

## Interns and Resident doctors' Attitude Towards Psychiatry

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## ABSTRACT

**BACKGROUND AND OBJECTIVE:** In India 30%-50% patients seen by general physician have primary or co-existing of psychiatric condition. Interns and resident doctors are doctors of tomorrow so how they deal with psychiatric patients is determined by their attitude towards psychiatry and psychiatric patients. **METHOD:** A cross sectional quantitative study was carried out in Teaching Medical Institute. Medical students were given a data collection sheet which had a consent form, general information and socio-demographical data and attitude towards psychiatry (ATP 30) questionnaire. ATP30 is a Likerts type scale in which respondents express their agreement or disagreement to 30 items. **RESULTS:** 431 students were included in the study. . Out of 431 participants, 106 are intern doctors, 105 are 1<sup>st</sup> year resident doctors, 105 are 2<sup>nd</sup> year resident doctors, and 115 are 3<sup>rd</sup> year resident doctors. Mean ATP score of whole sample is 100.23. Age (P=0.006), designation and psychiatry posting (P<0.001) were found to be significantly associated (P<0.001) with attitude towards psychiatry. **DISCUSSION:** Resident doctors' attitude was more favorable and positive than intern doctors. As having more years of medical education can be responsible for more positive and less stigmatizing attitude towards psychiatry. Psychiatry posting has a positive impact on attitude towards psychiatry. Interns and resident doctors have shown neutral to positive attitude towards psychiatry and positive influence of psychiatry posting on attitude; suggest further exposure to psychiatry and psychiatric patients can change their attitude from neutral to positive.

**Keywords:** attitude, psychiatry, interns, resident doctors

## INTRODUCTION

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."<sup>1</sup> It is the definition of health given by WHO. Here mental health is given as much importance as physical health. Mental health of an individual is influential in realizing one's own capabilities, managing with normal stress of life, productivity and making contribution to society. For well being of individual and functioning of community, mental health plays important role. Mental health of an individual is affected by many biological, psychological and social factors. Poor mental health is associated with social exclusion, gender discrimination, stressful workplace,

physical ill health and unhealthy lifestyle.<sup>2</sup> Global Burden of Disease 2010<sup>3</sup>, reported mental and substance use disorders accounted for 183.9 million DALYs (Disability Adjusted Life Years) and 7.4% of all DALYs worldwide. Depressive disorders accounted for 40.5% of DALYs caused by mental and substance use disorders, drug use disorders for 10.9%, alcohol use disorders for 9.6%, with anxiety disorders accounting for 14.6%, schizophrenia for 7.4%, bipolar disorder for 7.0%, pervasive developmental disorders for 4.2%, childhood behavioral disorders for 3.4%, and eating disorders for 1.2%. The burden of mental and substance use disorders increased by 37.6% between 1990 and 2010. The projected estimates for the year 2020 reveal that in India, neuropsychiatric conditions will rank as a leading cause of disease burden after cardiovascular diseases, infectious diseases and accidents. In Indian woman, unipolar depression will be the leading cause of disease burdened. In primary health clinic or general clinic, 30% to 50% of patients have primary or

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co-existing psychiatry illness.<sup>4,5</sup> The number of psychiatrist or mental health professionals are insufficient as two third of low income countries have less than 1 psychiatrist per 100,000 population<sup>6</sup> and in India, a 2010 report by Stanley Medical College<sup>7</sup> estimated on average 77% national deficit of psychiatrists. Dealing effectively with this growing manpower crisis requires motivating and training medical graduates to either take up psychiatry as a career or be willing to and capable of treating common psychiatric disorders in general practice or within their specialties. Interns and resident doctors are the 'doctors of tomorrow' and how they deal with patient having mental illness in future would be determine by their knowledge and attitude towards mental illnesses. So we decided to study interns and resident doctors' attitude towards psychiatric patients, psychiatric illnesses, psychiatric treatments, psychiatric hospital and psychiatrists.

**METHOD AND MATERIAL**

A cross sectional quantitative study was carried out in Teaching Medical Institute. All interns and resident doctors working in the institute were approached on individual basis after approval from institution. They were explained regarding purpose and method of study and whoever willing to participate in study and giving consent for the same were included. All subjects willing to participate in study were given a data collection sheet which had a consent form, general information and socio-demographical data and attitude towards psychiatry (ATP 30) questionnaire.

