

Gender and Age as Correlates of Stigmatization of Psychiatric Patients Among Health Care Workers in Neuropsychiatric Hospital, Enugu Enugu State

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Abstract

The study examined gender and age as Correlates of Stigmatization of Psychiatric Patients among Health Care Workers in Neuropsychiatric Hospital, Enugu Enugu State. In order to accomplish the purpose of the study, a descriptive correlational survey research design was employed to determine the Correlates of Stigmatization among Health Care Workers in Neuropsychiatric Hospital, Enugu. The population for the study consisted of all Health Care Workers in Neuropsychiatric Hospital, Enugu. There was no sample based on the fact that the population (n = 179) was manageable. The instrument for data collection was researcher-designed questionnaire titled Correlates of stigmatization of psychiatric patients' questionnaire (COSPQ). The result shows among others a very low correlation between HCWs' gender (r=.017, p=.581), age (r=.223, p=.294) and stigmatization of psychiatric patients except for one of the components (separation) of stigmatization under gender that showed low correlation. The finding also shows that both the null hypotheses of no significant relationship between HCWs' gender (R=.000, p=.993), age (R=.027, p=.029) and stigmatization of psychiatric patients were acceptable. This implies that gender, age of the HCWs' respectively cannot be used to predict stigmatization of psychiatric patients.
Keywords: stigmatization, psychiatric patient, health care worker, correlates, neuropsychiatric hospital

Introduction

Stigmatization is a social menace. It leads to captivity when perpetrated, and holds one in bondage for the rest of one's life. It involves the reaction of others which spoils one's normal identity. Sometimes, it results from the perception or attribution which may be right or wrong but once marked and labeled becomes indelible. Stigmatization deals with linking negative attributes to an individual or groups of individuals which usually culminates in separation of 'us' and 'them' (Link & Phelan, 2001). This 'us' and 'them' according to Link and Phelan (2001) implies that the labeled group is slightly less human. The attributes the society selects in labeling and stigmatizing differs according to time and place and what is considered out of place in one society may be a norm in another.

Stigmatization is the process wherein one condition or aspect of an individual is attributionally linked to some pervasive dimension of the target person's identity (Mansouri & Dowell, 1989). Stigmatization involves a separation of individuals labeled as different from "us" who are believed to possess negative traits, resulting in negative emotional reactions, discrimination, and status loss for the stigmatized persons (Link & Phelan, 2001). Furthermore, Lee (2002) noted that the most characteristic feature of stigmatization is to publicly associate a person with a shameful deviant condition. Similarly, Sailard (2010) conceptualized stigmatization process into 'internalized stigma' and 'institutional stigma'. Internalized stigmatization involves the emotions, thoughts, beliefs and fears that people experience in their private domain while institutional stigmatization takes place in the public domain. Institutional stigmatization involves indirect, non-personal, implicit attitudes and relationship. Sailard (2010) further noted that people with mental illness can be exposed to institution stigma both in the workplace and also in their preferred health institutions. For example, Lykouras and Douzenis (2008) stated that stigmatization is the underlying cause for doctors' neglect to examine the physical complaints of people with psychiatric illness. It follows that negligence and hesitation on the physicians' part provide striking evidence of institutional stigma. Stigmatization due to psychiatric illness has been reported to be the main obstacle to better mental health care and better quality of life for the mentally ill, and their families. Stigmatization can adversely affect family relationships, lead to employment discrimination and general social rejection (Mansouri & Dowell, 1989).. Studies. (Ostman , 2010, Eker, 2002) have shown that, those suffering from psychiatric illness face a considerable stigmatization that limits access to treatment and hinders their full integration into society. It also influences access to care, because people may be reluctant to seek help despite experiencing mental or emotional problems as this might be seen as an acknowledgment of weakness or failure.

Laar and Levin (2010) stated that the living conditions of people with mental illness do not only depend on the severity of the illness, but also on the level of their acceptance in the community. It is regrettable that stigmatization has been implicated in the non-acceptance of individuals with psychiatric illness. The attendant

effect is that stigmatized individuals devalue themselves and experience fear of rejection, fall into despair and lose their self-esteem. This not only derails their recovery but also capable of triggering relapse for those on the recovery process. Psychiatric illness affects everyone directly or indirectly.

