THE ATTITUDE OF MEDICAL STAFF AND STUDENTS TOWARDS PSYCHIATRY

Thesis

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"قَالُواْ سُبۡحَٰنَكَ لَا عِلۡمَ لَنَآ إِلَّا مَا

عَلَّمۡتَنَآۖ إِنَّكَ أَنتَ ٱلۡعَلِيمُ ٱلۡحَكِيمُ"

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Abstract

Aim of work: To assess the attitudes of medical students towards psychiatry and the impact of psychiatric education on changing it and the attitudes of medical staff towards psychiatry and its change through the years of clinical experience.

Subjects: 414 first year students in the medical school, 434 sixth year students, 100 junior doctors (less than 5 years of clinical experience) and 100 senior doctors (more than 15 years of clinical experience).

Tools: A specially designed questionnaire for this study was distributed among the subjects.

Setting: Faculty of Medicine Cairo University.

Results: The students' attitudes towards psychiatry had minimal improvement after their clinical psychiatric round, while medical staff had more positive attitudes towards psychiatry than students, becoming more positive with the increaser of their clinical experience.

Conclusion: The undergraduate psychiatric education should be improved in order to change the tomorrow's doctor's negative attitudes towards psychiatry. The medical staff in different specialties should get continuous psychiatric education.

Index

List of Figures and Tables

Introduction

The stigma attached to mental illness is the greatest obstacle to the improvement of the lives of people with mental illness and their families. Such stigma results in a lower priority for mental health services, difficulty getting staff of good quality to work in these services, continuing problems in finding employment and housing for people who have had an episode of mental disorder, the social isolation of people who suffer from mental illness and their families, and poorer quality of care for physical illnesses occurring in people diagnosed as having had psychiatric illnesses *(Kadri et al, 2005)*.

Stigma and unfavorable attitudes towards psychiatric patients and mental illness continue to exist among the general population, medical students and the medical profession at large *(Reddy et al, 2005)*. Medical doctors, including psychiatrists, play an important role in mental health services, and their attitudes towards mental illness are apt to influence those of the general population *(Mino et al, 2000)*.

The negative attitudes towards psychiatry and mental illness were reported also in physicians. People who have experienced mental health problems complained from discrimination of their medical services due to their mental illness. MIND's survey – a mental health charity in UK –reported that half (50%) of people – who experienced mental illness – felt unfairly treated by general health care services, third (33%) of them complained that their general practitioners (GP) had treated them unfairly. Medical school education is crucial for developing favorable attitudes not only of students but, consequently, of the general population and could contribute to better mental health services *(Read et al, 1996)*.

During the last 15 years, there has been a growing interest in the international literature on the impact of psychiatric education programs on medical students' attitudes toward psychiatry. A variety of factors seem to affect medical students' attitudes toward psychiatry, and these can be divided in two main categories. The first category includes factors that influence students before their entrance into medical school, such as demographic and personality characteristics, cultural factors, and the historicosocial climate of a particular period of time. The second category includes factors that influence students during the medical school years, such as the medical school's attitude toward psychiatry, the view of nonpsychiatric faculty about psychiatry and psychiatrists, and the undergraduate psychiatric education itself. Undergraduate psychiatric educational programs have been criticized as being unresponsive to the needs of the discipline and as being largely responsible for creating negative attitudes toward psychiatry. However, several studies have shown that students' attitudes toward psychiatrists, psychiatric treatment, psychiatric patients, and psychiatry in general change significantly in a positive direction after their psychiatric training *(Garyfallos et al, 1998).*

Aim of work

1- To assess the attitudes of medical students towards psychiatry and the impact of psychiatric education on changing it.

2- To assess the attitudes of medical staff towards psychiatry and the improvement of it with the increase of the number of years of clinical experience.

Chapter 1: Attitude, Stereotype, Prejudice, and Discrimination

People carry different thoughts regarding objects they face through their life. These thoughts affect their behavior towards these subjects resulting in what is called attitude. Stereotypes are cognitive structures formed of thoughts and beliefs regarding certain group of people. When attitudes are shared by people till the degree that react towards a certain object without getting to know it, then prejudice had take place. Attitudes, stereotypes and prejudice results into an unfavorable reaction towards certain persons which is discrimination. The discriminative behavior towards people with mental illness as well as the shame resulted from this illness raised the term stigma of mental illness.

