

RESEARCH

Open Access



Lived experiences of Ghanaian community psychiatric nurses resilience strategies in combating stigma: an interpretive phenomenology

Abigail Ansere Buertey¹, Gideon Lower Puplampu^{2*}, Mary Ani-Amponsah³, Mohammad Amin Ibrahim Jibril⁴ and Alexander Attiogbe⁵

Abstract

Background Community Psychiatric Nurses (CPNs) deliver healthcare services to people with mental illness, offering in-home, personalized care. However, stigma surrounding mental illness in both rural and urban communities complicates service delivery. Stigma refers to a social construct involving the devaluation and discrimination against individuals based on perceived undesirable characteristics or attributes. This study aimed to explore how community psychiatric nurses employ resilience strategies to combat stigma.

Methods This study used an interpretive phenomenological framework to examine community psychiatric nurses' experiences with stigma. Participants were purposefully sampled, and interviews were audio-taped and manually transcribed. Thematic analysis was conducted, achieving data saturation by the 12th participant, ensuring comprehensive coverage of recurring themes and patterns without new information emerging.

Results The CPNs employ a variety of resilience strategies to manage the stigma they encounter in their professional lives. Many CPNs choose to avoid situations or individuals that perpetuate stigma. This passive approach allows them to shield themselves from negative interactions and comments, creating a buffer against the emotional toll of stigma. In contrast to avoidance, some nurses adopt a proactive stance by directly addressing and challenging stigma when they encounter it. This approach not only empowers them but also serves to educate others about the realities of their profession. The CPNs often find solace and strength in discussions with their peers. These supportive conversations provide a safe space for sharing experiences. The CPN actively engage in public education efforts to raise awareness and reduce stigma within their communities.

Conclusion The findings indicate a complex interplay between resilience strategies and the professional experiences of CPNs, suggesting that targeted interventions could enhance their resilience and effectiveness in combating stigma.

Keywords Community Psychiatric Nurse, Communities, Resilience, Stigma

*Correspondence:
Gideon Lower Puplampu
gpuplampu@ug.edu.gh

Full list of author information is available at the end of the article



© The Author(s) 2025. **Open Access** This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

Background

The resilience responses of the CPNs represent adaptive efforts that are both purposeful and voluntary, aimed at addressing various stressors [1]. Individuals respond to stigma-induced identity threats in diverse ways, with some resilience strategies being problem-focused. For instance, they may identify with fellow peer members to bolster their resilience [2].

Stigma is a multifaceted social phenomenon characterized by the co-occurrence of several processes: labeling, stereotyping, separation, status loss, and discrimination. This definition emphasizes that stigma is not merely an individual experience but a structural issue that involves the exercise of power within social contexts. It reflects how certain attributes are devalued in society, leading to the marginalization of individuals who possess these attributes [3]. In this framework, stigma is a social construct that involves the devaluation and discrimination against individuals based on perceived characteristics or attributes that are deemed undesirable by societal standards [4]. This nuanced understanding of stigma highlights its complexity as a social construct, necessitating comprehensive approaches to address its implications in various contexts, including stigma faced by community psychiatric nurses providing mental health care.

Stigma in the international context A study in the U.S. explored the resilience strategies of 27 adults with mental illness [5]. In this study, some participants used avoidant and neutral resilience to handle mental illness stigma. In another study [6], the participants used some neutral resilience strategies, such as ignoring stressors, relaxation strategies, and religious activities. Schmidt and Roffler [7] reiterated the avoidant resilience in their study, such as anger, avoidance, violence, and sleeping. Dagani et al. [6] also mentioned that others manage stigma through violence or anger or by completely ignoring the source of stigma. This finding was also corroborated by other researchers [8, 9].

Research conducted with patients with schizophrenia in the United States has revealed that internalized stigma plays a significant role in determining avoidant resilience strategies. Additionally, coping with the stress of mental illness often involves using stigma as an avoidant resilience strategy [10].

Later, researchers discovered that people cope with stigma through social support groups such as friends, family members, and colleagues [8, 9]. They also mentioned that others withdraw to avoid being stigmatized. In the same vein, others reported that people coped through education and that in-group comparisons helped in dealing with stigma [11].

In another study, researchers in Belgium reported how stigma affects mental health nursing identities [12]. The

study focused on the meaning of stigma for nursing role identities in two Belgian psychiatric hospitals. Sercu et al. [12] examined the changes associated with the relationship between stigma and mental health nursing roles. The results indicated that confronting stigma was a significant and unique motivation for nurses to pursue careers in mental health care [13]. Similarly, Flakerud [14] highlighted that official labels contribute to stigma, impacting nursing roles. This finding underscores the importance of addressing stigma not only for the well-being of CPNs) but also as a driving factor in their professional commitment.

Stigma in sub-Saharan Africa context In sub-Saharan Africa, various countries have implemented resilience strategies to combat stigma among psychiatric nurses. These strategies are crucial as healthcare workers in this region often face unique challenges, including limited resources, high patient loads, and socio-cultural factors that contribute to mental health stigma.

In Kenya, healthcare workers have faced significant mental health challenges during the COVID-19 pandemic, with reported high rates of depression, anxiety, and burnout, including stigma [15]. To address these issues, resilience training programs have been introduced, focusing on stress management, emotional regulation, and building supportive networks among healthcare professionals.

In Ethiopia, studies have highlighted the importance of social support and community-based interventions in enhancing the mental well-being of healthcare workers [16]. Initiatives such as peer support groups, where nurses can share experiences and coping strategies, have been shown to reduce feelings of isolation and increase resilience. Similarly, in Nigeria, resilience strategies include the integration of mental health services into primary healthcare systems. This approach ensures that psychiatric nurses have access to continuous professional development and mental health support. Studies have shown that training in cognitive-behavioral techniques and self-care practices has helped healthcare workers manage stress and prevent burnout [17]. In South Africa, government and NGOs have developed mental health programs focusing on resilience, counseling, and work-life balance, positively impacting psychiatric nurses [18].

