STIGMA FOR MENTAL ILLNESS AMONG PRIMARY HEALTH CARE PHYSICIANS AND NURSES IN DAMMAM, SAUDI ARABIA

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Master's Dissertation to obtain the Master's Degree in Primary Care Mental Health

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ABSTRACT

People who experience any type of mental disorder not only face difficulties with their health challenge they also suffered from negative responses that come from their social environment in many forms such as discrimination, denial or social rejection and this leads to stigma.

Mental illness stigmatization within the healthcare professional has an impact on the delivery and provision of care services to the patients and is an obstacle to health seeking and maintaining good health management. This study aims to explore stigma for mental disorder in primary health care physicians and nurses because they are the first contact when a patient needs help.

The study took place in Dammam Primary Health Centres and recruited physicians and nurses who completed the Opening Mind Scale for Health Care Providers as a tool of measuring levels of stigma. The results of the questionnaire were compared between both groups and correlated with their sociodemographic data. Result prove the existence of stigma in primary health physician and nurses the mean score is 55.13 out of 100. with Saudi staff having more stigma than non- Saudi , another factor that associated with more stigma is gender as female express more stigma than male .

At the end of the study stigma in physicians and nurses was almost equal. This needs to be considered in future planning to minimize negative perception of people with a mental illness by initiating anti-stigmatization program for health care provider as a means of primary prevention and health promotion.

Keywords: anti-stigmatization, Dammam primary health centres, physicians, opening mind scale, mental illness

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LIST OF ACRONYMS.

BASAT ……. Bavarian Anti-Stigma Action
OMS-HC ……. opening mind scale for health care provider
PHC …… Primary health centre

1. INTRODUCTION

Stigma can be defined as a strong feeling of disapproval that most people in society have about something, especially when this is unfair[4]. Stigmatizing attitudes toward mentally ill people delay and diminish the chances of receiving adequate care[5].

Unfortunately, people experienced with any type of mental disorder do not only face difficulties with their health challenge. They're also suffered from negative responses that comes from their social environment in many forms such as discrimination, denial or social rejection.

Worldwide, epidemiological studies shows a 58.7% lifetime prevalence of having mental illness[1] where depression estimated to be in the first rank of health burden globally by the year of 2030[2, 3] , therefore a lot of interest now takes place for studying mental illness and its challenges to help in minimizing its effects and suffering.

Many researchers studied the self and perceived stigma on population. Other studies targeted the health care professional which prove existence of stigma. For example, in Australia research found that physician have stigmatization attitude but less than general population[6]. Some research went a step further and studied the effectiveness of anti-stigmatization interventions in medical providers[7].

Since Primary Healthcare is the first contact point of patients with a psychiatric disorder, mental health knowledge and attitude of health care providers (nurses and physicians) working in the centres toward these patients should be given more attention. The high percentage of mental illness, like depression in frequently visitor of primary health centres in Saudi Arabia can reach up to 50%[8]. This makes primary health care providers a vital target for our study which proposes to explore if they are having stigma toward mental illness.

2. LITERATURE REVIEW

Stigma of Mental Illness amongst Health Care Providers

Mental illness stigmatization within the healthcare profession has a great impact on the delivery or rather provision of care services to the patients. Recent literature indicates that the stereotypic beliefs towards a certain group of people have affected the manner in which the medical practitioners provide care to the mentally ill patients[9]. Corrigan argues that at least one out of five adults in the United States suffers from mental illness and as a result, they experience stigmatization not only from the society but also from the health care professionals. Additionally, approximately 25% of people suffering from mental disorder have

a feeling that the people around them are compassionate, caring and supportive[9]. Such a lower ratio shows that the level of stigmatization against the mentally ill is very high.

Although most people may argue that stereotypes towards the people suffering from mental illness constitute to stigmatization, it seems more discrimination as opposed to stigma. According to research carried out by Gronholm[10], a large number of those suffering from mental disorders find it difficult to seek medical assistance from healthcare institutions because of the fear of stigmatization. Whenever a person shares his or her disheartening experience of stigma in the hands of care providers, other people suffering from the same mental condition may find it difficult to seek professional help due to the fear of experience of the same mistreatment. According to Gronholm[10], healthcare providers stigmatize mentally ill patients because they hold on to the perception that (1) mentally ill people are dangerous-more so those with drug dependence, alcoholism and schizophrenia, (2) some mental disorders such as substance abuse and eating disorders are self-inflicted (3) people suffering from mental disorders are difficult to handle, and (4) mentally ill patients do not follow the doctor's prescription whenever medication is administered to them.

