



## Original Research

# Psychiatric Stigma among Medical Students and Nurses: Study From Rural Bihar, India

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## Abstract

*Stigmatic attitude toward psychiatric patients are universal rather than cultural phenomenon. However it has a large impact on help seeking behavior of patients and caregiving if it is significantly present in medical persons who are responsible for their care. This study was aimed to assess the attitude of medical students and nurses in tertiary care teaching medical college hospital in rural Bihar, India.*

**Methods:** A survey was circulated among the medical students and the nurses of the Vardhman institute of Medical sciences, Pawapuri which is a relatively new tertiary care teaching medical institution situated in rural area of, Nalanda, Bihar, India. Of the 350 survey forms distributed, a response of 74.28% received within a period of two weeks.

**Results:** majority of the preclinical and clinical MBBS students as well as nurses held negative attitudes towards people with schizophrenia, depression, drug and alcohol disorders. However, most had favorable views of the recovery and treatability of the mental disorders.

**Conclusions:** stigmatizing attitude of medical students and nurses in Bihar India are comparable to the rest of the part of India and western countries.

**Keywords:** stigma, psychiatry, medical students, nurses, Bihar.

## INTRODUCTION

Negative attitude towards psychiatric patients are universal rather than cultural phenomenon.<sup>1-8</sup> This is not only among common people but significant among the health care workers as well. There are abundant of studies regarding same from most part of the world including India as well but it is very sparse from a state like Bihar who's socioeconomic & educational parameters lags behind the national average. There is evidence

from literature pertaining to the social and the cultural history of medicine that in the western European societies psychiatric stigma was well established in the classical period and this was more during the medieval period. There is however, little work in non-western societies on psychiatric stigma, reviewed status and stigma of mentally ill in societies in which the non-western medical traditions dominate or have dominated, specifically, medieval Islamic, Indian and the

Chinese medicine. There is no record available of how this has changed over time. Some disorders are medicalized and stigmatized, while, others are not. Also, in most societies some supernatural, religious, moralistic, and magical approaches to illness and behavior exist. This can complicate the perception of mental disorders still further.

Stigmatization of people with mental disorder not only affects the help seeking behavior of populations, but can also have enormous implications on the development of policy on a national level. India counts for the highest number of total psychiatric patient worldwide however the manpower and other resources to handle this condition is very sparse especially in rural India the scenario is the worst. Due to scarcity of teaching faculty all over India majority of patients are primarily under care of resident doctors, nurses or trainee medical students. Hence their attitude toward mentally ill patient is significant while caring for such patients. Hence I decided to study stigma attached to mental illness among medical students and nurses in Bihar, India.

## MATERIAL & METHODS

A cross sectional survey was conducted among the final year MBBS students, pre-clinical students MBBS staff nurses of Vardhman institute of Medical sciences, Pawapuri which is a

relatively new tertiary care teaching medical institution situated in rural area of, Nalanda, Bihar, India. The questionnaire focused on items from a survey developed by Crisp et al.<sup>2</sup> Questions were asked about the common mental illnesses to assess respondents' attitudes towards the following issues related to beliefs about those with mental disorders; dangerousness, unpredictability, ability of students to talk to them, whether they look different from other people, focus of blame, treatment and recovery. Additional information was gathered on demographic variables, such as age, gender, marital status, as well as professional background. The survey forms were distributed to final year medical students who were about to appear in their final examination in next few months after they finished the psychiatry lecture of that day. Preclinical students and staff nurses were approached individually and they were reminded repeatedly to complete the assessment.

As most of the variables were categorical, nonparametric tests were used. When measuring normally distributed data, such as age or years of experience, parametric analyses were carried out. For most non-parametric calculations comparisons were made using crosstabs. Where significance testing was needed, chi square test was used. Analyses were carried out using SPSS 15.0

**Table 1** Demographic data of the responders

Male	140	53.85
Female	120	46.15
Single	200	76.92
Married	60	23.07
Nurses	60	23.07
Medical students (total)	200	76.92
Students in pre-clinical years	120	46.15
Students in clinical years	80	30.76

## RESULTS

Of the 350 survey forms distributed, 260 were returned, giving a response rate of 74.28%. The average age of respondents were 22.02 (21—52) and majority of them were single and most of them were had at least one close or distant relative having mental illness.

