KONTAKT / **Journal of nursing and social sciences related to health and illness**

Original research article

Is there stigmatization in the nursing profession?

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Abstract

Introduction: Stigmatization is considered a multidisciplinary issue which is connected to a number of scientific fields. It is defined as a sign of presumed inferiority for various reasons is seen as a strongly discrediting attribute. The social environment frequently confuses stigmatization with prejudice. A negative aspect is an ingeniously hidden form of this phenomenon, which is influenced by daily routines and whose consequences are reflected especially in the manifestation of racism, sexism or ethnocentrism.

Goals: The main goal of this research was to find out the level of the awareness of nurses about stigmatization, map causes and received preventative measures.

Methods: We selected the qualitative research method and used the technique of semi-structured interviews. A total of 13 interviews were carried out with nurses between February and April of 2017. The criteria for the selection were three-years of experience in the field and experience with nursing a disabled patient.

Results: The statements of individual respondents define stigmatization as the identification of a person with a discrediting attribute. A possible cause is the possibility of an infection, drug addiction, disability or cultural differences – especially Islamic religion. Preventative measures include the elimination of risk factors and the increase of awareness regarding stigmatization.

Conclusions: Stigmatization in nursing is directly related to prejudice. The recommendations for clinical practice can include the increase of protective measures, maintaining the barrier nursing care and ensuring sufficient education regarding stigmatization.

Keywords: Disability; Nurse; Nursing; Prejudice; Stigmatization

Introduction

Many experts deal with stigmatization. They relate it especially to HIV/AIDS (Bennett, 1990; Famoroti et al., 2013), hepatitis C (Paterson et al., 2007), drug addiction (Paterson et al., 2013), as well as especially mentally disabled patients (Verhaeghe et al., 2007). If we focus on stigmatization from a deeper perspective, we will reveal another spectre of variables that serve as pillars of this social phenomenon and we can perceive this issue as a strongly discrediting and disadvantageous social attribute (Goffman, 2003), a sign of presumed inferiority for various reasons (Marková et al., 2006), discrediting and discriminating attribute (Ocisková and Praško, 2015) or a perception of people as "incomplete" (Goffman, 1986). Some experts presume that a stigmatizing society knowingly creates ideas and thoughts that make an "average" and "common" person "labelled" or "degraded" (Kusá and Ondrejka, 2006). Červenka (2004) stated that if the previous statement were confirmed, the majority of modern society would face legislative norms which would oppose ethical, moral and human rights laws. Bauman (2003) points out the stigmatization can be well hidden in everyday routine, which is a typical example of a latent form, and its consequences are the manifestations of racism, sexism or ethnocentrism.

Although stigmatization is a sociological issue, it is necessary to use a holistic approach in nursing to point out a global and multidisciplinary issue, especially if its consequence is a social phobia that negatively affects a stay in a medical institution as well as patients' further life (Ocisková et al., 2014). Rüschet et al. (2006) point out the stereotypical habit regarding the philosophy of medical institutions and the majority of the society that can unintentionally decrease a patient's confidence or create comorbidity in social phobia. Hatzenbuehler et al. (2013) appeal to groups and individuals to realize that low awareness regarding stigmatization can result in degrading effects on patients in medical institutions as well as social attributes and society itself.

Goals

The primary goal of this research was to analyze the contemporary awareness of nurses about stigmatization. Another goal was to map the causes of stigmatization and reflect on nursing care from a subjective perspective. Finally we focused on preventative measures to reduce potential or ongoing stigmatization.

Materials and methods

We used the qualitative research form and the method of a semi-structured interview. Before we started the research, we carried out a pilot study that verified the validity of questions and the relevance of answers by communication partners. The results of the pilot study showed the necessity of rephrasing 2 questions regarding stigmatization. Other questions remained unchanged.

The interview contained 8 questions about the characteristics of a communication partner. They served for the clarification of the perspective of a communication partner and establishing criteria. There were 26 main questions that were developed during the interviews. They were focused on stigmatization and other related factors that are mentioned in the results.

