

Attitudes of psychiatrists towards research degrees

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Discipline of Psychiatry

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Background

- Effective Supervision Programme, run by the University of Adelaide Graduate Studies Branch
- Questionnaire to all trainee and registered psychiatrists in South Australia seeking their thoughts on higher degrees by research

Method

- Review of the literature on the uptake of higher degrees by research in psychiatry
- A world-wide issue in Australia, the US and UK
- Small number of papers from these countries

Method

- Main areas discussed over 9 papers (4 of which were surveys):
 - Concern that small number of PhDs not keeping up with need of the discipline/profession
 - Call for training in psychiatry to require a research component (in Australia)
 - Problems faced by IMGs wanting to complete a higher degree (in US)
 - Notion that research placements for selected people in training may be helpful (in US and UK)
 - Impact of women in psychiatry and whether a research career less attractive for them
 - Debate as to whether conducting research and completing higher degrees really matters on a clinical level

Method

- A questionnaire drafted based on the literature review
- Also considered local issues relevant to the University of Adelaide and our Discipline
- Showed this draft to 5 experts in the area - all were either supervisors of higher degrees in Psychiatry or involved in the training of psychiatrists

Aims of study

- Aim 1: Construct peer-reviewed questionnaire on attitudes toward research degrees to be sent to all trainee and registered psychiatrists in South Australia
- Aim 2: Identify ways in which research through a higher degree programme could be encouraged and facilitated in South Australia (and potentially nationally and internationally)
- Aim 3: Fulfil requirements of the Effective Supervision Programme

The questionnaire

- Based on the experts' helpful advice, minor changes were made to first draft
- Final two-page questionnaire comprised 33 items, most rated on scale from SA to SD, plus allowance for written feedback if desired

Method

- Approval was sought and granted from:
 - University of Adelaide Human Research Ethics Committee
 - South Australian Psychiatry Training Committee
 - Royal Australian and New Zealand College of Psychiatrists
- Approval was contingent upon the study being voluntary and anonymous

Method

- A questionnaire and Information Sheet was sent to 329 people through the RANZCP Office in Adelaide on September 19th 2008 – thank you to Ann Francis and to Trudy Lisk and her two sons
- On October 10th 2008 all 329 envelopes were sent again
- On October 27th a reminder email was sent to the 100 College members with an email address via the RANZCP office
- Funding for the postage was from the Carrick Institute (\$370.00)

Results

- Of the 329 questionnaires sent, three were returned (participants ill or deceased) N=326
- Response rate = 179 (54.9%)

Results

- Across the three data collection waves:
 - First letter – 114 returned (63.7%)
 - Second letter – 51 returned (29%)
 - Email – 13 returned (7.3%)

Demographics

- No official data on profile of target population
- RANZCP office reports:
 - Women - Fellows 112, Trainees 28 (42.6%)
 - Men - Fellows 172, Trainees 17 (57.4%)

Demographics

- Women – 78 (43.6%), Men – 101 (56.4%)
- Ages – 27 to 86 years, mean=49.2, SD=13.4
- Employment status – full-time (67.0%), part-time (21.8%), retired (9.5%), not working (1.7%)
- Part-time workers – hours = 4 to 40, mean=24.4, SD=8.2

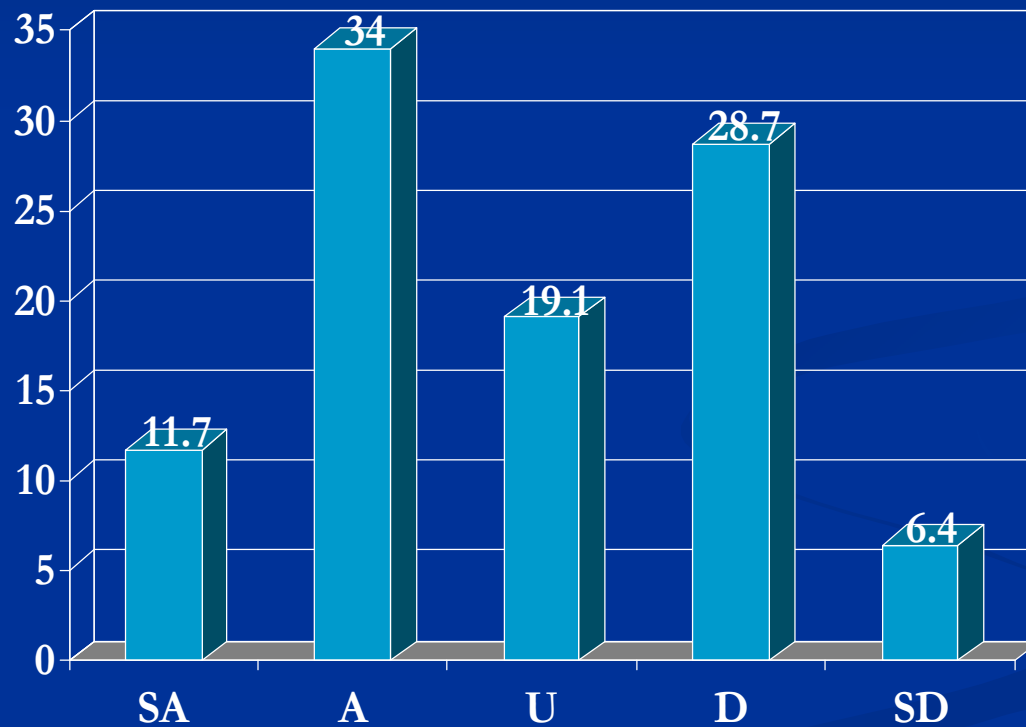
Demographics

- Position = Consultant (82%), trainee (13.5%), IMG (4.5%)
- Completion of HDR for 12.9% (N=23)
 - Masters – 13% (N=3)
 - MD – 56.5% (N=13)
 - PhD – 30.4% (N=7)
- Have you considered HDR? – 76 (42.5%) said “yes”

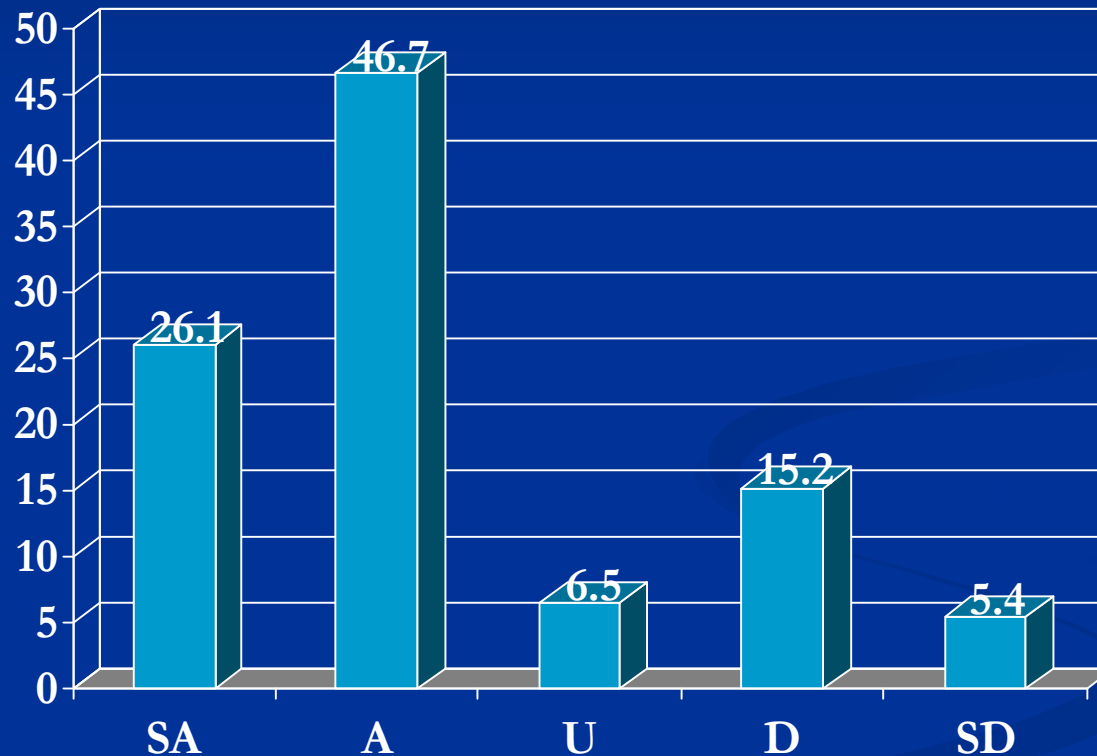
Motivations

- Participants asked to indicate what had motivated them to either complete a HDR or think about doing so
- These % data are for N=90 - 99 [some missing]

