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Motivations of medical students towards psychiatry: A perspective from Turkey

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Abstract

Recruitment in psychiatry has been an ongoing challenge worldwide; Turkey is no exception. In this article we have reviewed the issue from multiple aspects. Negative opinions on psychiatry among medical students have been associated with various matters, such as problems with scientific soundness, stigma, prestige and financial incentives. It has been reported that these negative opinions could be reversed by clinical exposure, improved knowledge base and increased affiliation with the field. Unfortunately, reversed attitudes do not have permanency. Considering that there has not been any study focusing on recruitment problems in Turkey, we attempted to provide a perspective by reporting the results of our study conducted with Turkish medical students. Attractive qualities of psychiatry were of particular interest. We found that brain research, neuroscience, philosophy, psychotherapy and academics are main areas of interest in psychiatry. We attempt to discuss our findings in view of current literature while noting current setbacks of psychiatry residency training in Turkey. We conclude that there exists a great need for working strategies in order to improve recruitment in psychiatry, addressing the stigma and correcting false beliefs such as treatment inefficacy or compromised scientific solidity.

Introduction

Historically, psychiatry has had difficulties in attracting medical students for a number of reasons. Despite the fact that prevalence rates of psychiatric disorders have not changed dramatically over time, recruitment into psychiatry has remained a consistent challenge for the field worldwide (Brockington, 2002; Tamaskar & McGinnis, 2002). In 2012, the American Psychiatric Association (APA) issued a press release highlighting the ongoing decline of interest in psychiatry among medical students in the USA (APA, 2012). In order to prevent shortage, some countries have even implemented special programmes focusing on increasing interest in psychiatry and mental health among medical students (Deakin & Bhugra, 2012; Hadlaczky et al., 2012). Although recruitment problems are essentially multifactorial and may involve various aspects such as working conditions and financial promise, individual views and opinions of medical students do tend to play a critical role in the process of choosing a specialism. The decline in the number of medical students planning to pursue a career in psychiatry means that the profession must take various factors into account and develop strategies to overcome these problems.

Negative opinions of psychiatry

Negative views and opinions on psychiatry among medical students are not uncommon and have been reported since the 1960s (Tucker & Reinhardt, 1968). Generally, the views of junior doctors about psychiatry have been more polarized than for other disciplines, ranging from high levels of enthusiasm to antipathy (Goldacre et al., 2013). Various aspects of the subject have been criticized, such as diagnostic methods, classification systems, treatments, conceptual structure and scientific background. Some studies have even reported negative opinions on psychiatric patients and have labelled them as being ‘unpleasant and untrustworthy’ (Tucker & Reinhardt, 1968). Common belief about the treatments of the disorders state that they are ‘manageable’ but treatments have limited success (Malhi et al., 2003; Scher et al., 1983). Psychiatrists have been considered to be ‘less competent’ than surgeons or internists (Moos & Yalom, 1966). Psychiatry as a medical discipline has been considered to be ‘less scientific’, ‘conceptually weak’ (Furnham, 1986; Malhi et al., 2003; Shankar et al., 2011) and less prestigious than other specialisms (Holm-Petersen et al., 2007; Kuhnigk et al., 2007). Indeed, in an Australian study, psychiatry was ranked most

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unattractive specialism compared to the other specialisms across 13 parameters (Malhi et al., 2011).

Other reasons have been put forward to understand what puts medical students off the field early on their career. There is ongoing controversy on classification, diagnosis and management of psychiatric disorders (Insel et al., 2010; Kendler, 2009; McHugh & Slavney, 2012) and highly polarized opposing views within the field (Goldacre et al., 2013). In view of previous study findings, conceptual problems pertaining to the field itself might explain the negative attitudes to some degree. Given the fact that psychiatry continues to have problems with diagnostic validity, diagnostic classification and providing adequate scientific reasoning and evidence base for ongoing applications of certain psychotherapeutic interventions, some of the concerns may be legitimate (Arminjon, 2013; Axmacher, 2013).

It has also been suggested that medical students do have an opinion on psychiatry prior to their enrolment in medical school (McParland et al., 2003). Those who have decided prior to attending medical school to do psychiatry may also be influenced by negative attitudes held by public and other health professionals. Additionally, in some studies negative attitude was found to be associated with inadequate knowledge about the field and psychiatric stigma (Maidment et al., 2004; Shelley & Webb, 1986). Therefore, to some degree it seems plausible to suggest that in order to change negative attitudes of medical students even before medical school, prejudiced opinions of the general public should also be addressed.

