January 1990

Psychiatrists' Knowledge and Attitudes About the Acquired Immune Deficiency Syndrome

Carol L. Alter, M.D.

Cornell University Medical College, New York Hospital-Westchester Division

Ellen S. Dickinson, M.D.

Cornell University Medical College, New York Hospital-Westchester Division

Greg Miller, M.D.

Cornell University Medical College, New York Hospital-Westchester Division

Follow this and additional works at: <https://jdc.jefferson.edu/jeffjpsychiatry>

Part of the [Psychiatry Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Alter, M.D., Carol L.; Dickinson, M.D., Ellen S.; and Miller, M.D., Greg (1990) "Psychiatrists' Knowledge and Attitudes About the Acquired Immune Deficiency Syndrome," *Jefferson Journal of Psychiatry*. Vol. 8 : Iss. 1 , Article 13.

DOI: <https://doi.org/10.29046/JJP.008.1.008>

Available at: <https://jdc.jefferson.edu/jeffjpsychiatry/vol8/iss1/13>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Jefferson Journal of Psychiatry by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Psychiatrists' Knowledge and Attitudes About the Acquired Immune Deficiency Syndrome

Carol L. Alter, M.D.
Ellen S. Dickinson, M.D.
Greg Miller, M.D.

INTRODUCTION

Since 1981 the Acquired Immune Deficiency Syndrome (AIDS) has become the primary health care issue in this nation. Psychiatrists have had a central role in caring for AIDS patients: they have been asked to evaluate and treat patients with neuropsychiatric manifestations of AIDS and emotional reactions to the illness itself, as well as to treat those who are fearful of acquiring AIDS. Numerous studies in the literature have explored the physician and lay population's knowledge and attitudes about AIDS. To date no study has addressed these issues in psychiatrists in specific (1-9).

Most studies suggest that individuals who have treated AIDS patients are most knowledgeable about AIDS (2-5). In contrast, willingness to treat patients seems better correlated with scales of homophobia and empathy and is not related to a person's prior experience in treating patients with AIDS (7-12).

The psychiatric literature provides anecdotal reports about the profound impact AIDS patients have had on inpatient units (13). One study examined the attitudes of nurses toward homosexuals and concluded that attitudes toward homosexuals were best correlated with attitudes toward patients with AIDS (10). Others have described their experience with educating health care providers about AIDS and have examined the areas of psychodynamic resistance experienced when working with AIDS patients (14,15).

A pilot study was conducted to examine the knowledge base of psychiatrists and their attitudes about treating AIDS patients. The study tested the following hypotheses: 1) experience with treating patients with AIDS is related to the respondent's knowledge and attitudes. 2) knowledge about AIDS is related to the respondents' attitudes about treating patients with AIDS. Although many surveys of the general medical and lay populations utilized questionnaires with similar objectives, a new brief instrument was developed that took into consideration the psychiatrists' specific experiences.

METHODS

Sample

A questionnaire was administered to twenty-seven physicians. Of these, twelve were psychiatric residents and fifteen were attending psychiatrists in the acute treatment service of a free standing psychiatric hospital affiliated with a large university hospital twenty five miles from New York City. The physicians who received the questionnaire treat adult patients with acute psychiatric illnesses and substance abuse.

Questionnaire

A thirty-item, multiple choice questionnaire which was divided into three sections was developed. The first section contained questions assessing the respondents' knowledge about AIDS. This part consisted of questions about risk factors, transmission factors, testing, appropriate use of infectious disease precautions, and the incidence of neuropsychiatric manifestations of AIDS. The second part of the questionnaire examined willingness to learn about AIDS, treat AIDS patients, or discuss matters of concern with AIDS patients. For example, when asked about willingness to treat AIDS patients, respondents could answer as either comfortable treating, uncomfortable but would treat or too uncomfortable to treat. Additional questions in this section addressed the willingness to treat other patient groups such as the terminally ill, drug abusers and homosexuals. The third and final portion of the questionnaire consisted of clinical scenarios in which respondents were asked to make decisions regarding five ethical dilemmas. An example of one of these scenarios is provided in the appendix.

