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## Study of attitudes of general practitioners toward psychiatry

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**A STUDY OF ATTITUDES OF GENERAL PRACTITIONERS  
TOWARD PSYCHIATRY**

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## Introduction

It is the intention of this paper to survey the attitudes of the general practitioner toward the emotionally disturbed patient, and the physicians self evaluation as to his capacity to treat this patient adequately, or to refer the patient to a psychiatrist. Consideration will be given concerning the physicians attitudes towards other aspects of psychiatry. This information was obtained from a questionnaire, and the results will be compared to similar studies by other groups.

Recently a program has been initiated by the General Practitioner Education Project<sup>1</sup>, which deals with the "psychiatric orientations" of the general practitioner. This program is under the supervision of an advisory committee made up of representatives from the American Psychiatric Association and the American Academy of General Practice.

The program places emphasis on the importance of psychiatric education and experience in medical colleges, internship, and post graduate practice. The educational program will stress the mental disturbances that confront the general practitioner, the recent data on tranquilizers, and encouraging psychiatrists to contribute more to the current general medical literature.

The purpose for such a program stems from the fact that the general practitioner sees most of the psychiatric or emotionally unstable

patients first. Therefore, the recognition of the underlying causes of many manifest organic diseases, as well as the capacity to treat such illnesses are of major importance. The reason for referral of the "psychotic patient" is apparent, but treatment of the psychoneurotic patient may be accomplished by many qualified general practitioners at a saving of both time and money to the patient.

## Methods

The survey was conducted by a questionnaire which was submitted to the physicians in person by the writer. The purpose of this procedure was to get a 100 per cent reply from the sample of general practitioners. Too frequently the questions of a survey are conducted by mail. By this method those who are interested in the topic generally reply, and those who have little or no interest in the topic dispose of the questionnaire. This type of procedure results in erroneous statistical conclusions.

The group of general practitioners which make up the sample of the writer's questionnaire were 90 per cent of the general practitioners north of Dodge Street in Omaha, Nebraska, and 100 per cent of the general practitioners in the Wahoo, Nebraska area. There was no purpose in selecting these particular areas other than to endeavor to gain a nearly 100 per cent urban and rural dispersal within arbitrarily pre-selected boundaries. Omaha is a large city and the general practitioners north of Dodge Street offered an adequate workable group to select. Wahoo is far enough away from Omaha to give a good rural survey and close enough for convenience in gaining information.

The questionnaire was based on several hypotheses, which were represented by various questions contained in the questionnaire. The original hypotheses and the questions representing them are shown in

Table I. A sample questionnaire is included in the appendix.

Table I

Study of Attitudes of General Practitioners Toward Psychiatry

- Hypotheses:
1. Some general practitioners have unfavorable attitudes toward psychiatrists.
  2. Some general practitioners have unfavorable attitudes toward doing psychiatric treatment of their patients.
  3. Some general practitioners have unfavorable attitudes toward their patients who have psychiatric involvement.
  4. These three variables are positively correlated each with the other.
  5. The present sample of general practitioners is different from respondents on the survey of Strough and Seymour.<sup>2</sup>
  6. General practitioners feel that psychiatric training in medical education is adequate.

Hyp:

1. If you could have more training in three specialties, which would help you in general practice, which three would help you most? (2)
  - 1) Most helpful
  - 2) Next most helpful
  - 3) Third most helpful
2. On what per cent of your patients do you use tranquilizers? (2)
3. How adequate do you think your psychiatric training was in medical school? (6)
  - quite adequate
  - fairly adequate
  - slightly adequate
  - not at all adequate
4. How much psychotherapy do you do on patients which don't have to be referred immediately? (check one) (2)





was for clarity of questions, attitude of the physician concerning the questions, and the request for suggestions. The results were satisfactory on all points with the suggestion to add a question concerning the physician's number of years in general practice. This was recommended because it was felt that this factor might have some bearing on the replies to the questions.

During the course of the survey the writer replied to all queries concerning the questions in a consistent brief manner. An example of this was found in the frequency that uncertainty arose concerning the per cent of patients on which tranquilizers were used. The formula which best suited this question was to consider the amount used on the patients seen in one day. "Psychiatric Problems" was defined as all ailments appearing to have a primary emotional malfunction as an etiological factor.

The sample includes 27 general practitioners who filled out the questionnaire.

The method of statistical analysis<sup>3</sup> applied to the answers of the questionnaire was predominately the product-moment correlation coefficient. This procedure permits the analysis of the relationship between two variables, represented in straight line fashion.

