

# What is it currently like being a trainee psychiatrist in Australia?

Garry Walter, Joseph M. Rey and Michael Giuffrida

**Objective:** To ascertain the views of Australian trainee psychiatrists about their training, levels of stress and work satisfaction.

**Methods:** A survey was constructed by the authors and mailed in December 2002 to all trainees of the Royal Australian and New Zealand College of Psychiatrists residing in Australia.

**Results:** A total of 317 out of 666 trainees (48%) returned completed questionnaires. The findings were consistent across Australia with few State or Territory differences. The most common reasons for choosing a career in psychiatry were an interest in psychological issues and the promise of intellectual stimulation. The majority of respondents regarded favourably the quality of training in their training programme, clinical placements and supervision. Although approximately three-quarters (73%) were satisfied with their clinical work, a similar proportion (72%) considered their work in the previous 12 months to have been stressful. Formal complaints, threats of legal action, verbal or physical abuse, and the suicide of patients under their care were not uncommonly reported by trainees.

**Conclusions:** Changing mental health services, a revised training programme and the perennial demands of acquiring knowledge and skills in one's chosen specialty pose challenges for psychiatry trainees. Although the majority of trainees seem satisfied with their work and training, addressing their concerns and adverse experiences is essential for the training climate to be optimal and the psychiatry workforce to be content and productive. Particular issues (e.g. the growing proportion of women entering the profession, the ageing trainee workforce) warrant careful attention by those responsible for training and workforce planning.

**Key words:** Australia, gender, psychiatry, satisfaction, stress, trainee, training.

Training in psychiatry in Australia today poses many challenges. Apart from the demands associated with acquiring sophisticated knowledge and skills in one's chosen specialty, a new training programme is about to be introduced<sup>1</sup> and mental health services – the locus of training – continue to undergo major changes. Psychiatry trainees find themselves at the coalface in the delivery of mental health services, having to deal with complex and difficult cases, and striving to successfully balance training and service needs. Despite these factors, there are negligible data on the views of psychiatry trainees in Australia about their training and work. Previous research has generally focused on specific aspects of, or experiences in, training in individual States.<sup>2–6</sup> A national survey of trainees' attitudes to training was conducted in 1994,<sup>7</sup> but that study did not examine stress, sources of dissatisfaction and adverse experiences among trainees.

The aim of the present study was to ascertain the views and experiences of trainee psychiatrists in Australia regarding their training, stress and job satisfaction. Given the shortage and maldistribution of psychiatrists that exist in Australia,<sup>8</sup> trainee satisfaction may have an impact on recruitment, retention and ultimately on the very future of the profes-

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sion. This in turn may affect service delivery and the quality of care provided to patients. It was anticipated that the survey findings would provide useful information to directors of training programmes and health services, from the local to national level.

## METHOD

A questionnaire was constructed by the authors and mailed in December 2002 to each trainee psychiatrist registered with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) residing in Australia. The survey was anonymous and independent of the RANZCP, government bodies and industry groups. The questionnaire had 36 items and covered demographic features (e.g. age, gender, State/Territory, number of years in training), hours worked per week, whether there had been a period of training part-time, and history of breaks in training. Trainees were also asked to provide reasons for choosing to enter psychiatry and to rate the overall quality of their clinical placements, the quality of supervision, their satisfaction with clinical work, and the most satisfying and dissatisfying aspects of their work. They were asked to identify their level of work-related stress and those factors that helped reduce that stress. Further items required trainees to estimate the number of times in the past year that they had been threatened with legal action in relation to their work, how often they had had to answer formal complaints from patients or relatives, how many times they had been physically or verbally abused by a patient or relative, and how many patients under their care had committed suicide.