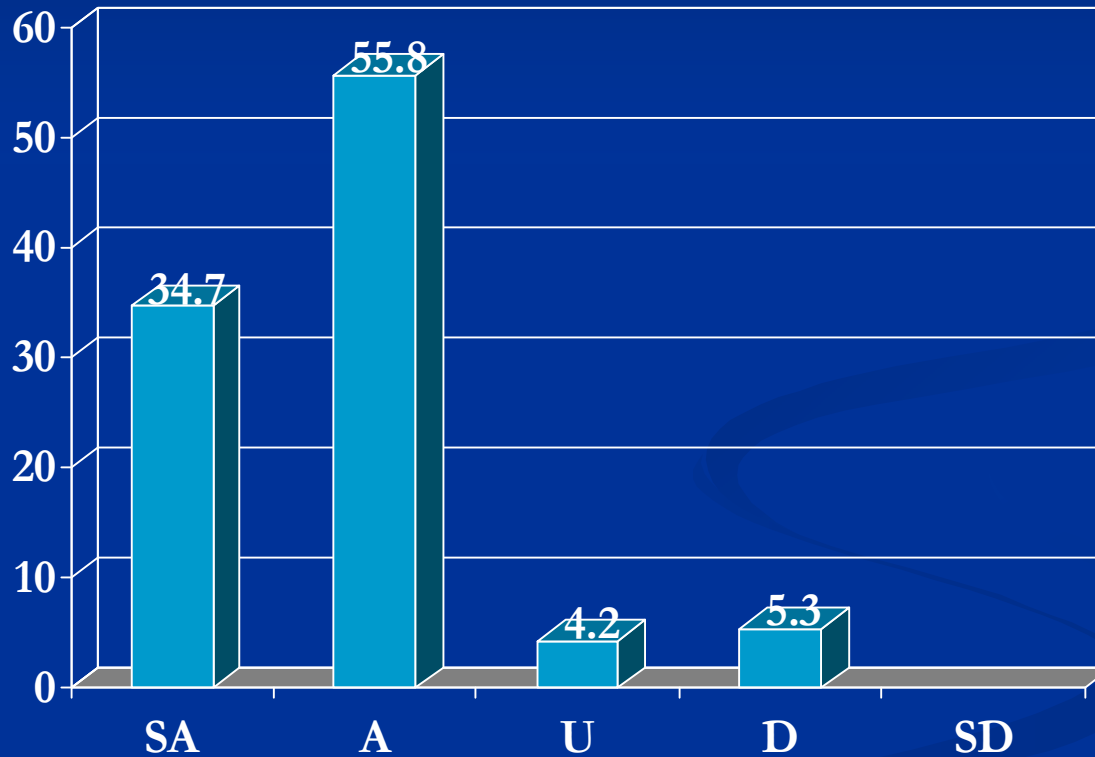
Improved clinical career prospects



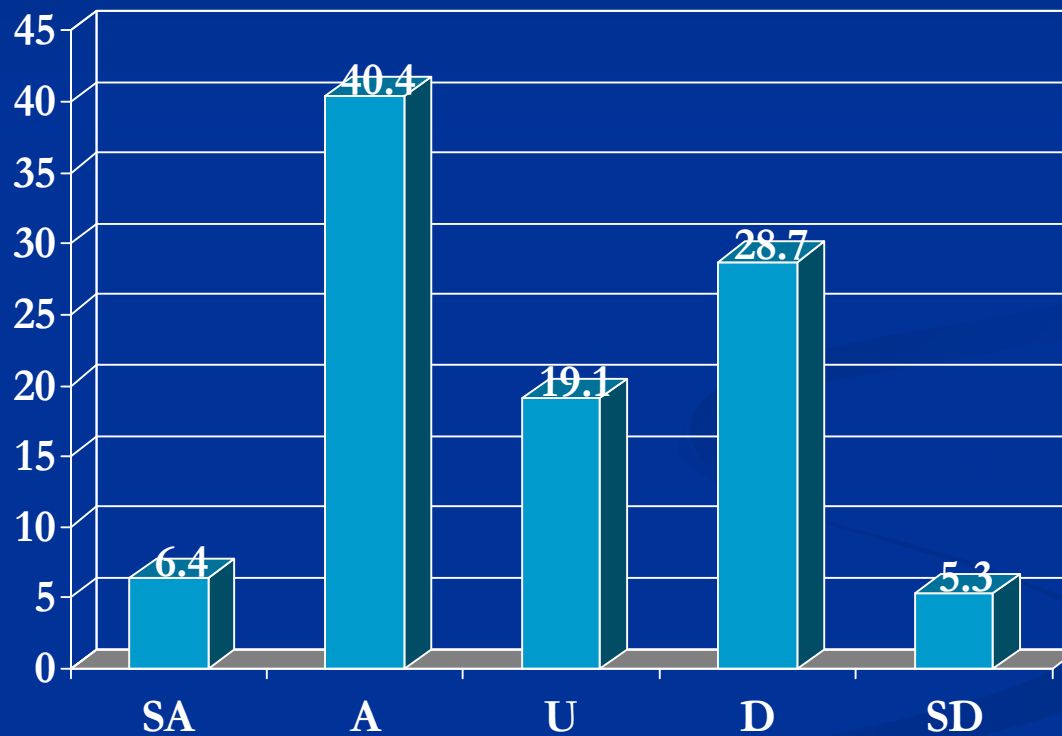
Improved academic career prospects



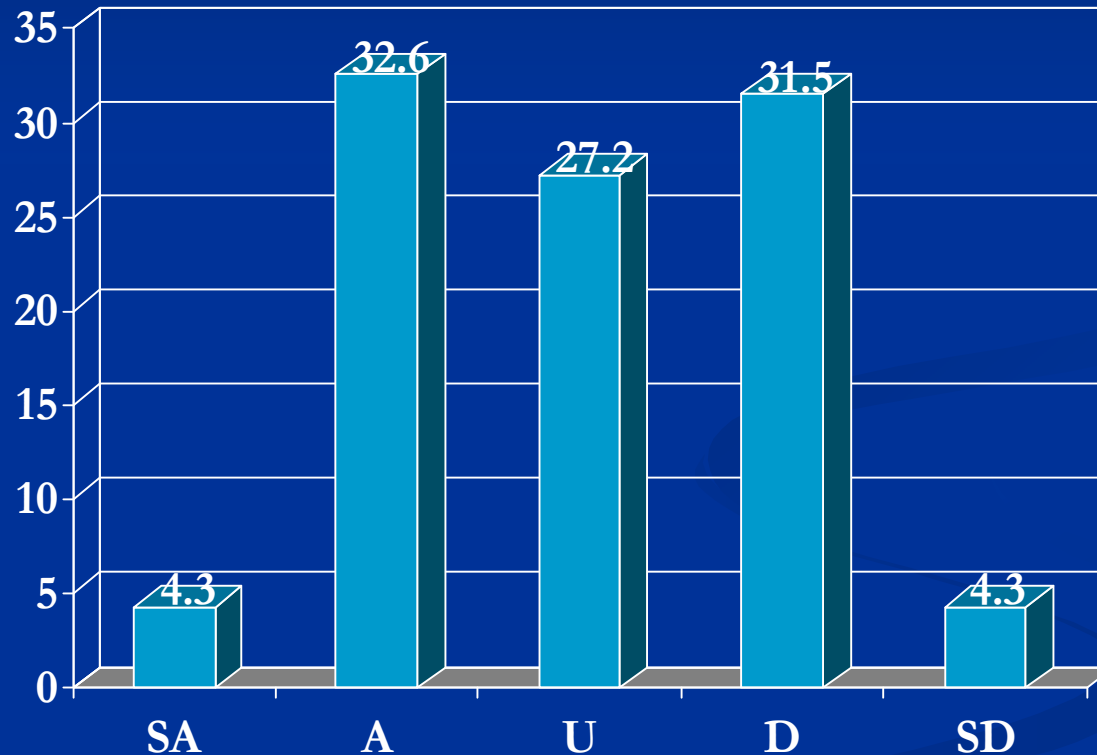
Interest in research



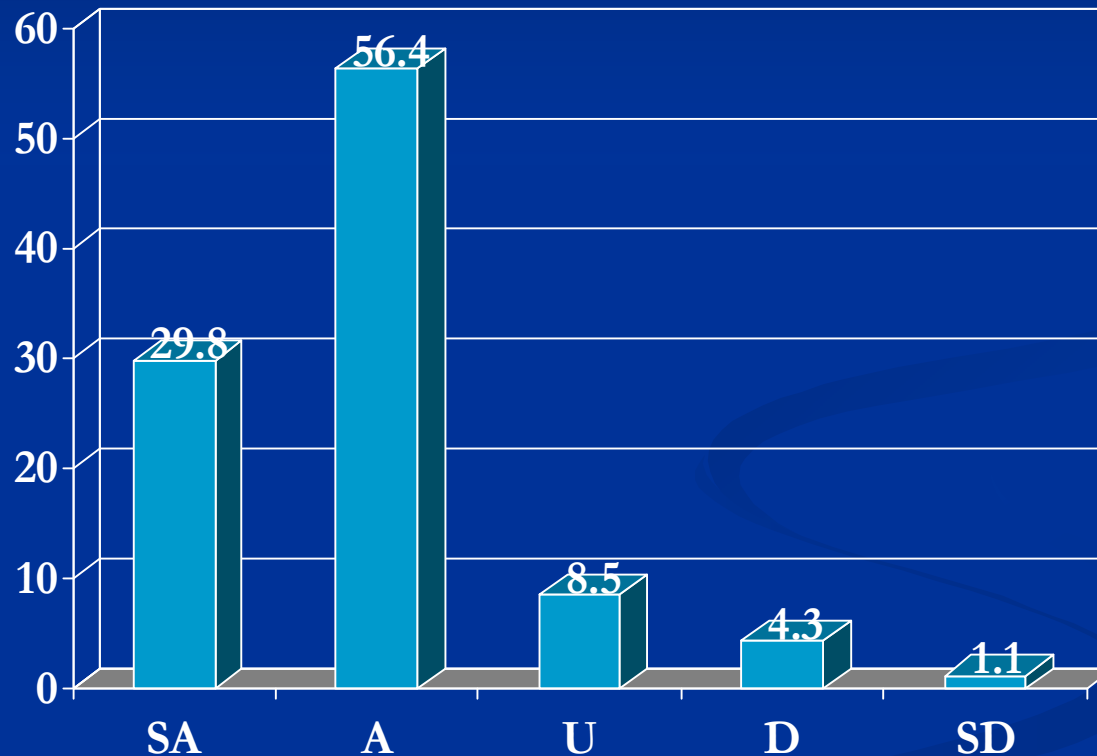
Inspired by a role-model



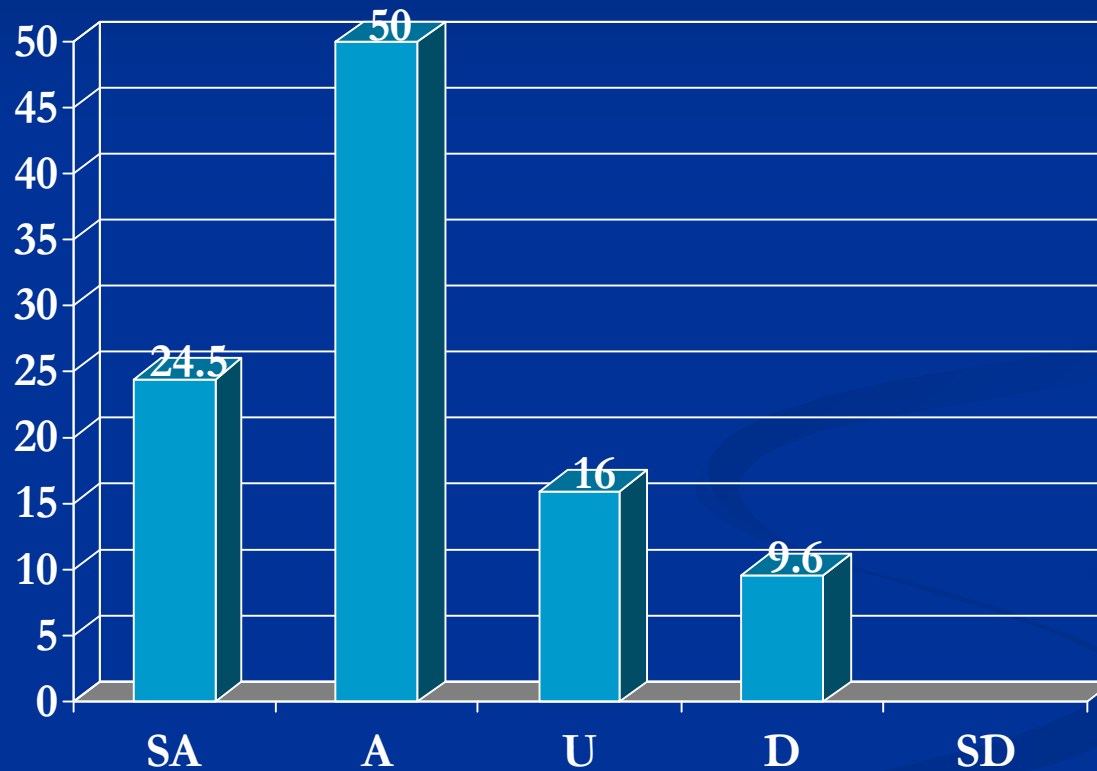
Increased respect from colleagues



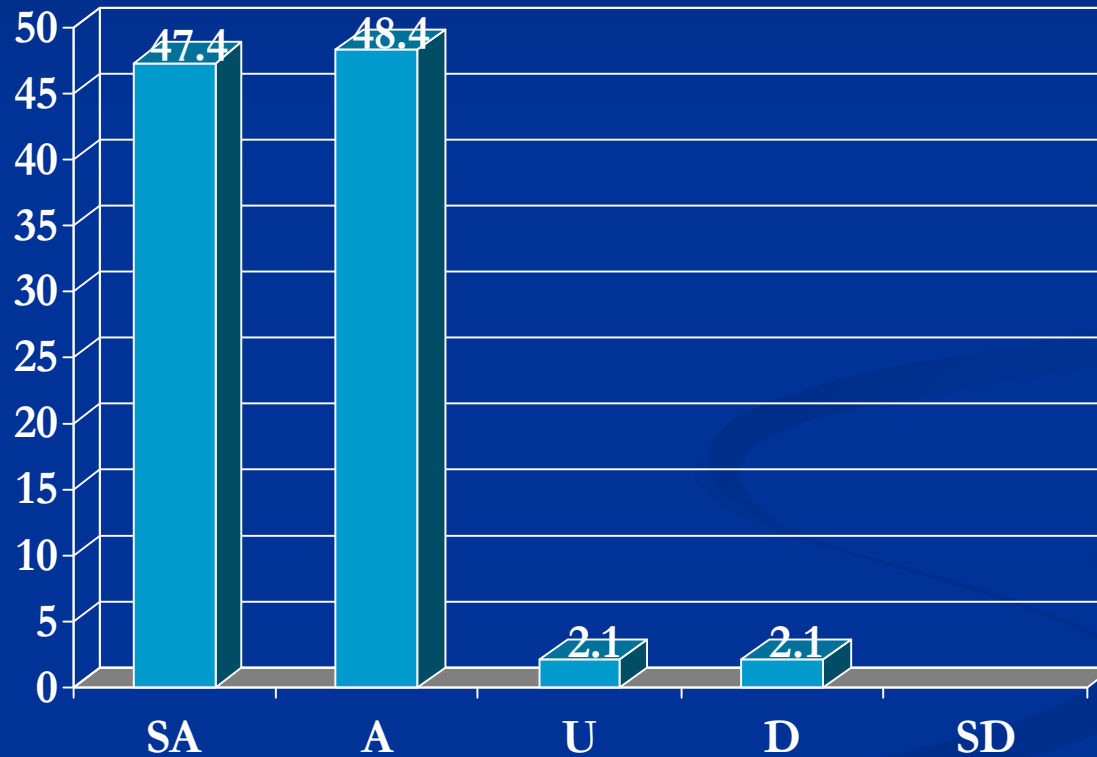
