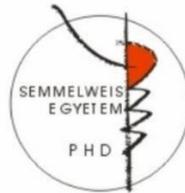


# **Study of Health care Professionals' Knowledge About Mental Disorders and Their Attitude Towards Patients Diagnosed with Mental Diseases**

Doctoral (PhD) Theses

**Andrea Ács**

Semmelweis University  
Doctorate School of Pathological Sciences



Supervisor:

Zoltán Balogh, Ph D, college professor

Official reviewers:

Tímea Tóth, Ph.D, college associate professor

Zsuzsanna Balogné Somlai, Ph.D, head physician

Head of the Final Examination Committee:

Károly Cseh, MD, DSc., professor

Members of the Final Examination Committee: Csilla Benedek, Ph.D, college associate professor

habil. Péter Fritz Ph.D, college associate professor

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## **INTRODUCTION**

For thousand years mental diseases have been present as an enigma to be solved in the life of humankind. Among public awareness there are so many inaccurate information, misbeliefs relating to patients suffering from mental diseases. As a consequence of the scientifically uncertain root causes and for most of the people strange behavioural forms, in addition to the unpredictable and uncontrollable attitude mood changes, other members of the society develop averseness and fear towards mental disorders. Fear and the lack of accurate knowledge result in isolation and discrimination of people suffering from mental disorders. Moreover, the people with mental diseases have to fight not only against their own condition, but the stigmas the society marks them.

About mental disorders, health care professionals have more information than lay people, since clinical psychiatry and nursing are subjects at basic level as well as in higher education. In spite of that, international studies have shown that even health care professionals are not free of prejudice and stigmatizing attitude. Nursing is an activity which requires unconditional acceptance of people. Open, positive attitude is needed which in accordance with the original mission of nursing must not prioritise by only the characteristics or the behaviour of the patients, but the whole patient. To acquire this approach or to improve the attitude towards patients, theoretical subjects of the nursing education, in addition to the local trainings are carried out.

This thesis is based on our own research data that focused on the knowledge of health care providers and their attitude towards people suffering from mental diseases. Beyond the historical changes of psychiatric nursing this thesis introduces today's dominating aspects, the theories related to the stigmas and/in addition to the stigmas connected the mental disorders. By exploring the most important results of the international and Hungarian literature, in accordance with the conclusions of our own study, the presence of absence of the nursing education has been proved as well as the need of changing the attitude. While in abroad several systematic studies involves the attitudes of health care professionals and lay people towards patient suffering from mental disorders, the repertoire of Hungarian literature on the topic of stigma research is scarce. As far as we know, no assessment has ever been performed about the stigmatizing attitude towards mental diseases among health care professionals in Hungary.

## **OBJECTIVE**

We aimed to perform an attitude-study among health care professionals which' results we have applied to suggest recommendations to extend the acceptance of people suffering from mental disorders and to grow the values of nursing professions, moreover, to suggest reforms for nursing education. Achieving these results in Hungarian Institutions, involving nurses work on the special field, we started an online questionnaire which

exactly aimed to assess the hidden stigmatizing attitudes and the knowledge related to mental diseases, applying the combination of an earlier validated anti-stigma scale and the list of our own questions.

Objectives are wished to be achieved supporting the following research hypotheses:

**(H1)** We assume to evaluate higher stigmatizing towards patients suffering from mental diseases among rescue – and urgent care workers comparing to other professionals.

**(H2)** We assume that earlier education does not provide enough competence to properly handle and effectively communicate with psychiatric patients.

**(H3)** We assume if nurses had known better mental illnesses, they could take care of patients with more empathy.

**(H4)** We assume that the most difficultly handled problem is aggression for health care professionals during their everyday work.

**(H5)** We assume that higher educated and local nurses from Budapest show less stigmatizing attitude towards patients suffering from mental diseases.

**(H6)** We assume that more experienced nurses rather stigmatize mental patients than nurses with less experience.

**(H7)** We assume psychiatric workers are more accepting comparing health care workers work on other field of specialities.

