

Original article

Attitudes of nurses and nursing students towards patients with mental illness

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Summary

Introduction. According to the data of the World Health Organization (WHO), mental illnesses are on the rise. The World Health Report estimates that today about 1 billion people suffer from mental and behavioral disorders or psychosocial problems such as those related to alcohol and drug abuse. Stigmatization of the mentally ill is one of the burning social problems of those people, and the attitudes and behavior of nurses/technicians significantly affect the self-stigmatization of patients, and thus their condition and recovery. The main aim of this study was to assess attitudes of nurses and nursing students towards patients with mental illnesses.

Method. The research conducted is a cross-sectional study. The study covered two countries, Bosnia and Herzegovina and Serbia. In June and July 2018, 200 nurses and nursing students from the second to the fourth year of study were surveyed. Data were collected with original anonymous questionnaires, which was made for the purpose of this research.

Results. Seventy percent of nurses believe that people with mental illness are discriminated against in our society, while there are statistically significant differences between respondents in relation to demographic characteristics ($\chi^2 = 10.217$; $p = 0.037$). Nurses working in psychiatric wards show a lower level of stigmatization compared to nurses working in other wards ($\chi^2 = 25.553$; $p = 0.001$). Nursing students have more negative attitudes towards mentally ill people compared to nurses ($\chi^2 = 13.471$; $p = 0.009$). Nurses from Serbia show a higher level of tolerance towards people with mental disabilities compared to nurses from Bosnia and Herzegovina ($\chi^2 = 16.115$; $p = 0.003$).

Conclusion. The results of the research show that stigmatization of patients with mental illness still exists among health professionals. Undergraduate and continuing medical education of nurses should include more content related to access to the patient with mental disorders, communication skills in psychiatry, mental health promotion and prevention of stigmatization.

Key words: stigma, nurses, mental illness

Introduction

According to the World Health Organization (WHO), mental illness is on the rise. The World Health Report estimates that today about 1 billion people suffer from mental and behavioral disorders or psychosocial problems such as those related to alcohol and drug abuse. Over 120 million people worldwide suffer from depression, twice as many women (WHO 2002).

In 1996, depression was the fourth health problem, and in 2020, depression is expected to be the second world health problem. Depressive disorders are the biggest cause of disability and disability pensions in Europe in the last 10 years [1].

Psychiatric diseases are divided into several groups: organic mental disorders (dementia, delirium), mental disorders caused by the use of psychoactive substances, schizophrenia, mood disorders (mania, depression and bipolar disorder), personality disorders, intellectual disabilities, mental psychological disorders and unspecific mental disorders. It is estimated that about 70 million people in the world are addicted to alcohol, that about 50 million people have epilepsy, and 24 million people suffer from schizophrenia (in all parts of the world, about 1% of the population suffers from schizophrenia). One million people commit suicide each year, and 10 to 20 million try to kill themselves. It is estimated that one in four people will be affected by a mental problem or disorder at some point in their lives. Therefore, the prevention of mental disorders and the promotion of mental health are crucial for any society. The attitudes of mental health service users emphasize the fact that their subjective and intersubjective experiences of mental disorder and the psychiatric system are as important and valid as the attitudes of professionals, especially nurses who work with and are in daily contact with mentally ill people [1, 2].

To understand the social exclusion of people with mental health difficulties, we need to understand the concept and meaning of stigma. Stigma generally refers to labeling a person as different from “normal” resulting in a lack of acceptance or exclusion from society. Global indicators on the stigmatization of people with mental health problems indicate that in most countries, people with mental disabilities are considered less valuable than people without mental health problems. All people with mental disorders are stigmatized, but patients with schizophrenia and similar disorders are much

more stigmatized than those with depression and anxiety disorders. To reduce stigma, it is important to talk openly about mental illnesses, just as we do with other serious physical illnesses [3].

