Workload and Attitude Toward Profession Among Young Thai Psychiatrists: A National Survey

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Objective: *To survey workload and attitude toward profession of young Thai psychiatrists.*
Material and Method: *The present study was a cross sectional descriptive survey. The researcher team invented the questionnaire and posted it to 142 young Thai psychiatrists (age ≤ 40 years old).*
Results: *There were 82 participants. Response rate was 57.7%. The respondents were 30 males (36.6%), 52 females (63.4%), 66 general psychiatrists (80.5%), 16 child and adolescent psychiatrists (19.5%). Their mean of age was 31.4 years old. Those worked at hospitals under the Department of Mental Health (36.6%), the Office of Permanent Secretary (29.7%), universities (13.4%) and other institutions (12.2%). In office hours, the respondents had an average working hour 39.5 hours/week, while an average outpatient service working hour 15.6 hours/week. An average amount of outpatients was 89.9 patients/week. Each institution was significantly different in consultation liaison, teaching, administration, community psychiatry, and research. The percentages of young psychiatrists who agreed with the opinions "proud to be a psychiatrist", "working effectively as a psychiatrist" and "satisfied with psychiatric working system" were 98.9, 95.1 and 65.9 respectively. The average amount of outpatients (patients/week) affected job satisfaction.*
Conclusion: *The full-time working hour of young Thai psychiatrists was not different from other studies. However they had more psychiatric patients and spent more time doing outpatient service because of scarcity of psychiatrists in Thailand. Even though the number of psychiatric outpatients affected job satisfaction, most of them had positive professional attitude.*

Keyword: *Young psychiatrist, Workload, Attitude, Profession*

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Young psychiatrist was introduced in 1999 by Professor Norman Sartorius and World Psychiatric Association (WPA) in the establishment of Young Psychiatrist Committee and World Association of Young Psychiatrists and Trainees (WAYPT)[1]. Young psychiatrists are defined as psychiatrists who are no more than 40 years old or have psychiatric experience no longer than 5 years[2]. Subsequently, there is more outspread of young psychiatrists in other countries like Japan where there is the establishment of Japan Young Psychiatrist Organization (JYPO)[2] in 2002 and the Association of European Psychiatrists (AEP)[3] in 2004. There has been seminar for young psychiatrists in each annual meeting including setting up a committee or organization associated with young psychiatrists in other countries such as Malaysia, South Korea and South Africa. The purpose is to improve knowledge capacity and increase specialist role of young psychiatrists, including expanding connection between other countries[4]. In Thailand, the Psychiatric Association of Thailand (PAT) has acknowledged young psychiatrists since 2007 as in supporting funds for observant or presentation at international academics meeting[5].

In 2002 JYPO did a survey on members about the attitude of young psychiatrists. The response rate was 188 participants from 600 participants and 40 percent stated that they were not keen on looking after patients with psychological intervention[6]. In 2009, Silva VB et al surveyed the opinion of 92 young psychiatrists in Italy and found that they had low confidence in forensic psychiatry, child and adolescent psychiatry and emergency psychiatry[7]. From the present study of Rey et al in 2004 reported that 79 per cent of Australian psychiatrists were proud of being a psychiatrist and 88 percent of these reported being satisfied with their work[8].

In Thailand, there are no prior studies involved

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with workload and attitude toward psychiatric profession of young psychiatrists.

Therefore the authors would like to study this aspect with the purpose of determining characteristics of demography, workload and attitude toward psychiatric profession of young psychiatrists in Thailand.

Material and Method

This research was a cross sectional descriptive survey. Population and participants were all young psychiatrists in Thailand. Inclusion criteria was psychiatrists who were not more than 40 years old[1] (born after 1 April 1970) and no exclusion criteria.

Measurement

The authors invented questionnaire that consisted of 3 steps, first step was reviewing associated literatures. After that the questions were assessed by 3 psychiatrists and were revised appropriately. Then the questionnaire was used as pilot study in 10 young psychiatrists. The questionnaire was revised again before real using. This research consisted of 3 parts as the followings:

Part 1

Demographic data such as gender, age, marital status, education, training institution, working place, etc.

Part 2

Workload questions: working hour and extra working hour, being on duty, the types and amount of patients, characteristic of full-time job such as examining the patients, teaching, doing researches, doing administrative work and community psychiatry, etc.

