Images of psychiatry: Attitude survey of teaching medical specialists of India

Suravi Patra,
Binod Kumar Patro¹,
Naresh Nebhinani²
Departments of Psychiatry and ¹Community and Family Medicine, All India Institute of Medical Sciences, Bhubaneswar, Odisha, ²Department of Psychiatry, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India

Address for correspondence:
Dr. Suravi Patra,
Department of Psychiatry,
All India Institute of Medical Sciences, Bhubaneswar, Odisha, India.
E-mail: patrasuravi@gmail.com

Context: Attitude of teaching medical specialists shapes those of future doctors. Region-specific data on teaching medical specialists’ attitudes toward psychiatry (ATP) are lacking from India. Aims: This study aimed to assess the attitudes of teaching medical specialists toward psychiatry and its association with sociodemographic profile and career stage. Settings and Design: This is a cross-sectional descriptive survey. Materials and Methods: Attitude towards psychiatry (ATP) was assessed from 188 specialists from All India Institute of Medical Sciences (AIIMS) Bhubaneswar and AIIMS Jodhpur using modified ATP scale-30. Statistical Analysis: Descriptive statistical analysis was done using SPSS version 16.0. Associations of ATP with sociodemographic status, career stage, and family history of psychiatric illness were done using logistic regression analysis. Results: Overall response rate was 81.68%, and gender (confidence interval [C.I.]: 2.026–7.410, P = 0.000) and super-specialization (C.I.: 2.167–19.479, P = 0.021) were independent significant predictors for difference in attitudes. Female gender and super-specialization were associated with better attitudes. Ninety percent of participants had favorable attitude toward psychiatric illness. Four-fifth felt psychiatric patients to be as human as other patients and found psychiatric treatments effective. More than half felt that psychiatry does not stand among the three most exciting specialties and psychiatrists get less work satisfaction. Only one third said that they would have liked to be a psychiatrist. Conclusions: Attitudes were favorable toward patients and psychiatric interventions whereas unfavorable toward psychiatry as a discipline.

Keywords: Attitude, medical specialists, psychiatry

Psychiatry as a discipline is facing existential crisis with numerous internal and external challenges.[1] Negative image of psychiatry among the medical professionals continues to haunt the specialty.[2] Medical professionals consider psychiatry unscientific, too remote from medicine, ineffective, and a waste of medical education. Psychiatrists are called “nutty professors,” “aloof interrogators,” and patients felt as “anxiety provoking.”[3–5] Negative image of psychiatry often dissuades medical students from choosing psychiatry as a career. In addition, negative socializing pressure by peers and nonpsychiatry faculty often forces students to opt out of psychiatry despite being interested.[5]

Low recruitment into psychiatry is witnessed across the globe. Less than 5% of medical students choose psychiatry as a career which is insufficient to reduce the gap between mental health needs and resources.[6] The declining recruitment rates have resulted in incorporation of recruitment as a core component of the World Psychiatric Association’s Action Plan.[7]

While medical students’ attitudes have been extensively researched, medical teachers’ attitudes have recently come to focus. An international multicentric study has reported about negative image of psychiatrists and psychiatric patients and has also identified demographic factors such as gender, career stage, and geographic location as having an influence on teaching medical specialists’ attitudes toward psychiatry (ATP).[8]

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How to cite this article: Patra S, Patro BK, Nebhinani N. Images of psychiatry: Attitude survey of teaching medical specialists of India. Ind Psychiatry J 2017;26:52-5.
This study was envisaged to capture the attitudes of teaching medical specialists of two geographically different tertiary-level medical institutes of India and to look at the impact of demographic factors, career stage, and specialization on ATP.

**MATERIALS AND METHODS**

**Study design**
A cross-sectional survey was done among eligible teaching medical specialists from All India Institute of Medical Sciences (AIIMS) Bhubaneswar and AIIMS Jodhpur. Faculty and senior residents employed at these centers were invited individually to participate in the study from July 2014 to June 2015. Specialists working in the departments of psychiatry at both the institutes were excluded from the study.

