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Evaluation of Stigmatizing Attitudes of Physicians Towards Bipolar Affective Disorders

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ABSTRACT

Aim: There are not many studies related to the attitude of healthcare workers towards bipolar patients. The aim of this study was to evaluate the attitudes of psychiatrists and other physicians towards patients with bipolar disorder, and our secondary aim was to evaluate the possible relationship between physicians' attitudes towards bipolar disorder patients and their sociodemographic characteristics.

Material and Methods: A total of 514 volunteers; psychiatrists (n=67), family physicians (n=156) and other branches (n=291) were included in the study in March 2019 via an online questionnaire. A structured questionnaire was administered to all participants. The questions were recorded by asking questions about bipolar disorder.

Results: A total of 514 volunteers, including psychiatrists (n=67), family physicians (n=156), and other branches (n=291), were included in our study. As a result of our study, it was observed that 21% of family physicians and 32% of physicians from other branches did not feel comfortable while examining patients with bipolar disorder and it was observed that it was significantly higher than psychiatrists (6%). Compared to psychiatrists (4%), it was reported that family physicians (30%) and other specialists (30%) would feel uncomfortable working with someone with a diagnosis of bipolar disorder.

Conclusion: Psychiatrists displayed more positive attitudes than family physicians and other branches. Education, which is emphasized to prevent stigmatizing attitudes, is perhaps the most important reason for this. Decreasing negative attitudes towards bipolar patients among healthcare professionals may decrease patients' self-concealment and increase hospital admission and treatment compliance in cases of physical and mental illness. With the decrease in the stigmatizing attitudes of physicians against this disease, the social and professional functionality of the patients will increase and will provide important gains in terms of community mental health.

Keywords: Bipolar disorder; physicians' role; psychiatry.

Hekimlerin Bipolar Afektif Bozukluğa Karşı Damgalayıcı Tutumların Değerlendirilmesi

ÖZ

Amaç: Damgalama, bir işaret ya da özelliğin sonucu olarak insanları değersizleştiren sosyal bir yapıdır. Bipolar bozukluk toplumda sıkça görülen ataklarla seyreden kronik bir hastalıktır. Sağlık çalışanlarının bipolar hastalara karşı tutumuyla ilişkili çok fazla çalışma bulunmamaktadır. Bu çalışmanın amacı psikiyatristler ve diğer hekimlerin bipolar bozukluk tanılı hastalara karşı tutumunu değerlendirmek, ikincil amacımız ise hekimlerin bipolar bozukluk tanılı hastalara karşı tutumlarının hekimlerin sosyodemografik özellikleriyle olası ilişkisini değerlendirmektir.

Gereç ve Yöntemler: Mart 2019'da online anket aracılığıyla toplam 514 gönüllü psikiyatrist (n=67), aile hekimi (n=156) ve diğer branşlardan hekimler (n=291) çalışmaya dahil edildi. Tüm katılımcılara yapılandırılmış bir anket uygulandı. Bipolar bozukluk hakkında sorular sorarak kayıt altına alındı.

Bulgular: Çalışmamıza psikiyatri uzmanları (n=67), aile hekimleri (n=156), diğer branşlar (n=291) olmak üzere toplam 514 gönüllü dahil edildi. Çalışmamız sonucunda aile hekimlerinin %21 ve diğer branşlardan hekimlerin %32 oranında bipolar bozukluk tanısı olan hastaları muayene ederken rahat hissetmediği ve psikiyatri hekimlerinden (%6) anlamlı olarak yüksek gözlendi. Aile hekimlerinin (%30) ve diğer branş hekimlerinin (%30), bipolar bozukluk tanısı olan birisi