Only results with  $p < 0.05$  are reported. Missing data were negligible; practically all questionnaires returned were completed fully. Multivariate analyses (logistic regression) were performed when testing whether there were differences according to gender, age group or State (all these were simultaneously entered as predictor variables). Trainees from Tasmania, Australian Capital Territory (ACT) and Northern Territory were not examined separately due to their low numbers (Table 1). The size of differences reported represent the adjusted odds ratios obtained following these analyses.  $\chi^2$  results are those obtained for the predictor variables found to be significantly associated with the dichotomized dependent variable in logistic regression analyses.

Percentages reported are rounded to the nearest unit. The reasons to choose a psychiatric career, factors to reduce stress and reasons for dissatisfaction add up to more than 100% because up to three reasons could be chosen for each of these items.

## RESULTS

### Profile and work pattern of respondents

Of the 666 mailed questionnaires, 317 (48%) were returned. The distribution of respondents according to State/Territory and gender is presented in Table 1. Approximately half ( $n = 149$ , 47%) were in the 31–40 years age group; the rest were aged  $\leq 30$  years ( $n = 94$ , 30%) or over 40 years ( $n = 74$ , 23%). There were no differences in the age distribution according to gender or State.

**Table 1: No. respondents per State or Territory according to gender**

	<i>Female</i>		<i>Male</i>		<i>Total</i>	
	<i>n</i>	<i>%<sup>†</sup></i>	<i>n</i>	<i>%<sup>†</sup></i>	<i>n</i>	<i>%<sup>‡</sup></i>
Northern Territory	5	83	1	17	6	2
Australian Capital Territory	2	33	4	67	6	2
Tasmania	2	33	4	67	6	2
South Australia	17	61	11	39	28	9
Western Australia	23	56	18	44	41	13
Queensland	31	59	22	41	53	17
New South Wales	55	56	44	44	99	31
Victoria	47	61	30	39	77	24
Total	182	58	134	42	316	100

<sup>†</sup>Row percentage; <sup>‡</sup>column percentage.

Two-thirds of respondents had been in training 3–4 years (n = 101, 32%) or >4 years (n = 112, 35%). The remainder had been in training for 1–2 years (n = 69, 22%) or <1 year (n = 35, 11%). This pattern was similar for male and female trainees and across States.

The majority (n = 250, 79%) of trainees worked full time; the remainder worked part time. Male trainees were more likely to work longer hours ( $\chi^2 = 22.46$ ,  $df = 2$ ,  $p < 0.001$ ). For example, 13% of female trainees worked <20 h per week vs 2% of male trainees.

Almost one-third (n = 95, 30%) had had a period of training part time and one-fifth (n = 63, 20%) had had a break in training. Female trainees were three times as likely to have worked part time ( $\chi^2 = 18.41$ ,  $df = 1$ ,  $p < 0.001$ ) and 2.6 times as likely to have had a break in training as male trainees ( $\chi^2 = 9.32$ ,  $df = 1$ ,  $p < 0.01$ ). Western Australian (WA) trainees were more likely to have taken a break in training (32%) than those in other States (18%;  $\chi^2 = 4.04$ ,  $df = 1$ ,  $p < 0.05$ ).

### Reasons for choosing a career in psychiatry

The most common reasons for choosing psychiatry were an interest in psychological issues (n = 217, 68%), the promise of intellectual stimulation (n = 188, 59%), the flexibility offered by the profession (n = 151, 48%), and the wish to treat and help patients (n = 109, 34%). Other reasons included that it was more challenging than other specialties (n = 59, 19%) and easier to find a training post (n = 43, 14%). A few stated that one of the reasons for doing psychiatry was having a mentally ill relative (n = 15, 5%) or having suffered psychologically themselves (n = 18, 6%). Only seven (2%) nominated money as a reason. There were no differences according to trainee age group, gender or State in the reasons for choosing psychiatry.

