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Professional satisfaction of practitioners in psychiatry departments

Beata Strzelecka,¹ Katarzyna Wiśniewska,¹ Anna Pacian²

¹Faculty of Health Sciences, Radom School of Higher Education, Radom; ²Department of Health Education, Medical University of Lublin, Lublin, Poland

Correspondence: Katarzyna Wiśniewska, Faculty of Health Sciences, Radom School of Higher Education, 26-600, 26/28 1905 Roku Str., Radom, Poland

E-mail: wisniewska.kater@gmail.com

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Abstract

Assessing the professional satisfaction of psychiatrists is crucial given the unique demands and complexities of their work, which include managing patients' mental and physical well-being, adhering to strict ethical standards, handling crises, and coping with significant emotional stress. The study's aim was to determine the indicators of job satisfaction of doctors working in psychiatry departments, to analyse the professional satisfaction of Polish, European, and world psychiatrists, and to identify ways to improve it. The applied methods include: secondary data analysis, thematic analysis, comparative analysis, synthesis. The

study identified factors that influence the professional satisfaction of psychiatrists, compared it among psychiatrists in Poland, Europe, and the world, and developed a number of methods to improve this indicator. The results of the study showed that the level of professional satisfaction of psychiatric doctors is influenced by the following factors: salary level, working conditions, team relations, resource support of the work process, stress level, level of emotional burnout, sense of recognition and importance of their own work, work-life balance, and the degree of stigmatisation of mental disorders in society. In terms of the number of practicing psychiatrists in the country, the availability of psychiatric services, and the level of the average annual salary of psychiatrists in Poland, Europe, and the world, the highest rates of professional satisfaction are recorded in the Scandinavian countries and Austria. Poland and Eastern European countries have lower scores, but the gradual increase in funding for psychiatry in Poland is leading to a positive upward trend. Ways in which this increase can be achieved include: increasing the staff of psychiatric units and optimising administrative work to reduce workload; using cooperation and mentoring programs to achieve a comfortable team environment; and encouraging specialists to participate in training and mentoring programs to enhance their professional development.

Introduction

The specificity of the speciality of practitioners in psychiatric departments involves working with patients with mental problems of various types and severity. During diagnostics, treatment, and rehabilitation, a doctor is responsible not only for the quality of certain procedures but also for the mental and physical well-being of patients, which is achieved by adhering to ethical standards in working with them and correctly and timely resolving crises or dangerous situations for patients or staff. Despite maintaining emotional neutrality, this level of responsibility can cause emotional stress, which will require emotional commitment both in the professional sphere and outside of it. Therefore, given the complexity and peculiarities of the work of psychiatric doctors, as well as the length of training in this speciality, it is important to assess their professional satisfaction in order to take the necessary measures to preserve the human resources of the industry.

The main problem of the study is the lack of reliable and valid statistical information on the level of professional satisfaction of psychiatric doctors in Poland, Europe, and the world in general. The study addresses this gap in comprehensive data on the professional satisfaction

of psychiatric doctors, highlighting the importance of addressing this issue to improve the mental health care system. The lack of robust data limits the ability to develop effective strategies to support psychiatrists in managing the unique stresses and demands of their profession. By focusing on this problem, the study aims to contribute to a better understanding of the factors that influence job satisfaction in psychiatric practice, which is essential for retaining skilled professionals in this challenging field. Addressing this issue is particularly significant in light of the increasing prevalence of mental health disorders worldwide, which places additional pressure on psychiatric services and emphasizes the need for a satisfied and motivated workforce to meet the growing demand for mental health care. Therefore, researchers who have dealt with this issue have focused on conducting surveys on certain indicators responsible for professional satisfaction among psychiatric doctors. Makara-Studzińska *et al.*¹ analysed the prevalence of professional burnout syndrome based on a survey of 57 psychiatrists. The results of the study revealed a high degree of burnout, which was recorded in 50% of the doctors surveyed. Wontorczyk *et al.*² conducted a search for psychosocial predictors that influence the development of stress and professional burnout, based on a survey of 131 psychiatrists. The researchers recorded a significant level of professional stress and burnout, the main predictors of which were psychophysical exhaustion and a lack of a sense of professional effectiveness. The inclusion of non-professional predictors in Wontorczyk *et al.*'s research adds a valuable dimension by recognizing the broader social influences on professional well-being. The study's sample size is insufficient for scalability and projection to the entire psychiatry field, but burnout as a factor affecting the professional satisfaction of practicing psychiatrists should be further studied. McLoughlin *et al.*³ and Sandvik *et al.*⁴ broaden the scope of the subject by looking at burnout and work satisfaction among psychiatrists in Ireland and Norway. The survey was conducted by McLoughlin *et al.* among 100 doctors and revealed burnout in 36% of them and a low assessment of personal well-being in 30%. The results of the study by Sandvik *et al.*, encompassing a survey of 903 Norwegian doctors, showed job satisfaction in 56% of respondents, dissatisfaction in 16%, and a neutral attitude in 27%. The studies provide a comparative perspective on work satisfaction, enabling cross-regional research. Sandvik *et al.*'s focus on job satisfaction aspects is valuable for identifying improvement areas. However, these studies largely focus on the immediate professional environment without delving into the systemic and cultural factors that might influence job satisfaction. This creates a gap in understanding how broader societal and policy contexts influence the

professional experiences of psychiatrists, which is critical for developing comprehensive strategies to improve job satisfaction.

