

A cross cultural comparison of general hospital specialists' attitudes toward management of psychological/psychiatric problems

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Introduction

Psychiatric comorbidities are common in physical illness and significantly affect health outcomes. Non-psychiatric specialist attitudes toward consultation-liaison psychiatry (CLP) services in general hospitals are important as they influence referral patterns and thus quality of care. Culture is likely to play a role, but comparisons across culturally diverse practice settings are needed.

Aim and Hypothesis

We aim to identify attitudinal differences toward psychiatry among general hospital specialists in relation to practice setting, gender, age, seniority, and specialty. We hypothesise that cultural factors may underlie observed group differences.

Method

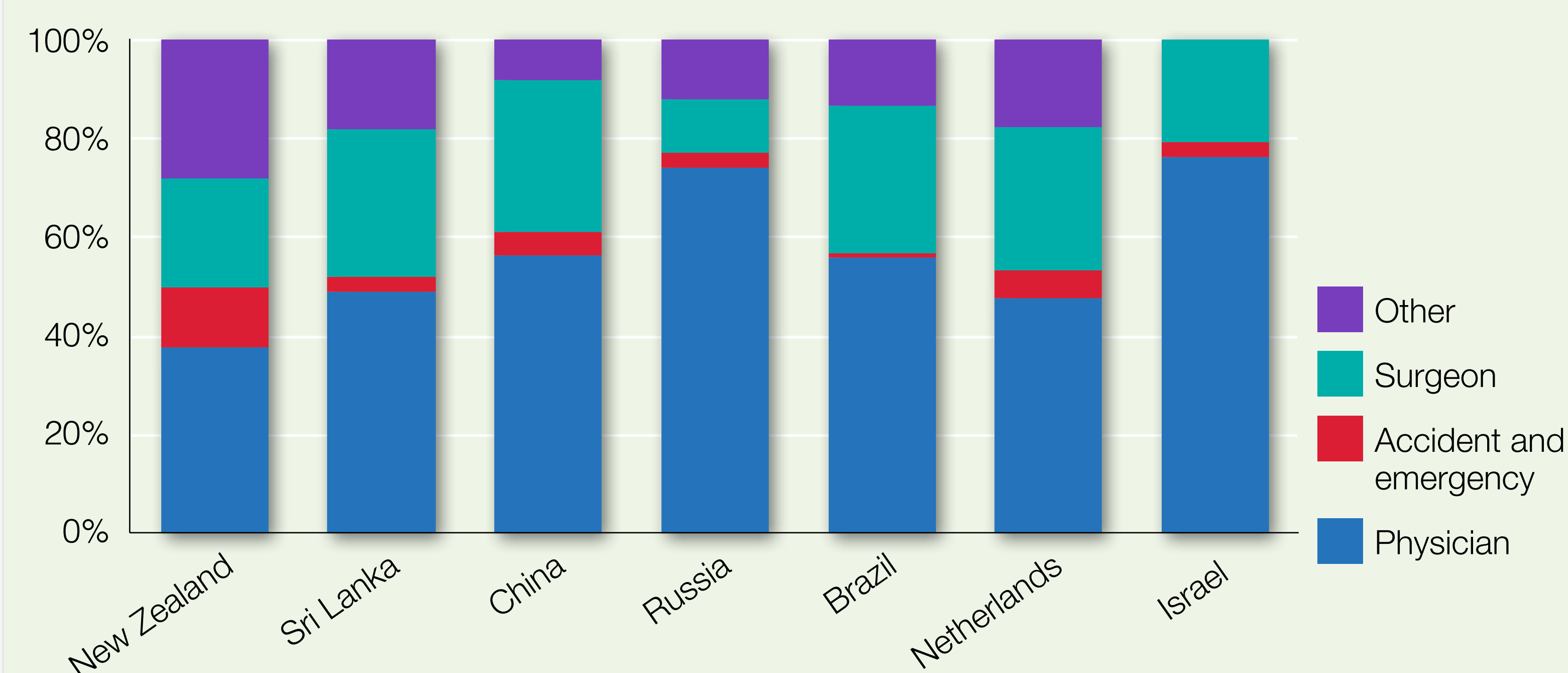
A cross-sectional study was conducted in New Zealand, China, Sri Lanka, Russia, Israel, Brazil and Netherlands. A target sample size of 100 per country (total 700) was established. Data were collected by anonymous, self-administered questionnaires to senior medical staff of various disciplines working in general hospital settings. The data collection tool was adapted from a previously validated questionnaire, the Doctors' Attitudes Toward Collaborative Care for Mental Health (DACC-MH) Scale (Thombs BD, et al. *Can J Psychiatry* 2010; 55:264-267).

Results

Demographic information

- A total of 889 specialists participated from the seven countries.
- Gender distribution – 46% male, 37% female, 7% unspecified.
- Age distribution – the largest proportion was between 40-49 years in New Zealand, Sri Lanka and Brazil; 30-39 years in Russia and Netherlands; <30 years in China and 50-59 years in Israel.
- Seniority – Majority had <5 years of specialist experience in all the countries except for New Zealand, Israel and Brazil.
- The specialty distribution showed interesting differences by country, as shown in the histogram.

Speciality



- Significant differences were observed among various subgroups. For example, in the Chinese sample (n=110) female doctors were more likely than males to express concern about emotional care and psychological assessment of patients; surgeons were more likely than others to confine themselves to physical assessment. In Sri Lanka (n=95), more surgeons (90%) than physicians (44%) would seek psychiatric input in managing delirium.