The aim of this research is to examine the attitudes and level of social distance towards patients with mental illness by nurses/technicians in order to plan activities aimed at reducing stigma and social distance. This is extremely important because the attitudes and behavior of nurses/technicians significantly affect the self-stigmatization of patients, and thus their condition and recovery. The specific objectives of this research were to examine the attitudes of nurses towards patients with mental illness and determine whether there are differences in their attitudes in relation to demographic characteristics, between nurses employed in psychiatry and those employed in other wards, between nursing students and working nurses and between nurses from Bosnia and Herzegovina and nurses from the Republic of Serbia.

Method

This cross-sectional study was conducted in two countries, Bosnia and Herzegovina and the Republic of Serbia.

The study included 150 nurses and 50 nursing students from the second to the fourth year of study of different sex, place of residence, work experience, level of health care, aged 20 to 60 years. Prior to the start of the research, the consent of the director of all the above institutions was required to conduct the study, in accordance with the certification procedures, and it was obtained in written form. The research was conducted during the period of one month, from June 2018 to July 2018.

Data about socio-demographic characteristics were obtained by questionnaire made by authors. Data about attitudes of nurses and nursing students towards patients with mental illness were collected with Mental Illness: Clinicians’

Attitudes Scale, MICA-2 used to determine and measure clinicians' attitudes towards mental disorders. The MICA-2 questionnaire contains 16 statements and for each statement answers from "I completely agree" (with the stated statement) to "I do not agree at all" were offered. The participation in the study was voluntary.

Statistical analysis of the data was done with the help of the SPSS software system (version 20). The X2 test was used as a statistical test. The data are presented in tables. The usual value of $p < 0.05$ was taken as the level of statistical significance of the differences.

Results

The study included 200 respondents aged 20 to 60 years, of which a larger number of respondents (50.5%) belonged to the age group of 20–39 years, while the remaining 49.5% of respondents belonged to the older age group of 40–60 years, and the average age of the respondents was 38.88 (13.16) years. Among the respondents

there were 39 (19.5%) men and 161 (80.5%) women. Out of the total number of respondents, 150 (75%) of them work as nurses or technicians, while the remaining 50 (25%) are the students of the second, third and fourth year of the study program Nursing. The largest number of respondents (71) graduated from high school, 2% have a college degree, while only four respondents have a university degree (Table 1).

Thirty-four percent of nurses and technicians work in primary health care while the remaining 66% work in secondary health care. Fifty-two (52.6%) of respondents have a length of service of up to 20 years, while 47.4% of respondents have a longer length of service (from 21–40 years), the average length of service is 19.53 (11.12) years. 16.7% of respondents were examined in the Health Center in Foca, the same percentage was examined in Visegrad, and in the hospitals in Foca and Jagodina, 24% of respondents were examined in the Special Psychiatric Hospital in Sokolac, while 9.3% of nurses were examined in the Care Home for Persons with Disabilities in Visegrad (Table 2).

Table 1. Socio-demographic characteristics of respondents

Socio-demographic characteristics of respondents	Number (%)
Age	
20-39 years	101 (50.5)
40-60 years	99 (49.5)
Gender	
Male	39 (19.5)
Female	161 (80.5)
Workplace	
Nurses/technicians	150 (75)
Nursing students	50 (25)
Education	
High school	142 (71)
College	4 (2)
Faculty	4 (2)
Students	50 (25)

Table 2. Data obtained by the survey on health care and length of service of respondents (nurses and technicians)

Socio-demographic characteristics of respondents	Number (%)
Health care	
Primary	51 (34)
Secondary	99 (66)
Work experience	
0-20 years	79 (52.6)
21-40 years	71 (47.4)
Place of work of nurses	
- Health center in Foca	25 (16.7)
- Health center in Visegrad	25 (16.7)
- University Hospital in Foca	25 (16.7)
- Special Psychiatric hospital in Sokolac	36 (24)
- Jagodina General Hospital	25 (16.7)
- Care home for persons with disabilities in Visegrad	14 (9.3)
Year of study of nursing students at the Faculty of Medicine in Foca	
Second year	16 (32)
Third year	17 (34)
Fourth year	17 (34)