## **METHODS**

Our research plan, detailed in application, was examined by the KEB and was given professional-ethical permission with the number: ETT TUKÉB 47854-2/2018/EKU. The electronic questionnaire, the foundation of the quantitative analysis of the study was developed by applying the Google's programming application for especially online questionnaire. With the help of the Chamber of Hungarian Health Care Professionals (MESZK) the questionnaire was sent directly to the examined population – the workers of the targeted field of specialities – by publishing it on the homepage of the Chamber, respectively complied in the regular newsletter to their personal email accounts. The population was considered to the registered (via personal email) nurses of the *adult nursing chapter* (n = 28 030), *psychiatric nursing chapter* (n = 983), in addition to the *rescue and urgent care nursing chapter* (n = 4878, integrated since the similar profile). The questionnaire was shared also on a professional page called 'Tankórterem', on Facebook (social network). Following each individual request, domestic leader nursing professionals helped to spread the questionnaire more widely. Data recording started January 31<sup>st</sup>, 2019 and finished April 30<sup>th</sup>, 2019, while 515 completed questionnaires arrived at the online platform. After technical review of the data, 495 completed questionnaires were accepted for the analysis. After technical review, in the case of almost every evaluated responder, the questionnaires were fully completed, *no harmonic distortion was found* considering each question.

## **Measuring instruments**

The first part of our own created questionnaire contained social-demographic questions. We analysed the data of gender, highest professional qualification, location of the workplace (on county basis), the length of work experience in years, in addition to the field of professional speciality. As a five-category variable we examined whether the responder had already met patient suffering from mental disorder; if yes, in which life situation. In the next 21 questions, mental health related definitions/clinical diseases were asked to be categorised as “bad habit”, “behaviour problem”, “neurological disease” and “mental disease”. As followed, the responders were asked to choose the three most serious disease according to their own opinion. Following our own questions, the ASMI scale - contained 30 items-, then our own edited 8 questions (which could be visualized on 5-grade Linkert-scale) from our hypotheses, single and multiple choices questions closed the questionnaire. After the questions related to their own knowledge and empathy, responders were asked to choose the three most difficult symptoms to handle during their work. In another question later, this question was repeated with the three most difficult illnesses to nurse. We asked about the responsibility of the alcoholic, drug addict or schizophrenic patient for the development of their diseases. The presence of separation attitude was examined by questions related to mixed or separated psychiatric hospital, or by questions related to the replacement program, when patients and people with disabilities were moved into community, social homes in old castles or detached smaller apartments. The questionnaire was closed with a question about choosing three adjectives which come to the responders’ mind of psychiatric patients, in addition to any comment related to the research, and giving the personal data according to the responder’s individual decision.

### **The ASMI (Attitudes to Severe Mental Illness) - scale**

When we compiled the questionnaire, we aimed to apply a measuring scale which was tested and proven in earlier research to be able to measure hidden attitude. It was an important criterium that each question of the scale is in accordance with the hypothesis of the research. Concerning the extent of the scale we had one expectation: to find a measuring instrument which does not exceed 50 items, not even with our own edited questions.

Following the survey of several measuring instruments, we had chosen the ASMI scale. The ASMI-scale was developed by the research group of the Athens University, led by Madianos in the early 1960s; it contributes the OMI (Opinion About Mental Illness) scale with 51 item, and its modified version CAMI (Community Attitudes Toward the Mentally Ill) scale which was developed for study common ideologies in the end of 1970s. Our goal was to develop an instrument which is able to grab the contemporary common reasoning in a way that instead of using the definition of ‘schizophrenia’ closely linked to fear and demolition in Greek society, attempting to use the expression of ‘severe mental disease’. Developing the new scale of ASMI with contributing the former scales (OMI, CAMI), was performed with the help of lay people, patients suffering

from mental illnesses and their relatives. Analysing the main component, ‘stereotyping’, ‘optimism’, ‘fight’ and ‘empathy’ were identified as factors. Following the validation procedure, with employing educated telemarketing specialists, a representative sample of 2039 adults were interviewed by telephoned.

In our study we reclined upon the validated results of the Greek researchers. Before the study, the English version of the scale was translated into Hungarian, then the Hungarian version was translated into English, and the two were compared with the help of independent translators.