Part 3

Attitude toward psychiatric profession which were modified from the present study of Maslach[9,10] consisted of 3 questions: the proud of be a psychiatrist, working efficiently as a psychiatrist, and satisfaction with mental health system. There were 4 levels of measurement: strongly agree, agree, disagree, and strongly disagree which could be interpreted into 2 categories: strongly agree together with agree and disagree together with strongly disagree.

Data collection

The authors mailed 142 questionnaires to young psychiatrists in Thailand including explanation about the research and how to answer questionnaire. After 4 weeks of sending questionnaire, the questionnaire was sent again.

The present study had been approved by the Human Ethics Research Committee of Thammasat University.

Statistical methods

SPSS version 16.0 was used to analyze descriptive statistic such as mean, percentage, frequency and standard deviation. Chi-square test, independent-samples t-test, ANOVA and post-hoc comparisons were performed to evaluate correlation by setting statistical significance at $p < 0.05$.

Results

Characteristics of participants

There were 72 young psychiatrists replying back the questionnaire on the first round and 10 young psychiatrists on the second round; a total of 82 participants from 142 participants which the response rate was 57.7%. There were 30 male participants (36.6%), 52 female participants (63.4%), 66 general psychiatrists (80.5%), 16 child and adolescent psychiatrists (19.5%). The average age was 31.4 years old (SD = 3.06, min = 27, max = 40). Age range mostly from 30-34 years old (62.2%). Seventy-two participants received training from university hospitals (87.8%) and 10 participants received training from other institutions (12.2%).

The institution that most participants worked at was hospitals under the Department of Mental Health with the majority of 30 participants (36.6%). The second was under the Office of Permanent Secretary of 24 participants (29.7%), under the university of 17 participants (13.4%) and other institutions (*i.e.* private hospitals, under the Red Cross, under the Ministry of Defense, etc.) of 11 participants (13.4%). Other data see Table 1.

Most participants had an average duration of 1.3 years (SD = 1.34, min = 0, max = 4) experience as general physicians before starting psychiatric training. There were 29 participants (35.4%) in majority with no experience or less than 1 year experience, 25 participants (30.5%) with 1-2 years' experience, 21 participants (25.6%) with 3-4 years' experience and 7 participants (8.5%) with 2-3 years' experience subsequently. The average duration of work experience in psychiatric profession after training was 2.2 years (SD = 10.89, min = 0.33, max = 9). Of this were 18 participants (22.0%) in majority with less than 1 year of work experience, 17 participants (20.7%) with 1-2 years of work experience,

Table 1. Demographic data

Variable	n	%
Gender		
Male	30	36.6
Female	52	63.4
Age (years) ($\bar{x}$ = 31.4, SD = 3.06, min = 27, max = 40)		
< 30	20	24.4
30-34	51	62.2
35-40	11	13.4
Specialty		
General psychiatrist	66	80.5
Child and adolescent psychiatrist	16	19.5
Training institution		
University hospital	72	87.8
Other	10	12.2
Workplace		
University Hospital	17	20.7
The Department of Mental Health	30	36.6
The Office of Permanent Secretary	24	29.3
Other (*e.g.* private hospital)	11	13.4
Region of workplace		
Bangkok	12	14.6
Middle (except Bangkok)	23	28.0
East and Northeast	23	28.0
North	15	18.4
South	9	11.0

17 participants (20.7%) with more than 2-3 years of work experience, and 16 participants (19.5%) with more than 3-4 years of work experience and 14 participants (17.1%) with more than 4 years of working experience subsequently.

Workload

Young psychiatrists had an average full-time working hour in office hours of 39.5 hours/week (SD = 9.50, min = 4, max = 91). The young psychiatrists in other institutions had the most working hour in office hours with 46 hours/week, whereas those under university, the Department of Mental Health and the Office of Permanent Secretary were similar. The average of duty hour was 24.7 hours/week (SD = 35.1, min = 0, max = 240) in which those under the Department of Mental Health had the most average duty hours of 44.8 hours/week, meanwhile those under university had the fewest average duty hours of 9.4 hours/week. Besides that young psychiatrists had an average part-time working hours of 5.3 hours/week (SD = 6.7, min = 0, max = 30), in which those under the Office of Permanent Secretary had the most average part-time working hours of 7.3 hours/week. When considering psychiatric outpatient service, young psychiatrists had the average outpatient service working hours of 15.6 hours/week (SD = 14.0, min = 0, max = 91) and the average amount of outpatients was 89.9 patients/week (SD = 76.1, min = 0, max = 350). Each institution was statistic significantly different in the average outpatient service working hours and the amount of outpatients as shown in Table 2.

