Empowerment Intervention Program on Perceived Discrimination and Internalized Stigma among Patients with schizophrenia

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Abstract

Aim: This study assessed the effectiveness of an empowerment intervention program on discrimination and internalized stigma among patients with a diagnosis of schizophrenia. **Design**: A pre-post-test non-equivalent group design was used in this study. Setting: in-patient male departments in the Psychiatry and Addiction Prevention University Hospital. **Sample**: A purposive sample consisting of 30 patients diagnosed with schizophrenia was randomly assigned and divided into two groups (study and control groups). **Tools**: The current study gathered data using three tools: personal data sheet, an internalized stigma scale, and an amended apparent devaluation discrimination scale. **Results**: At baseline, there were statistically significant differences between the control group and the internalized stigma total (p=0.003) and subscales alienation (p=0.001), stereotype endorsement (p=0.009), and perceived discrimination (p=0.023). With patients with a diagnosis of schizophrenia, the empowerment intervention sessions significantly reduced internalized stigma and revised perceived devaluation discrimination, resulting in lower mean internalized stigma and revised perceived devaluation discrimination scores for the study group compared to the control group. The Revised Perceived Devaluation Discrimination also decreased significantly after the empowerment intervention program (p= 0.001).**Conclusion**: This study indicated that the empowering intervention was effective when it is integrated with treatment as usual.

Keywords: Empowerment; Internalized stigma; Discrimination; Schizophrenia

Introduction

Schizophrenia is a severe, stigmatized mental illness. It is common for people with schizophrenia to be misunderstood as more dangerous and prone to crime. Unemployment rates are high, and life expectancy is reduced by 10–20 years for those who are affected by the condition. Stigma and discrimination exacerbate the difficulties associated with psychiatric disorders and treatment, particularly schizophrenia **(Khalesi et al., 2019; Li et al., 2017)**.

Internalized stigma is one of the factors contributing to the increase in mortality and morbidity associated with mental illness. It has an effect on help-seeking behavior, medication adherence, and the ability to influence substance use. Additionally, it increases the likelihood of committing suicide **(Asrat et al., 2018)**. From this point of view, stigma is a multidimensional phenomenon that includes various problems related to inappropriate knowledge and beliefs, prejudiced attitudes, and discriminatory behavior, and is a multidimensional phenomenon for persons associated with mental health disorders. It may be internalized. At the same time, stigma needs to be analyzed from a broader perspective, where different socio-cultural components interact to form negative cultural stereotypes and systematic social devaluations **(Solis-Soto et al., 2019)**.

Discrimination occurs when a stigmatized group of people refuses to acknowledge other groups of people their rights through exclusion and marginalization. In psychiatry, stigma can be recognized as the boundary, which is the difference between a person with and without a psychiatric disease and attribute psychotic negative traits to this person. Stigma can result in low self-esteem, negative discrimination, and psychological distress, all of which can obstruct access to psychiatric care. Stigma can have a detrimental effect on compliance with and attitude toward psychological care. Discrimination against people diagnosed with psychosis can result in treatment delays and prevention **(Zhang et al., 2020)**.

Empowerment is defined as regaining control over one's life and exerting influence over the organizational and societal structures in which one lives. The capacity for decision-making, assertiveness, a sense of changing things, learning about and expressing outrage, not feeling alone, belonging, and recognizing that a person has privileges are never-ending. The authors add that self-growth and change, reinforcing a positive self-image, and striving to overcome stigma are just some of the key characteristics of empowerment **(Hasan & Musleh, 2017)**.

Psychiatric nurses contribute significantly to the empowerment of patients with schizophrenia by raising a patient's sense of his or her ability to make informed health and healthcare decisions. The following points are critical: Individual medication and behaviors toward the individual are the main components of empowerment at this level, as they can affect how needs, wishes, and desires are conveyed. It is essential to establish a positive therapeutic relationship in order to maintain self-esteem and trust, as well as to allow the individual to feel comfortable with sharing their feelings, choices, and wishes. To achieve this, it is crucial to be respectful, nonjudgmental, and refrain from making the individual feel insufficient **(Aggarwal, 2016)**.

Significance of the study:

Empowerment plays a critical role in the recovery of patient with mental illness. Patients with schizophrenia prefer interventions that empower them and enable them to function independently at all levels of daily life in the community. Empowering mentally ill individuals does more than improve their lives; it also shows a positive attitude to nurses who conduct empowerment interventions, encouraging them to continue. Patients with schizophrenia are excessively exposed to rejection, stigma, and discrimination. So, empowerment is an essential component of the recovery process.

