

PERSONALITY AND MENTAL HEALTH OF PSYCHIATRY RESIDENTS

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SUMMARY

The clinician-patient relationship is more intense in the field of psychiatry than in other specialities of medicine. In this context, an understanding of the personality assets and liabilities of a psychiatrist takes on special significance. In the present comparative cross-sectional study, the personality profile, positive mental health characteristics and empathy were studied in two groups of residents in psychiatry and one in general medicine. Residents in psychiatry had greater amount of positive mental health characteristics and identifiable personality traits. However, in empathy the three groups did not show any significant difference. The utility and implications of the results are discussed.

Introduction

Among the various specialities of medicine, more intense human interaction is called forth in the practice of psychiatry than in any other. With this in view, Holt and Luborsky (1969) studied the personality attributes of psychiatric residents. A few authors (Merklin and Little 1967; Scanlan 1972 and Garetz et al. 1976) have pointed out that a reversible induced emotional instability occurs among psychiatry residents during the first year of residency. Another group of authors (Scanlan 1972; Kelly 1973; Waring 1974, 75; Russell et al. 1975, 77) found the presence of various psychiatric illness, ranging from 4 to 22 per cent, in fairly large groups of psychiatry residents, and have thus focussed attention on the emotional disturbances among psychiatry residents. A literature search shows that there are not many studies which have examined the positive mental health characteristics or potential for empathy among

psychiatry residents. It is to be stressed that psychotherapy – a very important therapeutic practice in the field of psychiatry – would require its practitioners to possess these characteristics relatively more than those involved in other medical disciplines. It may also be hypothesised that training in psychiatry may help in the development of these characteristics among psychiatry residents.

Aim

The present study was carried out to answer the following questions:

1. Do the psychiatry residents differ from their non-psychiatry counterparts in their:
 - i) personality profile
 - ii) positive mental health characteristics and
 - iii) empathic abilities.
2. Do the senior residents who have had

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formal training in psychiatry differ from the freshly joined psychiatry residents in the characteristics mentioned in (1) above?

Material and Methods

Sample:

All the first year (within the first three months of the commencement of the programme) and third year psychiatry residents in the National Institute of Mental Health and Neuro Sciences, Bangalore, during two consecutive years, were included in the study. As the control group all the residents of first to third year, undergoing training in internal medicine, in a nearby institute during a single academic year were included. The sample therefore was essentially purposive.

To obtain maximum co-operation from the subjects and to minimise the possibility of faking the study was made "anonymous". Before the administration of the tests the first author established good rapport with the subjects individually and explained the purpose of the study in detail. They were assured that the study was conducted as a research project and had nothing to do with the administration. Informed consent was obtained from all the participants.

Tools:

The following psychological tests were administered in a single session, either individually or in small groups of two or a maximum of three.

1. 16 Personality Factor Questionnaire Form C (Cattell 1958) for the personality profile.
2. Personal Orientation Inventory (POI) (Shostrom 1986).

The POI is a 150 item questionnaire and is based on Maslow's concept of

self-actualized person who is fully functioning and lives a more enriched life than an average person. Such an individual is seen as developing and utilizing all capabilities and potentialities unique to him and who is free of inhibitions and emotional turmoils characterising those less self-actualized. The POI provides an objective index of a person's positive mental health.

3. An Inventory of Emotional Empathy (Mehrabian and Epstein 1972).

The authors define emotional empathy as a vicarious emotional response to the perceived emotional experiences of the others. This questionnaire consists of 33 items and response to each of these is on a + 4 (very strong agreement) to - 4 (very strong disagreement) scale.

The sample consisted of 36 psychiatry residents in the first year and 12 in the third year. The total number of internal medicine residents was 32. Two protocols of psychiatry residents and 5 of those from internal medicine had to be discarded as they were incomplete.

Table 1
Sample description and size

Group	Description	N
1	I Year Psychiatric Residents Chosen speciality Psychiatry Formal training less than 3 months	34
2	III Year Psychiatric Residents Chosen speciality Psychiatry 3 year formal training	12
3	Internal Medicine Residents Non-psychiatry control group	27

To obtain the answers for the questions set forth as the aim, groups 1 & 3 and the groups 1 & 2 were compared. The results were derived by calculating the mean and

Table 2
16 Personality Factor test scores of the 3 groups on factors where statistically significant differences emerged

