# **Original Research Article**

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# Attitude towards mental illness among doctors and nurses in a tertiary care centre, Pondicherry, India

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#### **ABSTRACT**

**Background:** Stigma can prevent care and treatment of mentally ill. About 54% of diagnosable mental disorders are seen in primary care settings. There is a gross underestimation of psychiatric morbidity among patients by substantial proportion of non-psychiatric clinicians. Hence there is a need to assess the attitude towards mental illness among doctors and staff nurses. The objectives of the study were to assess the attitude towards mental illness among doctors and nurses, to compare the attitude between doctors and nurses, to find if there is any correlation between duration of training or posting and attitude, to find if educational status had any influence on attitude, to find if there is any gender influence on attitude.

**Methods:** It is a cross sectional descriptive study conducted in a private medical college, Pondicherry among doctors and nurses who had completed their under graduation with a sample size of 221 (Doctors-120, Nurses-101). The instruments used were a semi-structured demographic profile and 34 items of OMICC (Opinion About Mental Illness in Chinese Community). The data was entered in Microsoft Excel 2013 analyzed using descriptive statistics, unpaired t-test, pearson's correlation coefficient.

**Results:** Only 25% of doctors and 4.9% of nurses positive attitude when overall score was considered. Doctors group had higher positive attitudes compared to nurses in domains separatism, stereotyping, benevolence and stigmatisation. **Conclusions:** There was no correlation between duration of psychiatry posting and attitude.

Keywords: Attitude, Doctors, Mental illness, Nurses

# INTRODUCTION

According to the World Health Organization, around 450 million people in the world are suffering from some kind of mental illness and 14% of global burden of disease is constituted by mental illness. The term stigma refers to three components: a lack of knowledge (ignorance), negative attitudes (prejudice), and exclusion or avoidance behaviours (discrimination). These components can prevent care and treatment reaching the mentally ill population. <sup>2-3</sup>

People with mental illness are perceived as dangerous, unpredictable, and different from others, responsible for their illness, hard to talk to and incurable in the community.<sup>4</sup> About 54% of persons with diagnosable mental disorders are seen in primary care settings.<sup>5</sup> There is a gross underestimation of psychiatric morbidity among patients by substantial proportion of non-psychiatric clinicians working in a teaching general hospital and this undiagnosed psychiatric morbidity prolongs the patient's distress and illness, unnecessary investigation and increases the health care costs.<sup>6</sup>

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The Medical Council of India recommends an obligatory two weeks psychiatry training, but there is vast variation in duration and hours of teaching from one medical college to another.7 Despite this compulsory psychiatry posting, the undergraduate medical students still had multiple lacunae in their knowledge toward psychiatry, psychiatric disorders, psychiatric patients and psychiatric treatment. The reasons could be neglect of psychiatry, insufficient number of allotted lectures, shortage of qualified teaching faculty as well as inadequate clinical postings, less hours assigned to psychiatry.8-10 Nurses who play an integral part in mental health care team have a key role in care and rehabilitation of mentally ill and have a role in early intervention.<sup>11</sup> This study is done to assess the attitude towards mental illness among doctors and nurses who have completed their under graduation and employed in a private medical college, knowing the fact that it is these doctors and nurses who would guide medical and nursing students most of their time rather than psychiatrists. Past research studies have focused more on students and interns but this study rather focuses on practising health care workers; doctors and nurses.

The objective of this study was to assess the attitude towards mental illness among doctors and nurses, to compare the attitude between doctors and nurses, to find if there is any correlation between duration of training or posting and attitude, to find if educational status had any influence on attitude, to find if there is any gender influence on attitude.

#### **METHODS**

It is a descriptive cross-sectional study. The study was conducted in a private medical college, Pondicherry, India. The subjects included were doctors who had completed under graduation (MBBS) and nurses who had completed under graduation (B.Sc./ Any diploma in nursing). The study was initiated after obtaining ethical committee clearance. Informed written consent was obtained from all subjects. Those who did not consent were excluded. The number of subjects included were 221 (120- Doctors, 101- Staff nurse). The performa were distributed in each OPD and ward and the subjects were given 15-20 minutes to fill the performa after they consent for the study. For confidentiality of information and to encourage more participation, subjects were asked not to write their names in the performa. The performa was distributed to a total of 250 subjects. Among 250, 9 did not return the performa and 20 performa were incomplete. Hence these 29 subjects were excluded from the study. The performa included 2 parts. First part contained a semi-structured demographic profile including age, sex, marital status, residence, religion, education, designation, field of work for doctors (medical/ surgical/ nonclinical), any posting or training in psychiatry? If so duration of posting/training. The second part contained 34 item scales of OMICC (Opinion about mental illness in Chinese community). OMICC scale was developed by Ng et al, on the basis of face validity;

building on the scale of opinion about Mental Illness (OMI) developed by Cohen and Strunning and small scale survey with mental health professionals. 12-13