Negative beliefs and perceptions that the healthcare providers hold mental illness make it very difficult for patients to seek medical help in the healthcare facilities. In a study on psychotic disorders, Gronholm[10] states that timely treatment is essential for the patients suffering from mental disorders although the outcomes depend on the perception of the doctors and care providers. Additionally, the study shows that there is always a delay in the treatment of mental disorders as compared to other diseases because of the negative beliefs that the community and health professionals have towards mentally ill people. Despite the fact that stigmatization theories in the health profession are limited, some literature seeks to provide helpful insight into the matter. The stigmatization among the health professionals develops in the same way as the social stigma. For instance, when a health care provider works with people that hold negative perceptions towards mental illness, he or she may develop such stereotypic notions. As a result, the negative perceptions hinder the health care providers from providing quality care for patients suffering from mental disorders[11].

Mental illness stigma by health care providers may also develop as a result of community beliefs. For example, Mittal[12] claims that some communities tend to isolate people suffering from mental disorders because they link it to bad omen. As a result, if a health care provider hails from such a community, he or she may carry such beliefs to the work place, thus, affecting the service delivery to the patients. Most of the clients experiencing stigmatization by the healthcare providers may prefer ending their current medication and vow never to seek any other health care service in future. Moreover, some of the professionals that provide care services to the mentally ill may be under the influence of drugs, thus, affecting their service delivery. As a result of the drugs, the people may have negative perceptions towards the mentally ill people[13]. According to a study on mentally ill patients and the effects of stigmatization, Thornicroft[13] found that stigmatization by the health care providers subjects the patients to more difficulties because they are forced to fight effects of the illness as well as the stigma from the public and health care providers.

There are various ways through which healthcare professionals subject mentally ill patients to stigma. They do so by making the patients feel less important in the society or by paying little attention to them as compared to the patients suffering from other health conditions. Additionally, mentally ill people are likely to face law enforcement rather than getting medical help[14]. As a result, the number of mentally ill people in the jails surpasses those in the hospitals. Therefore, most of the healthcare providers tend to think that people suffering from mental disorders should be taken to the jail rather than being taken to the hospitals to seek medical assistance. Such a stereotype makes the healthcare professions reluctant in taking care of the patients. In the real sense, stigmatization of the mentally ill people should be regarded as discrimination according to Corrigan[11]. People suffering from mental disorders are treated differently as compared to those suffering from other types of illnesses.

Consequences Mental Health Stigma

Damaging social participation and social relationships: Mental health stigma not only affects the people suffering from mental disorders but also the general public. Corrigan[15] argues that mental health stigma destroys relations and the performance of duties in the society. For instance, whenever a person is stigmatized or discriminated by a family member due to mental disorder, he or she may develop unending enmity, thus, destroying the relationship ties between the family members. In some communities, mental illness is considered to be a bad omen or devilish. As a result, a person suffering from the mental disorder may be isolated from the other members of the society as well as family. Additionally, Hunt and Resnick[16] claim that whenever a person suffers from mental disorder, he or she is forced to abandon the duties and responsibilities that he might be having because ineffectiveness and irresponsibility. Due to stigmatization, people may never want to associate with a mentally ill person, thus, exclusion in social events.

Economic impact: Everybody makes certain contribution to the economic growth, thus, when people are stigmatized, it becomes very hard for them to recover from mental illness. As Zhao[17] claims, stigma makes it a two-fold battle for the mentally ill people; they have to deal with the stigma as well as the illness itself. Therefore, such a situation makes people less reproductive. For example, if they were taking part in some activities that contribute to economic growth, they end up either in jails or hospitals. As a result, they do not contribute or take part in any economic activity because people are unwilling to mingle with them.

Reduction of dignity and self-esteem: According to the study by Sickel[18] approximately 50 Million people in the United States suffer from mental illness but they are unable to seek medical assistance because of low esteem that they have. Although people are becoming civilized and enlightened, the level of mental health stigma has taken a new shape and dimension because the medical practitioners are stigmatizing mentally ill patients instead of providing care. Also, stigma makes people feel unwanted by the community and so the only option is to suffer silently without seeking medical assistance. Research carried out on the Americans by Sickel[18] shows that half of the people suffering from mental disorder are willing to seek care and treatment in healthcare organizations.

Inability to live decent lives: people facing stigma either from the public or care providers are unable to live comfortably because they feel that people have a negative perception towards

them[19]. Therefore, most of the mentally ill end up becoming homeless if they do not have anyone to take care of them. In some parts of the world, mentally ill people undergo unbearable conditions because they may be disowned by their family members. As a result, patients live miserable lives and they are unable to meet their own essential needs such as food, clothing and shelter. In other words, mental health stigma may force people to live animal-like lives.

