

The Stigma of the Medical Personnel in Psychiatry

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Abstract: *This research was structured as a descriptive study based on a questionnaire with seven questions, addressed to the medical personnel involved in the medical assistance of the patient with mental disorders (psychiatrists, family doctors, physicians from other specialties, psychologists). This study refers to the relationship medical team – psychiatric patient from the point of view of the health professionals. The main appreciation criteria refer to the lack of knowledge or minimizing the importance of patients' rights, aspect that can influence the voluntary addressability of psychiatric patients to treatment and therapeutic success. The lot of this study had a number of 217 subjects from which are part psychiatrists, family doctors, physicians from other specialties and psychologists, who work in therapy centers and hospitals from the following counties: Iași, Botoșani, Suceava, Vaslui.*

Keywords: *stigma; medical personnel; psychiatry; patient; health.*

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Introduction

Although multiple studies show that patients with mental disorders do not have a high number of antisocial acts, in comparison with individuals without mental disorders, these ones are unjustly rejected socially and stigmatized.

Stigmatization is a social process that begins with assigning intense character of humiliation, reject, libel of one's or group's status, character which is very hard to get rid of. This fact takes away one's right of utterly social acceptance and brings prejudice against one's persona, forcing them into hiding the reason which arouse this approach (Perju-Dumbravă et al., 2010; Perju-Dumbravă et al., 2019).

The ones who received a psychiatric diagnostic are often stigmatized and become the victims of discrimination in the Romanian society. The minimum capacity of comprehension and rational communication, naturally behavior and decision making regarding their own lives is being denied to them.

Sometimes auto-stigmatization appears. Labeling and stereotypes regarding psychic disorders are associated in communities with the family members of the patient as well and sometimes even with the staff of the psychiatric hospitals (Perju-Dumbravă et al., 2013).

On the other hand, the social environment's actions that bring stigma, are adopted by the stigmatized person itself. Self stigmatization refers to internalization of feelings like inferiority, guilt, shame (Gray, 2002).

The stigmatization existing in the social environment as much as auto-stigmatization, leads to the birth (development) of a stereotype regarding psychiatric disorders.

External stigma refers to discrimination of others, engaging an unfair attitude towards the patient (Stuart, 2005).

Internal stigma, but also external stigma results in social isolation (Suciu & Ardelean, 2007) and decrease in social support (Gray, 2002).

Society's perception concerning individuals with mental disorders imply fear, fury, disgust, hostility, negative emotional experiences, sometimes suicide (Fulga et al, 2008) that materializes in social discrimination. Likewise, in the opposite corner, feelings of stigma include: depression, anxiety, guilt, awkwardness, avoidance, fury with negative consequences for the mentally ill patients' quality of life (Dinos et al., 2004; Evans-Lacko, Henderson & Thornicroft, 2013; Verhaeghe et al., 2008).

Stigma linked to mental disorders is an important barrier in the quality psychiatric medical assistance (Zalar et al., 2007) and it is seen as a form of social oppression (Arboleda-Flórez & Stuart, 2012; Evans-Lacko et al., 2013).

Purpose

The knowledge of psychiatric patients' rights by the staff involved in therapy and the way these are perceived by personnel involved in the therapy of the mentally ill patient: psychiatrists, psychologists, family doctors, clinicians from other specialties, in medical centers from Iași, Suceava, Botoșani, Vaslui.

Methodology

The study is prospective, descriptive, questionnaire-type and was realized during the period July 2012 – July 2013. The studied factor referred to the knowledge and respecting psychiatric patients' rights and the ways of protecting them regarding legislation restrains. The main criteria of appreciation was the lack of knowledge or minimizing the importance of respecting patients' rights that can influence the mentally ill patients' voluntary addressing to psychiatric medical assistance and implicitly to admission and/or psychiatric care. The questionnaires followed all stages of pretesting, revising, validation and their application as final form. The results were statistically adapted for each item, having done after this also the correlation of answers to questions according to different characteristics of the studied lots.