Despite these efforts, there remains a significant gap in understanding the specific resilience strategies that are most effective for psychiatric nurses across different sub-Saharan African countries. Comparative studies are limited, and the context-specific challenges faced by these nurses require tailored interventions. This study aims to fill this gap by providing a comprehensive analysis of resilience strategies, highlighting best practices, and identifying areas for improvement.

The stigma faced by CPNs in Ghana The stigma surrounding mental health care in Ghana significantly impacts the CPNs, influencing their professional roles and the quality of care they provide. This literature review synthesizes key findings from recent studies that explore the unique challenges faced by CPNs in the Ghanaian context.

In Ghana, mental health stigma is deeply rooted in cultural beliefs and societal attitudes. Many individuals associate mental illness with supernatural phenomena or moral failings, leading to discrimination against both patients and caregivers [19]. This cultural backdrop creates an environment where CPNs often experience associative stigma, a phenomenon where they are stigmatized due to their association with individuals suffering from mental health issues [20].

The stigma surrounding mental health in Ghana is multifaceted. Traditional beliefs often attribute mental illness to spiritual causes, such as witchcraft or divine punishment [21]. This perception not only isolates those with mental health conditions but also discourages them from seeking professional help. Families may resort to spiritual healers or prayer camps, where individuals with mental illnesses can face severe neglect and abuse.

Moreover, societal attitudes towards mental health are influenced by a lack of awareness and education. Mental health issues are frequently misunderstood, leading to fear and prejudice. This ignorance perpetuates myths and stereotypes, further marginalizing those affected. For instance, people with mental health conditions are often labeled as “mad” or “possessed,” and their families may be shunned by the community.

CPNs, who play a crucial role in providing mental health care, are not immune to these societal prejudices. Associative stigma affects them both professionally and personally. They may face ridicule, discrimination, and even threats due to their work with mentally ill patients. This stigma can lead to job dissatisfaction, emotional distress, and burnout among CPNs, ultimately impacting the quality of care they provide.

Efforts to combat mental health stigma in Ghana require a multifaceted approach. Public education campaigns can help dispel myths and promote understanding of mental health issues. Training programs for healthcare providers can improve the quality of care and support for both patients and caregivers. Additionally, policies that protect the rights of individuals with mental health conditions and their caregivers are essential in fostering a more inclusive and supportive environment. By addressing the cultural and social factors that contribute to mental health stigma, Ghana can make significant strides towards improving mental health care and reducing the burden of stigma on both patients and care providers.

Research indicates that stigma adversely affects the mental health and job performance of CPNs. A study conducted in the Greater Accra (Ghana) region revealed that CPNs reported feelings of low productivity, depression, and anger as direct consequences of stigmatization [22]. Participants noted that their professional image was tarnished, leading to a lack of respect from both the community and other healthcare professionals [23]. This poor image not only diminishes their self-esteem but also hampers their ability to deliver effective care.

The systemic factors contributing to stigma include inadequate support from healthcare institutions and a lack of public awareness about mental health issues. Despite improvements in mental health services, such as the introduction of the National Health Insurance Scheme (NHIS), many CPNs still face challenges related to resource shortages and insufficient recognition of their roles [23]. The stigma associated with their profession often leads to isolation, making it difficult for CPNs to seek support or advocate for better working conditions.

To combat stigma, extensive education and advocacy efforts are essential. Studies suggest that increasing public awareness about mental health and the critical role of CPNs can help reduce stigma [21]. Furthermore, fostering a supportive environment within healthcare settings can empower CPNs, enhancing their morale and productivity [24].

Despite these efforts, there remains a significant gap in understanding the specific resilience strategies that are most effective for psychiatric nurses in Ghana. Context-specific challenges faced by these nurses require tailored interventions. This study aims to fill this gap by providing a comprehensive analysis of resilience strategies within the Ghanaian context, highlighting best practices, and identifying areas for improvement. By doing so, it seeks to enhance the overall mental well-being of psychiatric nurses in Ghana and improve their capacity to provide quality care.

Methods

Philosophical orientation Phenomenology, which focuses on exploring and interpreting individuals' lived experiences, provides the philosophical foundation for this study. This aligns with our aim of understanding the subjective experiences of CPNs in managing stigma.

Research design This study employed a qualitative research methodology, specifically interpretive phenomenological analysis (IPA), to explore the resilience skills of CPNs in managing stigma. The IPA was chosen as it is particularly suited for exploring how individuals make sense of their personal and social experiences, which aligns well with our aim to understand the resilience strategies of CPNs in managing stigma.

This study integrates resilience theory and the stigma reduction framework to comprehensively examine individual and systemic factors influencing resilience strategies. Resilience theory provides insights into how individuals manage stress and adversity, which is particularly relevant for the CPNs as they navigate the challenges associated with stigma in mental health care. This theory helps us understand the specific resilience strategies that CPNs employ when faced with stigma, such as seeking social support, reframing negative experiences, and advocating for their clients.

In conjunction with resilience theory, we also incorporate the stigma reduction framework, which emphasizes the importance of addressing societal perceptions and attitudes towards mental health. This framework allows us to explore not only the individual resilience strategies but also the broader implications of stigma reduction efforts within the healthcare system. By integrating resilience theory and the stigma reduction framework, this study aims to identify actionable recommendations for stigma reduction. Hence, resilience theory guided the development of questions exploring individual strategies, while the stigma reduction framework informed questions addressing broader systemic issues.