To build on knowledge in psychiatry



To improve patient care



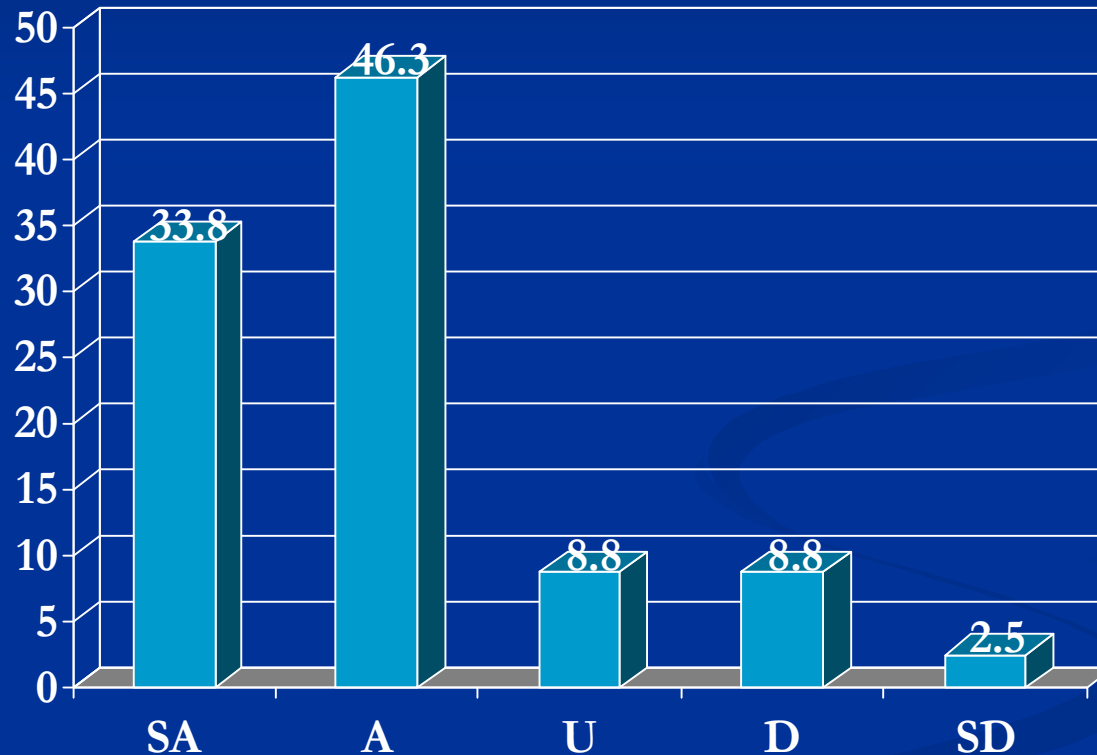
For personal interest



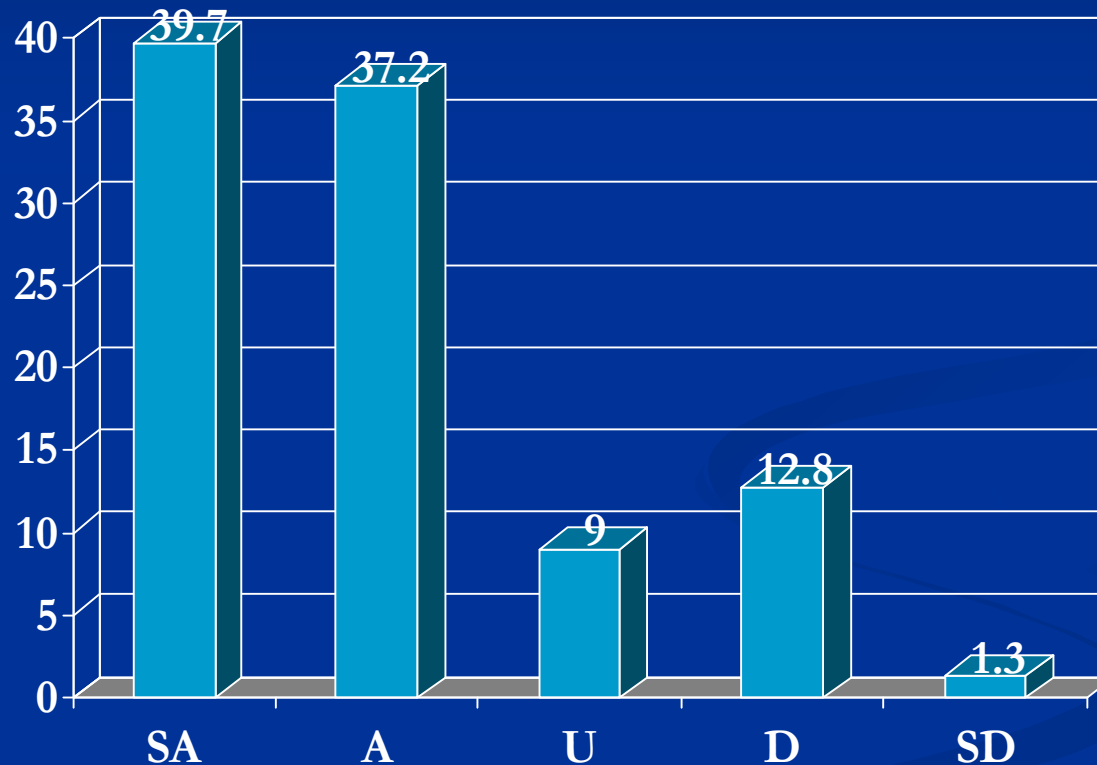
Not interested in HDR

- Participants who indicated they had not completed a higher degree and who had not considered this, were asked to indicate what factors influenced their decision
- These % data are for N=78 - 80 [some missing]