Based on the results of a social media survey, Gruber *et al.*⁵ determined the indicators of performance and job satisfaction among psychiatrists who emigrated from Croatia to Scandinavian and Western European countries and psychiatrists who practiced directly in Croatia. The analysis of a questionnaire survey of 62 doctors, 44 of whom emigrated, revealed higher levels of professional satisfaction among the emigrant group of psychiatrists compared to their colleagues working in their home country. Gruber *et al.* offer a unique perspective by examining the well-being of emigrant psychiatrists from Croatia, yet their study does not fully address the comparative aspects of professional satisfaction between different healthcare systems and cultural contexts.

Outside of Europe, surveys aimed at determining the professional satisfaction of psychiatrists were conducted by Chambers and Frampton,⁶ Nimmawitt *et al.*,⁷ and Jackson *et al.*⁸ As in the previous studies, the authors investigated the level of burnout, stress, and exhaustion and assessed the prevalence of post-traumatic stress disorders among doctors in psychiatric departments. Chambers and Frampton studied the results of a survey of 368 doctors from New Zealand and found burnout in 34.6% of respondents, and the level of significant work-related stress was recorded in 35.3% of respondents. An analysis of a survey of 227 Thai psychiatrists conducted by Nimmawitt *et al.* showed that 49.3% of respondents reported severe emotional exhaustion, and 26.4% reported high levels of depersonalization. Jackson *et al.* studied the results of a cross-sectional national survey of 2,216 practicing psychiatrists in the United States and determined that 14% of them had post-traumatic stress disorders, the development of which provoked emotional exhaustion and job dissatisfaction. These studies overlook the relationship between burnout, work satisfaction, and career longevity, as well as the impact of mental health stigma on both patients and professionals. This lack of awareness creates a gap in understanding how public views towards mental health influence psychiatrists' job satisfaction and professional identity in various cultural situations.

Given the different approaches to the methodology of the above studies (sample sizes, types of questionnaires, statistical analysis of the results), it is incorrect to use their data to compare the job satisfaction of psychiatrists in differing regions. Therefore, it is important to analyse those aspects that will allow more accurately determining the level of professional satisfaction of psychiatrists by analysing the factors that form this indicator. The fact that the majority of psychiatrists' job satisfaction surveys focus on determining the level of burnout, stress, and depersonalisation indicates the relevance and severity of this problem among practitioners.

However, it is worth noting that these negative aspects of professional activity are the result of a combination of factors that affect the overall level of job satisfaction.

The existing literature on the challenges faced by psychiatrists is limited, with significant research gaps. These include a need for a comprehensive exploration of factors influencing job satisfaction beyond burnout and stress, a deeper analysis of systemic and cultural influences, and a comparative examination of healthcare systems' impact on professional satisfaction. This study aims to address these gaps by examining a wider range of factors contributing to job satisfaction, situating them within the context of mental health systems and societal attitudes, and providing strategies for improving work environments and job satisfaction. The goal of the research was to identify and analyse the factors that determine the professional satisfaction of psychiatric doctors. The tasks of the study included comparing the job satisfaction of psychiatrists in Poland, Europe, and the world in general and finding the best ways to improve this indicator.

The factors influencing the professional satisfaction of psychiatrists were determined by analysing materials from scientific sources in psychiatry, psychology, and sociology. The search for publications was conducted among materials in the PubMed, Google Scholar, and Scopus databases. The query was formed using the keywords: "satisfaction with the work of psychiatrists", "indicators of psychological satisfaction of doctors in psychiatric departments", "level of professional satisfaction of psychiatrists". According to this request, 26 articles were selected. In this research such methods as secondary data analysis, thematic analysis, comparative analysis, synthesis were used.

A comparative analysis of the job satisfaction of practicing psychiatrists in Poland, Europe, and the world was carried out. For this purpose, the available materials containing descriptive or statistical information on each of the previously identified factors in the respective regions were used. In addition to these databases, information was searched for among the materials available on the Internet that contained data on the resource provision of the healthcare sector in these regions. The following keywords were used for the search: "level of remuneration/salary of psychiatrists in Poland/Europe/world", "working conditions of psychiatrists in Poland/Europe/world", "provision of the field of psychiatry in Poland/Europe/world", "social status/recognition of psychiatrists in Poland/Europe/world", "stigmatisation of mental illness in Poland/Europe/world". A total of 33 relevant sources were selected. Given the results and the author's conclusions, the researcher searched for effective methods to increase the level of professional satisfaction of practicing psychiatrists.