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ile çalışmaktan rahatsızlık duyacağını psikiyatristler (%4) ile karşılaştırıldığında daha yüksek oranlarda bildirmişlerdir
Sonuç: Psikiyatristler aile hekimleri ve diğer branşlara göre daha olumlu tutum sergilemişlerdir. Damgalayıcı tutumların önlemek için üzerinde durulan eğitim belki bunun en önemli nedenidir. Sağlık çalışanlarında bipolar hastalara karşı olumsuz tutumların azalması hastaların kendini gizlemelerini azaltıp, fiziksel ve ruhsal hastalık durumlarında hastane başvurusu ve tedavi uyumunu arttırabilir. Bu hastalığa karşı hekimlerin damgalayıcı tutumların azalması ile hastaların sosyal ve mesleki işlevsellikleri arttıracak ve toplum ruh sağlığı açısından önemli kazanımlar sağlayacaktır.
Anahtar Kelimeler: Bipolar bozukluk; hekimin rolü; psikiyatri.

INTRODUCTION

Stigmatization is a social structure that deems people worthless due to a trait or characteristic (1). By other definition, stigmatization is the discrediting of a person serving to distinguish them from others, disparaging them from other people (2). People with mental illness often face stigmatization. When we examine the structure of stigmatization towards mental illness, people have notions that these patients have no foresight of the future, unnatural anger, and a sense of unjustified distrust against individuals they have never interacted with or without evidence (3). Studies on stigmatization have emphasized that three types of stigma, including social stigma, internalized stigma, and label avoidance, may play a role in relationships between people (4).

Internalized stigma comprises the emotions, thoughts, beliefs, and fears that people experience in their certain fields (5). According to the relevant literature, many studies have evaluated internalized stigmatization in bipolar disorder patients (6-9). Social stigma experienced in the social sphere includes indirect, impersonal, and implicit attitudes and relationships (5). Studies on social stigma in bipolar disorder are relatively fewer in number compared to studies measuring internalized stigma (10). Studies on stigmatization and stigmatizing attitudes towards mental illnesses have been conducted on different samples. These samples include emergency personnel (11), university students (12), pre-clinical and post-clinical medical students (13), psychiatrists (14), and non-psychiatrist specialist doctors (15).

Social distance can be defined as the degree in which people accept the involvement of people with mental illness in their social relationships (16). It is known that it is necessary for society to be more distant in situations that require a personal connection with patients and that social acceptance of patients is higher in non-personal settings. Perception of aggression and type of psychopathology in patients significantly affects the extent of social distance (17). The field studies are usually on schizophrenia.

Social distance scales which include questions about the degree of social intimacy that people are willing to have towards mental illness patients can be used to evaluate social distance. The items may include questions about being a neighbor, working together, falling in love, and marrying with the relevant people, and the participant is asked whether or not they would be willing to participate in each of the statements. Attitude studies towards mental illnesses have been conducted as much as social distance studies. These studies generally use attitude scales that include statements about mental illnesses and an evaluation of the extent the participant agrees or disagrees with the statements (18). Attitude studies are needed in order to both examine these attitudes in detail as well as positively change these attitudes. Healthcare workers as members of society are invaluable in both patient compliance to treatment and setting an example to the society. One example of these studies on this field include a study by Dickerson et al. (19) which reported that individuals with mental illness was stigmatized by 61% of society, 36% of employers, 20% of mental health workers, 19% of family members, 14% of friends, and 11% of spouse-partners. Üçok et al. (20) reported that psychiatrists displayed negative attitude towards schizophrenia.

Bipolar disorder is a chronic episodic disease encountered frequently in society. There are few studies on the attitudes of healthcare workers towards bipolar patients. This study aims to evaluate the attitude of psychiatrists and other physicians towards patients diagnosed with bipolar disorder and evaluate its potential relationship with sociodemographic characteristics.