In some countries where medical education costs are significantly higher, psychiatrists are paid less competitive salaries which may be an important discouraging factor (Pailhez et al., 2005). For instance, in Turkey most medical schools cost much less compared to most developed countries and offer funding support from the state, so financial incentive associated with the specialities would presumably play a less important role. To date, there have been no studies done among Turkish medical students which attempted to investigate the issue.

Reversal of negative attitudes

Several studies have investigated the determinants of the negative attitudes and offered possible strategies to reverse them. Negative opinions that were already present before medical school have been studied as to whether exposure to psychiatry changes attitudes. Having direct responsibility for a patient's treatment, the opportunity to participate in the formulation of diagnosis and treatment planning, clerkship experience and early contact with psychiatric patients have been associated with the reversal of negative opinions (Adebowale et al., 2012; Creed & Goldberg, 1987; Goldacre et al., 2013; Kuhnigk et al., 2007; Sivakumar et al., 1986). Unfortunately, reversed attitudes do not seem to have permanence and have been reported to decay over time (Baxter et al., 2001; Sivakumar et al., 1986). Moreover, holding a positive belief about psychiatry is not necessarily associated with pursuing a psychiatric career (Kuhnigk et al., 2007; Strebel et al., 2000). It is also possible that there are students who maintain a consistent motivation to pursue a career in psychiatry throughout medical school.

Attractive qualities of psychiatry

When compared to other medical disciplines, psychiatry has been reported to be the most attractive speciality with regard to the degree of intellectual challenge (Abramowitz & Bentov-Gofrit, 2005). One qualitative analysis has revealed that financial and lifestyle advantages were among the leading factors influencing the decisions to specialize as a psychiatrist (Wigney & Parker, 2008). Psychiatry is considered to be a relatively competitive medical speciality in respect of financial reward, work enjoyment, lifestyle, promising future and the association with colleagues (Malhi et al., 2011). Additionally, personal affiliations with psychiatry, such as knowing psychiatric patients among family members and friends or going through personal experiences have been associated with a favourable attitude (Andlauer et al., 2012).

Psychiatric residency training and current state in Turkey

Residency application process, selection and training appear to be of high importance in career selection and each step might differ from country to country. For example, in the USA psychiatric residents are recruited from a pool of US and international medical graduates (NRMP, 2013; ECFMG, 2013). The recruitment system requires US medical licensing examinations (MLE) as well as an interview process which is further facilitated by the National Residency Matching Program, an online platform which allows two parties (interviewer and interviewee) to rank their top interest followed by formal interview. It is important to note that recruitment in the USA depends on national and international interest, as it allows international physicians to be recruited as post graduate trainees. Ironically, psychiatric recruitment has still suffered from inadequate national and international interest compared to other specialities (Sierles et al., 2003).

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In Turkey, the residency recruitment process is based on a national centralized examination, Tipta Uzmanlik Sinavi (TUS), the specialist training examination in medicine, which is currently administered twice a year in the nation's capital. The examination is conducted nationally and allows medical graduates to rank their top interest of speciality and hospital choice. Graduates will be appointed depending on their performance in this examination without an interview process. Before 1974 the recruitment process was not centralized and interviews were conducted by each training institution individually. The interview process was completely eliminated after the TUS examination which was introduced in 1974 (OSYM, 2013). Since then, there have been no preset pass or fail grades for the examination performance, candidate recruitment has depended strictly on percentile rank. A critical fact is that approximately 10% of exam takers are granted a residency slot overall, due to the limited number of residency slots offered (OSYM, 2013). In other words, almost 90% of all medical school graduates do not get any residency placement at all. This problem is not specific to psychiatry. Regardless of relative competition among different disciplines, highly demanded limited residency positions in all specialities are filled throughout the country. Hence, national demand for psychiatry can only be analysed by focusing on percentile ranking of candidates who have filled psychiatric residency positions. It appears that outcome data for TUS examinations are not available to the public by the authorized government institution which is responsible for the administration of this examination. However, anecdotal evidence along with unauthorized non-formal resources (TUSDATA, 2013; TUSEM, 2013) suggest that interest in psychiatry has fluctuated over the years with no consistency as per percentile rankings. It is also important to note that in Turkey, child and adolescent psychiatry are offered as a separate speciality training track, and ranked individually at the time of the TUS examination, therefore statistics of both specialities would need to be interpreted together.