Table 2

Psychiatric disorders						
Opinion	Alcohol disorders	Schizophrenia	Depressive disorders	Anxiety disorders	Dementia	Drug abuse
Dangerous to society	78.7 75.2-82.8	54.7 49.3-58.9	20.7 15.8-25.2	35.7 31.4-39.3	14.3 11.1-17.6	74.3 70.7-78.5
Un-predictable	69 66.2-72.5	77 73.8-80.4	51 46.1-56.3	49.0 45.3-53.7	34.7 30.6-38.4	64.7 62.0-668.5
Hard to talk to	51.7 48.8-55.9	43.3 40.1-46.6	50 47.3-54.1	24.7 21.6-27.0	30.7 26.6-35.1	51.7 49.1-55.3
Feel different	57.7 54.8-61.3	65.3 62.2-68.4	76 73.0-79.1	39 35.6-43.3	33.3 30.2-36.4	71.3 66.9-75.3
Themselves to blame	52 48.3-56	16.3 12.4-19.5	76 73.0-79.5	16.7 12.9-20.3	8 3.7-11.9	54 50.2-57.9
Must pull themselves together	53.3 50.0-56.2	32 28.5-36.3	53.7 50.1-57.6	36.7 32.6-40.5	21.3 18.1-24.2	53.3 49.8-56.6
Do not improve, if treated	9 4.9-13.3	15.3 11.6-19.1	7.7 3.8-11.6	7.0 4.4-10.6	46.7 42.9-51.0	11 7.3-15.5
Never recover	5.7 2.9-9.4	12.3 8.3-16.0	3.7 1.1-7.3	8 4.8-11.0	43.7 40.9-47.2	6 3.6-8.2

The results showed that for schizophrenia [are unpredictable, pre clinical =67.46%, clinical=95.74%, Nurses=91.54%, ( $X^2 = 31$ ,  $df=2$ ,  $P=0.000$ )], [are hard to talk to, pre clinical =47.22%, clinical=65.88%, nurses=55.38%, ( $X^2 = 12.89$ ,  $df=2$ ,  $P=0.005$ )], [feel different, pre clinical =63.63%, clinical=88.76%, nurses=88.52%, ( $X^2 = 20.45$ ,  $df=2$ ,  $P=0.000$ )], [are themselves to be blamed, pre clinical =25.35%, clinical=9.72%, nurses=38.33%, ( $X^2 = 18.21$ ,  $df=2$ ,  $P=0.000$ )], [don't improve if treated, pre clinical =17.44%, clinical=31.46%, nurses=4.22%, ( $X^2 = 25.97$ ,  $df=2$ ,  $P=0.000$ )]. For depression, [are hard to talk to, pre clinical =61.11, clinical=77.21%, nurses=50.76%, ( $X^2 = 12.91$ ,  $df=2$ ,  $P=0.005$ )], panic disorder [must pull themselves together, pre clinical =67.46%, clinical=95.74%, nurses=91.54%, ( $X^2 = 31$ ,  $df=2$ ,  $P=0.000$ )], drug abuse [unpredictable, pre clinical =75.34%, clinical=90.54%, nurses=90.62%, ( $X^2 = 8.89$ ,  $df=2$ ,  $P=0.031$ )].

## DISCUSSION

This survey was conducted to gather baseline information on attitudes of medical students and staff nurses in rural Bihar, India, towards mental illness. We also wanted to compare the results with the results of a similar survey conducted in the UK.<sup>9</sup> The results of our survey were similar to

those obtained from the UK. This is probably not surprising, since most medical students and doctors in India follow medical text books published in the west. However, this does not mean that the members of the general public might hold the same attitudes. We used the common mental illnesses, which were surveyed in the UK for the same reasons. Medical students and the nurses in India get their training in English, and are well aware of the terminology.

However, to further validate our survey, an initial informal discussion with a small group of medical students and doctors was carried out. This was to make sure that they are well aware of the common psychiatric problems. Since eating disorder was not recognized as a common problem in Indian context, we did not include it in our survey.

It appears that medical students and nurses hold negative attitudes towards people with schizophrenia, alcohol and drug problems, regarding; dangerousness, unpredictability, being able to communicate with such patients and that they look different. Negative attitude were also observed for those with depression, regarding predictability, ability to talk to, and their ability to pull themselves together and focus of blame. Negative attitudes towards blame and ability to pull oneself together were also noticed for those with alcohol and drug problems. This could be partially

explained on some of the religious beliefs and recent ban on alcohol by the local government. Positive attitudes towards treatment ability and recovery were similar to those among British medical students.

Attitudes of nurses and medical students were not very different. However, when a statistically significant difference existed, nurses were less likely to have negative attitudes towards mental illness compared with the medical students which may be due to their more experience with handling of such patients. This is again consistent with the findings from the UK survey. This may be an indicator of lowered awareness and concern about mental disorder amongst senior doctors. When the fact that the responders knew someone with mental illness was taken into account, there were again no major differences between those who knew someone with mental illness or those who did not. However, for those items, which showed statistically significant differences, those who knew someone with mental illness, were more likely to show negative attitudes. This is difficult to interpret and is not consistent with the UK survey.

This study needs to be replicated in larger sample size and in general population to draw any firm conclusion. There is some evidence that good educational methods could decrease stigma.<sup>7</sup>

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**Conflict of Interest:** None

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