Sample group

We chose the method of intentional selection. We addressed several medical and social institutions where the nursing staff were present, as recommended by Miovský (2006). The selected respondents had a minimum of three-years of experience, and practical experience with nursing a disabled patient. We contacted head and station nurses working in selected facilities, who created a frame a provisional portfolio of workers who fulfilled the established criteria. Together with a researcher, they went through individual portfolios and selected a sufficiently diverse sample group for their own research, which included 13 general nurses between 26 and 50 years of age with high-school and university education (Table 1). Every interview lasted 60 to 90 minutes and all names were changed for anonymity.

Table 1. Characteristics of respondents						
Name	Age	Education	Experience length	Employment	Department	Specialization
Alena	33	University	8 years	Hospital	Internal	Communication with autistic patients
Alice	40	High school	17 years	Hospital	Spinal unit	
Dagmar	41	University	21 years	Hospital	Aftercare department	Stoma nurse
Eliška	50	High school	27 years	Hospital	Medical facility for the long-term ill	
Filip	31	University	6 years	Hospital	Internal – Intensive care unit	Basal stimulation
Helena	43	High school	22 years	Hospital	Urology	Stoma nurse
Ivana	37	High school	15 years	Hospital	Paediatric	Communication with autistic patients
Jana	47	High school	16 years	Social institution	Medical department	Post-graduate specialization study
Karolína	26	University	5 years	Hospital	Surgery	Basal stimulation
Lenka	35	University	8 years	Hospital	Internal – Intensive care unit	
Marie	28	University	6 years	Hospital	Traumatology – Intensive care unit	Stoma nurse
Věra	27	University	6 years	Hospital	Internal	Basal stimulation
Zbyněk	28	University	3 years	Social institution	Medical department	Basal stimulation Communication with autistic patients

Collection of data

We used the technique of a semi-structured interview. The questions were based on the studied academic literature that was focused on stigmatization, stigmatization in nursing care, disabled patients and preventative measures. Due to the difficult nature of the issue, the questions were adjusted for the analysis of variables. The questions were arranged from general to specific. The researcher always asked about additional information to complete the context of the issue. The interviews were recorded using a dictaphone and the researcher's notes with information on mimic expressions, gesticulation, using aids and other non-verbal expressions.

The collection of data was carried out between February and April of 2017. The interviews were carried out by one researcher who was allowed to have consultations with an expert from the field of sociology.

Analysis of the gained data

The dictaphone recorded interviews were put in writing using MS Word and transcription labelling (Hendl, 2016). In the

first phase, the records were read a few times, the data were reduced and categorized using axial coding and pen and paper. This phase led towards knowing the data, creating the primal results structure with the analysis of patterns, relationships, deviations and specific characteristics. All information gained in this phase was recorded in writing as recommended by Braun and Clarke (2006). It allowed for innovations, ideas or future research. We also generated individual codes, their flow and interconnections. We achieved the primal category and subcategory which we repeatedly analyzed. In some cases, we found similarities in subcategories. We joined them together and gave them an overarching title. Finally individual categories and subcategories were adjusted to the concept of the research goals. During the arrangement of the large quantity of data, we discovered a few new aspects that had not been paid attention to in the first phase. We discovered them after the analysis of the research issue. The data were included in the categories and subcategories by significance.

The last phase contained the final correction and the revision of the categorized data. We created three categories that

were subsequently presented to another researcher. They carried out the final emendation and ensured the adequacy, utilizability of data and the sufficient description of categories, subcategories and the gained data.

Results

We used a detailed analysis to identify three basic categories in the studied issue: Defining the concept, Causes of stigmatization in nursing and Preventing stigmatization. The categories include other informational subgroups (Table 2) that were analyzed and described during interviews. Due to the complexity and the effort to understand the issue better, we selected a few extracts from the respondents' statements.

Table 2. Identified categories and subcategories		
Defining the concept	Causes of stigmatization in nursing	Preventing stigmatization
Stigma	Hidden/obvious illnesses	Risk elimination
Stigmatization	Drug addiction	Higher level of awareness
	Disability	
	Cultural differences	

Defining the concept
In this category, we identified two subcategories: *stigma* and *stigmatization*. These subcategories reflect a subjective interpretation of this issue by the nursing staff. The concepts were studied separately due to the necessity of a deeper understanding of the issue and significant differences in statements.