Table 3 shows that out of the total number of surveyed nurses and nursing students, 37.4% of respondents agree largely or completely with the statement that they learn about mental health only as much as they have to. Forty-three (43.4%) percent of respondents partially or fully agree with the statement that people with mental disorders can never recover so much to have a good quality of life. Out of the total number of respondents, 15.3% would never tell their friends if they suffer from mental disorder, because of fear of changing their opinion about them. No statistically significant difference was observed between the age groups and the groups of respondents in relation to the length of service in terms of the mentioned claims (Table 3).

The largest percentage of respondents (81.4%) would never use the terms “crazy” to describe psychiatric patients they met in their

work to other colleagues and the largest number of respondents (67.3%) would continue to work with their colleague if they told him they had a mental disorder. Seventy percent of respondents believe that people with mental illness are discriminated against in our society. There was a statistically significant difference between the groups of respondents, both in relation to age ($\chi^2 = 10.217$; $p = 0.037$) and in relation to length of service ($\chi^2 = 9.890$; $p = 0.042$). Older respondents and respondents with a longer length of service believe that people with mental illness are discriminated against in our society compared to the younger group of respondents and the group with a shorter length of service. There was no statistically significant difference between the groups of respondents in relation to age or length of service when it comes to the attitudes of health workers towards mentally ill persons (Table 4).

Table 3. Learning about mental health, quality of life of sick people and confiding to friends about their own diagnosis, in relation to the age and work experience of the respondents (nurses / technicians)

Variables	Socio - demographic characteristics (age and length of service)	The answer that best reflects the degree of agreement with the claims offered					χ^2	p
		Number (%)						
		I do not agree at all	Mostly I disagree	I'm not sure	Mostly I agree	I totally agree		
I only learn about mental health as much as I have to, but I don't want to burden myself with extra learning either	Age							
	20-39 years	10 (6.7)	11 (7.3)	14 (9.3)	15 (10)	1 (0.7)	8.891	0.064
	40-60 years	31 (20.7)	17 (11.3)	11 (7.3)	34 (22.7)	6 (4)		
	Work experience							
0-20 years	19 (12.7)	13 (8.7)	16 (10.7)	27 (18)	4 (2.7)	2.556	0.635	
21-40 years	22 (14.7)	15 (10)	9 (6)	22 (14.7)	3 (2)			
People with mental disorders can never recover enough to have a good quality of life	Age							
	20-39 years	6 (4)	14 (9.3)	12 (8)	15 (10)	4 (2.7)	3.208	0.524
	40-60 years	12 (8)	21 (14)	20 (13.3)	28 (18.7)	18 (12)		
	Work experience							
0-20 years	10 (6.7)	23 (15.3)	16 (10.7)	21 (14)	9 (6)	4.015	0.404	
21-40 years	8 (5.3)	12 (8)	16 (10.7)	22 (14.7)	13 (8.7)			
If I were suffering from a mental disorder, I would never tell my friends, for fear of changing their opinion of me	Age							
	20-39 years	19 (12.7)	19 (12.7)	6 (4)	5 (3.3)	2 (1.3)	5.224	0.265
	40-60 years	41 (27.3)	21 (14)	21 (14)	12 (8)	4 (2.7)		
	Work experience							
0-20 years	29 (19.3)	25 (16.7)	12 (8)	9 (6)	4 (2.7)	3.208	0.524	
21-40 years	31 (20.7)	15 (10)	15 (10)	8 (5.3)	2 (1.3)			

Table 4. Attitude of health workers towards psychiatric patients (fear, discrimination) and attitude towards discrimination of mental patients in relation to age and length of service

