

ATTITUDE OF GIRLS MEDICAL STUDENTS TOWARDS PSYCHIATRY

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ABSTRACT

Background: Psychiatry is a new specialty as compared to other branches of medical sciences. Society in general and medical students in particular is not fully aware of the scope and knowledge of psychiatry. Prejudice and discrimination against psychiatric patients are common, socially damaging and are a part of more widespread stigmatization. Stigma remains a powerful negative attribute in all social relations. It results from combination of a lack of knowledge, negative attitudes and discrimination. Medical students and other individuals who discriminate against mental illness are likely to socially distance themselves from patients suffering from psychiatric illness.

Method: This cross sectional study was conducted in Khyber Girls Medical College (KGMC) Peshawar, Khyber Pakhtunkhwa (KPK). Students were selected and divided in two groups first group was labeled as cases and consisted of 3rd, 4th and final year students. Second group consisted of 1st and 2nd year students and was labeled as controls. There were 86 students included in case group and 98 in the control group. Attitude towards psychiatry was assessed by a validated scale called attitude towards psychiatry scale (ATP-30). SPSS Version 19 was used for data and statistical analysis. Student's *t*-test was applied to find out the statistical significance.

Results: Questions in ATP-30 scale were divided in to four sets to assess student's attitude towards different aspect of psychiatry. These aspects were, Psychiatric patients and psychiatric illness; Psychiatrist and subject psychiatry; Psychiatric knowledge and teaching; and Psychiatric treatment and hospitals. Overall both groups showed positive attitude towards psychiatry. There was some statistically significant difference between the two groups regarding some important items on the ATP-30, while the rest of majority items had a neutral response. These differences between the two groups may be due to the fact that the control group consisting of 1st year and 2nd year students had limited exposure to clinical psychiatry as compare to the clinical students group.

Conclusions: Overall both groups showed positive attitude towards psychiatry. There was some statistically significant difference between the two groups regarding some important items on the ATP-30, while the rest of majority items had a neutral response. However, first and second year students with limited exposure to psychiatry consider psychiatric hospitals to be more like prisons. There is number of reasons for this attitude such as negative portrayal of psychiatric hospital and treatment in the media and reduced exposure of medical students to psychiatry due to competition from other medical departments for curriculum time in medical schools.

Keywords: Attitude, Medical students, Psychiatry, Statistical significance.

INTRODUCTION

Psychiatry is a new specialty as compared to other branches of medical sciences. Society in general and medical students in particular is not fully aware of the scope and knowledge of psychiatry. Prejudice and discrimination against psychiatric patients are common, socially damaging and are a part of more widespread stigmatization^{1,2}. Such stigma may lead to denial on the part of the families that one of their members is psychiatrically ill. Some families may hide or overprotect a member with mental illness, thus keeping away the

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person from receiving potentially effective care. Stigma remains a powerful negative attribute in all social relations. It results from combination of a lack of knowledge, negative attitudes and discrimination.^{1, 3}

Stigmatization can lower a person's self esteem, disrupt family relationships, and affect ability to secure a job. It is a barrier to the provision of mental health services by health planners⁴. Medical students have been shown to have discriminatory attitudes toward mental illness which may persist in their professional lives⁵. Medical students tend to take the view that psychiatric patients suffer from chronic illnesses with a poor prognosis, lack adequate social support systems and that psychiatry is not a part of mainstream medical sciences⁶.

Many studies have demonstrated that mentally ill are perceived with more negative attributes and rejection regardless of their behavior^{7, 8, 9}. They associate themselves with society's negative conceptions of mental illness, and that society's negative reactions

contribute to increase the incidence of mental disorder¹⁰. However, other studies have demonstrated that negative societal reactions are the result, rather than the cause, of mental illness¹⁰.

Medical students and other individuals who discriminate against mental illness are likely to socially distance themselves from patients suffering from psychiatric illness. Social distance may result in discriminatory practices such as not renting property to or hiring people who have psychiatric disabilities^{11,12}. Stigmatization against mental illness are not limited only to general public; even well trained professionals from most mental health disciplines believe in stereotypes about mental illness^{13,14}.