Psychiatric illness can affect persons of any age and they can occur in any family. Levin and Laar (2010) opined that individuals are all likely to have to deal with mental illness at some time, whether in family members, work colleagues or themselves. According to Ostman (2010) mentally ill person means a person who owing to mental illness require care, treatment or control for his own good or in the public interest, and is for the time being incapable of managing himself or his affairs. Morrison (1997) stated that if ineffective or maladaptive behaviours interfere with daily activities, impair judgment, or alter reality, the person is said to be mentally ill. In other words the individual is unable to cope with and adjust to the recurrent stresses of daily living in an acceptable way. Furthermore, citizens of industrialized cultures label a person as mentally ill only after the ability to function independently in society is impaired for a period of time (Zwerding, 1994). In this work mentally ill and psychiatric patient are used interchangeably.

Gender is a strong factor that can influence stigmatization of psychiatric patient. Phelan, Bromet and Link (2000) stated that family members were more likely to conceal psychiatric illness if they did not live with the ill relative, if the relative was a female. There is some evidence that male gender is linked to greater stigmatizing attitudes, although results across studies are not consistent (Chandra & Moses, 2009). In other words gender has influence on stigmatization. Townsend (2000) asserted that males have a greater tendency to desire social distance from those perceived as mentally ill as females. Eker (2002) stated that males have a tendency to be more authoritative, and to regard the mentally ill as danger to the society more than women. According to the author more females than males have the tendency to be supportive of the mentally ill, resist stigmas associated with mental illness and believe that mental illness results from bad interpersonal experiences. Studies (Zwerding, 1994, Eke, 2002) have shown that female university students tended to differ from their male counterparts in terms of the beliefs that mental disorders can be treated successfully. This belief is likely to be responsible why females have less prejudiced against the mentally ill.

Age has influence on stigmatization of psychiatric patients. Alonso (2009) noted that there are differences between age groups, with those in their teens or early twenties and over fifties expressing the most negative attitudes towards people with mental illness. The author further opined that a key to reducing stigmas may be to offer the public more information and make them more familiar with mental illness. Crisp (2005) noted that those in the sixteen to nineteen age range show the most negative attitudes towards people with mental illness, particularly towards those with alcohol and drug addiction. O'Brien (2005) noted that by ten years of age, most children are aware of cultural stereotypes of different groups in society, and children who are members of stigmatized groups are aware of cultural types at an even younger age.

Alonso (2009) also indicated that those aged nineteen years of age express negative attitude towards mental illness. The author noted that attempts should be made to educate this age group about the issue of stigmatization. These seem to concur with the assertion of Arikian (2007) that stigmatizing attitudes towards people with mental disorders are common in adolescents and are of major concern to those with these disorders. Such attitudes may act as barriers to help-seeking, can interfere with treatment and adversely affect quality of life as they may cause a person to feel abnormal, socially disconnected and dependent on others (Corrigan & Penn, 2004). Psychiatric patients are ideally treated in neuropsychiatric hospital. Neuropsychiatric hospital is a specialized institution where people who have health problems that are related to nerves and mental incapacitation seek medical treatment. Correlation involves establishing if any relationship exists between two or more variables. Therefore, in the context of this work, the author wants to establish if any relationship exists between HCW's gender, age, and stigmatization of psychiatric patients. According to Koul (2009) when we study bivariate data we may like to know the degree of relationship between variables of such data. This degree of relationship is known as correlation. Anaekwe (2007) stated that measures of correlation or association are the degree of relationship or association between two or more variables. The present study therefore seeks to determine whether any relationship exists between gender, age and stigmatization by health care workers (HCW) in Neuropsychiatric Hospital, Enugu.

Purpose of the Study

The purpose of the study is to determine any if gender, and age are correlates of stigmatization of psychiatric patients among healthcare workers in Neuropsychiatric Hospital, Enugu. Specifically, the study is set to determine the:

1. relationship between HCWs' gender and stigmatization of psychiatric patients; and
2. relationship between health care workers' age and stigmatization of psychiatric patients.

