What do the Doctors in Lahore Think about Psychiatry

R KARIM MAYUB N IZHAR A ASIF R AZIZ I HAQ

Academic Department of Psychiatry & Behavioural Sciences, King Edward Medical College/Mayo Hospital, Lahore. Correspondence to Dr. Raheel Karim

This is a survey of junior doctors working in Lahore. We gave them a questionnaire to find out their views about psychiatry. The findings generally suggest that the doctors have a balanced and realistic views of psychiatry as specialty. They lack in knowledge of the career opportunities available in psychiatry which can probably be a point for intervention to improve inception in psychiatry.

Key Words: Doctors, Psychiatry, Survey.

Manpower issues in psychiatry have been focus of attention internationally. The supply of consultant workforce has lagged behind the demand^{1,23,4} Psychiatry remains an unpopular specialty among medical students and young doctors^{2,4}. Although no systematic data are available, the situation does not appear to be different in Pakistan from the rest of the world, as reflected in the opinions expressed by leading authorities in the specialty⁵.

In a series of surveys of young doctors conducted in England, the self reported factors which influenced the choice of career included enthusiasm and commitment, self appraisal of skills and aptitudes, working conditions, hours of work, experience as a student of the department and promotion prospects. Financial considerations did not rank very high⁴...

In the specialty of psychiatry the suggested reasons of unpopularity include stigma, stress and the possibility of a higher rate of mental illnesses among psychiatrists 6,7,8,9.

We conducted a survey of young doctors to see if the above mentioned factors play role in their decision to choose or not to choose psychiatry as career. In this paper we report the results and discuss their implications.

Methods

Subjects: Doctors who graduated after 1990 and are working as medical officers or house officers in Mayo Hospital, Lahore

Questionnaire: We designed a questionnaire which in addition to demographic data and general information about the doctor filling it in, had twenty three questions.

 Two questions were about the preference of the doctor to choose psychiatry as a career, and its ranking in his preferences.

The rest of the questions tapped into areas;

- Discouragement by family and friends to adopt psychiatry as career. (O 5 &6)
- The perceived experience of the doctor during his attachment as a student in psychiatry. (Q 7)
- The perceived reward of working in psychiatry in terms of glamour , treatment outcome and finances.(Q10)

- Knowledge of psychiatry.(Q 19, 20, 21)
- Career opportunities.(Q11, 12)
- Stress of job in psychiatry.(Q15-18)
- Stigma of seeing a psychiatrist.(Q22-23)
- Image of psychiatry as a specialty.(Q 9,14,19-20)

The doctors working in the psychiatry ward handed over these questionnaires to the respondents and collected them the next day at an appointed time.

Statistics: We analyzed the results on SPSS (statistical program for social sciences) mainly looking at the correlation of the doctors' preference of psychiatry as a career with factors mentioned above which could have possibly influenced their choice.

Results

Total number of doctors who were contacted to fill this questionnaire were ninety. No one refused. The response rate was 100%.

Table -la gives the age of respondents.

	AGE	Harris Harris -
Range	23-32 y	CONTRACTOR OF
Mean	25.5 y	
S.D.	1.915	

Table -1b gives the sex of respondents.

SEX	Female	Male	
Number	21	69	
% age	23.3	76.6	

Questions with Responses

Q 1. Do you know the difference between psychiatry and psychology? Yes / No (85 / 5)

Q 2. Can you name 3 - 4 common psychiatric illnesses?

No. of illnesses	Frequency
2	2
3	19
4	69

Q 3. Have you ever considered taking up psychiatry as a career ? Yes / No (32 / 58)

Q 4. If you have to, where would you rank psychiatry in your career options? (Ranking from 1-9 in Table 2)

Q 5. Were you ever discouraged from taking up psychiatry

as a career ? Yes / No (31 / 5	9)
Q 6. If so, by whom?	
Family members	10
Friends	10
Colleagues	8
d- Others (please specify)	- 3

Q 7. What was your experience of psychiatry in the two weeks allocated to it in the 4th year undergraduate studies?

