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Stigmatisation of Psychiatrists: Experiences of Psychiatrists and Psychiatric Registrars in Western Australia

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Stigmatisation among mental health professionals can have a significant impact on individuals who work in the area, and on recruitment of people into the mental health workforce. This study aimed to investigate the source, type and impact of positive and negative comments, attitudes and behaviours experienced by psychiatrists and psychiatric registrars. Thirty psychiatrists and registrars responded to a survey. Results indicated that negative experiences were reported at a significantly higher frequency compared with positive experiences. Other psychiatrists contributed positively to experiences regarding their profession in mental health. In contrast, doctors from other specialties and the media contributed negatively. Notwithstanding these negative experiences, there was high morale among respondents. This survey has shown that despite gains in addressing stigma towards mental illness within the community, stigma towards psychiatrists remains a significant issue. Psychiatry as a profession needs to address this in order to enable the discipline to overcome these damaging negative attitudes.

Introduction

The previous article in this issue discussed stigmatisation towards mental illness, with a focus on the impact it has on consumers, recruitment of medical students to a career in psychiatry and destigmatisation strategies both in the community and in medical curricula. The current paper focuses on another aspect of stigmatisation that has been paid little attention by researchers. While studies have identified mental health services and the professionals who work in these services as the source of stigmatisation at a consumer level (Corrigan, Markvwitz, & Watson, 2004; Jorm, Korten, Jacomb,

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Christensen, & Henderson, 1999), less is known about stigmatisation as experienced by psychiatrists and other mental health professionals, in both their working and private lives. Goffman (1963) suggested that those who work with a stigmatised group can become recipients of a 'courtesy stigma'. This may account for some of the negative attitudes towards psychiatrists and mental health professionals by the public, other health professionals, their patients, families and friends.

For decades, reports have suggested that psychiatrists are perceived negatively (Lamontagne, 1990; Trent, 1991), with terms such as 'weird', 'fuzzy thinkers', 'emotionally unstable' and 'confused thinkers' frequently used when describing them (Harris, 1981). The stereotype of the 'mad psychiatrist' has been perpetuated through various media, including film, television and print (Walter, 1989). A review of 106 American movies found that in movies where a psychiatrist was typecast, half were portrayed as incompetent and 45% were seen to have violated either a sexual or ethical boundary with their 'patients' (Gharaibeh, 2005).

It is not unreasonable to expect this negative portrayal to impact on psychiatrists themselves, their experiences in the workplace, their professional image and the discipline of psychiatry more widely. Stigmatisation of mental health professionals can have a significant impact on individuals who work in the area, and on recruitment of people into the mental health workforce, including psychiatrists, nurses, clinical psychologists and social workers. At an individual level, it can result in demoralisation, job dissatisfaction and career changes, apathy and reluctance to actively advocate for patients and the profession, and isolation from other medical colleagues (Schulze, 2007). Such attitudes may impact negatively on patient care and outcomes and exacerbate their experiences of stigmatisation. There may be unwillingness by general practitioners and other specialists to collaborate with psychiatrists, perpetuating the cycle of delayed help seeking by patients, and undermining the psychiatrist's authority and advice regarding patient management (Persaud, 2000).

The objective of this preliminary study was to investigate the source, type and impact of positive and negative comments, attitudes and behaviours experienced by psychiatrists and psychiatric registrars.

Method

Design and Instrumentation

The study was based on a cross-sectional survey design. As there were no standardised instruments in this area, we developed a questionnaire to measure stigmatisation as experienced by mental health professionals. An extensive literature review was undertaken, and five domains identified as areas to explore in the survey. These were: (I) Frequency of Experiences; (II) Target of Experiences; (III) Sources of Experiences; (IV) Impact of Experiences; and (V) Value of the Profession. With the exception of the Frequency of Experiences domain, in each section, participants were asked to respond to questions on a 0-10 point rating scale. Descriptors for the points on the scale varied across sections of the survey. In all cases, however, neutral and mixed responses were indicated by a score of 5.

Domain I: Frequency of Experiences. In this section of the survey, two questions were posed: (i) 'How often do you experience *positive* comments, attitudes or behaviours relating to your profession in mental health?' and (ii) 'How often do you experience *negative* comments, attitudes or behaviours relating to your profession in mental health?'. For each question, participants were asked to indicate the frequency with which they encountered comments by choosing one of four possible response options ('daily', 'weekly', 'monthly', or 'less frequently than monthly').