Attitude

Definition

Attitude is defined as a learned predisposition to respond to a particular object in a generally favorable or unfavorable way *(Delamater, 2000).* It is a feeling, belief, or opinion of approval or disapproval towards something *(Martin, 2001).* It is a relatively enduring evaluation that a person holds about a target *(Bizer, 2004).*

Attitudes components:

Attitudes have three main components

1- Affective component: the feelings toward the attitude object.
2- Behavioral component: the intention and action.
3- Cognitive component: the belief *(Statt, 2003).*

Attitudes link the person to other individuals, groups, and social organizations and institutions. Each person has literally hundreds of attitudes, one for each significant object in the person's physical and social environment. By implication, the individual's attitudes should reflect his or her location in society. Thus, attitudes are influenced by gender, race, religion, education, and social class *(Keicolt, 1988)*.

Attitudes formation

Many attitudes are learned through direct experience with the object. More often, attitudes are learned through interactions with others. Socialization by parents, explicit teaching in educational and religious settings, and interactions with friends are important sources of attitudes.

Another source of attitudes is the person's observations of the world. The viewing of programs intentionally designed to teach positive attitudes toward racial or ethnic minorities does increase children's acceptance of such persons. With regard to adults, the amount and quality of coverage by the media (press, radio, and television) of an issue influences the public's perception of the importance of that issue.

Social institutions influence the attitudes one learns in several ways. Adults tie to particular ethnic, religious, and other institutions influence the attitudes they teach their children. The instruction given in schools reflects the perspectives of the dominant political and economic institutions in society. The amount and quality of media coverage of people and events reflects the interests of particular groups in society. Through these mechanisms, the individual's attitudes reflect the society, institutions, and groups of which she or he is a member *(Delamater, 2000)*.

Attitude functions

Each attitude fulfills one or more of four functions for the individual.

1- **Instrumental function**: An individual develops favorable attitudes toward objects that aid or reward the individual and unfavorable attitudes toward objects that thwart or punish the individual. For example, a person who earns a large salary will have a positive attitude toward the job.

2- **Knowledge function**: They provide the person with a meaningful and structured environment.

3- **Expression function**: Some attitudes express the individual's basic values and reinforce self-image. Whites' attitudes toward black Americans reflect the importance that whites place on the values of freedom and equality.

4- **Protection function**: They protect the person from recognizing certain thoughts or feelings that threaten his or her self-image or adjustment *(Delamater, 2000).*

Attitude measurement

Two of the most commonly used techniques are the Likert scale and the semantic differential.

1- The Likert scale: The participants reporting attitudes on a Likert scale are asked to what extent a variety of statements are characteristic of them,

2- The semantic differential: The participants reporting attitudes on a semantic differential measure are asked to indicate how well a series of adjectives describe the attitude object *(Bizer, 2004).*

In either case, the researcher will typically provide a variety of items for the participant to complete. The scores from the items are combined to create an overall measure of the person's attitude toward the target.

Attitude strength

It is the extent to which an attitude is persistent over time, resists attempts to persuade, influences behavior, and influences cognition *(Petty & Krosnick, 1995).* Although two people may hold what appear to be equivalent attitudes – perhaps as observed by identical scores from Likert scales – the attitudes might not be functionally equivalent. Researchers have identified a wide variety of ways in which attitudes can become stronger, including thinking about attitudes, learning about the attitude object, or expressing attitudes repeatedly.

Attitude change:

It is the process by which a person's evaluation toward a target is made more positive or negative *(Bizer, 2004).* The classic perspective in the study of attitude change is the *communication–persuasion paradigm*, which grew out of the work by Hovland and his colleagues at Yale University *(Hovland et al, 1953).*

- ***Persuasion*** is defined as changing the beliefs or attitudes of a person through the use of information or argument, or it can be defined as a form of social influence whereby a communicator uses rational and/or emotional arguments to convince others to change their attitudes or behavior *(Bordens & Horowitz, 2002).*
- According to the paradigm, each attempt involves 4 items: source, message, target, and context *(Hovland et al, 1953).*

1- If the **source** is perceived as an expert, trustworthy, or physically attractive, the message is more likely to produce attitude change. Thus, it