Assessment of Stigma-by-Association amongst Nurses Working in Mental Health Units

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ABSTRACT

Context: Stigma-by-association affects not only people with mental health problems and psychiatric patients or their families but also nurses working in the mental health field. Stigma-by-association among nurses working in mental health units can lead to some nurses feeling ashamed and embarrassed when discussing their work.
Aim: To assess stigma-by-association amongst nurses working in mental health units.
Methods: Descriptive, cross-sectional design was utilized to achieve the aim of this study. The study was conducted at a governmental psychiatric and mental health hospital and two private general hospitals that were not specialized in psychiatric health but had mental health units in Jeddah City. A convenience sampling technique was implemented. The data were collected from 160 registered nurses working in mental health units. The study tools included the Clinician Associative Stigma Scale (CASS) used to measure stigma-by-association among nurses working in mental health units; it consists of 18 statements. Besides, two open-ended questions to measure suggestions and embarrassing situations of nurses working in mental health units about stigma-by- association.
Results: The result of the current study revealed that embarrassing situations occurred to nurses working in mental health units that have caused the stigma-by-association. Nurses in both hospitals display a moderate level of stigma by association with a mean percentage of 65.68% among nurses in the government hospital and 69.4% among nurses in the private hospital. The nurses have also suggested that families, patients, and society could be educated on mental illnesses and the role of mental health nurses.
Conclusions: This study concludes that the nurses working in mental health units in both government and private hospitals had a moderate stigma-by-association level. Stigma by association among nurses who work in mental health units has also been found to be related to age and years of experience. The study highlighted that psychiatry workshops could help nurses working in the mental health field. Future research is required to identify the causes of stigma-by-association among nurses working in mental health units in the kingdom of Saudi Arabia.

Keywords: Stigma-by association, Mental health units, nurses, Psychiatric hospital.

1. Introduction

Stigma is a derogatory concept that involves the social rejection and marginalization of certain people's categories based on their differences. It is a complex concept that is the result of shared personal beliefs and ideas shaped by culture born within a large group of people and used to characterize a few people. It is the way that society imposes labels or differentiates between 'us,' as in the greater public, and 'them,' as in the minority that shares the same negative or undesirable trait. Stigma can be experienced by people with visible physical disabilities, such as people with Down's syndrome who share common unmistakable facial features or hidden disabilities such as mental disorders. When such stigmas arise, the greater public, also known as 'stigmatizers', tend to express themselves by treating the 'stigmatized' differently *(Attitude, 2017).*

Stigma directly affects the individual with the unfavorable trait and can extend towards those that come into close contact or are associated with them, such as caregivers of people with mental disorders (including relatives, friends, and even mental healthcare professionals). The relatively new term 'associative stigma' or 'stigma-by-association' was developed to describe the stigmatization of one who has a close relationship with a person with an undesirable trait or condition, which in this study is a mental disorder. 'stigma-by-association,' also known as 'courtesy stigma,' stereotypes (i.e., preconceived notions held by individuals about others that are not necessarily true and often negative in nature). It is usually

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directed at individuals with mental disorders and redirected towards those close to them *(Phillips & Benoit, 2013).*

This idea was first introduced in *1963* by sociologist *Erving Goffman* in his book titled Stigma: Notes on the Management of Spoiled Identity (1963), in which he defined courtesy stigma as society degrading or losing respect for a person because they associate with someone who is stigmatized and are therefore exposed to the same type of stigma and discrimination as the person with the negative condition.

A general misunderstanding exists within the nursing profession regarding the job and responsibilities of mental health nurses and why mental health nursing deserves to be labeled as a standalone specialty within the nursing field *(Harrison et al., 2017).* Stigma-by-association among mental healthcare professionals, particularly mental health nurses, has become a significant issue. Indeed, mental health nurses face stigma-by-association not only from laypeople but also from within the nursing profession itself by non-mental health nurses that share common stigmatizing attitudes, which are often quite challenging to change or correct *(Halter, 2008).*

There are many adverse effects of stigma-by-association on nurses working with clients having mental disorders. These include but are not limited to: A decreased desire to go into mental health nursing, lack of respect by general nurses and other non-mental healthcare professionals being labeled as unskilled, illogical, and docile (*Halter, 2008)* that in turn leading to mental exhaustion, low self-esteem, depersonalization, low job satisfaction and burnout *(Verhaeghe & Bracke, 2012).*

Furthermore, stigma-by-association means that non-mental health professionals commonly regard nurses dealing with patients with mental disorders as prone to developing mental disorders themselves as mental disorders are erroneously seen as being contagious *(Natan et al., 2015; Yanos et al., 2017).* These adverse effects are all likely to influence nurses' nursing care to clients with mental disorders. Moreover, discriminating and stigmatizing viewpoints towards mental health nurses not only belittle their significant contributions but, more importantly, such discriminatory attitudes may indeed further exacerbate the stigma of mental illnesses, possibly leading to a decrease in seeking help, professional care and treatment *(Halter, 2008).*

2. Significance of the study

Although there is extensive literature on stigma towards mental illness and people with mental disorders, there is a scarcity in research that focuses on associative stigma among mental healthcare professionals and its consequences on client care *(Picco et al., 2019)* and even fewer studies that focus on stigma by association among mental health nurses. To date, no studies have been conducted on stigma by association in the middle east and particularly in Saudi Arabia. According to the most recent Saudi national health survey, two in every five Saudi youth qualify for a diagnosis of mental disorder, and yet only 5% of the population seek treatment in a given year *(Al Twaijri et al., 2019).* Hence, it is crucial to study the prevalence of stigma-by-association among nurses dealing with clients with mental disorders in Saudi Arabia.