Not attended	16
Didn't like it	17
Was interesting	57

Table 2. Correlation Between Ranking And Choice Of Career

Rank	Frequency	% age	
0	7	7.8	
1	1	1.1	
2	8	8.9	
3	13	14.4	
4	10	. 11.1	
5	16	17.8	
6	4	4.4	
7	4	4.4	
8	4	4.4	
9	23	25.6	
Total	90	100	

Q 8. What other exposure have you had of psychiatry besides these two weeks?

desides these two weeks i		
a-none		51
b-psychiatrist in the family		8
(please specify relation)		

c-history of any psychiatric illness in the family (please specify relation and diagnosis if known)

25
3

Q 9. Do you consider psychiatry as an independent part or speciality of medicine ? Yes/No (82/8)

Q 10. Do you consider psychiatry as a rewarding speciality in terms of

a)-respect / glamour	Yes/No (52 / 38)
b)-treatment / prognosis	Yes / No (52 / 38)
c)-finances	Yes/ No. (49 / 41)

Q 11. Are you aware of various post-graduations in psychiatry?

Yes/ No (43 / 47)

Q 12. Do you know about the offer of the Overseas Doctors Training Scheme of the Royal College Of Psychiatrists? Yes/No (30 / 60)

Q 13. Would you consider taking up psychiatry as a career if offered the sponsorship of the Overseas Doctors training Scheme?

Yes/No (52 / 38)

Q 14. Do you consider psychiatry as an up & coming speciality?

Yes/ No (71 / 19)

Q 15. Do you consider psychiatry causes greater amount of mental stress professionally than other specialities of medicine?

Yes/No (67 / 23)

Q 16. Do you think that a constant and regular contact with mentally ill patients would be bad for your mental health?

Yes / No (40 / 49) (one did not attempt)

Q 17. Do you think that most psychiatric patients are violent?

Yes / No (23/67)

Q 18. Do you think that psychiatrists are most likely to develop major psychiatric illnesses?

Yes / No (45 / 44)

Q 19. Do you think that drugs used to treat psychiatric illnesses are dangerous / addictive ?

Yes / No (44 / 45) (one did not attempt)

Q 20. Do you think psychiatrists prescribe larger amounts of drugs than necessary? Yes / No (29 / 61)

Q 21. Do you think psychiatrists mostly only prescribe sedative medicines as treatment for all kinds of psychiatric illnesses?

Yes / No (40 / 50)

Q 22. Would you, much rather talk to a non-psychiatrist if you have a psychological problem, than to a psychiatrist?

Yes / No (62/28)

Q 23. Would that make you more comfortable going to a psychiatrist if he is known as a counsellor/ advisor than a psychiatrist?

Yes / No (25/65)

Factors Influencing The Choice Of Career: Questions about level of knowledge of psychiatry had no bearing on the choice of psychiatry as a career. (table-3)

Table 3		
Career	Difference Between I	Psychology And Psychiatry
	YES	NO
NO	53 (91.4%)	5 (8.6%)
VES	32 (100%)	0 (0%)

Chi Square: 1.51 P Value: 0.21930127

Discouragement By People And Choice Of Career
Discouragement had a positive correlation to choose
psychiatry as a career. (table-4)

Table 4

Whether Discouraged		Career	
Control of Control of	YES	NO	41
YES	19	13	
NO	13	45	

Chi Square: 18.49 P Value: 0.00239417

Perceived Experience While Attending The Ward And Likelihood Of Choosing Psychiatry As a Career

Those who wanted to adopt psychiatry as a career were more likely to enjoy it. (table-5)

Table 5

Experience	tonice of the dance	Career
	No	Yes
Interesting	31 (53.4%)	26 (81.3%)
No Liking	13 (22.4%)	4 (12.5%)
Not Attending	14 (24.1%)	2 (6.3%)

Chi Square: 7.30 P Value: 0.02597092 Previous Exposure To Psychiatry In Terms Of Having A Family Member Suffering From Psychiatric Illness (table-6)

Table 6

Typical hibiting his	Career	
	No	Yes
Family History	6	2
No Family History	52	30

Glamour And Psychiatry As A Career: Glamour seemed to be a reason for people to choose psychiatry as a career. (table-7)

Table 7

Glam	Glamour	Career	
Carlin Principle	No	Yes	
No		31	7
Ye	8	27	25

Chi Square : 7.18 P Value: 0.00736204

Belief that psychiatric illnesses have good prognosis and the possibility of high financial reward did not influence doctors' choice to select or reject psychiatry as a career. The knowledge about present opportunities of postgraduation in psychiatry played no role in decision about taking psychiatry as a career.