Determination of indicators of professional satisfaction of psychiatric doctors, taking into account the specifics of the speciality

In addition to psychiatrists, psychiatry departments may employ neurologists and general practitioners, as well as specialists in related fields such as psychologists, psychotherapists, art therapists, occupational therapists, ergotherapists, and other specialists, depending on the profile of the department, the needs of patients, and the resources of the healthcare facility. Given that these doctors, regardless of their specialities, work with people with suspected or confirmed mental disorders, it is important to identify factors specific to the field of psychiatry in addition to general satisfaction factors when determining their professional satisfaction.

The level of remuneration, working conditions, microclimate in the team (relationships with colleagues), resource support for the work process and career development opportunities are important for any specialist and have a significant impact on the assessment of professional satisfaction. Stress level, burnout level, sense of importance of own activity, work-life balance, sense of pride in the profession can be attributed to factors inherent in the medical profession, taking into account the level of responsibility, psychological impact and working time regulation. The most specific factor of professional satisfaction for psychiatric doctors is the stigma of mental illness in society. The level of remuneration, *i.e.* the salary of psychiatric doctors, generally corresponds to the salary of doctors of other specialities.⁹ However, there is an opinion among a certain number of psychiatrists that the level of material remuneration is insufficient, given the specifics of their profession and the stressful nature of their work.¹⁰ The working conditions of psychiatrists depend on the number of staff involved in the work and the quality of communication between them, the standardization of working hours, the comfort of the psychosocial environment of the healthcare facility and the sufficiency of professional equipment and materials for professional activities. The number of staff involved affects the optimal distribution of working time and helps to avoid overload, while maintaining the efficiency of doctors during the work shift.¹¹ Interaction between staff creates a healthy atmosphere in the team and provides an opportunity to share experiences, consult and receive assistance in crisis situations.¹² The environment of a healthcare facility affects the psychological and physical well-being of a doctor and can reduce his or her effectiveness. For example, studies have shown that: i) exposure to noise can lead to increased levels of stress, anxiety, and fatigue in doctors and negatively affect concentration and decision-making;^{13,14} ii) exposure to dim lighting provokes anxiety and depression;¹⁵ iii) exposure to

bright artificial lighting disrupts doctors' sleep, leading to overwork and reduced performance;¹⁶ iv) exposure to poor air quality leads to the development of respiratory diseases, allergies, headaches, dizziness, and nausea;^{17,18} v) exposure to unergonomic workplaces and places for rest causes musculoskeletal problems, increased fatigue, and reduced performance.¹⁹

The level of provision of professional equipment and materials for professional activities can affect the quality of doctors' work, increase or decrease stress and burnout, and change the level of motivation, retention, or outflow of staff.^{20,21}

Relationships with colleagues are one of the factors that influence working conditions and depend on personal relationships between staff, the correct rules of subordination, and the level of professional solidarity in the community. Interpersonal relationships are determined by the level of communication between staff, the presence or absence of trust and respect, acceptance or rejection of the character, behaviour, and values of colleagues, and the impact of personal successes or problems on mitigating or aggravating relationships in the team.^{22,23}

The correct construction of subordination rules and their observance can ensure the effectiveness of solving existing professional, organisational, and interpersonal problems, while incorrect subordination can lead to abuse of power, building a rigid hierarchy, deterioration of the microclimate in the team, and suppression of cooperation between doctors.²⁴ Professional solidarity among psychiatric doctors is correlated with a sense of cohesion and unity and affects the level of support and protection in the team, promotes the effectiveness of peer-to-peer cooperation or mentoring, and creates a sense of belonging to a professional community.²⁵ On the other hand, the lack of solidarity or its low level leads to isolation, conflicts, a lack of support, cooperation, and a sense of protection, which can significantly reduce professional satisfaction and provoke disillusionment with the profession. Resource provision of the workflow affects: working conditions, as it determines the number of staff involved in the work and, accordingly, the distribution of working time; convenience of the healthcare facility environment for staff and patients; comfort and ergonomics of the workplace; places for doctors to rest and rooms for patients to stay; level of professional equipment, facilities, and materials; provision of a sufficient number of patient beds; necessary devices for diagnosis, treatment, and rehabilitation; instruments and medicines.²⁶

There are several career paths in the field of psychiatry. Practitioners who focus on clinical work can, according to their specialisation, grow to the position of department head or use their clinical experience to conduct research while building a career as a researcher or teacher.²⁷ Given that career advancement is perceived as professional recognition and is

accompanied by an increase in salary, it has a significant impact on increasing the level of job satisfaction of psychiatric doctors.