Additionally, empowerment can mediate the association between the function and quality of life in patient with schizophrenia. The empowerment program was created to alleviate the stigma and discrimination associated with mental illness and to maximize treatment effectiveness. However, only few studies have investigated psychiatric ward interventions to empower patients, improve their prognoses, and to reduce the risk of relapse. Greater understanding of one's illness and a more positive attitude towards medication can improve outcomes.

Aim of the Study

The purpose of this study is to assess the efficacy of an empowerment intervention program in reducing discrimination and internalized stigma among schizophrenia patients.

Operational Definitions:

- **Empowerment:** in this study is defined as the process of becoming stronger and more confident especially in controlling one's life and claiming one's rights.

- **Discrimination:** prejudicial treatment of different categories of people especially on the ground of disability

- **Internalized Stigma:** it refers to the extent to which stigmatized persons internalize external stigma, resulting in expectations of discrimination

Research Hypotheses

H1: Patients with a diagnosis of schizophrenia who enrolled in the empowerment intervention program will have lower scores on the internalized stigma scale than those who received conventional hospital treatment.

H2: Patients with a diagnosis of schizophrenia who enrolled in the empowerment intervention program will have a lower score on the devaluation discrimination scale than those who received conventional hospital treatment.

Subject & method

Research Design: pre-post-test non-equivalent group design was used in this study.

Sample:

A purposive sample consists of thirty Patients with a diagnosis of schizophrenia were

chosen; G-power analysis version 3.1.1 was used to measure the actual sample as the significance level and an effect size of (0.5) as the effect size. The enrollment process was based on the following inclusion criteria: age ranged from 20 to 50 years & Patients who can read and write. Forty patients who met the inclusion criteria from male in-patient departments were alphabetized and then blindly selected from a pool until the sample size for the current study was reached. On the other hand, the exclusion criteria included: mentally disabled patients & aggressive patients.

Setting:

This study was conducted in in-patient male departments in the Psychiatry and Addiction Prevention University Hospital-Cairo University.

Tools of data collection: Data will be gathered using the following tools:

1. Researchers developed personal data sheet, including their age, marital status, and level of education.

2. Internalized stigma scale was developed by **(Ritsher, Otilingam, & Grajales, 2003)**.It was designed to assess various aspects of stigma. It contained 29 items categorized as alienation, stereotype endorsement, perceived discrimination, social withdrawal, and stigma resistance. All items were rated on a Likert-type agreement scale of four points (1 indicating strong disagreement, 2 indicating disagreement, 3 indicating agreement, and 4 indicating strong agreement). Validity and reliability: high internal consistency (α=0.90), test-retest reliability (r=0.92) and content validity of (82.7) **(Ritsher et al., 2003).**

3. The Revised Perceived Discrimination Scale for Devaluation: This is a 12-item scale was developed by **(Link, 1982; Link et al., 1991)**, that has been widely used to measure an individual's faith that others will undervalue or discriminate against someone who has a mental illness. All items were scored on a 4-point Liker scale, with 4 representing strong agreement, 3 representing agreement, 2 representing disagreement, and 1 representing strong disagreement; high scores indicate great public stigma. The scale has excellent

psychometric properties. Validity and Reliability: this scale has higher internal consistency (Cronbach's alpha =.89), test-retest correlation of (.75) and content validity of (88.8).

Ethical Consideration

Official approval was granted by the director of the Psychiatry and Addiction Prevention University Hospital's. The researchers contacted patients diagnosed with schizophrenia who met the study's inclusion criteria. At that point, the study's purpose and nature were explained, and approval was gained. The researcher emphasized that participation in the study is voluntary and informed that they could withdraw from the study at any time. Anonymity and confidentiality were assured through coding the data. After finishing the study, the program was given to the control group

Pilot study

A pilot study was carried out on 10% of the sample who met the selection criteria to assess the feasibility of the study process, the clarity of the tools, and estimate the time needed to complete the tools. Based on the results of the pilot study, no modifications were performed in the tools. The participants in the pilot study were excluded from this study.

Procedure

Data were collected within a period of three months from the beginning of October to the end of December 2021. Structured nursing interventions of empowerment techniques were developed by the researchers following a review of relevant literature (nursing textbooks, journals, internet resources).

The study program was designed as thirteen sessions over three phases, with the first three sessions serving as assessment, the program sessions consisting of eight sessions, and the final two sessions serving as evaluation.

Assessment phase (three sessions): This phase was performed using the previously mentioned study tools to collect baseline assessment data for experimental and control groups. The assessment phase was conducted for both groups. The time taken to complete the tools was 30 minutes.

