

# Profile of young psychiatrists: A cross-sectional survey study from Turkey

*Türkiye’de genç psikiyatristlerin profili: Kesitsel bir anket çalışması*

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## SUMMARY

**Objective:** In this study, it was aimed to discuss the problems and working conditions of Early Career Psychiatrist (ECP) in the light of the literature **Method:** ECPs (in the first five years of their residency or under forty years of age) were included in the study via e-mail. An online questionnaire structured by the researchers was applied to all participants. The first 7 of the questionnaire questions are related to socio-demographic characteristics, and they were asked about age, gender, city of residence, year of profession, state service obligation, the hospital where he worked, the institution he specialized in. In the continuation of the questionnaire, a total of 24 questions were asked about the clinical and practical applications of psychiatry, education, career and working environment. **Results:** A total of 245 ECPs, 69.8% female and 30.2% male, aged between 27 and 41 years were included in the study. The average age of the participants in the study was  $33.59 \pm 2.80$  years. As a city, the most frequent (17.1%) attendance was from İstanbul. 71% of them had completed their compulsory service. The institution worked with was reported as the most frequently (39.2%) state hospital affiliated to the Ministry of Health. In our study, it was found that 65.7% of ECPs were subjected to violence in the working environment and 83.9% of those exposed to violence were exposed to verbal violence. **Discussion:** Both legal and institutional arrangements need to be made in order to improve the working conditions of ECPs, to prevent violence, to feel safe in the working environment and to increase the level of satisfaction. In addition, there is a need to increase the educational opportunities of ECPs after their specialization and to encourage scientific research

**Key Words:** Early Career Psychiatrist, problems, working conditions, violence, education, career

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## ÖZET

**Amaç:** Bu çalışmada genç psikiyatri hekimlerinin sorunları ve çalışma koşullarının literatür eşliğinde tartışılması amaçlandı. **Yöntem:** Araştırmaya e-mail yoluyla ulaşılarak genç psikiyatri hekimleri (uzmanlığının ilk beş yılında ya da kırk yaş altı) dahil edildi. Tüm katılımcılara araştırmacılar tarafından yapılandırılmış online bir anket uygulandı. Anket sorularının ilk 7 tanesi sosyo-demografik özelliklerle ilgili olup yaş, cinsiyet, yaşadığı şehir, meslekteki yılı, devlet hizmet yükümlülüğünü tamamlayıp tamamlamadığı, çalıştığı hastane, ihtisas aldığı kurum soruldu. Anketin devamında psikiyatri klinik ve pratik uygulamaları, eğitim, kariyer ve çalışma ortamı ile ilgili toplam 24 soru soruldu. **Bulgular:** Çalışmaya yaşları 27 ile 41 yaş arasında değişen, %69.8’i kadın ve %30.2’si erkek toplam 245 genç psikiyatrist dahil edildi. Çalışmaya katılanların yaş ortalaması  $33.59 \pm 2.80$  yaş idi. Şehir olarak en sık (%17.1) İstanbul’dan katılım vardı. %71’i mecburi hizmetini tamamlamıştı. Çalışılan kurum en sık (%39.2) Sağlık Bakanlığı’na bağlı devlet hastanesi olarak bildirildi. Çalışmamızda genç psikiyatristlerin %65.7’sinin çalıştığı ortamda şiddete maruz kaldığı ve şiddete maruz kalanların %83.9’unun sözel şiddete maruz kaldığı saptandı. Psikiyatri pratiğinde en çok ilgi duyulan alanın duygudurum bozuklukları ve en çok zorlanılan alanın adli ve askeri psikiyatri olduğu belirtildi. Herhangi bir psikoterapi eğitimi ve süpervizyonu alanların oranı %94.3 ve uzmanlık tezi haricinde herhangi bir araştırmaya katılanların oranı %78 idi. **Sonuç:** Genç psikiyatristlerin çalışma koşullarının iyileştirilmesi, şiddetin önlenmesi, çalıştığı ortamda kendini güvende hissedebilmesi, memnuniyet düzeyinin artırılması için hem yasal hem de kurumsal düzenlemeler yapılması gerekmektedir. Ayrıca genç psikiyatristlerin uzmanlık sonrasında da eğitim olanaklarının artırılması ve bilimsel araştırma yapmaya teşvik edici düzenlemelere de ihtiyaç vardır.

