ORIGINAL ARTICLE

A CROSS SECTIONAL STUDY TO CALCULATE THE RATE OF STIGMA AGAINST MENTAL ILLNESS AMONGST THE POST GRADUATE TRAINEES (PGT) OF DIFFERENT DEPARTMENTS IN A TERTIARY CARE HOSPITAL

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ABSTRACT

OBJECTIVE
To calculate the frequency of stigmatizing attitude among the postgraduate trainees (PGTs) working in a govt. sector hospital (i.e. tertiary care facility) towards mental illnesses.

STUDY DESIGN
Cross sectional descriptive study.

PLACE AND DURATION OF STUDY
Study sample was selected from different departments of Benazir Bhutto Hospital, Rawalpindi Pakistan over a period of six months.

SUBJECTS AND METHODS
97 participants were selected for this study but only 90 were inducted. Day's Mental illness Stigma scale was used to assess the stigmatizing attitude. Demographic profile sheet was also used and the data was analyzed using SPSS.

RESULTS
The scores of the participants on the subscales significantly correlated with their overall attitude of stigma, except of two subscales i.e. treatability and recovery, which negatively contributed towards overall attitude of stigma. The chi square test yielded non-significant association between participants' subgroups and the reporting of the stigmatization. Percentages on responses about stigma showed that male doctors were having more stigmatizing attitude as compared with female doctors (but statistically its non-significant).

CONCLUSION
Present study reveals that there is less stigmatization among doctors and their unbiased attitude can positively affect the treatment of their patients.

KEY WORDS
stigma, mental illness, postgraduate trainees, unbiased attitude, tertiary care hospital

INTRODUCTION

Stigma denotes to problems of knowledge, attitudes and behavior[1]. Stigma against mental illness is widespread including stereotypes that is mostly negative judgments towards qualities of groups or persons; prejudice is a consenting emotional reaction to a stereotype and discrimination is an actual behavior based on prejudice[2]. Goffman defined stigma as a trait which is deeply discrediting and is an interactive social process[3]. Stigmatization is the process in which one condition or aspect is attributed to the identity of a person[4]. It is the negative effect of these labels that are attributed to a person[5]. Corrigan and Penn (1999) defined stigma as a term for prejudice based on negative stereotyping[6].

Stigma is the negative evaluation and discrediting attitude about a person as tainted or discredited on the basis of attributes such as mental disorder, ethnicity, drug misuse and or physical disability[3]. Such prejudice has considerable negative social, political, economic and psychological consequences for stigmatized people[7]. They may feel hesitant of how 'normal' people will identify or receive them[3] and become continually self-conscious and scheming about what impression they are making[8]. Research has formulated to measure attitudes to mental illness and stigma, most of which have focused on attitudes towards mental illness held by people in the community[9-15].

Stigma remained one of the strongest barriers to effective medical and psychiatric care. Most psychiatric illnesses such as depression, Bipolar Disorder, and schizophrenia are associated with more morbidity and mortality than psychiatrically well patients. This group of people represent a major health problem with 15-30 year shorter lifetime as compared with general population[16]. 60.4 % of general population had negative attitudes towards mentally unwell patients[17]. Recent literature suggested that doctors having more knowledge about mental illness also had similar attitudes, with 64.1% of them having high social distance and stigma against the mentally unwell patients, while this group of people should be foremost in anti-stigma campaigns[18]. Likewise another study from Pakistan found that over half of the medical students and doctors had negative attitudes towards people with mental disorders[19].

Stigmatization is a common problem for people suffering from chronic illness. It is usually directed towards infectious diseases, disabilities and psychiatric disorders[20]. Postgraduate medical trainee encounter with these patients during their clinical placements before becoming qualified in their respective disciplines. These young doctors may bring with them potential preconceived acuities, ideas, and morals and then they become socialized to their chosen discipline[21,22]. Hence it is important to study their attitudes, beliefs and perceptions about mentally unwell patients. Researches support that to understand the attitudes and beliefs towards different medical conditions among PGTs is a vital step in addressing the stigmatizing attitude[23-25]. Therefore this study was planned to investigate the stigmatizing attitude

of postgraduate medical trainees towards mental illnesses.

SUBJECTS AND METHODS

Participants

Using systematic random sampling 90 postgraduate trainees working in different departments of Benazir Bhutto Hospital, Rawalpindi were included in the study and trainees who have completed their training and still working in the hospital and regular medical officers who have not enrolled in the postgraduate training program were excluded from the sample.