Implementation phase (eight sessions): In this phase, the control group received the usual routine care, while the intervention group received program sessions about schizophrenia,

self awareness, self acceptance, self efficacy, self advocacy, social support and self esteem. During the training session, the researchers and psychologist utilized the teach-back strategy as the schizophrenic patients were asked to repeat the information they learned in their own words. The researchers asked questions and were open to receiving feedback as this encouraged the active participation. After the completion of the session, Arabic brochures containing brief information that were presented during the training session and supplemented with colored pictures were distributed. The researcher applied the program twice-weekly sessions lasting 45–60 minutes each. After each session, 5-10 minutes were spent reviewing the session's content and soliciting patient feedback.

Evaluation phase: This is the final phase of the program. Each session was evaluated based on instant feedback from patients' assigned tasks. The program was terminated during the final two sessions using the study tools to collect post-program assessment data for the experimental and control groups.

Data Analysis

The Statistical Package for the Social Sciences was used to analyze the data (SPSS version 21). Descriptive statistics were calculated for each group on each measure. The paired t-test was utilized to contrast pre-and post-test data for each treatment group in order to indicate whether or not the data could be collapsed across treatment groups. To determine the relationship between continuous variables, Pearson correlation (r) was used. The current study's significance level was less than 0.05.

Results

The current study result shows that, 40% of the study group was 31-35 years old, while 40.7% of the control group was 31-35 years old. About

6.70% of the control group and 40% of the study group had a university level of education.. Moreover, 20% of the control group and 13.30% of the study group can read and write. Regarding the marital status, 60% of the control group and about 40% of the study groups were single.

Table (1): represents that, there were statistically significant differences in the internalized stigma total score (p= 0.003) and subscales: alienation (p=0.001), stereotype endorsement (p= 0.009) and perceived discrimination (p=0.023) than the control group at baseline. Other baseline internalized stigma total score subscales were higher in the study group, but the differences were insignificant. After the intervention, the control group showed higher scores in the internalized stigma total score and subscales, but differences were significant only in the alienation and stigma resistance subscales (p= 0.021 and 0.037, respectively). The Revised Perceived Devaluation Discrimination was higher in the study group at the baseline (p= 0.512), while it was significantly greater in the control group after the intervention (p= 0.015).

Table (2): shows that, the total and subscales of internalized stigma total score decreased significantly after the empowerment intervention program: Alienation (p= 0.011), Stereotype endorsement (p= 0.012), perceived discrimination (p= 0.018), social withdrawal (p= 0.011), stigma resistance (p= 0.002) and total scale (p= 0.002). The Revised Perceived Devaluation Discrimination also decreased significantly after the empowerment intervention program (p= 0.001).

Table (3): illustrates that there was a significant difference in internalized stigma total score total score after treatment with the study group (p= <0.001). Similarly, the revised perceived devaluation discrimination score differed significantly in the study group (p= >0.001).

Table (2): Mean Scores of The Internalized Stigma of Mental Illness scale and Revised Perceived Devaluation Discrimination in the study group and the control group (n=30).

Variables		Study Group (n: 15)	Control Group (n: 15)	P-value
The Internalized Stigma of Mental Illness scale		Mean + SD	Mean + SD	
Pre-intervention	Alienation	21.20 ± 2.18	17.47 ± 2.90	0.001
	Stereotype endorsement	22.47 ± 2.39	19.13 ± 3.64	0.009
	Perceived discrimination	17.07 ± 1.98	14.93 ± 2.69	0.023
	Social withdrawal	20.13 ± 2.13	19.13 ± 2.53	0.305
	Stigma resistance	17.60 ± 1.84	15.87 ± 2.61	0.056
	Total scale	98.47 ± 4.19	86.53 ± 11.05	0.003
Post-intervention	Alienation	17.67 ± 4.06	20.47 ± 2.20	0.021
	Stereotype endorsement	18.33 ± 4.70	21.33 ± 2.02	0.074
	Perceived discrimination	15.13 ± 2.07	15.87 ± 1.81	0.305
	Social withdrawal	17.33 ± 3.46	17.93 ± 2.31	0.744
	Stigma resistance	14.07 ± 2.87	16.20 ± 1.37	0.037
	Total scale	82.53 ± 14.44	91.80 ± 4.0	0.267
Revised Perceived Devaluation Discrimination				
Pre-intervention		40.80 ± 3.80	38.67 ± 5.97	0.512
Post-intervention		35.93 ± 4.35	40.00 ± 3.46	0.015

Table (3): Mean scores of the studied variable between pre-and post-intervention of Empowerment Intervention Program Group (n=15)

Variables		Pre-intervention	Post-intervention	P value
The Internalized Stigma of Mental Illness scale	Alienation	21.20 ± 2.18	17.67 ± 4.06	0.011
	Stereotype endorsement	22.47 ± 2.39	18.33 ± 4.70	0.012
	Perceived discrimination	17.07 ± 1.98	15.13 ± 2.07	0.018
	Social withdrawal	20.13 ± 2.13	17.33 ± 3.46	0.011
	Stigma resistance	17.60 ± 1.84	14.07 ± 2.87	0.002
	Total scale	98.47 ± 4.19	82.53 ± 14.44	0.002
Revised Perceived Devaluation Discrimination		40.80 ± 3.80	35.93 ± 4.35	0.001

Table (4): The Empowerment Intervention Program's effect on the internalized stigma associated with mental illness and the Revised Perceived Devaluation Discrimination scales (n=15).