Domain II: Target of Experiences. In this section, the stem question posed was 'What areas have been the focus of comments, attitudes, or behaviours with regards to your profession in mental health?'. The targets listed were appearance; personality; behaviour; clinical competence; treatments; and patient group. Against each target, participants rated the valence of comments, attitudes, or behaviours

encountered on a scale that ranged from 0 ('negative all the time') and 10 ('positive all the time'). The midpoint of the scale (a rating of 5) was labelled in the survey as 'neither/mixed'.

Domain III: Source of Experiences. For this section, the stem question posed was 'How do the following sources contribute to your experience of comments, attitudes, and behaviours regarding your profession in mental health?' Sources listed were: psychiatrists; doctors from other specialities; allied health staff; patients; friends and family; and media. Again, in this section, participants rated the valence of comments, attitudes, or behaviours encountered from each source on a scale that ranged from 0 ('negative all the time') and 10 ('positive all the time'). The midpoint of the scale was labelled as 'neither/mixed'.

Domain IV: Impact of Experiences. The question in this section was, 'Overall, what has been the impact of comments, attitudes and behaviours relating to your profession in mental health?'. Five areas of impact were presented: mood; behaviour towards patients; job satisfaction; and general quality of life. Against each impact area listed, participants gave a rating from 0 to 10, with 0 indicating a 'great negative impact' and 10 indicating a 'great positive impact'. A rating of 5 was labelled in the survey as 'no impact'.

Domain V: Value of Your Profession. In this section, four questions were asked: (i) 'How do you rate the value of your profession in mental health compared to other medical professions?'; (ii), 'How do *you* perceive that *your family* values your profession in mental health compared to other medical professions?'; (iii) 'How do you perceive that the *general public* values your profession in mental health compared to other medical professions?'; and (iv) How do you perceive that *your patients* value your profession in mental health compared to other medical professions?'. For each question, the scale indicated 0 as 'mental health profession is much less valued' and 10 as 'mental health profession is much more valued'. The midpoint was labelled 'equal'.

Demographic data were also recorded. The questionnaire was piloted within a local clinicians' research interest group, and feedback incorporated to develop the final version of the instrument.

Participants

A total of 30 consultant psychiatrists and psychiatry registrars working at a public psychiatric hospital in Perth, Western Australia were invited to participate anonymously in the survey. The study was undertaken as a service audit exercise at a centre in Perth, Western Australia.

Data Analysis

The data were analysed using SPSS version 15 (SPSS, Chicago IL). Histograms were plotted and the Kolmogorov Smirnov test for normality was used. For normally distributed data, paired *t*-tests were used to determine significance. If the data were not normally distributed, the Mann Whitney U test was used.

Results

Demographics

The overall response rate was 86% (26/30). Nine consultants and 17 registrars responded. For the consultants, five specialised in adult psychiatry, two in old age, one in child and adolescent and one in administration. There were 16 female (62%) respondents; most were in the 30-40 year age range.

Domain I: Frequency of Experiences

Overall, in the Frequency of Experiences domain, negative experiences were reported at a significantly higher frequency than were positive experiences (Wilcoxon Signed-Ranks Test, Z=-2.3, p<.05). Fifty-four percent (95% CI 33 to 73%) of respondents experienced negative comments at least weekly, whereas 27% (95% CI 11 to 48%) experienced positive comments at least weekly.

Domains II-IV: Targets, Sources and Impact of Experiences

Table 1 displays the median and inter quartile range (IQR) for each target of experience. The only clear negative focus of experience was with respect to the psychiatrists' patients. Other areas identified as a

focus of negative attention were that psychiatry jobs are 'slack', that psychiatrists had broader difficulties with service provision, and that the profession was associated with lengthy waiting lists.

Table 1. *Target of Experiences*

Target	***Median (IQR)***
Appearance	5 (.25)
Personality	6 (2)
Behaviour	6 (2)
Clinical Competence	6 (2)
Treatments	4 (4)
Patient Group	3.5 (3)

Table 2 details the median and IQR for each source of experience. Respondents reported that on average, fellow psychiatrists contributed positively to experiences regarding their profession in mental health. In contrast, doctors from other specialties and the media contributed negatively. Allied health staff, patients, friends and family were not considered to be a substantial source.