The knowledge questions were totaled and used to generate a score based on all correct answers. The willingness questions revealed ordinal data obtained from a 1-3 point scale. A high score indicated greater willingness to care for AIDS patients and a low score was associated with less willingness to care for AIDS patients. The ethics questions revealed ordinal data obtained from a 1-4 point scale. A high score was associated with protection of a patient's individual rights, a low score was associated with protection of the community's right to information about a patient's illness. Since data was nominal or ordinal, non parametric tests such as chi square, Fishers exact and Spearman rank order were employed.

The questionnaire was distributed and returned in a confidential manner.

RESULTS

Respondents

Twenty seven of the twenty eight questionnaires were returned. Twelve respondents were psychiatric residents and fifteen were attending psychiatrists.

Data on the level and type of clinical training, and experience with patients with AIDS was obtained (table 1). A large percentage of residents and attendings (92% and 80% respectively) had treated AIDS patients.

Knowledge

The mean knowledge score was $78 \pm 9.3\%$ (mean $\pm$ S.D.). Fifty two percent of questions were correctly answered by ninety five percent of the respondents. The total knowledge score showed no statistically significant difference between any of the demographic groups. However, several questions within the knowledge section were more frequently answered correctly by those having experience with an AIDS patient than those who had never treated an AIDS patient. These questions included such information as correct understanding and use of antibody testing (chi square 5.47, df 1, $p < 0.02$) and appropriate decontamination procedures (chi square 8.81, df 2, $p < 0.02$), as well as the knowledge that bisexual males were a high risk group (chi square 5.97, df 1, $p < 0.02$) and that the virus is transmitted in semen (chi square 7.19, df 1, $p < 0.007$).

Willingness

The mean willingness score was $81 \pm 9.6\%$ (mean $\pm$ S.D.). This scale was comprised of three subscales: willingness (1) to learn, (2) to treat and (3) to

TABLE 1.

	Description of Respondents		
	Percentage of:		
	Residents (n = 12)	Attendings (n = 15)	Percentage of Total (n = 27)
SEX:			
Male	58%	71%	65%
Female	42%	29%	35%
RESIDENT	—	—	44%
ATTENDING	—	—	56%
YEARS SINCE MEDICAL SCHOOL			
0-5	91%	0	40%
5-10	9%	36%	24%
>10	0	64%	36%
YEARS SINCE POST GRADUATE TRAINING			
0-5	100%	57%	76%
5-10	0	0	0
>10	0	43%	24%
ADDITIONAL, NON-PSYCHIATRIC TRAINING	27%	50%	40%
EXPERIENCE WITH AIDS PATIENTS	92%	80%	85%

discuss. Mean scores were: $79 \pm 12\%$ to learn; $81 \pm 14\%$ to treat and $87.5 \pm 15\%$ to discuss. There were no statistically significant differences among the demographic groups for the willingness scores. Those clinicians who had experience treating an AIDS patient reported that they were less comfortable treating AIDS patients than clinicians having no prior experience ($p < 0.03$). A series of questions addressed a respondent's comfort with providing psychiatric care for a variety of patient groups: homosexuals, terminally ill, hepatitis carriers, drug abusers, the sexually promiscuous, patients with AIDS related complex (ARC) and AIDS. The willingness to treat AIDS patients was significantly lower than the willingness to treat patients who were homosexuals, sexually promiscuous, and hepatitis carriers (table 2). However there was no statistical difference between willingness to treat AIDS versus those who were HIV positive, had ARC, were terminally ill or were drug abusers.

Ethics

Respondents were asked to decide how they would handle policy concerns regarding AIDS patients or HIV testing. The mean ethics score was $64 \pm 15\%$ (mean $\pm$ S.D.) which indicates a variety of views among the staff sampled. The appendix illustrates an example of one of the questions asked in this section. The responses to this question (table 3) revealed that seventy eight percent replied that the top priority was to protect the privacy of the patient by informing the community that information regarding a specific patient's condition was confidential. However, twenty-six percent reported that it was at least a second priority to inform the community of the patient's condition and diagnosis without obtaining consent and forty-eight percent felt it was at least a second priority that with consent from the patient, the community could be informed about the patient's diagnosis. There was no statistically significant relationship of demographic group to the total score or specific questions within this section.

TABLE 2.

