

Stigma by Nursing Students' Towards Clients



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Purpose and Objectives

The purpose of the study is to explore the presence of stigmatizing thoughts towards clients by nursing students. The general aim of the study was to determine the effect of vignettes including negative health choices versus choices that cannot be controlled on stigmatizing thoughts towards patients. Essentially, we contrast neutral versus negative framing in case studies.

Introduction

Stigma, an attribute that discredits an individual or group, is a well-documented phenomenon in various sectors of society, including healthcare. Stigma toward patients by healthcare workers can have profound effects on patient care, adherence to treatment, and overall health outcomes. Despite the ethos of healthcare promoting non-judgmental and equitable treatment for all, the presence of stigma in clinical settings undermines these principles. This essay will explore the causes, manifestations, and consequences of stigma toward patients by healthcare professionals, while also offering potential strategies to mitigate it.

Methods

The protocol outlines a survey-based, quantitative descriptive study in which participants—FSU nursing students—complete a single, online questionnaire hosted on Qualtrics. In this study, participants are presented with case vignettes that are either neutrally or negatively worded, and then they respond to a series of survey questions designed to measure stigmatizing attitudes. Data collection includes gathering basic demographic information as well as responses to each of 10 clinical scenarios. The survey is administered via an emailed invitation, and consent is indicated by clicking through the provided information; the entire process takes approximately 30 minutes per participant. Additionally, data analysis will involve basic descriptive statistics along with ANOVA to compare the levels of stigma across scenarios.

Results

Case Study-3 The 23-year-old African American patient has a history of HIV, intravenous drug use, and multiple sexual partnerships. Diagnosed with HIV two years ago, he struggles with adherence to antiretroviral therapy due to ongoing substance use and unstable living conditions. His high-risk behaviors, including unprotected sex and drug use, have contributed to health complications and difficulty maintaining medical appointments.

Item	Term 1 (N=12)	Term 2 (N=16)	Term 3 (N=13)	Term 4 (N=14)
People with chronic diseases are as intelligent and capable as anyone else	2.54 (SD 0.34)	2.23 (SD 0.31)	1.91 (SD 0.26)	1.88 (SD 0.12)
People with Chronic Diseases contribute to their disease states through negative health behaviors	1.22 (SD 0.13)	1.54 (SD 0.23)	2.12 (SD 0.16)	3.10 (SD 0.49)
People with chronic diseases are often responsible for acquiring particular diseases	2.01 (SD 0.54)	1.84 (SD 0.32)	1.54 (SD 0.88)	1.12 (SD 0.45)
People with chronic diseases make poor health choices	1.11 (SD 0.24)	1.16 (SD 0.22)	2.01 (SD 0.33)	3.01 (SD 0.54)
People with chronic diseases are weak willed and make bad choices	1.12 (SD 0.19)	2.03 (SD 0.54)	1.54 (SD 0.29)	1.44 (SD 0.19)
People with chronic diseases should expect society to enforce restrictions on them to address their health	2.12 (SD 0.71)	2.32 (SD 0.29)	1.54 (SD 0.33)	1.32 (SD 0.88)

Results

Case-Study-4 (patient with HIV disease who is a rape victim) Patient Race: Native American Patient, Age 26 Patient Height: 5'4 Patient Weight: 135 BMI 23.2

Historical Description: The patient is a 26-year-old Native American woman who is living with HIV, contracted as a result of a violent sexual assault. The trauma from the rape has left her severely depressed and suffering from PTSD, with constant panic attacks and overwhelming fear. She has withdrawn from almost all social interactions and struggles with deep distrust of others, including healthcare providers, making it difficult for her to access care. Her HIV diagnosis serves as a constant, painful reminder of the assault, and she has not been able to adhere to her antiretroviral therapy.

Item	Term 1 (N=12)	Term 2 (N=16)	Term 3 (N=13)	Term 4 (N=14)
People with chronic diseases are as intelligent and capable as anyone else	1.22 (SD 0.12)	1.14 (SD 0.22)	1.17 (SD 0.21)	1.88 (SD 0.28)
People with Chronic Diseases contribute to their disease states through negative health behaviors	1.29 (SD 0.23)	1.88 (SD 0.41)	1.22 (SD 0.55)	1.45 (SD 0.18)
People with chronic diseases are often responsible for acquiring particular diseases	1.00 (SD 0)	1.09 (SD 0.03)	1.23 (SD 0.09)	1.02 (SD 0.01)
People with chronic diseases make poor health choices	1.23 (SD 0.34)	1.29 (SD 0.21)	1.88 (SD 0.14)	1.14 (SD 0.28)
People with chronic diseases are weak willed and make bad choices	1.88 (SD 0.23)	1.00 (SD 0)	1.08 (SD 0.03)	1.02 (SD 0.02)
People with chronic diseases should expect society to enforce restrictions on them to address their health	4.22 (SD 1.15)	4.22 (SD 1.14)	4.08 (SD 0.67)	4.67 (SD 0.41)

Implications for Practice

The study's findings indicate that nursing students, over the course of their education, develop greater awareness of the effect of individual choice on health behaviors. This could have significant practical implications for clinical education and patient care. If the research demonstrates that neutrally worded case vignettes are associated with lower levels of stigmatizing attitudes among nursing students, educational programs may consider revising their case studies and training materials to use more neutral language. This change could help foster a more empathetic and unbiased approach to patient care, potentially reducing stigma in clinical settings. Moreover, understanding how individual factors like gender, age, and educational level influence these attitudes could allow for more tailored interventions, enhancing both pre-licensure education and ongoing professional development. In practice, this could lead to improved patient interactions and outcomes, as healthcare providers become more aware of and actively work to minimize biases that can negatively impact the quality of care.

References

- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, 1(1), 16–20.
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Prentice-Hall.
- Knaak, S., Mantler, E., & Szeto, A. (2017). Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthcare Management Forum*, 30(2), 111-116.
- Puhl, R. M., & Heuer, C. A. (2010). Obesity stigma: Important considerations for public health. *American Journal of Public Health*, 100(6), 1019-1028.
- Thornicroft, G., Rose, D., Kassam, A., & Sartorius, N. (2007). Stigma: Ignorance, prejudice or discrimination? *The British Journal of Psychiatry*, 190(3), 192-193.
- Turan, B., Hatcher, A. M., Weiser, S. D., Johnson, M. O., Rice, W. S., & Turan, J. M. (2017). Framing mechanisms linking HIV-related stigma, adherence to treatment, and health outcomes. *American Journal of Public Health*, 107(6), 863-869.
- van Boekel, L. C., Brouwers, E. P. M., van Weeghel, J., & Garretsen, H. F. L. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug and Alcohol Dependence*, 131(1-2), 23-35.