#### The 34 items can be broken into six domains:

- Benevolence (8 items): Items related to kind orientation towards people with mental illness
- Separatism (10 items): Items emphasize the distinctiveness of people with mental illness and to keep them away at a safe distance
- Stereotyping (4 items): Items that fixed people with mental illness in a particular behavioral pattern, mental ability, and mannerism
- Restrictiveness (4 items): Items that held a doubtful view on the right of people with mental illness
- Pessimistic prediction (4 items): Items that held the view that people with mental illness are unlikely to improve, and that how society treats them, is not optimistic
- Stigmatization (4 items): Items that perceived mental illness as shameful, that sufferers should be kept from being known to others.

Each item is scored on a 5 point likert scale (strongly disagree, disagree, uncertain, agree, strongly agree). Factor analysis of the OMICC scale with 34 questions in six domains has been reported to yield a Cronbach's Alpha of 0.86612. Benevolence factor is reverse scored except item 23 and item 29 of pessimistic prediction is reverse scored. The scores 1 and 2 for each item is considered to be positive attitude and 3, 4 and 5 as towards negative attitude.

### Statistical analysis

The data is entered and analysed in Microsoft Excel 2013. Descriptive statistical analysis for demographic details. The mean and standard deviation for each domain is calculated separately for doctors and nurse group respectively and unpaired t-test is used to assess significant difference. To find the influence of psychiatry posting on attitude, Pearson's correlation coefficient is calculated combining both groups for variables: duration of posting and attitude scores. Similarly influence of education on attitude using unpaired t-test is also assessed in doctors' group (MBBS/ completed post-graduation) and nurses group (B.Sc. nursing/ other degrees) respectively. Unpaired t- test is also used to find any significant difference in attitude between males and females of doctors group.

#### RESULTS

The total number of subjects included were 221 among which doctors constitute 120 and nurses 101. The mean age in doctors' group was 35.2±12yrs and in nurses group was 32.6±8.2yrs. Among doctors group, majority (62.5%) of them were males compared to just 0.9% among nurses group. Majority of doctors were from

urban background (92.5%). Nurses group were from both setups with a slightly higher preponderance from rural background (57.4%). Most of the subjects in both groups belonged to Hinduism (doctors- 87.5%, nurses- 85.1%). In doctors' group 45% of subjects were MBBS graduates and 55% were postgraduates with MD degree being the most common (33.3%). 39.6% of nurses had completed B.Sc. nursing and 60.4% had completed any diploma course in nursing with DGNM being the commonest

(48.5%). Junior residents (40%) and assistant professors (28.3%) constituted the majority of doctors included in the study. Similarly, majority of nurses group belonged to designation staff nurse (91.1%). Nearly 39.2% of doctors have not attended any training or posting in psychiatry compared to 48.5% among staff nurse. 74.2% of doctors were from clinical side and 25.8% were from non-clinical side (Table 1).

Table 1: Demographic characteristics of doctors and nurses.