**Anahtar Sözcükler:** Genç psikiyatristler, sorunlar, çalışma koşulları, şiddet, eğitim, kariyer

## INTRODUCTION

An Early Career Psychiatrist (ECP) is defined as a psychiatrist with less than five years elapsed since completion of residency training or one who is under the age of 40 by World Psychiatric Association, first mentioned by European Psychiatric Association (EPA) in 2004 at the European Psychiatric Congress in Genoa (1,2). The ECPs Committee was formally established by EPA in 2007 (2), then the same definition was accepted by Psychiatric Association of Turkey (PAT), resulting in the formation of the ECPs committee of PAT in 2018 (3).

The close multidimensional relationship between work and life makes it impossible to think of quality of work and quality of life separately. In this framework, establishing the work and life balance, which is seen as a management philosophy that increases the physical and psychological well-being of employees, changes organizational culture and increases the value of all employees (4).

The quality of life of healthcare professionals differs due to factors such as difficulties encountered in working times and the structure of relations with colleagues and managers (5). Due to these differences, the working conditions of health professionals are considered to be more stressful and challenging than other fields (6). Sources of stress in healthcare professionals were determined as workload, communication problems, loss of patients, excessive working hours, and lack of sufficient staff at the workplace (7). Well-educated individuals need to take a more active role in determining working conditions and increasing efficiency. The importance of this situation, which is also true for the quality of life of healthcare workers, is defined as “The National Health System cannot succeed without the appropriate personnel who have learned about related subjects and have also received their academic careers” (8). As a result, determining working conditions is an important element of increasing workplace efficiency and employee satisfaction.

A vast majority of today's studies focus on identifying the general problems of healthcare professionals (9). The stress of lack of experience as a psychiatry specialist, along with obligatory state service and potential academic or financial concern, distinguishes the ECPs from their senior counterparts. However, there has not been any study focusing on determining the problems and working conditions of ECPs in Turkey. In this study, it was aimed to discuss the problems and working conditions of ECPs and implement what kind of actions should be taken to improve their work and life balance in light of the literature.

## METHOD

### Participants and Procedure

The research project was approved by Sakarya University Non-Interventional Practices Ethics Committee (Approval number: 02.12.2019/ 75). As the inclusion criteria for the study, the ECP definition at introduction was used. Those over 40 years of age with less than 5 years of experience or less than 40 years of age were also included in the study for easier understanding of the ECP concept in the results. The data was collected from Google Forms (Google, California, USA) questionnaires sent to the smartphones of consent taken 245 volunteer psychiatrists who were contacted by the PAT ECPs Committee.

The questionnaire consists of 24 questions (Likert type with 7 options, and yes / no questions) with open-ended questions and closed-ended questions. The first 7 questions were related to sociodemographic characteristics such as age, gender, the city of residence, completion of obligatory state service, and current workplace environment. Professional skills, educational history, career intentions, and working environment were the remaining 17 questions.

The last 17 questions were: “How competent do you think you are in psychiatry?” “How experienced do you think you are in psychiatry?” “How satisfied are you with your psychiatric career?” “How satisfied are you with your working conditions?” “How safe do you feel in your work place?”

“To what extent do you feel lonely in the environment where you work now?” “Have you been exposed to violence in your current environment?” “What kind of violence have you been exposed to?” “In which areas are you most interested in psychiatry practice?” “What are the most challenging areas for you in practicing psychiatry?” “What is your degree of strain when practicing a challenging area for you?” “Have you trained in any field of psychotherapy including supervision?” “Have you participated in any scientific research other than specialty thesis?” “Which professional degree do you feel yourself closer to in the future?” “Do you plan to work abroad in the future?” “If yes, which position would you like to work abroad in the future?” “Do you believe you will work in the position you wish in the future?”.