MATERIAL AND METHODS

For the sample size of the study, Rao et al. (1) based on the comparison of the mean and standard deviations of the scales applied to the psychiatrists and other medical staff groups (attitude to Mental Illness Questionnaire, respectively, psychiatrist 1.3 ± 0.4 and control 1.0 ± 0.3) 80% power and 0.05 significance level and the number of patients to be included in each group calculated to be 56. A total of 514 voluntary doctors who were contacted via online questionnaire in March 2019 were included in the study. The survey was shared on various social network groups from different specialties. People who were medical school graduates, who volunteered to participate in the study, and between ages 25-65 were included in the study, while those who stated that they had a neurological or systemic disease that could affect cognitive functions were excluded from the study.

Assessment Tool

All participants completed a questionnaire developed by the researchers. The first seven questions of the questionnaire were related to sociodemographic characteristics including age, gender, years in occupation, previous psychiatric disorders, presence of psychiatric disorder in family, and number of patients with bipolar disease encountered in clinical practice. The structured Bogardus scale was used in the study. The scale was created as a two-category scale consisting of "yes" and "no" answers. Cronbach's alpha value is 0.88. The rest of the questionnaire included the following eleven questions: *Do you become nervous when examining a patient with bipolar disorder? Are patients diagnosed with bipolar disorder aggressive and dangerous? Can patients with bipolar disorder recover? Can patients with bipolar disorder work? Would you feel uncomfortable working in the same workplace as a patient with bipolar disorder? Would you feel uncomfortable being neighbors*

with a patient with bipolar disorder? Can patients diagnosed with bipolar disorder get married? Would you marry someone with bipolar disorder? Can patients diagnosed with bipolar disorder become responsible parents? Can patients with bipolar disorder receive adequate medical care for physical illnesses? Can patients with bipolar disorder access adequate psychiatric rehabilitation? Are patients diagnosed with bipolar disorder alienated from society?

Statistical Analysis

Relationships between categorical variables were assessed with Chi-square test. Descriptive statistics were expressed as mean ± standard deviation for numerical variables and number and % values for categorical variables. SPSS Windows version 24.0 package program was used for statistical analysis. Chi-square test and post-hoc column proportions compared with Bonferonni correction and z-test. $p < 0.05$ was considered statistically significant.

Ethical approval: Approval for the study was granted by the Sakarya University Ethical Committee with Approval no:71522473/050.01.04/73 dated 02.07.2018. All patients signed informed consent for participation in this study, and their anonymity is preserved.

RESULTS

A total of 514 volunteers consisting of psychiatrists (n=67), family physicians (n=156), and physicians of other branches (n=291) were included in our study. For ease of writing and comprehension, psychiatrists were compared according to sociodemographic characteristics in three groups, there was significant difference between the three groups according to age (p=0.011), number of years in occupation (p=0.001), family history of psychiatric disease (p=0.001), and number of bipolar patients encountered in clinical practice (p=0.001). Comparisons were made within the categories according to variables that were found significant. There was a significant difference between psychiatrists and physicians of other branches according to age group variable (p=0.017), in which psychiatrists were significantly younger compared to the physicians of other branches. There was significant difference between psychiatrists and family physicians (p=0.029) as well as physicians of other branches (p=0.001) according to occupational experience category of 0-10 years, in which the psychiatrist group of the study had significantly less experience. The psychiatrist group had significantly higher rate of family history of psychiatric disorders compared to the family physician group (p=0.029) and physicians of other branches (p=0.001). According to the number of bipolar patients encountered in clinical practice, rate of encountering 5 or more patients was significantly higher in the psychiatrist group compared to the family physician group (p=0.001) and the physicians of other branches group (p=0.001) (Table 1).

According to results of questions about attitude and social distance towards patients diagnosed with bipolar disorder, 6% of psychiatrists, 21% of family physicians, and 32% of physicians of other branches responded "yes" to the question, "Do you become nervous when examining a patient with bipolar disorder?".