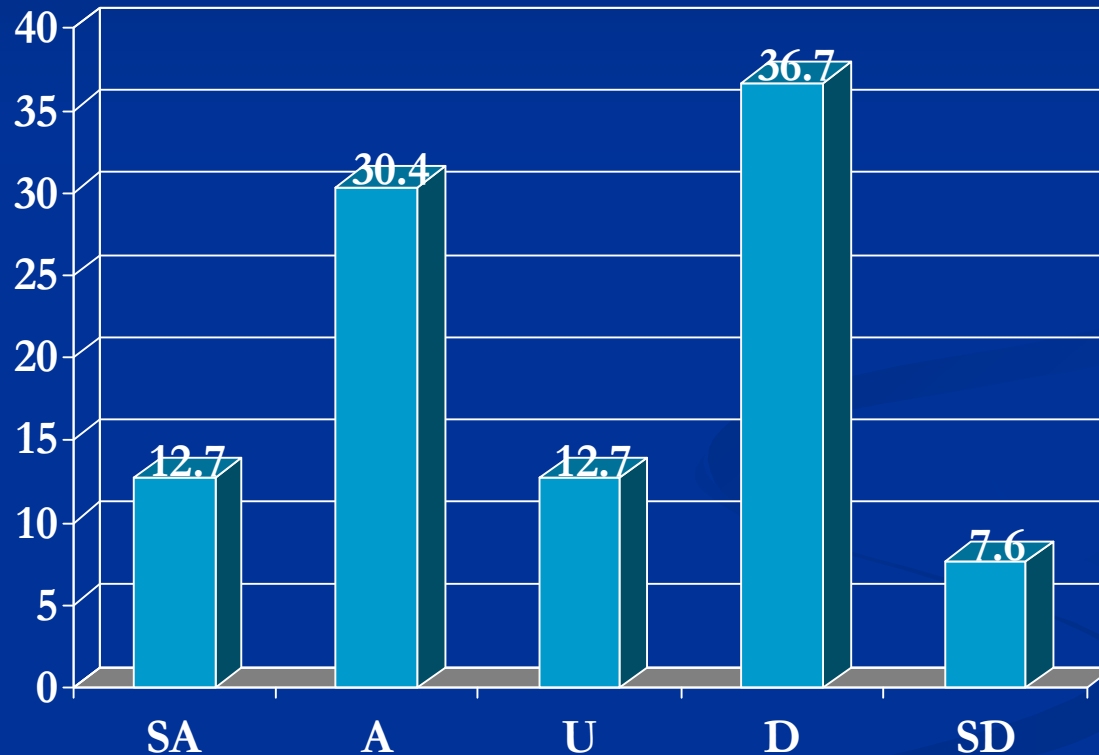
Not important for my career plans



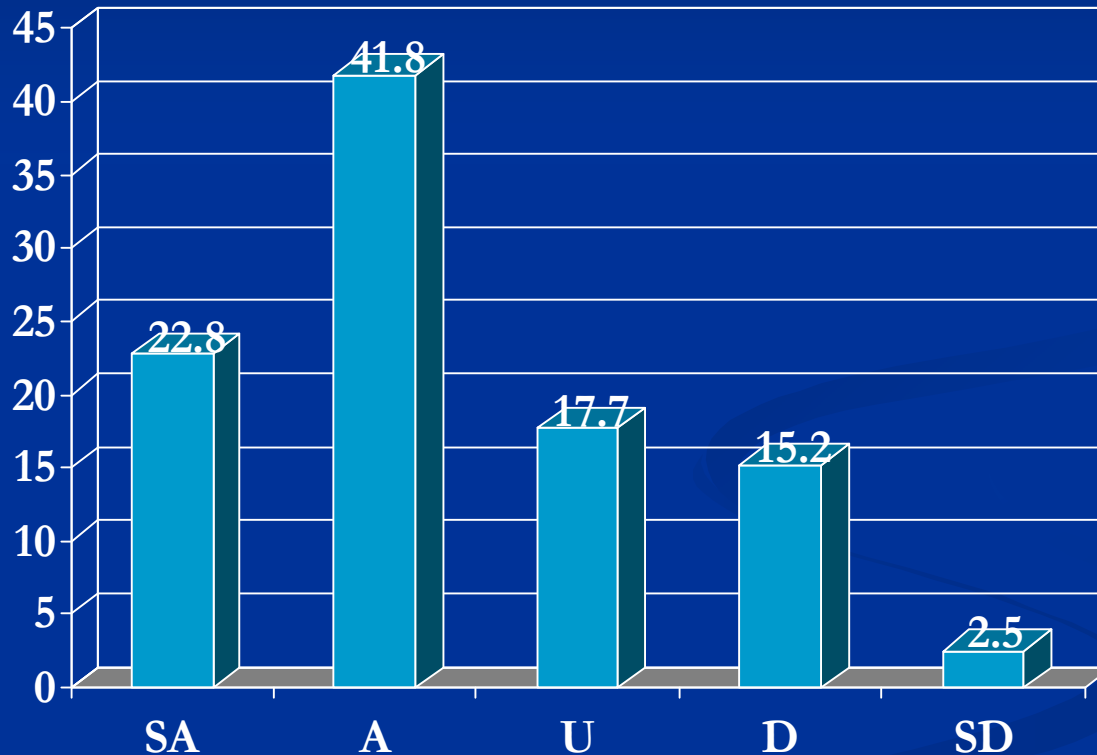
Not interested in the extra work



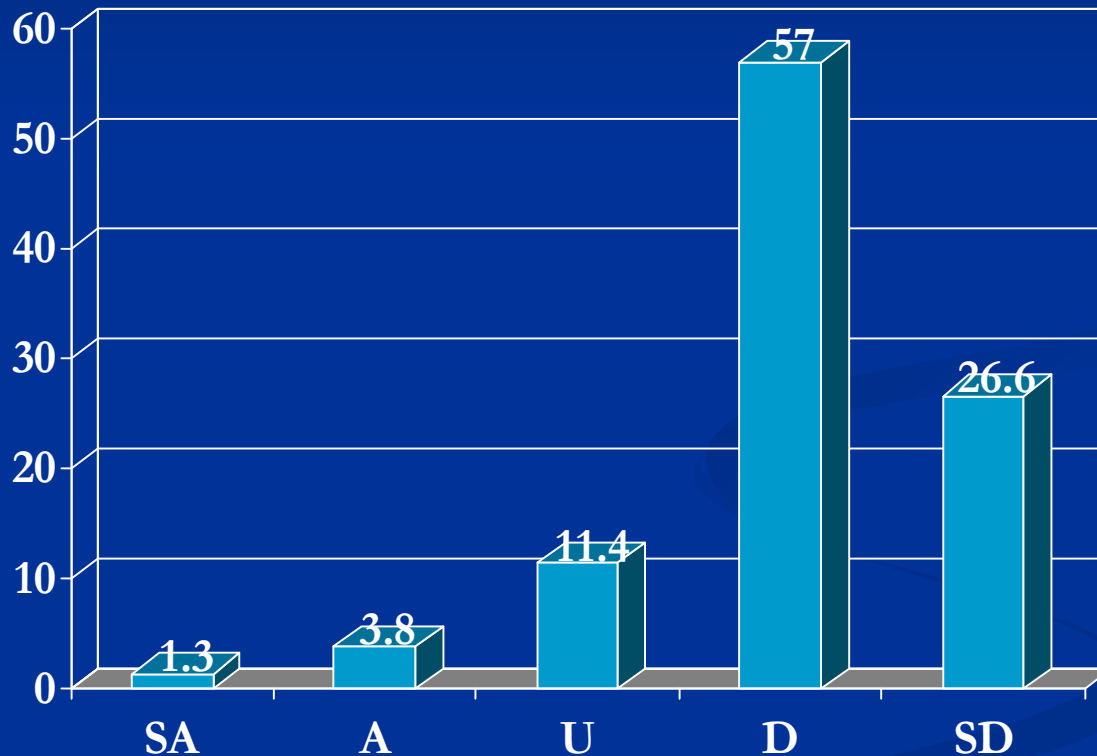
Not interested in undertaking research



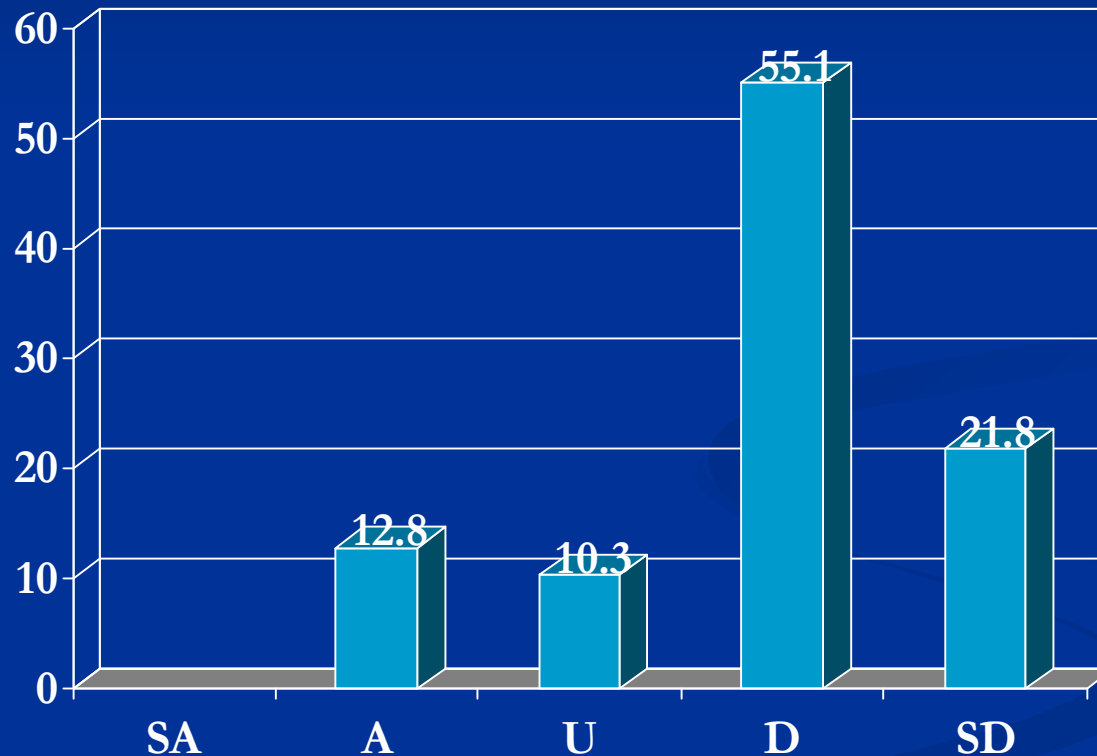
Not inspired by a role-model