Stigma
The respondents' statements were focused on one specific property or obvious defect which forces the majority society to give a person a discrediting attribute. Jana points out the ethnicity, disabilities and illnesses: *"To me, stigma means a difference that is either visible, such as different types of disabilities or skin colour, or hidden, such as illness."* Lenka also points out disabilities: *"I recently heard about this concept in comparison to a handicap, so I guess it is labelling somebody."* Helena and Zbyněk agreed that it is a general deviation from the majority of the society: *"Stigma is a difference, limitation or something that makes a person different from their environment. It can be a label or inclusion in a certain group of people who are different from the majority society."* Věra also responded that it is a synonym for a visible mark/label that has a discrediting attribute: *"Stigma is something very clear at first sight. It makes a person different from their environment. It may include somebody in a certain group of people who are different from the majority society."* Another possible response is the relationship with Biblical stories and Christian terminology, which is explained by Alena: *"I have heard this concept in relation to the Christian religion. I think that, in this context, it is a label."* Ivana states: *"I relate this concept to Christianity, which has strong roots in my family."* Lenka also states the relationship with Christianity: *"They are the marks of Christ's wounds on his hands or any similar marks related to God."*

Stigmatization
The respondents' statements clearly show that stigmatization is a discrediting process of labelling a person who is different from the majority of the society and their inclusion in a different group than the majority of the society. Alice explains it from the point of view of relationships: *"Stigmatization is labelling a person who is somehow different. It can be a disabled person versus a healthy one or an unemployed person versus an employed one."* A similar response is stated by Filip, who focuses on the engagement of a person in a different group from the majority of the society: *"For me, stigmatization is labelling or including a patient in a certain group."* Alice gives a practical example: *"A nurse can label people with fondness or antipathy. Some people are rude and others make their job easier. Although it should not be so, every nurse does it. We are people who build interpersonal relationships and emotions are a part of it."* Jana points out that concerns are the main cause of the occurrence and development of stigmatization: *"Stigmatization is everywhere because everybody is afraid of something or has an unclear approach to some things."*

Causes of stigmatization in nursing
This category was established due to the respondents' vast and repeated statements. The most frequent causes of prejudice, as well as stigmatization, are risky illnesses. In the minds of nurses, the illnesses threaten their health condition and future personal and work activities. Eliška confirms this: *"My problem is with the socially disadvantaged while handling biological material. I sometimes find wound bandaging and any potential risk of infection or contamination stressful."*

Hidden/obvious illnesses
Illnesses and risks of infection are one of the most frequent causes of stigmatization and prejudice in the nursing profession. Nurses are focused on their own protection and they are aware of the possible risks, so they have protective measures and a certain approach to patients. Alena speaks of such risks: *"Nursing requires a lot of contact. The whole nursing team is exposed to a number of dangers. You never know what a patient is contaminated with and there is an enormous risk of infection during an acute admission. An example is when an ambulance brings an urgent case of a patient with HIV or hepatitis. One small mistake is enough for a nurse to suffer life-long consequences."* Zbyněk, who views the issue very positively, gives the same response: *"People are afraid of many things, mainly those that they have little or false information about. It is necessary to provide nursing care to every hospitalized person in facilities such as ours as well. We face numerous illnesses and, in my opinion, every nurse is somehow guilty of stigmatization but I do not think it is wrong. On the contrary, it forces us to protect ourselves, which prevents infections to spread."* Some fears and causes of stigmatization are based on previous negative experiences that nurses still remember. Alena speaks about this as follows: *"I work at the internal department, where most chronic illnesses are treated. Some patients are there because of the decompensation of their condition. They know about all their illnesses and they are not afraid to speak of them. These are the best kind of patients. There are also patients who do not want to speak of their illnesses, which is respected. Nevertheless, nurses are threatened by such patients who intentionally keep their health condition secret."* Alena also points out the difference between infectious and non-infectious illnesses: *"There are differences between patients' illnesses. Patients stigmatize others who suffer from psoriasis because it is visible, and many people are afraid of such illnesses even though they are not infectious."* Alice has a similar opinion: *"Each person is afraid of something and, in most cases, it is a visible illness. Such illnesses are treated in a hospital and other patients and staff must face them."*