The level of stress experienced by psychiatrists is caused by contact with patients with mental disorders. Depending on the type and severity of such disorders, during their work, specialists find themselves in emotionally exhausting situations (exacerbation of psychosis, patient suicide) and face the risks of insults, threats, and physical violence.²⁸ These factors contribute to the fact that the level of stress in psychiatric doctors is higher than in doctors of other specialities.²⁹ Prolonged exposure to stress reduces professional satisfaction and can cause emotional burnout. The characteristics of this condition include exhaustion, loss of enthusiasm, reduced empathy, and the development of cynicism. Studies have shown that, like stress levels, the level of emotional burnout in psychiatrists is higher than in doctors working in other specialities.³⁰

The sense of importance in one's own work is the perception of one's work as beneficial to society – relieving suffering and improving the lives of patients with mental disorders. This perception creates a sense of pride in one's profession and can help to cope with stress and emotional burnout.³¹ The specifics of working in psychiatric wards can affect doctors' personal lives and lead to relationship problems. Exacerbation of the problem negatively affects moral well-being and may lead to thoughts about changing professional activities.³² Maintaining a work-life balance determines the level of professional satisfaction of psychiatrists. The stigmatisation of mental illness is a factor that affects the decrease in the level of professional satisfaction of psychiatric doctors. Its causes are discrimination, prejudice, and devaluation by society, which can lead to a sense of isolation, reduced self-esteem, the development of feelings of guilt or shame, a loss of enthusiasm, and disappointment at work.^{33,34}

Having examined the indicators of professional satisfaction of psychiatric doctors, a dependence was found between them, which can be direct – an increase in the level of one indicator will lead to an increase in another (an increase in the level of provision of the industry will lead to improved working conditions), or the opposite – an increase in the impact of one indicator will provoke a decrease in the impact of another (a sense of the importance of one's own work will reduce the level of stress and professional burnout). This pattern is important to take into account when analysing ways to increase the level of professional satisfaction.

Analysis of professional satisfaction of psychiatric doctors in Poland, Europe, and the world

Since there are currently no clear statistics on the level of professional satisfaction of psychiatrists globally and by region, a comparative analysis of this indicator was conducted based on surveys of psychiatrists on certain factors of job satisfaction and statistical data on the resource provision of psychiatric departments in the regions studied.

The human resource provision corresponds to the number of practising psychiatrists in psychiatry departments. Although it does not reflect a general understanding of professional satisfaction, it can influence the level of working conditions and reveal a trend towards development, stability, or decline in the industry. According to data from 2021, the number of psychiatrists employed in Poland was 4914. Compared to 2020, it increased by 5.56% and became the highest since 2007.³⁵ It is worth paying attention to the fact that in 2018, this number was estimated at 3277 doctors, and in 2019 it was 4436. The sharp increase in the number of employed psychiatrists by 26.13% indicates the presence of a number of factors that provoked it. The main ones were: an increase in mental health funding in 2018; an increase in the number of mental illnesses due to increased stress, anxiety, drug, and alcohol addiction; and demographic changes provoked by population ageing.³⁶⁻³⁸ Thus, the trend towards an increase in the number of practicing psychiatrists indicates the development of the psychiatric field and has a positive impact on increasing the level of professional satisfaction of doctors in this speciality, affecting the improvement of working conditions, as an increase in the staff makes it possible to optimise working hours and avoid overload. However, the number of practicing psychiatrists in Poland is still lower than in other European countries, taking into account the population of the countries (Figure 1).

Statistics show that among the European countries mentioned, the United Kingdom, Denmark, Estonia, and Iceland have approximately the same level of population provision with psychiatrists; the highest rates are recorded in Switzerland and Norway, and the lowest are recorded in Poland. The general trend indicates that the number of psychiatrists in the studied countries is increasing every year, the greatest stability is observed in Denmark,⁴⁰ a decrease in the number compared to 2020 is recorded in Estonia (272 doctors in 2020, 256 in 2021),⁴¹ and in Iceland, the highest rates were in 2016 (86 doctors, compared to 75 in 2021).⁴² Given that in 2020, the proportion of the European population that used professional help to address mental health problems was 21%, the approximate workload of psychiatric doctors in Britain, Estonia, Austria, Denmark, Iceland, and Norway will be about 1,000 patients per year, in Switzerland, about 400, and in Poland, up to 1,500.⁴⁶ Although the data is

approximate, the difference in workload between Polish and European doctors is obvious. A comparison of resource provision for psychiatry can be analysed by the level of government spending on the needs of the sector (Figure 2).

The highest level of provision in the psychiatric sector is observed in Switzerland, Denmark, Iceland, and Norway, which are almost at the same high level, a fairly high level is observed in Austria, and significantly lower resources are allocated to the sector in the UK, Poland, and Estonia. Given that resource support affects working conditions, the quantity and quality of equipment and materials required to work with patients, and the comfort of the workplace, its limitations can affect the quality of medical care and professional satisfaction of psychiatric doctors. This analysis shows that the resource provision of psychiatry, as one of the indicators of influence on job satisfaction, is on average higher in European countries than in Poland. It is worth noting that the highest indicators are in Scandinavian countries, which are approximately 5 times higher than in Poland. The level of remuneration, which is an important factor in determining the professional satisfaction of psychiatric doctors, can be analysed by comparing their average annual salary (Figure 3).

