

# Working conditions and job satisfaction of Argentinian psychiatrists: initial results of a comprehensive survey

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Working in psychiatry is generally rewarding. However, it can also lack job satisfaction and be detrimental to personal life. Research findings indicate high rates of burnout (Kumar *et al*, 2007), impaired health status of practitioners (Korkeila *et al*, 2003), negative effects of violence in the workplace (Inoue *et al*, 2006) and lack of job satisfaction (Fischer *et al*, 2007; Bressi *et al*, 2009).

This article presents the initial results of a survey performed by the Association of Argentinian Psychiatrists (APSA in Spanish) at its 25th annual meeting in 2009. The survey was planned in a series of discussions and workshops on working conditions and professional burnout (Wolfberg, 2003). These discussions followed the economic crisis of 2001, when Argentina's financial and economic system collapsed. It was then that the APSA's executive committee commissioned a comprehensive survey of psychiatrists' working conditions, health status and related topics. Its objectives were to collect initial data from psychiatrists, with the aim of delineating areas for future research.

We report in this article the results obtained on working conditions, job satisfaction and doctors' perceptions of the support available to them in their workplace.

## Methods

### Sample

A structured interview was offered to all doctors attending the 25th annual meeting of the APSA, held 21–24 April 2009, at Mar del Plata, Argentina. Participants' consent was obtained before the interview, including their agreement to disseminate the results on the Association's website and in publications. The survey had ethical approval from the APSA.

### Data collection and analysis

The questionnaire for the interview was designed by members of APSA's Faculty of Prevention in Psychiatry. The Faculty is chaired by the first author of this paper (EW). The interviews were carried out by ten psychology students previously trained by EW.

The questionnaire was designed to obtain the information in a user-friendly and culturally sensitive manner. It included several domains:

- work location and conditions
- total income (often combined earnings from more than one source)

- job satisfaction
- supervision at work (most psychiatrists in Argentina, including senior professionals, work with a psychotherapeutic orientation and supervision is embedded into the job)
- sources of recognition at work
- violence at work
- health status
- work–life balance.

## Results

The sample consisted of 722 participants (55.4% female, 44.6% male). The participation rate was 82%. The mean age of participants was 47. For some of the data analysis, the sample was divided into three age groups, as follows:

- those under 30 years ( $n = 89$ , 12.3% of the sample)
- those between 30 and 50 years ( $n = 337$ , 46.7%)
- those older than 50 ( $n = 296$ , 41.0%).

The mean time since qualification in the total sample was 19.5 years. Most (84.9%) were qualified specialists; the remainder (15.1%) were trainees. Marital status was as follows: 51.0% married, 8.3% cohabiting, 2.5% widowed, 20.1% single and 18.1% divorced.

Income was divided into three bands (in Argentine pesos):

- low, for those who reported earnings less than ARS3000
  - middle, for those earning ARS3000–7000
  - high, for those earning more than ARS7000.
- Only 2.2% of young doctors (aged 30 or under) reported having an income within the high band, while 63.0% were within the low band. Of doctors in the middle age group (30–50 years), 50.2% reported having an income within the middle band and 29.1% in the high band. Even among doctors aged more than 50, 8.8% were still within the low-income band and 53.7% reported their income within the middle band. However, income was reported as being sufficient to meet doctors' needs by 67.4% of young doctors, by 76.3% of doctors in the middle age group and by 79.7% of those aged more than 50.

More than half of the doctors surveyed reported working 31–50 hours weekly in each of the age groups. However, a substantial number of doctors worked more than 50 hours: 14.6% of young doctors, 29.3% of doctors in the middle age group and 24.6% of those aged more than 50. Data for working hours did not include the on-call shifts for those who were in hospital practice.

**Table 1** Select survey results, by age group (% of respondents)

	< 30 years (n = 89)	30–50 years (n = 337)	> 50 years (n = 296)
Satisfaction with job	90	91	92
Satisfaction with time for patients	47	67	80
Satisfaction with time for supervision	67	45	32
Exposure to violence at work	86	81	69
Perceived recognition in the workplace			
from patients	73.6	75.0	68.1
from colleagues	47.2	46.9	52.4
from medical directors	21.3	29.4	29.7
no recognition	5.6	5.9	6.1
not reported	19.1	13.1	11.8
Employment, by sector			
private practice only	21.3	28.5	40.6
public sector only	36.0	13.1	6.1
public and private combined	13.5	24.6	19.9
HMO only	10.0	7.1	8.4
HMO and private and public practice	4.5	9.2	6.4
HMO and public practice	7.9	2.7	1.4
HMO and private practice	6.7	14.8	17.2

HMO, health maintenance organisation.

Doctors in Argentina usually work in several settings: public sector hospitals, private practice and health maintenance organisations (HMOs), which deliver insurance-based healthcare. More than a quarter of doctors in the middle and older age groups reported working in private practice only.

Table 1 shows data on perceived job satisfaction, including satisfaction with supervision at work, and the results regarding perceived recognition in the workplace.