**Table 1: Attitudes to Severe Mental Illness (ASMI) scale**

1.	If someone has experienced severe mental illness, he/she will suffer for the rest of his/her life
2.	People with severe mental illness are failures
3.	In spite of any efforts they are making, people with severe mental illness will never be like other people
4.	People with severe mental illness have to take medication for the rest of their lives
5.	Severe mental illness makes someone look ill
6.	People with severe mental illness are not like any other people
7.	Severe mental illness is easily recognizable
8.	People with severe mental illness are not able to acquire new skills
9.	People with severe mental illness are dangerous
10.	Severe mental illness is caused by bad luck
11.	Psychiatric medication causes addiction
12.	A person with severe mental illness is able to work
13.	A person with severe mental illness can be trained in an occupation
14.	People with severe mental illness don't differ from other people
15.	People with severe mental illness can cope with life difficulties
16.	To be taking psychiatric medication does not make an individual different from others
17.	People with severe mental illness can recover nowadays
18.	People with severe mental illness must not to give up
19.	A person with severe mental illness must seek help from a specialist
20.	It is better to be friends with people with the same problem when you are suffering from severe mental illness
21.	It is better to hide the problem to avoid life difficulties
22.	The friends should not abandon a person when he/she is suffering from severe mental illness
23.	It is better for a person with severe mental illness to avoid other people
24.	It is not right to hide the problem from family and friends when you are suffering from severe mental illness
25.	People suffering from severe mental illness feel that they cause burden on their families
26.	People with severe mental illness usually feel inferior
27.	People with severe mental illness are usually treated differently by others
28.	Other people blame individuals with severe mental illness for the suffering of the family
29.	A person suffering from severe mental illness usually feels responsible for his/her problem
30.	It is difficult for other people to understand a person suffering from severe mental illness

## Data Analysis and Process

Data analysis and process were carried out by applying SPSS 23.0 statistic programs (IBM Corporation, Armonk, NY, USA). During the analysis, the relative frequency distribution of the answers for each question and the descriptive statistics of the created indexes were examined. The index of anti-stigma and its partial

indexes are given as the arithmetic average. Investigating the hypotheses, primarily table of contingency (cross tables) and independent  $\chi^2$ - based analysis (independence test) were performed. In the cases of hypotheses related to the created indexes, more awaited values, similar to the hypotheses, were tested by One-Way ANOVA. Balancing the disadvantages of the quantitative analysis, at the end of the questionnaire we asked for the availability from those who were willing to talk about their attitudes towards psychiatric diseases. Consequently, 40 people gave their availabilities with whom, later, in a frame of a focus-group interview deeper, qualitative analysis could be performed.

## RESULTS

50 Male (10%) and 445 Female (90%) answered the questionnaire. According to field of the specialities, 129 psychiatric professionals, 71 rescue and urgent care workers, in addition to 295 adult nurses answered the list of questions. (Since the members of the latter group work in more different fields of specialties, the group's title is 'Other' on the figure.) 13 responders finished health care specialized school (without final exam/graduation), 38 responders finished health care specialized school (with final exam, graduation), 239 completed adult training of OKJ, 154 responders earned college degree and 51 earned university degree. During the analysis, because of the small amount in certain cells we transcoded the 5 categories into 3 categories according to the level of qualification. The vast majority of the responders worked in Budapest (170 people, 34%); the second most common workplace – on much smaller scale, though – was in Pest county (40 people, 8%). The workers of other counties were so much less represented on filling out the questionnaire. Therefore, from the data of the county's workplaces a 'Budapest-countryside' variable was made to carry out the statistical analysis. The ages of the kiltlike health care professional's work experience were investigated as a 9-category question. More than two-third of the responders have been working at least 15 years (336, 68%); the 'the middle generation' is about 90 (18%), they have been working for between 6 and 15 years; and 69 (14%) 'new entrants' filled out the questionnaire. Questions about meeting patient suffering from mental illness showed that only two of the responders had not met psychiatric patient yet; and these two were belonged to the group of the adult nurses. Most of the nurses had already met patients suffering from mental diseases during their work at each field of specialties; however, 36% of the adult nurses had a person suffering from mental disorder in their families and 25% of nurses had a person with mental problem among their friends. From the answers for the questions to identify several different disorders it should be highlighted that the significant fraction of the responders considers different addiction as bad habits. Nurses are notably concessive about *Nicotine Abuse*, 60,2% of the professionals think it is only bad habit. Nevertheless, for instance diagnostic insecurity towards *Autisms* can be also significant. *Delirium Tremens* is known as psychiatric disease by 40% of the workers, or it is considered neurological disease by the same percentage of the responders; behaviour disorders were also categorized as bad habits (*Table 2*).