Variables	Socio - demographic characteristics (age and length of service)	The answer that best reflects the degree of agreement with the claims offered					χ^2	p
		Number (%)						
		I do not agree at all	Mostly I disagree	I'm not sure	Mostly I agree	I totally agree		
I would use the terms "crazy", "wander", "go crazy" to describe to other colleagues psych. patients I have met in my work	Age						2.863	0.581
	20-39 years	37 (24.7)	7(4.7)	3 (2)	1 (0.7)	3 (2)		
	40-60 years	63 (42)	15 (10)	14 (9.3)	3 (2)	4 (2.7)		
	Work experience						1.321	0.858
0-20 years	53 (35.3)	12 (8)	9 (6)	1 (0.7)	4 (2.7)			
21-40 years	47 (31.3)	10 (6.7)	8 (5.3)	3 (2)	3 (2)			
If a colleague told me he had a mental disorder I would continue to work with him	Age						9.939	0.051
	20-39 years	0 (0)	0 (0)	13 (8.7)	11 (7.3)	27 (18)		
	40-60 years	4 (2.7)	6 (4)	26 (17.3)	31 (20.7)	32 (21.3)		
	Work experience						8.150	0.086
0-20 years	0 (0)	2 (1.3)	22 (14.7)	19 (12.7)	36 (24)			
21-40 years	4 (2.7)	4 (2.7)	17 (11.3)	23 (15.3)	23 (15.3)			
People with mental illness are discriminated against in our society	Age						10.217	0.037
	20-39 years	1 (0.7)	0 (0)	10 (6.7)	31 (20.7)	9 (6)		
	40-60 years	6 (4)	6 (4)	21 (14)	37 (24.7)	29 (19.3)		
	Work experience						9.890	0.042
0-20 years	2 (1.3)	1 (0.7)	15 (10)	44 (29.3)	17 (11.3)			
21-40 years	5 (3.3)	5 (3.3)	16 (10.7)	24 (16)	21 (14)			

More than half of the respondents (51.3%) said that they were just as comfortable talking to people with psychiatric illnesses as they were to those with somatic illnesses and thirty-five percent of respondents agreed with the statement that patients with schizophrenia and similar diseases should not be confused with other patients in the waiting room. Twelve percent of nurses/technicians would complain of somatic disturbances in the event of a person suffering from a mental disorder, e.g. mid-chest pain, attributed to mental illness. There was no statistically significant difference between age groups and groups of respondents with different work experience in terms of any of the mentioned claims (Table 5).

Out of all the nurses working in the psychiatric ward, only 3.3% agree with the state-

ment that they learn about mental health only as much as they have to, while that percentage is significantly higher in the group of nurses working in other wards (34%) ($\chi^2 = 36.008$; $p = 0.001$). Also, a statistically significant difference ($\chi^2 = 25.553$; $p = 0.001$) was observed in the attitude of nurses regarding the avoidance of an acquaintance who would find out that he is mentally ill, with only 1.3% of nurses working on psychiatric ward agreeing with this statement, while this view is supported by 6.7% of nurses working in other wards. The difference between the two groups of respondents ($\chi^2 = 23.505$; $p = 0.001$) was also observed in terms of whether patients with schizophrenia should or should not be mixed with other patients in the waiting room, where 18% of nurses working in the

Table 5. Communication and care of health workers towards mentally ill persons in relation to age and work experience