### Statistical Analyses

SPSS (Statistical Package for Social Sciences) package software version 15.0 was used for statistical analysis in the evaluation of the data obtained in the study. In addition to descriptive statistical

methods (average, standard deviation, median, minimum, maximum, frequency, percentage, etc.), the Chi-squared test and Fisher exact test were used for categorical variables in group comparisons. For continuous variables, Mann-Whitney U test was used for two group comparisons, and Kruskal-Wallis test and post hoc Dunn test were used for three or more group comparisons. The results were evaluated by accepting the significance at the level of  $p < 0.05$  in the 95% confidence interval.

### RESULTS

The participants consisted of 245 ECPs, aged between 27 and 41 years old, 69.8% female and 30.2% male. Mean age was  $33.59 \pm 2.80$  years. Istanbul was the city with the most participants (17.1%). 71% of the participants had completed their obligatory state service, which can be described as working in any kind of state hospital approximately for one to two years to serve rural areas of Turkey after finishing residency training. Participants had completed their residency training

**Table 1.** Sociodemographic, education and current working setting characteristics of participants

	n	%
Gender		
woman	171	69.8
male	74	30.2
Age		
≤30	34	13.9
31-35	155	63.3
>35	56	22.8
Resident City		
Istanbul	42	17.1
Ankara	26	10.6
Izmir	9	3.7
Bursa	18	7.3
Other	150	61.2
Completing obligatory service		
No	71	29.0
Yes	174	71.0
Institution		
State Hospital operated by the Ministry of Health	96	39.2
Research and Training Hospital operated by the Ministry of Health	72	29.4
University Hospital Clinic	25	10.2
Mental Health Asylum	23	9.4
State Surgery Hospital	15	6.1
Private Hospital	7	2.9
Private or Foundation University Hospital Clinic	4	1.6
Other	3	1.2
Years passed after residency training		
1-5	205	83.7
≥6	40	16.3
Institution of residency training		
University clinic	152	62.0
Training and research Hospital	92	37.6
Other	1	0.4

in different institutions with the most frequent being a university hospital clinic (62%). The current workplace setting was mostly reported as state hospital operated by the Ministry of Health (39.2%). Participants had between 1 and 11 years of expertise with a mean of  $3.60 \pm 2.17$  (median=3) years. (Table 1).

The degree of feeling competent and experienced in every day practice, level of satisfaction by own professional career, work place setting, and safety of the work environment are shown in Table 2. It was determined that 65.7% of ECPs were exposed to some kind of violence in the work environment and 83.9% were exposed to verbal violence (Table 2).

**Table 2.** Thoughts about psychiatry practice and work environment

	Mean/	Sd/
Competency level in psychiatry	5.16	0.82
Level of feeling experienced in psychiatry	4.76	1.00
Degree of satisfaction from psychiatric career	4.36	1.48
Degree of satisfaction with working conditions	3.33	1.77
Degree of feeling safe in the working environment	2.89	1.84
Degree of feeling lonely in the working environment	3.66	1.86
Exposure to violence in the workplace n (%)		
No	84	(34.3)
Yes	161	(65.7)
Type of violence n (%)		
verbal violence	135	(83.9)
physical violence	2	(1.2)
verbal + physical violence	24	(14.9)

It was stated that the area most interested in psychiatry practice was mood disorders, especially “bipolar disorder” (54.3%) and the most challenging areas were stated as forensic and military psychiatry (63.8%). The rate of those who got psychotherapy training with supervision was 94.3% and the rate of those who conducted any scientific