**Study instrument**
1. Sociodemographic data: We recorded age, gender, having a family member with psychiatric illness, professional qualification, and duration of experience in a data sheet designed for the same.
2. Career stage: We categorized career stage of specialists as per duration of experience and/or age into three career stages:
   a. Early career stage (<10 years of experience or age <40 years)
   b. Midcareer (11–25 years of experience or 41–55 years of age)
   c. Late career (>26 years of experience or >56 years of age)
3. Modified ATP-30 scale: We used ATP-30 scale which is a validated questionnaire for the assessment of ATP in medical students after some modification for use in specialists. Item numbers 4, 10, and 23 were reframed for use in specialists as follows.
   - Question 4: “I would like to be a psychiatrist” was reframed as “I would have liked to be a psychiatrist”
   - Question 10: “The majority of students report that their psychiatric undergraduate training has been valuable” was reframed as “The majority of doctors report that their psychiatric undergraduate training has been valuable”
   - Question 23: “Psychiatry is the most important part of the medical school curriculum in medical schools” was reframed as “Psychiatry is the most important part of the curriculum in medical colleges.”

ATP-30 has good psychometric properties (split half reliability of 0.9 and test–retest reliability of 0.87). The scale measures ATP on eight different nonoverlapping domains: psychiatric patients, psychiatric illness, psychiatric treatment, psychiatric knowledge, psychiatrists, psychiatric career choice, psychiatric institution, and psychiatric teaching. Responses to each item are rated on a 5-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). The total ATP score is the sum of scores obtained on all the thirty items (range: 30–150).

**Statistical analysis**
We used IBM SPSS version 16.0 (Chicago, SPSS Inc) for descriptive statistics. We calculated total ATP-30 and mean ATP-30 scores and categorized the total ATP scores into three categories, i.e., positive, neutral, and negative attitudes. Total ATP score of >90 is considered positive attitude, 90 is considered neutral whereas <90 is considered negative ATP.

Individual item responses were grouped as favorable or unfavorable depending on the item. For ease of analysis, disagree and strongly disagree were grouped into one category whereas agree and strongly agree into another. We reversed the responses to negative items (item numbers 1–3, 6–8, 13, 16, 17, 19, 21, 22, 24, 26, and 30). For instance, we reversed responses to item no. 1: “Psychiatry is unappealing because it makes little use of medical training.” We subtracted responses to all positively phrased item scores: Item numbers 4, 5, 9–12, 14,15,18, 20,23,25,27–29 from six and hence reversed the scores as per the scoring guidelines of the scale. Higher scores imply better attitudes towards psychiatry and vice versa, thus generating higher scores for favorable responses.

To study the association between ATP-30 total scores with sociodemographic variables, professional qualification, and duration of experience, we used Chi-square test. We used subgroup analysis to compare mean ATP scores in different sociodemographic and professional groups. We used ANOVA for analysis involving three or more groups, keeping statistical significance at <0.05.

Logistic regression analysis was performed to observe the predictors of ATP which included sociodemographic variables, family member with mental illness, discipline of specialization, and career stage.

**Ethical considerations**
We obtained approval from the institutional ethics committee. Participation was purely voluntary and questionnaires were kept anonymous.

**RESULTS**
We contacted a total of 231 specialists, out of which 188 returned the completed pro forma giving a response rate of 84.62% in AIIMS Bhubaneswar and 78.74% in AIIMS Jodhpur. Majority of responders were males <40 years of age and clinicians by profession. Sociodemographic
variables, career stage, and family history of mental illness were statistically different in both the centers [Tables 1 and 2].

Mean ATP scores of AIIMS Bhubaneswar 88.60 (6.64) was comparable to that of AIIMS Jodhpur 88.80 (9.24). ATP responses were significantly associated with sociodemographic profile. Female gender and super-specialization were associated with better attitudes [Table 3]. ATP responses did not reach statistical significance as per career stage. Gender and super-specialization were independent predictors of ATP as per logistic regression analysis [Table 4].