If there is a perfect positive relationship between the two measurements, then the product-moment correlation coefficient ( $r$ ) is

equal to a plus 1. To exemplify this, suppose that all physicians who enjoyed spending time with their patient discussing their personal problems also enjoyed practicing psychotherapy within their capacity. The product-moment correlation coefficient would equal plus 1. On the other hand, if there is a negative relationship then  $r$  equals minus 1. Such a situation might be found if those who enjoy spending time with their patients, strongly disliked practicing psychotherapy.

Other statistics were applied such as standard deviation and percentages.

The questionnaire based its pretesting on points of clarity, and completeness, but when presented to the physicians of the sample group, relevant variables were brought forth. These include general practitioners who limit their practice to certain fields, general practitioners who have had previous training in various fields, and the inadequacy of the alternatives as expressed in question 5. Question 5 concerned the physicians attitudes toward patients with psychiatric problems.

Although the physicians were asked to disregard their previous post-graduate training, an element of bias still exists in many of their thoughts. Therefore, making out a questionnaire which would be suitable to all physicians of the sample would be difficult, if not impossible. The writer thinks that th's questionnaire closely approaches the simplest and most complete pretesting that is possible without surveying a larger

number of general practitioners.

Lastly, the reliability of this questionnaire is probably less than perfect, but probably is adequate. If it was presented to the same selected sample group for a second time three weeks later the results would vary to a certain degree, which might change the significance of some of the questionnaire, but this is not very likely.

## Results

The results of the survey will be included in a series of tables, which will indicate the hypotheses, and the results of the questions.

These tables will be followed by a brief discussion of the statistical significance indicated by the general practitioners' replies.

Table II

Hypothesis 1 - Attitudes of general practitioners towards psychiatrists.

Very unfavorable	-----	3.7%
Moderately unfavorable	-----	3.7%
Slightly unfavorable	-----	3.7%
Slightly favorable	-----	11 %
Moderately favorable	-----	37 %
Very favorable	-----	41 %

By dividing the results between the slightly favorable group, and the moderately favorable group there are two groups produced which are 78 per cent of the general practitioners having a favorable attitude, and 22 per cent having less favorable attitude toward psychiatrists. The conclusion is that some general practitioners do have unfavorable attitudes toward psychiatrists. The reason for this unfavorable response was explained by several general practitioners in their observation that a few of their patients improved under specialized psychotherapy. Consideration should be given to the possibility that similar results might be expressed by the general practitioners concerning any specialty. This might be true in the fields where the general prac-

itioner feels as though he is being unjustly restricted by modern day trends toward specialization. In the field of psychiatry and functional disorders this imposed limitation does not apply. Furthermore, the inadequacy of psychiatric training expressed by a large majority of the general practitioners would indicate a greater desire to refer such patients for specialized treatment.

Table III

Hypothesis 2 - Some general practitioners have unfavorable attitudes toward doing psychiatric treatment on their patients.

These expressed attitudes might be indicated by the responses to the next three questions.

(1) Desired training in these specialties.

Most helpful

Surgery -----	37 %
Medicine -----	26 %
Psychiatry -----	19.2%
O.B.-Gyn.-----	14.9%
Pediatrics-----	3.7%

Next most helpful

Medicine -----	26 %
Surgery-----	19.2%
O.B.-Gyn.-----	11 %
Pediatrics-----	11 %
Psychiatry-----	11 %
Radiology & Dermatology-----	7.4%
Orthopedics & E.E.N.T.-----	3.7%
Blank-----	

Third most helpful

Psychiatry	22 %
O.B.-Gyn.	22 %
Surgery	14.9%
E.E.N.T.	11 %
Medicine	11 %
Dermatology	7.4%
Orthopedics	3.7%

Psychiatry was selected as a third choice in the first two categories, and a tie for first place in the last category. These preferences might be expected to relate to the number of patients the physicians see with psychiatric problems. The same sample of physicians replied to this question by presenting a range of 1%-95%, with a mean of 34%, and a standard deviation of 23.7%. Therefore, 68.26% of the general practitioners replied with a range of 57.7% to 10.3%. Actual values were computed from the questionnaire, and 74% fell between 55% to 10%. This would indicate that psychiatric disturbances occur very frequently in the daily office load, with an incidence which almost places it among the three most frequent complaints of patients.

With the modern restrictions toward surgery by general practitioners, and the relative infrequency of surgical cases seen daily, the writer wonders why this particular field tops the list.