3. Aim of the study

To assess stigma-by-association amongst nurses working in mental health units.

3.1. Research question

Is there a stigma-by-association present among nurses working in mental health units?

4. Subjects and Methods

4.1. Research design

A descriptive, cross-sectional quantitative survey was used in this study. Descriptive research is a second broad class of non-experimental studies. The purpose of descriptive studies is to observe, describe, and document aspects of a situation *(Denise & Cheryl, 2013).*

4.2. Research setting

The study was conducted in both governmental and private hospitals with mental health units in Jeddah (n=3). The first is a psychiatric and mental health hospital affiliated to the Ministry of Health (MOH) in Jeddah. The hospital is providing care for all psychiatric patients. The two private hospitals were general hospitals, not specialized in psychiatric health, but with specialized psychiatric units.

4.3. Subjects

A convenience sampling technique was used to recruit nurses working in mental health units sample size, and the statistical equation was determined through Epi Info n=160 nurses who are working with psychiatric patients in mental health units regardless of their characteristics. The inclusion criteria include all registered nurses working directly with clients with mental disorders in inpatient units that speak English or Arabic. Both genders will be considered. Nurses with less than one year of direct work experience with clients with mental disorders were excluded.

Questionnaires were distributed to all nurses in three hospitals (225 nurses). In the governmental hospital, there were 189 nurses, while, in private hospitals, there were a total of 36 nurses. Of these, 160 were returned fully completed, for a response rate of 71%. However, according to Rao soft program, the confidence interval is 15%, and the confidence level is 95% for the total nurses of the sample was 189 government hospital nurses. In private hospitals, all nurses who were available during the period of data collection were included.

4.4. Tools of data collection

4.4.1. Self-Administered Questionnaire

Data were collected through printed self-administered questionnaires used in both Arabic and English language. The questionnaire was translated by using back-to-back

translation. The questionnaire consisted of 20 items and was divided into three parts. They were demographic characteristics, Clinician Associative Stigma Scale, and open-ended questions exploring nurses' perspective of associative stigma.

Part 1 is concerned with sociodemographic characteristics: The researcher developed this part. It consists of seven items aimed at gathering information about each nurse working in mental health units background, which included age, gender, nationality, marital status, qualification, years of experience, and workplace.

Part 2 is a 'Clinician Associative Stigma Scale' (CASS). It developed by *Yanos et al. (2017)* to measure stigma-by-association among nurses working in mental health units. It consists of 18 statements to assess the experience of stigma-by-association among nurses working in mental health units. For example, "When people find out I work with individuals with serious mental illness, they tell me they could never do that type of work," "I have heard other people say that the work I do is useless" and "I have heard other people say that the work I do is easy/could be done by anyone."

Scoring system

Responses to the statements in part two were ranked on a four-point Likert-rating scale as follows: Never (if the experience had never occurred); Rarely (if it had occurred only once or twice); Sometimes (if it had occurred repeatedly but irregularly); and Often (if it occurred regularly). Never is scored as 1, rarely is scored as 2, and 3 for sometimes, and 4 for often.

The scores range from 18 to 72, with higher scores reflecting higher levels of perceived associative stigma. The scores represented three levels of stigma: low, moderate, and high as follows: Mean scores from 0 to < 60% were considered a low stigma, mean scores from 60% to < 75% were considered a moderate stigma and mean scores from 75% and more were considered a high stigma.

Part 3 has consisted of two open-ended questions to assess embarrassing situations and suggestions among nurses working in mental health units about stigma-by-association. The researcher developed this part. The first question was, "What embarrassing situations do you face in your work and all aspects of life-related to stigma-by-association?" The second question was, "What are your suggestions to overcome stigma-by-association in your work and the community as a whole?"

4.5. Procedures

The questionnaire was assessed for reliability and content validity and translated into Arabic. The translated questionnaire was reviewed by five experts from different specialisms at King Abdulaziz University (two doctors/professors from the psychiatric department in the faculty, two assistant professors from the gynecology department, and the fifth from the administration department). The content of each question was examined for accuracy and clarity by the jury. The jury's comments and suggestions were considered, and the needed modifications were carried out as modifications in Arabic translation. The researcher assessed the reliability of the research by using Cronbach's Alpha coefficient. The coefficient for the total study was 0.819.