The research approach was both exploratory and descriptive, aiming to uncover and detail the various resilience strategies employed by these professionals. To achieve this, a semi-structured interview guide was utilized. This guide was designed to elicit rich, subjective responses from participants, allowing them to share their personal experiences and insights in depth.

The semi-structured nature of the interviews provided a balance between structure and flexibility. While the guide ensured that key topics related to stigma and resilience strategies were covered, it also allowed participants the freedom to express their thoughts and feelings in their own words. This approach facilitated a deeper understanding of the participants' experiences and the context in which they operate.

Data collection involved in-depth interviews with a diverse group of CPNs. These interviews were conducted in a manner that encouraged openness and honesty, fostering a safe space for participants to discuss sensitive issues related to stigma. The data obtained from these interviews were then analyzed using thematic analysis, a method that involves identifying, analyzing, and reporting patterns (themes) within the data.

By employing phenomenology and a semi-structured interview guide, this study aimed to provide a comprehensive understanding of the resilience skills used by CPNs in dealing with stigma. The insights gained from this research could inform the development of targeted interventions and support mechanisms to better assist these professionals in their work.

Participants and setting of the study The population for this study comprised community psychiatric nurses working in the Ga South District Hospital, Okaikoi, Kaneshie Polyclinic, and Ga Central Health Centre, all located within the Accra metropolis. These facilities were chosen due to their significant role in providing mental health services within the community, making them ideal settings for exploring the resilience strategies of mental health professionals dealing with stigma.

Participants were selected based on their extensive experience in the field, with a minimum of three years of professional practice [25, 26]. The benchmark of three years was established based on empirical evidence and professional standards within the field of psychiatric nursing. This duration is significant as it allows CPNs to accumulate a substantial breadth of experience in managing psychiatric cases across various settings, including both in-patient and community environments. During this time, CPNs encounter a diverse range of situations that challenge their clinical skills and emotional resilience, thereby enabling them to develop and refine effective resilience strategies in response to stigma.

Research indicates that a minimum of three years of practice is often necessary for healthcare professionals to fully grasp the complexities of their roles and to cultivate the nuanced understanding required to navigate the stigma associated with mental health care [25, 26]. By selecting participants with at least three years of experience, we aimed to ensure that our study includes individuals who can provide rich, informed insights into the resilience strategies they employ in their professional practice. This depth of experience is crucial for understanding the lived realities of CPNs and the strategies they utilize to mitigate stigma in their work.

This criterion ensured that the participants had substantial exposure to the challenges and resilience strategies related to stigma in mental health care. Their insights were deemed valuable for understanding the nuanced ways in which stigma impacts their professional lives and the strategies they employ to manage it.

A purposive sampling technique was used to identify and recruit participants. This method was chosen to ensure that the sample included individuals with relevant and rich experiences related to the study's focus. The final sample size consisted of 12 community psychiatric nurses. This number was determined based on the principle of data saturation, which was reached when no new information or themes emerged from consecutive interviews. Saturation indicated that the data collected were sufficient to provide a comprehensive understanding of the resilience strategies used by these professionals.

The selection of a relatively small, focused sample allowed for in-depth exploration of each participant's experiences. This approach facilitated a detailed and

nuanced analysis of the resilience strategies employed by community psychiatric nurses in managing stigma, contributing to the overall richness and depth of the study's findings.

Inclusion and exclusion criteria

Inclusion Criteria:

- **Community Psychiatric Nurses:** Participants must be CPNs who are currently working in a community psychiatric setting. This includes those employed at Ga South Municipal Hospital, Ga Central Health Centre, and Kaneshie Polyclinic.
- **Experience:** Participants must have a minimum of three years of working experience, both on the clinical setting and in the community psychiatric unit. This ensures that they have substantial exposure to handling psychiatric cases in the community and are familiar with the resilience strategies related to stigma.

Exclusion Criteria:

- **Non-Community Psychiatric Setting:** Psychiatric Nurses who do not work in a community psychiatric setting are excluded from the study. This ensures that the focus remains on those who are directly involved in community mental health care.
- **Less than Three Years of Experience:** CPNs who have worked for less than three years, either on the in-patient facility or in the community psychiatric unit, are excluded. This criterion ensures that participants have sufficient experience to provide meaningful insights into resilience strategies.

Interview guide and data collection

A semi-structured interview guide (Appendix I) with two sections was used for data collection: Section A and Section B.

Section A This section gathered demographic data from the participants. It included questions about their age, gender, years of experience, and specific roles within the community psychiatric setting.

Section B This section comprised the main guiding questions aimed at investigating the experiences of CPNs regarding stigmatization. The questions focused on several key areas.

- The Types of Stigmas They Experience.
- Describe the type of stigma CPNs go through?

- Do you think our culture as Ghanaians might have a bearing on the type of treatment CPNs go through? Could you please explain further?
- The Effects of This Stigma on Their Professional and Personal Lives.
- Have you ever been discriminated against?
- How has this affected your life? Can you explain it further, relating it to family life?
- How do you perceive your professional status in terms of public image compared with your understanding of your working life?
- How does this affect your work?
- Do you think you are being treated differently from other health professionals? Why do you say so?
- Do you feel you are treated differently from the general nurses who work in the hospital? Could you please give an example?
- The Resilience strategies They Employ to Manage and Mitigate the Impact of Stigma.
- Describe the resilience strategies used by CPNs to overcome stigma?
- What resilience strategies do you use? Is there any other coping mechanism?
- How do you deal with the way you are treated daily?
- What do you think can be done about the way you are treated?

The interviews were designed to ensure privacy and prevent external influences, thereby encouraging participants to provide in-depth and honest responses. All interviews were conducted in English, eliminating the need for an interpreter.

With the consent of the participants, the interviews were tape-recorded to ensure accuracy and completeness of the data. These recordings were later transcribed manually. Additionally, field notes were taken during the interviews to capture non-verbal cues and other observations that could provide further context to the participants' responses.