### Assessment of training and supervision

Trainee ratings of the quality of their training programme, clinical placements and supervision are shown in Fig. 1. Most trainees rated the quality of each of these aspects as good or excellent. Older trainees were less likely to rate the quality of training as good or excellent ( $\chi^2 = 25.66$ ,  $df = 7$ ,  $p < 0.001$ ) and less likely to consider supervision as good or excellent compared to younger trainees ( $\chi^2 = 16.01$ ,  $df = 7$ ,  $p < 0.05$ ). The New South Wales (NSW) trainees were more likely to report better placements ( $\chi^2 = 15.62$ ,  $df = 7$ ,  $p < 0.05$ ). No other differences were observed.

Half the respondents rated the current training requirements of the RANZCP as good (n = 148, 47%) or excellent (n = 10, 3%); the other half rated these requirements as average (n = 116, 37%), poor (n = 37, 12%) or very poor (n = 4, 1%). The vast majority of trainees (n = 277, 87%) were familiar with the proposed changes to RANZCP training. Approximately half believed the new training programme to be better (n = 146, 46%) or much better (n = 13, 4%)

than the current programme; approximately one-fifth (n = 68, 22%) rated the current and new programmes as similar. A minority considered that the proposed programme was worse (n = 46, 15%) or much worse (n = 6, 2%) than the existing system.

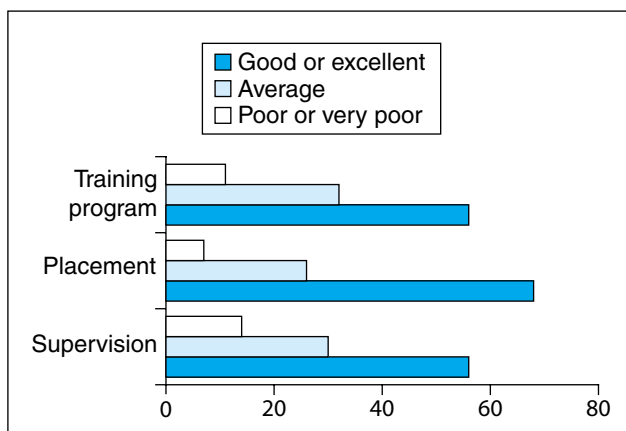
### Satisfaction and stress

Approximately three-quarters were satisfied (n = 192, 61%) or very satisfied (n = 39, 12%) with their clinical work. There were no significant differences in satisfaction according to trainee's age, gender or State.

The most satisfying aspects of work were helping patients get better (n = 251, 79%), the intellectual component or challenge (n = 173, 55%), the learning aspects (n = 116, 37%), and the holistic approach (n = 111, 35%). Compared to female trainees, male trainees were more likely to nominate helping patients get better (87% vs 78%,  $\chi^2 = 4.03$ ,  $df = 1$ ,  $p < 0.05$ ) and teaching others (18% vs 4%,  $\chi^2 = 15.10$ ,  $df = 1$ ,  $p < 0.001$ ) as satisfying aspects.

The most dissatisfying aspects of clinical work were difficulties finding beds for patients (n = 170, 54%), on-call duty (n = 113, 36%), the lack of resources (e.g. offices, computers; n = 78, 25%), the lack of support from administration (n = 80, 25%), and the demands of training (e.g. study: n = 73, 23%). The NSW registrars were more likely than registrars in other States to nominate difficulty finding beds for patients as a source of dissatisfaction (71% vs 49%,  $\chi^2 = 12.48$ ,  $df = 1$ ,  $p < 0.001$ ). The WA registrars were less likely to nominate income (3% vs 18%,  $\chi^2 = 6.22$ ,  $df = 1$ ,  $p < 0.05$ ) and more likely to nominate the number of patients who suicided (20% vs 5%,  $\chi^2 = 13.03$ ,  $df = 1$ ,  $p < 0.001$ ) as sources of dissatisfaction compared to their colleagues elsewhere.