Drug addiction
One of the possible causes of stigmatization in nursing is drug addiction. The addiction alone is not as stigmatized as the risks

it brings. Věra speaks about the potential risks related to drug addiction. She states a practical experience and her personal view on the issue: *"What I see daily is that all nurses feel uncomfortable with different groups of people. Mostly it is drug addicts, to whom nurses have a very careful, sometimes a too careful approach. I think that they show their disgust, which, in my opinion, is not polite and very inappropriate and unprofessional."*

Disability/disadvantage

Another possible cause of stigmatization in nursing is a disability/disadvantage. According to the respondents, the most frequent types are noticeable physical deformities or other visible defects. Marie states that previous experience is very important: *"As a nurse, I meet all types of disabilities. Nursing is not a problem now, but it was at the beginning. It is normal that you meet people in a hospital who are different, in my case physically. Such patients perceive their own disability very badly, especially if it occurs at a higher age."* Dagmar has a similar reaction. She points out the fear of nursing disabled patients: *"It is clear that the nursing staff are afraid of the disabled. The nurses share such information and advise one another on which department not to go to because there are more disabled patients. They are dissatisfied there because they are physically and psychologically overextended."* Jana also agrees with this opinion. She states her own attitude towards nursing disabled patients: *"Everybody is afraid of something or has a certain attitude towards things. I meet all types of disabilities, which is not very pleasant."* Alena also reflects her approach to disabled patients: *"What is most stressful for me is a mental disability possibly combined with a physical or another form of disability. Invasive procedures have a very negative effect and you are afraid of what is going to happen. In some cases you know that the patient is going to scream and try to hit you the moment they see a needle."* Most cases are caused by insufficient knowledge or previous negative experiences that lead to prejudice towards certain groups of people. This fact is confirmed by Marie: *"I have a problem with the mentally disabled. Primarily because I do not know how they will react to certain procedures. I do not know whether they will be aggressive towards me or themselves. For this reason, I do not want to carry out the procedures alone and I am really glad when they have somebody with them. Such a person knows their reactions and they can calm them down if necessary."*

Cultural differences

The last recorded option for stigmatization in nursing are cultural differences. The results show majority cultures and various types of subcultures. Dagmar speaks about prejudice towards those of the Asian minority culture who belong to the Islamic religion: *"The largest problem for me is nursing Muslims. I am bothered by their habits and that I have to be present at all procedures if a male doctor is examining. I am also afraid of them because of the attacks, and all the men are very aggressive, offensive and arrogant."* She also explains her subjective view of the members of Jehovah's Witnesses: *"In the case of Jehovah's Witnesses, I do not approve of their principles regarding blood transfusion if it can save a life. I think it is stupid but we respect it."*

Homelessness is very much discussed in nursing. Most staffs have a subjectively negative approach. This subculture is very specific and misunderstood. The particularity of this subculture leads to prejudice in common social interaction as well as in nursing care. Věra states that: *"Some people do not feel comfortable with the homeless. We must be very careful with them and nurses show them their disgust."*

A possible solution can be an increase in the cultural literacy of nursing staffs or having more personal experience with specific cultures or subcultures. This is confirmed by Marie: *"Although I tried not to acknowledge the cultural differences or avoid nursing such people, I sometimes had to nurse them. It was very stressful for me but I do not have a problem with it now."*

The prevention of stigmatization

This category was selected intentionally to point out contemporary preventative measures for the minimization or even elimination of risk factors that lead to prejudice or stigmatization. Nurses do not realize certain prejudices or stigmatization because they have become routine. Lenka says: *"I mostly do not realize that I am dealing with stigmatization. I have never thought about the issue before."* Ivana states: *"I do not care about stigmatization. I do not have prejudice towards people and I create an opinion after communicating with every patient."*