Psychiatric residency requires four years of postgraduate training in Turkey. By the end of the fourth year of training, residents are required to defend a dissertation thesis in order to graduate. The Psychiatric Association of Turkey (Turkiye Psikiyatri Dernegi) has made substantial efforts to improve the quality, accreditation and standardization of postgraduate training. Yet, these efforts have not been enough to implement a uniform curriculum nationwide. Overwhelmed with the clinical workload, residents usually suffer from compromised clinical supervision and didactic education.

Psychiatric residency training programmes in Turkey can be very different in terms of their strengths and weaknesses, mostly depending on variable qualities of the training sites. Unfortunately, many aspects of the residency training have been adversely affected by legislative changes. For instance, length of residency training has been brought down to four years from five years over time. Such legislative changes have inevitably caused forced restrictions in the core curricula. Since these changes affected many different specialities, it may be argued that such unpredictable climate has most likely interfered with the motivations of medical students towards other specialities as well, but this needs to be explored further.

For the period 2000 to 2009, psychiatry residency slots have constituted approximately 2.1–3.8% of all given residency positions. The mean rank of psychiatric residents accepted is generally below the 10th percentile.

Motivations of Turkish medical students towards psychiatry: a cross-sectional survey

In order to assess individual motivations further we carried out an online survey with 172 Turkish medical students who plan to pursue a career in psychiatry. In order to assess various features of their motivation, the subjects were asked a sum of 10 questions. The list of questions is provided in the Appendix. The first question rated their general level of interest in psychiatry on a scale of 1–10. We then asked about their personal experience of psychiatric education including clerkships, internships and theoretical courses. The statements were aimed to identify the students' level of interest in theoretical lectures, clerkships, internships, the potential effect of the attitude of faculty and residents, and personal clinical experience in psychiatry. We explored which assumptions or beliefs might be associated with their motivation in choosing psychiatry. These seven statements explored assumptions which could be associated with the motivating factors. Free space was also offered for detailed comments.

For the 97 participants whose responses were valid, the mean personal interest in psychiatry score was 7.56 (SD 1.69) out of a 10-point scale. Theoretical ($r = 0.307$, $p < 0.01$), clerkship ($r = 0.355$, $p < 0.05$) and internship ($r = 0.346$, $p < 0.05$) experiences were found to be positively correlated with the general interest score. These findings seem to be consistent with previous studies (Goldacre et al., 2013; Kuhnigk et al., 2007). The degree of exposure to theoretical and clinical curricula was positively correlated with self-reported motivation. Interestingly, attitudes of the faculty staff ($r = 0.206$, $p = 0.09$) or the residents ($r = 0.09$, $p = 0.51$), or having experienced being part of a work group in psychiatry

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($r = 0.162$, $p = 0.02$) were not found to be correlated with the interest score. Not surprisingly, potential advantages in academic possibilities ($r = 0.348$, $p < 0.01$), personal interest in brain research and neuroscience ($r = 0.249$, $p < 0.05$), personal interest in philosophy and the history of thought ($r = 0.306$, $p < 0.01$) and personal interest in psychotherapy ($r = 0.5$, $p < 0.01$) were found to be positively correlated with the general interest score. Interestingly, potential financial incentives ($r = 0.01$, $p = 0.92$) and perceived prestige with relative advantages of a life style associated with a psychiatric career ($r = 0.162$, $p = 0.12$) were not significant.

As part of the study, participants were asked about their opinions to be added as free text. Themes emerging from the free text analysis included pursuing psychiatry's many 'unknowns', an inspiration to understand self and others, unique doctor–patient relationship, mind–body dualism, and observing the objective impact of psychotherapy.

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Discussion

The recruitment problem in psychiatry is a common phenomenon across the globe. To a degree, the problem appears to be associated with the negative opinions and attitudes towards psychiatry. Studies to date have focused mainly on the reversal of this attitude and have highlighted the importance of education and professional experience in psychiatry. Early contact with psychiatric patients seems to have a favourable effect which is confirmed by our findings. However, despite its positive influence at the beginning, clinical experience alone does not seem to be sufficient for medical students to maintain their positive attitude in the long run.