When comparing workload according to by working institutions using ANOVA, there was statistically difference in the average of on duty hours of young psychiatrists (hours/week) ($df = 3, F = 4.64, p < 0.05$), outpatient service working hours (hours/week) ($df = 3, F = 20.51, p < 0.01$) and the average amount of outpatients in working hours (patients/week) ($df = 3, F = 9.19, p < 0.01$). When analyzing post-hoc comparison by using Bonferroni, the average of on duty hours/week ($\bar{x} = 9.41$) in those under university was statistically ($p < 0.05$) lesser than those under the Office of Permanent Secretary ($\bar{x} = 44.81$). For other institutions, the average of outpatient service hours/week ($\bar{x} = 37.64$) was statistically ($p < 0.01$) more than those under university ($\bar{x} = 6.35$), Department of Mental Health ($\bar{x} = 13.40$) and the Office of Permanent Secretary ($\bar{x} = 14.77$). Besides that those under university had statistically ($p < 0.05$) fewer outpatients/week ($\bar{x} = 30.7$) than those under Department of Mental Health ($\bar{x} = 127.4$) and the Office of Permanent Secretary ($\bar{x} = 104.4$), while other institutions had statistically ($p < 0.05$) fewer outpatients/week ($\bar{x} = 51.0$) than those under Department of Mental Health ($\bar{x} = 127.4$). There was no statistically difference between other influence factors (*i.e.* gender, age, training institution, and region of working) and workload (*i.e.* the average working hours/week, extra working hours/week, outpatient service working hours/week, and the amount of outpatients/week) when analyzing by ANOVA.

From Table 3 when analyzing the correlation between working institutions of young psychiatrists and types of work by Chi-square test, there was statistically significance in inpatient service ($x^2 = 19.603$, $df = 3, p < 0.01$), consultation-liaison ($x^2 = 29.662$, $df = 3, p < 0.01$), teaching ($x^2 = 15.806$, $df = 3, p = 0.001$), administration ($x^2 = 10.815$, $df = 3, p = 0.13$), community psychiatry ($x^2 = 19.603$, $df = 3, p < 0.01$) and research ($x^2 = 12.776$, $df = 3, p = 0.005$). There was no statistically difference for outpatient workload in each institution. When analyzing factor on gender, specialty, training institution, and working place according to region by Chi-square test, there was no statistically difference in

Table 2. Workload defined by the workplace

Workload	University hospital (n = 17)		The Department of Mental Health (n = 30)		The Office of Permanent Secretary (n = 24)		Other (n = 11)		p-value
		(SD)		(SD)		(SD)		(SD)	
Full-time working hours in office hours (hours/week) ($\bar{x}$ = 39.5, SD = 9.5, min = 4, max = 91)	37.7	(8.4)	39.8	(7.0)	37.5	(8.7)	46.0	(15.6)	0.076
Duty hours (hours/week) ($\bar{x}$ = 24.7, SD = 35.1, min = 0, max = 168)	9.4	(17.7)	20.8	(16.5)	44.8	(54.4)	15.4	(19.0)	0.005**
Part-time working hours (hours/week) ($\bar{x}$ = 5.3, SD = 6.7, min = 0, max = 30)	5.3	(4.6)	4.9	(7.3)	7.3	(8.0)	2.1	(3.3)	0.196
Outpatient service working hours (hours/week) ($\bar{x}$ = 15.6, SD = 14.0, min = 0, max = 91)	6.4	(2.4)	13.4	(6.6)	14.8	(9.7)	37.6	(22.8)	< 0.001**
Amount of outpatients in full-time work(patients/week) ($\bar{x}$ = 89.9, SD = 76.1, min = 0, max = 350)	30.7	(44.4)	127.4	(78.8)	104.4	(71.9)	51.0	(40.7)	< 0.001**

** p-value < 0.01

Duty hours are defined as all clinical activities which are over office hours, *i.e.*, patient care (both inpatient at psychiatric ward and outpatient at emergency room), administrative duties relative to patient care, the provision for transfer of patient care and consultation liaison

types of work.