The conclusion arrived at by the writer is one of relative disinterest in psychiatry by the general practitioners. This is based on the frequency of psychiatric problems, plus the inadequacy of psychiatric

training previously expressed by the general practitioners.

Table IV

Hypothesis - Same as Table III

Percentage of tranquilizers used on patients.

Range ----- 2% to 40%  
Mean ----- 10%

Product-moment correlation ( $r$ ) in relation to question 4 and 5.

Question 4: Psychotherapy practiced compared with question 2, which deals with the percentage of patients on which tranquilizers are used.  $r$  equals .274.

Question 5: Attitude towards psychoneurotic patients compared with question 2.  $r$  equals .262.

Degrees of freedom for this size sample is 25, which requires an  $r$  of .381 for significance at the 5% level.

The question in the writer's mind concerning the use of tranquilizers is twofold. Does the physician who has a distaste toward psychotherapy use the tranquilizer drugs to rid himself of the annoying patient, or does the physician who uses tranquilizers try to include some psychotherapy as an adjunct to his medications?

Although the values of the product-moment correlation are not significant at the 5% level, these values do have a correlation which suggests that the general practitioners who use tranquilizers do not have

an unfavorable attitude towards the psychiatric patient. A mean value of 10%, with a standard deviation of 8.3% indicates a moderate to an extensive use of the tranquilizer medications. Two surgeons poled that were not in the sample used less than 1%. Few surgeons practice any form of psychotherapy.

The conclusion which these results suggest is one of a favorable attitude towards the psychiatric patient. However, this is not significant in that the product-moment correlations with question 4 and 5 are low, and this question was the most difficult to answer by the surveyed physicians.

Table V

Question 4: Psychotherapy practiced by general practitioners.

(a) None	7 %
(b) Just a little because I owe it to the patient	25.9%
(c) Just a little because I like to do psychotherapy	3 %
(d) Moderate amount	49 %
(e) A great deal	14.9%

The mean falls between "d" and "e". This question brought several comments, which included predominately lack of sufficient time, and that certain types of psychoneurotics can be very annoying while others are of considerable interest. The conclusion from this question is that some general practitioners have unfavorable attitudes towards psychiatric patients.



Table VI

Hypothesis 3 - Attitudes of general practitioners towards the psychiatric patient. This was included in question 5.

- (a) An annoyance ----- 7.4%
- (b) Not annoying if problem  
is mild ----- 11.1%
- (c) Slightly interesting ----- 14.9%
- (d) Moderately interesting ----- 55.5%
- (e) Very interesting ----- 11.1%

The mean is between "c" and "d". This question also indicates unfavorable attitudes towards psychotic patients.

Hypothesis number four deals with the correlation of the first three hypotheses, which have been covered previously. The correlation of the results will be discussed in the summary.

Table VII

Hypothesis 5 - The present sample of general practitioners is different from the respondents on the survey of Strough and Seymour.

Interest in each topic:

(1) <u>Psychiatric outpatients</u> - Results in %.	Author	Strough & Seymour
a) Much	18.52	42.90
b) Some	37.02	33.43
c) A little	33.32	11.54
d) Not at all	11.10	5.62
e) Left blank	0.0	6.21

(2) Psychiatric follow-up

a) Much	18.52	40.06
b) Some	33.32	31.75
c) A little	33.32	12.75
d) Not at all	14.81	5.93
e) Left blank	0.0	9.50

(3) Psychiatric aspect of family counselling

	Author	Strough & Seymour
a) Much	22.20	52.52
b) Some	18.52	27.00
c) A little	29.63	10.09
d) Not at all	11.10	5.34
e) Left blank	0.0	5.04

For a true evaluation of the results, the rural (less than 100,000 population), and the urban physicians replies should be considered separately. The reason for this possible variation is due to the proximity of consulting psychiatrists in a large city.

The writer had only 5 physicians, or 19 per cent of the sample from Wahoo, Nebraska. The replies on this small sample had similar results as compared to the authors entire sample.

The writers method of survey produced the most significant cause for the variation in the replies between the two samples shown in Table VII. The survey by Strough and Seymour was by a questionnaire submitted by mail to the physicians of this state. Replies were secured from only 26.8 per cent of those contacted. The comparison indicates that many of the physicians who didn't reply to the questionnaire had less favorable attitudes toward psychiatric outpatients, psychiatric follow-up, and family counselling than those indicated by the Strough and Seymour survey.