Worsening of Health: health care providers subject patients with disorders to the worst health because they abandon them. For instance, a research conducted on the relationship between pharmacy services and the mental health stigma on people suffering from schizophrenia shows that most of the patients lack proper care due to the effects of stigma[20]. Due to the mental condition of the people suffering from mental disorders, they are unable to follow the doctor's medical prescription. Thus, they may misuse the administered medication, hence worsening their health conditions. Despite stigma being inhuman, it is regarded as a form of discrimination because patients suffering from the other types of illnesses are treated differently as compared to those suffering from mental illness.

Increased cases of violence: stigma against mentally ill people involves promulgation of negative and inaccurate perceptions maybe by the media. People with mental disorders tend to feel agitated by the manner in which the community isolates them, thus, they may result to committing violent acts or crime as a compensatory behaviour. According to a European research conducted by Schomerus[21], there are numerous online campaigns to reduce the level of stigma against mentally ill people as a form of reducing violence cases. Moreover, negative perception towards people suffering from mental disorder makes people violent against them.

Limited access to employment and housing: stigma is the root cause of all evils committed against mentally ill people. For example, people associate mentally disorders with irresponsibility regardless of the level of illness. In case an employer notices that one of the employees is suffering from mental illness, he or she may decide to fire the employee instantly to avoid unnecessary issues. For instance, Stuber's[19] research on the misconceptions of mental illness shows that at least three people in every five suffering from mental disorder in America stopped working either voluntarily or being fired by the employer. Additionally, 40% of the participants in the search disclosed that they stopped working immediately they noticed that they were suffering from mental disorder.

Inappropriate allocation of resources: mentally ill people are normally excluded from resource allocation plans simply because they are incapable of utilizing the resources, thus, enhancing inequality. Very little resources are allocated to the health care centres that deal with mentally ill people as compared to those that deal with patients suffering from other forms of illnesses. Schomerus[21] indicates that improper allocation of the resources may contribute to inadequate facilities to cater for the mentally ill patients. Additionally, the people suffering from mental illness may also lack enough medication to enable them to recover from the illness. As a result, it becomes very difficult for the mentally ill people to cope with the high level of stigma as well as the severe conditions that they are subjected to by the illness.

Suffering and suicide cases: mental health stigma causes people to suffer and in some cases, it may result to suicide. According to Sickel[18] some of the people that suffer from mental health stigma may be the bread winners of the families. As a result of the stigma by both the public and the health care providers, they may end up losing their jobs, thus, causing the families to suffer. Moreover, the mental ill people may result to committing suicide because they have a feeling that they have totally failed in providing for their families. Also, some other family members may not withstand the stigma that their loved one's face. Therefore, they may consider taking away their lives.

Abuse of human rights: neglecting the patients suffering from mental disorder may result to abuse of human rights. Corrigan[15] claims that all the health care providers are bestowed the duty to serve all people equally regardless of the illnesses that they are suffering from. Therefore, subjecting the patients suffering from mental illness to unbearable suffering is a way of neglecting duties, thus, abusing human rights. It is the right of every body to access quality health care regardless of the type of disorder that a person suffers from. Although the level of mental disorder may be so high such that it becomes difficult to control or to administer quality health care to an individual, health care providers should ensure that they do their best in taking care of the patients suffering from mental illness [17]. In some cases, the patients' condition may not be so bad to an extent of being taken to jail. For instance, a person suffering from depression needs counselling and taking a break from the normal duties as well as administration of the appropriate medication. However, whenever the health care providers neglect or stigmatize such a person due to the fact that he or she is suffering from a mental disorder, it becomes very hard for the person to recover and the illness may also advance to uncontrollable level.

Fear and mistrust: a research conducted by Phelan[22] on the reduction of stigma indicates that almost 99% of the mentally ill people that suffer stigma due to their mental conditions develop a high degree of mistrust even after they recover from their illness. For instance, when a patient suffers in the hands of the health care providers, he or she may vow never to seek the same services from any healthcare facility in order to avoid having the same nasty experience. As a result of the mistrust developed by the people towards health care providers, it may be very difficult to seek help, advice and medical intervention from health care providers even when a person is suffering from a minor mental disorder such as depression. The fear that a person may be subjected to mental health stigma may also hinder people from disclosing that they are suffering from mental illness. As a result, the condition may advance further and get out of control.

Public stigma of mental health

The fact that most people fear stigmatization or being psychologically sanctioned oversees numerous aspects of people's behaviour. In most of the stigmatization cases, the victims do not always change their behaviours but they hide their actions and behaviours. In this context, the stigmatized individuals seem to go against the social norms of the society[23]. This act has been referred to as 'spoiled identity due to the fact that the person has been discredited by the society. The fact that people end up hiding their behaviours, makes it a big challenge to be able to quantify the existence of stigma. Despite the fact that it has become almost obvious to

everyone that stigma changes people's behaviour, it has also been difficult to incorporate the treatment of stigma in the economy. However, it I true that stigma is real and affects actions in many dimensions.