Most trainees (n = 228, 72%) found their work in the past 12 months to have been quite, very or extremely stressful (41% found it quite stressful, 22% very



**Figure 1: Trainee ratings of the quality of their training programme, placements and supervision.**

stressful and 9% extremely stressful). There were no significant differences according to trainee age, gender or State in the level of stress experienced. According to trainees, the factors that contributed the most to reduce the level of work-related stress were support from family or friends ( $n = 178$ , 56%), taking time off ( $n = 157$ , 50%), support from supervisors ( $n = 141$ , 44%), support from peers ( $n = 131$ , 41%), recreational pursuits ( $n = 98$ , 31%), having fewer patients ( $n = 94$ , 30%), and physical exercise ( $n = 88$ , 28%).

Dissatisfied trainees were five times as likely to report being stressed as those satisfied (92% vs 68%,  $\chi^2 = 11.00$ ,  $df = 1$ ,  $p < 0.001$ ). Complaints, verbal or physical abuse, and patient suicide were not associated with dissatisfaction or stress. However, trainees who had been threatened with legal action were twice as likely to report being stressed (83% vs 67%,  $\chi^2 = 9.52$ ,  $df = 1$ ,  $p < 0.01$ ) but there was no association with dissatisfaction.

#### Formal complaints and threats of legal action

Thirty per cent ( $n = 94$ ) described having to respond to a formal complaint by a patient or relative in the past year (23% had to respond once, 6% two or three times and 1% more than three times). Female trainees were less likely to have complaints against them than male trainees (23% vs 39%,  $\chi^2 = 10.40$ ,  $df = 1$ ,  $p < 0.01$ ) but there were no differences according to age group or State.

A similar proportion ( $n = 106$ , 33%) had been threatened with legal action on at least one occasion over the past year (15% were threatened once, 12% two or three times and 6% more than three times). There were no differences according to gender, age group or State.

#### Verbal or physical abuse

The vast majority ( $n = 290$ , 92%) of trainees reported having been verbally or physically abused by a patient or relative in the past year. More than half ( $n = 174$ , 55%) had been abused more than three times in that period, one-quarter ( $n = 80$ , 25%) had been abused twice, and approximately one-tenth ( $n = 36$ , 11%) had been abused once. There were no differences according to gender, age group or State.

The majority of trainees ( $n = 265$ , 84%) believed that aggression, complaints and legal threats were encountered more frequently by trainees in psychiatry than trainees in other specialties.

#### Suicide of patients

Approximately one-third of trainees ( $n = 111$ , 35%) reported that at least one patient under their care had completed suicide in the previous 12 months (27% had one patient, 7% two or three and 1% more than three patients). No differences were observed according to gender, age group or State.

#### 'Overall duress'

Scores in responses to the items on complaints, threats of legal action, physical or verbal abuse and patient suicide were added (0, never; 1, once; 2, two or three times; 4, more than three times) to obtain an 'overall duress' score. This shows that only 17 trainees (5%) had not experienced any of these events in the previous year (Fig. 2). The average trainee had a score of 3.7 and one-third had a score of  $\geq 5$ . On average, female trainees experienced less duress than male trainees (mean: 3.4 and 4.1, respectively,  $t = 3.22$ ,  $p = 0.001$ ) while older trainees ( $>40$  years) experienced less duress than younger ones ( $\leq 30$  years; (mean 3.1 and 4.2, respectively,  $F = 5.3$ ,  $p < 0.01$ ). Duress scores did not vary according to satisfaction or State. However, there was a small but significant association between duress and stress ( $r = 0.19$ ,  $p = 0.001$ ).

## DISCUSSION

According to the present survey, psychiatry trainees in Australia are mostly satisfied with their work and training, but at the same time report high levels of stress. The findings were consistent across Australia with few differences by State, gender or age. The most notable were that female trainees were more likely to work part time, older trainees were more likely to be critical of the training and supervision, and NSW trainees more likely to report lack of beds as a cause for dissatisfaction.