Comparison of Willingness to Treat AIDS Patients vs All Other Patient Groups

	Goodness of Fit Chi Square and p Values
Homosexuals*	9.3/p < 0.005
Sexually promiscuous*	7.7/p < 0.01
Patients with hepatitis*	4.9/p < 0.025
Patients who are HIV positive	1.9/p < 0.06
Patients with ARC	0.69/p < 0.07
Drug abusers	0.07/p < 0.95
Terminally ill	0.07/p < 0.95

*Statistically significant

TABLE 3.

Priority of Ethical Decisions

	1	2	3	4
Staff to inform community	7%	19%	7%	67%
Obtain consent and inform	9%	39%	44%	9%
Patient should inform	4%	48%	39%	9%
Protect confidentiality	78%	0	9%	13%

Relationship of Knowledge and Attitudes

Comparison of the three scores: knowledge, willingness and ethics, demonstrated no statistical relationships between them. The Spearman rank order values for all relationships are shown in table 4. Thus, a particular respondent with a high knowledge score could not be predicted to have any more willingness to treat an AIDS patient or advocate an AIDS patient's right to privacy than someone with a lower knowledge score.

DISCUSSION

This study examined psychiatrists' knowledge about AIDS and willingness to treat AIDS patients. The degree of knowledge was good in the majority of respondents. The familiarity with AIDS may reflect the availability of information about the disease in both the lay and professional literature. In addition, the proximity of the hospital to a highly endemic area, and the fact that many of the respondents completed their clinical training in endemic areas may have contributed to this knowledge base. This conclusion is supported by the fact that eighty five percent of all respondents had cared for at least one AIDS patient at some time.

The data clearly indicated discomfort treating patients with AIDS. In addition the ethics questions implied a practical alteration in clinical behavior, in that at least a quarter of participants would violate a patient's confidentiality as regards the patient's diagnosis of AIDS.

TABLE 4.

Relationship of Knowledge, Ethics and Willingness Scores (Spearman rank orders)

	Knowledge	Ethics	Willingness
Knowledge	—	0.104 NS	0.009 NS
Ethics	0.104 NS	—	0.258 NS
Willingness	0.009 NS	0.258 NS	—

NS: Not statistically significant

Several other studies have examined the resistance of non psychiatrists to treating AIDS patients. Katz et al.'s 1987 study indicates a strong prejudicial element in dealing with patients with both fatal illnesses and those who are believed to be more responsible for their illness (16). AIDS patients were rated far below a group designated as "most people" and even below patients with terminal cancer. Our study partially supports these findings in that respondents were significantly less comfortable treating AIDS patients and terminally ill than other patient groups. While drug abusers were also seen as difficult to treat, homosexuals were more favorably viewed. Some studies have addressed the impact of homophobia on an individual's ability to comfortably work with AIDS patients (7-12) and have concluded that reports of homophobia are associated with decreased willingness to treat AIDS patients. Most would agree that ability to work with AIDS patients involves a number of complex issues, including feelings about homosexuality, and feelings associated with working with an infectious patient and fatal illness. This study suggests that homophobia is not the sole reason psychiatrists may be hesitant to treat AIDS patients.

In addition, this study shows that while the majority of those studied had clinical experience with AIDS patients and this experience positively impacted on an individual's knowledge score, this experience did not effect an individual's attitudes regarding the treatment of patients with AIDS. The implication of these findings are important in that 1) resistance to treating AIDS patients should not be attributed to lack of knowledge and 2) this resistance cannot be attributed to homophobia alone. The crisis of AIDS is a complex one, evoking multiple reactions in those providing care for patients. The clinicians responses to an AIDS patient may be classified in the spectrum of countertransference reactions and may be analagous then to the countertransference reactions which a therapist may have toward a psychotherapy patient. These reactions may affect not only overt capability to treat a patient but may more subtly influence the way in which treatment is provided.

In developing and executing educational programs it has been found that people's preexisting feelings about AIDS and related issues may be more important in determining their behavior than their knowledge about AIDS. When educating health care professionals about AIDS, consideration should be given to combining the examination of emotional and attitudinal reactions toward patient's with AIDS, with the more traditional cognitive approaches currently applied.