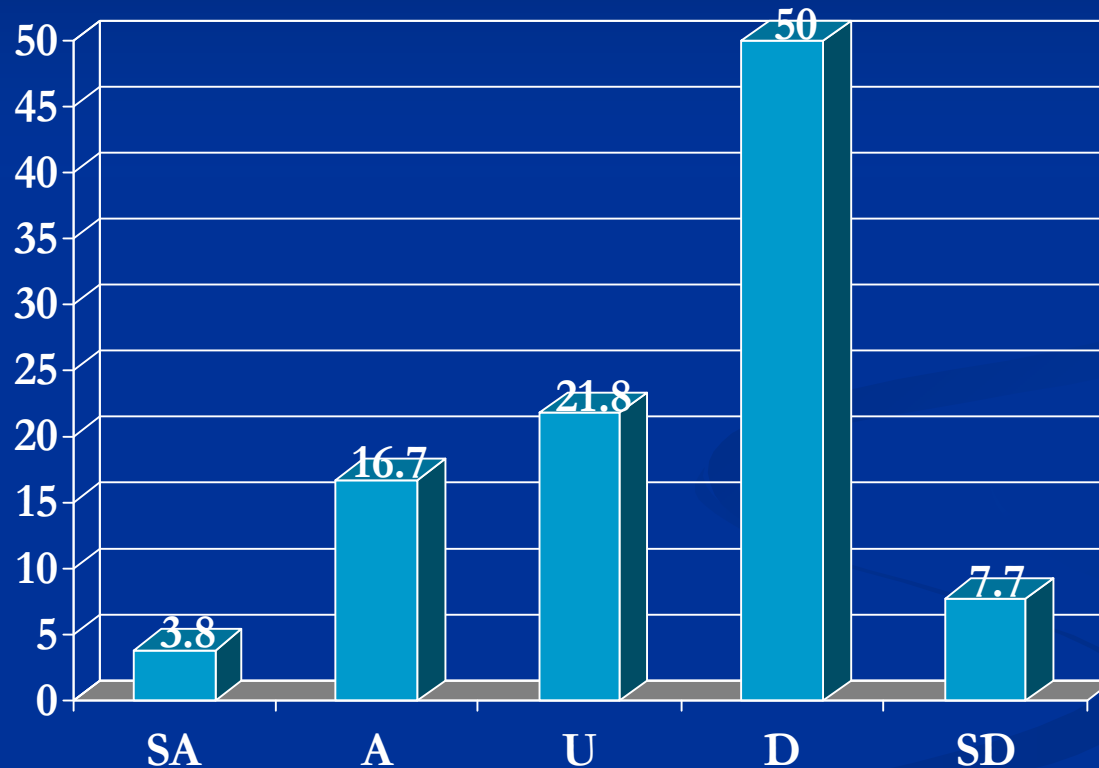
Does not build knowledge in psychiatry



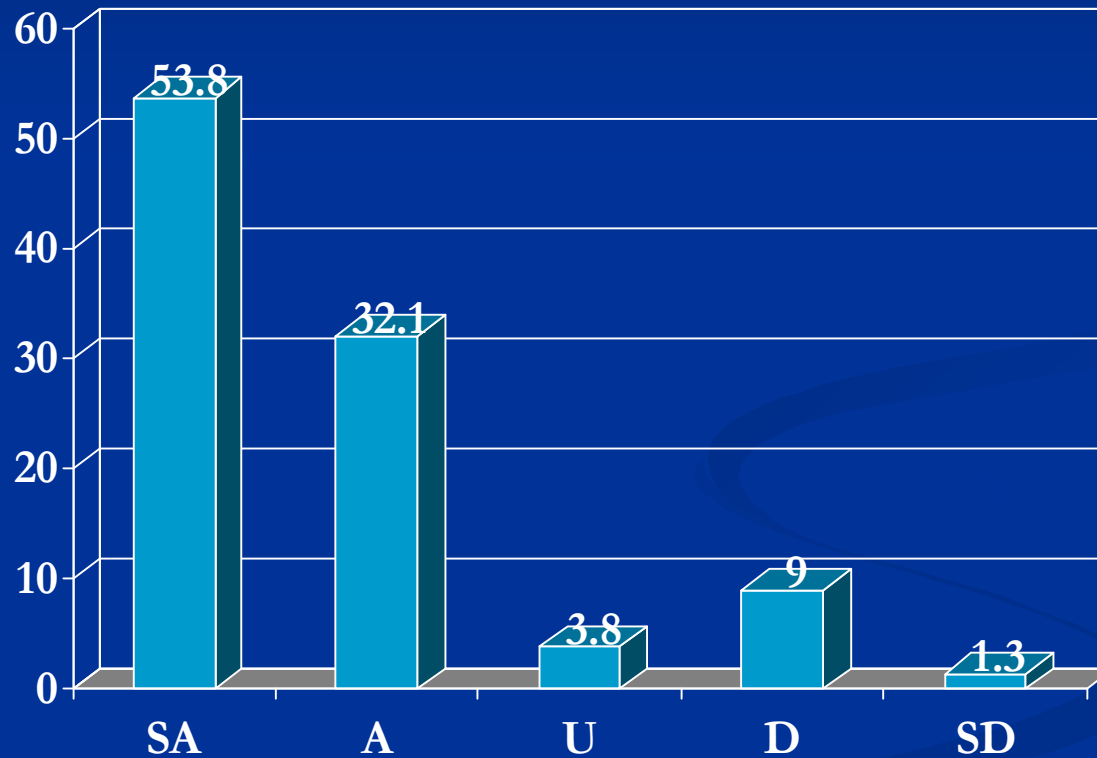
Not important for improving patient care



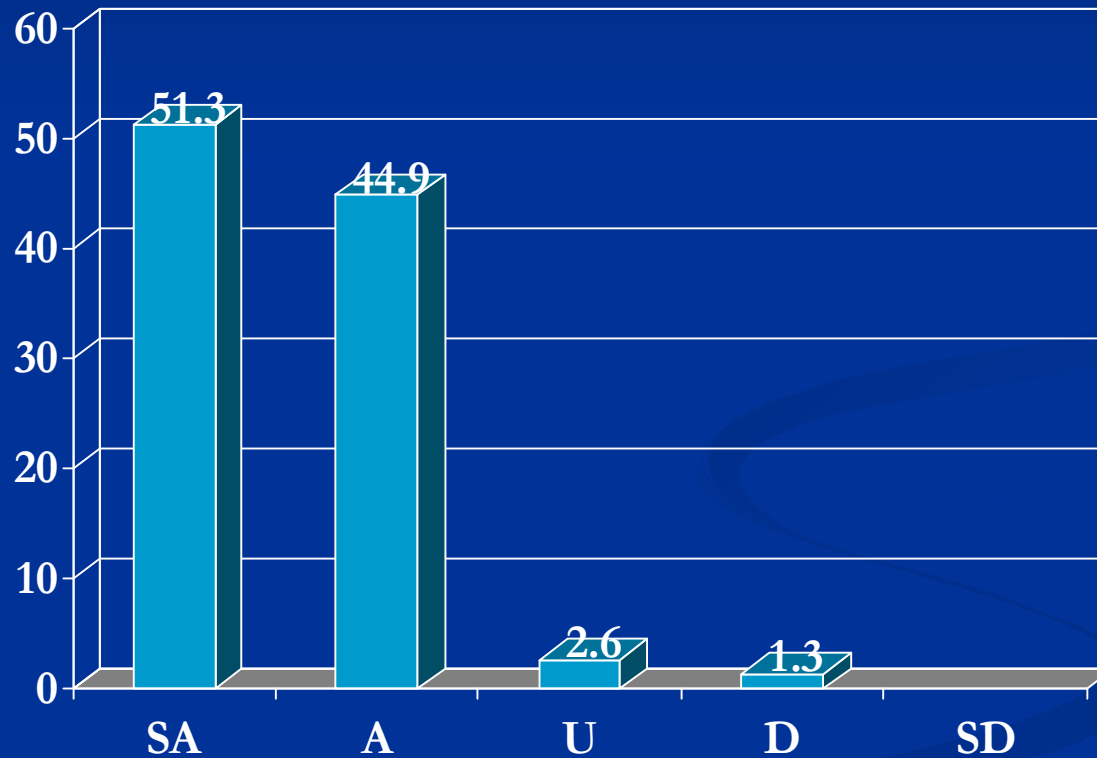
No increased respect from colleagues



Family commitments



Clinical commitments



