

MEDICAL STUDENTS' ATTITUDINAL CHANGE ASSOCIATED WITH MENTAL HOSPITAL EXPERIENCE

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SYNOPSIS

Following a 2-week psychiatric clerkship training at Woodbridge Hospital, there was a greater tendency for the medical students to adopt the mental hygiene ideology and to hold a stronger view that mental illness arises from faulty interpersonal relationships. Nevertheless, they became less benevolent, more authoritarian and socially restrictive in their attitudes toward mental illness. With regard to their image of mental patients, the changes were generally in the positive direction, though certain aspects of the stereotyped image were reinforced. Results of the study are compared with data obtained from psychiatrists at the same hospital. Relevance of the findings is discussed and suggestion for future studies made.

INTRODUCTION

Over the past 30 years, there has been several major shifts in the conceptualization of mental health and illness. One of which is the move toward open hospital, milieu therapy, and community psychiatry. This newer outlook is based on the contention that the well being of mental patients is to certain extent affected by the social context they are in. A more specific assumption derived from this theoretical framework is that mental patients are sensitive to and influenced by the attitudinal atmosphere created by the community as well as those who are involved in the care and treatment of mental patients.

In conjunction with this, there has emerged a considerable amount of research delineating attitudes held by the general public, mental health personnel, and by patients' relatives (1). Findings of these studies generally indicate that mental patients are perceived as 'different' from medical patients, often stereotyped as suspicious, undependable, dangerous, and violent. Such stereotyped image and the accompanying rejecting attitudes are thought to have negative effect on people's interaction with the mentally ill. Clinical administrators, supervisors, and instructors are therefore eager to encourage more favourable image among their staff and students. Particular attention has been given to the modification of stereotyped image through relevant academic instruction and practical experience. The available empirical findings show that classroom instruction on mental illness does not by itself change students' attitudes toward mental illness. However, personal experience in mental hospital with psychiatric patients contributes to significant changes, especially when reinforced with supplementary educational programmes (2, 3).

The aim of this study is to examine if there is any change in medical students' attitudes toward mental illness and perception of mental patient following a 2-week psychiatric clerkship training at a mental hospital.

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MATERIALS AND METHOD

Subjects

Sixty-one final year medical students from National University of Singapore who were sent to Woodbridge Hospital for 2-week psychiatric clerkship training served as subjects of this study. These students, aged 22 to 24, had no previous personal experience with a mental hospital before their 2-week attachment at Woodbridge Hospital.

Measuring Instruments

(a) The Custodial Mental Illness Ideology (CMI) Scale

The CMI, consisting of 20 items, is a 7-point Likert-type rating scale which measures attitudes toward the treatment of the mentally ill, with special reference to 'custodial' versus 'humanistic' orientation. Custodialism refers to traditional practices in mental hospitals which are modelled after prisons and place emphasis upon the detention and safe-keeping of inmates. The humanistic orientation, on the other hand, emphasizes the individuality and the human needs of patients. High score on this scale represents favourable attitude toward the more traditional practices in mental hospitals.

(b) Opinion About Mental Illness (OMI)

It consists of 51 items on which subject were asked to indicate his opinion by marking a 6-point scale ranging from 'strongly agree' to 'strongly disagree'. The OMI yields the following 5 separate scores:

Authoritarianism — Subjects who score high on this factor tend to see psychiatric patients as impulse-ridden, inferior, unpredictable, lacking in moral strength, and as people requiring coercive handling. This factor is similar to what is measured by the California F-scale.

Benevolence — A high score on this factor indicates a kindly, paternalistic view toward patients. Typical statements of this factor are: Even though patients in mental hospital behave in funny ways, it is wrong to laugh about them; our mental hospital should be organized in a way that the patient feels as much as possible like he is living at home.

Mental Hygiene Ideology — This factor reflects a medical model focusing on individual maladaptation,

with a treatment orientation and a liberal and humanitarian social outlook. Similarities rather than differences between patient and non-patient are stressed by those who hold this view.

Social Restrictiveness — This factor indicates a belief that mental patient is a threat to others and therefore must be restricted in his functioning both during and after hospitalization. It differs from Authoritarianism in that family is seen as needing protection rather than society in general.