Variables	Socio - demographic characteristics (age and length of service)	The answer that best reflects the degree of agreement with the claims offered					χ^2	p
		Number (%)						
		I do not agree at all	Mostly I disagree	I'm not sure	Mostly I agree	I totally agree		
I am just as comfortable talking to people with psychiatric disorders as I am to those with somatic disorders	Age						2.317	0.678
	20-39 years	3 (2)	9 (6)	16 (10.7)	15 (10)	8 (5.3)		
	40-60 years	8 (5.3)	14 (9.3)	23 (15.3)	31 (20.7)	23 (15.3)		
	Work experience						1.157	0.885
0-20 years	5 (3.3)	14 (9.3)	19 (12.7)	24 (16)	17 (11.3)			
21-40 years	6 (4)	9 (6)	20 (13.3)	22 (14.7)	14 (9.3)			
Patients with schizophrenia and related diseases should not be mixed with other patients in the waiting room	Age						8.175	0.085
	20-39 years	14 (9.3)	9 (6)	11 (7.3)	16 (10.7)	1 (0.7)		
	40-60 years	23 (15.3)	23 (15.3)	18 (12)	20 (13.3)	15 (10)		
	Work experience						16.336	0.067
0-20 years	18 (12)	12 (8)	18 (12)	27 (18)	4 (2.7)			
21-40 years	19 (12.7)	20 (13.3)	11 (7.3)	9 (6)	12 (8)			
If a person with a mental disorder complains of somatic disorders, such as mid-chest pain, I will attribute it to mental illness	Age						5.618	0.230
	20-39 years	29 (19.3)	7 (4.7)	5 (3.3)	7 (4.7)	3 (2)		
	40-60 years	55 (36.7)	22 (14.7)	14 (9.3)	5 (3.3)	3 (2)		
	Work experience						3.661	0.454
0-20 years	43 (28.7)	13 (8.7)	10 (6.7)	9 (6)	4 (2.7)			
21-40 years	41 (27.3)	16 (10.7)	9 (6)	3 (2)	2 (1.3)			

psychiatric wards agreed with this statement, compared to the nurses working in other departments, of which 34% are of the opinion that patients with schizophrenia should not be mixed with other patients in the waiting room (Table 6).

A statistically significant difference was observed in terms of whether respondents would listen to the suggestion of older colleagues to behave incorrectly towards mentally ill patients ($\chi^2 = 10.588$; $p = 0.041$), with a significantly higher number of nurses (53.5%) holding of this attitude that they would not listen to an older colleague, in comparison to students (13%). A high statistically significant difference ($\chi^2 = 13,471$; $p = 0.009$) between groups of respondents (nurses and nursing students) was also observed in terms of providing opportunities for the mentally ill to be employed in the institution where the respondents work, with only 3% of nursing students who agree with this statement, while the

percentage of nurses (17.5%) with this attitude is significantly higher (Table 7).

Table 8 shows that there is a statistically significant difference ($\chi^2 = 12,006$; $p = 0,017$) between the groups of respondents (nurses/technicians) working in different countries (Bosnia and Herzegovina and Serbia), in terms of the attitude that people with mental disorders can never be so good at having a good quality of life, where 32% of nurses from Bosnia and Herzegovina agreed with this statement, while the percentage of respondents from Serbia that supported this statement was significantly lower (11.4%). Also, a statistically significant difference ($\chi^2 = 16.115$; $p = 0.003$) was observed in terms of the view that anyone with a history of mental disorders should be excluded from public office, with 9.3% of respondents from Serbia who agree with this statement, and 17.4% of respondents from Bosnia and Herzegovina who agree with this statement as well (Table 8).

Table 6. Statistically significant differences in the attitudes of nurses in relation to the workplace

Variables	Workplace	The answer that best reflects the degree of agreement with the claims offered					χ^2	p
		Number (%)						
		I do not agree at all	Mostly I disagree	I'm not sure	Mostly I agree	I totally agree		
I only learn about mental health as much as I have to, but I don't want to burden myself with extra learning either	Psychiatric ward	22 (14.7)	9 (6)	0 (0)	5 (3,3)	0 (0)	36.008	0.001
	Other wards	19 (12.7)	19 (12.7)	25 (16.7)	44 (29.3)	7 (4.7)		
If I found out about an acquaintance that he had become mentally ill, I would start avoiding him	Psychiatric ward	11 (7.3)	5 (3.3)	18 (12)	2 (1.3)	0 (0)	25.553	0.001
	Other wards	66 (44)	25 (16.7)	13 (8.7)	7 (4.7)	3 (2)		
Patients with schizophrenia and related diseases should not be mixed with other patients in the waiting room	Psychiatric ward	13 (8.7)	14 (9.3)	8 (5,3)	1 (0.7)	0 (0)	23.505	0.001
	Other wards	24 (16)	18 (12)	21 (14)	35 (23.3)	16 (10.7)		