Undergraduate students' negative attitudes towards psychiatry not only affect the way how they deal with psychological problems in their patients, but also in terms of recruitment into the field of psychiatry^{15,16}. However, having a positive attitude towards psychiatry does not guarantee selection of psychiatry as an area of professional specialization^{15,16,17,18,19}. Positive experiences during undergraduate and postgraduate rotations in psychiatry and their personal contact with mental illness increase the likelihood that they will have positive attitudes towards the profession,²⁰ Medical students have been shown to have stigmatizing attitudes toward mental illness which they hold onto in their professional lives²⁰.

Therefore, research on attitudes toward mental illness, specifically of those in medical/mental health related fields, is necessary to ensure quality care to persons with mental illness. This is important because interventions directed at these target groups may be more cost effective than interventions directed at the general public²¹.

In Pakistan, the mentally ill are often blamed for bringing on their own illnesses, while others may see them as victims of unfortunate fate, religious and moral transgression, or even black magic. This view is sometimes shared by health professionals as well. The development of psychiatric services depends upon the attitude of health care professionals towards psychiatry. The purpose of this study is found out about the attitude of medical students regarding psychiatry and patients suffering from psychiatric illness.

METHODS AND MATERIALS

This cross sectional study was conducted in Khyber Girls Medical College (KGMC) Peshawar, Khyber Pakhtunkhwa (KPK), in the year 2011-2012. To conduct this study a prior permission was issued by the College ethical committee. Students were selected and divided in two groups first group was labeled as cases and consisted of 3rd, 4th and final year students. Second group consisted of 1st and 2nd year students and was labeled as controls. Those refusing to fill the questioner

were not included in this study. There were 86 students included in case group and 98 in the control group.

Attitude towards psychiatry was assessed by a validated scale called attitude towards psychiatry scale (ATP-30)²². The Attitude Scale (ATP 30) is Lickerts type scale measures strength of both positive and negative attitudes to various aspects of psychiatry. Respondents express their agreement or disagreement to 30 items in terms of a 5 point scale; Agree, Strongly agree, Neutral, Disagree, and Disagree strongly. Response for 15 items meant to measure negative attitudes are scored as 1 to 5, whereas, items measuring positive attitudes are scored from 5 to 1 respectively. Total score on the scale indicates positive or negative attitude, with high total score indicating positive and a low score indicating negative attitudes towards different aspects of psychiatry. SPSS Version 19 was used for data and statistical analysis. Student's t-test with $p < 0.05$ was applied for comparison of scores for both the groups on each item, to find out the statistical significance.

RESULTS

The sample consisted of 184 female students as KGMC; Peshawar is a medical college for female students only. Students were divided to two groups, one group consisted of 3rd, 4th and final year students labeled as cases. The other group consisted of 1st and 2nd year students and was labeled as control group. There were 98 students in control group and 86 students in case group. Questions in ATP-30 scale were divided in to four sets to assess students attitude towards different aspect of psychiatry. Results are summarized in table I, II, III and IV.

DISCUSSION

Overall both groups showed positive attitude towards psychiatry. There was some statistically significant difference between the two groups regarding some important items on the ATP-30, while the rest of majority items had a neutral response. Regarding items in table-I, the attitudes towards psychiatry and psychiatrists, the following responses were statistically significant, Psychiatry makes little use of medical training, I would like to be a psychiatrist, Psychiatrists tend to be at least as stable as the average doctor, Psychiatrists get less satisfaction from their work than other specialties, Psychiatrist is not equal to other doctors, The practice of psychiatry allows the development of early rewarding relationship.

The items on table-II, attitudes towards psychiatric patients and psychiatric illnesses, the statistically significant items were, it is interesting to unravel the causes of psychiatric illness, psychiatric Patients are just as human as other people, Psychiatrists talk about Sex.