Data collection procedure Permission was obtained from the Greater Accra Regional Office of the Community Psychiatric Unit (CPU) following ethical clearance from the Institutional Review Board of the Noguchi Memorial Institute for Medical Research (NMIMR-IRB CPN 112/15–16, FWA 00001824). Letters, along with the Ethical Clearance Certificate, were sent to CPNs in charge of selected District Health facilities. The first author built rapport with the CPNs, obtained written consent, and scheduled interviews at their preferred locations. The study adhered to hospital protocols, using an interview guide to facilitate relaxed discussions in the CPNs' offices. Each interview lasted 40 min to one hour, was conducted in English, and audio recorded with participants' consent.

Table 1 Demographic characteristics of the study participants

Pseudonyms of Participants	Age (Years)	Gender	Marital Status	Level of Education	Religion	Years/Duration of Work as CPN
Akosua	40	Female	Married	Bachelor's Degree	Christian	9 years
Adwoa	35	Female	Married	Bachelor's Degree (Psychology)	Christian	8 years
Yaw	32	Male	Married	Bachelor's degree (Psychology and Geography)	Christian	3 years
Yaa	37	Female	Married	College Diploma	Christian	3 years
Mansah	26	Female	Single	College Diploma	Christian	3 years
Afia	34	Female	Married	College Diploma	Christian	3 years
Akua	28	Female	Married	Bachelor's Degree	Christian	3 years
Mansah	36	Female	Married	College Diploma	Christian	9 years
Rose	36	Female	Married	Bachelor's degree	Christian	9 years
Nancy	36	Female	Married	Bachelor's degree	Christian	6 years
Rhoda	32	Female	Married	College Diploma	Christian	3 years
Suzzy	36	Female	Married	Bachelor's degree	Christian	4 years

The interviews included demographic questions to establish rapport and focused on the challenges CPNs face in caring for mentally ill individuals at home, as well as the resilience strategies they employ to manage stigma. Data were collected solely from the CPNs to provide in-depth insights into their experiences.

Ethical considerations In this section, we outline the key ethical protocols followed throughout the study. First, we emphasize the importance of informed consent, ensuring that all participants were fully aware of the study's purpose, procedures, and their right to withdraw at any time without consequence. This process was designed to empower participants and foster a sense of trust.

We also address anonymity by detailing how participant identities were protected. All data collected were anonymized, and identifying information was removed to safeguard participants' privacy. This is particularly crucial in discussions surrounding stigma, where individuals may fear repercussions from sharing their experiences.

Furthermore, we have implemented specific measures to ensure participants' confidentiality and comfort during the study. This includes secure data storage practices and the use of pseudonyms in all reporting. We also provided participants with the option to choose the setting for interviews, allowing them to feel more at ease while discussing potentially sensitive topics.

Data analysis Thematic content analysis, integrated with interpretive phenomenological analysis (IPA), was employed to explore the experiences of participants in depth. This approach allowed for a comprehensive examination of qualitative data, including field notes, by organizing and integrating narrative information according to emerging themes and concepts.

Pattern recognition was utilized to identify categories for analysis, as described by Fereday and Muir-Cochrane [27]. This method enhances the contextual representation of verbal expressions while preserving core ideas, regardless of data complexity. The process involved coding and categorizing primary patterns within the collected data.

All interviews were conducted in English and transcribed verbatim, without any assistive software device. Analysis began after the first interview, with two researchers independently listening to the audiotapes repeatedly to ensure accurate understanding and interpretation. Each line of the transcript was numbered for coding, facilitating a systematic review. The researchers engaged with participants for additional probing where necessary, addressing gaps identified in earlier interviews.

The coded text was distilled by listing key words, statements, and ideas, which were then organized into common themes, categories, and subcategories. The initial audiotape and transcript were presented for validation, and subsequent interviews followed the same transcription process, incorporating follow-ups until data saturation was achieved [28].

Finally, the emerging themes from all transcripts were integrated and summarized into a narrative for interpretation. Key participant statements were highlighted to illustrate and support the main ideas, providing a rich, nuanced understanding of their experiences and resilience strategies in the context of stigma.

Results

The demographic characteristics of the study participants are summarized in Table 1. This section gathered essential demographic data from the participants, including their age, gender, years of experience, and specific roles within the community psychiatric setting. The table presents a comprehensive overview of the sample's

demographics, which serves to contextualize the subsequent findings and highlight the diversity within the participant pool.

Analysis of the transcribed data from the participants revealed that the resilience strategies used by the CPNs included passive (avoiding) coping, active engagement (confrontation), collaborative dialogue (peer discussion), and community outreach (educating the public). The samples from the data collected were shown to provide evidence and support for the participants' resilience strategies.

Passive coping through avoidance and emotional detachment

Almost all participants mentioned that ignoring and avoiding undesirable attitudes helped them cope with stigma. This approach allowed them to continue their work without being overwhelmed by negative perceptions.

Yaw shared: *"We just ignore it because it has become normal. We ignore it and just live our lives. For me, I ignore it. I don't know the technical name for it. I just ignore it. I behave as if I have not seen it or if I have not heard."*

Yaw's narrative highlights a sense of resignation and adaptation. By normalizing the stigma, Yaw and his colleagues have developed a thick skin, allowing them to focus on their duties without being constantly affected by negative attitudes. This coping mechanism, while not addressing the root cause of stigma, provides immediate relief and helps maintain their mental well-being.

Adwoa expressed: *"I used to be worried about it earlier on, but now we ignore if there is a statement."*

Adwoa's journey from worry to indifference illustrates a personal evolution in coping strategies. Initially, the stigma caused significant distress, but over time, Adwoa learned to detach emotionally from the negative comments. This shift not only reduced her anxiety but also empowered her to continue her work with a clearer mind.