**General Information and socio-demographical data** included name (as optional to maintain anonymity), age, sex, marital status, religion, designation (interns or resident), family history of psychiatric illness, psychiatry posting. To measure attitude towards psychiatry, ATP 30 scale was used. It was designed and validated to measure attitudes of Canadian medical students by Burra.<sup>(8)</sup> It is a Likerts type scale in which respondents express their agreement or disagreement to 30 items in terms of a 5 point scale; 1-Strongly Agree, 2-agree, 3-Neutral, 4-

Disagree, and 5-Disagree strongly. It has 15 positive and 15 negative statements. Reverse scoring is done in positive statements. Maximum score would be 150 and minimum would be 30. Higher the total ATP score indicate positive attitude towards psychiatry. Total 510 medical interns and doctors were approached, out of which, 79 were not included in the study as they did not gave consent or had incompletely filled data. Analysis was done by SPSS (Statistical Package for the Social Sciences) version 20.0. Continuous data are expressed in mean and standard deviation and categorical are expressed in frequency and percentage. As data was nonparametric, to compare means of two samples Mann Whitney U test was applied and for more than two samples ANOVA was applied. To study correlation between two means Spearman correlation was applied. Significance is when P<0.05.

**RESULTS**

431 students were included in the study. Subjects who did not gave consent and had incompletely filled data sheet were excluded. Response rate was 84.50%. In table 1 socio-demographical and clinical details is given of the participants.

**Table1: Socio-demographical and clinical variables**

Variables	number(%) or mean (±standard deviation)
Age (years)	24.60(±0.94)
Gender	
Male	284(65.9%)
Female	147(34.1%)
Religion	
Hindu	413(95.8%)
Muslim	17(3.9%)
Others	1(0.2%)
Marital status	
Married	90(20.9%)
Unmarried	341(79.1%)
Designation	
Intern	106(24.6%)
1 <sup>st</sup> year resident	105(24.4%)
2 <sup>nd</sup> year resident	105(24.4%)
3 <sup>rd</sup> year resident	115(26.7%)
Psychiatry posting attended	
Yes	161(37.4%)
No	270(62.9%)
Family history of psychiatric illness	
Yes	33(7.7%)
No	398(92.3%)

As shown in the table 1, mean age of participants is 24.60 years in which 284 (65.9%) are male and 147 (34.1%) are

female. Out of 431 participants, 106 are intern doctors, 105 are 1<sup>st</sup> year resident doctors, 105 are 2<sup>nd</sup> year resident doctors, and 115 are 3<sup>rd</sup> year resident doctors. Though all interns attend psychiatry posting regularly, surprisingly 161(37.4%) participants reported to have attended clinical psychiatry posting. 33(7.7%) reported that one or more of their family members have or had some psychiatry illness.

**Table2: Means of total score of attitude towards psychiatry (ATP 30)**

Variable	Mean	Standard deviation
Gender		
Male	100.71	16.11
Female	99.31	15.03
Religion		
Hindu	100.05	15.81
Muslim	104.76	14.37
Others	99.0	-
Marital status		
Married	100.73	15.19
Unmarried	100.10	15.91
Designation		
Intern	87.71	9.13
1 <sup>st</sup> year resident	102.32	14.19
2 <sup>nd</sup> year resident	107.70	14.18
3 <sup>rd</sup> year resident	103.03	16.80
Psychiatry posting		
Yes	109.07	12.94
No	97.34	16.56
Family history of psychiatric illness		
Yes	97.70	16.26
No	100.44	15.71
Sample	100.23	15.75

In table 2, mean value of total ATP score in different variable groups is given. Mean ATP score of whole sample is 100.23, suggesting neutral to positive attitude towards psychiatry.

**Table3: Socio-demographical and clinical variable with attitude toward psychiatry**

Variable	n(%) or mean (±sd)	Man Whitney U/ anova F	P (significance)
Age	24.60(0.94)	-	P = 0.006 (spearman correlation)
Gender			
Male	284(65.9%)	U = 19481.0	P = 0.256
Female	147(34.1%)		
Religion			
Hindu	413(95.8%)	U = 2975.0	P = 0.286
Muslim	17(3.9%)		
Others	1(0.2%)		
Marital status			
Married	90(20.9%)	U = 15065.0	P = 0.79
Unmarried	341(79.1%)		
Designation			
Intern	106(24.6%)		

1 <sup>st</sup> year res.	105(24.4%)	F =41.011	P = 0.001
2 <sup>nd</sup> year res.	105(24.4%)		
3 <sup>rd</sup> year res.	115(26.7%)		
Psychiatry posting attained			
Yes	161(37.4%)	U = 15345.0	P = 0.001
No	270(62.9%)		
Family history of psychiatric illness		U = 5649.50	P = 0.182
Yes	33(7.7%)		
No	398(92.3%)		

Here age is significantly (P=0.006) associated with attitude towards psychiatry. Designation and psychiatry posting also found to be significantly associated (P<0.001) with attitude towards psychiatry. Gender, marital status, religion and family history of psychiatry illness are not significantly associated with attitude.