According to Pedersen and Paves[24]18.6 percent of adult Americans were said to have experienced mental illness in 2012. Studies have proved that public knowledge about mental illness has increased especially in the developed countries. Even though, public stigmatization of the patients has also continued to prevail as well. For example, the mental health illness has been ranked almost at the bottom in terms of public acceptance when compared to other illness. For that reason, the effects of the stigmatization have been estimated to almost have the same impact as that of brain disorder. Stigma has been the main cause of the reluctant nature of the society need will provide mental health care. In addition, it is also the same reason as to why most people in need of mental health care are reluctant in seeking and paying for medical care. It is due to these reasons that the mental health patients end up being treated under very intense conditions and costly expenses.

Even when the stigmatized agents eventually seek help, they are also faced with other privacy concern at the clinics. For instance, if patients asked whether he or she has faced stigmatization before, they are unable to answer truthfully because they fear that their response may not be kept under privacy. Research has shown that if mental sickness was not stigmatized, the patients of the illness would be able to produce sickness reports just like the other people suffering from other diseases do[23]. The meaning of stigmatization is quite wide-ranging and it sums up to some causes like disgrace, concerns for social discrimination, shame and guilt. Labour market discrimination is also severe but it can be specifically separated. Studies have shown that it is not always stigmatization that makes victims of mental disorder to hide their traits. There are other issues that revolve around the issue like the need to get a nice job and also to get promoted to a job. It is a strategic way of reporting which may be caused by stigmatization at the workplace.

Throughout the history of time, people with mental illness have been treated differently from other people due to different reasons. In most of the occasions, they have been anticipated to have more violent and unpredictable attributes than normal people or other patients suffering from other diseases, although none of this belief has any bases whatsoever. In the past, there were beliefs that one may be possessed by demons or maybe spirit possessions which in most cases would accuse unnecessary caution and discrimination in most cases. Some entertainment organizations and social media have been accused of promoting stigma towards the mentally unhealthy individuals in very significant ways. Schizophrenia, for example, is one of the illness that the cinematic depictions that have been made about are majorly stereotypic and in most cases. According to Pedersen and Paves[24], since 1990 to 2010, the movies created having Schizophrenia characters are created with at least one of them having violent characteristics. This indicates that movies with these characters promote biased and stigmatizing attitudes towards mental illness.

Stigma embraces both prejudicial insolences and discerning behaviour towards persons with psychological health difficulties, and the societal effects of this include segregation, a poorer subjective value of life, poor social support and low self-respect. It also has a detrimental

effect on the recovering individuals whereby it hinders effective and efficient recovery for the patients who are trying to recover from the illness[25]. Public stigma also contributes to social isolation. The fact that many people in the society believe that mentally ill people are dangerous and risky to live with endangers the lives of these individuals even more. This is because the patients are actually in a grave danger of harming themselves than harming others. They are also in danger of being harmed by other people who are not ill at all out of paranoia.

As far as mental sickness is in question, stigmas seem to be extensively reinforced almost by all members of the society. This proves to be a fact especially in the developed countries like the USA, Norway and Germany. Students of social relations and minority support have done diverse research activities which have proved that victimization of the mentally sick has increased over the past few decades gradually. A survey group has also done its investigation and noted that stigmatization against the mentally ill increases by 2.5 % of the population every ten years[9] . Some of the perceptions that increase every year about the mentally ill people is that they are fierce or terrifying. On the other hand, the use of therapy to cure mental illness was observed to have increased between 1987 and 1997[25]. It has been argued that the use of therapy to cure mental illness has been due to the decrease in stigmatization although other studies show otherwise. The reduction is mainly in the cases where mood disorders are involved. The period that psychoanalysis was used to treat the mental illness it was not determined whether the two had any relationship with stigma, or whether any of them determined the other.

Reduction of mental health stigma

In most of the developed nations, the health organizations in those countries have taken the initiative to target the stigmatization in their effort to eradicate mental illness and improve the lives of the patients as well. The US for example, there is an organization known as the National Alliance of the mentally ill. It is an organization comprised of people with mental illness as well as families and its main purpose has been to mobilize the public to make it easy to eliminate the conditions under which they are stigmatized. One of the ways that they do that is by pressing for legal protection of the mentally ill individuals at work and at home. This organization has been able to successfully eradicate the presentation of stigma in all the 50 states of America[13].

In Germany, there is the BASTA organization which is also the alliance for the mentally ill people in the country. The organization is based in Munich. BASTA (Bavarian Anti-stigma Action) is a word which means stop in both Italian and Germany. This organization uses public protest against stigma as well as email alerts they also offer extensive education programs in schools and also in police academies[21].