Table 1. Comparison of groups according to sociodemographic characteristics

	Psychiatrist (n=67)	Family Physician (n=156)	Other Branch (n=291)	*p*
Gender				
Female	52 (0.78)	126 (0.81)	249 (0.86)	0.192
Male	15 (0.22)	30 (0.19)	42 (0.14)	
Age Group				
25-35	49 (0.73)^{a}	99 (0.63)^{a}	159 (0.55)^{b}	0.011*
≥36	18 (0.27)^{a}	57 (0.37)^{a}	132 (0.45)^{b}	
Years of Experience?				
0-10 years	55 (0.82)^{a}	101 (0.65)^{b}	168 (0.58)^{b}	0.001
11-20 years	11 (0.16)^{a}	38 (0.24)^{a}	107 (0.37)^{b}	
Over 21 years	1 (0.01)^{a}	17 (0.11)^{a}	16 (0.05)^{a}	
Have you ever had a psychiatric illness?				
Yes	22 (0.33)	48 (0.31)	69 (0.24)	0.144
No	45 (0.67)	108 (0.69)	222 (0.76)	
Do you have a family member with psychiatric illness?				
Yes	37 (0.55)^{a}	46 (0.29)^{b}	111 (0.38)^{b}	0.031
No	30 (0.45)^{a}	110 (0.71)^{b}	180 (0.62)^{b}	
How many bipolar patients do you encounter in clinical practice?				
None	2 (0.03)^{a}	48 (0.31)^{b}	166 (0.57)^{b}	0.001*
1-5	24 (0.36)^{a}	105 (0.67)^{b}	119 (0.41)^{b}	
More than 5	41 (0.61)^{a}	3 (0.02)^{b}	6 (0.02)^{b}	

*: p<0.05. **: p<0.001; Chi-square test and post-hoc column proportions compared with Bonferonni correction and z-test . Each subscript letter denotes a subset of branch categories whose column proportions do not differ significantly in post-hoc test from each other at the 0.05 level. [a]: between psychiatry-other branch group. [b]: between psychiatry-family physician group.

There was statistically significant difference between the groups (p=0.001, psychiatrists-family physicians p=0.016, psychiatrists-other branches p=0.001) (Table 2). Other participants responded yes at a significantly higher rate compared to psychiatrists. There was also a higher rate of "yes" response in family physicians at a younger age (p=0.039).

To the question, "Are patients diagnosed with bipolar disorder aggressive and dangerous?", 15% of psychiatrists, 16% of family physicians, and 21% of physicians of other branches responded as "yes". There was no statistically significant difference between the groups (p=0.355) (Table 2). Participants of the psychiatrist group within their first ten years of career had a significantly lower rate of "yes" response (p=0.050). In the family physician group, the 25-35 age group had a higher "yes" rate (p=0.020).

The question, "Can patients with bipolar disorder recover?" was responded as "yes" by 94% of psychiatrists, 62% of family physicians, and 71% of physicians of other branches. There was no statistically significant difference between the groups (p=0.458).

Table 2. Comparison of "yes" responses to scale measuring attitude and social distance towards patients with bipolar disorder