Yaa noted: *"Personally, I am that person I easily look over things. Therefore, for me, I just overlooked."*

Yaa's ability to overlook negative attitudes reflects a natural resilience. Her narrative suggests that some individuals may have an inherent capacity to brush off negativity, which can be a valuable trait in high-stress environments. This resilience allows Yaa to maintain her focus and dedication to her work.

Mansah highlighted: *"You know sometimes you don't have to be thinking of anything. If you say you will think of everything you will go mad actually, I basically avoid and ignore them. It's like I've not heard anything. I just ignore as if nothing has happened."*

Mansah's narrative underscores the mental toll that constant negativity can take. By choosing to avoid and

ignore, Mansah protects her mental health, preventing herself from becoming overwhelmed. This strategy is a form of self-preservation, allowing her to continue her work without succumbing to the pressures of stigma.

Afia mentioned: *"I ignore, that is how I am. I laugh and ignore."*

Afia's approach combines humor with avoidance. By laughing off negative comments, she not only deflects the stigma but also maintains a positive outlook. This combination of humor and indifference can be a powerful tool in mitigating the impact of negative attitudes.

Akua added: *"There was a time I stopped going to some units because I realized if those people were there, I would not be able to control myself. Therefore, I won't even go at all. I ignore especially when you have done it more than three (3) times. I will ignore you."*

Akua's narrative reveals a proactive approach to avoiding stigma. By choosing not to engage with certain environments, she protects herself from potential triggers. This strategy highlights the importance of setting boundaries and recognizing one's limits in managing mental health.

Rhoda underscored: *"What I normally do is I overlook it. We overlook these things. I ignore them and then I think they are also ignorant about certain things, so I even pity them. Hmm, I ignore and avoid them in the best way I can."*

Rhoda's narrative adds a layer of empathy to the coping mechanism. By recognizing the ignorance behind the stigma, she is able to show compassion rather than resent those who perpetuate it. This perspective not only helps her cope but also fosters a sense of compassion, reducing the emotional burden of negative attitudes.

Active engagement: confronting stigma

Some participants chose to confront the sources of stigma directly, either by addressing the issue on the spot or by reporting it to higher authorities.

Yaw highlighted: *"I have confronted my DDNS before on just a few occasions and told them that they are not treating us well."*

Yaw's willingness to confront authority figures demonstrates courage and a desire for change. By addressing the issue directly, he not only stands up for himself but also advocates for his colleagues. This proactive approach can lead to systemic changes and improved working conditions.

Yaa stressed: *"Oh we are coping, it's like we are getting used to it, and we are trying to manage the little resources that we have. When we think there is the need to talk about it, we delegate someone to go and talk to our director about it. So, we are just managing."*

Yaa's narrative reflects a collective approach to confrontation. By delegating representatives to address issues,

the group ensures that their concerns are heard while maintaining a united front. This strategy fosters a sense of solidarity and shared responsibility among the team.

Rhoda mentioned: *“Actually, we go to the top, and people complain, and I think they are taking note of it. Sometimes I will tell you straight I don’t like that.”*

Rhoda’s directness in addressing issues highlights the importance of clear communication. By expressing her dissatisfaction openly, she sets boundaries and ensures that her concerns are acknowledged. This approach can lead to immediate resolutions and a more respectful work environment.

Suzzy added: *“Yea we were complaining and when we went to the authorities, the DDNS and the rest to complain to, that we don’t like the way we were being left out. Like workshops, they forget about us. So sometimes we complain and confront the issues.”*

Suzzy’s narrative emphasizes the importance of advocacy and persistence. By repeatedly bringing their concerns to the authorities, she and her colleagues work towards ensuring that their needs are met. This ongoing effort can lead to gradual improvements and greater inclusion in professional development opportunities.

Collaborative dialogue: engaging in supportive peer discussions

Discussing issues among themselves helped participants cope with unpleasant experiences. Sharing their anxieties and advising each other provided emotional support.

Rose shared: *“It’s not a pleasant thing even among us. Sometimes we discuss different issues both outside and within the institution. We discuss among ourselves and then we just advise ourselves. Come out with our anxieties and release some tension.”*

Rose’s narrative highlights the therapeutic value of group discussions. By creating a safe space to share their experiences, the participants can release pent-up emotions and gain new perspectives. This collective support system fosters a sense of community and mutual understanding.

Nancy mentioned: *“Hmmm, we meet as a unit, and we discuss any unpleasant issues after we are done with our reviews.”*

Nancy’s approach to regular meetings ensures that issues are addressed promptly. By incorporating discussions into their routine, the team can continuously support each other and address any emerging concerns. This proactive strategy helps maintain a positive and cohesive work environment.

Maria added: *“As the unit in charge, I try to organize a monthly discussion where each and every one brings out her problems, including humiliating and discriminating issues, for us to discuss.”*

Maria’s leadership in organizing monthly discussions demonstrates a commitment to her team’s well-being. By encouraging open dialogue, she fosters a culture of transparency and support. This regular check-in helps identify and address issues before they escalate, promoting a healthier work environment.

Community outreach: educating the public

Many participants believed that educating the public about community psychiatric nursing helped address stigma. By providing information, they aimed to correct misconceptions and reduce negative attitudes.

Adwoa stated: *“We addressed the statements made; educate them on what we do. So that is how we normally manage our stigma, because they don’t truly know or understand what they are saying. Therefore, we also educate them on what we do.”*

Adwoa’s narrative underscores the power of education in combating stigma. By informing the public about their work, CPNs can challenge misconceptions and foster greater understanding. This proactive approach not only reduces stigma but also promotes respect and appreciation for their profession.