Protest: This method is applied as a method of fighting stigmatization that comes in form of public statements, advertisements, and media reports as well. If a negative statement is made against the mentally ill persons by the media or in any public statement, the members of the organization, for example, BASTA are alerted through emails and the individuals involved are pushed until they apologize and may ban the adverts. Usually, these initiatives were most operative if numerous activities concurred. For instance, if numerous individuals wrote to the

public relations section and to the management director or proprietor of the particular corporation, or if BASTA seeks help from an observation commission, e.g. one that was accountable for overseeing marketing communications and this particular directive reinforced BASTA's campaign. There is proof that these organizations are able to diminish some forms of stigmatization n the countries that they have been initiated especially in the United States and Germany.

Education: according to Mehta[25] education provides contradicting information about stigma. Several tactics have been applied to convey the contradictory information about stigma. The information is presented in many forms whereby books are used, videos and structured teaching programs. The stigmatization courses taken in different disciplines, for example, the police forces have proved that the attitudes towards mentally ill individuals have been changed. The fact that these courses are only offered briefly indicates that education can be used effectively in this fight against stigmatization if it is applied at full swing. One of the limitations of this method is that it is mainly needed for people who have interacted with mentally ill individuals at some point in their lives. Therefore, it would not be very effective if it is applied to the young people at the lower levels of learning. Also, this technique seems to apply mostly to those people who already agree with the subject. It might be the reason why the mental health professionals are not able to get the information about reasons as to why they should not stigmatize their patients. The reason as to why I am saying this is because research has identified them as the ones who mostly stigmatize their patients.

Today, neurobiological replicas of mental sickness are predominant in Western psychoanalysis departments. Therefore, it is one of the reasons why the biological cause of mental illness is expected to be well understood if incorporated into a learning curriculum. On the contrary, the study of neural biology to determine mental illness can prove to be unhelpful if the sickness is linked to genetics and inheritance. This will be the same as referring to these individuals as of different species.

Contact: This is a method in which mentally sane individuals interact with the mentally sick. Psychological research has shown that people who have met with the minority members of the society are less likely to stigmatize them, hence making this a very effective way of eradicating stigmatization. It is possibly because one gets to understand the mentally ill better than anyone else out there. Also, the contact helps boost the victim' self-esteem. For the contact to be entirely effective, there are some advantageous factors that also need to be considered. This comprises of equal positions amongst members, an obliging communication as well as official sustenance for the interaction inventiveness[26]. The purpose is to ensure that that mentally ill are supported by a larger and significant group. The process will be more helpful if for instance it is supported by the principal of the institution and because t times he will be able to allow for occasional informal visitations. Contact appears to be in effect by altering stigmatizing acquaintance structures. After contact, an individual's natural stereotype of a minority collection may be substituted by another, more optimistic image of that group. Stigmatization can only be fought by the coming together of all members of the society because the division is what brings about the stigmatizing side of the society. Mental illness remains to be one of the most disregarded types of sicknesses in the world although not everyone seems to notice.

Other means: The most important thing to understand is that stigma against mentally unhealthy individuals can only be eliminated if all the members of the public participate. One of the effective ways to fight this illness is by talking about it openly even in public. It makes individuals around you understand that it is normal to have the illness although in most cases it is beyond their control. At the same time, you will be required to mind your language as you speak about the illness. It may be good if you refrain from applying the phrase as an adjective. Another way is by encouraging equality amongst the diseases. This means that someone suffering from mental illness will be treated just like another patient suffering from any other illness and they will not be made fun of.

Some people feel discriminated and ashamed for such a thing that is beyond their control. People must understand that it is unethical to lay such a huge burden on people and instead help them rehabilitate. On the other hand, the patients need to choose empowerment over shame if they are determined to eliminate their ill condition. For this to happen, the doctors providing treatment and support need to show support by not disclosing their patient's statuses. Hey also need to stop using their patients as the specimen for their experiments[26]. We can fight stigmatization by taking the fight to the media organizations that make ignorant storylines against mental illness. Also, the ignorant posts and comments that people make on social media also need to be publicly rebuked and denied. As we all know, public stigma begins with self-stigma whereby someone disrespects themselves. People suffering from mental illness have the duty to fight it by not hiding from the real world or providing the full reports when requested by their doctors.