**Table 2: The Categories of the Diseases (only one answer by line, percent, n=495)**

	<b>Bad Habits</b>	<b>Behavioural Disorders</b>	<b>Mental Diseases</b>	<b>Neurological Disease</b>
<b>Dementia</b>	0,4%	8,1%	<b>54,8%</b>	36,7%
<b>Nicotine abuse</b>	<b>60,2%</b>	10,2%	28,3%	1,3%
<b>Delirium tremens</b>	4,8%	14,0%	39,5%	<b>41,8%</b>
<b>Depression</b>	0,2%	10,4%	<b>79,9%</b>	9,5%
<b>Multiplex Scelorsis</b>	0,4%	4,7%	2,3%	<b>92,6%</b>
<b>Heroin abuse</b>	26,1%	13,5%	<b>56,3%</b>	4,1%
<b>Sadism</b>	5,2%	<b>47,3%</b>	43,6%	3,9%
<b>Anorexia Nervosa/Bulimia</b>	5,0%	22,1%	<b>68,1%</b>	4,8%
<b>Internet abuse</b>	<b>44,5%</b>	21,0%	33,7%	0,8%
<b>Epilepsy</b>	0,0%	5,5%	1,7%	<b>92,9%</b>
<b>Schizophrenia</b>	0,0%	9,9%	<b>67,8%</b>	22,4%
<b>Alcohol abuse</b>	27,4%	14,0%	<b>56,1%</b>	2,5%
<b>Paedophilia</b>	4,3%	36,0%	<b>56,3%</b>	3,3%
<b>Hysteria</b>	10,6%	<b>50,4%</b>	33,4%	5,6%
<b>Obsessive shopping</b>	22,6%	34,4%	<b>41,9%</b>	1,0%
<b>Narcolepsy</b>	1,5%	7,1%	19,3%	<b>72,1%</b>
<b>Mental retardation</b>	1,0%	7,5%	<b>62,2%</b>	29,3%
<b>Phobic behaviour</b>	5,9%	23,6%	<b>64,4%</b>	6,1%
<b>Autism</b>	0,6%	13,8%	<b>43,2%</b>	42,3%
<b>Parkinson Disease</b>	0,6%	5,3%	4,2%	<b>89,9%</b>
<b>Paranoia</b>	2,7%	13,2%	<b>74,0%</b>	10,1%

Out of the listed disorders, *Schizophrenia* was considered as the most severe disease with the prevalence of 42%. The second was *Dementia* (24%), and the third is *Pedophilia* (23%).

Relating to the symptoms, almost 80% of the responders marked *physical aggression*, 64% *rejective behaviour* and *the lack of cooperation*, 54% *verbal aggression* as the most difficult factor of nursing. The three most difficult diagnoses to nurses was *drug abuse* (59%), *alcoholism/drunkenness* (51%), in addition to *antisocial personality disorder* (45%). 13% of the responders think neither the drug addict, or alcoholic, nor the schizophrenic patients are responsible for their disease; 7% of the responders think both patient-group is responsible. The vast majority, 81% thinks that the *patient has responsibility for his addiction problems*, meanwhile patients are not responsible for developing *Schizophrenia*. Higher percent of the rescue- and urgent care nurses think that patients of both groups are responsible, while among psychiatric nurses it is widespread that none of the patients is responsible for their condition ( $p = 0,005$ ). Our own developed questions