**Table 3.** Characteristics regarding psychiatry practice, education and future thoughts

	n	%
The area of most interest in psychiatric practice		
mood disorders and bipolar disorder	133	54.3
anxiety disorders	128	52.2
psychotic disorders	119	48.6
consultation and liaison psychiatry	57	23.3
trauma and related disorders	46	18.8
personality disorders	38	15.5
alcohol and substance use disorders	33	13.5
forensic psychiatry and military psychiatry	29	11.8
child and adolescent psychiatry	17	6.9
emergency psychiatry	12	4.9
other	21	8.6
The most challenged field in psychiatric practice		
forensic psychiatry and military psychiatry	155	63.3
personality disorders	135	55.1
alcohol and substance use disorders	102	41.6
trauma and related disorders	51	20.8
child and adolescent psychiatry	36	14.7
consultation and liaison psychiatry	26	10.6
mood disorders and bipolar disorder	7	2.9
emergency psychiatry	6	2.4
psychotic disorders	5	2.0
anxiety disorders	1	0.4
other	2	0.8
Psychotherapy training and supervision		
no	14	5.7
yes	231	94.3
Participating in any research other than the specialty thesis		
no	54	22.0
yes	191	78.0
Desired professional career in the future		
private practice physician	106	43.3
academic / educational career	86	35.1
general adult psychiatrist in state hospital setting	33	13.5
general adult psychiatrist in private hospital setting	16	6.5
other	4	1.6
Thinking about working abroad in the future		
no	84	34.3
yes	71	29.0
uncertain	90	36.7
Position preferred by those considering working abroad		
researcher	37	52.1
clinicians	25	35.2
uncertain	9	12.7
Trusting in working at a desired position in the future		
no	47	19.2
yes	104	42.4
undecided	94	38.4

**Table 4.** Characteristics by gender

	Women		Men		p
	Mean/ n	Sd/ %	Mean/ n	Sd/ %	
Competency level in psychiatry	5.11	0.81	5.27	0.83	0.171
Level of feeling experienced in psychiatry	4.78	1.02	4.73	0.98	0.894
Degree of satisfaction from psychiatric career	4.29	1.46	4.50	1.51	0.292
Degree of satisfaction with working conditions	3.39	1.81	3.20	1.68	0.583
Degree of feeling safe in the working environment	2.98	1.82	2.69	1.86	0.244
Degree of feeling lonely in the working environment	3.84	1.89	3.26	1.74	<b>0.022</b>
Exposure to violence in the workplace					
No	58	33.9	26	35.1	0.854
Yes	113	66.1	48	64.9	
Type of violence					
verbal violence	101	89.4	34	70.8	<b>0.007</b>
physical violence	1	0.9	1	2.1	
verbal + physical violence	11	9.7	13	27.1	

research other than specialty thesis was 78%. In terms of future plans, working at a private practice setting was the most desired career intention (43.3%). The rate of those who were thinking of practicing abroad in the future was 29%, and the desired positions would be practicing abroad as a researcher (52.1%) or a clinician (35.2%). The rate of those who believed they will work in their desired career position in the future was only 42.4% (Table 3). The degree of feeling loneliness in the workplace environment was found statistically higher in women compared to men ( $p=0.002$ ). Additionally, exposure to verbal violence was significantly higher in women compared to men in terms of the type of violence ( $p=0.007$ ) (Table 4).

The participants who were under 30 years of age had a statistically significantly lower degree of feeling experienced in psychiatry than those who were 31-35 years old and who were >35 years old ( $p<0.001$ ) (Table 5).

The participants who were planning to choose an academic/researcher route in the future had been part of a research before other than their specialty thesis compared to those who had not done any research (41.9% vs 11.1%;  $p<0.001$ ) (Table 6).

The degree of feeling confident end experienced in daily practice was found significantly higher in participants who had completed their obligatory state service compared to those who had not. Also, participants who had more than six years of experience considered themselves more confident about practicing compared to ECPs who had less than six years of experience ( $p=0.002$ ). Moreover, participation in scientific research other than specialty thesis and willingness to work abroad were found

significantly higher in this group ( $p=0.001$ ).