Opening Mind Scale for Health Care Providers (OMS-HC)

Modgill[27] states that Opening Mind Scale for Health Care Providers (OMS-HC) involves the examination on the psychometric responsiveness and properties. The actual purpose of the OMS-HC was to measure the level of stigmatization on the people suffering from mental illnesses among the HCP populations. The OMS-HC development began as a generation item for measuring the level of stigma among health care providers[28]. The scale uses certain dimensions that measure the perception, attitude and stereotypic notions of the health care providers towards the patients suffering from mental disorders. Some of the dimensions that may be used to measure stigma include social responsibility, recovery, dangerousness, disclosure, diagnostic overshadowing and social distance[29]. A lot of scales were revised but I found this is a more reliable measurable scale used. It is easy and clear to the participant to deal with. Moreover, I can use it as first step in evaluating response to anti-stigmatization program.

3. AIM

To measure the magnitude of stigmatization attitude toward mental illness in health care providers (nurses and physicians) working in primary health centres of Dammam city in Saudi Arabia.

4. OBJECTIVE

The main objective of this study is to assess if the primary health care provider (physicians and nurses) have a negative reaction toward mental illness in the following aspect:

- how far they relate the mental illness to social distance
- disclosure and help-seeking behaviour.
- attitude toward mentally ill patients.
- to correlate stigma magnitude between primary health care nurse and physician.
- correlate sociodemographic data to stigma level.

5. METHOD

A cross sectional quantitative study of primary health care providers (physician and nurses) working in 30 centres at Dammam city of Saudi Arabia excluding all on leave, holiday, maternity leave and trained physicians in mental health. Opening mind scale for health care provider is the tool used, the scale developed by mental health commission of Canada. OMS-HC is a self -reported questionnaire involve 20 questions with 5 choices of response start with strongly agree to strongly disagree. The score will range from 20 up to 100, the more score the respondent had more stigmatizing attitude present., questions 3, 8, 9, 10, 11, 15and 19 need reverse coding, OMS-HC test 3 components which attitude of health care provider toward the mental patient are, help seeking behaviour and disclosure and social distance the questionnaire was distributed to all the 30 centres started with paper of consent, socio-demographic question also included.

6. RESULT

All data was entered and analysed by SSPS. Reliability of data was tested using Cronbach's alpha test the result was 0.727 which is more than 0.7 that mean data is reliable.

Description of respondent

Total respondents rate is 20.7 % (140 out of 675), 68 physicians (48.6% of all respondents) and 72 nurses which constitutes 51.4 %, Most of participants are female 75.7%. The majority are Saudi (only 12 respondents are non-Saudi). Age of participant range between 25 and 57 years. Their degree and experience are illustrated in the tables 1-1 And 1-2 respectively.

Respondents Classification Based on Job and Degree						
			Degree			Total
			diploma	bachelor	Board or master	
Job	physician	Count	11	52	5	68
		% within job	16.2%	76.5%	7.4%	100.0%
		% within degree	17.7%	71.2%	100.0%	48.6%
	nurse	Count	51	21	0	72
		% within job	70.8%	29.2%	.0%	100.0%
		% within degree	82.3%	28.8%	.0%	51.4%
Total		Count		62	73	5
		% within job		44.3%	52.1%	3.6%
		% within degree		100.0%	100.0%	100.0%

Table 1-1

Table 1- 1 describe the level of education an degree , For physician 76.5% are general physician in compare to 16.2% with family medicine diploma and 7.4 % has a board degree.

For nurses the majority is having nurse diploma 70.8% and the remaining 29.9% having bachelor degree and no master degree.

		Frequency	Percent	Valid Percent
Valid	1-5 years	51	36.4	37.2
	5-10 years	33	23.6	24.1
	more than 10	53	37.9	38.7
	Total	137	97.9	100.0
Missing	System	3	2.1	
Total		140	100.0	

Table 1-2

As shown in the table 1-2, 37.9% of respondent worked for more than 10 years in compare to 23.6 % worked for a period between 5-10 years and 36.4 % worked for less than 5 years.

75% of participant having high income above 10000 Saudi Riyals, in compare of 1.4% low income and 17.1 % average income, only 18.6% of respondent have been trained in mental clinic (more than 2 weeks considered).

Result of score and subscale

Total score of OMS-HC range between 27 and 72 with mean of 55.13 with standard deviation 7.37 out of 100, physicians score a mean of 55.11 with standard deviation of 8.24 while nurses 55.14 with stranded deviation of 6.588 both figures prove the existence of stigma as explained before the more to 100 is more stigmatizing attitude. Figures of both nurses and physician is closed

OMS-HC factored studied by summation of scores of each item of the factor divided by total number of item of that factor, the main stigmatizing factor of health care provider is help-seeking and disclosure with load of 3.04 followed by attitude towered mental illness 2.75and the least is social distance 2.48.

