

Attitudes of Medical Students to Psychiatry in a Nigerian University

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ABSTRACT

Background: Despite advances made in the understanding of psychiatric illness and its treatment, there is still a wide spread negative attitude to psychiatry. Medical students being part of the public also hold negative attitude to psychiatry. This negative attitude may influence their choice of psychiatry as a future career. The aim of this study was to examine medical students' attitude towards psychiatry at the beginning and end of clinical clerkship posting and to assess whether the clerkship posting influenced the likelihood of taking psychiatry as a future career.

Methods: The ATP-30 questionnaire was administered to medical students in a University in the North-Central Nigeria at the beginning and end of clinical clerkship in psychiatry.

Results: There was a fairly positive attitude to psychiatry at the beginning and end of the posting (mean ATP scores were 91.8 ± 7.6 and 92.5 ± 8.5 respectively). There was no statistically significant difference in ATP score after the posting. Only about 16% of the students would like to become psychiatrists at beginning of posting and this increased to only about 20% after the posting despite having a positive attitude to psychiatrists and psychiatric treatments.

Conclusion: Medical schools need to improve the quality of the psychiatric posting so as to impact positively on the attitude of students.

INTRODUCTION

A negative attitude still exists among the general public towards people with mental illness. This negative attitude occurs despite the scientific developments made in the understanding of mental illness and advances in its treatment. Medical students, being part of the public, are not excluded from this negative attitude towards mental illness and Psychiatry as a profession. Medical students' attitude to psychiatry may influence their choice of area of specialization in medical field. Some studies have revealed a decline in medical graduates wanting to choose psychiatry as their future profession (Feifel et al, 1999, Neilson & Eaton, 1981 & Ndeti et al, 2008). This has lead to an increasing concern and an increase in studies about medical students attitudes and opinion towards psychiatry.

Recent studies have had conflicting results as regards medical students' attitude towards psychiatry (Ndeti et al, 2008, Al-Ansari & Alsadadi 2002 & Obembe 1991). Studies reporting a negative attitude towards psychiatry by medical student showed common complaints like the perception that psychiatry lacks scientific rigor, that it is associated with lower social status when compared to other medical fields, perceived low respect of psychiatry by other disciplines and non-efficacy of treatments (Paillez et al, 2005 & Furnham, 1986). Studies that found a favourable response showed that, even though an improvement occurred after experience of the subject, this was not

sustained over time (Ikwuagwu et al, 1994, Burra et al, 1982 and Araya et al 1992). Factors that improved attitude include academic factors such as awareness of therapeutic potential of psychological interventions and having direct contact with patients. Some studies found that some subgroups (female & younger) medical students had a positive attitude at the beginning of the posting (Al-Ansari & Alsadadi, 2002 and Alexander & Eagle, 1986) while some found a more positive attitude after the posting (Balon et al, 1999 & Ready et al 2005). A positive attitude is linked with a likelihood of choosing psychiatry as a future career. It also makes doctors more responsive to psychological dimensions of physical illness thus benefiting patients, whatever their diagnoses (Maidment et al, 2003).

Previous studies done in Nigeria have shown conflicting results (Obembe, 1991 & Ikwuagwu et al, 1994). Studies by Ekpo and Ikideh, and Obembe reported a positive attitudinal change to psychiatry after a clinical clerkship. However, a longitudinal assessment revealed that this positive change reduced over time. A recent study found that final year medical students in a Nigerian university who had previously undergone their psychiatry posting still had stigmatizing attitude towards mental illness (Ogunsemi et al, 2008).

In recent years, there seems to be little or no study done on attitude of medical students towards psychiatry in the North-Central part of the country, hence this current study carried out amongst Medical students of the University of Ilorin, Ilorin In North-

Central Nigeria.

Aims of study

This study was aimed at reporting the attitudes of final year Medical students of the University of Ilorin, Ilorin, Nigeria to psychiatry before and after the psychiatry clerkship posting and to examine if the posting influenced their choice of psychiatry as a future career. We hypothesized that the attitude to psychiatry would change after the clinical clerkship and that this change would positively influence their choice of psychiatry as future career.

