

[DOI: 10.20472/BMC.2016.004.004](https://doi.org/10.20472/BMC.2016.004.004)

**BURCU CEYLAN**

HEALTH SCIENCES, Turkey

**HASAN SEVİNİK**

HEALTH SCIENCES, Turkey

## **STİGMA TENDENCY OF THE 1. AND 4. CLASS NURSİNG STUDENTS**

### **Abstract:**

**Aim:** This study was conducted to determine first and fourth- year nursing students' tendency to social stigmatization. It is thought that if health care professionals have positive and similar attitudes towards the societies they live in, they can positively change the public's attitudes towards the individuals or groups in that society. Of the health care professionals, nurses play an important role in changing the attitudes of the society. They are responsible for protecting and developing the mental health of society, within the psychiatry team. Therefore, it is important to identify future nurses' stigmatization tendency and evaluate the effect of undergraduate education on this tendency.

**Methods:** This descriptive study was conducted with the participation of the first-year (n=157) and fourth-year (n=121) nursing who studied in the department of nursing in a faculty of health sciences at a university during the 2015-2016 academic year and agreed to participate in the study. The data were collected using an information form developed by the researcher and the Stigmatization Scale. The data were evaluated using numbers and percentages, the independent samples were statistically analyzed using the t-test, and all findings were taken as significant at "p<0.05".

**Results:** The mean age of the first-year students was 18.28±0.65, and the mean age of the fourth-year students was 21.58±1.05. In both groups, the mean score of students' tendency to stigmatize was found to be over a medium level (critical score was 55 or higher) or at a similar level. Their mean score on the labeling, psychological health and prejudice sub-scales was also higher and at a similar level. Although the mean score on the exclusion sub-scale was lower in both groups, the fourth-year students' mean score was higher.

**Conclusion:** Although the mean score of students' tendency to stigmatize was over a medium level in both groups, it is remarkable that the mean score of the fourth-year students was higher than that of the first-year students. This study revealed the need to evaluate the undergraduate education which was given to raise public awareness of and provide information on social stigmatization considering the fact that both groups had similar sociodemographic characteristics. To reduce social stigmatization and raise public awareness, theoretical and practical consideration should be given to this issue in nursing education, and similar education should also be provided after the undergraduate education.

### **Keywords:**

Nursing student, stigma, tendency

**JEL Classification:** Z00, Z00, Z00

## INTRODUCTION

Stigmatization refers to the body marks of the individuals who are alienated from the society due to their bad character. In ancient times, these marks were created by cutting or burning the body, and indicated that the people who had them were slaves or criminals (Yaman and Güngör 2013b, Thornicroft 2014). Goffman defined stigmatization as attributing a discrediting reputation to a person since they are classified as abnormal by society (Goffman 2014). Stigmatization refers to classifying people based on negative judgments, such as being morally inferior, weak, personality disorders and criminal tendencies. It has various outcomes, such as difficulty finding a job, social status deprivation, social rejection, being isolated from society and impaired self-respect (Arıkan et al., 2004; Öktem, 2014). It can lead to problems in many areas for people. Stigmatization has many negative outcomes and almost all of them are destructive. Like many cultures in the world, in Turkey, people are exposed to social other-ization and social exclusion in cases that cause stigmatization (mental disorders, criminal records, different sexual orientation and contagious diseases and so forth) and become disadvantaged (Bulduk, 2006; Tuna-Oran and Şenuzun, 2008; Duyan et al., 2011; Şah, 2012; Erer, 2014; Çaman, 2015).

Stigmatization negatively affects physical, mental and social health. It can cause individuals to be late accessing preventive health care and increase their risk of contracting several diseases. Outcomes, such as late diagnoses or increased numbers of disabilities and deaths due to the failure to treat stigmatized groups' diseases have also been indicated (Vardar, 2009; Oban and Küçük, 2011; Erer, 2014; Çaman, 2015).

Since stigmatization affects every aspect of life, it is an important community health problem. The primary goal of fighting stigmatization, which grows stronger with prejudice, ignorance and lack of communication, should be changing the attitudes of individuals. To this end, informing specific groups such as students, health care professionals, administrators, religious leaders, policemen and employers is regarded as the most effective method (Üçok, 2003; Özmen and Taşkın, 2004; Bilge and Çam, 2010; Yaman and Güngör, 2013b; Thornicroft, 2014). Of these groups, health care professionals play important roles. Health care professionals are considered to have similar attitudes towards the societies in which they live, and their positive attitudes towards individuals or groups in that society are thought to positively change the public's attitudes (Özmen and Taşkın, 2004; Arkan et al., 2011).