Correlations of data and sociodemographic data

Relation between demographic characteristic (independent variable) and the outcome of the study including

1-Overall scale of stigma level

2- attitude toward mental ill patient subscale

3- help-seeking and disclosure subscale

4- social distance sub scale was explained by using linear regression test.

stigma level and sociodemographic characteristic

Calculation of Correlation Coefficient (score)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	52.222	9.414		5.547	.000
age	-.037	.143	-.032	-.256	.798
nationality	-6.391	2.640	-.247	-2.421	.017
gender	4.096	1.784	.243	2.296	.024
job	-3.754	2.112	-.252	-1.777	.078
degree	-.301	1.457	-.023	-.207	.837
income	3.228	1.662	.190	1.943	.055
working year	1.905	1.188	.225	1.603	.112
training	-2.372	1.748	-.123	-1.357	.178

Table 2-1

Correlation of individual variable with overall score which represent stigma level showed significant relation with nationality as non-Saudi having less stigma level than Saudi medical provider, another significant relation was seen as female is having more stigma level than male medical provider. Age, income, working year, training in psychiatric field all having no significant correlation with overall stigma level. the value was illustrated in table 2-1.

Attitude toward mental illness and sociodemographic characteristic

Calculation of Correlation Coefficient (attitude)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	3.708	.786		4.719	.000
age	-.005	.012	-.053	-.416	.678
nationality	-.230	.216	-.110	-1.065	.289
gender	.176	.145	.127	1.209	.229
job	-.339	.170	-.277	-1.992	.049
degree	-.217	.121	-.200	-1.789	.076
income	.108	.138	.077	.784	.435
working year	.037	.099	.054	.376	.708
training	-.327	.144	-.206	-2.272	.025

Table 2-2

Significant correlation detected between type of job and attitude of medical provider toward mental ill patient this in favour of doctor as nurse showed more stigmatizing attitude. the relation illustrated in table 2-2.

Help-seeking and disclosure and sociodemographic characteristic

Calculation of Correlation Coefficient (Help Seeking)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.160	.838		2.579	.011
age	.013	.013	.125	.999	.320
nationality	-.488	.232	-.212	-2.103	.038
gender	.045	.156	.029	.285	.776
job	-.140	.183	-.104	-.762	.448
degree	.177	.130	.148	1.359	.177
income	.248	.148	.162	1.681	.095
working year	.033	.107	.043	.306	.760
training	.044	.155	.025	.282	.779

Table 2-3

The only variable considered to affect help-seeking behaviour and disclosure is nationality as non-Saudi have little stigma from seeking help and disclosing attitude. figures of correlation are illustrated in table 2-3.

Social distance and sociodemographic characteristics

Calculation of Correlation Coefficient (Social Distance)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.023	.755		2.678	.008
age	-.005	.012	-.053	-.412	.681
nationality	-.233	.210	-.115	-1.109	.270
gender	.177	.140	.132	1.265	.208
job	-.059	.169	-.050	-.350	.727
degree	.111	.118	.105	.938	.350
income	.091	.133	.068	.684	.495
working year	.219	.096	.327	2.270	.025
training	-.159	.142	-.102	-1.125	.263

Table 2-4

Working year found to have a parallel relation to social distance score, other variable dose not showed any significant correlation, table 2-4 illustrate this relation.

7. DISCUSSION

The objective of this is study was to explore the existence of stigma in primary health physician and nurses in Dammam city, Saudi Arabia. Assess the three components of stigma measured in OMS-HC and correlate the stigma with sociodemographic characteristic.

Starting with first objective, PHC physician and nurses proven to have stigma toward mental illness with a mean of 55.13± 7.37 of total score this result was not unexpected as many literature support this result like a study run in Canada and the mean score is 57.5 with standard deviation of 4.8 for a group of health care provider[30], another study also showed that even psychiatrist has stigma level like general population, moreover chou, who attribute the presence of stigma in mental health professional is that they are a member of the population[31].

A previous study done by Seham Alyousef [32]demonstrated there is a stigma among mental health professionals in Riyadh, Saudi Arabia but it was at the level of mental health sector.

Regarding the factor influence, the overall stigma level we found two factors that significantly affected the stigma level, the first one is nationality(p-value is 0.017 less than 0.05), it is on favour of non-Saudi, from reviewing literature, the effect of different culture was clarified by Ng[33] when he noticed a difference in severity of stigma across the Asian culture , also this aspect was supported by Gillard [34] when they prove that Lithuanian medical providers had more stigma than other medical provider in Italy, Portugal And Finland. All these results can be attributed to different cultures, believes, social factor and religions. The second factor that affect overall stigma level is the gender (p value is 0.024), in reverse to other study we found females showed more stigma than male, Corrigan and Watson [35], found that females showed more positive attitude toward mental illness. This could be due to their empathy feeling. Also, another wstudy supports that male express more stigma than female[27].