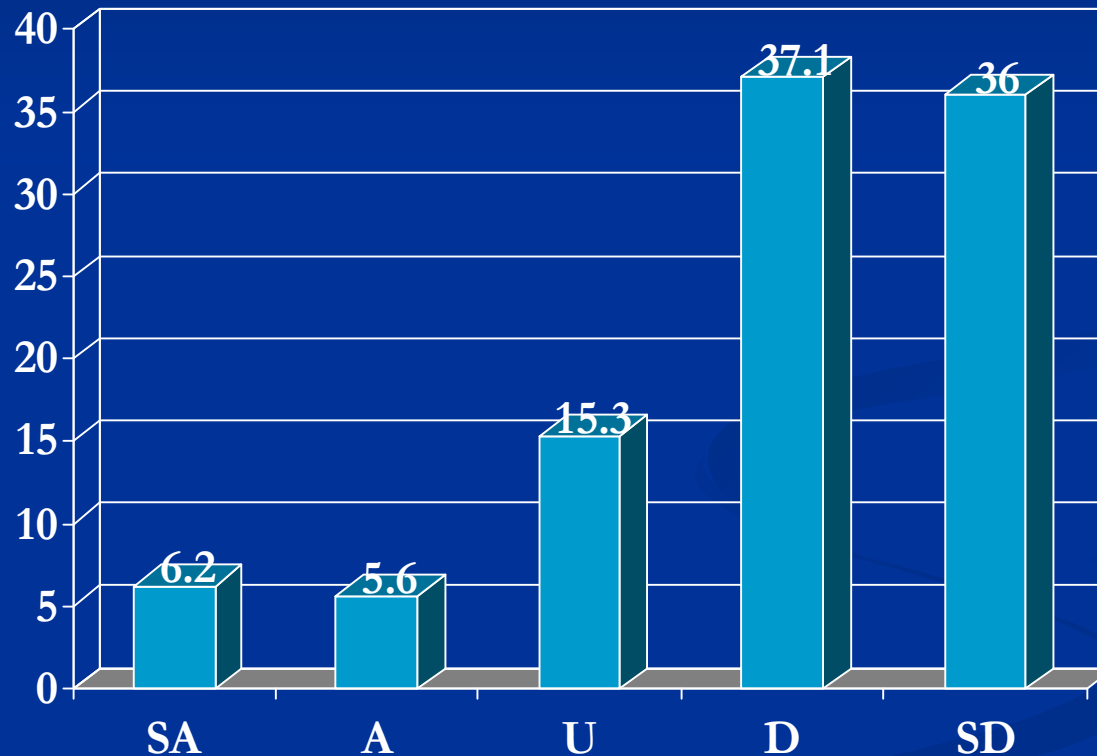
General attitudes

- All participants were asked to answer 8 items regardless of their own history of higher degree study
- These data are for $N=175 - 179$ [some missing]

Do you feel that completion of a research degree is an important aspect of psychiatry training?



