



ORIGINAL RESEARCH PAPER

Psychiatry

PREDICTORS OF SATISFACTION IN PSYCHIATRY RESIDENTS IN INDIA: A WEB-BASED CROSS-SECTIONAL STUDY

KEY WORDS: Satisfaction, Psychiatry Training, Quality, Residents, India

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ABSTRACT

Background: Postgraduate education is the only path to creating specialists in the field they will be practicing. Providing high-quality health care and improving science through research & training will impart specific skills needed for the individual. The persons will get satisfaction will receiving post-graduate education. However, there was less data about the opinion of the postgraduate trainees and about the training received. Accordingly, this survey was done to evaluate the perception of psychiatrists about their determining factors of satisfaction in postgraduate training in India. **Aim:** To identify the predictors of satisfaction of psychiatry residents in India. **Methods:** An internet-based cross-sectional survey was conducted using snowball sampling technique from May to June 2022. Individuals (Psychiatry residents) were asked to fill a questionnaire with a series of questions, which included sociodemographic data, and a 41-item questionnaire indicating the relative importance of these items in determining their satisfaction with training on a five-point likert scale. **Results:** A total of 193 residents completed the survey. "Safety of the environment" and "level of support from peers in the department" were the most important items on this list. These items were ranked significantly higher than all the rest of the items. **Conclusion:** Improving the institutional support and creating an amicable and friendly atmosphere during training periods were essential. When attempting to improve resident training, regulatory bodies should consider this in determining resident satisfaction.

INTRODUCTION

According to the National Medical Commission, the major purpose of psychiatry residency courses is to generate a post-graduate clinician capable of providing health care in the field of psychiatry(1).

Residency programs are complicated educational systems that teach residents the skills, attitudes, and knowledge they need to practice their specialty (2). Since numerous stakeholders have realized that improving healthcare delivery cannot be achieved without addressing quality in medical education, the significance of medical education in delivering high-quality healthcare is growing (3).

Professionals' health, progress, performance, and development in relation to the quality of training, education, and treatment are all affected by their job satisfaction and dissatisfaction(4).

The physiology of a person's satisfaction or dissatisfaction is a multi-regulated phenomenon that is affected by a variety of factors, including the individual's perception, environment, opportunities, and so on. and, as a result, difficult to comprehend(5).

The improved quality of the facilities is reflected in the high level of student satisfaction. During training, resident role satisfaction increased, and there was a correlation between perceived competence and less supervision required(6).

The training's suitability in light of the shifting social, economic, and technological environment is an area that requires ongoing evaluation and enhancement. In a similar vein, the data and mechanism for regularly incorporating the most recent knowledge into the curriculum are not easily accessible in our nation.

A questionnaire was developed in 1997 by a task force of the American Association of Directors of Psychiatry Residency Training to define the variables that residents consider crucial to determining the quality of a psychiatric program. A literature review and focus groups with residents and program directors served as the foundation for the 41-item instrument.

Although the majority of these factors are outside of the authorities' control and cannot improve resident training satisfaction in regard to extrinsic factors, this questionnaire does not include those factors of satisfaction like geographical location.

We set out to learn more about the factors that influence Indian psychiatric residents' satisfaction with their residency training and created a list of them to help Indian medical directors improve training programs.

AIM:

To identify the predictors of satisfaction of psychiatry residents in India

METHODOLOGY:

Study Design :

Web-based cross-sectional survey

Sampling Technique:

Snowball sampling technique was used where the questionnaire was distributed via social media platforms (WhatsApp groups and meta) through web-link.

Inclusion Criteria:

All current Psychiatry residents (junior and senior residents) in training who give informed consent.

Exclusion Criteria:

All Psychiatry residents who do not provide valid consent and all residents who discontinued the training or completed their training more than a year back.

Study Tools:

Resident Satisfaction Questionnaire-

The initial Resident Satisfaction Questionnaire was used to evaluate this. The initial RSQ consists of a 41-item survey that asks residents to rate the importance of each factor in determining their satisfaction with their residency training on a five-point Likert scale (from "not important" to "very important" in determining the quality of a residency training program)

Statistical Analysis:

Statistical analyses were conducted using IBM SPSS 25.0. Descriptive statistics for continuous variables were presented as means ± standard deviations