investigated the subjective opinion on the *effectiveness of the earlier health care education*. 47% of the responders rather agree on that they *did not acquire adequate theoretical and practical knowledge* to treat and communicate well with psychiatric patients. Relatively high percent, 27% of psychiatric nurses consider their own knowledge incomplete; nevertheless, the highest rate of psychiatric nurses considers themselves adequately trained. Almost the half (49%) of the responders of the rescue and urgent care nurses finds not effective their earlier education, herewith they are the most critics towards their own education. Questions investigated the relation between *knowledge acquired by education, and empathy* showed that more than the half of the responders (55%) rather agree on they could better understand psychiatric patients if they know better the psychiatric disorders, and they could take care with more empathy the patients suffers from these problems. In cases of these questions there were no significant difference between the nurses from different fields of specialities. Questioning the *discriminative attitude*, 40% of the responders thinks psychiatric patients should not be, the other 40% thinks they could be treated with other patients suffer from somatic diseases in the same hospital. Speaking off discriminative attitude, there is pronounced difference between the opinion of psychiatric nurses comparing the opinion of nurses from the other fields of specialities: approximately 60% of the responders support the idea of designing 'mixed' hospitals. 60% of the full sample considers right to move the psychiatric patients to community, smaller, individual houses, meanwhile 20% of the responders do not agree on this. Among secure - and urgent care nurses the rate of rejection is greater ( $p = 0,006$ ).

Distribution of answers for the 30 questions of the Scale of Measuring Public Attitudes to Mental Illness (*Table 1*) was analysed on each responder according to their field of specialities. The result of the independent variable  $\chi^2$ -test analysed the degree of agreement on the certain question and the existence of the correlation of the field of speciality. When p-value is less or equals 0.05, then the significance level is 5% and there is correlation between the two variables. From the partial results leading towards the final values of the anti-stigma sub-index of the 30 items scale, it is notable that more than the half of the responders (53%) rather agree on the statement that a person suffers from the mental disease until the end of his life. Most of the rescue and urgent care nurses agree the statement, more workers comparing to the other field of specialities. Nearly half of the psychiatric nurses (47%) agrees the statement ( $n = 492$ ;  $p = 0,001$ ). 37% of the responders rather agree the statement that patients suffer from severe mental diseases *are not the same comparing to other people*. The strongest agreement is shown among the rescue and urgent care nurses where the half of the responders thinks that the patients suffering from mental disorders are different from the other people (moreover, third of them absolutely agreed.) In contrast 60% of the psychiatric nurses agreed there are *no difference between the patients suffering from mental illness* and the other people ( $n = 494$ ;  $p = 0,000$ ). To judge the dangerousness of mental patients, significant difference can be shown according to the field of specialities. Two-third of the psychiatric nurses, while only one-third (31%) of the rescue and urgent care nurses think that the patients suffering from mental diseases are not *dangerous*. Nearly 50%, adequate rate of

the average of the workers of the other fields of specialties disagree with the statement ( $n = 492$ ;  $p = 0,000$ ). The vast majority of the responders independently from the special field, agrees that it is really hard to understand severe mental patients. Only the 5% of the responders think that they are not ( $n = 493$ ;  $p = 0,290$ ). Independently from the field of speciality, the majority of the responders agrees that patients suffering from mental diseases are treated differently. Those who do not agree: 4–6% ( $n = 494$ ;  $p = 0,139$ ).