METHODS

Setting:- In University of Ilorin, medical students go through 3 years of preclinical courses and 3 years of clinical courses. During the preclinical period, they learn as part of their courses, physiology, anatomy and biochemistry and an integrated papers, which encompasses topics in behavioural sciences, epidemiology and sociology. This covers the biopsychosocial concepts, human sexuality, human behaviour, learning, cell and body defense, personality development and psychosomatic disorders.

During the final clinical years, the students undertake a 6 weeks posting in the Department of behavioural sciences, University of Ilorin / University of Ilorin Teaching Hospital. During this period, they interacted with psychiatric patients (both in-patients and outpatients) under the supervision of consultant psychiatrists and psychiatric residents. They are also given lectures on signs and symptoms in psychiatry, classification of psychiatric disorders, psychiatric interview, psychotherapy, forensic psychiatry, psychiatric emergencies, suicide and parasuicide, psychological assessment, personality types, psychiatric disorder occurring in pregnancy and puerperium, psychiatric disorders in childhood/adolescents and old age, physical and psychological aspect of management as well as clinical

discussions at case conferences grand rounds. The department enjoys liaison services with other departments such as family medicine, pediatric, obstetric and gynecology, internal medicine and surgery. In addition to the above services, the department also provides liaison service for some law enforcement agencies. The department is a multidisciplinary unit consisting of psychiatrists, residents in psychiatry, psychiatric nurses, occupational therapist and social workers.

Methodology:- A questionnaire comprising of demographic data and the ATP-30 (attitude to psychiatry-30) scale was used in this study. The ATP-30 (9) is a 30-item questionnaire asking question about attitude to patients with psychiatric disorders, psychiatric illness and treatments, psychiatrists, psychiatric institutions, teaching, knowledge and career choice. The scale uses a 5-point likert scale (1=Agree strongly, 3=neutral, 5=disagree strongly). The scale has been used internationally and locally. It has been found to have a high reliability and validity. It generates score between 30-150 with a score of 90 being neutral. The higher scores show a positive attitude to psychiatry.

Students were required to fill the questionnaire at two intervals before and after the posting. The researcher assured the students that anonymity and confidentiality would be maintained. They were informed that partaking in or not in the study would in no way affect the grades or relationship with lecturers and investigators. Their names or matriculation numbers were not required and they were not allowed to discuss among themselves while filling questionnaire to avoid peer group influence. Returning the questionnaire after having responded to the questions signifies having given informed consent.

The questions in the ATP-30 were divided into two domains:

1. Attitude to psychiatry and mental illness. (questions 1,6,11,12,13, 18, 23, 24, 26, 28 & 30).

2. Attitude to psychiatric patients and psychiatric treatments (questions 5, 8, 14, 16, 19, 25 27 & 29), attitude to psychiatrists and psychiatric institutions (questions 2, 3, 7, 15, 17, 20 & 22) and attitude to psychiatric teaching and psychiatry as a career (questions 4, 9, 10 & 21).

Statistical Analysis

The Statistical Package for Social Sciences version 15 (SPSS 15) was used for the statistical analysis. Descriptive statistics, means and standard deviations were generated. Ethical approval was sorted from the ethical committee of the teaching hospital.

RESULTS

One hundred and twenty-seven students were given the questionnaire at the beginning of posting but one was returned without response meaning the student did not consent. Of the 126 that partook in the study, 45 (35.7%) females, 81 (64.1%) were males, and 115 (91.2%) were single. The age distribution of the students indicated that most (92.1%) were in the age range 20-29 years, most of the students were Christians (76.2%) and majority (83.3%) were of the Yoruba tribe.

Of the 133 students that partook in the second stage of the study, 84 (63.2%) were males, 117 (86%) were single, 85.7% were of Yoruba tribe, and (78.2%) were Christians.