Table 7. Differences in attitudes between nurses and nursing students

Variables	Level of education	The answer that best reflects the degree of agreement with the claims offered					χ^2	p
		Number (%)						
		I do not agree at all	Mostly I disagree	I'm not sure	Mostly I agree	I totally agree		
If an older colleague told me that I should treat a psychiatric patient incorrectly, I would not listen.	Nurses/ technicians	19 (9.5)	11 (5.5)	13 (6.5)	27 (13.5)	80 (40)	10.588	0.041
	Nursing students	9 (4.5)	3 (1.5)	12 (6)	16 (8)	10 (5)		
I would employ a mentally ill person in my institution	Nurses/ technicians	44 (22)	18 (9)	53 (26.5)	23 (11.5)	12 (6)	13.471	0.009
	Nursing students	13 (6.5)	17 (8.5)	14 (7)	4 (2)	2 (1)		

Table 8. Differences in the attitudes of nurses in relation to the country in which the respondents work

Variables	State	The answer that best reflects the degree of agreement with the claims offered					χ^2	p
		Number (%)						
		I do not agree at all	Mostly I disagree	I'm not sure	Mostly I agree	I totally agree		
People with mental disorders can never recover enough to have a good quality of life	Bosnia and Herzegovina	15 (10)	35 (23.3)	27 (18)	33 (22)	15 (10)	12.006	0.017
	Serbia	3 (2)	0 (0)	5 (3.3)	10 (6.7)	7 (4.7)		
Anyone with a history of mental disorders should be excluded from performing any public duty	Bosnia and Herzegovina	36 (24)	29 (19.3)	34 (22.7)	16 (10.7)	10 (6.7)	16.115	0.003
	Serbia	6 (4)	0 (0)	5 (3.3)	9 (6)	5 (3.3)		

Discussion

Quality interaction between psychiatric patients and nurses/technicians is very important. It affects the patient's self-image and self-esteem. It also has an impact on cooperation with the patient, acceptance of treatment and the hospital environment (if the patient is hospitalized). The nurse-patient interaction can have a beneficial effect on the patient and his treatment, but it can also have an adverse effect and have a negative impact on the patient, his health and treatment. In order for the interaction to be of good quality and to have a therapeutic effect, a positive attitude is important, which implies the absence of prejudice and discrimination. Nurses/technicians, as well as other health professionals, are very important in programs to combat stigma (prejudice against psychiatric patients) because as professionals they have a certain degree of credibility. Although health professionals should play a key role in establishing respect and rights for patients. Many patients report the presence of stigma within the health system. This is confirmed by research on the stigmatization of psychiatric patients

by health professionals. One of the foreign surveys of the attitudes of health workers has shown that they may have less optimistic expectations regarding the recovery of the mentally ill than the general population [4].

A study conducted in China on the attitudes of medical staff working with community psychiatric patients shows a "relatively high level of stigma" towards the mentally ill (Mentally Ill Chemical Abusers, MICA = 51.69) [5], and in our study the level of stigma is high, as many as thirty-five percent of respondents agree with the statement that "patients with schizophrenia and similar diseases should not be confused with other patients in the waiting room", while 45.9% of respondents disagree with this statement, and 19.3% are unsure of their attitude.

On the other hand, a study conducted in Denmark [6] showed a "relatively low level of stigmatizing attitudes" by medical staff working in psychiatry for people with schizophrenia (MICA = 32 for doctors, MICA = 38.13 for nurses / technicians). It is stated that this result is not accompanied by other international research that shows a higher level of negative attitudes. This is interpreted as the result

of a recovery-oriented treatment approach. The least negative attitudes were shown by females who work in community psychiatry, with many years of experience and who participate in the educational recovery programs. Such differences may be due to cultural differences in the level of stigmatization of psychiatric patients by health professionals. Members of Asian cultures may express a greater degree of stigmatization than their Western counterparts, probably because of their cultural orientation toward the well-being and needs of society rather than the needs of the individual [7].