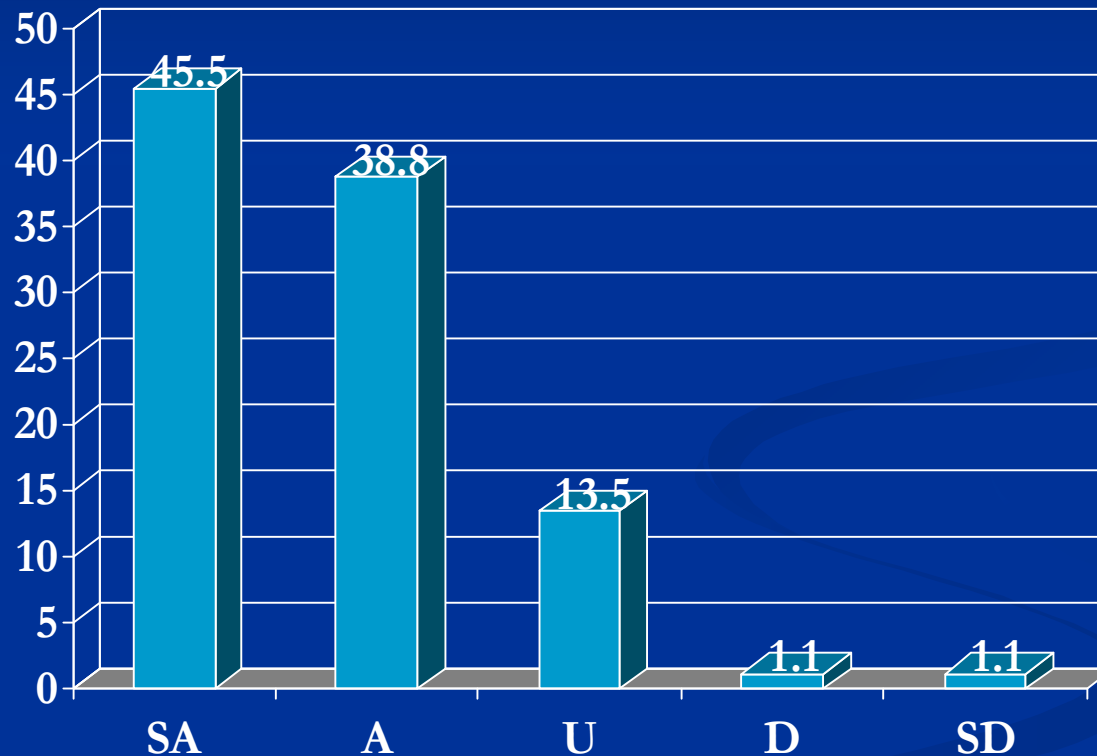
Do you feel that completion of a research degree should be mandatory for psychiatry training?



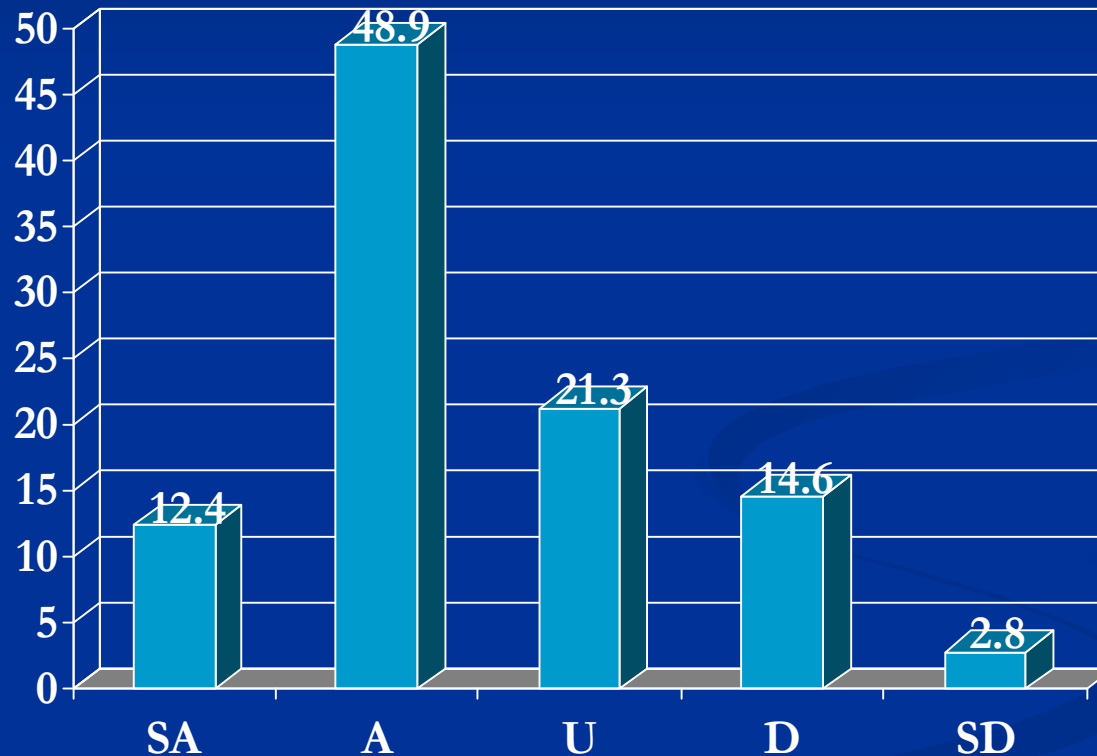
Without a higher degree (a PhD) securing an academic post in Australia would be difficult



Without a higher degree securing an academic post internationally would be difficult



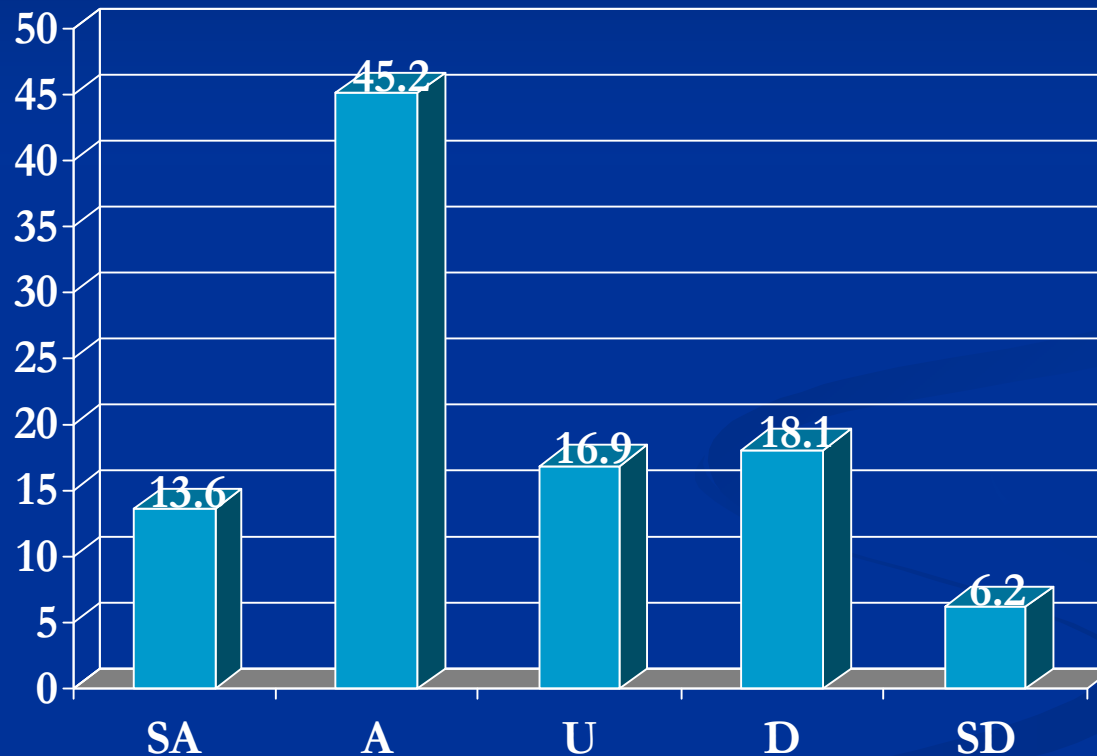
The profession of psychiatry would benefit if psychiatrists completed higher degrees