The general attitude to psychiatry (table 1)

Attitude to psychiatry was positive at the first and second stage of the study (pre- and post- exposure). The mean ATP score at the beginning of the posting was 91.8, range was 72-122 and S.D was 7.6 while that at the end of clerkship was 92.5 (range was 47-111 and S.D was 8.5). There was no significant difference in attitude change at the end of clerkship posting

Table 1. Mean Scores For All The Attitudes Towards Psychiatry Before And After Clerkship

	All students	males	females
Pre posting	91.81 ± 7.63 (n=126)	92.33 ± 7.65 (n=81)	90.87 ± 7.58 (n=84)
After posting	92.53 ± 8.45 (n=133)	93.12 ± 7.46 (n=45)	91.51 ± 9.93 (n=49)
Mean difference	0.72	0.79	0.64
p-Value	0.47	0.50	0.73

Fifty nine and a half percent had a positive attitude at beginning of posting while 68.4% had a positive attitude at end of posting.

(*2 = 0.40, p = 0.52).

In table 2, more students felt that it is uninteresting to unravel the cause of mental illness at the end of clinical posting than at beginning of exposure to psychiatry (20.3% to 8.8%, p = 0.02) and there was not much difference between the attitude to psychiatry and mental illness at the end of posting. The attitude to most of the facets of the domain was just

slightly positive. However, the overall change in attitude after posting was not statistically significant.

In table 3 there was a significant positive change in attitude as more students believed psychiatric patients are as human as other people (p = 0.02). There was also a positive attitudinal change to psychiatric treatments as more students agreed that treatments are more effective in

recent years (questions 5, 14, 16, 25 & 29).

Similarly, students also had a positive attitude to psychiatrist and psychiatric institutions however there was no statistically significant difference in their wanting to become a psychiatrist (p = 0.16) but they had a better attitude to psychiatric teaching and psychiatry as a career after the clerking posting.

When both sexes were compared, no significant difference was observed between both groups (p = 0.88). Similarly, comparing gender with wanting to become a psychiatrist in future, we found no significant difference (Yates corrected p = 0.07). A higher percentage of students did not consider psychiatry to be one of the three most exiting specialty after the posting (34.2% vs. 46.6%).

Table 2. Attitudes to Psychiatry and Mental Illness

	Before posting		After posting		p-value
	Agree n (%)	Disagree n (%)	Agree n (%)	Disagree n (%)	
Psychiatry is unappealing because it makes so little use of medical training.	16 (12.7)	97 (77)	5 (3.8)	116 (87.2)	0.01
On the whole, people taking up psychiatric training are running away from participating in real medicine.	12 (9.5)	94 (74.6)	10 (7.5)	104 (78.2)	0.69
Psychiatry is a respected branch of medicine.	92 (73.0)	7 (5.6)	100 (75.2)	7 (5.3)	0.90
Psychiatry has very little scientific information to go on.	30 (23.8)	64 (50.8)	35 (26.3)	73 (54.9)	0.94
These days psychiatry is the most important part of the curriculum in medical schools.	15 (11.9)	83 (65.9)	21 (15.8)	88 (66.1)	0.57
Psychiatry is so unscientific that even psychiatrists can't agree as to what its basic applied sciences are.	23 (18.3)	63 (50.0)	24 (18.1)	79 (59.4)	0.71
Most of the so-called facts in psychiatry are really just vague speculations.	33 (26.2)	44 (34.9)	32 (24.0)	68 (51.1)	0.18
The practice of psychiatry allows the development of really rewarding relationships with people.	76 (60.3)	16 (12.7)	103 (77.4)	13 (9.8)	0.28
Psychiatry is so amorphous that it can not really be taught effectively.	16 (12.7)	60 (47.6)	20 (15.0)	80 (60.2)	1.00
Psychiatric illness deserves at least as much attention as physical illness.	97 (77.0)	18 (14.2)	114 (85.7)	14 (10.6)	0.37
It is interesting to unravel the cause of mental illness.	100 (79.3)	11 (8.8)	98 (73.7)	27 (20.3)	0.02

Table 3. Attitude to Psychiatric Patients, Psychiatric Treatments, Psychiatrists, Psychiatric Institutions, Psychiatric Teaching and Psychiatry as a Career