Of health care professionals, nurses can make an important contribution to changing the public's attitudes in positive ways. They play a wide variety of roles from protecting and improving the mental health of society to diagnosis, treatment and follow-up on psychiatric teams. Thus, it is important to determine future nurses' tendency to stigmatize disadvantaged groups and evaluate the effect of undergraduate education on it.

## MATERIALS AND METHODS

**Aim and Type of the Research:** This descriptive study aims to determine the general stigmatization tendency of first- and fourth-year nursing students.

**Population and Sample:** The study sample included 157 first-year and 121 fourth-year nursing students in the department of nursing of a faculty of health sciences at a university during the 2015–2016 academic year who agreed to participate in the study.

### Data Collection Form and Characteristics

*Information Form:* This form was developed by the researchers to determine the participants' sociodemographic characteristics and has seven questions.

*The Stigmatization Scale:* This five-point Likert scale was developed by Yaman and Güngör in 2013. Scores on the scale range from 22 to 110. Scores below 55 indicate a low tendency to stigmatize, and scores above 55 indicate a strong tendency to do so. It has 22 items and 4 sub-scales: discrimination and exclusion, labeling, psychological health and prejudice. It has no reverse scored items (Yaman and Güngör, 2013a).

**Data Collection and Analysis:** The data were collected by administering the information form and the Stigmatization Scale to the study group after making a relevant explanation, and then asking them to fill in the forms by themselves. Before the research, official approval was obtained from the head of the nursing department, and the participants agreed to participate voluntarily. The data were analyzed statistically using computer software. The data were evaluated using numbers and percentages, the independent samples were statistically analyzed using the t-test, and all findings were taken as significant at  $p < 0.05$ .

## FINDINGS

The mean age of the first-year nursing students was  $18.28 \pm 0.65$ , and the mean age of the fourth-year students was  $21.58 \pm 1.05$ . Of the first-year students, 88.5% were females, 86.0% were members of a nuclear family, and 58.6% had lived in cities for the longest time. Of their mothers, 75.8%, and of their fathers, 61.1% had completed primary school. Of the first-year students, 72.0% came from middle income families. On the other hand, of the fourth-year students, 82.6% were females, 86.0% were members of a nuclear family, and 64.5% had lived in cities for the longest time. Of their mothers, 72.7%, and of their fathers, 51.2% had completed primary school. Of the first-year students, 63.9% came from middle income families (Table 1).

**Table 1. Sociodemographic characteristics of the students**

<b>Sociodemographic Characteristics</b>	<b>First-year</b>		<b>Fourth-year</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
<b>Gender</b>				
Female	139	88.5	100	82.6
Male	18	11.5	21	17.4
<b>Type of family</b>				
Nuclear	135	86.0	104	86.0
Extended	22	14.0	17	14.0
<b>Place of Longest Residence</b>				
Village	30	19.1	17	14.0
Town	35	22.3	26	21.5
City	92	58.6	78	64.5
<b>Maternal Education Level</b>				
Pre-primary education	18	11.5	11	9.1
Primary education	119	75.8	88	72.7
Post-primary education	20	12.7	22	18.2
<b>Paternal Education Level</b>				
Pre-primary education	4	2.5	-	-
Primary education	96	61.1	62	51.2
Post-primary education	57	36.3	59	48.8
<b>Perception of Income</b>				
Low	7	4.5	1	0.8
Middle	113	72.0	77	63.9
High	37	23.5	43	35.5
<b>TOTAL</b>	<b>157</b>	<b>100</b>	<b>121</b>	<b>100</b>

**Table 2. Evaluation of tendency to stigmatize and the sub-scales according to the Stigmatization Scale**

Stigmatization Scale		Year	Avg.±std. deviation	Test Score	Significance Score	
S u b - s c a l e	Discrimination and Exclusion	1	8.66±2.44	t=-3.196	p=0.02	
		4	9.81±3.54			
	Labeling	1	14.52±4.10	t=-2.322	p=0.21	
		4	15.57±3.24			
	Psychological Health	1	13.24±3.18	t=-0.776	p=0.44	
		4	13.51±2.61			
	Prejudice	1	15.23±3.61	t=0.398	p=0.69	
		4	15.07±2.62			
	Total Scale Scores		1	51.64±10.16	t=-2.019	p=0.44
			4	54.00±8.61		

Table 2 shows the results of the t-test analysis in independent samples that was performed to compare the mean scores the students obtained on the Stigmatization Scale. In both groups, the mean score of students' general tendency to stigmatize was found to be over a moderate level (critical score was 55 or higher) or at a similar level. The mean score of both groups on the labeling, psychological health and prejudice sub-scales was also higher and at a similar level. Although the mean score on the exclusion sub-scale was lower in both groups, the fourth-year students' mean score on the exclusion sub-scale was higher than that of the first-year students.