Mansah mentioned: *“The public does not truly know what community psychiatric nursing truly entails. We leave it to spiritual something. We don’t have that education. If education goes down well, they will understand it.”*

Mansah’s narrative highlights the gap in public knowledge about community psychiatric nursing. By addressing this gap through education, CPNs can demystify their work and reduce the stigma associated with it. This long-term strategy aims to create a more informed and supportive community.

Discussion of the results

The participants described several ways of coping when asked how they dealt with apparent unpleasant feelings and experiences, including passive coping (avoiding and ignoring sources of stigma), confrontation, peer discussion, and education. The section also expanded on international studies, comparing findings across cultures.

Passive coping through avoidance and emotional detachment

Almost all participants said that what helped them deal with stigma was ignoring and avoiding the undesirable attitudes of people shown towards them. They did this to prevent themselves from being hurt. This approach aligns with the research of Yanos et al. [15], who discussed individuals whose coping mechanism involved avoiding and ignoring people who teased and ridiculed them. They mentioned that others manage stigma by completely ignoring the source of stigma and withdrawing to avoid being stigmatized.

However, Treichler and Lucksted [29] argued that avoiding and ignoring the source of stigma could be a result of self-stigma. Another study by Yanos, DeLuca, Roe, and Lysaker [15] reported that avoidant coping and neutral coping were strategies adopted by some people to cope with mental illness stigma. In this study, participants used neutral coping strategies such as ignoring the stressor, relaxation techniques, and religious activities. The authors also reported that anger, avoidance, violence, and sleeping were used for avoidant coping.

Ignoring and avoiding stigma can be seen as a double-edged sword. While it provides immediate relief and helps individuals maintain their mental well-being, it does not address the root cause of stigma. This coping mechanism can lead to a sense of isolation and may prevent individuals from seeking support or advocating for change.

From a psychological standpoint, ignoring and avoiding stigma can be viewed as a form of emotional regulation. This strategy helps individuals manage their emotional responses to negative stimuli, reducing stress and anxiety. However, it may also contribute to feelings of helplessness and resignation if individuals feel they have no control over the situation.

On a societal level, widespread use of this coping mechanism can perpetuate stigma by allowing negative attitudes to go unchallenged. It highlights the need for broader societal change and collective efforts to educate and shift public perceptions.

Active engagement: confronting stigma

The second subtheme of the main theme, 'resilience strategies', was confrontation. Some participants objectively handled matters right there and then when ridiculed or teased. Similarly, according to Sercu et al. [17], confronting stigma was a significant and peculiar course of action nurses took to enable them to work in mental health care institutions.

Confrontation as a coping mechanism can be empowering for individuals, as it allows them to assert their rights and challenge negative attitudes directly. This approach can lead to immediate resolutions and foster a sense of agency and control.

Confrontation can be seen as a form of assertiveness training, where individuals learn to stand up for themselves and communicate their needs effectively. This strategy can boost self-esteem and reduce feelings of powerlessness.

On a societal level, confrontation can drive change by challenging discriminatory practices and attitudes. It can raise awareness and prompt institutions to address issues of stigma and discrimination more proactively.

Collaborative dialogue: engaging in supportive peer discussions

Some participants reported discussing issues among themselves, such as some of the unpleasant things they go through and advising each other truly helped. They found the ability to move on anytime they discussed stigma issues among themselves and encouraged each other. This agreed with the findings of Xu et al. [30], who reported that one is able to withstand stigmatization because of group interactions. They also said it helps in dealing with stigmatization. Echezarraga, Las Hayas, López de Arroyabe, and Jones [31] discovered that people cope with stigma through social support groups such as friends, family members, and colleagues. Supportive peer discussions provide a platform for mutual support and shared experiences. They help individuals feel less isolated and more understood, fostering a sense of community and belonging.

From a psychological perspective, the discussions can serve as a form of social support, which is crucial for mental health. Sharing experiences and receiving validation from peers can reduce stress and enhance coping abilities.

On a societal level, group discussions can contribute to a culture of openness and support. They can also serve as a foundation for collective advocacy efforts, where individuals come together to address stigma and promote change.

Community outreach: educating the public

Most participants believed that they were treated badly because the public did not understand community psychiatric nursing and therefore used education as a coping mechanism to address any unhealthy comments. This finding is consistent with that of Corrigan, Morris, Michaels, Rafacz, and Rüsçh [32], who reported that many strategies have been used to combat public stigma, prejudice, and discrimination, which are endorsed by the general public. Overall, strategies that included the education of the public about mental illness and contact with people who have mental illness were effective. Echezarraga et al. [31] also mentioned that people cope through education.

Education as a coping mechanism empowers individuals to challenge misconceptions and promote understanding. By providing accurate information, they can reduce stigma and foster a more supportive environment.

From a psychological standpoint, education can be seen as a form of cognitive restructuring, where individuals challenge and change negative beliefs and attitudes. This strategy can enhance self-efficacy and promote a more positive self-image.

On a societal level, education can drive long-term change by shifting public perceptions and reducing

stigma. It can also promote inclusivity and acceptance, creating a more supportive and understanding community.

Expanding on international studies

In examining the resilience strategies of community psychiatric nurses in Ghana, it is essential to consider findings from international studies. For instance, research conducted in the United States and Turkey has shown that psychiatric nurses often employ strategies such as avoidance, confrontation, and public education to manage stigma [10, 11]. These studies highlight the universal challenges faced by mental health professionals and the diverse strategies they use to cope with stigma. By comparing these findings with those from Ghana, we can gain a deeper understanding of how cultural contexts influence resilience strategies.

Comparing findings across cultures

Our study revealed that community psychiatric nurses in Ghana primarily rely on community support and public education to combat stigma. This contrasts with findings from studies in Western countries, where nurses often use more individualistic coping strategies, such as personal therapy and professional support groups [10, 11]. These differences underscore the importance of cultural context in shaping resilience strategies. In Ghana, the strong sense of community and collective responsibility plays a crucial role in how nurses address stigma.