	Before posting		After posting		p-value
	Agree	Disagree	Agree	Disagree	
Attitude to psychiatric patients and psychiatric treatments.					
There is very little that psychiatrists can do for their patients.	32(25.4)	77(61.2)	35(26.3)	91(68.4)	0.90
If we listen to them psychiatric patients are just as human as other people.	67(53.2)	37(29.3)	91(68.4)	23(17.3)	0.02
Psychiatric patients are often more interesting to work with than other patients.	36(28.5)	51(40.4)	50(37.6)	44(33.1)	0.15
It is quite easy for me to accept the efficacy of psychotherapy.	65(51.6)	22(17.5))	88(66.2)	25(18.8)	0.72
The practice of psychotherapy is basically fraudulent since there is no strong evidence that it is effective.	5(4.0)	100(79.4)	7(5.3)	117(87.9)	0.99
With the forms of therapy now at hand most psychiatric patients improve.	67(53.2)	17(13.5)	93(70)	20(15.1)	0.79
Psychiatric treatment causes patients to worry too much about their symptoms.	36(28.5)	51(40.4))	50(37.6)	44(33.1)	0.16
In recent years, psychiatric treatment has become quite effective. Attitude psychiatrists & Institutions.	73(57.9)	17(13.5)	92(68.4)	21(15.8)	0.90
Psychiatrists talk a lot but do very little.	31(24.6)	71(56.4)	32(24.1)	95(71.5)	0.47
Psychiatrists seem to talk about nothing but sex.	7(5.6)	103(81.7)	3(2.3)	126(94.7)	0.29
Psychiatrists tend to be as at least as stable as the average doctor.	73(58.0)	27(21.4)	86(64.6)	20(15.1)	0.22
Psychiatrists get less satisfaction from their work than other specialists.	29(23.0)	50(49.7)	25(18.8)	84(63.2)	0.06
At times, it is hard to think Psychiatrists as equal to other doctors.	32(25.3)	75(59.5)	31(23.3)	85(63.9)	0.71
Psychiatric hospitals are a little more than prisons.	22(17.5)	85(67.5)	14(10.6)	107(80.4)	0.09
Psychiatric hospitals have a specific contribution to make to the treatment of the mentally ill. Attitude to psychiatric teaching and as a career.	101(80.2)	15(11.9)	108(83.4)	16(12)	0.85
Psychiatric teaching increases our understanding of medical and surgical patients.	63(50.0)	5(27.7)	85(63.9)	27(20.3)	0.09
The majority of students report that their psychiatric undergraduate training has been valuable	68(54)	16(10.4)	93(70.0)	15(11.3)	0.84
I would like to be a psychiatrist.	20(15.9)	66(52.4)	27(20.3)	56(42.2)	0.24
If I were asked what I consider to be the three most exciting medical specialties, psychiatry would be excluded.	58(46.0)	43(34.2)	52(39.1)	62(46.6)	0.11

DISCUSSION

Our finding of more students at end of posting than those at the beginning can be explained by the fact that students repeating the class usually attended the end of posting exams in order to boost their progressive assessment scores. These students could not be differentiated from others because anonymity was maintained throughout the study. However, there was no significant difference between the two groups in terms of socio-demographic variables.

In this study, we found that the general attitude to psychiatry was fair at the beginning and end of clinical posting. There was a minimal positive change in attitude to psychiatry at end of posting when mean score was compared to that at the beginning. However, this change in attitude was not statistically significant ($p = 0.47$). Our finding of a positive attitude to psychiatric patients and their treatment is similar to those done in previous studies (Ikwaagwu et al, 1994, Burra et al, 1982, Ekpo and Ikideh, 1989 and Naheem et al, 2006). This finding suggests that the stigma associated

with mental illness is generally improving; students may have had some of the common myths about psychiatry already dispelled during the pre-clinical years when they were introduced to the behavioural sciences. The clinical exposure and contact the students had with patients may also have contributed to the little improvement notice.

Despite the observed fair attitude of the students to psychiatry and mental illness, the clerkship posting did not produce a significant improvement in attitude. It is however encouraging that, we found that

students had a positive attitude to patients with psychiatric illness and psychiatric treatments. This may be due to the recent advances that have resulted management successes of cases and lesser adverse reactions (e.g. the emergence of newer antipsychotic medication) this may have reduced the stigma associated with patients with mental illness (Fleschhacker et al, 1994).