## DISCUSSION AND CONCLUSION

This study was conducted to determine first-year and fourth-year nursing students' tendency to stigmatize, and in both groups, the mean score of students' general tendency to stigmatize was found to be over a moderate level. Similar results were found in a study conducted by Yaman and Güngör (2013b) that evaluated teachers' tendency to stigmatize.

This study also found that their mean score on the discrimination and exclusion sub-scale was lower than their mean scores on the labeling, psychological health and prejudice sub-scales. Önk and Cemaloğlu (2016) found that teachers' prejudice and psychological health sub-scale scores were higher than their labeling discrimination and exclusion sub-scale scores.

It is remarkable that the mean score of the fourth-year students was higher than that of the first-year students. Informing individuals and ensuring interaction are the best

ways to understand the experiences of the disadvantaged individuals and cooperating with the media on this issue were found to be key factors in studies conducted to reduce the negative attitudes towards and stigmatization of disadvantaged individuals (Herek et al., 2002; Terzioğlu, 2004; Pinto-Foltz and Logsdon, 2009; Sartorius et al., 2010; Bilge and Çam, 2010; Collins et al., 2012; Çam and Bilge, 2013; Çam et al., 2014; Thornicroft, 2014). A study by Üçok et al. (2006) that examined the effect of education on the prevention of stigmatization on practitioners' attitudes towards schizophrenia found that even a single session led to positive attitude changes. Pinfold et al. (2005) evaluated programs for the prevention of mental health stigmatization in their study and concluded that knowledge about mental disorders had a positive effect on attitudes and behaviors, and interaction had the greatest and most permanent effect.

This research revealed the need to evaluate undergraduate nursing education given to provide information on and raise public awareness of social stigmatization considering the fact that both groups had similar sociodemographic characteristics. Therefore, to reduce social stigmatization and raise public awareness, theoretical and practical consideration should be given to this issue in nursing education, and similar on-the-job education should also be provided afterwards. It is also recommended that studies be conducted with larger samples, with a control group and with experimental and mixed designs.

## REFERENCES

- ARIKAN, Z.; GENÇ, Y.; ETİK, Ç.; ASLAN, S and PARLAK, İ. (2004). Alkol ve diğer madde bağımlılıklarında hastalar ve yakınlarında etiketleme. *Bağımlılık Dergisi*, 5(2), 3-7.
- ARKAN, B.; BADEMLİ, K and ÇETİNKAYA-DUMAN, Z. (2011). Sağlık çalışanlarının ruhsal hastalıklara yönelik tutumları: son 10 yılda Türkiye'de yapılan çalışmalar. *Psikiyatride Güncel Yaklaşımlar*, 3(2), 214-31.
- BILGE, A and ÇAM, O. (2010). Ruhsal hastalığa yönelik damgalama ile mücadele. *TAF Prev Med Bull*, 9,71-8.
- BULDUK, S.; ESİN, NM and UMUT, N. (2006). Adölesanların HIV/AIDS bilgi düzeyleri ve hastalığa karşı sosyal önyargıları. *STED*, 15(8),139-143.
- COLLINS, RL.; WONG, EC.; CERULLY, JL.; SHULTS, D and EBERHART, NK. (2012). Interventions to reduce mental health stigma and discrimination. Access Date: 25.02.2015, [http://www.rand.org/pubs/technical\\_reports/TR1318.html](http://www.rand.org/pubs/technical_reports/TR1318.html).
- CAM, O and BILGE, A. (2013). Türkiye'de ruhsal hastalığa/ hastaya yönelik inanç, tutum ve damgalama süreci: Sistematik derleme. *J Psy Nurs*, 4, 91-101.
- CAM, MO.; BILGE, A.; ENGIN, E.; BAYKAL-AKMEŞE, Z.; ÖZTÜRK-TURGUT, E and ÇAKIR, N. (2014). Muhtarlara verilen ruhsal hastalığa yönelik damgalama ile mücadele eğitiminin etkililiğinin araştırılması, *Psikiyatri Hemşireliği Dergisi*, 5(3),129-136.