Individual item analysis revealed that 95% of participants felt, “psychiatric illness deserves at least as much attention as physical illness.” Nine out of ten said, “psychiatric patients are as human as others.” Eight out of ten found it interesting to know the cause of psychiatric illness. Eight out of ten felt that psychiatric hospitals have a special contribution to make toward treatment of mentally ill while six out of ten found psychiatric hospitals are little more than prisons. Six out of ten felt that psychiatrists are as stable as other specialists. Half of the participants said that psychiatrists get less satisfaction from their job. Only one-third agreed to have chosen psychiatry as a career.

**DISCUSSION**

This is the first study from India which has reported on attitudes of medical specialists toward psychiatry from two different geographical regions having a heterogeneous exposure to psychiatric teaching as well as clinical posting during their graduate-level medical studies, and hence their attitudes can be understood to be representative of whole of India.

More than half of the participants were male and about three quarters were in their early career phase. Indian graduate-level medical curriculum involves <2% of lecture time and <5% duration of clinical exposure during internship.[11] Higher duration of exposure to clinical teaching and better quality of teaching are known to improve the perception of psychiatry. Low ATP scores in our population can be understood as a consequence of lesser duration of exposure to psychiatry. Psychiatric illnesses are considered signs of weakness, hence

| Table 1: Comparison of socio-demographic variables of two centres |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| **Variable**                | **AIIMS Bhubaneswar**       | **AIIMS Jodhpur**           | **P**                       |
|                             | n=88 (%)                    | n=100 (%)                   |                             |
| Gender                      |                             |                             |                             |
| Male                        | 49 (55.85)                  | 61 (61)                     | 0.46                        |
| Female                      | 39 (44.15)                  | 39 (39)                     |                             |
| Specialization              |                             |                             |                             |
| Clinical                    | 55 (62.49)                  | 78 (78)                     | 0.06                        |
| Paraclinical                | 20 (20.72)                  | 12 (12)                     |                             |
| Preclinical                 | 13 (14.77)                  | 10 (10)                     |                             |
| Superspecialization         |                             |                             |                             |
| Yes                         | 7 (7.95)                    | 2 (2)                       | 0.19                        |
| No                          | 81 (92.05)                  | 90 (90)                     |                             |
| Family history of psychiatric illness |               |                             |                             |
| Yes                         | 21 (23.86)                  | 10 (10)                     | 0.11*                       |
| No                          | 67 (76.14)                  | 90 (90)                     |                             |

| Table 2: Difference in career stage in two centres |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| **Variable**                | **AIIMS Bhubaneswar**       | **AIIMS Jodhpur**           | **P**                       |
|                             | n=88 (%)                    | n=100 (%)                   |                             |
| Age                         |                             |                             |                             |
| <40 years                   | 63 (71.50)                  | 89 (89)                     | 0.27*                       |
| 41-55 years                 | 19 (21.59)                  | 10 (10)                     |                             |
| >56 years                   | 6 (6.8)                     | 1 (1)                       |                             |
| Experience                  |                             |                             |                             |
| <10 years                   | 61 (69.32)                  | 88 (88)                     | 0.021*                      |
| 11-25 years                 | 22 (25)                     | 11 (11)                     |                             |
| >26 years                   | 5 (6.66)                    | 1 (1)                       |                             |

| Table 3: Association of socio-demographic variables with ATP responses in the two centres |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| **Variable**                | **n**                       | **Favorable**               | **Unfavourable**            | **P**                       |
| Gender                      |                             |                             |                             |                             |
| Male                        | 110                         | 35                          | 75                          | 0.0000*                     |
| Female                      | 79                          | 53                          | 26                          |                             |
| Specialization              |                             |                             |                             |                             |
| Clinical                    | 113                         | 56                          | 57                          | 0.315                       |
| Paraclinical                | 43                          | 20                          | 23                          |                             |
| Preclinical                 | 32                          | 11                          | 21                          |                             |
| Superspecialization         |                             |                             |                             |                             |
| Yes                         | 18                          | 15                          | 3                           | 0.001*                      |
| No                          | 170                         | 72                          | 98                          |                             |
| Family history of psychiatric illness |           |                             |                             |                             |
| Yes                         | 31                          | 13                          | 18                          | 0.695                       |
| No                          | 157                         | 73                          | 84                          |                             |