It is important to attract students who are not interested in or have negative views of psychiatry with interventions. But for those who are already planning a future career in psychiatry, it is also essential to keep them motivated. So it is important to highlight the attractive features of psychiatry which are already available. We found that the theoretical exposure, clinical clerkship, and internship experiences correlated positively with the general interest score. Although derived from a cross-sectional online survey with a non-representative sample, our data suggest that clinical experience has some motivational value and can play a key role in engaging medical students.

Interestingly, our study suggests that attitudes of the faculty or the residents have limited effect on the motivations of medical students. In the setting of ongoing recruitment challenges, lectures during medical school years could be considered as invaluable opportunities for promoting psychiatry. 'What does a psychiatrist look like?' is a good question to dissipate myths. Effective from the first encounter, instructors begin to answer this question by their way of presenting themselves. It would not be unreasonable to assume that most medical students are influenced by their mentors during medical school and follow them as role models. Consistent with this thought, one qualitative study from the UK highlighted the importance of role models when planning a future career. This study revealed that during the process of choosing a medical speciality, role models could be more influential for medical students than the speciality itself (Archdall et al., 2013).

For Turkish medical students who were planning to pursue a career in psychiatry, interest in psychotherapy and relevant fields such as neuroscience and philosophy was positively correlated with the quantitative score of motivation. This finding might be used to improve ways of promoting psychiatry for medical students. One could argue that focusing on all domains of attraction rather than excluding any single one of them might work better for recruitment purposes. For instance, disregarding biomedical variables and relying heavily on psychosocial explanations and interventions might discourage students who are interested in neuroscience; on the other hand focusing rigidly on biological contributors while ignoring the psychosocial perspective might discourage the students who consider psychiatry because of their driving interests in core dynamics of the mind and its theoretical interactions with other fields such as philosophy. Therefore, in order to grow medical student curiosity and interest in the field, it might work better if we introduce psychiatry as a medical discipline which consistently attempts to encompass different paradigms and perspectives. However, given the fact that psychiatry has been considered to be 'less scientific' by some students (Malhi et al., 2003; Shankar et al., 2011), it is crucial that we address this misperception during medical school and emphasize that psychiatrists also make clinical decisions using empirical evidence as much as any other medical discipline.

While promoting psychiatry, it is also important to consider that the majority of negative attitudes are based on false beliefs (Feifel et al., 1999). For instance, treatments in psychiatry are reported to be believed by some as less effective, while psychiatry is probably just as successful as any other medical specialism when it comes to relieving suffering (Malhi et al., 2003). Similarly, stigmatization appears to be a major contributor to the negative attitude towards patients, diagnoses and treatments in psychiatry. To state the obvious, psychiatric stigma infiltrates all dimensions of psychiatric theory, practice and probably research. Undoing the stigma is clearly a difficult task but focused education and exposure to patients will help by increasing knowledge and

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favouring a positive attitude. In addition to the standard didactic schedules, innovative methods could be implemented in order to improve stigmatizing attitudes. For instance, in Kocaeli University one of the authors (B.C.), has been running an introductory seminar with 'role playing', on the first day of the 3-week psychiatry clerkship. The goal of the introductory seminar is to create awareness about stigma towards any group identified as 'other', be it related with any illness, ethnicity, gender, race or similar situation, and is explained to the students as such. At the beginning of the session students are invited to role-play that they are participating in an apartment management meeting where all students act as residents of the different flats of a building in an urban area. The elected manager of the building asks for an irregular meeting upon the request of one or two residents who claim that they do not want an HIV positive person and his/her family member in that building for fear that they or their children will get infected. First, two students get the roles of an HIV positive person and his/her relative, and one student is the manager of the meeting. The rest are divided into three groups – students acting as the residents who ask for the identified family to leave the apartment, advocates for the 'victims', and the silent majority with changing attitudes according to the discussions. After the session, students are invited to share their thoughts and feelings of themselves and their thoughts about the feelings of other students. Students are also asked to think about a scenario where the victimized family member was mentally ill, instead of HIV infected. All through the clerkship, students usually refer to this first day's discussion at any time their feelings are brought in about their interactions with patients and their family members. Our experience suggests that such exercises do help the students to raise their own awareness as reported by the students in their feedback after the session and clinical attachment.