The response rate of almost 50% is satisfactory, given that the survey was anonymous and that reminder letters were not sent to non-responders; before the survey was conducted, trainees who were consulted told us that anonymity was important to allay their concerns about privacy and confidentiality. The

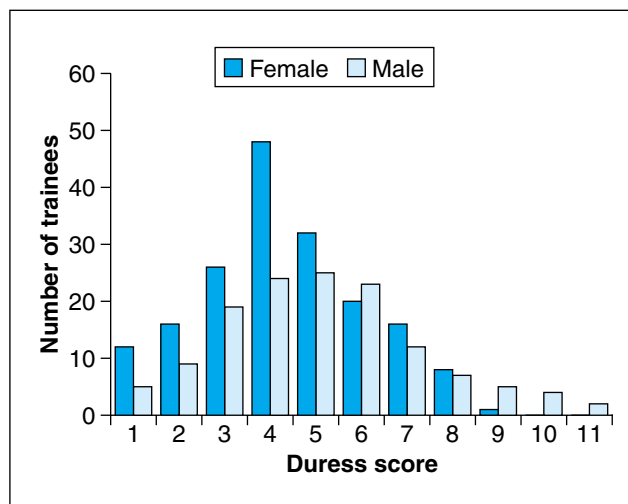


Figure 2: Distribution of duress scores.

response rate is comparable to that achieved in similar studies. For example, a national survey of trainees conducted in 1994 achieved a 40% response rate,<sup>7</sup> and our parallel survey of psychiatrists conducted in 2002 obtained a response rate of 50%.<sup>9</sup> We do not know how representative the respondents' views are but information provided by the RANZCP suggests that their profile was similar to that of all RANZCP registrars, except that female trainees were overrepresented among respondents (58% vs 50%).

The findings extend those of an earlier Australian survey that focused on how well training furthered knowledge and skills.<sup>7</sup> In that survey, a minority (42%) of respondents were 'satisfied' or 'very satisfied' with their training scheme. This rate is substantially lower than that found in the present study (the quality of training programme, clinical placements and supervision were rated good or excellent by, respectively, 57%, 68% and 56% of respondents in our survey). Although items in the two surveys were not identical, they seemed to tap similar constructs. It is therefore possible that an improvement in registrars' satisfaction with training has occurred in recent years.

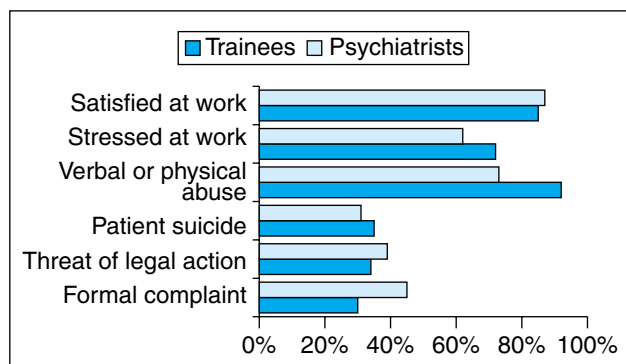
The results may also be compared to those of a national survey of psychiatry trainees in New Zealand (NZ) conducted in 1997, which found high rates of psychological morbidity and 'burnout' among trainees.<sup>10</sup> Although 94% of NZ trainees were satisfied with their decision to pursue a career in psychiatry, 83% were dissatisfied with workplace resources available to meet the needs of patients, 53% were dissatisfied with their role in organizational and administrative decisions, one-third were dissatisfied with supervision and one-third were dissatisfied with the status and prestige associated with their work.