Switzerland has the highest average annual salary of psychiatrists among these European countries, with approximately the same level in Iceland, Denmark, Austria, and Norway, and a slightly lower level in the UK. Estonia and Poland have the same level of financial remuneration and are almost twice as low as other countries. These data correlate with indicators of the industry's resource endowment and are an important indicator of psychiatrists' job satisfaction. Despite belonging to the same region, the analysis of statistical data revealed significant differences between the number of practicing psychiatrists, the material support of the psychiatry sector, and the level of average salaries of specialists in different countries. The Scandinavian countries and Austria have an advantage in most of these indicators, while the lower level is recorded in Eastern European countries, including Poland. Thus, it can be concluded that the level of professional satisfaction of practising Polish psychiatric doctors is currently lower than the European average.

The low job satisfaction of psychiatrists in Poland is also confirmed by the results of surveys that determine the level of stress and emotional burnout.^{63,64} Given the specifics of the work, these indicators are also high among physicians in other countries, which indicates that the problem of stress and burnout is common to European psychiatry specialists.⁶⁵ The level of professional satisfaction of psychiatric doctors in different countries differs depending on the healthcare system, the financing of the sector, and the social status of the profession. The

tendency to increase the level of professional satisfaction of psychiatrists depending on the number of patients per doctor, the level of resource provision in the industry, and the salary of a specialist, similar to in European countries, remains for the world as a whole. The social status of the profession of psychiatry is usually determined by the level of stigmatisation of mental illness in society. Despite civilisational processes and an increase in the level of education, stigma is still a widespread problem in many countries. Prejudice, negative stereotypes, discrimination, and social isolation not only complicate the treatment process and further adaptation of the patient but are also projected onto the doctor who comes into contact with patients. Thus, a difficult treatment process and the associated stress lead to a decrease in job satisfaction and may influence thoughts about changing professions. Research has shown that the highest levels of mental illness stigma are found in countries with low incomes, collectivist cultures, and strict religious traditions.

The high level of stigmatisation of mental illness in China is manifested through discrimination against patients and their families in professional and social life.⁶⁶ In the collectivist culture of this country, mental illness often acquires signs of moral weakness, which distinguishes a person from the general community. In India, the collectivist culture, reinforced by the influence of religious traditions, can lead to the isolation of the patient from the community and sometimes from the family. A similar trend is observed in Saudi Arabia, Nigeria, and Zimbabwe, where, depending on a distorted interpretation of the causes of mental illness (witchcraft, obsession, karma), people with mental disorders may be subjected to isolation, abuse, or violence.⁶⁷ The level of stigmatisation of mental illness in Poland differs significantly from the level in the countries listed above, but it is still significant. Stigmatisation is expressed in the form of the perception of people with mental disorders as dangerous, unpredictable, and incapable of professional and social activities. This influence is determined by the level of public awareness. This trend is being reversed by introducing provisions in state legislation prohibiting discrimination against people with mental disorders and introducing social programs to educate and inform the public about the specifics of mental disorders.

The level of salary, resource provision in the psychiatric sector, and social status of the profession are important indicators of the professional satisfaction of doctors in psychiatric departments. The analysis showed that the highest level of these indicators is in countries with a high level of social and economic development. In Poland, they have lower values than in some Western European and Scandinavian countries, but the tendency to increase funding and government and public initiatives to improve the social status of the profession indicate a

positive trend in improving the main factors of professional satisfaction of psychiatric doctors.

Ways to increase the level of professional satisfaction of doctors in psychiatry departments

Improving the job satisfaction of psychiatric doctors is an important part of improving the state of the psychiatric sector and ensuring a decent level of mental health support for the population. Ways to improve the level of professional satisfaction of psychiatrists include reducing workload, improving working conditions, increasing opportunities for professional development, supporting the mental health of doctors themselves, and increasing recognition and respect for the profession.

The main condition for reducing the workload is, of course, an increase in staff, which requires additional funding for training and the remuneration of specialists. However, other less resource-intensive options can be considered to help relieve doctors of their workload. In this direction, it is worth paying attention to the study by Lai et al.,⁶⁸ which highlights certain organisational aspects that can be revised to optimise the workload of a doctor. Based on surveys of psychiatry trainees in Australia, researchers studied the impact of changes in mental health legislation on the development of stress.