Finally, although there is a general tendency to raise the attractiveness of psychiatry for medical students, we should also highlight the need to have physicians equipped with improved communication skills. They should be capable of approaching their patients and their family members in humanistic ways. Being aware of the fact that it would not be possible to reach all psychiatric problems and preventive studies through mental health professionals, teaching a biopsychosocial approach to all healthcare workers should remain as an essential component of education.

Conclusions

Psychiatry is experiencing recruitment problems. The problems seem to be due to the negative opinions of psychiatry. Among the reasons for negative opinions, many criticisms of the field have been put forward such as diagnostic methods, classification systems, treatment modalities, conceptual structure and scientific soundness. To a degree, these opinions do seem to be associated with the public's negative view and stigma. Focusing on the attractive qualities of psychiatry also seems to be effective. In a pilot survey with Turkish medical students we found that interest in brain research, neuroscience, philosophy, psychotherapy and academic advantages and clinical experience in psychiatry were positively correlated with general interest score. While avoiding any sacrifice in scientific credibility, it can be argued that all domains of interest should be promoted during different stages of medical school education for improving recruitment. It also appears essential to correct false beliefs about psychiatry as early as possible during the medical career, noting the fact that psychiatric practice is as evidence-based as any other medical discipline and the treatment modalities seem to be as successful as in the rest of medicine when it comes to relieving the suffering. Addressing the stigma of psychiatry is of high priority, which needs to be included in the standard didactic curriculum, possibly with innovative methods.

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Appendix: Questionnaire

Thank you for participating in our survey. You are interested in psychiatry, so we would like you to respond to the following questions in this survey.

I. Personal data

1. Email address
2. Date of birth
3. Gender
4. Year of medical school matriculation

II. Motivations

5. On a scale of 1 to 10 please indicate your level of interest towards psychiatry.
   1 2 3 4 5 6 7 8 9 10

6. During your medical school education to date, have you participated in any theoretical courses? Please indicate theoretical courses only. Behavioural science courses should be included.
   Yes No Other

7. During your medical school education to date, have you had any clerkship or internship experience.* Please indicate clinical experience only.
   Yes No Other

8. We would like to explore further how your experience so far is related to your current interest level. Please choose the appropriate item from the following and indicate the level of your agreement on a scale of 1 to 10; 0: strongly disagree, 10: strongly agree.

   My theoretical experience so far has played a role in developing my interest.
   1 2 3 4 5 6 7 8 9 10

   My clinical experience so far (clerkship and/or internship) has played a role.
   1 2 3 4 5 6 7 8 9 10

   My internship experience in psychiatry has played a role.
   1 2 3 4 5 6 7 8 9 10

   The attitude of the psychiatric faculty has played a role.
   1 2 3 4 5 6 7 8 9 10

   The attitude of the psychiatric residents has played a role.
   1 2 3 4 5 6 7 8 9 10

   Being held responsible for patient care during hands-on ward experience has played a role.
   1 2 3 4 5 6 7 8 9 10

   Attendance at psychiatric conferences and educational activities has played a role.
   1 2 3 4 5 6 7 8 9 10

9. Please indicate any further comments in your own words if appropriate.
   Free text entry.

10. We would like to explore further what specific domains might possibly be attracting you to psychiatry. Please choose the appropriate item from the following and indicate the level of your agreement on a scale of 1 to 10; 0: strongly disagree, 10: strongly agree.

    I think psychiatry offers a wide range of academic opportunities.
    1 2 3 4 5 6 7 8 9 10

    I think psychiatry offers a wide range of financial opportunities.
    1 2 3 4 5 6 7 8 9 10

    I think psychiatry is a prestigious field.
    1 2 3 4 5 6 7 8 9 10

    I think psychiatric practice is less intense and/or easier compared to other specialities.
    1 2 3 4 5 6 7 8 9 10

    I am interested in neuroscience and brain research.
    1 2 3 4 5 6 7 8 9 10

    I am interested in history of thought and philosophy.
    1 2 3 4 5 6 7 8 9 10

    I am interested in psychotherapy.
    1 2 3 4 5 6 7 8 9 10

11. Please indicate further comments on what other reasons that might be attracting you to psychiatry in your own words if appropriate.
    Free Text Entry

12. Finally, please indicate general comments or feedback that you think might be relevant in your own words.
    Free Text Entry

*In Turkey, medical school is six years in length and the final year is called the internship year which is not considered postgraduate education.

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