A pilot study was conducted using the study tool, CASS, on 10% of the nurses, that is, 16. The purpose of a pilot is to estimate the time needed for the research and to clarify it. The questionnaire was completed in about 20-25 minutes by each nurse over three days. The questions were clear and straightforward, and the language was found to be easy, and no modification was made. The pilot study sample was included in the study sample.

Ethical approval was obtained from the Ethics Committee of King Abdulaziz University (KAU) Faculty of Nursing and the Directorate of Health Affairs (DHA) in Jeddah city. Besides, ethical approval was obtained from all the aforementioned private hospitals. Permission was also obtained from the author of the 'Clinician Associative Stigma Scale (CASS)' instrument to be used and translated into Arabic. The nurses working in mental health units of this study were treated equally regardless of their position, and their confidentiality was protected by anonymity, i.e., no names were required, and all completed questionnaires were discarded after data analysis. The ethical approval was sought in January 2019.

After receiving approval to conduct the study from the Directorate of Health Affairs in Jeddah, the researcher met assigned persons in the research department. The directors of the nursing and medical departments in the psychiatric and mental health hospital, Suliman Fakeeh, and Bagedo and Dr. Erfan hospitals, to discuss the aim of the study and gain their support and cooperation.

Data were collected through printed self-administered questionnaires. The questionnaire was used in both Arabic and English. After explaining the study's aim, the researcher handed out the questionnaires to the nurses who agreed to participate and met the inclusion criteria. Questionnaires were distributed to 160 nurses, who filled them in, at a response rate of 100%. Regarding the questions of the embarrassing situation and nurses' suggestions to overcome the stigma by association, many nurses' responses either were not related, mislead, or not corresponding to the questions asked. So, these answers were overlooked. The researcher was present while they filled in the questionnaire to answer any questions or concerns regarding the study or the questionnaire. Data were collected from February to April 2019.

4.6. Data analysis

Data were collected and entered into the statistical analysis program SPSS (version 22), a statistical package to analyze social science data, comprising a one way ANOVA, the Pearson correlation coefficient (to find the internal consistency of the questionnaire items and the constructivist consistency veracity of study axes), the mean, the standard deviation, and the percentage of items. All statistically significant results were set at P-value ≤ 0.05.

Part three of the tool was two open-ended questions. The answers were collected and analyzed for nurses working in mental health units. They wrote the answers in their way. Then the answers were categorized. The first question has five categories, and the second question has four categories. All surveyed nurses working in mental health units (n=160) completed the CASS questionnaire. However, a sample (n=8) of the nurses working in mental health units did not complete the open-ended questions.

5. Results

Table 1 shows that more than two-thirds of nurses working in mental health units, 65.6% were aged 30 years old and more. Most of the study nurses, 66.02% were females, and 76.9% of them were Saudi. Furthermore, about 67.5% were married. In terms of qualifications, 48.8% of the nurses had a bachelor's degree in nursing. Moreover, half of the nurses working in mental health units (45%) had (≥ 10 years) years of experience. However, three-quarters (77.5%) were working in a government hospital.

Table 2 summarizes the nurses' responses to the presence of stigma by association. There was a range of endorsement of associative stigma experiences among nurses working in mental health units. From roughly 41.3 of the nurses responded by “Never” to "I have heard people outside of the mental health field express the belief that mental health professionals are to blame when people with serious mental illness harm themselves." 40.0% of them answered with never endorsing the item, "I have heard people state or joke that mental health professionals help others because they do not want to confront their psychological problems."

Furthermore, 61.9% answered with “Often” endorsing the statement of "When I tell them about the work that I do, people outside of the mental health field remark that the work must be "scary" and 57.5 % of nurses answered with often to “When I tell them about the work that I do, people outside the mental health field express concern for my safety, related to my work with people with serious mental illness." 43.1% of nurses answered with often to "When people find out I work with individuals with serious mental illness, they tell me they could never do that type of work."

Also, 41.3% of the studied nurses answered with “Sometimes” to "When I tell them about the work that I do, people outside of the mental health field express that it must be sad because people with serious mental illness do not improve with treatment." While 33.1% answered with sometimes to the statement "I have heard people state or joke that working with people with serious mental illness, is a job that no one would want to do if they had the choice."

The result revealed that 31.3% of nurses answered with sometimes to“ When I tell someone about the work I do, they ask me if I am analyzing them during conversations," Furthermore, 24.4% of nurses answered with sometimes to statement "I have heard other people say that the work I do is useless."

Table 3 presents the mean scores of the stigma level, where the normative private hospital had the highest mean score (50.0 ± 0.61). While the governmental hospital, the lowest mean score (47.29 ± 0.50), with a total mean percentage of 69.4% among nurses in the private hospital and 65.68% in the governmental hospital is indicating a moderate level in bot group.

Table 4 reveals the one-way analysis of variance (ANOVA). It shows a significant association between nurses age and the questions’ number (Q4, Q6, Q7, Q10, Q13, and Q18) at (p= 0.023, 0.027, 0.038, 0.000, 0.015, 0.006) respectively.

Table 5 finds a statistically significant association between the years of experience and all questions except (Q6, Q8, Q12, Q13, regarding (5 - < 10 years) of experience except.