The analysis of the questionnaire revealed that, in addition to long working hours, trainee psychiatrists named the intensity of the workload as a factor of fatigue, which leads to overtime and the need to take some responsibilities home. The stress factor is exacerbated by a combination of a significant amount of administrative workload (increased volume and number of reports in accordance with the new legislation) and high emotional exhaustion due to the specifics of psychiatry (threats, aggression, and suicide of patients).⁶⁹⁻⁷¹ Although this study focusses on the problems of trainees in psychiatry departments, due to the need to combine administrative and practical activities, they are also relevant for experienced doctors. Therefore, there are several ways to reduce the workload of doctors: differentiating both types of activities according to the doctor's working hours; delegating administrative responsibilities to a part of the staff that is involved in providing psychiatric care to patients (clinic or department administrator, secretary); digitalizing and optimizing the reporting process. In addition, flexible work models, including part-time work, work from home, and the use of telemedicine, can be used to reduce workload. These models will help reduce the workload and maintain a balance between the professional and personal lives of doctors. In addition, analysing the results of the Australian research, it is worth emphasising the conclusion drawn from the survey, which is that when changing the legislation on the

provision of mental health services, the rights of doctors providing mental health services should be taken into account, in addition to the interests of patients. The imbalance between the interests of both parties can backfire and cause acute problems in the field of psychiatry. Ways to improve the working conditions of doctors in psychiatric departments include providing comfortable workplaces and places for recreation and access to the technological and pharmaceutical resources necessary for quality practice.⁷² In addition to the material support of the doctors' environment, it is important to create a favourable emotional atmosphere in the team. One of the ways to achieve it can be through the use of cooperation and mentoring programs, which will help to adapt young specialists to the profession and form in them a positive perception of work in the acquired speciality at the beginning of their career. Individual or group mentoring and collaboration with experienced psychiatrists in the form of receiving feedback and advice while treating patients will be beneficial for developing professional skills and gaining valuable experience.^{73,74} Opportunities for professional development can be enhanced by introducing accessible training programs and conferences and encouraging psychiatrists to participate in them, expanding opportunities for research by conducting research in their field and publishing their results, creating and promoting mentoring programs to deepen knowledge and improve skills. In addition to professional aspects, it is important to introduce students to effective self-help methods and techniques for managing stress and preventing emotional burnout in psychiatric in-service training programs.^{75,76} It is important that these programs are accessible to practicing psychiatrists and that the materials are updated in accordance with changes in their relevance. Kilic *et al.*⁷⁷ investigated the role of gender as a barrier to the professional development of psychiatrists. The authors conducted a survey among psychiatrists in 35 European countries and found that, compared to men, women were more likely to report gender discrimination that directly or indirectly affected their professional advancement. At the same time, it was noted that in the institutions where psychiatrists studied or worked, measures aimed at addressing existing gender biases were not regularly and extremely rarely taken. Agreeing with the authors' conclusions about the importance of institutional support for states to eradicate prejudice, create equal conditions for professional development, and create a respectful environment for psychiatrists of all genders, we can add that creating safe and inclusive conditions for psychiatric doctors, regardless of their age, race, religious beliefs, and sexual orientation, is important not only in terms of respect for human rights and freedoms in medical institutions but also for the development of the industry as a whole, as discrimination on certain grounds is a major threat to the health of the population.

An important step to improve the professional satisfaction of doctors in psychiatric wards is to support mental health.⁷⁸ This can be done in several ways: i) developing and providing access to mental health improvement and recovery programs; ii) organising support groups where psychiatrists can share problems, find support, and get useful advice from colleagues; iii) introducing integrative medicine methods such as yoga, meditation, acupuncture, and other methods for relaxation and stress reduction.

Increasing recognition and respect for the profession can be achieved by raising awareness of the importance of psychiatrists' work and their contribution to the mental health of the community, encouraging public recognition of achievements, lobbying for the interests of the psychiatric community through political, public, and professional organisations, increasing the authority of doctors through the introduction of projects and initiatives useful for promoting the work of psychiatrists, and combating the stigma of mental illness.^{79,80} Ran *et al.*⁸¹ conducted a systematic review of the level of mental illness stigma and factors that influence it in the Pacific region. According to the study, the level of public stigma in the region ranged from 25.4% to 85.2%. Among the factors that influenced the formation of a fairly high level of this indicator, scientists have identified collectivism, responsibility, and a sense of shame for certain differences perceived by the conservative community as deviations, imposed values of "normality", belief in the supernatural, and religious beliefs. Despite the differences between the cultural aspects of the Pacific and European regions, it is possible to see overlaps between the factors that develop stigma in both regions. In Western and parts of Eastern Europe, Catholicism has long played an important role in shaping social norms and values that contributed to the stigmatisation of mental disorders, emphasising the patient's responsibility for their condition due to moral weakness, obsession, or a sinful lifestyle.⁸² However, given the civilisational changes that have also affected such a conservative field as religion, the influence of the church can be used to combat the stigma of mental illness. The current level of education of the clergy makes it possible to properly understand the nature of mental disorders and spread awareness among believers, encouraging them to abandon false stereotypes and to understand and treat people with mental problems appropriately.⁸³ When looking for ways to increase the level of professional satisfaction of psychiatric doctors, it is important to understand that there is no one-size-fits-all approach to ensuring it. It is important to focus on the needs and priorities of different groups of psychiatrists, regularly communicating and collaborating with them. The job satisfaction and enthusiasm of psychiatrists are essential for maintaining and improving the mental health of the population, and therefore improving it is one of the most important tasks of the psychiatric field.