REFERENCES

1. Temoshok L, Sweet DM, Zich J: A three city comparison of the public's knowledge and attitudes about AIDS. *Psychology and Health* 1:43-60, 1987
2. Searle ES: Knowledge, attitudes and behaviour of health professionals in relation to AIDS. *Lancet* 1:26-28, 1987
3. Paine SL, Briggs D: Knowledge and attitudes of Victorian medical practitioners in

- relation to the acquired immunodeficiency syndrome. *Med J Aust* 148:221-225, 1988
4. Richardson JL, Lochner T, McGuigan K, Levine AM: Physician attitudes and experience regarding the care of patients with acquired immunodeficiency syndrome (AIDS) and related disorders (ARC). *Medical Care* 25(8):675-685, 1987
 5. Boyton R, Scambler G: Survey of general practitioners' attitudes to AIDS in the North West Thames and East Anglian region. *Br Med J* 296:538-540, 1988
 6. Royse D, Birge B: Homophobia and attitudes towards AIDS patients among medical, nursing, and paramedical students. *Psych Rep* 61:867-870, 1987
 7. Kelly JA, St. Lawrence JS, Smith S, Hood HV, Cook DJ: Medical students' attitudes toward AIDS and homosexual patients. *J Med Educ* 62:549-556, 1987
 8. Royse D, Dhooper SS, Hatch LR: Undergraduate and graduate students' attitudes toward AIDS. *Psych Rep* 60:1185-1186, 1987
 9. Morton AD, McManus IC: Attitudes to and knowledge about the acquired immune deficiency syndrome: lack of a correlation. *Br Med J* 293:1212, 1986
 10. Blumenfield M, Smith PJ, Milazzo J, Seropian S, Wormser GP: Survey of attitudes of nurses working with AIDS patients. *Gen Hosp Psych* 9:58-63, 1987
 11. Douglas CJ, Kalman PM, Kalman TP: Homophobia among physicians and nurses: an empirical study. *Hosp Comm Psych* 36(12):1309-1311, 1985
 12. Bouton RA, Gallaher PE, Garlinghouse PA, Leal T, Rosenstein LD, Young RK: Scales for measuring fear of AIDS and homophobia. *J Per Assess* 51(4):606-614, 1987
 13. Polan HJ, Hellerstein D, Amchin J: Impact of AIDS-related cases on an inpatient therapeutic milieu. *Hosp Comm Psych* 36(2):173-176, 1985
 14. Schaffner B: Reactions of medical personnel and intimates to persons with AIDS. *Psychotherapy Patient* 2(4):67-80, 1986
 15. Stevens LA, Muskin PR: Techniques for reversing the failure of empathy towards AIDS patients. *J Am Acad Psych* 15(4):539-551, 1987
 16. Katz I, Hass G, Parisi N, Astone J, McEvaddy D: Lay peoples and health care personnel's perceptions of cancer, AIDS, cardiac and diabetic patients. *Psych Rep* 60:615-629, 1987

The authors would like to thank Dr. Armand Loranger and Dr. Michael Sacks for their assistance in developing the questionnaire, Mr. Richard Shindledecker for his statistical assistance and Dr. George Alexopoulos and Dr. Margi Moline for their help in review of this manuscript.

Appendix 1

YOU ARE THE MEDICAL DIRECTOR OF A HOSPITAL AND NO AIDS POLICY HAS YET BEEN IMPLEMENTED; GIVEN THIS, PLEASE RESPOND TO THE FOLLOWING QUESTION AS HONESTLY AS POSSIBLE.

A patient with AIDS is admitted to an inpatient unit; because of special precaution procedures a "blood and body fluid" precaution sign is placed on the door of the patient's room. Other patients are concerned and the unit chief has asked for your advice, you tell the unit chief to (rank in order of best solution, 1 = most desirable, 4 = least):

____Inform the community that the patient has AIDS and provide an educational program which will explain factors of transmission, reassure the patients that they are not at risk for developing AIDS.

____Obtain consent from the patient to inform the community, do so and provide education about the subject.

____Encourage the patient to inform the community about his illness and provide supplemental education about the subject.

____Inform the community that information regarding a specific patient's condition is confidential. Educate the patients about the need for special precautions and reassure them that they are not at risk for contracting an infectious disease under routine circumstances.