TABLE 1. Forty-one resident-satisfaction items submitted to residents

Educational experiences	
1. Quality of supervision	18. Diversity of patient population (race, gender, age, socioeconomic status)
2. Academic reputation of institution/faculty	19. Opportunities for continuity of care (including long-term therapy)
3. Clinical reputation of faculty	20. Diversity of training settings (e.g., private vs. public settings, inpatient, outpatient, partial hospitalization, nursing homes, corrections, etc.)
4. Quality of teaching conferences	21. Exposure to managed-care settings
5. Fairness in evaluation of residents	22. Amount of "on-call"
6. Respect of faculty for residents	23. Progression in level of clinical responsibility
7. Personal qualities of program director (e.g., warmth, respectful attitude)	24. Education prioritized over service
8. Professional abilities of program director (e.g., administrative abilities)	25. Opportunities for research
9. Academic stature of program director (e.g., level of faculty appointment)	26. Opportunities for teaching
10. Opportunities for mentorship	27. Opportunities for individualized program (e.g., electives, part-time training)
11. Responsiveness of program to feedback from residents	28. Training in biomedical psychiatry
Institutional support	
12. Compensation (e.g., salary, benefits, leave, etc.)	29. Training in psychosocial psychiatry
13. Learning resources (e.g., libraries, computers, etc.)	30. Balance of training between psychosocial and biomedical aspects of psychiatry
14. Moonlighting opportunities	31. Responsibility given to residents for patient care
15. Availability of personal psychotherapy (cost, therapist availability)	32. Nonpsychiatric medical training (e.g., medicine/ neurology /pediatrics)
16. Quality of physical facilities (e.g., offices, hospitals)	33. Size of training program (number of residents)
17. Safety of environment	
Postgraduate outcomes	
	34. Performance of graduates on Boards
	35. Job satisfaction of program graduates
	36. Patient satisfaction with care provided by residents
Atmosphere in training program	
	37. Morale in department
	38. Level of support from peers
	39. Amount of time available for personal pursuits
	40. Quality of other residents in program
	41. Number of International Medical Graduates in program

Note: Items in bold were not ranked but served as headings for subsequent items.

RESULTS:

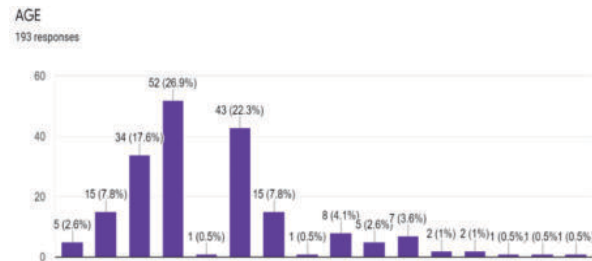


Figure 1 :Distribution of age among study participants.

Approximately 193 Indian residents completed the questionnaire. The mean age of the residents was 27.72 ± 2.39 years old.

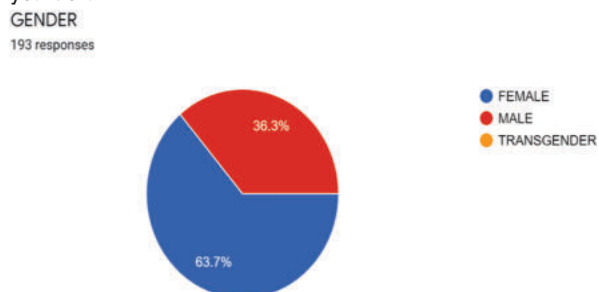


Figure 2 :Distribution of gender among study participants

The majority of the study population is female (63.7 %) and remaining are males (36.3%).

Table 2 : Distribution of residency year, hospital sector and study program among study participants

RESIDENCY YEAR	Frequency	Percent
First year	24	12.4
Second-year	90	46.6
Senior Resident - First year	16	8.3
Senior Resident - Second year	1	.5
Third year	62	32.1
Total	193	100.0

SECTOR OF HOSPITAL	Frequency	Percent
Deemed	3	1.5
Government	137	71.0
Private	53	27.5
Total	193	100.0

TYPE OF PROGRAM	Frequency	Percent
Diploma in Psychological Medicine(DPM)	1	.5
Diplomate in National Board (DNB)	3	1.6
DM	1	.5
Doctorate of Medicine(MD) Psychiatry	188	97.4
Total	193	100.0

Most of the the participants are Psychiatry residents in second-year training (46.6 %) ,majority belonging to government hospital (71%) and almost 97.4 % of residents who participated are pursuing doctorate of medicine degree program in Psychiatry.

Table 3 : The 10 items considered most important by the overall group of resident respondents in determining residents' satisfaction with training programs.

ITEM	MEAN	SD
Safety of environment	4.72	0.625
Level of support from peers	4.65	0.613
Morale in department	4.62	0.676
Respect of faculty for residents	4.59	0.695
Patient satisfaction with care provided by residents	4.55	0.636
Responsibility given to residents for patient care	4.54	0.629
Fairness in the evaluation of residents	4.53	0.771
Opportunities for continuity of care	4.51	0.622
Amount of time available for personal pursuits	4.51	0.758
Progression in the level of clinical responsibility	4.5	0.678

The two highest-ranked items, "safety of environment" and "level of support from peers," scored much higher than the rest of the items.