16 PF Test Factors	Group 1 N = 34		Group 3 N = 27		Group 2 N = 12		df	t	p
	Mean	Variance	Mean	Variance	Mean	Variance			
A	4.21	5.86	2.96	2.43			59	2.33	.05
B	6.47	1.96	5.04	4.71			59	3.12	.01
C	5.24	3.80	4.04	3.20			59	2.47	.02
I	5.09	2.25	4.30	1.74			59	2.15	.05
S III	5.72	1.80	6.86	1.21			59	3.57	.001
S IV	5.40	3.88	6.46	2.25			59	2.31	.05
S IV	5.40	3.88			6.77	2.37	44	2.18	.05

Table 3
Scores of groups 1 and 3 on the POI scales where statistically significant differences emerged

POI Scale	Group 1 N = 34		Group 3 N = 27		df	t	p
	Mean	Variance	Mean	Variance			
O	48.18	103.02	54.81	78.50	59	2.68	.01
I	76.50	100.60	70.85	72.93	59	2.33	.05
Ex	16.91	21.80	14.41	20.79	59	2.10	.05
S	11.15	6.45	9.74	3.20	59	2.44	.02
Sa	14.71	11.70	12.78	9.12	59	2.30	.05

Table 4
Scores of the three groups on the empathy scale

Empathy Scale	Group 1 N = 34		Group 3 N = 27		Group 2 N = 12		df	t	p
	Mean	Variance	Mean	Variance	Mean	Variance			
Empathy score	75.88	131.56	70.48	103.02			59	1.92	NS
	75.88	131.56			75.17	87.80	44	0.19	NS

standard deviation. The 't' test was applied to test the significance of difference of the means. As the sample size was not big, small differences even though statistically not significant, were also scanned to study the general trend of results.

Results

Personality Profile:

Compared to first year psychiatry residents, internal medicine residents were found to have, on the 16 PF test,

significantly higher scores on second order Factors III & IV while their scores were significantly lower on factors "A", "B", "C" and "I".

Positive Mental Health Characteristics:

POI results showed that the internal medicine residents generally scored lower on the subscales than the third year psychiatry residents. However, statistically significant differences were obtained between the first year psychiatry residents and the

internal medicine residents on Inner-directed support orientation (I); Existentiality (Ex); Spontaneity (S) and Self-acceptance (Sa) sub scales.

Empathy:

Perceptible difference in scores was observed between the first year psychiatry and internal medicine residents showing that the former were capable of greater degree of empathic response. However, differences observed between the three groups on empathy were not statistically significant.

Discussion

The 16 PF personality profiles show that on factor "A" (Schizothymia) residents in general medicine had a sten score below 3, and thus showed a marked tendency to be stiff, cool, skeptical and aloof. They liked working alone and preferred to work with "things" rather than "people". As expected, the residents in psychiatry showed these tendencies to a significantly lesser extent. The psychiatry residents showed a higher ego strength (factor "C") characterized by more frustration tolerance for unsatisfactory conditions; greater emotional maturity and stability with marked reality orientation in life. A higher score on factor "I" shows that psychiatry residents are tender-minded. On the other hand, the general medicine residents were skeptical of subjective, cultural elaborations; and tended to be more realistic and practical. Psychiatry residents showed (2nd order factors III & IV) a sensitivity to the subtleties of life along with an artistic and gentle nature. The general medicine residents were oriented too much towards the obvious with a tendency to miss the subtle relationships of life but were more enterprising, aggressive, independent, daring and decisive than psychiatry residents. On factor "B" the psychiatry residents showed a higher level

and capacity for abstract thinking; fast learning and quicker grasp of ideas.

Evaluating the positive mental health characteristics, scores on POI scales show that psychiatry residents are guided more by internalised principles and motivations. A higher score on existentiality indicates a greater measure of flexibility and good judgement in the application of principles and values without being dogmatic or rigid, probably a reflection of greater value neutrality needed in the field of psychiatry. There was also evidence of greater spontaneity and an ability to be oneself. This was seen along with an ability for self-acceptance despite one's weaknesses and deficiencies.

The POI scores indicate better positive mental health assets among psychiatry residents. The obtained personality profile is in line with the desired characteristics a psychiatrist should possess.

Despite the fact that the sample of psychiatry residents was obtained from a premier institute of national standing while the sample of residents in general medicine came from an institution without such claims, it is worth noting that on factor "B" (Mental capacity: Intelligence) of the 16 PF test, the residents in psychiatry had a significantly higher score. If the finding of the present study is an indicator, the general belief that the speciality of psychiatry does not attract the bright is no longer true.