	Psychiatrist (n=67)	Family Physician (n=156)	Other Branch (n=291)	*P*
Do you become nervous when examining a patient with bipolar disorder?	4 (0.06)[a]	33 (0.21)[b]	92 (0.32)[b]	0.001**
Are patients diagnosed with bipolar disorder aggressive and dangerous?	10 (0.15)	25 (0.16)	60 (0.21)	0.355
Can patients with bipolar disorder recover?	63 (0.94)[a]	97 (0.62)[b]	208 (0.71)[b]	0.001**
Can patients with bipolar disorder work?	60 (0.9)	144 (0.92)	273 (0.94)	0.458
Would you feel uncomfortable working in the same workplace as a patient with bipolar disorder?	3 (0.04)[a]	47 (0.30)[b]	87 (0.30)[b]	0.001**
Would you feel uncomfortable being neighbors with a patient with bipolar disorder?	8 (0.12)[a]	49 (0.31)[b]	98 (0.34)[b]	0.002**
Can patients diagnosed with bipolar disorder get married?	65 (0.97)[a]	127 (0.81)[b]	261 (0.90)[a]	0.002*
Would you marry someone with bipolar disorder?	22 (0.33)[a]	28 (0.18)[b]	42 (0.14)[b]	0.002*
Can patients diagnosed with bipolar disorder become responsible parents?	56 (0.84)[a]	81 (0.52)[b]	146 (0.50)[b]	0.001**
Can patients with bipolar disorder receive adequate medical care for physical illnesses?	21 (0.31)[a]	90 (0.58)[b]	173 (0.59)[b]	0.001**
Can patients with bipolar disorder access adequate psychiatric rehabilitation?	12 (0.18)[a]	34 (0.22)[b]	90 (0.31)[b]	0.027*
Are patients diagnosed with bipolar disorder alienated from society?	54 (0.81)	107 (0.69)	202 (0.69)	0.155

*: p<0.05. **: p<0.001; Chi-square test and post-hoc column proportions compared with Bonferonni correction z-test. Each subscript letter denotes a subset of branch categories whose column proportions do not differ significantly in post-hoc test from each other at the 0.05 level. [a]: between psychiatry-other branch group. [b]: between psychiatry-family physician group.

The question, "Would you feel uncomfortable working in the same workplace as a patient with bipolar disorder?" was responded as "yes" by 4% of psychiatrists, 30% of family physicians, and 30% of physicians of other branches. There was statistically significant difference between the groups (p=0.001, psychiatrists-family physicians p=0.001, psychiatrists-other branches p=0.001, Table 2).

The question, "Would you feel uncomfortable being neighbors with a patient with bipolar disorder?" was responded as "yes" by 12% of psychiatrists, 31% of family physicians, and 34% of physicians of other branches. There was statistically significant difference between the groups (p=0.002, psychiatrists-family physicians p=0.007, psychiatrists-other branches p=0.001, Table 2). There was a significantly higher rate of "yes" responses in family physicians in the 25-35 age group (p=0.034, Table 3).

The question, "Can patients diagnosed with bipolar disorder get married?" was responded as "yes" by 97% of psychiatrists, 81% of family physicians, and 90% of physicians of other branches. There was statistically significant difference between the groups (p=0.002, psychiatrists-family physicians p=0.006, psychiatrists-other branches p=0.041, Table 2). There was a significantly higher rate of "yes" responses in family physicians who were within the first ten years of their career (p=0.007).

The question, "Would you marry someone who was diagnosed with bipolar disorder" was responded as "yes" by 33% of psychiatrists, 18% of family physicians, and 14% of physicians of other branches. There was statistically significant difference between the groups (p=0.002, psychiatrists-family physicians p=0.044, psychiatrists-other branches p=0.001, Table 2). There was a significantly higher rate of "yes" responses in participants who had history of psychiatric disease (p=0.048).

The question, "Can patients diagnosed with bipolar disorder become responsible parents?" was responded as "yes" by 84% of psychiatrists, 52% of family physicians, and 50% of physicians of other branches. There was statistically significant difference between the groups (p=0.002, psychiatrists-family physicians p=0.001, psychiatrists-other branches p=0.001, Table 2). There was a significantly higher rate of "yes" responses in the other branches group in the 25-35 age group (p=0.030) and female gender (p=0.021).

The question, "Can patients with bipolar disorder receive adequate medical care for physical illnesses?" was responded as "yes" by 31% of psychiatrists, 58% of family physicians, and 59% of physicians of other branches. There was statistically significant difference between the groups (p=0.001, psychiatrists-family physicians p=0.001, psychiatrists-other branches p=0.001, Table 2). There was a significantly higher rate of "no" responses in family physicians who were in the young age group (p=0.048).