When evaluate workload between general psychiatry and child and adolescent psychiatry (Table 4) by using independent-samples t-test such as the average part-time working hour (hours/week) of general psychiatrists ($\bar{x}$ = 6.0, SD = 7.0) was more statistically significance (t = 2.38, p = 0.02) than that of child and adolescent psychiatrists ($\bar{x}$ = 2.8, SD = 4.2), the average outpatient service working hours/week of general psychiatrist ($\bar{x}$ = 17.0, SD = 14.9) was statistically (t = 2.69, p = 0.02) more than that of child and adolescent psychiatrists (x = 10.0, SD = 7.3) and the average amount of psychiatric outpatients in full-time work (patients/week) of genēral psychiatrists ($\bar{x}$ = 100.3, SD = 78.5) was statistically (t = 3.45, p = 0.001) more than that of child and adolescent ($\bar{x}$ = 47.7, SD = 46.8). There was no statistically difference in the average full-time working hour (hours/week) and the average on duty work of young psychiatrists (hours/week) between general psychiatry and child and adolescent psychiatry. When analyzing factor on gender by independent-samples t-test, there was no statistically difference in workload (*i.e.* the average full-time working hour (hours/week), the average of on duty work (hours/week), the average part-time working hour (hours/week), the average outpatient service working hour (hours/week) and the average amount of psychiatric outpatients in full-time work (patients/week)).

Attitude towards psychiatric profession

There were 81 young psychiatrists (98.9%) who agreed with the opinion "proud to be a psychiatrist" and only 1 young psychiatrist who did not agree which was a male psychiatrist in general psychiatry, age 30-34 years old and working in other institutions in Bangkok. Seventy-eight young psychiatrists (95.1%) agreed with the opinion "working effectively as a psychiatrist". Four young psychiatrists disagreed were 2 general psychiatrists and 2 child and adolescent psychiatrists categorized into 1 male and 3 female, 3 persons age < 30 years old and 1 person age 30-34 years old, of those 1 person was working under university hospital, 1 person was working under the Department of Mental Health and 2 persons were

Table 3. Workload and types of work defined by the workplace

Type of work	University Hospital n (%)	The Department of Mental Health n (%)	The Office of Permanent Secretary n (%)	Other n (%)	p-value
Outpatient service					
Yes	17 (100.0)	30 (100.0)	22 (90.9)	11 (100.0)	0.182
No	0 (0)	0 (0)	2 (9.1)	0 (0)	
Inpatient service					
Yes	6 (35.3)	28 (93.3)	12 (50.0)	6 (54.5)	< 0.001**
No	11 (64.7)	2 (6.7)	12 (50.0)	5 (45.5)	
Consultation-liaison					
Yes	12 (70.6)	6 (20.0)	22 (90.9)	6 (54.5)	< 0.001**
No	5 (29.4)	24 (80.0)	2 (9.1)	5 (45.5)	
Teaching					
Yes	15 (88.2)	22 (73.3)	14 (58.3)	2 (18.2)	0.001**
No	2 (11.8)	8 (26.7)	10 (41.7)	9 (81.8)	
Administration					
Yes	8 (47.1)	25 (83.3)	12 (50.0)	1 (9.1)	< 0.001**
No	9 (52.9)	5 (16.7)	12 (50.0)	10 (90.9)	
Community psychiatry					
Yes	2 (11.8)	15 (50.0)	10 (41.7)	1 (9.1)	0.013*
No	15 (88.2)	15 (50.0)	14 (58.3)	10 (90.9)	
Research					
Yes	11 (64.7)	11 (36.7)	5 (20.8)	1 (9.1)	0.005**
No	6 (35.3)	19 (63.3)	19 (79.2)	10 (90.9)	

*p-value < 0.05, **p-value < 0.01

Table 4. Workload defined by specialty

Workload	General psychiatrists (n = 17) (SD)	Child and adolescent psychiatrists (n = 30) (SD)	t	p-value
Full-time working hours in office hours (hours/week) ($\bar{x}$ = 39.5, SD = 9.5, min = 4, max = 91)	39.9 (9.6)	38.0 (9.3)	0.705	0.483
Duty hours (hours/week) ($\bar{x}$ = 24.7, SD = 35.1, min = 0, max = 168)	25.6 (35.6)	20.9 (33.6)	0.487	0.628
Part-time working hours (hours/week) ($\bar{x}$ = 5.3, SD = 6.7, min = 0, max = 30)	6.0 (7.0)	2.8 (4.2)	2.347	0.024**
Outpatient service working hours (hours/week) (x = 15.6, SD = 14.0, min = 0, max = 91)	17.0 (14.9)	10.0 (7.3)	2.695	0.01*
Amount of outpatients in full-time work (patients/week) ($\bar{x}$ = 89.9, SD = 76.1, min = 0, max = 350)	100.3 (78.5)	47.7 (46.8)	3.454	0.001**

