

A total of 282 patients were enrolled based on the results of this study as 191 students (100%), 21 faculty members (100%) and 70 employees (100%), respectively. The average age of students was 20.82 2.17 and the average age of faculty members was 33.75 4.77 and the average age of employees was 33.09 7.86. Overall, 160 were men and 122 were women. In students, the highest rate of education was at the undergraduate level, of 136 cases (71.2%) and in terms of education, in nursing, for 75 cases (39.3%), in terms of marital status, 177 were single (93.2%). In terms of most frequent education of the employees, 24 were undergraduate level (34.3%) and in terms of BMI, 42 cases were single (60%) and among faculty members, the highest rate of education was at the graduate level for 14 cases (66.7%) and in terms of marital status 18 cases were married (85.7%).

In this study, the stigma of Employees for severe psychiatric disorders (34.21 10.64) was higher than students (31.27 10.84) and professors (26.42 8.79) (Table 1).

Also during study, the correlation between stigma and age in three groups of students, faculty and staff determined that there is a direct correlation between age and stigma of professors as 0.514, but no correlation was found for students and staff (Table 2 and 3). This study also reviews the dangers and stigma were identified between eight majors. 3 groups of teachers, students and staff in clinical laboratory sciences, health care and fighting disease had more social stigma than other academic disciplines (with an average of 10.62, 8.86, 7) and 3 Groups in the clinical laboratory sciences and nursing, had more stigma than other academic disciplines (34.06, 31.48), but the feeling of being dangerous had less stigma than other fields (23.43, 22.62) and significance level was (0.05> p). (Table 4).

Table 1: Descriptive statistics of research variables

		Number	least	most	mean	SD
Student	Dangerousness	191	.00	39.00	23.0628	7.98461
	Social Distance	191	.00	19.00	8.2094	4.78024
	stigma	191	1.00	54.00	31.2723	10.83655
employee	Dangerousness	70	4.00	45.00	27.2429	8.57099
	Social Distance	70	1.00	16.00	6.9714	3.74542
	stigma	70	6.00	58.00	34.2143	10.64294
master	Dangerousness	21	14.00	37.00	20.2857	6.57376
	Social Distance	21	4.00	13.00	6.1429	2.97129
	stigma	21	18.00	48.00	26.4286	8.78960

Table 2: Correlation between stigma and age

		stigma	Dangerousness	Social Distance
age	Pearson correlation	.098	.180**	-.102
	Significant level	111	.003	.097

According to the results of table, there is only direct correlation between age and extremely dangerous in 0.180.

Table 3: Correlation between stigma and age based on job

			stigma	Dangerousness	Social Distance
age	student	Pearson correlation	.030	.032	.014
		significance level	.695	.676	.852
		number	176	176	176
	employee	Pearson correlation	.086	.118	-.025
		significance level	.479	.332	.837
		number	70	70	70
	teacher	Pearson correlation	.514*	.648**	.086
		significance level	.017	.001	.712
		number	21	21	21

Pearson correlation is used according to both interval scale variables. Null hypothesis indicates independence between two variables and the alternative hypothesis shows a relationship between two variables under consideration. Results are shown in Table 3.

There is a direct correlation between age and stigma among professors, 0.514, also there is a direct correlation between age and dangerousness among professors 0.648, but the relationship was not found for students and staff.

mean	Nursing	Operation room	Lab	Clinical	Oral health	Public health	Health fight disease	Anesthesiology	Statistics	Significance level
Dangerousness	22.6222	22.6780	23.4375	21.8750	24.7692	24.0000	26.3333	11.6667	4.374	.736
Social Distance	8.8667	7.7966	10.6250	5.2500	6.1538	5.5000	7.0000	4.3333	17.411	.015
Stigma	31.4889	30.4746	34.0625	27.1250	30.9231	29.5000	33.3333	16.0000	5.077	.651

<< Table 4: Stigma, dangerousness and measurement of social distance in eight disciplines