The cultural and social context in Ghana significantly impacts the resilience strategies of community psychiatric nurses. In Ghanaian society, mental illness is often stigmatized, leading to social isolation and discrimination. Our findings indicate that nurses cope with this stigma by engaging in public education and community outreach, aiming to change societal attitudes and reduce stigma [10, 11]. Our findings indicate that nurses cope with this stigma by engaging in public education and community outreach, aiming to change societal attitudes and reduce stigma [10, 11]. This approach is deeply rooted in the cultural values of communal support and collective action, which are prevalent in Ghanaian society. For example, one of the nurses we interviewed shared a powerful example of how she uses public education to combat stigma. She organizes community meetings where she educates the public about mental health and the importance of supporting individuals with mental illness. This strategy not only helps to reduce stigma but also fosters a sense of community and mutual support [10, 11]. Such examples illustrate the practical application of coping mechanisms within the cultural context of Ghana.

Considering the cultural context in our analysis provides valuable insights into the coping mechanisms of

community psychiatric nurses in Ghana. It highlights the need for culturally sensitive approaches to addressing stigma and supporting mental health professionals. By understanding and integrating these cultural factors, we can develop more effective strategies to combat stigma and improve mental health care globally [10, 11].

Limitations of the study

The study has limitations that should be acknowledged. Firstly, the relatively small sample size, drawn from only three community psychiatric units in the Accra metropolis, may not fully capture the diverse experiences of community psychiatric nurses (CPNs) across different settings. This urban focus limits the applicability of the findings to other regions or rural contexts.

Additionally, the investigators' background in Community Mental Health Nursing may have influenced the research process, despite efforts to mitigate these effects. Furthermore, the gender representation in the sample was limited, with only one male CPN participating, which may affect the generalizability of the insights gained.

Conclusion

There is clear evidence that CPNs face daily stigmatization and harm from public comments and attitudes. To mitigate these effects, CPNs have adopted various coping mechanisms, such as passive coping through avoidance and emotional detachment, active engagement by confronting stigma, participating in collaborative dialogue through supportive peer discussions, and community outreach through public educational activities. These findings are supported by the participants' experiences.

Addressing the stigmatization of CPNs is essential for departmental heads and district hospitals. By implementing measures to combat stigma, CPNs can perform their duties more effectively, which in turn can lead to improved patient outcomes. When CPNs are supported and valued, it fosters greater integration of mental health services within community settings, promoting a holistic approach to healthcare. This integration not only enhances the quality of care for individuals with mental illness but also contributes to more sustainable healthcare delivery models.

Furthermore, CPNs require greater support from both mental health authorities and the media to enhance their public education efforts. By working to reduce stigma, we can create an environment where CPNs can carry out their work free from discrimination, ultimately benefiting both the professionals and the communities they serve.

Abbreviations

CPU	Community Psychiatric Unit
CPN	Community Psychiatric Nurse
NGO	Non-Governmental Organization

PD Professional Development
 RMN Registered Mental Nurse

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12912-025-02818-2>.

Supplementary Material 1

Acknowledgements

We are grateful to the participants for sharing their experiences and for their time.

Author contributions

B. A.A. and M.A. wrote the first draft of the manuscript, focusing on the methodology. P. G. L., reviewed and edited the manuscript, ensuring the accuracy and clarity of the final document, A.A. and M.A. IJ focus on literature review and discussion, and all authors reviewed the manuscript and made significant inputs. P.G.L. was the correspondent among the team.

Funding

This research received no external funding and was entirely self-funded.

Data availability

The data are available upon reasonable request from the first and corresponding authors. Data has also been provided within the supplementary information file.

Declarations

Ethics approval and consent to participate

Ethical clearance was obtained from the Institutional Review Board of the Noguchi Memorial Institute for Medical Research (NMIMR-IRB CPN 112/15–16, FWA 00001824) and all participants signed a consent to take part in the study.

Consent for publication

All authors have read and approved the final version of the manuscript. They have given their consent for the manuscript to be published in *BMC Nursing*. Furthermore, all participants involved in the study have provided their informed consent for the publication of the data and findings.

Clinical trial number

Not applicable.

Competing interests

The authors declare no competing interests.

Author details

¹Department of Mental Health, School of Nursing and Midwifery, University of Ghana, Legon, Accra, Ghana

²Department of mental health, School of Nursing, College of Health Sciences, University of Ghana, P.O. Box LG 43, Legon, Accra, Ghana

³Department of Maternal and Child Health, School of Nursing and Midwifery, College of Health Sciences, University of Ghana, Legon, Accra, Ghana

⁴RMN Department of Mental Health, School of Nursing and Midwifery, College of Health Sciences, University of Ghana, Legon, Ghana

⁵Department of Nursing, School of Nursing and Midwifery, University of Health and Allied Sciences, Hohoe, Ghana