Conclusions

The study discovered that, while burnout and stress are substantial challenges for psychiatrists, they are not the only factors determining job satisfaction. Significant factors such as professional development opportunities, work-life balance, and institutional support were regarded as equally essential for job satisfaction. In areas with well-established mental health policies and strong social support for mental health, these variables strongly lead to better levels of work satisfaction and professional contentment among psychiatrists.

An analysis of the level of professional satisfaction of psychiatrists in Poland, Europe, and the world has shown that in terms of salaries and human and material support of the psychiatry sector, the world's countries with a high level of social and economic development are the most satisfied. Polish psychiatrists expressed lower levels of job satisfaction than their peers in Western European and Scandinavian nations. This inequality stems from disparities in funding allocation, professional recognition, and working conditions in psychiatric departments. The research demonstrates the need for a more comprehensive approach to resolving these imbalances, arguing for increased investment in mental health services, improved working conditions, and more opportunities for professional development and advancement.

Several ways are proposed for increasing psychiatrists' professional satisfaction. These include increasing the number of staff, optimizing administrative tasks, improving working conditions, fostering a positive atmosphere through programs, increasing opportunities for professional development through training and mentoring, and promoting mental health recovery through support groups and integrative medicine. Social projects can also enhance recognition and respect for psychiatrists by raising public awareness of their role in preserving and improving society's mental health.

Since professional satisfaction is an indicator that can change depending on many factors, it is necessary to constantly update relevant information. The study's limitation was the lack of statistical data on satisfaction indicators for psychiatrists in Poland, Europe, and the world, affecting the sample size and analysis depth. Future research should focus on longitudinal studies that examine the impact of systemic interventions, such as policy changes and enhanced institutional support, on psychiatrists' job satisfaction across diverse cultural and healthcare settings.

References

1. Makara-Studzińska M, Murawiec S, Matuszczyk M, Załuski M. Perceived life stress and the burnout syndrome in group of Polish psychiatrists. *Psychiatria* 2019;16:185-92.
2. Wontorczyk A, Izydoreczyk B, Makara-Studzińska M. Burnout and stress in group of psychiatrists: workload and non-professional-social predictors. *Int J Occup Med Environ Health* 2023;36:379-95.
3. McLoughlin C, Casey S, Feeney A, et al. Burnout, work satisfaction, and well-being among non-consultant psychiatrists in Ireland. *Acad Psychiatry* 2021;45:322-8.
4. Sandvik MK, Nesvåg R, Jorem J, Lien L. Which factors affect job satisfaction of doctors in psychiatry? *Nord J Psychiatry* 2024;78:198-204.
5. Gruber E, Sarajlic Vukovic I, Musovic M, et al. Personal wellbeing, work ability, satisfaction with life and work in psychiatrists who emigrated from Croatia. *Psychiatr Danub* 2020;32:449-62.
6. Chambers CNL, Frampton CMA. Burnout, stress and intentions to leave work in New Zealand psychiatrists; A mixed methods cross sectional study. *BMC Psychiatry* 2022;22:380.
7. Nimmawitt N, Wannarit K, Pariwatcharakul P. Thai psychiatrists and burnout: A national survey. *PLoS ONE* 2020;15:e0230204.
8. Jackson TN, Jackson DL, Nelson PR, et al. Traumatized attendings – When the doctor has the disease. *Am J Surg* 2022;223:626-32.
9. Mark TL, Olesiuk W, Ali MM, et al. Differential reimbursement of psychiatric services by psychiatrists and other medical providers. *Psychiatr Serv* 2018;69:281-5.
10. Qi AC, Joynt Maddox KE, Bierut LJ, Johnston KJ. Comparison of performance of psychiatrists vs Other outpatient physicians in the 2020 US Medicare Merit-Based Incentive Payment System. *JAMA Health Forum* 2022;3:e220212.
11. Brandt WA, Bielitz CJ, Georgi A. The impact of staff turnover and staff density on treatment quality in a psychiatric clinic. *Front Psychol* 2016;7:457.
12. Stuetzle S, Brieger A, Lust C, et al. Internalized stigma in mental health staff with lived experience of mental crises – Does the professional role protect against self-stigmatization? *Front Psychol* 2023;13:1078478.
13. de Lima Andrade E, da Cunha E, Silva DC, et al. Environmental noise in hospitals: A systematic review. *Environ Sci Pollut Res Int* 2021;28:19629-42.
14. Denham MW, Weitzman RE, Golub JS. Hearing aids and cochlear implants in the prevention of cognitive decline and dementia – Breaking through the silence. *JAMA Neurol* 2023;80:127-8.