| Demographic profile                             | Doctors (N=120)   | Nurses (N=101)   |
|---|---|--|
| Age in years (Mean±SD)                          | 35.2±12   | 32.6±8.2   |
| Sex (%)   | Male: 75 (62.5%)<br>Female: 45 (37.5%)  | Male: 1 (0.9%)<br>Female: 100 (99%)  |
| Marital status (%)                              | Married: 85 (70.8%)<br>Single: 35 (29.2%)   | Married: 49 (48.5%)<br>Single: 52 (51.5%)  |
| Residence (%)                                   | Urban: 111 (92.5%)<br>Rural: 9 (7.5%)   | Urban: 43 (42.6%)<br>Rural: 58 (57.4%)   |
| Religion (%)                                    | Hinduism: 105 (87.5%)<br>Islam: 10 (8.3%)<br>Christianity: 5 (4.2%)   | Hinduism: 86 (85.1%)<br>Islam: 0 (0%)<br>Christianity: 15 (14.9%)  |
| Education (%)                                   | MBBS: 54 (45%)<br>Others*: 66 (55%)   | B.Sc. Nursing: 40 (39.6%)<br>Others**: 61 (60.4%)  |
| Designation (%)                                 | Junior resident: 48 (40%)<br>Tutor: 6 (5%)<br>Senior resident: 13 (10.8%)<br>Assistant professor: 34 (28.3%)<br>Associate professor: 11 (9.2%)<br>Professor: 8 (6.7%) | Staff nurse: 92 (91.1%) Head nurse: 4 (3.9%) Assistant nursing superintendent: 4 (3.9%) Nursing superintendent: 1 (0.9%) |
| Attended training or posting in psychiatry? (%) | Yes: 73 (60.8%)<br>No: 47 (39.2%)   | Yes: 52 (51.5%)<br>No: 49 (48.5%)  |
| Duration of posting or training in days (Mean)  | 21.1  | 66.8   |
| Field of work (Doctors group only)              | Medical: 63 (52.5%) Surgical: 26 (21.7%) Non-clinical: 31 (25.8%)   |  |

Others\*: Indicates any completed postgraduate degree- diploma, MD (33.3%), MS, DNB, DM; Others\*\*: Indicates any diploma nursing courses- DGNM (48.5%), ANM, RNRM, DMPHW.

For all statements likert scale score 1 and 2 were considered as positive attitude scores. Based on which overall positive score would range from 34 to 68. Subjects with scores  $\leq$ 68 are considered as positive attitude. Only 25% of doctors, 4.9% of nurses scored  $\leq$ 68 (Table 2).

Positive score range for each domain was also calculated and analysed. Among nurses group, about 41.6% of subjects and about 38.6% of subjects were in positive attitude score range for domains restrictiveness and benevolence respectively. Among doctors group, about 62.5% of subjects were in positive score range for domains restrictiveness and benevolence respectively and 57.5% for domain stigmatization (Table 3).

Table 2: Distribution of overall attitude scores in doctors and nurses.

| Overall at ≤68  | ttitude score    | Overall attitt<br>>68 | ude score        |
|-----------------|------------------|-----------------------|------------------|
| Nurses<br>N (%) | Doctors<br>N (%) | Nurses<br>N (%)       | Doctors<br>N (%) |
| 5 (4.9%)        | 30 (25%)         | 96 (95.04%)           | 90 (75%)         |

There was significant difference in attitude among nurses and doctors group in domains separatism, stereotyping, benevolence and stigmatization with no significant difference in domains restrictiveness and pessimistic prediction. This signifies doctors group had higher positive attitudes compared to nurses in domains

separatism, stereotyping, benevolence and stigmatization (Table 4).

To assess if education had any impact on attitude, a comparison of scores on all six domains were made between B.Sc. nursing degree holders and diploma holders in nurses group (Table 5) and between undergraduate degree holders (MBBS) and postgraduate degree holders (Table 6). There was no significant

difference between B.Sc. nursing degree holders and diploma holders in attitudes of all domains except separatism which shows B.Sc. degree holders have slightly positive attitude in separatism domain compared to diploma holders (Table 5). There was no significant difference in attitude towards mental illness among undergraduate and postgraduate degree holders in doctors' group (Table 6).

Table 3: Distribution of positive and negative attitude scores in each domain.

| Domain                 | Positive<br>attitude | Number of subjects in positive attitude scores (N) |               | Negative<br>attitude | Number of sub<br>attitude scores | jects in negative<br>(N) |
|------------------------|----------------------|--|---------------|----------------------|----------------------------------|--------------------------|
|                        | scores               | Nurses N (%)                                       | Doctors N (%) | scores               | Nurses N (%)                     | Doctors N (%)            |
| Separatism             | 10-20                | 11 (10.9%)   | 30 (25%)      | >20                  | 90 (89.1%)                       | 90 (75%)                 |
| Stereotyping           | 4-8                  | 10 (9.9%)  | 30 (25%)      | >8                   | 91 (90.1%)                       | 90 (75%)                 |
| Restrictiveness        | 4-8                  | 42 (41.6%)   | 75 (62.5%)    | >8                   | 59 (58.4%)                       | 45 (37.5%)               |
| Benevolence            | 8-16                 | 39 (38.6%)   | 75 (62.5%)    | >16                  | 62 (61.4%)                       | 45 (37.5%)               |
| Pessimistic prediction | 4-8                  | 10 (9.9%)  | 23 (19.2%)    | >8                   | 91 (90.1%)                       | 97 (80.8%)               |
| Stigmatization         | 4-8                  | 29 (28.7%)   | 69 (57.5%)    | >8                   | 72 (71.3%)                       | 51 (42.5%)               |