* p-value < 0.05, ** p-value < 0.01

working under the Office of Permanent Secretary. When analyzing the correlation between the attitude towards 2 opinions, "proud to be a psychiatrist" and "working effectively as a psychiatrists" and influence factors: gender, age group, specialty, training institution, working place according to region, workload (*i.e.* type of work, type of patients, the average duration of work, and the average amount of patients), there was no statistical difference.

There were 54 young psychiatrists (65.9%) who agreed with the opinion "satisfied with psychiatric working system" and 28 young psychiatrists were unsatisfied (34.1%), which were 23 general psychiatrists and 5 child and adolescent psychiatrists, 7 males and 21 females, 10 persons age < 30 years old and 18 persons age 30-34 years old, 6 persons were working under university hospital, 10 persons were working under the Department of Mental Health, 9 persons were working under the Office of Permanent Secretary and 3 persons were working under other institutions. When analyzing by using independent-samples t-test (Table 5), the average amount of psychiatric outpatients (patients/week) who agreed ($\bar{x}$ = 77.7, SD = 70.3) with these opinions were statistically less (t = 2.029, df = 79, p = 0.046) than those who did not agree ($\bar{x}$ = 113.1, SD 82.3). There was no statistically significance in the average full-time working hours/week, the average of on duty hours/week, the average part-time working hours/week and the average outpatient service working hours/week when analyzed by Chi-square test. Between these opinions and other influence factors for instance gender, age, specialty, training institution, working institution, working place according to region and workload (types of work, working hours, types of patient), there was no statistical difference.

Discussion

Young Thai psychiatrists who respond to the questionnaire had an average full-time working hour of 39.5 hours/week, an average of duty hour was 24.7 hours/week, an average part-time working hour of 5.3 hours/week and an average outpatient service working hours of 15.6 hours/week. From the previous study of Bhaskara (1999), psychiatrists in Canada had full-time working hour of 37.5 hours/week, spent 22.5 hours/week in direct-care activities (*i.e.* outpatient care, inpatient care and documents involved with patients), and spent 15 hours/week in indirect-care activities (*i.e.* triage, team round, liaison with other clinicians and community agencies, consultation, family meeting, teaching, administration and research activities)[11]. When comparing to the present study, if direct-care activities equal outpatient service working hours/week ($\bar{x}$ = 15.6) including the average of duty hours/week ($\bar{x}$ = 24.7) of all respondents would equal to 40.3 hours/week which indicated that young Thai psychiatrists had nearly twice more working hour in direct-care activities, while full-time working hours in were similar. Beside the present study young psychiatrists had the average amount of outpatients 89.9 patients/week which was more than the study of Bhaskara (1999)[11], in which the estimated service time was as the followings; new patients used 60 minutes, stable follow-up patients used 20 minutes, unstable follow-up patients used 40 minutes, a total of 3 new patients per week, a total of 37 stable follow-up patients per week, a total of 8 unstable follow-up patients per week and altogether 48 patients per week which was twice fewer than in the present study. The authors' opinion on the reason why young psychiatrists in Thailand had a lot of workload and no other influence factors involved

Table 5. Satisfaction of psychiatric system

	Average of full-time working hour (hours/week) (SD)	Average of duty hour (hours/week) (SD)	Average of part-time working hour (hours/week) (SD)	Average of outpatient service working hour (hours/week) (SD)	Average of amount of outpatients in full-time work (patients/week) (SD)
Satisfaction of psychiatric working system					
Yes (n = 54)	38.2 (8.9)	23.7 (27.9)	4.4 (5.8)	15.1 (12.3)	77.7 (70.3)*
No (n = 28)	42.1 (10.3)	26.7 (46.5)	7.1 (8.0)	16.5 (16.9)	113.1 (82.3)*

* p-value < 0.05

with work was the shortage of young psychiatrists in Thailand. Reference from Department of Mental Health[13] had explored the total amount of Thai psychiatrists in 2005 and there were 445 psychiatrists at the proportion per total population of 1: 140,265 and 1 psychiatrist in Bangkok area had to take care the total population of 24,287 patients. Whereas in the northeast, 1 psychiatrist had to take care the total population of 463,655 patients.