Research Questions

What is the relationship between the health care workers' gender and stigmatization of psychiatric patients?
 What is the relationship between the health care workers' age and stigmatization of psychiatric patients?

Hypotheses

The following null hypotheses were formulated to guide the study, and were tested at .05 level of significance:
 1. There is no significant relationship between the HCWs' gender and stigmatization of psychiatric patients; and
 2. There is no significant relationship between the HCWs' age and stigmatization of psychiatric patients.

Methods

The study adopted a descriptive correlational survey research design. The study was conducted at Neuropsychiatric Hospital Enugu, South-East of Nigeria. Neuropsychiatric hospital Enugu is located in Enugu State. Enugu State is characterized by some socio-cultural practices with poor socio-economic background which have some effects on mentally ill. For instance there is common traditional believe among the people of the state that psychiatric illness is a reward for abominable life style or violation of certain cultural norms, the wraths of the gods. Psychiatric illness is generally believed to be the consequence of bad life one has lived; this explains the societal stigma towards the mentally ill. The population for the study consisted of 179 Health Care Workers in Neuropsychiatric Hospital, Enugu. There was no sample based on the fact that the population was manageable. The instrument for data collection was the researchers-designed questionnaire titled Correlates of stigmatization of psychiatric patients' questionnaire (COSPQ). The instrument was adapted mainly from four standardized instruments. Two of the instruments namely, Public's view on Statements About Mental illness and People with Mental illness (PSAM) and the Opinion About Mental Illness Scale (OMI) were developed by Cohen and Struening (1962, 1963). The rest of the items were adapted from Stigmatization Questionnaire by Jadhay, Littlewood, Ryder, Chakraborty, Jain and Barua (2007) and The Stigma Scale developed by King, Dinos, Shaw, Watson, Stevens, and Filippo in 2007. The researcher administered the copies of the questionnaire, and collected the completed questionnaire on the spot to ensure high return rate. The relationship between HCW's variables (gender and age) and the psychiatric patients' stigmatization was analyzed applying Pearson's Product Moment Co-efficient. Wilson (1989) principle for interpretation of value 'r' was employed. According to the author a value of .01-.19 would be considered very low relationship; .20-.39 low, .40-.69 moderate; .70-.89, high; .90-.99 very high and 1.0 perfect relationship.

Results

Table 1: Relationship between the Health Care Workers' Gender and Stigmatization of Psychiatric Patients (n = 179)

S/N	Item statement	Correlation value	P-value
Labeling			
1	To be a patient in a mental hospital is to become failure for life	.091	.223
2	Patients with server mental illness are no longer really human	.016	.833
3	Psychiatric patent an sometimes referred to as bananas	-.045	.549
4	One of the main causes of mental illness is a lack of self-discipline	-.055	.468
5	People believe that psychiatric patients are weak in character	-.003	.972
	Mean	.001	.609
Stereotyping			
6	It is easy to recognize someone who once had metal illness	.071	.348
7	Psychiatric illness can be caused by an enemy	.058	.437
8	Psychiatric illness can be caused by some evil sprits	.019	.804
9	People would feel afraid to talk with someone who has psychiatric illness	-.027	.720
10	It is easy to distinguish psychiatric patients from normal people	.160	.032
	Mean	-.056	.468
Separation			
11	The best way to handle psychiatric patient is to keep them behind locked doors	.009	.901
12	It is not good eating food cooked by a psychiatric patient	.024	.751
13	People would feel ashamed of others known that someone is their family had a mental illness	.066	.381
14	Psychiatric patients should not be let out of hospital	.040	.599
15	It is not wise for psychiatric patients to inherent parents property	.033	.664

Mean		.034	.659
Discrimination and status loss			
16	Psychiatric patient are physically attacked by some members of the society	-.157	.036
17	People say unkind things about the mentally ill	-.047	.535
18	When applying for job the mentally ill should not declare their illness	-.039	.605
19	Employers would not employ someone with a mental even if they may appear to be well	-.003	.966
20	Mental illness should not be a factor in a court's decision in awarding custody of children	.019	.800
Mean		-.045	.588
Grand mean		.017	.581

KEY .01- .19 = Very low relationship, .20 - .39 = low relationship, .40- .69 = moderate relationship, .70 - .89 = high relationship, .90 - .99 = very high relationship, 1.0 = perfect relationship.