Table 4: Comparison of mean and variance of each domain between nurses and doctors.

| Domains          | Nurses  | Doctors | P- value      |  |
|------------------|---------|---------|---------------|--|
| Separatism       |         |         |               |  |
| Mean             | 30.07   | 24.81   | 0.0000000008* |  |
| Variance         | 37.71   | 35.32   | 0.0000000000  |  |
| Stereotyping     |         |         |               |  |
| Mean             | 13.12   | 10.85   | 0.0000004*    |  |
| Variance         | 10.39   | 9.99    | 0.000004      |  |
| Restrictiveness  |         |         |               |  |
| Mean             | 9.43    | 8.63    | 0.05          |  |
| Variance         | 9.25    | 9.36    | 0.05          |  |
| Benevolence      |         |         |               |  |
| Mean             | 17.99   | 15.36   | 0.0001*       |  |
| Variance         | 20.35   | 32.13   | 0.0001        |  |
| Pessimistic pred | liction |         |               |  |
| Mean             | 11.82   | 11.26   | 0.12          |  |
| Variance         | 6.97    | 8.09    | 0.12          |  |
| Stigmatisation   |         |         |               |  |
| Mean             | 10.65   | 8.69    | 0.00002*      |  |
| Variance         | 10.89   | 10.64   | 0.00002*      |  |

p- value < 0.05 considered significant, \*indicates significance.

Pearson's correlation coefficient was calculated to find if there is any correlation between duration of psychiatric posting or training on attitude towards mental illness for each domain for the entire study population (nurses and doctors group). The r- value for all 6 domains were close to zero which indicates that there is no correlation (Table 7).

There was no significant difference in scores between male and female among doctors group in all domains except stereotyping with females having positive attitude than males (Table 8).

Table 5: Comparison of mean and variance of each domain between B.Sc. nursing graduates and other diploma nursing graduates.

|                  | Nurses g       | roup                        |          |
|------------------|----------------|-----------------------------|----------|
| Domains          | B.sc<br>degree | Other<br>diploma<br>degrees | P- value |
| Separatism       |                |                             |          |
| Mean             | 28.53          | 31.08                       | 0.045*   |
| Variance         | 40.92          | 33.61                       |          |
| Stereotyping     |                |                             | _        |
| Mean             | 12.6           | 13.46                       | 0.19     |
| Variance         | 9.68           | 10.72                       |          |
| Restrictiveness  |                |                             |          |
| Mean             | 9.85           | 9.15                        | 0.25     |
| Variance         | 8.79           | 9.49                        |          |
| Benevolence      |                |                             |          |
| Mean             | 17             | 18.64                       | 0.07     |
| Variance         | 17.89          | 21.20                       |          |
| Pessimistic pred | liction        |                             |          |
| Mean             | 12.28          | 11.52                       | 0.14     |
| Variance         | 5.18           | 8.02                        |          |
| Stigmatisation   |                |                             |          |
| Mean             | 10.18          | 10.97                       | 0.27     |
| Variance         | 14.35          | 8.56                        |          |

P- value <0.05 considered significant, \* indicates significance.

Table 6: Comparison of mean and variance of each domain between MBBS graduates and post-graduate doctors.

|                  | Doctors group |               |          |
|------------------|---------------|---------------|----------|
| Domains          | MBBS          | Postgraduates | P- value |
| Separatism       |               |               |          |
| Mean             | 24.37         | 25.17         | 0.45     |
| Variance         | 24.73         | 44.20         | '        |
| Stereotyping     |               |               |          |
| Mean             | 10.74         | 10.94         | 0.73     |
| Variance         | 8.35          | 11.47         | '        |
| Restrictiveness  |               |               |          |
| Mean             | 8.19          | 9             | 0.14     |
| Variance         | 8.83          | 9.63          | 0.14     |
| Benevolence      |               |               |          |
| Mean             | 15.46         | 15.27         | 0.85     |
| Variance         | 25.54         | 37.99         | 0.65     |
| Pessimistic pred | iction        |               |          |
| Mean             | 11.09         | 11.39         | 0.56     |
| Variance         | 7.29          | 8.83          | 0.50     |
| Stigmatisation   |               |               |          |
| Mean             | 8.07          | 9.19          | 0.06     |
| Variance         | 9.50          | 11.14         | 0.00     |

P- value< 0.05 considered significant.