The question, "Can patients with bipolar disorder access adequate psychiatric rehabilitation?" was responded as "yes" by 18% of psychiatrists, 22% of family physicians, and 31% of physicians of other branches. There was statistically significant difference between the groups (p=0.027).

Table 3. Comparison of responses to scale measuring attitude and social distance towards patients with bipolar disorder in terms of sociodemographic characteristics

Do you become nervous when examining a patient with bipolar disorder?				
Family Physician Group		**Yes**	**No**	***P***
Age groups	25-35	26 (0.79)	73 (0.59)	**0.039***
Are patients diagnosed with bipolar disorder aggressive and dangerous?				
Psychiatrist Group				
Years of Experience	0-10 years	7 (0.7)	48 (0.84)	**0.050***
Family Physician Group				
Age groups	25-35	21 (0.84)	78 (0.6)	**0.020***
Can patients with bipolar disorder recover?				
Other Branches Group				
How many bipolar patients do you encounter in clinical practice?	None	128 (0.62)	38 (0.46)	**0.049***
Can patients with bipolar disorder work?				
Family Physician Group				
Gender	Female	121 (0.84)	5 (0.42)	**0.001****
Would you feel uncomfortable being neighbors with a patient with bipolar disorder?				
Family Physician Group				
Age groups	25-35	37 (0.76)	62 (0.58)	**0.034***
Can patients diagnosed with bipolar disorder get married?				
Other Branches Group				
Years of experience	0-10 years	156 (0.6)	12 (0.4)	**0.007***
Would you marry someone with bipolar disorder?				
Other Branches Group				
Have you ever had a psychiatric illness?	Yes	15 (0.36)	54 (0.22)	**0.048***
How many bipolar patients do you encounter in clinical practice?	None	33 (0.79)	133 (0.53)	**0.008***
Can patients diagnosed with bipolar disorder become responsible parents?				
Other Branches Group				
Age groups	25-35	89 (0.61)	70 (0.48)	**0.030***
Gender	Female	118 (0.81)	131 (0.9)	**0.021***
Can patients with bipolar disorder receive adequate medical care for physical illnesses?				
Family Physician Group				
Age groups	25-35	63 (0.7)	36 (0.55)	**0.048***
Can patients with bipolar disorder access adequate psychiatric rehabilitation?				
Family Physician Group				
Do you have a family member with psychiatric illness?	Yes	5 (0.15)	41 (0.34)	**0.033***
Other Branches Group				
Have you ever had a psychiatric illness?	Yes	12 (0.13)	57 (0.28)	**0.005***

*: p<0.05. **: p<0.001; Chi-square test and post-hoc column proportions compared with Bonferonni correction z-test. Each subscript letter denotes a subset of branch categories whose column proportions do not differ significantly in post-hoc test from each other at the 0.05 level. [a]: between psychiatry-other branch group. [b]: between psychiatry-family physician group.

There was a significantly higher rate of "no" responses in family physicians with family member with psychiatric disease (p=0.033) and in the other branches group in those who previously underwent psychiatric disorder (p=0.005). The question, "Are patients diagnosed with bipolar disorder alienated from society?" was responded as "yes" by 81% of psychiatrists, 69% of family physicians, and 69% of physicians of other branches. There was no statistically significant difference between the groups (p=0.155).

DISCUSSION

According to the results of our study, psychiatrists demonstrated a more positive attitude towards patients diagnosed with bipolar disorder compared to family physicians and physicians of other branches.

Based on review of relevant literature, Stuber et al. (21) conducted a study with questions related to schizophrenia and depression and evaluated the attitudes of psychiatrists and the general population. The study found that professionals displayed more positive attitude compared to the general population. Hori et al. (22) conducted a study on 197 members of the general population, 100 psychiatry personnel, 36 psychiatrists, and 112 non-psychiatrist doctors. Results of the study showed that psychiatrists and psychiatry personnel had the least negative attitude. Stigma by health professionals is a particular concern as healthcare services are the main avenue for bipolar patients as well as the other psychiatric disorders.