When considering workload, no factor had correlation with psychiatric outpatient service whereas other tasks such as inpatient service, consultation liaison, teaching, administration, community psychiatry and research had correlation with working institutions. The reason was that psychiatric outpatient service was the main responsibility of every psychiatrist no matter what institutions they were under. Each institution was different in other workload depending on the specific purpose of psychiatric task in each area such as university hospital would pay attention to teaching medical students and residents, consultation liaison, together with research and service, as for Department of Mental Health would pay attention to outpatient and inpatient service, mental health promotion and executive work. The Office of Permanent Secretary would emphasize on outpatient service and consultation liaison because it was a general hospital. Private hospital had outpatient service and consultation liaison as main task but no teaching.

Besides that the authors did not find relationship between demographic characteristics and the average working hour per week and the amount of outpatients per week. It was different from the previous study of Pingitore et al (2002)[12], in which female psychiatrists treated fewer patients per week and provided fewer total hours of weekly patient care than male psychiatrists. The authors' opinion toward why there is no difference in the present study is because of the scarcity of psychiatrists in Thailand, the workloads for both female and male psychiatrists are similar.

In the present study the workload of young Thai psychiatrists were differentiated into 2 branches which were general psychiatry and child and adolescent psychiatry. General psychiatrists had statistically more outpatient working hours (hour/week) and the amount of psychiatric outpatients than child and adolescent psychiatrists. The authors believed that this may be because of the difference in service characteristic between general psychiatrists and child and adolescent psychiatrists in which child and adolescent patients need to interview both patients and parents or caregivers and evaluate child development and family function[14]. From authors' clinical experiences, new case of adult used 30-45 minutes/case, follow-case used 10-15 minutes/case, new case of child and adolescent used 45-60 minutes/case and follow-case used 20-30 minutes/case. Therefore child and adolescent psychiatrists spent more time and had fewer amount of patients per week.

As for attitude toward profession, more than 95% of young psychiatrists who responded back were "proud to be a psychiatrist" and "work efficiency as a psychiatrist". This indicated that young psychiatrists have good attitude toward profession. In the satisfaction of psychiatric working system, approximately one-third of young psychiatrists was unsatisfied which was less than the study of Kumar et al (2007)[15] who found out that more than half of psychiatrists in New Zealand had low satisfaction in work and would like to improve their performance. Besides demographic data was not the influence factor for work which was the same as in the present study. But the most important factor was the amount of outpatients in full-time work (patient/week) by young Thai psychiatrists who were not satisfied with the working system had the amount of outpatients more than those who were satisfied. In the previous study of Korkeila et al (2003)[16], Finnish psychiatrists who had outpatient service experienced high burnout and in the study of Dallender et al[17] found out that American psychiatrists had long working hours and over workload, causing stress. In the opinion of the authors, young psychiatrists in Thailand who have a high number of outpatient service can experience stress and burnout therefore they are not satisfied with their present working system. In the present study of Melchior et al(1997)[18], job satisfaction, staff support and involvement with the organization were negatively associated with job burnout and the study of Clark & Vaccora (1987)[19] found out that the influence factors on dissatisfaction and burnout were lack of administrative support, low pay, responsibility without corresponding authority, too much paperwork and too much bureaucracy. The present study did not explore the burnout and other influence factors that are not about workload *i.e.* support from colleagues and executives, working environment, etc., so the authors cannot determine the correlation with those factors.

From the present study, the authors suggested ways to reduce workload of psychiatrists and improve psychiatric working system by the

organizations associated with producing psychiatrists should increase residency training in order to reduce the shortage of psychiatrists, medical schools should provide more basic psychiatric knowledge and basic treatment for medical students and set up additional knowledge seminar for general practitioners to help them take care of preliminary psychiatric disorders or psychiatric patients who were stable. These would help to reduce the amount of referred patients to see specialists. Besides that the mental health organizations should build up standard or protocol for examining the patients, along with promoting work as multidisciplinary team to share and help with each other, decreasing redundant work and increasing the potential of work.

There were limitations in the present study because the response rate was only 57.7%, which would not be enough to represent the whole young psychiatrists in Thailand but the response rate was quite similar to other studies in other countries[15]. Besides that there was a chance of response bias depending on the attitude toward profession such as burn out and negative attitude and the authors also did not know the difference between respondents and non-respondents. Since this research was a preliminary study, the questionnaire involved with attitude towards profession and satisfaction with working system was modified and short, so it could not determine the correlation of other factors in detail.