Table 6 demonstrates that the highest percentage of nurses answered that they face insults, curses, physical or emotional abuse, 19.72%. (13.15%, 6.57% in governmental and private hospital respectively). 12.5% of the total nurses face rejection from patients, their families, and society to accept psychiatric patients (6.75%, 5.92% in governmental and private hospitals, respectively. 1.31% of the nurses said, "nurses working in mental health units and psychiatrists do not receive enough appreciation from their colleagues" and "The image other professionals create of me which reflects a sense of inferiority and lack of knowledge 0.65%."

Table 7 represents the suggestion of the nurses working in mental health units toward stigma-by-association that the highest percentage of them (47.99%) reported that there should be "Families, patients and the society could be educated on mental illnesses and the role of nurses working in mental health units. That could be achieved by creating an orientation program for mental health and general nursing to encourage nurses to work in the field of mental health." While the researcher found that a small percentage of nurses was suggesting "Nurses awareness of the importance of developing better acceptance of their psychiatric patients should be raised in order to help the patients improve their conditions and not to relapse," these were a percentage (0.65%) in the government and private hospitals. 18.41% of the studied nurses perceived that there is no stigma.

Table (1): Frequency and percentage distribution of the studied nurses according to their sociodemographic characteristics and clinical experiences (n=160).

Demographic Characteristics	Number	Percentage (%)
Age		
20 - < 25 years	8	5.0
25- < 30 year	47	29.4
30 years and more	105	65.6
Gender		
Male	54	33.8
Female	106	66.2
Nationality		
Saudi	123	76.9
Non-Saudi	37	23.1
Marital Status		
Single	40	25.0
Married	108	67.5
Divorced	9	5.6
Widow	3	1.9
Qualification		
Diploma	69	43.1
Bachelor	78	48.8
Other	13	8.1
Years of Experience		
<5 years	40	25.0
5 years - <10 years	48	30.0
≥10 years	72	45.0
Workplace		
Governmental hospital	124	77.5
Private hospitals	36	22.5

6. Discussion

There is a severe shortage in the current literature investigating stigma-by-association amongst nurses working in mental health units. This study is considered novel as it is among the first to assess the concept of stigma-by-association among nurses working in mental health units and contribute to understanding its consequences on nurses and nursing. Besides, the Ministry of Health in Saudi Arabia has a significant role regarding the development of a plan, which is to increase the financial support for mental health work in general hospitals, which will help to reduce the stigma for nurses working in mental health units as they will have a better status in society. To compensate for the risk of being exposed to the pathogen, these suits can make them feel proud of themselves and feel less or no stigma *(Almutairi, 2015)*. The study aimed to assess stigma-by-association among nurses working in mental health units.

This study indicated that two-thirds of the nurses working in mental health units were females aged 30 years and more, while three-quarters of nurses were Saudi. The results of this study are in disagreement with the findings reported by *Picco et al., (2019)* that showed that younger female nurses were slightly but significantly more likely to report associative stigma experiences.

Two-thirds of the total sample were married. These married females were in need to work; the study finds that most women are responsible for their families. This finding is congruent with other studies that found that three-quarters of psychiatric nurses were married *(Natan et al., 2015)*.

In terms of qualifications, half of the nurses working in mental health units had a bachelor's degree in nursing. The current study finds stigma-by-association to be higher in nurses with a bachelor's degree. However, a study by *Lin, et al. (2018),* agreed with the current study that over half of nurses have a bachelor's degree, showed, in contrast, that higher levels of education were associated with less mental illness-related stigma.

The findings reveal that nurses in both government and private hospitals had a moderate experience of stigma-by-association. This result may be due to changes in the concept of mental health and people's becoming more open, reflecting positively on them, so they feel less stigmatized than in the past. Nurses' participation in and preparation for various awareness activities regarding mental health may have helped them clarify the importance of mental health care nursing, reflecting decreased feeling with stigmatization. In a similar study, *Picco et al. (2019)* reported a moderate associative stigma. These finding does not match that of *Lin, et, al (2019),* who found in a Chinese sample, those who worked on inpatient units experienced higher levels of associated stigma than others.

The highest mean score of nurses working in mental health units toward stigma by association was in the age group 20 to 25 years old with a statistically significant association, in response to: "I have heard people outside of the mental health field express the view that mental health.

Table (2): Frequency and percentage distribution of responses to experience a stigma-by-association among nurses working in mental health units (n=160).