At the end of clerkship, more students agreed that psychiatrists achieved satisfaction from their work than other specialties. Interestingly, only a small percentage considered psychiatry as a future specialty. Although this study did not try to find out why students did not want to choose psychiatry as a career, it may not be surprising that students may not want to become psychiatrist because they still shared some believes found in previous studies (Paillez et al, 2005 & Furnham, 1986).

A low percentage of students considered psychiatry as a career. The clerkship did not do much in changing the possibility of taking up psychiatry as a career. A majority of the students did not count psychiatry as one of the three most exiting medical specialty. One wonders why medical students despite agreeing that their training had been valuable and that psychiatry improves their understanding of medical and surgical patients still hold the above views. Reason for this negative attitude may be the perceived low respect of psychiatry by other doctors and a low income when compared to other specialties (Paillez et al, 2005 & Furnham, 1986). The clerkship itself no matter how positive students view it may not be enough to generate career interest in psychiatry (Feldmann, 2005). Studies have reported that the most important factor to changing attitude to psychiatry include the quality of their posting as well as the timing of the clerkship posting (Feifel et al, 1999 & Feldmann, 2005). In our center, the four weeks clerkship posting is towards the end of their clinical years. It is expected that some of them would have made up their mind as to what they would like to do in

future. To change their minds and to help the few who are undecided think of psychiatry as a career, we as psychiatrist need to do more. We need to improve the quality of psychiatry education, find innovative ways to introduce students to psychiatry, add topics on causes of stigmatization and its elimination to medical curriculum, challenge medical students' prejudices to psychiatry and increase our level of visibility in medical schools so as to reinforce to medical students, our importance to medicine (Maidment et al, 2003 & Feldmann, 2005).

Previous studies have reported some positive change that tends to decrease over time while some noticed a negative attitudinal change (Ikwaagwu et al, 1994 & Araya et al, 1992). Various reasons adduced for these findings include such reasons as decreasing resources for medical education in most schools (Feldmann, 2005). In addition to this, there is decrease in infrastructure and decrease clinical sits that can accommodate students. In UITH, the students had access to a 20-bed inpatient unit and four outpatient clinics per week. The out patient clinics have about five consulting rooms. This means there are about six students to one in-patient. It is believed that if these infrastructures were improved upon, medical students would have a better quality of curriculum time... Competition from other departments for curriculum time also threaten the quality of their posting, at times students carry over courses from other departments and the re-sit examination may encroach upon psychiatry posting period. This impact negatively on acquisition of psychiatric knowledge and it may interfere with students' ability to understand the importance of psychiatry as an essential part of other medical specialty.

Limitations

The fact that the questionnaire-testing attitude at the beginning of psychiatry clinical posting was done after students had already been introduced in pre clinical years to psychiatry is a limitation. If the

questionnaire had been used before students were introduced in pre-clinical years and then compared with this study, findings may have been different. This study did not use a control group. Better inferences may have been possible if students in other clinical posting had been used as control. The study may also have yielded a better understanding of factors affecting attitude and change in attitude over time if it was longitudinal.

In conclusion, the fact that we found a generally fair positive attitude supports the global view that the image of psychiatry is generally improving. This translates to a decrease in stigma of mental illness by medical students. However, the fact that the change in attitude was not significantly high support previous argument that students had already made up their mind concerning likely future career. Most of them had made this decisions based on their earlier prejudices towards psychiatry. For those of the negative attitude which some of the students have which are amenable to education, improving the quality of clerkship as noted above may go a long way in increasing positive attitude to psychiatry and increasing their likelihood of becoming psychiatrists. It also means that those who did not wish to become psychiatrists can still be encouraged to understand that the knowledge acquired during the clerkship is relevant for all the other specialties.