Two findings not in line with the theoretical hunches need evaluation. The psychiatry residents showed a gentle nature and tender mindedness with a tendency to work more with people than things. Their reality orientation and sensitivity to subtleties of life was marked. This was seen along with significant evidence on the POI concerning positive mental health. Yet, on the empathy scale there were no significant differences observed between the 3 groups.

One expected to find a difference in this characteristic at least between the 3rd year psychiatry residents and the residents in general medicine. Secondly, except on the second order factor IV of the 16 PF (Table 2) test there was no other significant difference observed between residents in psychiatry who are fresh and those who have undergone three years formal training. It may be argued that personality being a stable organisation, despite the training, three years is too short a period to bring about measurable changes in personality. The possibility of an artifact as well as the insensitivity of the tool cannot be ruled out all together.

Specific studies on the positive mental health characteristics and empathy of psychiatry residents were not easy to come by in the literature scanned. A few authors have studied these characteristics in other mental health professionals.

Eiben and Clack (1973) and Wehler and Hoffmann (1978) have shown that there was significant improvement in the POI scores of the counsellors following the training programmes. In the present study though the third year psychiatry residents had higher scores on POI scales the differences were not statistically significant.

Nullen and Abels (1971) noted more empathic abilities among the experienced clinical psychology trainees compared to the inexperienced ones. Foulds (1969) after examining the relationship between the psychological well being of the counsellor and his ability to provide counselling, concluded that the ability to understand empathically and accurately the inner 'being' of another person, and to communicate this understanding to that person is related to the psychological well being as measured by the POI. In the present study though differences were observed on the empathy score between the psychiatry and internal

medicine residents, no such difference was obtained between the two psychiatry resident groups.

The other findings of the present study that the psychiatry residents are less practical, realistic, aggressive, independent and also less concerned with power and the need to dominate, do to some extent, support the earlier findings of Schumacher (1963) and Walton (1969).

Earlier studies (Scanlan 1972; Kelly 1973; Waring 1974, 75; and Russell, Pansau and Taintor 1975, 77) had shown that 4 to 22 percent of the psychiatry residents suffer from various emotional disabilities. This aspect was not specifically looked into in the present study by way of screening for emotional disturbances or distress but the emotional stability of the psychiatry residents was high. It may be that only a minority of them have such problems whereas the majority are emotionally stable and mature as reflected in the pooled findings of the present study.

The present investigation studied psychiatry residents who were in the first three months of their professional training and those in their third year of training. The present study is likely to have missed the phase of "beginning psychiatry training syndrome" which is a period of induced instability (Merklin and Little 1967; Scanlan 1972) which occurs because of the different type of demands made on a fresh entrant into the field of psychiatry along with the nature of these demands which are qualitatively different from what an intern faces in his earlier medical training. Such observations were reported essentially from psychoanalytically oriented settings. The present study was conducted in a centre which basically has an eclectic approach. Here, the freshly joined psychiatry residents may not feel a sudden or a dramatic change from the previous medical settings in which they were trained. Similar

passage through various stages, to gain professional maturity, and instabilities were also reported by Gilmore and Perry (1980) among those undergoing training in internal medicine. Continuation of strain due to professional demands is known in freshly graduated psychiatrists as well (Looney et al. 1980). Hence, it is likely that the so called state of 'induced instability' is not confined to psychiatry but may also occur with those in internal medicine. Probably these are the processes of adaptation to any new and responsible role.

It may be noted that while comparing the personality profiles of the psychiatry and the internal medicine residents differences were observed on a few dimensions but they cannot be considered as generalised. Yufit et al. (1969) attempted to study but failed to obtain specific personality correlates associated with the followers of specific medical specialities. However, they were able to find personality attributes associated consistently with clusters of homogenous medical specialities i.e., "people oriented" and "technique oriented" specialities. According to the hypothesis of these authors, both psychiatry and internal medicine fall into the category of 'people oriented medical specialities'. So it is likely that on many personality characteristics these two groups are alike. This finding is of importance in the present context as increasingly more and more subspecialities of medicine and surgery are emerging as independent specialities on their own right. It may be very difficult to identify specific personality correlates unique to each and every speciality.

The present study is to be considered as an exploratory one and, of necessity, had a small sample with the design being cross-sectional. More studies, particularly on the positive mental health characteristics and empathic abilities of psychiatry residents, are needed in the future. The possibility of

these having implications for methods of selection and in determining training inputs should be kept in focus. As a follow up measure, it is worth probing whether the possession of certain personality attributes and potential does help a resident in acquiring greater competence as a clinician or a therapist.

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