Table -III was about attitude towards psychiat-

Table-I : Attitude Towards Psychiatry And Psychiatrist

Questions	Means of cases	Means of controls	Df*	t-test	95% confidence interval	
					lower	upper
Psychiatry makes little use of medical training	3.77	2.34	182	0.0001(SS)**	1.117	1.745
Psychiatry do very little	3.06	3.14	182	0.658	-0.462	0.293
I would like to be a psychiatrist	2.86	3.88	182	0.000(SS)**	-1.090	-0.039
People taking up Psychiatry are running away from participation in real medicine	2.71	2.69	182	0.931	-0.337	-0.368
Psychiatry is a respected branch of medicine	2.26	2.03	182	0.090	-0.35	0.486
Psychiatrists tend to be at least as stable as the average doctor	2.73	2.15	182	0.001(SS)**	0.235	0.486
Psychiatrists get less satisfaction from their from their work than other specialties	3.52	2.58	182	0.001(SS)**	0.609	1.275
Psychiatry is excluded from the list of three most exciting specialties.	2.99	2.68	182	0.096	-0.57	0.664
Psychiatrist is not equal to other doctors	3.13	2.61	182	0.008(SS)**	0.135	0.897
The practice of psychiatry allows the development of early rewarding relationship	1.903	2.46	182	0.004(SS)**	-0.888	-0.170

(DF)*=Degree of freedom, (SS)*= statistically Significant.

Table-ii : Attitude Towards Psychiatric Patients And Psychiatric Illness

Questions	Means of cases	Means of controls	Df*	t-test	95% confidence interval	
					lower	upper
Psychiatric illness deserve at least as such attention as physical illness	2.41	2.17	182	0.122	-0.063	0.530
It is interesting to unravel the causes of psychiatric illness	2.20	2.58	182	0.041(SS)**	-0.753	-0.015
psychiatric Patients are just as human as other people	2.95	2.15	182	0.0001(SS)**	0.487	1.114
psychiatric patients are more interesting to work with than other patients	2.58	2.43	182	0.3780	-0.183	0.488
Psychiatrists talk about Sex	4.01	3.55	182	0.006(SS)**	0.136	0.785

(DF)*=Degree of freedom, (SS)*= statistically Significant.

Table-III: Attitude Towards Psychiatric Knowledge And Teaching

Questions	Means of cases	Means of controls	Df*	t-test	95% confidence interval	
					lower	upper
Psychiatric teaching increases our understanding of medical and surgical patients	3.92	3.66	182	0.391	-0.462	0.181
Psychiatric undergraduate training has been valuable	2.16	2.54	182	0.026(SS)**	-0.710	-0.46
Psychiatry has very little scientific information to go on	3.49	3.37	182	0.513	-0.243	0.485
Psychiatry is most important of medical curriculum	2.74	2.54	182	0.287	-0.173	0.579
Psychiatry is unscientific	3.22	2.97	182	0.183	-0.120	0.623
Most of the so called facts in psychiatry are just vague speculations	3.34	3.35	182	0.956	-0.354	0.334
Psychiatry is so amorphous that it cannot be taught effectively	3.12	3.41	182	0.100	-0.641	0.057

(DF)*=Degree of freedom, (SS)*= statistically Significant.

Table-IV: Attitude Towards Psychiatric Treatment And Hospitals

Questions	Means of cases	Means of controls	Df*	t-test	95% confidence interval	
					lower	upper
Psychiatric hospitals are little more than prisons	3.28	2.68	182	0.001(SS)**	0.243	0.948
It is easy for me to accept the efficacy of psychotherapy	2.41	2.41	182	0.994	-0.315	0.312
The practice of psychotherapy is basically fraudulent	3.31	3.32	182	0.991	-0.404	0.399
Psychiatric patient improve with therapy	2.49	3.00	182	0.007(SS)**	-0.883	-0.140
Psychiatric treatment causes patients to worry too much about symptoms	3.08	2.27	182	0.001(SS)**	0.472	1.160
There is very little that Psychiatrist can do for their patients	3.06	3.14	182	0.658	-0.462	0.293
Psychiatric hospitals make specific contribution to the treatment of mentally ill	2.09	2.68	182	0.0001(SS)**	-0.916	-0.265
Psychiatric treatment has become effective	2.20	234	182	0.379	-0.450	-0.172

