

THE MEDICAL STUDENT'S STIGMATIZING ATTITUDE TOWARDS PSYCHIATRIC LABEL

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ABSTRACT

Objective: To evaluate the effect of a psychiatric label attached to a normal person, on the attitude of final year medical students in Pakistan.

Design: Cross-sectional survey

Place and duration of study: This survey was conducted among final year medical students in Chandka Medical College Larkana, Pakistan in July 2009.

Subjects and Methods: Self administered questionnaire was used consisting of a demographic details, a single-paragraph vignette depicting a normal person and a modified social distance scale was used to elicit responses from final year medical students. The randomly selected students were divided in to two groups; group A received a case description with a psychiatric label attached while group B received the same case description without a label.

Results: Response rate was of more than 99%. Out of them 61.4% were males. More than half responded to the questionnaire with the attached psychiatric label and 48.8% responded to the questionnaire without label. Mean (SD) age of the participants was 23.76 (4.43). Significant number of Students were, unwilling to do shopping from the market run by the person with label ($p = 0.025$), and to have him in his work place ($p = 0.024$) or share room with him ($p = 0.023$) as compared to the willing students. Also significant number of students thought that friendship with the psychiatric patient will adversely affect their mental health ($p=0.03$).

Conclusion: These results confirm that label does affect view of medical students towards individual the irrespective of his/her behavior.

Key words: stigma, attitudes, psychiatry label, medical students

INTRODUCTION

With the advancement in social psychiatry, opinion of people towards mental illness has become focus. There is abundance of literature available on the subject. Majority of the researches have been conducted in the developed countries focusing on western perspective¹. In the developing countries few studies primarily

covering the attitudes of community towards mental illness^{1,2,3}.

It has been shown that stigmatizing opinions about mental illness not only adversely affecting the help seeking behavior but also have detrimental effects on recovery and rehabilitation of the patients⁴. While studies from the developing countries have explained attitudes of populations towards psychiatric disorders and confirmed high social rejection of patients suffering from psychiatric disorders^{5,6}. There is enough literature showing that societal attitudes also change toward patients who are being labeled as psychiatric there by adversely affecting course of their illness⁷. Health professionals are not an exception⁸. Fryer & Cohen argued that even labeling 'psychiatric' creates negative attitudes in hospital staff towards that patient⁹.

There is substantial evidence that diagnostic label influence students attitudes too; in one the study students were offered an identical scenario except for the diagnostic label either cancer or schizophrenia. Those with schizophrenia were perceived as less desirable as friend and less useful in the community¹⁰. Similarly a

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study from Nigeria reported significantly higher social rejection by medical students of patients with psychiatric label¹¹. A survey of medical students and physicians in Pakistan revealed that about fifty percent of the students and physicians had negative attitudes towards mental illness¹².

Our study is first of kind assessing attitudes of final year medical students towards psychiatric label in medical college in rural part of Pakistan.

SUBJECTS AND METHODS

A survey was conducted among final year medical students in Chandka Medical College (CMC) Larkana, situated in Sind province of Pakistan. This study is part of large scale study a cross Pakistan. We used the modified version of Social Distance Scale (SDC) and a case scenario originally developed by Eker¹³. We sought written permission from the author.

Social Distance Scale (Modified version) consists of 16 items with 'yes' and 'no' answers. demographic details were recorded on a separated sheet. Single-paragraph case scenario illustrating a normal person was attached with questionnaire. The students were randomly assigned to two groups using their class roll numbers. Group A received a case scenario with a psychiatric label while group B received the same case but without label. The case description was as follows;

Mr. AB is a young man who can express his feelings and thoughts among those close to him, although he sometimes gets anxious while talking in a group consisting of strangers. He gets along all right with his family most of the time. Generally he also gets along with other people. Compared to those of his age, his life can be considered as organized. He is generally an optimistic and happy person. In summary, he establishes a good balance between his social life and study.

The students were given one of the two sets of the questionnaires having the case scenario. Group A had an added sentence at the end stating that **'This young man has been diagnosed as having mental illness by the doctor who examined him'** while group B was with no psychiatric label attached. One of the authors, well versed in research collected the data. Study was approved by Departmental Ethics Review Committee.

The data was analyzed using SPSS v.16. Frequencies were calculated and Chi square test was used to determine statistical difference between proportions of the responses. A p value less than 0.05 was considered as statistically significant.

RESULTS

A total 148 out of 150 students participated in the study yielding a response rate of more than 99%. Out of them 91 (61.4%) were males while 44(29.7%) were fe-

males. Slightly more than half responded to the questionnaire with the attached psychiatric label and 72 (48.8%) responded to the questionnaire without label. Mean (SD) age of the participants was 23.76 (SD 4.43).