In a study conducted in Croatia on the population of high school students, students, general population and health workers, health staff states that they would not form a friendly relationship with a patient at the ward, because they would lose their professional relationship [8]. The results of our research are very similar, out of the total number of nurses/technicians and health care students surveyed, forty-six percent believe that people with mental illness are dangerous and unpredictable, 32.6% are unsure of their position, while the remaining 21.3% generally or completely disagree with this statement. Also, eight percent of respondents said that if they found out about an acquaintance that he had become mentally ill, they would avoid him, 20.7% of respondents are not sure of their position, while the majority of respondents (71.3%) disagree with this claim.

When it comes to the occurrence of a mental disorder in a colleague, the largest number of respondents (67.3%) in our study would continue to work with their colleague in case they tell him that he has a mental disorder, 26% are unsure of their position, while 6.7% would not continue to work with his colleague in the mentioned situation.

Very few health professionals are willing to have an emotional relationship with a mentally ill person if that relationship was not established before the onset of the illness. It

is recommended that nurses working in psychiatry should seek to help people who have entered into an emotional relationship with a person who has developed a mental illness, whether a child, partner or friend, in order to maintain that relationship [4, 8, 9]. In our study, 39.3% of surveyed nurses/technicians believe that a woman would be reckless to marry a man suffering from a mental disorder, even though she seems to have fully recovered, which sufficiently shows that awareness and knowledge of mental disorders is not high enough.

According to a research conducted in Croatia in 2015, which surveyed 170 nursing students and nurses/technicians employed in psychiatric and non-psychiatric departments, it was found that more than 60% of respondents agree that psychiatric patients are dangerous, and more than 65% believe that people with mental disorders can never recover enough to establish a good quality of life [9]. In our study, 46% of nurses believe that psychiatric patients are dangerous, while 43.4% state that people with mental disorders can never recover enough.

According to the same research from Croatia, more than 70% of respondents state that if a colleague told them he had a psychiatric disorder, they would still want to work with him. Seventy percent of the respondents in the Croatian study state that in their own case, they would never tell their friends that they suffer from a mental disorder [9].

When it comes to continuing to work with a colleague who has been diagnosed with a mental disorder, the results of our research are similar. The largest number of respondents (67.3%) would continue to work with their colleague if he told them that he had a mental disorder. However, our results show that out of the total number of respondents, 15.3% would never say that to their friends, for fear of changing their opinion about them, unlike a survey in Croatia where more than 55% of respondents would never tell their

colleagues because of fear of changing their attitude towards them [9].

Only 22.6% of respondents state that they are not as comfortable talking to people with mental disorders as they are to those with a somatic diagnosis. This result may be due to experience working with psychiatric patients, as 24% of respondents work in psychiatric wards. The result can also be related to the fact that most respondents have more than 10 years of experience in the profession. The length of clinical experience can reduce the discomfort of talking to people with psychiatric disorders. Our results are similar to the research from Croatia where 17% of respondents state that talking to a person with mental or somatic illness is not equally pleasant [9].

It is worrying that a significant percentage of respondents believe that if a person suffering from a mental disorder complains of somatic disorders (e.g. chest pain), they will attribute it to a mental illness. In a study in Croatia, the percentage of respondents who would attribute somatic symptoms to psychological ones is significantly higher and amounts to 70% [9]. This can be related to research which concluded that stigma leads to discrimination in the provision of health care for physical illness in psychiatric patients [10], as well as less use of diagnostic procedures for physical illness in mentally ill [11].