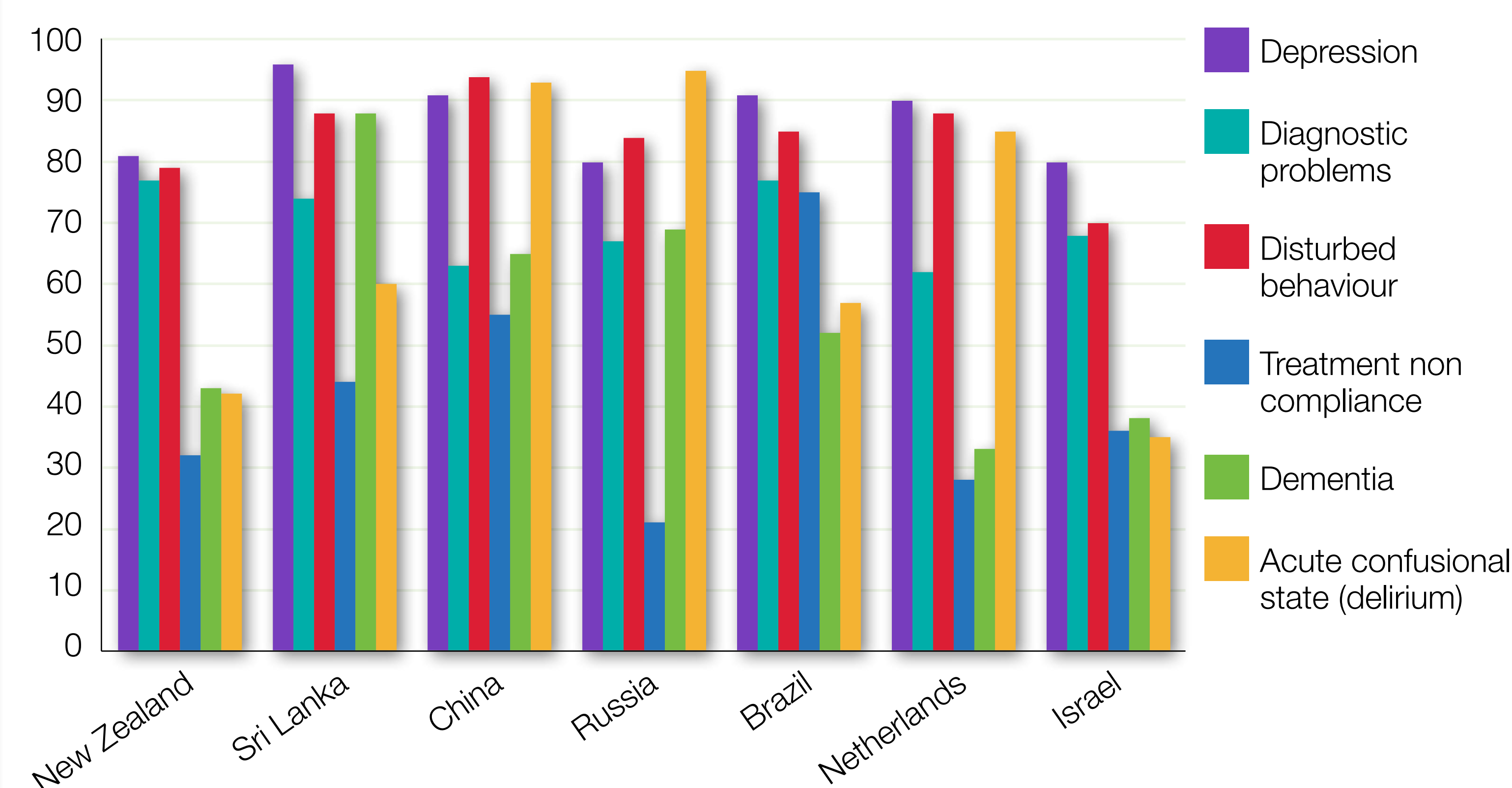
Acknowledgements

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Doctors' Attitudes toward Collaborative Care for Mental Health (DACC-MH) scale

Attitudes toward consultation (percentage agreeing with target statement)							
	New Zealand n=159	Sri Lanka n=100	China n=110	Russia n=100	Brazil n=106	Netherlands n=179	Israel n=135
I'd welcome more contact with psychiatrists.	87	88	87	83	92	70	93
I'd like more help in providing psychological/ social care.	80	96	98	98	87	62	73
I'd like to know more about what psychiatrists have to offer.	81	97	96	98	89	76	72
I'd like more contact with the psychiatric service.	82	95	94	87	89	60	73
Attitudes toward management (percentage agreeing with target statement)							
	New Zealand n=159	Sri Lanka n=100	China n=110	Russia n=100	Brazil n=106	Netherlands n=179	Israel n=135
Management of emotional problems is an important part of my care of chronic outpatients.	85	86	77	81	93	70	98
Even when psychological factors are important, I confine myself to physical assessment.	16	17	30	16	14	25	9
Hospital doctors should be able to use psychological methods.	87	93	98	88	75	78	68
Hospital doctors are not responsible for emotional care.	13	7	17	43	16	9	13

Percentage of specialists who would consider a referral to psychiatry



Conclusion

Results generally indicate positive attitudes toward psychiatry among hospital specialists. However, differences were apparent between practice settings and countries, suggesting the importance of cultural influences. Significant subgroup differences are also observed in relation to gender and specialty. These findings lay a foundation for future studies to explore these associations further and thereby help to formulate an agenda to address unmet psychological/psychiatric need in general hospitals.