Source	df	Mean Square	F	p
The Internalized Stigma of Mental Illness scale total score*study group	1	1685.400	21.049	<0.001
Revised Perceived Devaluation Discrimination*study group	1	144.150	21.523	<0.001

Discussion

The current study sought to indicate the efficacy of an empowerment intervention program in reducing discrimination and internalized stigma among Patients with a diagnosis of schizophrenia. The results suggest that the study group mean internalized stigma of mental illness and discrimination decreased and significantly differed from the control group's following the intervention.

According to the findings of this study, total internalized stigma in persons with a diagnosis of schizophrenia did not decrease following this intervention program. These outcomes may be explained by the fact that individuals diagnosed with severe mental illness who face more internalized stigma frequently harbor feelings of being unworthy of achieving life goals such as finding work, which frequently impairs their social

functioning. This corresponds to Li et al. (2018) findings', which discovered no additional benefit in stigma reduction following a community-based intervention. The current study's findings were consistent with those of (Kaşli, Al, &Bademli, 2020), who discovered that increasing levels of internalized stigma in patients resulted in a lower level of recovery.

These results indicate that the empowerment intervention program can improve the perception of discrimination and internalized stigma among patients with a diagnosis of schizophrenia. Our findings corroborate a previous study of patients with a diagnosis of schizophrenia in which statistically significant differences in perceptions of discrimination and internalized stigma were discovered between the study and control groups following the intervention **(Štrkalj Ivezić et al., 2017)**.

The current study discovered a statistically significant difference in perceived devaluation discrimination between the study and control groups among patients with a diagnosis of schizophrenia.. This finding could be explained by patients with a diagnosis of schizophrenia' lack of social support and lower quality of life. This finding is consistent with a study conducted by **(Štrkalj Ivezić et al., 2017)**showed a statistically significant difference in perceptions of discrimination and internalized stigma after intervention between intervention and control groups.

This study shows that the empowerment program was statistically significantly reduced the level of internalized stigma of mental illness and perceived devaluation discrimination among the participants. This study's findings corroborate the efficacy of Mindfulness-based cognitive therapy (MBCT) in individuals with schizophrenia. MBCT has been shown to reduce overall apparent stigma and enhance the cognitive status, effort direction, and behaviors toward mental disorders **(Tang et al., 2021)**.

Regarding the different domains of internalized stigma of mental disorder scale, the current study revealed significant statistical improvement in alienation and stigma resistance domains after the empowerment intervention program. The results of the current study are in agreement with **(Li et al., 2017)**, who showed that, the proportion of participants rated at an average of 2.5 (indicating a high level of self-stigma) on subscales, and the overall score was 44.2 % for alienation, 14.7 %, for stereotype endorsement, 25.3 %, for perceived discrimination, 32.6 %, for social withdrawal, and 20.0 %, for The proportion of participants scoring above the median of 3.0 on stigma, discrimination, and the overall score was 24.2 %, for stigma, 1.1 % for discrimination.. Certain socioeconomic variables were associated with the severity of psychiatric stigma but not with the presence or absence of positive or negative symptoms.

Our findings underscore the importance of policymakers, administrators, and researchers in the field of mental health developing stigma reduction programs to combat discrimination, enhance the quality of care, and aid in recovery for people diagnosed with schizophrenia.

Conclusion

In conclusion, empowerment has shown to be an important intervention for patients with schizophrenia. The empowerment intervention program is a hands-on, structured group program aimed at reducing internalized stigma (IS) through various therapeutic techniques. The program is highly effective at reducing (IS) and its dimensions, as well as other associated variables. This study concluded that, the empowering intervention was effective when it is integrated with treatment as usual.

Recommendation:

i.   All nurses who provide nursing care to patients with a diagnosis of schizophrenia should receive in-service training and continuing education programs related to empowerment.

ii. Including empowerment intervention as a part of an inclusive psychosocial intervention to patient with a diagnosis of schizophrenia.

iii. Additional follow-up is necessary to assess patients with schizophrenia who are involved in the empowerment program's long-term adaptation.

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