Exposure to violence in the workplace was statistically significantly lower among those working in private practice than those working in state hospitals, research and training hospitals both operated by the Ministry of Health, university hospital clinics, or mental health asylums ( $p<0.001$ ). There were statistically significant differences between private and state hospital practice in terms of the assumed levels of competency and experience in practicing psychiatry, degree of satisfaction in professional career and work environment, and feeling safe in workplace.

The rate of believing they will work at their desired status in the future was found significantly higher in participants who were working in university hospital clinics compared to psychiatrists working at a state hospital operated by the Ministry of Health.

## DISCUSSION

In view of the challenges in the working environment affecting the ECPs, it was acknowledged that the levels of job satisfaction were low to medium. We also found that in ECPs, "feeling experienced in psychiatry" was moderate and that future career plans were strongly shaped based on early career research involved.

It was found that the most difficult fields in psychiatric practice were stated as forensic and military psychiatry (63.3%), in our study. One of the evaluations for this outcome could be the absence of military psychiatry training during current residency training for ECPs. Due to political and social cir-

**Table 5.** Characteristics by age groups.

	<30 years		31-35 years		>35 years		p
	Mean/ n	Sd/ %	Mean/ n	Sd/ %	Mean/ n	Sd/ %	
Competency level in psychiatry	5.06	0.98	5.12	0.80	5.34	0.75	0.281
Level of feeling experienced in psychiatry	4.06	1.18	4.75	0.92	5.23	0.85	<b>&lt;0.001</b>
Degree of satisfaction from psychiatric career	4.21	1.32	4.37	1.38	4.41	1.81	0.616
Degree of satisfaction with working conditions	3.56	1.40	3.27	1.80	3.36	1.88	0.618
Degree of feeling safe in the working environment	3.15	1.31	2.91	1.87	2.68	2.01	0.483
Degree of feeling lonely in the working environment	3.79	1.84	3.74	1.84	3.37	1.92	0.460
Exposure to violence in the workplace							
No	10	29.4	56	36.1	18	32.1	0.702
Yes	24	70.6	99	63.9	38	67.9	
Type of violence							
verbal violence	21	87.5	86	86.9	28	73.7	0.326
physical violence	0	0.0	1	1.0	1	2.6	
verbal + physical violence	3	12.5	12	12.1	9	23.7	
Psychotherapy training and supervision							
no							
yes	3	8.8	9	5.8	2	3.6	0.556
	31	91.2	146	94.2	54	96.4	
Participating in any research other than the specialty thesis							
no	16	47.1	27	17.4	11	19.6	<b>0.001</b>
yes	18	52.9	128	82.6	45	80.4	
Desired professional career in the future							<b>0.003</b>
private practice physician	13	38.2	62	40.0	31	55.4	
academic / educational	11	32.4	63	40.6	12	21.4	
general adult psychiatrist in state hospital setting	6	17.6	14	9.0	13	23.2	
general adult psychiatrist in private hospital setting	4	11.8	12	7.7	0	0.0	
other	0	0.0	4	2.6	0	0.0	
Thinking about working abroad in the future							
no	6	17.6	58	37.4	20	35.7	0.237
yes	14	41.2	41	26.5	16	28.6	
uncertain	14	41.2	56	36.1	20	35.7	
Position preferred by those considering working abroad							
researcher	8	23.5	29	18.7	10	17.9	0.912
clinicians	12	35.3	67	43.2	25	44.6	
uncertain	14	41.2	59	38.1	21	37.5	

cumstances in the last five years of Turkey, hospitals under the control of the Ministry of National Defense transferred to the Ministry of Health, leading general psychiatrists to deal with cases that are unfamiliar to military psychiatry. Another reason of this outcome can be assumed that cases regarding military or forensic psychiatry are more likely to be complex cases and need more evaluation and other specialists' opinion such as forensic medicine, child and adolescent psychiatrist or social worker. So, those kinds of cases involve more working hours and more attention, that only a few institutions can meet these conditions (10). In a study conducted in 2019, about 90% of Turkish Psychiatrists thought that "forensic psychiatry" should be considered as a subspecialty rather than a part of the general every day psychiatry setting (11). Also, in our study, ECPs had a similar sight that forensic psychiatry and military psychiatry

were the most challenging areas in everyday practice.