Interpersonal Etiology — Those who score high on this factor strongly believe that mental illness develops from faulty interpersonal relationships, especially deprivation of parental love and attention during childhood. This factor includes such statements as: Mental patients come from homes where the parents took little interest in their children; if the children of mentally ill parents were raised by normal parents, they would probably not become mentally ill.

(c) Perception of Mental Patient (PMP) Scale

The PMP consists of twenty scales using Osgood's semantic differential technique. These scales, adapted from Kennard's study (4), were all paired with appropriate opposite descriptions eg. dangerous vs safe, cooperative vs uncooperative, easy to get along with vs hard to get along with, etc. To minimize bias of acquiescence response set, 5 scales were presented such that negative descriptions were put at the left end of the rating scale, whereas for the rest of the scales, negative descriptions were at the right end. Subjects were asked to put a check mark in the position where they considered best describes a mental patient. A 6-point scale with high score generally reflecting favourable image of mental patient was used.

The above three measures were administered immediately before and after the 2-week psychiatric clerkship training. Two-tailed t-test for correlated means was used to determine if there are any significant changes in attitudes toward mental illness and perception of mental patient following the training.

RESULTS

Means and standard deviations of scores on CMI and OMI obtained before and after the training, t-value, and significance level are shown in Table I.

TABLE I
Scores on Custodial Mental Ideology and Opinion
About Mental Illness Before and After Psychiatric Clerkship Training

Scale	Before		After		t-value
	Mean	(S.D.)	Mean	(S.D.)	
Custodialism	32.61	(6.18)	33.50	(6.56)	- 1.19
Authoritarianism	21.67	(4.83)	44.31	(3.02)	- 35.77***
Benevolence	41.62	(4.66)	34.87	(3.16)	9.51
Mental Hygiene Ideology	28.25	(4.13)	40.13	(2.82)	- 18.80***
Social Restrictiveness	22.67	(5.99)	32.82	(2.71)	- 14.27***
Interpersonal Ideology	17.13	(4.39)	23.13	(3.95)	- 9.61***

***P < .001

Except for CMI, significant differences were found on the five factor scores of OMI. Following the 2-week psychiatric clerkship training at Woodbridge Hospital, there was a greater tendency for the medical students to adopt the mental hygiene ideology and to hold a stronger view that mental illness arises from earlier interpersonal difficulties. Nevertheless, they became less benevolent, more authoritarian and socially restrictive in their attitudes toward mental illness.

With regard to their image of mental patients, result of the analysis indicates that, in general, there were significant changes in the positive direction. The findings were presented in Table II. To facilitate inspection of the results, scales in the table are arranged in terms of the sign and magnitude of t-value. Scales with positive t-value, indicating positive change of image, are followed by scales with negative t-value.

DISCUSSION

In this study, no specific prediction were made concerning the direction of attitudinal or perceptual change. Although positive effect of mental hospital experience has been reported (5), more recent studies suggest that the direction of change depends also on the nature of the hospital condition (2, 3). As there is not sufficient information from which specific predictions can be derived, the present data analysis was of an empirical nature and hence a two-tailed test was used.

Result of the analysis failed to support the general contention that favourable attitudes develop as a function of personal contact with mental patients. Scores on the three attitudinal factors were found to have changed in a negative direction. Although the image of mental patients had in general changed

TABLE II
Semantic Differential Scale Scores Obtained
Before and After Psychiatric Clerkship Training

Scale	Before		After		t-value
	Mean	(S.D.)	Mean	(S.D.)	
Suspicious	4.13	(0.90)	3.36	(1.14)	5.28****
Uncooperative	3.51	(1.04)	2.87	(0.97)	3.87****
Violent	3.25	(1.03)	2.72	(0.95)	3.29***
Unfriendly	3.03	(0.97)	2.50	(0.95)	3.26***
Irritable	3.93	(0.99)	3.40	(0.96)	3.22***
Rude	3.17	(0.92)	2.72	(0.92)	3.18***
Hard to understand	4.36	(1.02)	3.89	(1.03)	3.01***
Excitable	3.82	(0.98)	3.28	(1.08)	2.90***
Dangerous	3.21	(1.13)	2.72	(1.03)	2.87**
Hard to talk to	3.97	(1.27)	3.30	(1.24)	2.62**
Embarrasses others	3.98	(0.92)	3.64	(0.95)	2.39*
Hard to get along with	2.70	(1.08)	3.38	(1.09)	2.12*
Dissatisfied with self	3.98	(1.21)	3.70	(1.08)	1.48
Cruel	2.89	(0.73)	2.79	(0.73)	0.95
Not dependable	3.82	(1.05)	3.73	(1.06)	0.48
Dirty	3.43	(1.02)	3.49	(1.03)	-0.38
Stupid	2.93	(0.81)	3.09	(0.84)	-1.05
Incurable	2.79	(0.86)	3.08	(1.04)	-2.22*
Lazy	3.32	(0.97)	3.70	(0.93)	-2.41*
Talkative	3.50	(1.17)	3.97	(1.07)	-2.43*