Discussion

The findings of the study about the level of stigma of staff toward psychiatric disease is more severe than students and teachers and can be interpreted as due to the reaction of the population to mental illness can vary by severity, the disease type, the prevailing culture and traditions, but the attitudes of stigma toward people with mental illness is based on stereotypes and reaches a peak when there is insufficient awareness, misinterpretation and slight contact with the patients. This can prevent attitude correction. Of course, it goes to the media and the culture of our society. Given that the media has a very influential role in shaping public attitudes, consultants are trying to exaggerate the newspaper headlines in some rare events (e.g., death or damage by a person with psychiatric patients). The language used is often insulting and degrading and with induction of psychiatric illness lasting relationship with violence, encourage or spread negative stereotypes. The scheme, including the mentally ill population of the species are formed in a way that the patients are dangerous and should be away from them. In the present study, as the personnel are training department employees and somehow work in a riddled environment, they have less communication with them and in terms of education, they are mostly at the expert level, so they are not familiar with these conditions, the apparent cause of illness and lot of these problems. Therefore, according to the formed Schema in these patients, this group is described as dangerous and have more social distance and they have greater stigma to the disease. This finding is consistent with studies of Corrigan (2004), Sartorius (2002), Mess (2002), and Lev (1388).

Corrigan's study (2004) showed that in people of the general population with relative familiarity with severe mental illness belief of dangerousness is less and associated with less underestimated risk of persons with mental illness with less fear of them and ultimately with social avoiding. Cooper's Study (2002) found that seniors who had more information of the disease and had prior contact with persons with mental illness give less stigma to these patients than freshmen. The finding that there is a direct correlation between age and stigma of professors, 0.514 and the significant level of these two variables was 0.017, but no relationship was found in students and staff, it can be explained in this way that having knowledge about mental illness can have an impact on more tolerance toward mental illnesses and contact with this disease alone is not enough to change attitudes with which is in line with Cooper's Study (2002) and not in line with Eastman (2002).

Eastman's study (2002) on the subject showed that increasing age, lower socio-economic level, lack of familiarity and dealing with mentally ill people can add to the stigmatization toward them. The study is in line in terms of the view that stigma increases with ageing, but in terms that the teachers have good socio-economic conditions is not in line with Eastman, that says stigma is associated with a reduced economic and social level.

On the finding that three groups of teachers, students and staff in clinical laboratory sciences, Nursing and health, and fighting disease have more social distance than other academic disciplines (with an average of 10.62, 8.86, 7) and 2 groups of clinical laboratory sciences and nursing have more stigma than other academic disciplines (34.06, 31.48) but have less feeling of being dangerous than other fields (23.43, 22.62) it can be interpreted in this way that the Department of Health Laboratory and fighting disease pass only two units of psychology theory and no single apprenticeship is able to have direct contact with patients and are not closely familiar with them. So, their social distance and stigma is associated with lack of their connection with this class.

But this class in the group of nurses has more social distance and stigma with less dangerousness. It can be generally interpreted that the cultural background and the previous experiences of nurse and other people affect conditions of labeling and stigma. Stigma is a force that shaped both in local as well as affecting its properties . The interpersonal relationship of patients with people who have a high social situation (e.g., nurse, teacher) and also accepting the label by the affected person are the things that lead to stigma and social distance. When a person becomes labeled by society, expectations change according to it. Stigma may affect the behavior of people with the disease. They behave as they are expected to and this may change both their beliefs and senses, a kind of negative reinforcement of stigma and social distance in themselves and others. This finding is consistent with studies Major (2005) and Link (2001) and Soudmand (2016).

But it can be said about feeling less dangerous of the mentally ill, due to the pervasive nature, it is necessary for nurses to understand the components of stigma towards mental illness. Perceived stigma is promoted by nursing practice in two ways: First, it helps that nurses do care for each person individually and the second makes nurses examine their own beliefs and values and how they interact with patients. This is especially important in evaluating care, support, acceptance and confidence and should be the primary focus of all nursing activities. In this issue, open communication by nurses is necessary in such a way that the patient can act to express their feelings freely and without fear of being judged or stigmatized as behaving repulsively, because the stigma and labeling of mental illness can prevent treatment and that is a basic principle to be taught to students. Regarding the relationship of stigma with nursing, the meaning of stigma is reflected too low in nursing and patient care. This finding is consistent with Soudmand (2016).

Conclusion

Considering three groups of teachers, students and staff in clinical laboratory sciences, nursing, has more social Distance and stigma and yet less feeling of danger than the other fields, and since this study was conducted for the first time in this community, it needs to be replicated in different samples with greater sample size to interpret findings with more confidence and extend them. Stigma can occur in many different forms (culture, obesity, gender, race and mental illness) and in different environments (work, learning environments, health care and even in one's own family) and prevent mental health treatment. It is also recommended to have more training and workshops and making plans in this regard at the university level and occuring in public, especially through the mass media and to have normalization of mental illnesses for stigmatization, because this training is to improve public health and reduce stigma.

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