REFERENCES

- Al-Ansari A, Alsadadi A (2002): Attitude of Arabian Gulf University Medical Students to Psychiatry Education of Health, 15,2,180-188.
- Alexander DA, Eagle JM (1986). Attitude of men and women medical students' to a choice in psychiatry. Medical Education, 20, 449-455.
- Araya RI, Jadresic E., Wilkinson G (1992). Medical student's attitude to psychiatry in Chile. Medical Education, 26,2, 153-156.
- Balon R, Franchini GR, Freeman PS, Hassenfeld IN, Keshavan MS, Yoder E

- (1999). Medical Students' Attitude to psychiatry 15 years later. *Academic psychiatry*, 23, 30-36.
- Brown T. M., Addie K., Eagles J. M. (2007). Recruitment into psychiatry: Views of consultants in Scotland. *Psychiatric Bulletin* 31, 411-413.
- Burra P., Kalin R., Leichner S., Waldron J., Handforth J. R., Jarret F. J., Amara L. B. (1982). ATP-30: A scale for measuring medical students' attitude to psychiatry. *Medical Education*, 16, 31-38.
- Ekpo M., Ikkideh U. (1989). Attitude of medical students to psychiatry before and after a clerkship in psychiatry. *Nigerian Medical Journal* 19, 185-188.
- Feifel D., Moutier C., Swerdlow N. R. (1999). Attitude toward psychiatry as a prospective career among medical students entering medical school. *American Journal of Psychiatry* 156, 1397-1402.
- Feldmann T. B. (2005). Medical students' attitude to psychiatry and medicine. *Academic Psychiatry*, 29, 4, 355-356.
- Fleschhacker WW, Meise U, Gunther V, Kurz M (1994). Compliance with antipsychotic drugs treatment: influence of side effects. *Acta Psychiatrica Scandinavica* 89, 382, 11-15.
- Furnham A. F. (1986). Medical students beliefs about 9 different specialties. *British Medical Journal*, 293, 1607-1610.
- Ikwuagwu PU, Mafullul YM, Isichei HU (1994). Medical students attitude to psychiatry: A longitudinal study. *The Nigerian Postgraduate Medical Journal* 1, 3, 26-30.
- Maidment R., Livingston G., Katona M., Whitaker E., Katona C. (2003). Carry on shrinking: Career intentions and attitude to psychiatry of prospective medical students. *Psychiatric Bulletin* 27, 30-32.
- Naheem F., Ayub M., Javed Z., Irfan M., Haral F., Kingdon D. (2006). Stigma and psychiatric illness. A survey of attitudes of medical students and doctors in Lahore, Pakistan. *J Ayub Med Coll Abbottabad*, 18, 3, 46-49.
- Ndeti D. M., Khasakhala L., Ongecha-Owuor F., Kuria M., Mutiso V., Syanda J., Kokonya D. (2008). Attitude to psychiatry: A survey of medical students at University of Nairobi, Kenya. *Academic Psychiatry*, 32, 154-159.
- Neilson A. C., Eaton J. S. (1981). Medical student's attitude to psychiatry. Implication for psychiatric recruitment. *Arch Gen Psychiatry*, 138, 1144-1154.
- Obembe J. U. (1991). The attitude of Nigerian fourth year students towards psychiatry. *Nigerian Medical Journal*, 21, 156-158.
- Ogunsemi O. O., Odusan O., Olatawura M. O. (2008). Stigmatizing attitude of medical students' to a psychiatric label. *Annals of General Psychiatry* 15, 7.
- Paillez G., Bulbena A., Coll J., Salvador R., Balon R. (2005). Attitude and views on psychiatry. A comparison between Spanish and U.S. Medical Students. *Academic Psychiatry*, 29, 80-91.
- Ready J. P., Tan S. M. K., Azmi M. T., Shararon M. H., Rosdinon R., Maniam T., Ruzanna Z. Z., Mines I. H. (2005). The effects of clinical posting in psychiatry on medical students towards psychiatry and mental illness in Malaysian medical school. *Ann Acad Med Singapore*, 35, 505 - 510.
- Statistical package for the Social Sciences (SPSS 15) for windows, Base system Users Guide, Release, Chicago, IL, SPSS, Inc., 1993.

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