Another study from our country conducted interviews with 9 psychiatric specialists and 8 resident psychiatrists working in various health institutions, in which they expressed varying opinions about stigmatization, and suggested that the majority of specialist psychiatrists participating in the study believed that non-psychiatric physicians had stigmatizing attitudes (23). In another study from our country which evaluated stigmatizing attitude towards mental illnesses found that psychiatrists had less stigmatizing notions than other mental health professionals (24). One study from Japan reported that professionals including doctors, nurses, and even pharmacologists had more positive attitude towards mental health compared to the general population. Positive attitude was more dominant among employees working in psychiatry wards (25). Another study from our country conducted by Üçok et al. (20) found that even psychiatrists displayed negative attitude towards patients diagnosed with schizophrenia. A more positive attitude may have been observed in our study since the attitude towards bipolar patients in remission with completely recovered functionality was questioned in our study. According to the relationship between attitude of healthcare workers towards mental illnesses and sociodemographic data in the literature, Stuber et al. (21) indicated female gender, high education level, history of mental illness, being employed, and those who previously worked with patients with mental illness were associated with positive attitude. A recent study demonstrated that people who previously encountered patients with mental illness had a more positive attitude in both healthcare workers and the general population (25). Similar to the studies in the literature, in our study, participants with female gender, history of psychiatric disorder, and family history of psychiatric disorder had more positive attitude towards bipolar patients

Our study also achieved results that were consistent with the studies mentioned above. Psychiatrists displayed more positive attitude compared to family physicians and physicians of other branches. Perhaps the most important reason is education focused on preventing stigmatizing attitudes. Awareness of disease etiology, clinical presentation, and disease course may be an advantage for psychiatrists. Contact and communication with patients may also be important. In our study, the attitude of participants, especially at a young age and in the first decade of their career, was more negative Career experience, being acquainted with and treating more patients with mental illness may change attitudes to positive. More psychiatry education in medical school, gaining working experience at psychiatry wards, granting bipolar patients more positions in work and social environments, becoming work colleagues, neighbors, becoming acquainted, and identifying the illness may reduce negative attitudes against these patients.

Decrease in negative attitude of healthcare workers towards bipolar patients may reduce seclusion and increase hospital admissions and treatment compliance of these patients in the event of physical and mental illness. Less negative attitudes of doctors will enable them to care for bipolar patients who need them to protect and treat their health without hesitation, discrimination, or exclusion. Positive attitude can provide a good doctor-patient relationship and facilitate referral to a treating physician. In the event that doctors do not distance themselves in a social environment, become neighbors and being colleagues with bipolar patients can set a positive example for other health care workers and the general population. This may reduce the stigmatizing attitude towards bipolar patients. This may help patients enjoy human rights such as marriage, parenthood, and employment.

Regarding limitations of our study, the fact that an attitude scale with a validity and reliability study was not used in our study and that the attitude scale was developed by the authors according to both clinical practice and adding stigmatizing attitude items frequently encountered in relevant literature, yielding results consistent with the literature. Another limitation was related to groups; participants were divided in three groups: psychiatrists, family physicians, and physicians of other branches. Other branches included those without psychiatry rotation during residency such as general surgery, internal medicine, and emergency physicians as well as those with psychiatry rotation such as neurology. Further studies that separately evaluate physicians undergoing psychiatric rotation may be appropriate. The open-label characteristic of the study is a factor that can increase researcher bias (26).

CONCLUSION

Despite its limitations, our study is valuable in terms of that measures the stigmatizing attitude of physicians towards bipolar disorder with high number of participants. Bipolar disorder is a chronic disease characterized by episodes and periods of remission in which functionality can be completely between episodes. Reduced stigmatizing attitudes against the disease may increase social and occupational functionality of these patients, allowing them to attain more stable and beneficial positions as individuals and in society.

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