Item	Never		Rarely		Sometimes		Often	
	N	%	N	%	N	%	N	%
Q1: "When I tell them about the work that I do, people outside the mental health field express concern for my safety, related to my work with people with serious mental illness."	4	2.5	17	10.6	47	29.4	92	57.5
Q2: "When I tell them about the work that I do, people outside of the mental health field express that it must be sad because people with serious mental illness do not improve with treatment."	4	2.5	30	18.8	66	41.3	60	37.5
Q3: "When I tell them about the work that I do, people outside of the mental health field remark that the work must be "scary."	9	5.6	14	8.8	38	23.8	99	61.9
Q4: "I have heard people outside of the mental health field express the view that mental health professionals do not know what they are doing/can not really help."	43	26.9	43	26.9	40	25.0	34	21.3
Q5: "I have heard people outside of the mental health field express the belief that mental health professionals are to blame when people with serious mental illness harm themselves."	66	41.3	34	21.3	39	24.4	21	13.1
Q6: "When I have met a new person at a social gathering, I am reluctant to discuss my work with people with serious mental illness."	38	23.8	33	20.6	37	23.1	52	32.5
Q7: "When I am with other mental health professionals who do not work with people with serious mental illness, I am reluctant to discuss my work with this population."	39	24.4	34	21.3	44	27.5	43	26.9
Q8: "When I am with friends who work out of the mental health field, I am reluctant to discuss my work with people with serious mental illness."	31	19.4	35	21.9	47	29.4	47	29.4
Q9: "When I am with relatives who work outside of the mental health field, I am reluctant to discuss my work with people with serious mental health illness."	33	20.6	29	18.1	44	27.5	54	33.8
Q10: "I have heard people state or joke that working with people with serious mental illness, is a job that does not require many skills."	43	26.9	28	17.5	43	26.9	46	28.8
Q11: "I have heard people state or joke that working with people with serious mental illness, is a job that no one would want to do if they had the choice."	19	11.9	27	16.9	53	33.1	61	38.1
Q12: "In media depiction that I have encountered, mental health professionals are depicted as engaging in unethical behavior, (e.g., sexual relationships with clients."	59	36.9	34	21.3	34	21.3	33	20.6
Q13: "In media depiction that I have encountered, mental health professionals are depicted as having personal psychological problems."	47	29.4	40	25.0	34	21.3	39	24.4
Q14: "I have heard people state or joke that mental health professionals help others because they do not want to confront their psychological problems."	64	40.0	42	26.3	34	21.3	20	12.5
Q15: "When I tell someone about the work I do, they ask me if I am analyzing them during conversations."	20	12.5	40	25.0	50	31.3	50	31.3
Q16: "When people find out I work with individuals with serious mental illness, they tell me they could never do that type of work."	15	9.4	24	15.0	52	32.5	69	43.1
Q17: "I have heard other people say that the work I do is useless."	60	37.5	26	16.3	39	24.4	35	21.9
Q18: "I have heard other people say that the work I do is easy/could be done by anyone."	61	38.1	28	17.5	34	21.3	37	23.1

Table (3): The total mean scores of nurses towards stigma by association in their workplace.

Possible scores	Governmental Hospital		Private Hospital	
	No.	Mean (SD)	No.	Mean (SD)
CASS (18 - 72)	124	47.29 ± 0.50	36	50.0± 0.61
Total percentage	65.68%		69.4%	
Scoring category	Moderate		Moderate	

Table (4): One-way ANOVA test for age and stigma by association (n=160).

Stigma-by-Association Questions	Age			F. V	p-value
	20-<25 years	25-< 30 years	30 years and more		
	Mean± SD	Mean± SD	Mean± SD		
Q1	2.88±1.25	3.53±0.65	3.41±0.78	2.486	0.086
Q2	2.88±1.13	3.17±0.87	3.14±0.75	0.464	0.630
Q3	3.00±1.07	3.38±0.90	3.47±0.84	1.122	0.328
Q4	3.25±0.89	2.15±1.22	2.46±1.03	3.884	0.023
Q5	2.75±1.49	2.00±1.16	2.09±1.01	1.651	0.195
Q6	3.13±1.13	2.96±1.14	2.47±1.15	3.707	0.027
Q7	3.25±1.16	2.79±1.23	2.42±1.05	3.346	0.038
Q8	3.00±0.93	2.87±1.12	2.58±1.09	1.504	0.225
Q9	2.88±1.13	2.60±1.31	2.80±1.05	0.580	0.561
Q10	3.38±0.74	2.06±1.17	2.74±1.12	8.123	0.000
Q11	2.75±1.28	2.89±1.05	3.03±0.99	0.490	0.613
Q12	2.75±1.28	2.19±1.10	2.25±1.18	0.797	0.453
Q13	2.63±1.30	2.00±1.18	2.57±1.09	4.328	0.015
Q14	2.88±1.36	2.06±1.17	2.00±0.96	2.602	0.077
Q15	3.63±0.74	2.72±1.06	2.79±1.00	2.823	0.062
Q16	3.13±0.99	3.04±0.88	3.11±1.02	0.091	0.913
Q17	2.50±1.41	2.09±1.27	2.39±1.13	1.190	0.307
Q18	3.00±1.31	1.87±1.10	2.43±1.19	5.202	0.006
Total	2.98±0.66	2.58±0.57	2.67±0.49	2.106	0.125

Table (5): One-way ANOVA test for years of experience and stigma by association (n=160).