Instruments

Demographical details consisting of name, gender, age, department, year of training, total duration of work experience and duration of experience in psychiatry department were taken on a demographic Performa. Day's Mental Illness Stigma Scale (DMISS) consisting of 28 items was used to measure stigma. It is composed of seven sub-scales i.e. anxiety (item no. 6, 16, 17, 21, 22, 24, 25), relationship disruption (item no.2, 3, 5, 10, 12, 15), hygiene (item no. 4, 14, 19, 27), visibility (item no. 7, 9, 18, 26), treatability (item no. 1, 8, 11), professional efficacy (item no. 23, 28), and recovery (item no. 13, 20). Each sub scale has its own mean score. These questions have been designed in such a way that a mean score is less than 4 on a seven point likert scale, in the sub-scales of anxiety, relationship disruption, hygiene and visibility means that the respondent is showing a positive attitude and is less stigmatized and a mean score of 4 means that the respondent is showing a neutral attitude and a mean score more than 4 means that the respondent is showing a negative and a stigmatizing attitude. But this is opposite for the sub-scales of treatability, professional efficacy and recovery. A score of more than 4 in these sub-scales means less stigmatizing attitude and a score of less than 4 means a more stigmatizing attitude.

Procedure

Ethical approval was sought from the ethical committee. Informed consent from all trainees was taken and privacy was ensured especially regarding their identities. Demographic profile sheet and Days Mental Illness Stigma Scale was administered. It took 12 weeks to collect the data and approximately 12-15 minutes time was taken to fill in one test booklet. Data were entered and analyzed using SPSS.

RESULTS

The sample consisted of 64.4% (n= 58) male and 35.6% (n= 32) female with age range of 23-39 years (Mean age= 28.30; SD= 2.746). 36.7% of the trainees were in the range of 23-27 years, 58.9% were in the range of 28-32 years, 3.3% were in the range of 33-37 years and 1.1% was older than 38 years. Categories based on department showed that 31.1% were from medicine, 15.6% were from surgery and pediatrics, 14.4% were from psychiatry, 11.1% were from gynecology, 8.9% were from orthopedic and 3.3% were from anesthesiology. Profile of participants about years of training showed that 30% were 1st year trainees, 22.2% were 2nd year trainees, 16.7% were 3rd year trainees and 31.1% were 4th year trainees. Based on work experience 34.4% were having more than 2 years of experience, 31.1% were having more than 1 year of experience, 21.15 were having more than 5 years of experience and 13.3% were having less than 5 years of experience, while experience related to psychiatry indicated that 63.3% have no exposure to psychiatry, 22.2% had 1-3 months exposure, 2.2% had 4 months to 2 years of exposure and 10% had 3-4 years of exposure.

Reliability analysis yielded high magnitude of Cronbach's alpha coefficient on total scores of Day's Mental Illness Stigma Scale, i.e., 0.76 indicating the internal consistency of the items. Subscales showed good reliability. Inter-scale correlation with total scores of Day's Mental Illness Stigma Scale, indicated significant relationship between sub-scales and total score. This result can be interpreted that the scale used in the study was appropriate and reliable tool with the sample of doctors and the scores of the participants on the subscales significantly correlates with their overall attitude of stigma, except of two sub-scales i.e. treatability and recovery, which are having negatively scored items and hence negatively contribute toward overall attitude of stigma (see table 1 & 2). Most of the participants showed substantial negative attitude towards the treatment of the mental illness but they were be certain that mental illnesses were curable and manageable (see table 3).

Table 1
Means, standard deviations, Cronbach's Alpha Reliability Coefficients, Skewness and Correlation Coefficients on Scores of Day's Mental Illness Stigma Scale (N = 90)

Scale	Mean	SD	Cronbach's Alpha	Skewness	No. of items	r
Anxiety	29.5	9.07	.83	-.354	7	.643**
Relationship Disruption	27.1	8.06	.79	-.122	6	.763**
Hygiene	18.7	4.98	.67	-.250	4	.738**
Visibility	19.4	3.84	.68	-.487	4	.376**
Tre atability	15.0	3.86	.59	-.073	3	.029
Professional Efficacy	10.9	2.89	.73	-.874	2	.406**
Recovery	10.1	3.15	.60	-.440	2	-.074
Total	130. 7	18.15	.76	-.532	28	---

Table 2
Mean and Standard Deviation Comparisons for negatively scored responses on Items of Day's Mental Illness Stigma Scale (N = 90)

Scale items	Mean	*SD*
8. There are no effective treatments for mental illnesses.	1.66	.478
9. I probably would not know that someone has a mental illness unless I was told.	1.66	.478
11. There is little that can be done to control the symptoms of mental illness.	1.60	.493
13. Once someone develops mental illness, he/she will never be able to fully recover from it.	1.62	.488
20. People with mental illnesses will remain ill for the rest of their lives.	1.66	.478

Table 3
Frequencies of Responses and Percentages of Contributory Responses towards Stigmatization (N = 90)