The rate of exposure to violence throughout their professional career was reported much higher in female ECPs compared to their male colleagues (12). In our study, the rate of verbal violence among female ECPs was observed to be more frequent than males. In a study by Altınbaş et al., 89.7% of psychiatry residents had experienced verbal (42.6%), physical (2.9%) or both verbal and physical (44.1%) violence during their training. In that study, there were no significant differences between genders or the type of institution worked regarding the type of violence exposed to (13). In our study, it was shown that 65.7% of the ECPs were exposed to violence in their workplace, 83.9% of whom reported verbal violence. However, contrary to the study of Altınbaş et al., it was deter-

**Table 6.** The relationship between participation in any research except for the specialty thesis and desired professional career in the future

	Not participating in any research other than the specialty thesis		Participating in research other than the specialty thesis		p
	n	%	n	%	
Desired professional career in the future					<b>&lt;0.001</b>
private practice physician	27	50.0	79	41.4	
academic / educational	6	11.1	80	41.9	
general adult psychiatrist in state hospital setting	13	24.1	20	10.5	
general adult psychiatrist in private hospital setting	7	13.0	9	4.7	
other	1	1.9	3	1.6	

mined that exposure to violence was more often in participants who were working at state hospital clinics or mental health hospitals. These two institution settings are known for their heavy inpatient load; more than half of total mental health patient beds are provided by those institutions as determined by Turkish National Mental Health Act (14). Therefore, the workload at those institutions leads to high risk of staff burnout, tendency to face violence, pessimism, and loss of hope. In a study conducted at Bakırköy Mental Health Asylum, one of the biggest mental health treatment centers in Turkey, some proposals were offered to minimize violence in mental health treatment centers such as reducing the number of patient admissions to outpatient clinics, improving inpatient facilities, and providing adequate safety policy measures (15). In another study conducted at Samsun Mental Health Asylum, which was in charge of most of the mental health beds at the northern region of Turkey, it was reported that 71% of psychiatrists were exposed to violence during working hours and came up with the idea that ensuring the safety of healthcare workers might have a positive effect on improvement of public mental health (16).

In a study on trainees, only half of the participants had the insight of getting adequate specialty training and one in three of the trainees thought improving the quality of specialty training must be a priority (17). Another study by Turkish Medical Association revealed that half of the Turkish doctors were not satisfied by the specialty training they got (18). If dissatisfaction with the quality of the education received and "not feeling experienced, competent and satisfied" are interpreted as similar data, we found in our study that the participants were marked as moderate. Feeling competent in the field and level of satisfaction by one's career seemed to be higher in those working in state hos-

pitals and research and training hospitals operated by the Ministry of Health compared to other institutions. One of the important unspoken reasons for this finding could be attributed to the lack of sufficient implementation of a standardized residency training program across the country (19). Sadly, this is not limited to psychiatry residency training programs. In a study by Başterzi et al., it was shown that a common standardization could not have been achieved for psychiatry training during medical school education in Turkey (20). In our study, feeling experienced was correlated with age; as age increased, the level of feeling experienced also increased. Those who had completed obligatory state service felt more experienced, but, on the contrary, that group was not satisfied by their current professional career significantly compared to other colleagues.