Significant difference was observed in responses to questions number 2, 11, 12 and 16 as shown in Table 1. Students who responded to the questionnaire with the attached psychiatric label were significantly more unwilling students to shop from the market run by the person with label were significantly larger in number ($p = 0.025$). Similarly, they were unwilling to have him in his work place ($p = 0.024$) or share room with him ($p = 0.023$) as compared with the group who was willing. Also Significant number of medical students had the opinion that friendship with the psychiatric patient will adversely affect their mental health ($p=0.03$)

DISCUSSION

To our knowledge this is first study from Pakistan examining the influence of psychiatric label on attitudes of medical students. The responses of medical students are interesting, though support the proposition of labeling theory regarding mental illnesses, yet there is moderate level of social rejection of psychiatric label among Pakistani medical students.

Significant number of students said they will not be willing to do shopping from the market run by the labeled person, will be disturbed working in the same place and will be worrying sharing room with / her. As regard with intimacy respondents think it will adversely affect their mental health. These findings are consistent with previous findings else where^{1,2,11}, confirming that a labeled psychiatric patient is perceived negatively irrespective of his behavior. These perceptions have important implications in term of rehabilitation of the patients as pointed out by Link et al;⁷ and subsequent reintegration of the patients in the community.

Social distancing from patients could further reduce the chances of rehabilitation of psychiatric patients and this is more so in the developing world where there are already meager resources for psychosocial rehabilitation¹³.

Interestingly participants had been found to be willing to let their house to the mentally ill patient, to be his next door neighbor and not disturbed by social gathering in which he was invited. And also will be at ease having him his gateman. This point towards a positive view of mentally ill person. Though these findings may not be representative of the general public attitudes, still it is encouraging that mentally labeled individuals are socially acceptable in the eyes of the participants and they consider them reliable and not dangerous. This is in contrast with study from Nigeria¹¹ Turkey¹⁴ but in conformity with an Indian study where about 70% students claimed that they would feel comfortable interacting socially with

Table 1
Responses of the students to the case scenario.

S#		Label attached: frequency (%) (n= 75)	No label attached: frequency (%) (n=73)	p Value
1.	Uncomfortable sitting close to him on public transport	33 (44.0)	29 (39.7)	0.513
2.	Disturbed by shopping from a market which he runs	26 (34.7)	14 (19.2)	0.025
3.	Willing to let your house to him	30 (40.0)	38 (52.1)	0.210
4.	Ill at ease by his working as a gateman at your house	28 (37.3)	28 (38.4)	0.791
5.	Disturbed participating in a social gathering to which he has been invited	30 (40.0)	34 (46.6)	0.439
6.	Willing to play cards with him at a social gathering	37 (49.3)	29 (39.7)	0.314
7.	Willing to chat with him on political matters at a social gathering	30 (40.0)	35 (47.9)	0.312
8.	Willing to tell him about your own private problems	25 (33.3)	33 (45.2)	0.171
9.	Disturbed by his becoming your next-door neighbor	32 (42.7)	24 (32.9)	0.201
10.	Will have my hair cut/styled by him if he was a barber/hairstylist	33 (44.0)	33 (45.2)	0.805
11.	Disturbed by working in the same place as him	31 (41.3)	18 (24.7)	0.024
12.	Will be worried sharing the same room with him if you work at the same place	39 (52.0)	25 (34.2)	0.023
13.	Disturbed by your sister wanting to marry him	42 (56.0)	43 (58.9)	0.889
14.	Will be an emotional burden on you in your friendship with him	34 (45.3)	25 (34.2)	0.094
15.	Will exhaust your physical energy in your friendship with him	23 (30.7)	27 (37.0)	0.344
16.	Your friendship with him will have a negative influence on your mental health	28 (37.3)	17 (23.3)	0.039

mentally ill patients¹⁵. One possible explanation could be, more acceptability of mentally ill person in south Asian societies reflecting family and cultural influences. Family dynamics and structure play some role in shaping the attitudes towards psychiatric illness. It has been found that extended families have more accepting attitudes towards mentally ill patients than nuclear while in some societies madness (psychiatric illness) is positively viewed⁸.

A research from a the only medical college in Pakistan ,where there is four psychiatry rotation at undergraduate level and psychiatry is taught as major subject, shows an overall positive effect on the attitudes of medical students toward psychiatry, psychiatrists, and mental illness¹⁶. Another study from Malaysia showed that final year's students are less stigmatizing than first year medical students to wards a psychiatric label¹⁷.

In country like Pakistan where statistics on psychiatric disorders are alarming in the face of scarcity of resources, there is need to put more emphasis on mental health and de stigmatization of psychiatric disorders, at undergraduate level. Also further research to effect is required to get more insight in this very important area.

Limitations of the study:

Due to small sample size and only one medical college results of this study cannot be generalized. English questionnaire was used, though medium of instruction in Pakistani medical colleges is English, yet there could have been possibility of conceptually misunderstanding of the questions.

Competing interests:

We declare no competing interests.

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