The authors suggest that future studies should use standard questionnaire such as Maslach Burnout Inventory[9] and Job Diagnostic Survey (Hackman & Oldham, 1975)[20] and expanding the research more on influence factors about burnout, coping and stress management and including comparison with senior psychiatrists. These would help improve Thai mental health system and quality of life for psychiatrists in the future.

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Potential conflicts of interest

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ภาระงานและทัศนคติต่อวิชาชีพของจิตแพทย์รุ่นเยาว์ในประเทศไทย: การสำรวจแห่งชาติ

มุทิตา พนาสถิตย์, ธรรมนาถ เจริญบุญ

วัตถุประสงค์*: เพื่อศึกษาภาระงาน และทัศนคติต่อวิชาชีพของจิตแพทย์รุ่นเยาว์ในประเทศไทย*

วัสดุและวิธีการ*: เป็นการศึกษาแบบภาคตัดขวาง (Cross sectional descriptive survey) ในจิตแพทย์รุ่นเยาว์ทุกคนในประเทศไทยอายุไม่เกิน 40 ปีบริบูรณ์ โดยใช้แบบสอบถามที่คณะผู้นิพนธ์เป็นผู้คิดขึ้น เก็บข้อมูลโดยส่งแบบสอบถามทางไปรษณีย์ให้แก่จิตแพทย์รุ่นเยาว์ 142 คน*

ผลการศึกษา*: จิตแพทย์รุ่นเยาว์ตอบแบบสอบถามกลับ 82 คน จากกลุ่มตัวอย่าง 142 คน คิดเป็นร้อยละ 57.7 เป็นชาย 30 คน (ร้อยละ 36.6) หญิง 52 คน (ร้อยละ 63.4) เป็นจิตแพทย์ทั่วไป 66 คน (ร้อยละ 80.5) จิตแพทย์เด็กและวัยรุ่น 16 คน (ร้อยละ 19.5) อายุเฉลี่ย 31.4 ปี ทำงานในโรงพยาบาลสังกัดกรมสุขภาพจิต 30 คน (ร้อยละ 36.6) สังกัดสำนักงานปลัดกระทรวงสาธารณสุข 24 คน (ร้อยละ 29.7) สังกัดมหาวิทยาลัย 17 คน (ร้อยละ 13.4) และอื่นๆ 11 คน (ร้อยละ 12.2) ทำงานประจำในเวลาราชการเฉลี่ย 39.5 ชั่วโมง/สัปดาห์ เป็นงานตรวจโรคจิตเวชผู้ป่วยนอกเฉลี่ย 15.6 ชั่วโมง/สัปดาห์และจำนวนผู้ป่วยนอกเฉลี่ย 89.9 คน/สัปดาห์ ในแต่ละสังกัดมีประเภทของงานที่แตกต่างกัน ได้แก่ งานรับปรึกษาผู้ป่วยต่างแผนก การสอน งานบริหาร งานจิตเวชชุมชนและงานวิจัย จิตแพทย์รุ่นเยาว์เห็นด้วยกับ "มีความภาคภูมิใจต่อการเป็นจิตแพทย์" "ทำงานเป็นจิตแพทย์อย่างมีประสิทธิภาพ" และ "พึงพอใจกับระบบงานด้านจิตเวช" คิดเป็นร้อยละ 98.9, 95.1 และ 65.9 ตามลำดับ ปัจจัยที่มีผลต่อความพึงพอใจในระบบงานด้านจิตเวชได้แก่ จำนวนผู้ป่วยนอก (คน)/สัปดาห์*

สรุป*: จิตแพทย์รุ่นเยาว์มีจำนวนชั่วโมงทำงานประจำไม่แตกต่างจากการศึกษาในต่างประเทศ แต่มีระยะเวลาทำงานด้านตรวจรักษาผู้ป่วยและจำนวนผู้ป่วยในสัดส่วนที่สูงกว่าต่างประเทศเนื่องมาจากการขาดแคลนจิตแพทย์ในไทย โดยการตรวจรักษาผู้ป่วยนอกจำนวนมากมีผลต่อความพึงพอใจกับระบบงานด้านจิตเวช อย่างไรก็ตาม จิตแพทย์รุ่นเยาว์เกือบทั้งหมดมีทัศคติที่ดีต่อวิชาชีพ*