**DISCUSSION**

Medical students' attitudes towards psychiatry are determined by a number of factors.<sup>9</sup> Personality<sup>10</sup>, previous experiences<sup>11</sup>, training in medicine and psychiatry<sup>12</sup>, medical school experiences, including influence of faculty members<sup>13</sup> are some of the factors which have been studied. These attitudes are probably important in determining a career choice of psychiatry<sup>14</sup>. For students who take up other specialties, these attitudes may determine their interest and ability to identify diagnose and treat / refer patients with psychological problems (with or without concurrent physical problems) in their respective fields of specialization<sup>15</sup>. Past study in India by Chawla et al 2012<sup>16</sup> have reported, there are still lacunae in knowledge regarding psychiatry and similar results have shown by Baxter et al.<sup>17</sup> In this study, 28.8% medical students found it hard to think psychiatrist as equal as other doctors, similar result were seen in past study by Prathap Tharya<sup>18</sup> in which 27.3% reported same. In this study 21.8% students reported that psychiatry is among top three exciting specialty and 57% felt psychiatry teaching increases their understanding of medical and surgical patients, which is lower than previously found in a study by Prathap Tharyan<sup>18</sup> which was 48% and 67.6% respectively. In this study, 35.5% considered psychiatry unscientific, in past study by Rao 1989<sup>19</sup>, it was 36% and more than half 65% had

similar view in study by Wilkinson 1983.<sup>20</sup> 66.6% considered psychiatry a respectable branch of medicine which was higher than previous studies. 57.3% students think that psychiatrists are as stable as other doctors. In study by Prathap Tharyan<sup>18</sup> 63.3% shared that view and Wilkinson<sup>20</sup> reported that half to two third students thought that psychiatrists are emotionally unstable. 34.3% students think that psychiatric patients are human, which reflect lack of empathy in medical students toward patients with mental illness.<sup>16</sup> Psychiatry as career option crept into mind of 45.5%. Similar results were seen in a by Jugal K et al 2007<sup>21</sup> in which 41% thought psychiatry as career option and in study by Chawla JM 2012<sup>16</sup> 39.6% responders consider psychiatry as career option. Medical interns and resident doctors have shown neutral to positive attitude towards psychiatry. Study in India by Rajogopalan M<sup>22</sup> and study from neighboring country Pakistan<sup>23</sup> have also reported similar findings. Attitude towards psychiatry was significantly associated with age ( $p=0.006$ ) and designation ( $p<0.001$ ). Resident doctors' attitude was more favorable and positive where intern doctors attitude was more stigmatizing. As having more years of medical education can be responsible for more positive and less stigmatizing attitude towards psychiatry.<sup>24</sup> Psychiatry posting was significantly ( $p<0.001$ ) associated with attitude towards psychiatry. Responders who have attended psychiatry posting have shown more positive attitude towards psychiatry. Psychiatry posting and education have found to be positively improving attitude towards psychiatry.<sup>18,22,25,26</sup> Yet in some studies no measurable change in attitude is seen after psychiatry posting.<sup>10,24,27</sup> Interns and resident doctors have shown neutral to positive attitude towards psychiatry and positive influence of psychiatry posting on attitude suggest further exposure to psychiatry and psychiatric patients can change their attitude from neutral to positive. It would be impractical to expect that psychiatrists would manage all people with psychiatric problems, as with current levels of recruitment into psychiatric

training schemes the demand would always outstrip supply.<sup>25,28,29</sup> On the other hand, if the approximately 13000 medical students graduating each year from institutions around the country could be trained to develop positive attitude towards psychiatry and mental health and develop proficiency in managing common psychiatric disorders in general practice or within their specialties, a more realistic solution to meeting the crisis facing India over the coming decade might be found.<sup>30</sup> At present in India, there are many problems with standards, duration and content of undergraduate training in psychiatry.<sup>18,22,31,32</sup> There is a need to make changes in curriculum of medical students like including psychology and behavioral science, increasing duration of psychiatry posting and providing hand to hand experience in treating psychiatric patients.<sup>18</sup> Though study has its limitation as being a cross sectional study and reporting bias at expressing attitude cannot be ruled out. Although interns and resident doctor are neutral regarding certain areas of psychiatry, as we have seen it can be changed to positive by more psychiatry training and exposure to psychiatry for which certain changes need to be med in medical curriculum. By educating and training we can increase awareness of mental health of tomorrow's doctors and which would enable us to fight growing burden of mental disorders.

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