A series of coded numbers was set up on question 6, which deals

with the general practitioners interest in the psychiatric aspects of outpatient care, follow-up, and family counselling. The code was based on the graduation of interest in these fields. The four possible replies, and their code number along with the mean and the product-moment correlation are listed in the following table.

Table VIII

Coding of alternative in question 6, which is based on replies to parts a, b, and c.

Much	4
Some	3
A little	2
Not at all	1

Example of limits:

Answer of "Much" in a, b, and c - total 12

Answer of "Not at all" in a, b, and c - total 3

Mean of question 6 equals a total of 7.89 in coded replies.

Product-moment correlation based on correlation of question 6, with question 5, or the general practitioners attitudes towards patients with psychiatric involvement is equal to 0.20.

The hypothesis is confirmed by the information shown in table VIII. There is some increase in the interest of family counselling, which is depressed by the general practitioners' attitudes toward parts "a" and "b" of the same question, which leaves a mean based on the coded total between some interest, and a little interest (question 6).

There is some similarity between question 5 and question 6, so the author sought statistical evidence as to similarity in replies. The result was a product moment of 0.20, which could be a result based on chance correlation between unrelated questions. The reason for this reply may be due to greater number of alternatives of psychiatric problems included in question 6.

The writer places more emphasis on question 6 because the results of Strough and Seymour bear this out by the large amount of non-response to their questionnaire, which may be considered in many cases as a lack of interest.

Hypothesis 6, (question 3) surveys the adequacy of the general practitioners psychiatric education. A statistical analysis of this question, plus a correlation with the general practitioners interest in the psychiatric outpatient, follow-up, and family counselling, as stated in question 6, are shown in the following table.

Table IX

Average or Mean of Question 3 - Slightly adequate	
Quite inadequate education	7.4%
Fairly adequate education	22.2%
Slightly adequate	37.0%
Not adequate education	33.3%

Product moment of questions 3 and 6 = -.09

The conclusion in question 3 indicated that most physicians do not think that their medical school training in psychiatry was adequate.

The writer considered a product-moment correlation between the interest in the different aspects of psychiatry as expressed in question 6, and adequacy of psychiatric education as expressed in question 3. The purpose of such a correlation was to determine if there might be a significant relationship between the physicians education and his interest in psychiatry. The results indicate that there is no relationship at all between the two variables. The fact that both questions had low mean values, indicated to the writer the likelihood of a significant relationship between the two questions. On closer examination of the results it was discovered that some physicians with inadequate psychiatric training in medical school were interested in treating psychiatric patients. On the other hand about 15 per cent of the physicians considered their medical school psychiatric education adequate, but showed a lack of interest in psychotherapy.

Other results are compared in table X.

#### Table X

- 1) Product-moment correlation on use of tranquilizers compared with number of psychiatric patients seen.

Results  $r = .034$

- 2) Comparison of percentages of patients with psychiatric problems seen by the physicians in the author's survey with

the survey results of Strough and Seymour.

<u>Percentages of Patients</u>	<u>Author</u>	<u>Strough and Seymour</u>
a) 0 - 7%	7.41%	18.64%
b) 8 - 17%	18.52%	10.82%
c) 18 - 27%	25.93%	15.91%
d) 28 - 37%	7.41%	7.69%
e) 38 - 47%	7.41%	3.55%
f) 48 - 57%	11.11%	9.76%
g) 58 - 67%	11.11%	2.96%
h) 68 - 77%	7.41%	5.03%
i) 78 - 87%	0	.89%
j) 88 - 100%	3.70%	17.46%

The lack of relationship between the general practitioners use of tranquilizers and psychiatric problems means one or the other of two alternatives. Either the general practitioner doesn't recognize the psychiatric problems or he uses tranquilizers on other ailments, which he doesn't include in the category of psychoneurotic.

As the variations in the two surveys, the per cent of response to the questionnaire may play an important factor.

The time in practice of the surveyed physicians didn't seem to relate significantly with other questions considered. The young men didn't show anymore interest in the post-graduate psychiatric training

than the older group. An article published in the "Scope Weekly"<sup>4</sup> states that young doctors in particular, and all doctors in general, are interested in obtaining post-graduate training in psychiatry. This information was obtained by survey through the County Medical Societies. The authors survey contradicts this.

### Conclusion

The results were statistically analyzed after the presentation of each hypothesis. It is the purpose of this portion of the paper to consolidate these conclusions, and summarize the impressions imparted by the physicians concerning the aims of the questionnaire.