### Introducing the Anti-stigma-index and Its Sub-indexes

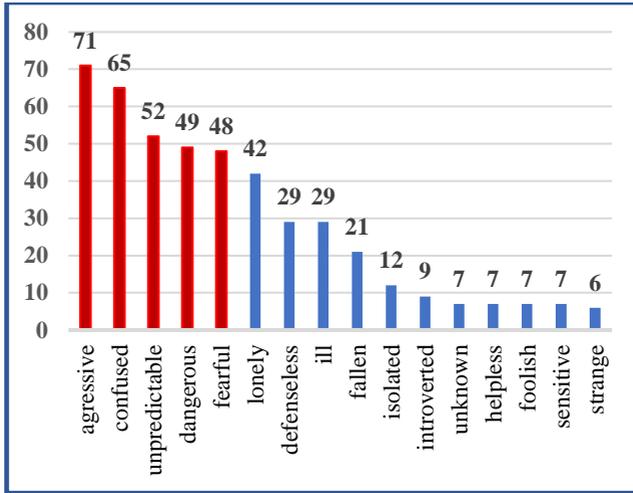
The attitude-statement questionnaire is suitable to show the attitudes according to Madianos and his co-researchers. Applying factor-analysis for statements, four latent attitudes were identified: 1) stereotyping, 2) optimism, 3) fight 4) empathy. After examining reliability and validity, according to their last conclusions, attitude statements are suitable for showing the anti-stigma attitude. Relying on this test, in our analysis answers for each question were thematically averaged to get the sub-indexes according to the four attitudes, then their – unweighted, arithmetically – average in the case of each responder who gave valid answer to each question/statement. Based on the descriptive statistics (*Table 3*), related to stereotyping, optimism and empathy, extreme opinions occurred. *The smallest range is seen in the case of 'fight' sub-index.*

**Table 3: Descriptive Statistics of the Anti-stigma-index and Its Sub-indexes**

	Number of elements	Minimum	Maximum	Avarage	Deviation
<b>Antistigmati-zing index</b>	462	2,3	4,7	3,6	0,4
Stereotyping Sub-index	478	1,0	4,9	2,8	0,7
Optimism Sub-index	491	1,2	5,0	3,2	0,8
Fight Sub-index	486	2,3	5,0	4,4	0,5
Empathy Sub-index	489	1,2	5,0	3,7	0,6

In this dimension, the strongest agreement on anti-stigmatizing statements can be seen as well as *the smallest standard deviation* which means high homogeneity among the responders. *The greatest difference between*

*the opinions* was shown related to *optimisms*, and the standard deviation of indexes supports these results. In the cases of *stereotyping and optimisms* sub-indexes divergence of the opinions can be seen between the opinions of the responders; however, related to *empathy and* especially *fight steady*, positive attitude was shown. The anti-stigma-index was determined as arithmetical average of four sub-indexes. On this basis there was *no* person with *extremely stigmatizing attitudes*. Applying variance analysis, the average-values of anti-stigma-indexes were compared in groups along socio-demographic criteria. According to this, at 5% significance level it was proven, that the averages of anti-stigma-indexes are different concerning the field of specialities. The highest average (3,72) was measured among psychiatric nurses, followed by the average (3,64) of 'other' nurses of adult nurses, and the lowest average (3,56) of anti-stigma value was reached by the rescue- and urgent care nurses. Concerning *the length of professional experience, significant difference was shown*, meanwhile the link between the years of experience and the anti-stigma-attitude was not monotonous, so it *cannot be said that longer nursing work move along with more stigmatizing attitude*. The variance-analysis proved that *responders with college or university degree (higher-educated) tend to be less stigmatizing*. Considering, that significant difference of the average values of anti-stigma-indexes along certain criteria, the question can arise: which of the four sub-indexes - contributing the index – are responsible for these differences. Exploring this, further ANOVA-tests were performed along sociodemographic values on the averages of sub-indexes. The sub-index of *stereotyping* (still, the lowest value marks the less stigmatizing attitude) shows *significant and pronounced difference in favour of psychiatric nurses*, significantly against the rescue- and urgent care nurses. In this aspect, along clinical experience no significant difference can be shown; although, *higher educated and responders living in Budapest are less stereotyping*. In the case of '*optimism*' sub-index more positive attitude comes from psychiatric nurses, and *the rescue- and urgent-care nurses are the least optimistic*; in addition to the higher educated nurses earned greater than average points comparing the medium-level qualified nurses and nurses with OKJ-qualification. Answering our own questionnaire and the open questions of the Measuring Public Attitudes to Mental Illness - Scale responders were asked to write down 3 adjectives which were in their mind at first of the patients suffering from mental disorders. Upon mention-frequencies, the 5 most mentioned adjectives are negative and reflect discrimination: *aggressive, confused, unpredictable, dangerous and fearful*.