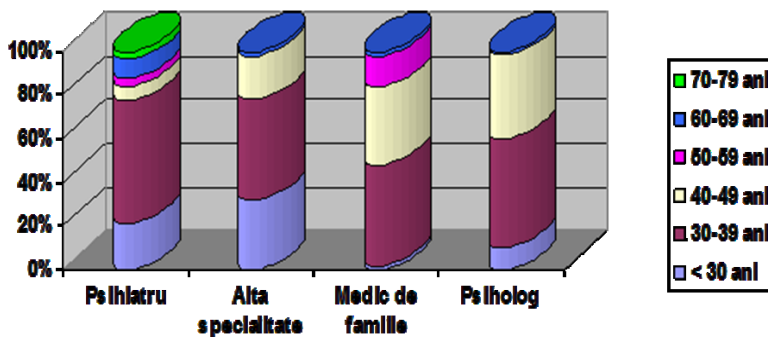
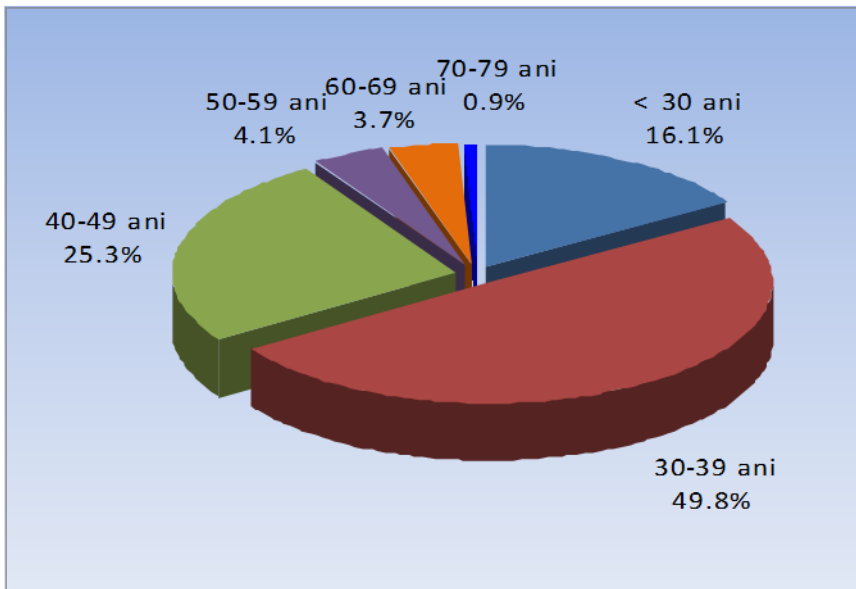
Results

Study lots: Psychiatrists lot – 57 psychiatry physicians, Other specialties physicians lot – 50 doctors physicians from other specialties (ex. – neurology, cardiology, emergency medicine) involved in the treatment of patients with mental disorders, Family doctors lot – 50 physicians, Psychologists lot – 60 psychologists.

Age distribution

- categorized by age and groups, the distribution emphasizes the significant differences of frequency, regarding the statistics of the questionnaires taken by different age groups

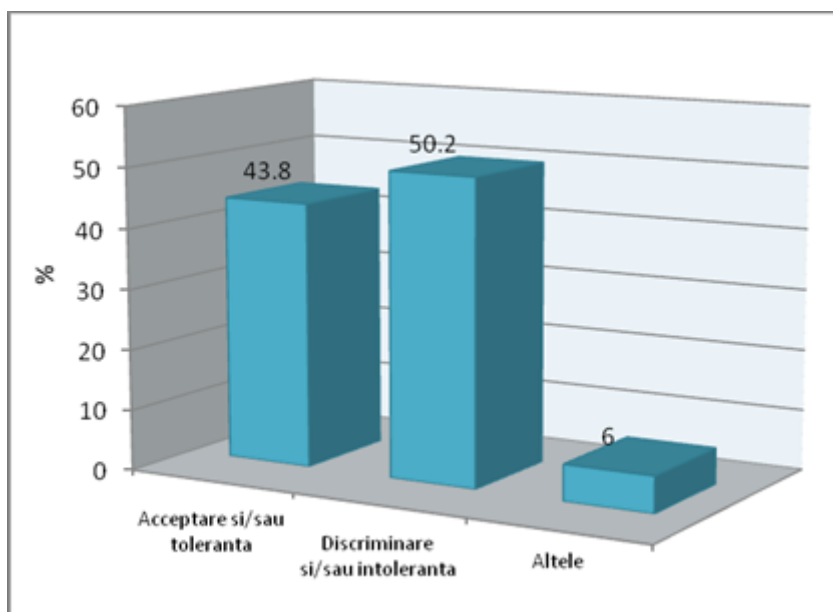
($\chi^2=227,14$; $df=5$; $p=0,001$):