In a study by Mihai et al., the ECPs stated that they were glad for getting continuous medical education in areas such as how to make a presentation, do a research, write an article or a CV, present in a congress, etc. after completing their residency training. It was stated that those type of trainings or short courses had a positive effect on their skills and helped shape their future career (21). In a study by Jovanovic et al., it was reported that 83.9% of ECPs got some kind of psychotherapy training under supervision, and the rate of participation in any research after residency training was found to be 55.2% (22). Additionally, in that study, it was referred that ECPs who took post-specialization courses, continuous medical education, or clinical supervision feedback showed less burnout symptoms. In our study, the rate of those got any kind psychotherapy training under supervision was 94.3%. A study conducted in 2013 by Residency Training Working Group of PAT has reported that the greatest insufficiency in educational opportuni-

ties among psychiatry residents was in psychotherapy training (80%) (23). Then, PAT took action and began to organize psychotherapy-training programs in many regions of Turkey since 2015. Many participants of this study were composed of ECPs who had the chance to be enrolled to one of such trainings by PAT; it can thus be referred that PAT's effort made a very valuable contribution to national mental health system. In addition, supervision in psychiatric practice is a continuous and complementary aspect of a psychiatrist's professional life. The need for supervision in psychiatric practice was found to be higher at the beginning of one's professional life (24). The high rate of ECPs' supervision in psychiatric practice in our study was found coherent with this information.

Compared with other fields of medicine, psychiatry has a privileged place in the physician-patient relationship, and it has been reported in the Madrid Declaration (25, 26). It was stated that problems such as financial anxiety, high patient load, long working hours, violence against physicians, safety issues, and loss of reputation could increase burnout (19). In our study, the rate of exposure to violence was statistically lower in ECPs who were working in private practice settings rather than in public institutions. In a study by the Turkish Medical Association, it was stated that the number of ideal daily patient applications should be between 15-20 per physician (27). As a result of the absence of a private clinic, special Needs Reports, a forensic psychiatry outpatient clinic, a low socio-economic and educational population, working in private clinics provides the closest to ideal working conditions. Therefore, working in your own private clinic attracts the future career plans of ECPs. Ruggeri et al., stated that 74% of the applicants had higher education. It is thought that they became individualized and applied to the psychiatry clinic due to the increase in the level of awareness about coming to therapy, the decrease in cultural pressures and the economic freedom with the increase of their education level (28). Participants who were over the age of 35 years or who had an experience of 6 years or over would be less likely to see themselves as an academic figure in the future. Additionally, participants who were a part of a scientific study except specialty thesis would more likely to see themselves as an academic figure in the future compared to others. Similarly, in a study by

Erim et al., it was pointed that there was a relationship between doing research in the early phase after residency training and choosing an academic career (29). The rate of the participants who had plans to work abroad in the future was 29%. In that group, the most desired position to work abroad was cited as being a researcher at 52.1%, followed by being a general clinical psychiatrist. Female ECPs would be significantly less likely to choose a career outside Turkey compared to male colleagues. In addition, ECPs who had completed obligatory state service were found to be significantly reluctant to a future career in abroad. Overall, in our study, ECPs who believed they could have chance to work at their desired career path was only 42.4%.

#### **Limitations of the study**

This study had several limitations. The most important limitation was the low number of ECPs that could be reached for the survey. However, it is known that this is the main limitation of most open-labelled studies. In addition, because of the nature of the study design, the error margin of the researcher could be high. However, the limited number of studies conducted in this field and the absence of relevant studies in Turkey makes this study valuable. This study differs from others because it is one of the limited numbers of studies performed to determine the profile of the ECPs in Turkey. We believe that it would be more accurate to evaluate the data obtained from this study as a preliminary study, and this data will lead the planning of more comprehensive studies in the future.

#### **CONCLUSION**

Both legal and institutional arrangements should be made to improve the working conditions of ECPs in Turkey such as preventing violence, ensuring safety in the work environment, and increasing the level of career satisfaction. In addition, there is a need for ECPs to improve continuous educational opportunities after residency, providing more educational activities on the areas they have difficulties, and encouraging them to do scientific research. The findings of this study can contribute to the improvement of the working conditions of



ECPs in Turkey and further actions can be designed to form a qualified mental health work force. We believe that improving the working conditions of ECPs and helping them get better training opportunities in Turkey will not only have a major impact on dealing with the mental health problems of the society, but also lead Turkish psychiatrists to be more representative at international platforms in the future.

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#### **Conflict of interest**

None.

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