The elimination of risks

Preventative measures can be focused especially on psycho-hygiene and the elimination of potential risks that a patient may bring. If we remove pathogens or create protective measures, a nurse may feel more secure, the nursing care is of better quality, and prejudice and stigmatization are significantly reduced. Eliška speaks about stress factors regarding possible consequences due to the risks of selected patients: *"I have a problem with the socially disadvantaged while handling biological material. I sometimes find wound bandaging and any potential risk of infection or contamination stressful."* Karolína has the same opinion: *"I am mostly stressed when the socially disadvantaged are dirty, do not want to accept the nursing care, do not want to go home, want more food, eat all of the communal food and then threaten to sue us. What is more, every other patient suffers from Hepatitis B. I feel uncomfortable touching them."* Alena speaks about the protection from possibly infectious illnesses: *"Some nurses believe their patients. In one case, a patient was hospitalized, who came for the decompensation of her health condition and claimed that she only had diabetes. Further examination showed that she was a drug addict and had Hepatitis C."* According to Filip, risks can be eliminated as follows: *"I mostly try to know a patient better. I try to be empathic and use communication to analyze all potentially negative aspects that affect them during hospitalization. I try to eliminate the negative effects and improve the care."* Another preventative option is sufficient communication within the nursing team with the focus on negative situations during work. Sufficient team discussion about the issue can help reduce fear and create a feeling of safety and security. Eliška speaks about possible discussions: *"We consult and solve possible problems, or I air my opinions during supervisions and other hospital events."*

Higher level of awareness

Increasing awareness about this issue is always positive in social interactions. Considering the multidimensional connection of clinical fields that are linked through nursing, the problems keep piling up. Groups of patients at different departments are extremely diverse and a nurse must respond accordingly to all incentives. Alena states: *"When I was afraid to nurse a patient with a mental disorder, I tried to arrange for my colleagues to nurse him instead. I often find the necessary dose of information very helpful."* Lenka also speaks about preventative steps, such as family anamnesis or patient's medical history: *"I think that I would try to get information from the patient's family and then I would communicate with the patient."* This standard solution is one of the easiest and most efficient tools in clinical practice. The art of communication helps to extract information about patients and improve their relationship with the nurse. Both sides feel safe and secure. Jana speaks about the

importance of gaining information and creating the feeling of safety: *"I look for information and try to take an individual approach. With time and experience, I am more confident in nursing care."* Zbyněk responds in the same way and sees prevention as follows: *"... I mostly have sufficient information about the issue and my colleagues support me. Sufficient experience in the field has reduced my possible stigmatization to zero."*

Discussion

Stigmatization is a very underestimated and specific sociological phenomenon that Goffman (2003) sees as a strongly discrediting attribute. Our research shows the presence of prejudice in nursing but that stigmatization is very rare. It occurs in the cases of specific visible illnesses (psoriasis, physical deformities) or hidden ones (HIV). Stigmatization is related to other specific factors including stereotyping and prejudice (Baumgartner, 2008). Stereotypes, in this context, are seen as characteristic features or attributes that are perceived cognitively. The author also points out the difference between prejudice and stigmatization, which nursing staffs do not realize. This information is confirmed by the results of our research. Nurses were not fully aware of the difference between stigmatization and prejudice. The results also show stereotypical habits and opinions that nursing staffs adopt from the majority society.

If we want to provide quality professional holistic nursing care that accords with ethical and moral principles, what would be the next procedure? What could we eradicate or compensate in nursing so that such stereotypes and prejudice not occur?

Henderson et al. (2016) point out a powerful tool – communication, which is related to daily human interaction, especially when a person is ill and needs help. Negatively conducted communication and negative emotions lead to the disharmony of a patient's and nurse's organism. Efficient and well-conducted communication can lead to the minimization of prejudice and the eradication of stigmatization. The authors support the results of our research, where nurses state that they mostly have a certain level of prejudice towards disabled patients or those with cultural differences. This attitude is mostly caused by negative experiences with the mentioned type of patients but it is reduced in case of direct contact with them. The authors' statements and the results of our research show that correctly conducted positive communication can reduce and even eradicate prejudice and subsequent stigmatization.

The question is how to reduce stigmatization regarding familiar problems that are deeply rooted in society? How to reduce stigmatization regarding e.g. disabled paediatric patients or those who suffer from other stigmatized illnesses?

Latner and Stunkard (2003) asked the same question. They studied the presence of prejudice and stigmatization towards obese children. This is a historically well-known problem (as well as disabilities). The first record of prejudice in obese paediatric patients is from 1961. The presence of prejudice had constantly been increasing and resulted in stigmatization, which is still present in nursing practice. The authors and our research recommend more educational materials, trainings/courses and awareness of the issue in nursing. According to the authors and the results of our research, higher awareness of stigmatized illnesses can help minimize stigmatizing factors. The process of minimization can last several years.