The possibility of being sponsored in an overseas training scheme proved the biggest incentive for doctors to consider psychiatry as a career. (table-8)

Table 8

ODTS	Car	Career	
	No	Yes	
No	32	6	
Yes	26	26	
A T LOS			

Chi Square: 9.77 P Value: 0.00177292

Those doctors who thought that psychiatry was an up and coming speciality were significantly more keen to adopt it as a career. (table-9)

Table 9

Up & Coming	Career	
	No	Yes
No	17	2
Yes	41	30

Chi Square : 5.27 P Value: 0.02165981

Seventy four percent of doctors thought that working in psychiatry caused mental stress. This perception did not prevent them to choose it as a career.

Those doctors who thought that the contact with psychiatric patients was harmful were significantly less likely to choose psychiatry as a career (table-10)

The doctors preferred to talk to a non-psychiatrist for their psychological problems. Those who wanted to be psychiatrists were not different from the others in this regard. (table-11)

Table 10

Patient Contact	Career	
	No	Yes
No	26	23
Yes	31	9

Chi Square: 6.30 P Value: 0.04289095

Table 11

Career	
No	Yes
16	12
42	20
	No 16

Chi Square: 0.54 P Value: 0.46256121

Discussion

The findings seemed to be interesting. The first two questions were quite simple and probably that's why they did not differentiate the level of knowledge of doctors who wanted to choose psychiatry as a career from ones who didn't.

Thirty two out of ninety doctors considered taking up psychiatry as a career and quite a few ranked it high in their career options. This indicates that psychiatry probably is not an unpopular speciality in a significant proportion of doctors. Thirty one doctors were discouraged from taking up psychiatry as career although this did not change their decision to opt psychiatry as a career. The possibility is that those who wanted to be psychiatrists were discouraged but they were firm in their decision.

The majority of students who attended psychiatry ward found it interesting. The doctors thought that psychiatry was a rewarding speciality an particularly its glamour attracted them towards it. The doctors did not have much awareness about the Overseas Doctors Training Scheme of the Royal College Of Psychiatrists UK (which has been unfortunately suspended by now) but prospect of sponsorship in the scheme influenced their decision and they wanted to take the opportunity.

Generally doctors had a positive view of psychiatry, considered it an up and coming speciality and majority did not think that it caused more stress professionally than other specialities of medicine. They did not consider the psychiatric patients as violent and they had a positive view of the psychiatrists although, they wanted to avoid to see them as patients.

Conclusion

Some general conclusions from this survey are that the charm of overseas training attracted the doctors towards

psychiatry. The doctors had a balanced view of psychiatrists and psychiatry. They did not consider it too stressful to work in psychiatry but thought that psychiatrists are more likely to develop psychiatric illnesses than the other fellow professionals.

These results to an extent can help us to present psychiatry in a positive light and attract more trainees towards it. Particularly, we need to inform the doctors about the career opportunities in psychiatry.

References:

- Storer D: "Too many patients, too few psychiatrists". Psychiatric Bulletin Vol.22, p:724-25, 1998.
- Sierales FS, Taylor MA: Decline of U.S. medical students career choice of psychiatry and what to do about it. Am J Psych Vol. 152, 1995: p 1416-1467.
- Storer D: Prematurely retiring consultant psychiatrists. Psychiatric Bulleton. Vol. 21. 1997 p:737-38

- Lambert TW et al: "Carrier preference of doctors who qualified in U.K. in 1993 compared with those doctors qualified in 1974, 1977, 1980 and 1983". British Med. Journal. Vol.313.1996 P: 19-24.
- M.S. Chaudhry: "Development of psychiatric services in Pakistan" Current state of psychiatry in Pakistan Editors. IAK Tareen, M.S. Chaudhry and M.A. Javaid published Lahore-Pakistan Psychiatric Society, 1994. P:13-16.
- Benbow MS, Jolley DJ: "Psychiatrists under stress". Psychiatric Bulletin 1998. Vol. 22. P:1-2.
- Byrne P: "Stigma of mental illness:: changing-mind, changingbehaviour" British Journal of Psychiatry. Vol.174, 1999: p: 1-2.
- Caplon RP: "Stress, anxiety and depression in hospital consultants, general practitioners and senior health service managers". The British Medical Journal. Vol. 309: p:1261-63.
- Rich CL, Pitts FN: "Suicide by psychiatrists -a study of medical specialists among 18730, consecutive physician deaths during a 5 year period. 1963-72. Journal of Clinical Psychology. Vol.41, 1980: p 261-63