**Figure 1: Frequency of Expression Related to Patients Suffering from Mental Disorders (n=495)**

Balancing the disadvantages of the quantitative study, at the end of the questionnaire those responders who willing to discuss their attitudes towards patients suffering from mental disorders were asked to give their availabilities. Along this, 40 nurses gave their availabilities, and later in a frame of a focus-group interview, we could perform with them a deeper qualitative analysis.

### **The Results of the Hypothesis Analysis**

**(H1)** Analysis of the components of the ASMI have proven that **rescue and urgent care nurses are more stereotyping** against patient suffering from mental disorders, and they are less optimistic considering their future. It is overall stateable, in the whole research rescue- and urgent care nurses gave more negative results, **in their cases stigmatizing is more characteristic**. Hence *the first hypothesis was proven*.

**(H2)** Statements concern the earlier education: 47% of the responders rather agree on the statement than **they did not acquire acceptable theoretical and practical knowledge during their earlier studies** to interact effectively with psychiatric patients. 49% of the rescue and urgent care nurses agreed. Debate provoking is the relatively high (27%) result among psychiatric nurses; since a psychiatric nurse acquires psychiatric knowledge for 10 months on the OKJ training, assuming a more accurate, more profound education comparing to the other health care providers. Nonetheless, according to the results, many of the nurses feel that they cannot provide acceptable nursing to their patients. We concluded that our *second hypothesis has been proven*, which leads attention to the necessary changes in our education methods.

More than the half (55%) of the examined sample **proved the hypothesis**, that the **knowledge** related to mental disorders is **insufficient**, and the reason as far as we see can be found in the quality of the trainings and education. A thought can arise, linked to the earlier health care education, the common “education block”, included psychiatric- and neurological nursing provide not enough deep knowledge to transfer. Neither does the psychiatric clinical textbook help to grow the effectiveness considering that the chapter ‘Neurological nursing’ dedicates only 5 and half pages for psychiatric disorders. Communication, including acquiring assertive techniques is only one day (8-10 hours) compressed into a module in OKJ training which is definitely not enough for confident knowledge. **(H3)**

**(H4)** As in other studies, in this research the significance of effective tools linked to the passionate activities has also been proven, as for **this research proved clearly the fourth hypothesis**. Nearly 80% of agreement **physical aggression** marked as the **most difficult problem to handle during nursing**. The *not cooperating, rejective patient* and the *verbal aggression* were chosen with a high rate related to the whole sample.

According to the fifth hypothesis, as a result we have shown that **higher educated nurses represent less stigmatizing attitude** comparing those who were qualified at medium level. Location showed minimal difference between the capital and the countryside according to the attitude of the nurses. *Nurses from the countryside stereotype much more comparing to the nurses from Budapest*; however, we could explore no significant difference related to *fight, optimism and empathy*. Therefore, the two-digit, Budapest-Countryside variable, created with the data of every counties’ fulfilling and the capital, proved that *the picture of the mental disorder and the attitude are independent from the workplace and housing*. The **hypothesis was only partly proven**. **(H5)**

The results of our research showed that *less experienced nurses have less hidden stigmatizing attitudes*, comparing to the more experienced nurses. Meanwhile, the significant (p-value 0,027) deviations, experienced parallel to the length of nursing *did not show monotonous correlation between the years of experience in years in the certain field of specialities and the anti-stigma-attitude*. Overall, it cannot be said that: the longer working the nurse is, stigmatizing attitude is more characteristic. **Thus, the hypothesis cannot be considered proven**. **(H6)**

**(H7)** The **last hypothesis** of our study **was proven by our results**: overall among psychiatric nurses **the highest value of anti-stigma and the lowest stigmatisation** could be shown.

## CONCLUSIONS

1. However, the concept of biopsychosocial model has been present for a long time in the theoretical knowledge of the health care educational training, for better understanding of the mental disease,

for the patients' humanistic, equal treatment and for accepting patients suffering from mental disorders without prejudice it is necessary to methodologically reform the education, including sensitisation.