The main goal of our research was to examine the presence of stigmatization in nursing. Today, we can speak about several illnesses, such as HIV, psoriasis, etc., and visible physical deformities. The main cause is the fear of possible infections and having the same discrediting status as the patients who suffer from the mentioned problems. Can we reduce stigmatization with sufficient prevention?

Experts agree that protective factors have a preventative effect on stigmatization or minimization of prejudice and stereotypes (Smith et al., 2018). Experts also agree on the factors, such as *the increase of awareness* (Morgan et al., 2018), *the increase of education on stigmatized illnesses* (Sang et al., 2018), *using sufficient quantity of protective aids* (Davtyan et al., 2018) and *paedagogical preparedness* (Jones et al., 2018). The possibility of infection is a global social problem. In India, Nagothu et al. (2018) studied the preparedness of students for the most typical stigmatized illness – HIV. Their results, which correspond with ours, show a reduction of stigmatization if the students are guided towards a non-discriminating nursing practice. It is probable that correct paedagogical methods and practical exercise of correct behaviour can minimize stigmatization in the Czech Republic. It is not only for this reason that stigmatization is considered a multidisciplinary phenomenon. It is worked on by nurses, doctors, sociologists, pedagogues, psychologists and other experts.

Considering the fact that this was quantitative research, the individual pieces of information were gained from a small number of respondents. It would be convenient to study the presence of stigmatization regarding illnesses and cultural differences separately with a larger number of respondents for verification and possible generalization. The results of such research can contribute to creating educational materials for nursing staffs in clinical practice and educational institutions as well.

Conclusions

Stigmatization is reflected in the daily life of medical workers. In nursing, this concept is not sufficiently familiar. However, stereotyping or prejudice are more familiar concepts in medical practice. The field of nursing has a diverse spectre of cases in which some patients are easy to treat and nurse, and are untouched by prejudice. Other cases are so specific, obvious or judged by the majority of the society that medical staffs, although unintentionally, have a negative approach and create prejudice.

The available expert literature and our research show preventative measures that are adopted by nurses. Considering the amount of fears due to possible infections, preventative measures can include the use of sufficient protective aids, maintaining aseptic posts and barrier nursing care. Another preventative measure and recommendation for clinical practice can be the education of nurses on stigmatization and preventative factors.

Conflict of interests
The authors have no conflicts of interests to declare.

Existuje stigmatizace v ošetřovatelské profesi?

Souhrn

Úvod: Stigmatizace se považuje za multioborovou problematiku prolínající se napříč celou řadou vědních oborů. Definuje se jako znamení domnělé méněcennosti z různých příčin a pro svého nositele značí silně diskreditující atribut. Společenské prostředí si velice často zaměňuje problematiku stigmatizace s pojmem předsudky. Velkým negativním aspektem je důmyslně skrytá forma tohoto fenoménu, který podléhá rutině každodenního života a jehož důsledky se promítají zejména jako projevy rasismu, sexismu nebo etnocentrismu.

Cíl: Hlavním cílem výzkumného šetření bylo zjistit informovanost sester o problematice stigmatizace, mapování příčin a přijímaných preventivních opatřeních.

Metodika: Pro výzkumné šetření byla zvolena metoda kvalitativního šetření za využití techniky polostrukturovaného rozhovoru. Celkem proběhlo 13 rozhovorů u všeobecných sester v období únor–duben 2017. Kritériem pro výběr byla tříletá praxe v oboru a zkušenost s ošetřováním pacienta se znevýhodněním.

Výsledky: Výpovědi jednotlivých probandů poukazují na definování pojmu stigmatizace jako označení člověka s přisouzením diskreditujícího atributu. Možnou příčinou je zejména možnost infikování nežádoucí chorobou, drogová závislost, znevýhodnění nebo kulturní odlišnosti – zejména islám. Mezi preventivní opatření se řadí zejména eliminace rizikových faktorů a zvýšení informovanosti v oblasti stigmatizace.

Závěr: Stigmatizace je v ošetřovatelské péči přímo spojována s pojmem předsudky. Jako doporučení pro klinickou praxi lze uvést zvýšení ochranných opatření a dodržování bariérové ošetřovatelské péče a zajištění dostatečné edukace o problematice stigmatizace.

Klíčová slova: ošetřovatelství; sestra; stigmatizace; předsudky; znevýhodnění

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