Stigma-by-Association Questions	Years of experience			F. V	p-value
	<5 years	5 - <10 years	≥10 years		
	Mean±SD	Mean±SD	Mean±SD		
Q1	3.53±0.72	3.71±0.68	3.17±0.80	8.085	0.000
Q2	3.40±0.81	3.17±0.72	2.97±0.82	3.808	0.024
Q3	3.60±0.71	3.65±0.84	3.17±0.92	5.833	0.004
Q4	2.40±1.10	2.77±0.93	2.17±1.15	4.533	0.012
Q5	2.43±1.08	2.38±1.12	1.72±0.95	8.395	0.000
Q6	2.63±1.05	2.48±1.13	2.76±1.25	0.862	0.424
Q7	2.10±1.19	2.96±1.03	2.57±1.07	6.742	0.002
Q8	2.93±1.07	2.54±1.27	2.65±0.97	1.412	0.247
Q9	2.75±1.13	3.06±1.04	2.53±1.16	3.295	0.040
Q10	2.40±1.08	3.04±1.13	2.36±1.17	5.815	0.004
Q11	3.18±1.01	3.15±0.90	2.75±1.06	3.318	0.039
Q12	2.03±1.17	2.31±1.31	2.35±1.05	1.071	0.345
Q13	2.35±1.14	2.69±1.11	2.25±1.16	2.176	0.117
Q14	2.60±1.01	2.35±1.16	1.57±0.77	18.039	0.000
Q15	3.38±0.90	3.04±0.77	2.35±1.02	18.075	0.000
Q16	3.10±1.01	3.42±0.79	2.88±1.02	4.635	0.011
Q17	2.45±1.18	2.98±1.04	1.78±1.04	18.473	0.000
Q18	2.40±1.08	2.67±1.14	1.99±1.24	5.084	0.007
Total	2.76±0.52	2.91±0.43	2.44±0.51	14.023	0.000

Table (6): Frequency and percentage distribution of the embarrassing situations of nurses working in mental health units toward stigma-by-association (n=160).

Q1: "What are the embarrassing situations that you face in your work and all aspects of life-related to stigma-by-association?"	Governmental Hospital		Private Hospitals		Total	%
	No	%	NO	%		
There is no stigma, and there are not any embarrassing situations.	21	13.8	7	4.60	28	18.41
Insults, curses, physical, or emotional abuse.	20	13.15	10	6.57	30	19.72
Rejection from patients, their families, and society to accept psychiatric patients.	10	6.57	9	5.92	19	12.5
The image other professionals create of me reflects a sense of inferiority and lack of knowledge.	1	0.65	-		1	0.65
Nurses working in mental health units and psychiatrists do not receive enough appreciation from their colleagues.	-	-	2	1.31	2	1.31
Total	52	34.22	28	18.42	80	52.59

Table (7): The suggestions of nurses working in mental health units about stigma-by-association (n=160).

Q2: "What are your Suggestions to overcome stigma – by -association in your work and the community as a whole?"	Governmental hospital		Private hospitals		Total	%
	No	%	No.	%		
There is no stigma.	1	0.65	-		1	0.65
Families, patients, and society could be educated on mental illnesses and the role of mental health nurses. That could be achieved by creating an orientation program for mental health and general nursing to encourage nurses to work in the field of mental health.	53	34.59	20	13.15	73	47.99
Nurses' awareness of the importance of developing better acceptance of their psychiatric patients should be raised to improve their conditions and not relapse.	1	0.65	-	-	1	0.65
Keep the safety and security of health care workers from any harm or danger.	-	-	4	2.63	4	2.63
Total	55	36.19	27	17.77	79	51. 92

professionals do not know what they are doing/can not really help." "When I am with other mental health professionals who do not work with people with serious mental illness, I am reluctant to discuss my work with this population." 'When I have met a new person at a social gathering, I am reluctant to discuss my work with people with serious mental illness.' This finding may be because they were young, or that the job had been forced on them rather than their own choice, this group was ashamed to say where they worked.

Besides, this result agrees with findings by *Picco et al.* (*2019),* who reported that most participants avoid discussing their work with persons outside the mental health system and say they frequently encountered negative stereotypes about both mental health professionals and mental health service recipients. Consonant with prior research, *Warner and Bradley, (1991),* psychiatrists were rated as more competent than counselors, but less outgoing, helpful, agreeable, and empathetic; arguably, psychiatrists' perceived expertise strengthens their connections with more severe mental health problems, intensifying associative stigma.