The reasons offered by respondents for entering psychiatry in the present study were in keeping with a recent national survey of Australian medical students, which found that 'attraction to psychiatry' was associated with the specialty being interesting, enjoyable and intellectually challenging, and providing good prospects.<sup>11</sup> These collective Australian data contrast with those of a North American study, which suggested that US medical students rated psychiatry significantly lower than other specialties in the degree to which it was a satisfying job, financially rewarding, enjoyable, prestigious, helpful to patients, interesting, intellectually challenging, and a rapidly advancing field with a bright future.<sup>12</sup>

Although Australian trainees are imbued with laudable reasons for choosing psychiatry, and hopefully with enthusiasm at the start of training, the reality of psychiatry training in Australia, according to our survey, includes several adverse experiences. In the past year more than 90% of respondents reported having been verbally or physically abused by a

patient or relative, approximately one-third stated that at least one patient under their care had completed suicide, one-third had been the subject of formal complaint and one-third had been threatened with legal action. In a survey of NSW trainees in the mid-1990s, violence or threats of violence and patient suicide were perceived as the two most adverse experiences in training.<sup>4</sup> The present study suggests that these are not uncommon Australia-wide and warrant ongoing vigilance and management from supervisors, directors of training programmes and directors of health services. Trainees also believe that these events are more of a problem in psychiatric services than in other medical specialties. The literature underscores that such events have a considerable impact on trainees.<sup>4,13-15</sup> Relationships in this area appear to be complex; our study found a small association between duress and stress, that only threats of legal action were associated with higher stress and a lack of association of these with satisfaction.

Interestingly, there were few differences between States and Territories despite variation in mental health services across the country. Some of our findings (e.g. NSW trainees were more likely to describe better placements but also more difficulty finding beds for patients; older trainees rated the quality of training and supervision less highly) may suggest the need for tailoring training programmes to meet requirements of particular subgroups, and should also alert planners about problems in perceived service delivery. It was noteworthy that female trainees were more likely to have worked part-time and to have had a break in training. The literature suggests that such flexible training arrangements do not impact negatively upon training but can restrict subsequent work opportunities.<sup>16,17</sup> As more women enter the profession (women make up 50% of RANZCP trainees in Australia but less than one-fifth of psychiatrists aged  $\geq 60$  years), it will be important to recognize and accommodate their needs in train-



**Figure 3: Comparison of work experiences of Australian trainees and public-sector psychiatrists.**



ing and workforce planning. Planning should also take into account that the trainee workforce is not young; one-quarter are older than 40 years, and one-third have been training for longer than 4 years.

Overall, there are remarkable similarities between the work experiences of trainees and psychiatrists when these results are compared with those of a parallel survey of all RANZCP Fellows living in Australia conducted at the same time,<sup>9</sup> which are summarized in Fig. 3. Comparisons are made using data from psychiatrists working in the public system because the rates of these events can be different for private psychiatrists and practically all trainees work in the public system. There were no differences in the proportion of legal threats, patient suicides, and overall satisfaction. However, Fellows were twice as likely as trainees to receive formal complaints ( $\chi^2 = 22.51$ ,  $df = 1$ ,  $p < 0.001$ ), while trainees were four times as likely to be the object of verbal or physical abuse ( $\chi^2 = 46.66$ ,  $df = 1$ ,  $p < 0.001$ ) and 1.5 times as likely to report being stressed ( $\chi^2 = 8.73$ ,  $df = 1$ ,  $p < 0.01$ ). Whether these differences are a function of the training environment, greater vulnerability of junior staff or other factors, remains to be seen.

In conclusion, as a cross-sectional survey, the present study provides a snapshot of what it is like being a trainee in Australia today and a useful baseline for follow-up surveys. A similar study would be worth repeating once the new RANZCP training scheme is established. In the interim, most registrars appear to be satisfied with their training and work. This accords with one of the findings of the survey of RANZCP Fellows: allowing for training in a range of eras and settings, the majority (76%) of psychiatrists believed that their training had prepared them well for the practice of psychiatry.<sup>9</sup> Nevertheless, not all trainees are content and there is considerable scope for improvement. A growing body of research linking dissatisfaction and stress among doctors with poor patient outcomes,<sup>18,19</sup> should also serve as a catalyst for action.

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