Table 2. *Source of Experiences*

Source	***Median (IQR)***
Psychiatrists	7 (3)
Doctors (other specialties)	4 (3.25)
Allied health staff	6 (2)
Patients	5 (2)
Friends and family	5 (3)
Media	4 (1.37)

Table 3 provides the median and IQR for each impact of experience. As expected, positive experiences were associated with positive impact on the participants' mood, behaviour towards patients, job satisfaction and general quality of life. The most positive response was for job satisfaction with a median score of 8/10. With respect to negative comments, attitudes and behaviours, participants reported negative

impact on all measures. The lowest impact was for behaviour towards patients.

Table 3. *Impact of Positive and Negative Comments*

Impact subdomain	***Positive***	***Negative***
	Median (IQR)	***Median (IQR)***
Mood	7 (1.75)	3 (1.25)
Behaviour towards patients	7 (1.25)	3.5 (1)
Job satisfaction	7 (2.05)	3 (1.25)
General quality of life	6 (3)	3 (1)

Domain V: Value of the Profession

When asked about the value of their profession compared to other medical professions, participants reported the value as equal to other professions (median=5, IQR=2).

Respondents perceived their family (median=5, IQR=1) and patients (median=5, IQR=3) to view psychiatry as of equal value to other professions. In contrast, it was reported that the public valued their profession less than other specialties (median=3, IQR=2).

Discussion

This study aimed to investigate the experiences of psychiatrists with regards to stigmatisation and discrimination. Results indicated that respondents reported more negative than positive experiences regarding their profession. Patient group was identified as a target of negative experiences by most participants. This finding is in keeping with other studies where patients with mental illness are reported to be the subject of stigmatisation. Studies of the general public have shown that a substantial proportion view patients with mental illness as unpredictable, or dangerous and subsequently feel uneasy and reject them (Angermeyer & Dietrich, 2006). Psychiatric patients have also been described as ‘not easy to like’ (Buchanan & Bhugra, 1992).

Despite their negative experiences, respondents to the survey appeared to have high morale and contribute positively to their colleagues' experiences regarding the profession. Studies have shown that psychiatrists rate high levels of satisfaction about their specialty (Blumberg & Flaherty 1982) and see themselves as healthy, effective and useful practitioners (Dewan et al., 1988).

Doctors from other specialties and the media were perceived to contribute negatively to experiences. It is possible that psychiatrists have developed high morale as a protective factor against the more negative aspects of their working environment. Negative experiences did not affect behaviour towards patients. Some people may react positively to stigmatisation with increased self-esteem through the rejection of negative evaluation by others (Rusch, Angermeyer, & Corrigan, 2005).

Psychiatrists valued their profession as equal to other specialties in this survey, and no evidence of self-stigma was found. They also reported that their families and patients also viewed their profession in this way, in contrast to the general public who were perceived to devalue the profession.

There were several limitations with this study. As there were no instruments to measure stigma experienced by mental health professionals, we developed our own, however, the validity and reliability of the questionnaire was not formally tested. Our sample was also small and all respondents were working in a specialised public mental health hospital. Their experiences may not be representative of psychiatrists working in other public and private settings. Finally, participants may have responded based on social desirability and minimised the impact of negative experiences on each domain.

Further studies exploring other people's attitudes and behaviours towards psychiatrists (public, consumers, other medical professions) would add to the understanding of stigma towards mental health professionals. Studies that survey doctors from other areas of medicine would be useful to determine the extent to which psychiatrists

experience stigma compared with others. Future studies could also explore differences between psychiatric subspecialties with regards to stigmatisation experiences.

Conclusion

In this study we explored the subjective experience of psychiatrists and registrars with regards to their profession using quantitative methods. To our knowledge, this is the first study to assess this particular perspective of stigma in psychiatry. Psychiatrists and psychiatric registrars surveyed were found to be affected by both positive and negative experiences across multiple domains, and negative experiences were reported more often. While they felt their profession to be of value, they perceived it to be relatively undervalued by members of the general public. Despite gains in addressing stigma towards mental illness within the community, stigma towards psychiatrists remains a significant issue. Psychiatry as a profession needs to address this in order to enable the discipline to overcome these damaging negative attitudes.

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