(DF)*=Degree of freedom, (SS)*= statistically Significant.

ric knowledge and teaching and the only statistically significant responses on this table was Psychiatric undergraduate training has been valuable. The contents on table -IV were regarding the attitudes towards psychiatric treatment and hospitals, and the statistically significant items included, Psychiatric hospitals are little more than prisons, Psychiatric patient improve with therapy, Psychiatric treatment causes patients to worry too much about symptoms, Psychiatric hospitals make specific contribution to the treatment of mentally ill. These findings are consistent with studies done previously on this subject^{23,24}. There may be various reasons for this negative attitude²⁵ lack of accurate information about mental illness and limited exposure to clinical aspect of psychiatry²⁶. They often view psychiatry as imprecise and unscientific²⁷. These differences between the groups may be due the fact that the control group consisting of 1st year and 2nd year students had limited exposure to clinical psychiatry as compare to the clinical students group. As a result of the common fact that, teaching of clinical psychiatry starts during the 3rd year of medical curriculum and continue till the final year.

In this study to choose psychiatry as their future profession was statistically significant replicating the choice of psychiatry as their future field for specialization. Medical students' attitudes towards psychiatry potentially influences their decision to select psychiatry or not as their field of specialization^{28,29}. However, having a positive attitude towards psychiatry does not guarantee selection of psychiatry as an area of professional specialization³⁰. Positive experiences during students' clerkship in psychiatry and their personal contact with mental illness increase the likelihood that they will have positive attitudes towards the profession³¹. But because of other deciding factors such as familial pressure against psychiatry as a choice and fears of contracting psychiatric illness were the reasons for not taking up psychiatry^{31,32,33}. Several studies have been shown that the medical students' attitude toward psychiatry at the end of the psychiatry clerkship is an influential predictor of their decision to choose a career in psychiatry in future^{34,35,36,37,38}. While the current curricula focus more on developing medical students' knowledge than on their attitudes^{32,34,39}.

In their views regarding psychiatric patients and psychiatric illness both groups agree that Psychiatric illness deserve at least as much attention as physical illness, It is interesting to unravel the causes of psychiatric illness and psychiatric patients are more interesting to work with than other patients however students of basic sciences disagree that psychiatric patients are just as human as other people. This could adversely affect the development of a therapeutic relationship and treatment of such patients. These stigmatizing attitudes have been shown to increase psychological distress in people labeled to be mentally ill⁴⁰. Moreover such attitudes may inhibit help seeking among individuals with a mental disorder and provide barriers to their suc-

cessful reintegration into the society^{41,42,43} in these study students with clinical exposure to psychiatric patients held more positive view .This finding is consistent with previous research^{44,45,46}.

In this study, students held a positive view towards psychiatric knowledge and teaching⁴⁷. Both groups agreed that Psychiatry is most important of medical curriculum and psychiatric undergraduate training has been valuable. They rejected the idea that psychiatry is unscientific, based on vague speculation or it cannot be taught effectively. These findings are consistent with previous research^{48,49}.

Although both groups hold positive attitude towards psychiatric treatment that it is effective in treating patients and psychiatric hospitals are making important contribution but first and second year students with limited exposure to psychiatry consider psychiatric hospitals to be more like prisons. There are number of reasons for this attitude such as negative portrayal of psychiatric hospital and treatment in the media and reduced exposure of medical students to psychiatry due to competition from other medical departments for curriculum time in medical schools. This negatively impacts students' acquisition of knowledge in psychiatry but also undermines their understanding of its importance as a field of medicine^{32,33,34}. In recent years efforts have been made to reintegrate psychiatry, neurology, and other areas of clinical neurosciences in the medical school curriculum, thereby allotting more time to psychiatry, has been the focus of considerable interest in recent years^{35,36}.

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