*P < .05

**P < .01

***P < .005

****P < .001

As can be seen in Table II, positive changes were found on 12 scales, that is, more favourable perception was developed on 60% of the 20 scales following the training. While no significant change was found on 5 scales, certain aspects of the stereotyped image, ie. the perception of mental patients as being incurable, lazy, and talkative were significantly reinforced after the 2-week attachment.

positively, certain aspects of the stereotyped image either remained unchanged or even further reinforced. These mixed results are consistent with the findings of Jaffe et al (3) who reported that the effect of mental hospital experience can be positive or negative, depending on the environment wherein the experience takes place. If the encounter contradicts the stereotyped attitude or perception, students would be

influenced in the positive direction. Conversely, if students are confronted with stereotyped influences, negative attitude or perception may be further reinforced and consolidated. In the present study, it appears that the 2-weeks attachment at Woodbridge Hospital has both the positive and negative effect. As Woodbridge is a hospital that admits acutely disturbed patients and also provides custodial care for chronic mental patients, it is possible that its environment, in terms of its physical and psychosocial make-up, may support certain stereotyped perception. For example, the interaction with chronic schizophrenic patients is likely to reinforce the perception of mental patient being lazy and incurable.

Of special interest was a comparison of the attitudinal factor scores of the medical students with scores of 12 psychiatrists, who were clinical teachers of the students at the hospital. Prior to the clerkship training, medical students were found to be more custodial in treatment orientation ($t = 2.62, p < .05$), less benevolent towards mental patients ($t = 6.56, p < .01$), more authoritarian ($t = 6.05, p < .01$), and more restrictive ($t = 17.92, p < .001$) in attitudes than the psychiatrists. As a result of the negative change following the 2-week attachment, medical students were in greater contrast to the psychiatrists in these attitudinal dimensions. It seems that the overall training environment as well as the personal contact with mental patients had greater influence than the psychiatrists on students' attitudes. In a review of the literature, Rabkin (1) pointed out that the overall hospital atmosphere is largely determined by the nurses and aides. He also reported that mental health personnel with lower professional status were more authoritarian and restrictive in their attitudes toward mental illness than those with more advanced professional training. In this regard, it would be interesting to see if the nurses are more authoritarian, socially restrictive and less benevolent than the psychiatrists; and if medical students are indeed more similar in attitudes to the nurses than to the psychiatrists after their posting.

Although many factors other than attitudes toward mental illness may play a major role in determining effectiveness of patient care, most mental health personnel would probably agree that authoritarian and social restrictiveness could be disadvantageous, if not detrimental, to patient improvement. In fact, Cohen

and Struening (6) had reported that authoritarian and restrictive atmosphere were negatively correlated with discharge rate. In light of this, the development of a more positive and tolerant attitudes, which are part of the students' maturation as a professional person, should be given greater emphasis in the clerkship training programme. This is particularly relevant if our future physicians are to play a role in the community mental health services.

The objective measures used in this study appear to be useful instruments in identifying and measuring change in attitudes and perception about mental illness and mental patients. These instruments may also be useful in providing feedback to medical students regarding their attitudes. Such information would increase their level of self-awareness and would in turn help in their dealing with the mentally ill.

In a general sense, this study had provided some indirect evidence for the validity of CMI, OMI as well as the semantic differential rating scale, the PMP. As this study adopted a pre-post design which has its limitation (7) further studies may be conducted to compare attitudinal change following psychiatric clerkship training and change, if any, associated with training of non-psychiatric in nature. Studies on the persistence of change and how such change is related to clinical performance as well as interaction with mental patients should also prove worth pursuing.

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