Item	Stigma	Non-Stigma	%
Item 1	64	26	71.1
Item 2	43	47	47.8
Item 3	47	43	52.2
Item 4	55	35	61.1
Item 5	49	41	54.4
Item 6	42	48	46.7
Item 7	60	30	66.7
Item 10	50	40	55.6
Item 12	67	23	74.4
Item 14	48	42	53.3
Item 15	50	40	55.6
Item 16	43	47	47.8
Item 17	58	32	64.4
Item 18	61	29	67.8
Item 19	49	41	54.4
Item 21	42	48	46.7
Item 22	47	43	52.2
Item 23	68	22	75.6
Item 24	46	44	51.1
Item 25	42	48	46.7
Item 26	64	26	71.1
Item 27	61	29	67.8
Item 28	69	21	76.7

Table 4
Relationship between Socio-Demographics and Stigmatization

Characteristics	Stigmatization (N= 90)			
	n	%	Chi-square	*p*
Male	35	68.6%	.899	.343
Female	16	31.4%		
23-27 years	23	45.1%	4.96	.175
28-32 years	27	52.9%		
33-37 years	1	2.0%		
> 38 years	0	0.0%		
1st year of training	16	31.4%	.739	.864
2nd year of training	12	23.5%		
3rd year of training	9	17.6%		
4th year of training	14	27.5%		
Work experience of more than 1 year	16	31.4%	2.43	.487
Work experience of more than 2 year	20	39.2%		
Work experience of more than 5 year	8	15.7%		
Work experience of less than 5 year	7	13.7%		
No exposure to psychiatric patients	32	62.7%	4.26	.374
1-3 months exposure to psychiatric patients	12	23.5%		
4-12 months exposure to psychiatric patients	0	0.0%		
1-2 years exposure to psychiatric patients	2	3.9%		
3-4 years exposure to psychiatric patients	5	9.8%		

The study observed into the possible differences of stigmatizing attitude on the basis of participants' age, gender, department, year of training, duration of work experience and duration of experience in psychiatry department. The chi-square test generated non-significant association between participants' sub-groups and the reporting of the stigmatization.

DISCUSSION

In the provision of healthcare, stigma and negative attitudes toward medical conditions are a major obstruction. Research proves that such attitudes can have a direct influence on patients' well-being and the type of health care they receive.[25] Abler et al. (2014) shared his study findings and explain that high risk behaviors of the patients are associated with higher stigmatized attitude[26].

Mental illness are still considered as "possession, punishment of some evil acts and result of bad deeds" and hard to accept as a disease as physical disease. This is the prevalent conception of mental illnesses among general population due to the cultural beliefs and lack of information, and is associated with a negative and discriminatory viewpoint by medical care providers[27].

Many of the psychiatric patients are seen by a medical doctor practicing in a tertiary care hospital and empirical evidences thus demand to focus on determining the stigma amongst postgraduate trainees working in different departments of a hospital. As, it would be useful in terms of identifying the rate of stigma among the doctors and thus help to reduce the stigma by enhancing their knowledge and literacy about mental health problems and its social acceptance thereby ensuring improved quality of care for the patients. Studies elaborate that health care provider who had profound knowledge and experiences with patients having any stigmatized disease, showed less stigmatized attitude and fear of treatment towards such patients[28].

Male doctors were having more stigmatizing attitude as compared with female doctors though the finding was not statistically significant. Previous research found gender as an important factor in stigmatized attitude as men showed less compassion, and hence more stigmatized attitude than women[29].

Findings of the present study pose new questions about the change in their perception and attitude while dealing with mental illnesses. Tierney's review (1980-1995) on the knowledge, attitudes, and education of nurses with regard to HIV/AIDS in the United Kingdom (UK), is a very good example about how attitude change. In this review Tierney reported that nurses were fearful of AIDS at early years but by the time Tierney literature review was conducted in 1995, there had been a significant improvement in nurses' knowledge and attitudes toward HIV/AIDS[30]. Hence educating the young doctors about the destigmization of mental illnesses is the need of the time because stigma leads to negative consequences for mentally ill; they avoid seeking treatment because they fear being discovered and in turn shunned from society. Consequently the patients' duration of untreated illness (DUI) expands and they continue to experience devastating symptoms in order to avoid the very stigma. Increase in DUI of the patients reduces their chances of successful management of their illness . Health care facilities or managing authorities must implement ways of managing stigma or more convincingly the perception of the stigmatizing actions in order to increase the probability of seeking treatment[31].

CONCLUSION

Post graduate trainees hold stigmatizing attitude against mental illnesses. Being health care professionals we must have unbiased or

non-stigmatize attitude towards mentally ill patients and it will only be possible when our doctors must have a proper educational training, workshops and seminar about mental disorders, its cultural stance and the dealing with such patients. "Taboo of the disease and the unequal social behavior with the patients not only do not solve the problem, but may result in patients' isolation and their deprivation from their minimum rights of treatment"[32].

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