On the other hand, the highest mean scores were for nurses working in mental health units in the age group 20 to 25 years with a statistically significant association as they reported hearing jokes and comments implying that their work with people with mental illnesses did not require skill and that working with them could be done by anyone. The result may be due to the community having low awareness about the role of nurses working in mental health units. Furthermore, age positively correlates with a description of psychiatric nurses as skilled, logical, dynamic, and respected *(Halter, 2008).*

The current study found that the highest mean scores were among the nurses working in mental health units who had less than five years of experience with a statistically significant association, responding to Q2 "When I tell them about the work that I do, people outside of the mental health field express that it must be sad because people with serious mental illness do not improve with treatment." This finding could be because society has not changed its view of psychiatry, so some people believe that psychiatry does not treat these patients as they are beyond curable. There is a strong cultural view that mental illness does not exist at all, but it is a touch of the Jinn, which has no cure except with the Quran and that medical treatment has no validity either. *Ihalainen-Tamlander et al. (2016)* reported that the findings are an essential basic step in developing a stigma-free treatment environment and ensuring that treatment in outpatient settings can diminish stigma and discrimination. Previous studies have shown that portrayals of mental disorder in Saudi newspapers show similarities to media coverage in other countries, distinct cultural perspectives were evident, including the prevailing notion of the 'evil eye' *(McCrae et al., 2019).*

Additionally, it was found that stigma-by-association was most felt by the nurses working in mental health units among nurses who had between five and less than ten years' experience with a statistically significant association. They experienced stigma when people commented and joked and said that working with people with serious mental illness does not need much skill and is easy; anyone can do it, and working with these patients is useless. Nevertheless, dealing with these patients is not simple and cannot be done by anyone without sufficient experience in this specialty and also because it has a very significant benefit; it may help the treatment to work faster and help the patient adapt to his life and exercise his/her skills in the same way as before they were ill.

Studies show that the psychologist is at significant risk and must have the experience and skill to control and be able to deal with psychiatric patients. However, they meet some people with reactions suggesting that their job is simple and only requires common sense and could be done by anyone. At the same time, several participants shared that community members often remark that they could 'never do that work' *(Wang et al., 2018).*

Furthermore, nurses working in mental health units with 5-10 years' experience, and the perception of stigma-by-association with a highly statistically significant association concerning: 'When I tell them about the work that I do, people outside of the mental health field express concern for my safety, related to my work with people with serious mental illness." The findings of the current study indicated that the nurses often perceived stigma-by-association related to this aspect. The perception of the fear of working with mentally ill people is because they have the idea that these patients are unstable and characterized

by violence against others. *Hamdan-Mansour and Wardam (2016)* reported that most mental health patients were seen as dangerous, pessimistic, immature, cold-hearted, harmful, and as having poor physical hygiene. So, these characteristics raise the issue of the safety of nurses in the workplace. It is vital for nurses to feel safe in their working environment and when doing their nursing duties, and such reports compromise this.

Regarding the nurses working in mental health units with 5-10 years' experience, the result showed a significant association in stigma-by-association about "I have heard people outside of the mental health field express the view that mental health professionals do not know what they are doing/can not really help." This finding showed that they perceived much stigma-by-association about this aspect. This misconception may be held by people who do not work in this field and have never worked or dealt with serious psychiatric patients. Mental health professionals are also exposed to what has been labeled 'associative stigma' or 'stigma by proxy'; that is they are working in a discipline with low status and are less valued than staff working with other patient groups in the health care system *(Hansson et al., 2014).*

Besides, the findings of this current study showed that nurses working in mental health units with 5-<10 years' experience had a statistically significant association with stigma-by-association in response to: 'When I tell them about the work that I do, people outside of the mental health field remark that the work must be "scary." A likely explanation is that people have long believed that working in this field is scary, and they have not tried to change those ideas, although medicine and psychotherapy have progressed. The findings of the present study are also in keeping with other studies that have found that staff in somatic care perceive patients with mental illness as more scary, unpredictable, and demanding than others *(Wang et al., 2018).*

Stigma also varied among the nurses who had 5-<10 years' experience was shown to strongly endorse: "When I am with other mental health professionals who do not work with people with serious mental illness, I am reluctant to discuss my work with this population," with a statistically significant association. A psychiatric nurse does not know whether declaring his work in the field of mental health to people of the same specialty but has never dealt with psychiatric patients with serious mental illnesses will be well received or benefit from his experience in this field. A similar study agreed with the current study that at social gatherings, there were certain reservations towards those working in psychiatry *(Hansson et al., 2014).*

The current study results show that the highest mean score for perceived stigma-by-association was in nurses working in mental health units who had less than five years' experience with a highly statistically significant association, in response to: "I have heard people state or joke that mental health professionals help others because they do not want to confront their psychological problems." This finding is because people do not know that the psychiatric nurse can solve his problems and those of the psychiatric patients. After all, he is specialized in this field, unlike specialists in other fields. In contrast to this, around half of the professionals held it entirely or partly true that: 'there is little to be done for these patients apart from helping them to live in a peaceful environment' *(Magliano et al., 2004).*

Moreover, nurses working in mental health units with more than five to ten years' experience had the highest mean score with a statistically significant association in: 'When I am with relatives who work outside of the mental health field, I am reluctant to discuss my work with people with serious mental health illness.' It may be due to the confidentiality of the profession and patients' information not being disclosed, except in the utmost necessity to a specialist or parents. This result agrees with findings reported by *Picco et al. (2019)* that many participants reported that they avoided discussing their work with persons outside the mental health system and reported frequently encountering negative stereotypes about both mental health professionals and mental health service recipients.