Further investigation should be performed to show the reason for such different. One possible factor might influences the result is the closed society women live in where they inherit there thoughts and ideas about mental illness from their closed surrondings.

For comparison of stigma in both groups, our study revealed no significant effect of nature of job in overall stigma (p value is 0.07) but it may indicate mild influence in favour of physicians this against a study found that medical student having higher stigma score of OMS-HC than nurses student[36] . He attributed that to other variable act collectively on the other hand we found a significant effect of nature of job with attitude toward mental ill patient component of scale which expressed in questions number 1, 12, 13, 14, 18 and 20 (p value is .049) as physicians have more positive attitude than nurses and this was supported in other studies[36].

Regarding the stigma subscale we noticed more stigma in help-seeking and disclosure behaviour factor with load of 3.04 (help seeking and disclosure was expressed in questions number 4, 6, 7 and 10). This supports another study that the main stigma fall in disclosure behaviour of mental illness[36]. This can be attributed to the effect of negative perception toward mental illness by community a surrounding people not to their own believes and knowledge. Procter and Hafner[37] and Walach[38] explained the factor that could influence

the attitude of mental professional toward mental illness such as personal experience, and educational level.

For social components of the questionnaire (expressed in questions number 3, 8, 9, 17 and 19) p value was significant with value 0.025 with working year. This should elaborate more to find an explanation

Other factors like age, education level, income and training when correlated with score and sub scale independently did not showed any significant (p value is more than 0.05).

At the end of discussion many studies were done to assess stigma in medical providers in many countries with different result of correlation but the main result was shared by most of them and support our study is that medical providers are not immune of having negative perception and attitude toward mental illness and we should direct our effort to eradicate or minimize this stigma through anti-stigmatization program as developed country did for example the campaign in Switzerland[39].

8. ETHICS

Approval was taken to start my survey from research committee permission request written in the top of the questionnaire, the participation is optional and the respondent should feel free to stop or withdraw his confidentiality guaranteed for all participant All the information I will collect will only be used for research purposes.

9. Limitation

Although the research has accomplished its objectives, there were some limitations that were not avoidable. One of the major obstacles is the lack of experience on doing research. Moreover, statistical analysis knowledge was lacked.

The research was conducted on a small size of population due to the less power of participation which is highly expected due to some privacy concerns. Finally, some crucial questions supposed to be added in the questionnaire that might help to influence the stigma level such as:

Did you treat before from mental disease?

If you have a close relative treating from mental disease.

10. CONCLUSIONS

Although the primary health care physicians and nurses are aware of the consequences of stigmatizing mentally ill people, still they have negative perception toward them and their illness, stigma almost equal in nurses and physicians. anti-stigmatization program is necessary to be initiated.

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12. APPENDIX

The figure below represents the Opening Mind Scale for Health Care Providers (OMS-HC) that may be used as a measure for stigma among health care providers towards mentally ill patients:

Question	Strongly disagree	disagree	Neither agree nor disagree	Agree	Strongly agree
I am very comfortable assisting a patient suffering from physical illness as compared to a patient suffering from mental disorder.					
If a mentally ill patient complains about physical symptoms such as headache, back pain or nausea, I would attribute such to mental illness.					
If I notice that one of my workmates once suffered from mental illness, I would be willing and also comfortable working with him or her.					
If I suffered from mental disorder at one time in my life, I would never disclose that to any of my workmates regardless of how close we may be.					
If I suffered from mental illness, I would consider staying silent about the condition rather than seeking medical intervention or health care services.					
If I suffered from mental disorder, I would rather seek medical help from a different health facility but not in the same place that I work.					
If I suffer from mental disorder, I would consider it as a weakness					

rather than a disease, thus I would never be able to fix it on my own.					
I would prefer suffering silently instead of seeking medical help from any health care facility.					
If a person has the best skill for a certain job and he or she suffers from mental illness, the employers should consider employing such a person if only the condition is manageable.					
If I was aware that my physician at one time suffered from mental illness, I would still go to him.					
If I had mental disorder I would disclose it to my friends without any fear.					
Health care providers have the duty to inspire people suffering from mental illness to be hopeful in life.					
Despite the fact that I am a health care provider, I have a negative notion and belief towards the people with mental disorder.					
I can never associate with people with mental illness because they are dangerous and sometimes they may overreact.					
People with mental illness can never follow doctor's instructions and prescriptions, thus they cannot be helped in any way.					
People with mental disorder are a great risk to the public because they are violent.					
Mental illness can only be treated through medication.					

I would not advice any person with mental disorder to work with children even if the condition was manageable.					
I would never mind if my next-door neighbour was mentally ill.					
I struggle very much to feel compassion for any person who suffers from mental disorder.					