Table 4 : male (top) and female (bottom) gender wise 10 most important items in determining residents' satisfaction during training period

ITEM	MEAN	SD
Personal Qualities of Program director	4.66	0.634
Safety of environment	4.64	0.660
Respect of faculty for residents	4.64	0.703
Opportunities for continuity of care	4.59	0.691
Level of support from peers	4.59	0.712
Morale in department	4.54	0.629
Patient satisfaction with care provided by residents	4.57	0.627
Compensation (salary, benefits, leave,etc)	4.53	0.696
Responsibility given to residents for patient care	4.53	0.696
Quality of Supervision	4.51	0.654

When we divided the residents by gender, we found that the personal quality of the program director is the most important factor for males (mean score of 4.66 ± 0.634) and the safety of the environment for females (mean score of 4.76± 0.602) and no significant difference between any factor (p > 0.05) . Although not statistically significant, the order of ten important factors by gender is shown in table 4. Also, we

could not find a shift in attitudes among residents with different years of residency.

ITEM	MEAN	SD
Safety of environment	4.76	0.602
Level of support from peers	4.68	0.563
Morale in department	4.59	0.712
Fairness in the evaluation of residents	4.57	0.690
Respect of faculty for residents	4.56	0.691
Responsibility given to residents for patient care	4.55	0.590
Patient satisfaction with care provided by residents	4.54	0.643
Amount of time available for personal pursuits	4.54	0.771
Progression in the level of clinical responsibility	4.51	0.657
Compensation (salary, benefits, leave, etc)	4.48	0.761

DISCUSSION

Female residents account for 63.7% of our participants. This could be because there have been more female medical graduates in India recently (7). The "safety of the environment" and "level of support from peers in the department" were found to be the most significant predictors of psychiatry residents' levels of satisfaction in India, followed by educational experiences.

Our study was different from other studies that looked at how satisfaction in psychiatry residency was affected in other countries. Differences in socio demographics could be the cause of the differences. As a result of the fact that nearly 75% of doctors in India had experienced some form of violence in their practice(8) , residents may prioritize the environment's safety as the most important factor in employee satisfaction. Additionally, this study demonstrates that young psychiatrists, particularly female doctors, prioritize institutional support in their educational training.

Even though psychiatric practice has evolved over the past few decades, psychiatric residents still place a high value on the educational environment (9). Daugherty et al. discovered that when residents had more chances to learn, they were more satisfied, but when they felt like they were being mistreated, they were less satisfied. These findings suggest that program directors ought to make certain that residents are treated with respect and dignity, that they are growing professionally, and that they are being treated appropriately by faculty. (10) This could be due to the fact that more and more technology is bridging the clinical training gap for residents across India, and that other factors are becoming more important in determining the ease and satisfaction of residency. Residents in India take a more practical approach and are more interested in the results of their training. In addition to fairness in the evaluation of residents, they want patients to be satisfied with their care. This may be because residents blame faculty rather than themselves for failing exams. This is also inconsistent with other studies, possibly due to the fact that when comparisons were made between the various groups of institutes, Indian residents noticed a significant difference in various aspects of training (11) and students probably feel the need for faculty to take these factors into account when evaluating training.

The contentment of residents is also largely influenced by personal time and professional development. It was discovered that "time and energy spent on administrative tasks" and "clinicians' satisfaction with workload" had a negative impact on job satisfaction (12).

Neither gender-based differences nor significant shifts in attitudes are observed among residents with various years of residency. In addition, there is a wide range of participation from various hospital sectors and programs in order to

compare residents' preferences for satisfaction factors in predicting their training satisfaction. This could be due to the fact that the researcher is enrolled in an MD program at a government hospital or to the high number of Psychiatry MD seats available in India's government structure.

The most important indicators of program quality should be compared in future research between residents' and education standard policymakers' perspectives. It should also be interesting to find out what the residents think about "safety of the environment," "level of support from peers in the department," or any other predictor.

Limitations

The current study has the following limitations.

1. The sample is small.
2. Because the Resident Satisfaction Questionnaire is self-reported, recall bias might exist.
3. Benchmarking data are missing from the RSQ. For instance, is a score of 3.5 for overall satisfaction "good" or "bad"? What is the relationship between a given satisfaction score and scores from other programs? Is there a tendency for overall satisfaction to shift over time in training?
4. The survey evaluated the broad areas of training and may not necessarily reflect the whole training.

Conflict Of Interest: None

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