- CAMAN Ö, 2015. Sağlık Hizmetlerine Erişimde "Gizli" Sorunlar. Kaos GL Dergisi,143. Erişim Tarihi: 26.05.2016. Erişim: <http://www.kaosgl.com>
- DUYAN, V.; TUNCAY, T.; SEVIN, Ç and ERBAY, E. (2011). Sosyal hizmet öğrencilerinin eşcinselliğe yönelik tutumları: bir atölye eğitiminin etkileri. Toplum ve Sosyal Hizmet, 22(2) :7-18.
- ERER, FO. (2014). Tüberküloz ve damgalanma: toplumsal bakış. Toraks Bülteni, 54-57.
- GOFFMAN, E. (2014). Damga: örselenmiş kimliğin idare edilişi üzerine notlar. Geniş S, Ünsaldı L, Ağırnaslı SN (Çev), Heretik Yayıncılık, Ankara.
- HEREK, GM.; CAPITANIO, JP and WIDAMAN, KF. (2002). HIV-related stigma and knowledge in the United States: prevalence and trends, 1991-1999. American Journal of Public Health, 92 (3), 214.
- OBAN, G and KUCUK, L. (2011). Damgalama Erken Yaşlarda Başlar... Gençlerde Ruhsal Hastalıklara Yönelik Damgalamayla Mücadelede Eğitimin Rolü Psikiyatri Hemşireliği Dergisi, 2(3), 141-148.
- OKTEM, P. (2014). Türkiye'de HIV/AIDS ile yaşayanların çalışma hakkı ihlalleri: yasal çerçeve ve alandan örnekler, VI. Sosyal İnsan Hakları Ulusal Sempozyumu, 225-245.
- ONK, M and CEMALOĞLU, N. (2016). Öğretmenlerin damgalama düzeyleri ile örgütsel adalet algıları arasındaki ilişki. International Journal of Human Sciences, 13(1), 1574-1588.
- OZMEN, E and TASKIN, EO. (2004). Ruhsal hastalıklara yönelik tutumların ruh sağlığı hizmetlerine etkisi. Psikiyatri Psikoloji Psikofarmakoloji Dergisi; 12 (Add 3):83-92.
- PINTO-FOLTZ, MD and LOGSDON, MC. (2009). Reducing stigma related to mental disorders: initiatives, interventions, and recommendations for nursing. Archives of Psychiatric Nursing, 23(1),32-40.
- SARTORIUS, N.; GAEBEL, W.; CLEVELAND, HR.; STUART, H.; AKIYAMA, T.; ARBOLEDA-FLOREZ, J.; BAUMANN, AE.; GUREJE, O.; JORJE, MR.; KASTRUP, M.; SUZUKI, Y and TASMAN, A. (2010). Psikiyatri ve psikiyatristlerin damgalanması ile nasıl mücadele edileceği üzerine WPA kılavuzu. World Psychiatry, 9,131-144.
- SAH, U. (2012). Eşcinselliğe, biseksüelliğe ve transeksüelliğe ilişkin tanımlamaların homofobi ve LGBT bireylerle tanışıklık düzeyi ile ilişkisi. Psikoloji Çalışmaları Dergisi, 32(2): 23-49.
- TERZIOĞLU, F. (2004). HIV/AIDS ile ilgili damgalama ve ayrımcılık: hemşireler için müdahale stratejileri. Türk HIV/AIDS Dergisi, 7(2), 57-62.
- THORNICROFT, G. (2014). Toplumun Reddettiği Ruhsal Hastalığı Olan İnsanlara Karşı Ayrımcılık. Soygür H (Çev.ed.), Şizofreni Dernekleri Federasyonu. Ankara.
- TUNA-ORAN, N and SENUZUN, F. (2008). Toplumda kırılması gereken bir zincir: HIV/AIDS stigmatası ve baş etme stratejileri. Uluslararası İnsan Bilimleri Dergisi, 5(1), 1-16.
- UCOK, A. (2003). Şizofreni hastası neden damgalanır? Klinik Psikiyatri, Ek 1: 3-8.
- VARDAR, E. (2009). Alkol ve Madde Bağımlılığında Damgalama. Anadolu Psikiyatri Dergisi, 10(2), 62-63.

YAMAN, E and GUNGOR, H. (2013a). Damgalama (Stigma) Ölçeđi Geçerlik ve Güvenirlik Çalışması. Deđerler Eğitimi Dergisi, 11(25), 251-270.

YAMAN, E and GUNGOR, H. (2013b).Okul Yönetici ve Öğretmenlerinin Damgalama (Stigma) Eğilimleri ile Örgüt Kültürü Arasındaki İlişki. International Online Journal of Educational Sciences, 5(3), 783-797.