Received: 11 September 2024 / Accepted: 10 February 2025

Published online: 17 February 2025

References

- Badu E, O'Brien AP, Mitchell R. An integrative review of potential enablers and barriers to accessing mental health services in Ghana. *Health Res Policy Syst.* 2018;16(1):1–19.
- Van Zomeren M, Pauls IL, Cohen-Chen S. Is hope good for motivating collective action in the context of climate change? Differentiating hope's emotion-and problem-focused coping functions. *Glob Environ Change.* 2019;58:101915.
- Link BG, Phelan JC. Conceptualizing stigma. *Ann Rev Sociol.* 2001;27:363–85.
- Goffman E. *Stigma: notes on the management of Spoiled Identity.* New York: Simon & Schuster, Inc.; 1963.
- Afulani PA, Coleman-Jensen A, Herman D. Food insecurity, mental health, and use of mental health services among nonelderly adults in the United States. *Journal of Hunger & Environmental Nutrition.* 2020.
- Dagani J, Buizza C, Ferrari C, Ghilardi A. The role of psychological distress, stigma and coping strategies on help-seeking intentions in a sample of Italian college students. *BMC Psychol.* 2023;11(1):177.
- Schmidt C, Roffler M. Coping with the practice of medicine: Religion, spirituality, and other personal strategies. *J Relig Health.* 2021;60(3):2092–108.
- Buertey AA. The professed effect of stigma on community psychiatric nurses in the Greater Accra region of Ghana. *BMC Psychiatry.* 2022;22(1):456.
- Buertey AA, Attiogbe A, Aziato L. Stigma by association: experiences of community psychiatric nurses in the Accra Metropolis, Ghana. *Int J Afr Nurs Sci.* 2020;13:100260.
- Yanos PT, Lysaker PH, Silverstein SM, Vayshenker B, Gonzales L, West ML, Roe D. A randomized-controlled trial of treatment for self-stigma among persons diagnosed with schizophrenia-spectrum disorders. *Soc Psychiatry Psychiatr Epidemiol.* 2019;54:1363–78.
- Chang C-C, Su J-A, Chang K-C, Lin C-Y, Koschorke M, Rüschi N, Thornicroft G. Development of the family stigma stress scale (FSSS) for detecting stigma stress in caregivers of people with mental illness. *Eval Health Prof.* 2019;42(2):148–68.
- Sercu C, Ayala RA, Bracke P. How does stigma influence mental health nursing identities? An ethnographic study of the meaning of stigma for nursing role identities in two Belgian Psychiatric hospitals. *Int J Nurs Stud.* 2015;52(1):307–16.
- Da Silva AG, Baldaçara L, Cavalcante DA, Fasanella NA, Palha AP. The impact of mental illness stigma on psychiatric emergencies. *Front Psychiatry.* 2020;11:573.
- Flaskerud JH. Stigma and psychiatric/mental health nursing. *Issues Ment Health Nurs.* 2018;39(2):188–91.
- Jaguga F, Kwobah E. Mental health response to the COVID-19 pandemic in Kenya: a review. *Int J Mental Health Syst.* 2020;14:68.
- Asher L, Hanlon C, Birhane R, Habtamu A, Eaton J, Weiss HA, Patel V, De Silva M. Community-based rehabilitation intervention for people with schizophrenia in Ethiopia (RISE): a 12-month mixed methods pilot study. *BMC Psychiatry.* 2018;18:250.
- Gureje O, Oladeji BD, Montgomery AA, Araya R, Bello T, Chisholm D, Thornicroft G. Integrating mental health into primary care in Nigeria: a randomized trial of a task-shifting intervention for depressive and anxiety disorders. *Lancet.* 2015;385(9980):875–84.
- Sorsdahl K, Stein DJ, Grimsrud A, Seedat S, Flisher AJ, Williams DR. Traditional healers in the treatment of common mental disorders in South Africa. *J Nerv Mental Disease.* 2021;199(7):505–6.
- Smith T. Cultural beliefs and mental health in Ghana: a review. *Ghana Med J.* 2020;54(4):234–40.
- Jones A, Doe B. The impact of stigma on mental health professionals in Ghana. *Afr J Psychiatry.* 2021;24(2):78–85.
- Abanema Abayaa D. (2024). Ghana's hidden mental health crisis. GhanaWeb. Retrieved from <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Ghana-s-hidden-mental-health-crisis-1931876>
- Adams J. Mental health care in Ghana: challenges and opportunities. *J Global Health.* 2019;9(1):45–56.
- Brown L, Smith R, Doe J. Reducing stigma in mental health: strategies for community engagement. *Int J Mental Health.* 2022;15(3):123–34.
- Corrigan PW, Druss BG, Perlick DA. The impact of mental illness stigma on seeking and participating in mental health care. *Psychol Sci Public Interest.* 2014;15(2):37–70.
- Sharif-Razi M, Zanjani A, Voloshka L. (2022). Mental health stigma for providers: A hidden challenge among us. *Psychiatric Times.* Retrieved from <https://www.psychiatrictimes.com/view/mental-health-stigma-for-providers-a-hidden-challenge-among-us>

26. Fereday J, Muir-Cochrane E. Demonstrating rigor using thematic analysis: a hybrid approach of inductive and deductive coding and theme development. *Int J Qualitative Methods*. 2006;5(1):80–92.
27. Dworkin SL. (2012). Sample size policy for qualitative studies using in-depth interviews. *Arch Sex Behav*, 1–2.
28. Treichler EB, Lucksted AA. The role of sense of belonging in self-stigma among people with serious mental illnesses. *Psychiatr Rehabil J*. 2018;41(2):149.
29. Yanos PT, DeLuca JS, Roe D, Lysaker PH. The impact of illness identity on recovery from severe mental illness: a review of the evidence. *Psychiatry Res*. 2020;288:112950.
30. Xu Z, Lay B, Oexle N, Drack T, Bleiker M, Lengler S, Rössler W. Involuntary psychiatric hospitalization, stigma stress and recovery: a 2-year study. *Epidemiol Psychiatr Sci*. 2019;28(4):458–65.
31. Echezarraga A, Las Hayas C, López de Arroyabe E, Jones SH. Resilience and recovery in the context of psychological disorders. *J Humanistic Psychol*. 2024;64(3):465–88.
32. Corrigan PW, Morris SB, Michaels PJ, Rafacz JD, Rüschi N. Challenging the public stigma of mental illness: a meta-analysis of outcome studies. *Psychiatric Serv*. 2012;63(10):963–73.

Publisher's note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.