Question 3: “Do you consider that the social attitude in relation with the mentally ill patient is that of:” a. Acceptance and/or tolerance; b. Discrimination and/or intolerance; c. Other.....

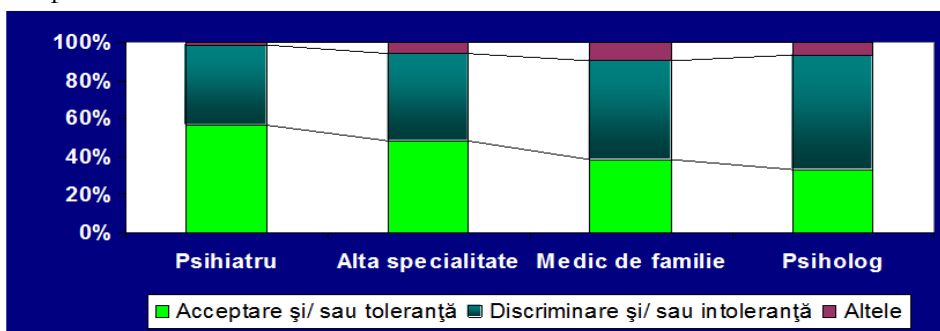
Answers to this question found significant ratio differences from the statistical point of view between the studied groups (Chi-Square = 8,01; df=3; p=0,046).

Answer distribution in question 3 by studied lots:



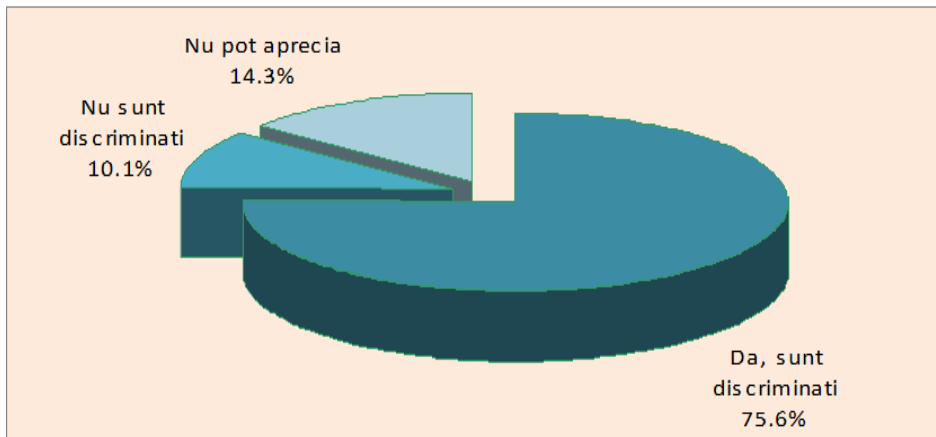
The share of answers regarding social attitude from the therapy personnel:

A percentage of 56,1% of psychiatrists and 48% of physicians from other specialties, in comparison with 38% of family doctors; considered that the social attitude in relation with the mentally ill patient is that of acceptance and/or tolerance.



Question 7: “Do you consider that the mentally ill patient, in comparison with other patients, are discriminated?” a. Yes, they are discriminated; b. No, they are not discriminated; c. I can not appreciate.