Regarding the embarrassing situations that nurses working in mental health units face at work and all aspects of life due to stigma-by-association, most of them agreed that they might suffer from feeling inferior to their peers' work in the other fields of health. In addition to some nurses working in mental health units experiencing a change in their personalities, they find that they are becoming deconstructed and suspicious of things in their lives. At the same time, they are always asked to analyze people's personalities or give a psychological session because they work at a mental health hospital.

On the other hand, the results showed that nurses working in mental health units in both hospitals suffered from the patient's parents' attitude and their lack of acceptance of him or patience for his illness. Some hospital nurses working in mental health units reported suffering verbal and physical abuse in the form of beatings, insults, and inappropriate behavior from patients and their families. This finding matches that of *Liyanage et al. (2018)* which found that more than 50% of the mental healthcare sample reported having been attacked or threatened with physical violence. This type of abuse was the highest among nurses working in mental health units. There should be a focus on promoting peace at work and changing attitudes toward zero tolerance for violence.

One answer in the open-ended questions one nurse working in mental health units reported that her brother and husband always said that after a few months, they would be visiting her at a mental health hospital with the patients. One nurse also said that when she mentioned working with mental health patients, she felt strange and sometimes heard comments that she would one day become a psychiatric patient herself. Moreover, some nurses working in mental health units feel ashamed and embarrassed when a patient takes off her clothes in front of everyone. It could be show stigma by association because they feel that doctors can think of them like "you do not know how to do patient care, and therefore you cannot control the patients and the department." The nurses also received criticism from

people working in other departments that working with psychiatrists was annoying. The campaign against stigma needs to remedy stigmatizing attitudes among non-psychiatric nurses and the phenomenon of associative stigma among psychiatric and non-psychiatric nurses *(Natan et al., 2015).* On the other hand, others found to be thankful and grateful to be working with the mentally ill. A consensus found in both hospitals is that some nurses (about eighty percent) do not feel stigmatized due to their mental health work.

Regarding the nurses working in mental health unit suggestions to reduce stigma-by-association, the results reveal that some of those working in the government hospital said they did not have a stigma from working in this area to get rid of it. Also, nurses working in mental health units in all the hospitals had agreed to do health education to raise awareness for the patient, their parents, and society as a whole about mental illness and how to treat it. Education for the new nurses and nursing students on mental health will qualify them to work in mental health hospitals. Emphasis should be placed on nursing education, particularly on the content and experience adopted to address the stigma *to treat the problem of stigma-by-association (Halter, 2008).* Nursing academics should prepare students to have the ability to think about their knowledge and skills *(Sercu et al., 2015).*

On the other hand, others who worked in private hospitals expressed their opinion that there should be community activities and activities that bring together the mentally ill, nurses working in mental health units, and members of society to promote integration. There will be a mutual benefit for all, and this integration can help improve their psychological state. Indeed, organizations should pay attention to mental health nurses, hear their opinions, and integrate their core ideas into policy development and planning *(Sercu et al., 2015).*

Besides, some nurses working in mental health units in the government hospital suggested that there should be community workshops in mental health hospitals aimed at improving the lousy image of mental health nursing and giving a profile of the nature of work in the psychiatric hospital. According to *Natan et al. (2015),* there is a need for an increase in the perceived value of psychiatric nursing and planning programs that aim to reduce the stigma of mental illness and individuals with mental illness. Some of them had no answers to this question. The nurses working in mental health units also expressed the need to have people know that visiting psychiatric clinics or taking psychological counseling is not a cause for shame.

Nurses working in mental health units in the government hospital believed that they were supposed to help society accept patients with mental health problems and deal with them like other patients without feeling shy or stigmatized. Others proposed an initiative to include psychiatric clinics in primary health care centers. These stigmas need to be reduced to optimize the care of people with mental illness and prevent a lack of nurses in psychiatry. The present study suggests that policymakers in nursing must create programs that will educate and focus on the value and role of mental health nurses to reduce the stigma of mental illness and associative stigma *(Natan et al., 2015).*

7. Conclusion

The current study concluded that there is a stigma-by-association in nurses who work with mentally ill patients. Besides, that stigma was at a moderate level in both government and private hospitals. The result found in the current study is that there are embarrassing situations among nurses working in mental health units that have caused the stigma by associating with them. Also, the nurses working in mental health units have put forward suggestions that could help reduce the accompanying stigma. Also, there was a statistically significant difference when they have heard other people say that the work they do is easy/could be done by anyone. Moreover, the experience of stigma among nurses working in mental health units in Saudi Arabia is common.

8. Recommendations

- The collective opinions of nurses working in mental health units must be heard through the fundamental ideas involved in policy development and strategic planning.
- There is a need to highlight success stories and experiences through workshops by nurses working in mental health units that might encourage more nurses to work in the mental health field.
- Future research should focus on the role of healthcare providers in breaking down stigma-by-association through education and training new nurses for actual roles in mental health nursing.
- Future research should also attempt to obtain a more representative sample of nurses working in mental health units in other areas in KSA to determine whether the incidence of stigma-by-association reported by the nurses in this study is typical.

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