## Discussion

The survey was the first ever performed in Argentina about working conditions for psychiatrists. Despite the presence of a psychiatric system in the country since the beginning of the 20th century, both political upheavals and the lack of organisation of the medical profession delayed the establishment of an inclusive psychiatric association until the restoration of democracy in 1983. The APSA is the first society to represent members in Argentina and those Argentinians living and working abroad.

A persistent lack of funds has hindered the development of approaches more consistent with systematic research and evidence-based psychiatry. In this context, we think this survey constitutes a first attempt to gather data; the results should illuminate areas for further research.

One remarkable finding of this survey is that perceived satisfaction with work remains high for all age groups of professionals surveyed, with more than 90% of doctors declaring satisfaction with their jobs. Studies on the subject in Latin America more widely are few. One article reported a similar survey to ours in Colombia; it found a rate of job satisfaction of 71% among those surveyed (Gomez–Restrepo *et al*, 2003). In the present survey, satisfaction with time available for patients seemed to correlate with age, with young doctors declaring less satisfaction in this respect. Conversely, more young doctors declared their satisfaction with the arrangements for supervision.

At present, many doctors in Argentina hold several jobs within the private and public sectors, and work long hours to achieve a reasonable standard of living. More than a

quarter of doctors surveyed worked in private practice. The percentage of those working exclusively in private practice increased with age (Table 1). Still, about a third of doctors worked for several employers, in a combination of various sectors (public, HMOs and private practice). Although jobs in the public sector are poorly paid, if not unpaid, they do constitute the main route to the acquisition of specialist qualifications; it is therefore not entirely surprising that the only way to make financial progress is to move from the public to the private sector. For those who do progress, earnings nonetheless remain low when compared with those in high-income countries. A conversion of the local currency (ARS) to British pounds should really account for the instability of the Argentine currency, due to persistent inflation. However, if taking a mean value of £1 = ARS6, incomes will be equivalent to up to £500 monthly for the low-income group, £500–1170 monthly for the middle-income group, and more than £1170 monthly for the high-income group. These figures are objectively low for Argentina, a country undergoing a process of globalisation, which leads to, among other things, a constant sharp increase in the prices of basic commodities. Nevertheless, about three-quarters of doctors surveyed declared their incomes to be sufficient to meet their needs. Again, more rigorous investigation is required, including a more accurate operational definition of needs.

In this context, it is remarkable that 90% or more of those surveyed declared a subjective sense of satisfaction with the profession. To our knowledge, the only survey done in 19 Latin American countries (including Argentina) reported similar rates of job satisfaction (86.4%), but there was a lower rate of satisfaction with incomes (only 64.7%) (Cordoba *et al*, 2009).

This survey has several domains that merit future research. It will be interesting to develop a more sophisticated approach to assess job satisfaction. It could be assessed on several domains of the clinical work. Variable rates were reported across the three age groups on satisfaction with time for supervision. The presence and quality of supervision have been found by others to be significantly associated with job satisfaction for both trainees (Ellencweig *et al*, 2009) and specialists (Kazantzis *et al*, 2010).

Doctors reported patients and colleagues to be their main sources of recognition in the workplace. We hypothesise that perceived recognition increases self-esteem and provides emotional support, which may, in turn, compensate for the low financial recognition. Psychiatry has historically been a prestigious specialty in Argentina. It will be interesting to test formally the hypothesis whether its prestige is related to the subjective satisfaction of practitioners.

A study evaluating job burnout in a European Union country used several structured assessments. It found that a low level of job satisfaction was the variable that most predicted burnout (Bressi *et al*, 2009). Our group is currently researching to what extent burnout is predicted by emotional exhaustion, as opposed to lack of job satisfaction (Wolfberg *et al*, 2005).

In summary, this study was the first to have addressed in Argentina questions about psychiatrists' job satisfaction and related aspects of their working lives. It surveyed a large sample, and provided data to advance research, in a country rich in human resources, and a system that needs a more rigorous research policy.

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### SPECIAL PAPER

# Training on the management of depression in primary care in Azerbaijan

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In 2006, the Azerbaijan Ministry of Health and the World Bank launched the 6-year Health Sector Reform Project (HSRP). The principal goal of the Project is to prepare and implement a fundamental and comprehensive reform of the health system in Azerbaijan, including a major emphasis on strengthening the primary care system (Ministry of Health Project Implementation Unit, 2007). The project envisions the development of a new optimised system of services, with the integration of mental health into general healthcare. In the line of this process, the Public Health and Reform Centre (PHRC) of the Ministry of Health has developed evidence-based clinical practice guidelines on depression, for implementation within primary care (Ministry of Health, 2009). At the same time, representatives from the PHRC and the Departments of Psychiatry and Family Medicine of Azerbaijan Medical University, as well as

the State Institute for Advanced Training of Physicians (in cooperation with the World Health Organization Country Office), formed a task force to carry out a survey to assess the need for education in mental health for primary care doctors. A total of 308 primary care doctors (see Table 1) working in 14 settings in different regions of the country were randomly selected and interviewed by the research team.

All participants of the survey were asked to fill in a specially designed semi-structured questionnaire consisting of 34 items. Along with items covering personal information and professional responsibilities, the questionnaire included a set of questions about the recognition and treatment of depression in primary care. In addition, it queried the respondents' opinions and expectations regarding improvements in care provision for patients with depression.