Data in Table 1 show the correlation values and standard deviations for labeling ($r = .001$, $P = .609$), stereotyping ($r = -.056$, $P = .468$), separation ($r = .034$, $P = .659$), and discrimination and status loss ($r = -.045$, $P = .588$). The correlation values fell between .01 and .19 indicating a very low correlation between HCWs and gender, labeling, stereotyping, discrimination and status loss while separation indicated low correlation. The table also further shows a grand correlation value of .017 and P-values of .581. The value fell between .01 and .19 also indicating a very low correlation between HCWs' gender and stigmatization of psychiatric patients.

Table 2: Relationship between Health Care Workers' Age and Stigmatization of Psychiatric Patients (n = 179)

S/N	Item statement	Correlation value	P-value
Labeling			
1	To be a patient in a mental hospital is to become failure for life	.064	.394
2	Patients with server mental illness are no longer really human	.016	.827
3	Psychiatric patient an sometimes referred to as bananas	-.115	.127
4	One of the main causes of mental illness is a lack of self-discipline	-.115	.124
5	People believe that psychiatric patients are weak in character	-.091	.225
	Mean	-.048	.339
Stereotyping			
6	It is easy to recognize someone who once had metal illness	-.191	.010
7	Psychiatric illness can be caused by an enemy	-.117	.118
8	Psychiatric illness can be caused by some evil sprits	-.027	.716
9	People would feel afraid to talk with someone who has psychiatric illness	-.084	.263
10	It is easy to distinguish psychiatric patients from normal people	-.215	.004
	Mean	-.812	.222
Separation			
11	The best way to handle psychiatric patient is to keep them behind locked doors	-.124	.098
12	It is not good eating food cooked by a psychiatric patient	-.120	.111
13	People would feel ashamed of others known that someone is their family had a mental illness	-.073	.333
14	I cannot be happy if someone who was mentally ill become the teacher of my children	-.033	.660
15	Psychiatric patients should not be let out of hospital	-.262	.000
	Mean	-.073	.240
Discrimination and status loss			
16	Psychiatric patient are physically attacked by some members of the society	-.082	.278
17	People say unkind things about the mentally ill	.002	.975
18	When applying for job the mentally ill should not declare their illness	.143	.056
19	Employers would not employ someone with a mental even if they may appear to be well	-.081	.282
20	Mental illness should not be a factor in a court's decision in awarding custody of children	-.080	.285
	Mean	.016	.375
	Grand mean	-.223	.294

Data in Table 2 shows the correlation values and standard deviations for labeling ($r = -.048$, $P = .339$), stereotyping ($r = -.812$, $P = .222$), separation ($r = -.073$, $P = .240$), discrimination and status loss ($r = .016$, $P = .375$). The correlation values fell between .01 and .19 indicating a very low correlation between HCWs' age, and labeling, stereotyping, separation, and discrimination and status loss respectively. The table further shows a grand correlation value of $-.222$ and P-values of .294. The value fell between .01 and .19 which also indicates a very low correlation between HCWs' age and stigmatization of psychiatric patients

Table 3: Summary of Regression Analysis Testing the Hull Hypothesis of no Significant Relationship between HCWs Gender and Stigmatization of Psychiatric Patients (n=179)

Model summary		Test for Coefficient				
R-Square	Bo(constant) value	r-cal	p-value	B1(gender) value	r-cal	P-value
.000	96.136	32.752	.000	.016	.009	.993

Result in Table 3 shows that R-squared is equal to zero per cent. This implies that gender of HCWs cannot be used to explain stigmatization. Table 3 also shows that the test for regression coefficient B1, for HCWs is significant since P-value is equal to .993 which is greater than .05 level of significance. Therefore, the null hypothesis of no significant relationship between HCWs' gender and stigmatization of psychiatric patients is accepted. This implies that gender of HCWs' cannot be used to predict stigmatization of psychiatric patients.