It is also interesting to note that 37.4% of respondents agree with the statement that “they learn about mental health only as much as they have to and do not want to be burdened with additional learning, while in research in Croatia this percentage is significantly higher (60%) [9]. This result could be

justified by the difficulties encountered in the work of staff working with the mentally ill, such as inability to relax, psychological stress and the amount of responsibility, which is why staff do not want to be burdened with additional learning in their spare time.

Conclusion

Based on our results we concluded that a significantly higher percentage of nurses/technicians with a longer length of service believe that people with mental illness are discriminated against in our society compared to the younger group of respondents and the group with a shorter length of service. Nurses working in non-psychiatric wards are willing to learn about mental health only as much as they have to, which is significantly more, compared to the nurses working in psychiatric wards. Nursing students have more negative attitudes toward patients with mental disorders compared to nurses. Nurses working in Bosnia and Herzegovina in significantly higher numbers believe that people with mental disorders can never recover so much to have a good quality of life and that patients with a history of mental disorders should be excluded from public duty, compared to nurses working in Serbia. Research results show that stigmatization of patients with mental disorders still exists among health professionals. Undergraduate and continuing medical education of nurses should include more content related to access to patients with mental disorders, communication skills in psychiatry, mental health promotion and prevention of stigma.

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Stavovi medicinskih sestara i studenata zdravstvene njege prema pacijentima sa mentalnim oboljenjima

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Uvod. Prema podacima Svjetske zdravstvene organizacije mentalne bolesti su u velikom porastu. U Izvještaju o svjetskom zdravlju SZO procjenjuje se da danas oko milijardu ljudi pati od mentalnih poremećaja i poremećaja ponašanja ili od psihosocijalnih problema poput onih koji su vezani za zloupotrebu alkohola i droga. Stigmatizacija mentalno oboljelih je jedan od gorućih socijalnih problema tih osoba, a stavovi i ponašanje medicinskih sestara/tehničara značajno utiču na samostigmatizaciju pacijenata, a time i na njihovo stanje i oporavak.

Metod. Sprovedeno istraživanje je tipa studije presjeka. Studija je obuhvatila dvije države, Bosnu i Hercegovinu i Srbiju. U junu i julu mjesecu 2018. godine anketirano je 200 medicinskih sestara i studenata zdravstvene njege od druge do četvrte godine studija. Podaci su prikupljeni originalnim upitnicima anonimnog karaktera, koji su napravljeni za potrebe ovog istraživanja.

Rezultati. Sedamdeset posto medicinskih sestara smatra da su osobe oboljele od mentalnih bolesti diskriminirane u našem društvu, dok između ispitanika postoje značajne statističke razlike u odnosu na demografske karakteristike ($\chi^2 = 10,217$; $p = 0,037$). Medicinske sestre koje rade na psihijatrijskim odjeljenjima pokazuju manji nivo stigmatizacije u odnosu na sestre koje rade na drugim odjeljenjima ($\chi^2 = 25,553$; $p = 0,001$). Studenti zdravstvene njege imaju negativnije stavove prema mentalno poremećenim osobama u odnosu na medicinske sestre ($\chi^2 = 13,471$; $p = 0,009$). Medicinske sestre u Srbiji pokazuju veći nivo tolerancije prema osobama sa mentalnim poteškoćama u odnosu na medicinske sestre u Bosni i Hercegovini ($\chi^2 = 16,115$; $p = 0,003$).

Zaključak. Rezultati istraživanja pokazuju da stigmatizacija pacijenata sa mentalnim poremećajima i dalje postoji među zdravstvenim radnicima. Dodiplomsko obrazovanje i kontinuirana medicinska edukacija medicinskih sestara treba da uključi više sadržaja vezanih za pristup bolesniku sa mentalnim poremećajima, komunikacijskim vještinama u psihijatriji, promociji mentalnog zdravlja i prevenciji stigmatizacije.

Ključne riječi: stigma, mentalni poremećaj, tolerancija, antistigma