The question of recognition of emotional disturbances in patients is one of extreme importance. The results obtained by this writer indicated an uncertainty as to the physician's ability to recognize the patient with emotional problems. The element of variation in classification of certain organic diseases, which are considered by many to have a psychogenic basis should be kept in mind. This lack of knowledge is illustrated by the wide range of percentages values in the replies to the questionnaires.

The low correlation between the variables included in the first three hypotheses is simply a question of finding only a few who are consistent in their attitudes as expressed by replies to these hypotheses.

Some general practitioners have unfavorable attitudes towards:

- 1) psychiatrists
- 2) doing psychiatric treatment on their patients
- 3) patients with psychiatric involvement.

There are a few who are consistently unfavorable, and when the group is considered in its entirety, there is a general lack of interest in psychiatry. This conclusion is more obvious when the replies regarding interest by physicians in the various aspects of psychiatric outpatient care, family counselation, and follow-up care are considered. The author thinks this question is the best indicator of attitudes in the questionnaire.

There is little doubt that many physicians practice more psychotherapy than they are aware of in the patient-doctor relationship. The fact that the patient is receiving medications is many times helpful when the patient is unaware that he is receiving a placebo. In the thesis of a fellow student, K. G. Hachiya<sup>5</sup>, a series of 50 patients were given either "Darvon" or a placebo for pain. The results indicated relief from pain in 50 per cent of the placebo cases. This is more the power of suggestion than psychotherapy, but the unburdening of the physical complaints to the understanding physician, plus medication, and mostly assurance is a form of psychotherapy. The chief complaints expressed by general practitioners in this field is lack of time and proper training.



## Summary

The importance of psychiatry in general practice is becoming more apparent in modern day practice. A paper by John C. Whitehorn<sup>6</sup> emphasizes the importance of skill in dealing with human nature.

Yet the general practitioner has certain inclinations which are indicated as follows:

- 1) Some general practitioners have unfavorable attitudes towards psychiatrists, psychiatric patients, and doing psychotherapy.
- 2) Surveys made by personal contact are more complete than those by mail.
- 3) Psychiatric education has been inadequate in the past, and is at the present time.

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APPENDIX

Study of attitudes of GP's toward psychiatry

1. If you could have more training in 3 specialties which would help you in general practice, which 3 would help you most?
  - 1) Most helpful \_\_\_\_\_
  - 2) Next most helpful \_\_\_\_\_
  - 3) 3rd most helpful \_\_\_\_\_
2. On what percent of your patients do you use tranquilizers? \_\_\_\_\_%
3. How adequate do you think your psychiatric training was in medical school?
  - 1) Quite adequate \_\_\_\_\_
  - 2) Fairly adequate \_\_\_\_\_
  - 3) Slightly adequate \_\_\_\_\_
  - 4) Not at all adequate \_\_\_\_\_
4. How much psychotherapy do you do on patients which don't have to be referred immediately? (Check one)
  - 1) \_\_\_\_\_ None
  - 2) \_\_\_\_\_ Just a little because I feel I owe it to the patient.
  - 3) \_\_\_\_\_ Just a little because I like to do psychotherapy.
  - 4) \_\_\_\_\_ A moderate amount.
  - 5) \_\_\_\_\_ A great deal.
5. Patients with psychiatric involvement are: (Check one)
  - 1) \_\_\_\_\_ An annoyance.
  - 2) \_\_\_\_\_ Not so annoying if the problem is mild.
  - 3) \_\_\_\_\_ Slightly interesting to me.
  - 4) \_\_\_\_\_ Moderately interesting to me.
  - 5) \_\_\_\_\_ Very interesting to me.
6. Check to show how interested you are in each topic:
  - a) Psychiatric out patients.. \_\_\_much \_\_\_some \_\_\_a little \_\_\_not at all
  - b) Psychiatric follow-up..... \_\_\_much \_\_\_some \_\_\_a little \_\_\_not at all
  - c) Psychiatric aspects of family counseling..... \_\_\_much \_\_\_some \_\_\_a little \_\_\_not at all
7. Approximately \_\_\_\_\_% of the patients I see have psychiatric problems.
8. Though there are a few exceptions, my professional attitude toward psychiatrists generally is:
  - 1) \_\_\_\_\_ Very unfavorable.
  - 2) \_\_\_\_\_ Moderately unfavorable.
  - 3) \_\_\_\_\_ Slightly unfavorable.
  - 4) \_\_\_\_\_ Slightly favorable.
  - 5) \_\_\_\_\_ Moderately favorable.
  - 6) \_\_\_\_\_ Very favorable.
9. Number of years in General Practice, \_\_\_\_\_ years.