2. In this study we assessed that stigmatizing towards patients living with mental problems is present in the attitude of health care providers. Among participating nurses in accordance with the international studies for similar purposes, stereotyping and hidden negative relation were detected.
3. Based on the explored results, we can conclude that the curriculum's content, the number of hours and the competences of the lecturers are needed to be started to be revised.
4. More profound education of mental disorders, applying new tools would be worth to teach so not the risk of these patients' violent behaviour, but the patients' suffering would be kept in mind of the students. Involving companions/expert specialist to the training, learning stories of suffering and recovery, the honest, personal toned discussion with patients linked to the lectures or training at the mutual psychiatric unit are elements with which positive results can be achieved in the field of change of perspectives towards patients suffering from mental diseases.
5. Aggression is present in such extent in the everyday work of nurses especially in the field of rescue and urgent care and psychiatric nurses that we have to put much more emphasis on the training of the health care worker. To prevent any aggressive event in every health care education, communication should be taught as a highlighted subject. Learning assertive technics is still important, though, besides these situation trainings are needed to model with which effective communication skills can be learned with acute symptomatic patient suffering from mental illness.
6. Organizing sensitisation programs, trainings can help to overcome prejudice. Extend of the already working/successful complex sensitisation programs towards psychosocial disability, sensory disability in addition to motoric disability for workers of more health care institutions would be an important step forward to positive changes.
7. At the college of nursing it would adequate to integrate compulsory clinical rotation/practice at the mutual psychiatric unit in every local training of psychiatric nursing. Change of perspective could aid next to the less medical model approaching, traditional therapies applying and control basic institutional treatment, learning a form which focuses on the needs and goals of the patients.
8. Apart from psychiatric nursing, the subject 'knowledge of addiction' could be more effective to involve addicted patients and having honest, personal conversation about the background of their drug- or alcohol addiction, overcome process and the recovery.
9. Apropos of replacement program, it is justified to organize knowledge evoking and sensitisation training for health care providers and their co-workers at the patients' new home after moving out from a large-numbered institution.
10. Psychiatry concerning depression, global endemic has to rise over low-level clinic in every segment.

11. As consequence of our research results, the topic of stigmatizing of patients suffering from mental disorders would be necessarily *subjected to professional discussion*. The criterium of effective advanced nursing is quality which has a desire for professional practice without prejudice and providing equal opportunities.
12. Based on the explored correlation we have concluded, not only the patients suffering from mental disorders need help out of humanistic turn, and perspective change, but health care professionals of field of every speciality need professional supervision related to patients suffering from mental disease. Axiom of the helping professions that only harmonic, balanced emotionally stable person can feel and practice empathy toward the needy person which is fundamental for nursing profession.
13. Applying a different investigating method from anonymous questionnaire, further, more profound investigation is necessary to explore stigmatization.

### **New findings of the dissertation**

- Earlier in Hungary, domestic study was not performed about the topic of attitude towards patients suffering from mental diseases among health care workers. Consequently, the results of our exploratory study are hopefully novel and niche.
- We concluded that methodological reforms are needed in the training of psychiatric nursing subject in the professional education.
- Our data support the Measuring Public Attitudes to Mental Illness Diseases (ASMI scale) is suitable to explore the relation of health care professionals towards mental diseases.
- The scale can be used for investigating attitudes of nursing students as well as other health care worker population.
- We concluded, the stigmatizing-discriminative attitude towards mental patients could be improved in the domestic trainings by differentiated education involving expert specialists, based on the results of international nursing research. Effectiveness of nursing is negatively affected by the decline in empathy on the ground of self-defence mechanisms which needs to be restored through sensitisation programs and trainings focused on empathy.

### **Author's Publication List**

#### ***Publication in relation to the dissertation; original articles, chapters of books***

1. **Ács A, Mészáros J, Balogh Z.** (2020) Egészségügyi szakdolgozók mentális zavarokkal kapcsolatos ismereteinek és a betegekkel szembeni attitűdjének vizsgálata. Orvosi Hetilap. 161: 2 pp.72-82.

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