Table 7: Pearson's correlation coefficient between variables-duration of posting and attitude scores in each domain.

| Domains                | Pearson correlation<br>coefficient (r =) |
|------------------------|--|
| Separatism             | 0.19                                     |
| Stereotyping           | 0.18                                     |
| Restrictiveness        | 0.19                                     |
| Benevolence            | 0.14                                     |
| Pessimistic prediction | 0.17                                     |
| Stigmatisation         | 0.28                                     |

Table 8: Comparison of mean and variance between male and female in doctors' group.

| Domains            | Doctors group |       | D. malma |
|--------------------|---------------|-------|----------|
| Domains            | Females       | Males | P- value |
| Separatism         |               |       |          |
| Mean               | 23.89         | 25.36 | 0.18     |
| Variance           | 30.69         | 37.72 | •        |
| Stereotyping       |               |       |          |
| Mean               | 9.87          | 11.44 | 0.01*    |
| Variance           | 12.12         | 7.92  |          |
| Restrictiveness    |               |       |          |
| Mean               | 8.4           | 8.77  | 0.51     |
| Variance           | 8.29          | 10.07 | 0.51     |
| Benevolence        |               |       |          |
| Mean               | 14.93         | 15.61 | 0.53     |
| Variance           | 34.65         | 30.89 |          |
| Pessimistic predic | ction         |       |          |

| Mean           | 11.58 | 11.07 | 0.34 |
|----------------|-------|-------|------|
| Variance       | 7.70  | 8.33  |      |
| Stigmatisation |       |       |      |
| Mean           | 8.24  | 8.96  | 0.28 |
| Variance       | 14.46 | 8.31  | 0.28 |

p- value < 0.05 considered significant; \* indicates significance.

#### DISCUSSION

Attitude of medical practitioners and nurses can hamper treatment of mental illness. Health care providers ignore the emotional wellbeing of an individual and referral to psychiatry is considered as a form of punishment. <sup>14</sup> In this study, we have assessed the attitude towards mental illness among doctors and nurse. Interns and medical students were not included in the study because many researches are available in literature regarding their attitude.

Past research studies on attitude towards mental illness among medical students, interns and practitioners have given both positive attitude and negative attitude as results which is similar among nurses. Present study reveals that only 25% doctors and 4.9% of nurses had positive attitude when overall score was taken into When individual consideration. domains considered, more than half of the doctors had positive attitude in only 3 domains: restrictiveness (62.5%), benevolence (62.5%) and stigmatisation (57.5%). Nearly half of the Nurses had positive attitude in only one domain: restrictiveness (41.6%). In this study, there was significant difference in attitude between doctors and nurses in separatism, stereotyping, benevolence and stigmatisation with more positive attitude among doctors compared to nurses. According to this study, education and duration of training or posting in psychiatry did not have any influence on attitude which is contrary to previous studies. Educational status not affecting the attitude probably indicates the stigma prevailing among doctors and nurses. The contrary finding of duration of posting on attitude could be due to variations existing in college on psychiatry posting, classes which might have resulted in inadequate exposure to psychiatry. Gender did not have any influence on attitude among doctors in this study except stereotyping. The positive attitude statements from the scale with explanations were distributed to all departments to all doctors and staff nurses after study in order to bring about a change in their attitude in future.15-23

Limitations of this study was inclusion of control group could have refined the study further. For each statement, Likert scale 1 and 2 only were taken as positive scores which might have reduced the overall cut off score to  $\leq$ 68 and might have overestimated negative attitudes.

## CONCLUSION

This is high time to bring revisions in medical curriculum in psychiatry apart from compulsory internship in

psychiatry to produce doctors of future generation with adequate basic knowledge in psychiatry. To create more awareness programme among health care workers about mental illness to eradicate stigma of mentally ill and mental illness.

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