Ways to increase HDRs in psychiatry

- Three items queried strategies to help increase the uptake of higher degrees by research in psychiatry

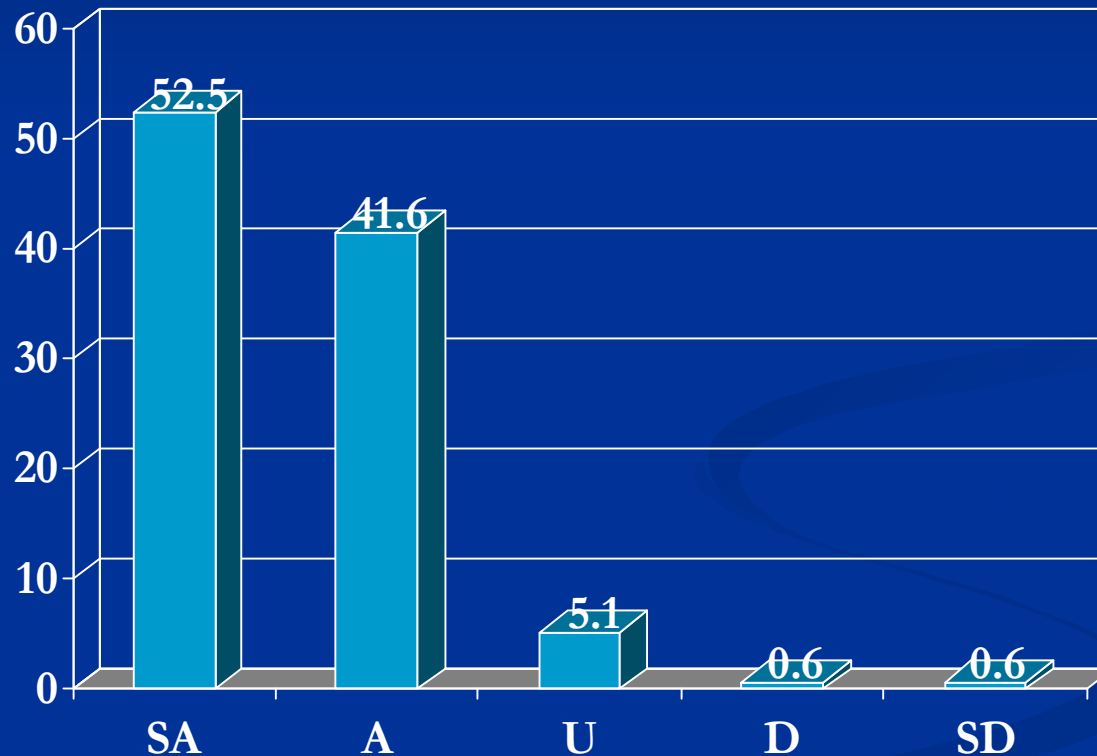
Requiring the completion of a research project in the psychiatry training program



Providing research scholarships of \$20,000 per annum over three years



Creating clinical/research positions with equivalent pay rates to a clinical only position



Influence of women in psychiatry

- Of those with an HDR 18 were men, 5 were women: this difference was significant $\chi^2=4.25$, $df=1$, $p<0.05$
- There was no significant difference between men and women and whether they had considered completing an HDR

Written feedback

- 76 (43.2%) provided written comments at the end of the questionnaire
- These were transcribed and subjected to content and thematic analyses

Qualitative results

- In all there were 172 separate comments written
- These were first categorised as either:
 - “Positive” feedback about HDRs – good experiences, positive role models, hope for the future, positive suggestions and so on
 - “Negative” feedback – bad experiences, criticisms about supervision, academics, research, barriers, incompatibility of clinical demands and so on

Example of “positive”

- *“I do believe strongly that focus on the literature, research, conferences and the intellectual stimulation that comes from sharing ideas does a lot to counteract low morale in public mental health (also, unfortunately, in disarray!)”*

Example of “negative”

- *“It has not been promoted as an option, role models are not prominent and seems distant from the clinical area”*

Positive and negative

- Positive comments = 19.2%
- Negative comments = 79.7%
- Not coded = 1.1% (personal facts etc)

Content analysis

- The individual comments were examined and grouped according to thematic content
- Twenty core themes were present
- Note that the Ns = number of times appeared in the written feedback, not the number of participants

Themes – most frequent

- Lack of support and resources for research = 25
- Role models/mentors lacking or poor = 17
- Clinical demands impede research = 12
- Salary unattractive for research positions = 11
- Clinical work more impt. than research = 10

Thematic analysis

- An overriding, dominant theme could be termed “Anti-intellectual” = no to mandatory research training, irrelevance of research and academics

Old chooks

- *“Professors sometimes “abuse” their researchers taking credit for the hard work of others! . . . There are a lot of people doing “research” who are like old chooks scratching in the same old henhouse looking for that golden corn but they lack originality and the research is banal/ tedious and heaven forbid that this will lead to more of that crap and that’s what you will get if you force/ make things obligatory (opinion only)”*

Tension

- A secondary, overarching theme I understood as reflecting, and I termed, “tension”, of which there seem to be six sources identifiable in these data

Service provision versus research

- *“Clinical/ research degrees are not for everyone. Somebody has to just do the plain old hard slog of clinical psychiatry out in the general population. Leave the higher degrees in research to the minority”*

University “ivory tower” versus “real world”

- *“Role models disappointing – lack of real involvement of senior academics in the real business of psychiatry – either in public or private practice”*

Intellectual pursuits versus clinical work

- *“It is mainly the academic community that attach more prestige to the research you do. This is great if you want to advance yourself in the academic field, but most clinical psychiatrists are more focused on patient care and their own practice (and realise that a lot of the research and academic process is ego-stroking and a bit of an intellectual wank) 😊 But good luck to you if you want to do it”*

Desire to research versus impediments

- *“Service demands, chronic understaffing, bureaucracy and red tape make it nigh impossible to make the time and energy to pursue an academic career in psychiatry”*

Feelings of resentment . . .

- *“There is poor organisation of psych research everywhere in SA. There is no support from the state government/teaching hospitals. Departments of Psychiatry are weak. SAMHS is anti-intellectual and grovels to bureaucrats. No data based decisions for resource allocation, no evaluation of monies allocated. It is appalling. I am delighted by this survey. Well done, keep it up”*

Versus regret

- *“Clinical research has become devalued amongst those in administrative positions within our public health service. The clinical demands/ service demands prevent many public psychiatrists from pursuing an interest in research. There is a perception that there is insufficient staffing and funding within the Department of Psychiatry to support those interested in research”*

Relevance of research versus irrelevance

- *“To encourage psychiatrists to pursue a research career there would need to be far better models (role and nature of research) to encourage. Current psychiatric research in Australia – as published in the College journal – is terrible! It is seemingly poorly thought and displays (generally) poor methodology and is (generally) not terribly relevant to the difficult and challenging issues of psychiatry. It seems to be purely research done for a C.V. entry, like this research project!”*

In conclusion

- Aim 1 – to construct and administer the questionnaire – was achieved
- Aim 3 – to fulfil the requirements of the Effective Supervision Programme – I hope so!
- Aim 2 – to identify ways in which HDR uptake could be encouraged for psychiatrists - problematic

In conclusion

- A number of positive attitudes towards research, but a number of negative attitudes also
- Service demands pose a barrier
- Financial rewards also a barrier
- Perceived lack of mentors an issue

In conclusion

- Are the expectations and demands of the university simply incompatible with the expectations and demands of the clinical profession of psychiatry? Are there irreconcilable differences?
- I am interested in your thoughts

Future research

- In-depth interviews to understand more fully the negativity and hear suggestions to address this (the interviewer would need to be carefully considered)
- Comparison of psychiatry with other medical disciplines – are the attitudes the same, if not, what are the differences, what lessons are there?
- Comparison with other related professions, for example psychology – what are the lessons, if any?

Acknowledgements

- RANZCP
- SAPTC
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- The participants who completed it
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