Table 4: Summary of Regression Analysis Testing the Hull Hypothesis of no Significant Relationship between the Age of HCWs and Stigmatization of Psychiatric Patients (n=179)

Model summary		Test for Coefficient				
R-Square	Bo(constant) value	r-cal	p-value	B1(Age) value	r-cal	P-value
.027	99.987	51.842	.000	-1.109	-2.202	.029

Data Table 4 show that R-squared is equal to twenty seven per cent. This implies that the age of HCWs explains stigmatization only by twenty seven per cent. Table 4 also shows that the test for regression coefficient B1, for HCWs is significant since P-value is equal to .029 which is less than .05 level of significance. Therefore, the null hypothesis of no significant relationship between HCWs' age and stigmatization of psychiatric patients is rejected. This implies that age of HCWs' can be used to predict stigmatization of psychiatric patients.

Discussion

Data in Table 1 shows very low correlation between HCWs gender and stigmatization of psychiatric patients. This finding could be explained based on the finding of Arikan (2007) which suggested that women are more emotional and therefore show a better understanding of patients' illness which involves less stigmatization. However, finding of the present study contrasted that of Suhala (2010) who reported that a good number of the women considered people with mental illness as dangerous; a belief also significantly lower in men and that men had a better attitude towards mental illness than women. Suhala's finding further showed that women were more afraid than men to talk to the mentally ill but feeling of stigma is slightly less among females than the males. The difference in finding of Suhala and finding of the present study could be attributed to cultural interaction with gender. That is to say that gender roles of women in various society may be a factor in their stigmatizing attitude. Farina (2000) equally observed that education interacts with gender effects on stigma; men with less education were more likely to express prejudice and discrimination towards people with mental illness. On testing the null hypothesis of no significant relationship between the HCWs' gender and stigmatization of psychiatric patients it was found that gender cannot be used to predict stigmatization of psychiatric patients. This was surprising given that women are known to be more emotional and are therefore expected to show less stigmatization.

Data in Table 2 show very low correlation between HCWs' age and stigmatization of psychiatric patients. The finding was surprising because one would have expected a high correlation between HCWs' age and stigmatization. In other words there should be a sharp decrease in stigmatizing behavior with increase in age of

the health care workers. However, this finding corresponds with finding of Corrigan and Penn who observed that as psychiatrists get older and accumulate experience from the day –by - contact with individuals with mental illness, stigmatization decreased over time. Corrigan and Penn’s work showed that older psychiatrists showed less stigmatization because of their wealth of experience. In addition, the finding is also in line with Brinn (2000) who opined that adult nurses who have had more exposure to patients with mental health problems during their initial training are more likely to feel adequately prepared to managing people with mental health problem. Brinn appears to suggest that stigmatization decrease with increase in age and experience at work. In addition, Alonso (2009) observed that there are differences between age groups, with those in their teens or early twenties and over fifties expressing the most negative attitudes towards people with mental illness. On testing the null hypothesis of no significant relationship between HCWs’ age and stigmatization of psychiatric patients it was found that age can be used to predict stigmatization of psychiatric patients. This finding was not surprising given that Alonso (2009) observed that there are differences between age groups, with those in their teens or early twenties and over fifties expressing the most negative attitudes towards people with mental illness. Therefore, the current study indicated that the difference between the HCWs age bracket of 20 – 30 years, 31- 40 years, 41-50 years, 50 years and above did establish significant relationship with stigmatization of psychiatric patients.

Conclusions

Conclusions which can be drawn from this study are that gender showed very low correlation but were found to be significant in stigmatization of psychiatric patients except for separation that showed low correlation. On the other hand, age of the health care workers showed very low negative correlation and there was no significant relationship in stigmatization of psychiatric patients.

Recommendations

The Ministry of Education and International Agencies responsible for training /preparation of medical personnel should mandate students to undertake course on stigmatization as a prerequisite for graduation.

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