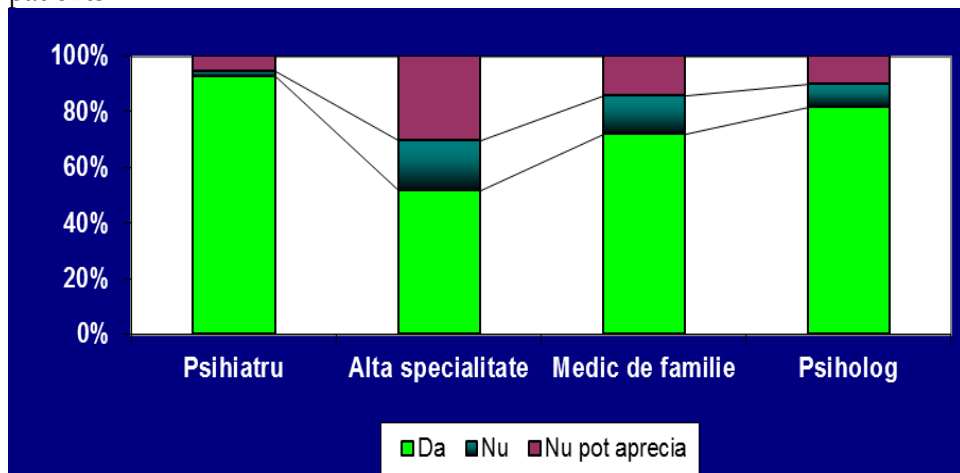
Answers to this question highlighted significant statistical ratio differences between the analyzed lots (Chi-Square = 25,63; df=3; p=0,001):



The opinion of the medical personnel that the patient with mental disorders is discriminated in comparison with other patients is found in 93% of psychiatrists and 81,7% of psychologists, while only 52% of doctors from other specialties and 72% of family doctors answer affirmative to this question;

- 30% of physicians from other specialties can not appreciate the matter of discrimination of the mentally ill patients and 18% consider that patients with mental disorders are not discriminated in comparison with other patients;

- of family doctors, 14% can not appreciate the matter of discrimination of the mentally ill patients and 14% consider that the patients with mental disorders are not discriminated in comparison with other patients



In the physician lots, the analysis of the frequency distribution according to their specialty highlights the majority of the resident physicians (54%) in the lot of physicians from other specialties and of the specialist physicians (66%) in the family physicians lot, while in the psychiatrists lots one can underline the homogenous distribution according to each specialty. When put to practice the unparametric intergroup Kruskal-Wallis test, it is highlighted the significant statistical differences between the specialties of the doctors who answered to the questionnaire (Chi-Square = 15,22; df=2; $p=0,001$).

The medical professionals' opinion regarding the mentally ill patients is that of discrimination or intolerance.

Psychologists are the most convinced ones by this unethical attitude in regards to the patients with mental disorders.

The social attitude in regards to the psychiatric patient, according to the literature, is one that can bring them major prejudice, leading in many cases to discrimination, intolerance, stigma, marginalize, labeling.

To these one can add the coercive measures by involuntary admission in the psychiatry hospital, mandatory treatment (Lepping et al., 2004), mechanical restraint and mentally ill patient isolation. Discrimination (Watson & Corrigan, 2002) of patients with mental disorders include, according to the field literature, difficulties at hiring, to a better health insurance, when buying a home, etc.

The opinion that the mentally ill patient is discriminated in comparison with other patients is found in 93% of psychiatrists and 81,7% of psychologists, while only 52% of physicians from other specialties and 72% of family doctors answer affirmatively to this question.

Likewise, the patient with mental disorders is stigmatized by the members of society, the profile literature supports by other studies the social stigmatization attitude of these vulnerable category of patients. Studies made in Germany (Seifert et al., 2002) and England have shown a negative perception of the medical personnel involved actively in the care of psychiatric patients (Haglund, Von Knorring & Von Essen, 2003).

As a conclusion of the characteristics of the lot studied made of medical representatives involved in therapy, one can find the dominance of young female persons, and as a profession the doctors are the majority. By age groups, the age category 30-39 years included half of the participants in the study.

A high number of psychologists and psychiatrists consider that the social attitude towards the patient with mental disorders is of discrimination

and intolerance. This perception towards the discrimination of mentally ill patients versus other patients is high among all study participants.

Conclusions

Stigma is a phenomenon that being important prejudice to the individual, through discrimination and social exclusion.

The patient with psychiatric disorders is stigmatized firstly by the medical personnel, reported to other patients.

The subject of non-discrimination is an ambitious challenge in Romania, a member of the Europeans Union, and regarding social services, stigma is an important issue.

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