| Table 4: Association of ATP total scores with socio-demographic variables, career stage and family history of mental illness: Logistic regression |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| **Variable**                | **S.E.**                    | **Degree of significance**  | **95% CI**                  |
|                             |                             |                             | Upper limit                 | Lower limit                 |
| Age                         | 0.668                       | 0.320                       | 0.399                       | 1.904                       |
| Gender                      | 0.331                       | 0.0000*                     | 2.02                        | 7.410                       |
| Specialization              | 0.213                       | 0.0000*                     | 0.548                       | 1.264                       |
| Super specialization        | 0.697                       | 0.021*                      | 1.267                       | 19.479                      |
| Experience                  | 0.657                       | 0.371                       | 0.496                       | 6.529                       |
| Family history of mental illness | 0.494                       | 0.244                       | 0.213                       | 1.482                       |
antithetical to masculinity and hence more stigmatizing in males which explains the more negative view of psychiatry among male participants.

Our specialists viewed psychiatric patients more sympathetically by finding them as human as others and needing as much attention as physical illness. Psychiatric facilities were felt by majority to have a special role to play but were also perceived to be “as good as jails.” The image group study had reported that majority of specialists had felt it appropriate to treat psychiatric patients in segregated and specialized psychiatric facilities. Majority of our participants were also of the same opinion.\[9\]

About 95% of participants felt that psychiatric illness deserves at least as much attention as physical illness. Nine out of ten said “psychiatric patients are as human as others” and eight out of ten found it interesting to know the cause of psychiatric illness. These sympathetic attitudes toward psychiatric illness and favorable attitudes toward psychiatric treatment are similar to earlier findings of compassionate attitudes of nonpsychiatric health-care workers toward patients with psychiatric illness.\[12\]

Six out of ten specialists considered psychiatrists as “stable” as any other specialists; refuting the widely held perception that psychiatrists are “weird” or “nutter.”\[13\] Eight out of ten specialists found psychiatry a respectable branch of medicine and seven out of ten found it scientific. Half of the specialists felt that psychiatry does not stand among the three most exciting specialties and rated job satisfaction of psychiatrists to be low. Only one-third agreed to have chosen psychiatry as a career. Perception of low status of psychiatry and low job satisfaction might be the underlying reasons for majority of specialists not opting for psychiatry.\[14\]

Despite belonging to geographically different regions, the perception of psychiatry, psychiatrists, psychiatric patients, and psychiatric interventions remains by and large similar. Only independent predictors of positive attitude were female gender and qualification of super-specialization whereas professional qualification or career stage could not influence the attitudes [Table 4].

The prevailing cold ATP as a career choice among faculties working in national-level tertiary care institute are worrying for its obvious negative impact on medical students’ attitudes.\[14\] While ATP may not be the only factor contributing toward the choice of future profession, it can have an adverse impact on the quality of clinical care these future doctors impart to patients with psychiatric illness.\[14\]

**Strengths and limitations**

The two different centers can be considered as representative of eastern and western regions of India. An important strength of the study was the overall response rate of 81.6% and use of a validated scale. Nonavailability of images scale validated in medical educators’ population precluded its use in our study which remains its major limitation.

**CONCLUSIONS**

Overall ATP is neutral in both eastern and western parts of India as evidenced by mean ATP scores. Attitudes were more favorable toward patients and interventions whereas less favorable toward choosing psychiatry as a career. Female gender and super-specialization emerged as independent predictors of favorable attitudes. The unfavorable ATP as a career needs further probing in the future studies.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

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