15. Kuijsters A, Redi J, de Ruyter B, Heynderickx I. Lighting to make you feel better: Improving the mood of elderly people with affective ambiances. *PLoS ONE* 2015;10:e0132732.
16. Ganesan S, Magee M, Stone JE, et al. The impact of shift work on sleep, alertness and performance in healthcare workers. *Sci Rep* 2019;9:4635.
17. Seguel JM, Merrill R, Seguel D, Campagna AC. Indoor air quality. *Am J Lifestyle Med* 2016;11:284-95.
18. Ratschen E, Britton J, McNeill A. Smoke-free hospitals – The English experience: Results from a survey, interviews, and site visits. *BMC Health Serv Res* 2008;8:41.
19. Abdollahi T, Pedram Razi S, Pahlevan D, et al. Effect of an ergonomics educational program on musculoskeletal disorders in nursing staff working in the operating room: A quasi-randomized controlled clinical trial. *Int J Environ Res Public Health* 2020;17:7333.
20. Weisser KH, Diseth TH, Boye B, et al. Examining the organization and quality of the psychiatric consultative service in Norway. *Nord J Psychiatry* 2019;73:9-15.
21. Bachmann CJ, Plener PL, Mechels M, Lempp T. Maintaining a comprehensive provision of inpatient child and adolescent mental health services in the years to come – A German perspective. *Neuropsychiatry Clin Diagn Ther Rehabil* 2023;37:39-46.
22. Borer MS, McDaniel SH. Child psychiatrists and psychologists: Enhanced collaboration in primary care. *Child Adolesc Psychiatr Clin N Am* 2021;30:809-26.
23. O'Reilly J, Gibbons R, Heyland S, Yakeley J. Parity of esteem within the biopsychosocial model: Is psychiatry still a psychological profession? *B J Psych Bull* 2023;47:311-5.
24. Kunkes T, Cavuoto L, Higginbotham J, et al. Influence of hierarchy on risk communication during robot-assisted surgery: A preliminary study. *Surg Endosc* 2022;36:3087-93.
25. Pot M. Epistemic solidarity in medicine and healthcare. *Med Health Care Philos* 2022;25:681-92.
26. Fond-Harmant L, Kane 19-022-10112-0 H, Baumgart JG, et al. The contributions of a mental health research process concomitant with the Covid-19 crisis. *Clin Neuropsychiatry* 2023;20:279-87.
27. Pagkalos G, Ismayilova J, Kilic O, et al. What opportunities do European early career psychiatrists have? *Psychiatry Psychiatr* 2019;30:345-8.

28. Barman R, Kablinger A. Prevalence of trauma- and stress-related symptoms in psychiatrists and trainees following patient suicide in the United States. *Soc Psychiatry Psychiatr Epidemiol* 2021;56:1283-8.
29. Heponiemi T, Aalto AM, Puttonen S, et al. Work-related stress, job resources, and well-being among psychiatrists and other medical specialists in Finland. *Psychiatr Serv* 2014;65:796-801.
30. Kader N, Elhusein B, Elhassan NM, et al. Burnout and job satisfaction among psychiatrists in the Mental Health Service, Hamad Medical Corporation, Qatar. *Asian J Psychiatry* 2021;58:102619.
31. Yıldırım H, Şahin FY. A study on the counselors' levels of professional pride and job satisfaction according to certain variables. *Participatory Educ Res* 2021;8:1-23.
32. Hicks MH. "What are you?" A recurring question in a cross-cultural psychiatrist's life and career. *Transcultural Psychiatry* 2011;48:37-52.
33. Taguibao C, Rosenheck R. Medical education and the stigmatization of mental illness in the Philippines. *Cult Med Psychiatry* 2021;45:312-31.
34. Jauch M, Occhipinti S, O'Donovan A. The stigmatization of mental illness by mental health professionals: Scoping review and bibliometric analysis. *PLoS ONE* 2023;18:e0280739.
35. Statista. Number of psychiatrists employed in Poland from 2007 to 2021. 2024. Available from: <https://www.statista.com/statistics/462675/psychiatrists-employment-in-poland/>
36. Gańczak M, Miazgowski T, Kożybska M, et al. Changes in disease burden in Poland between 1990-2017 in comparison with other Central European countries: A systematic analysis for the Global Burden of Disease Study 2017. *PLoS ONE* 2020;15:e0226766.
37. Gawrych M, Cichoń E, Kiejna A. COVID-19 pandemic fear, life satisfaction and mental health at the initial stage of the pandemic in the largest cities in Poland. *Psychol Health Med* 2021;26:107-13.
38. Sobczak E, Bartniczak B, Raszkowski A. Aging society and the selected aspects of environmental threats: Evidence from Poland. *Sustainability* 2020;12:4648.
39. Statista. Number of psychiatrists employed in the United Kingdom (UK) from 2002 to 2022. 2024. Available from: <https://www.statista.com/statistics/462704/psychiatrists-employment-in-the-united-kingdom-uk/>

40. Statista. Number of psychiatrists employed in Denmark from 2010 to 2020. 2024. Available from: <https://www.statista.com/statistics/462246/psychiatrists-employment-in-denmark/>
41. Statista. Number of psychiatrists employed in Estonia from 2002 to 2021. 2024. Available from: <https://www.statista.com/statistics/462247/psychiatrists-employment-in-estonia/>
42. Statista. Number of psychiatrists employed in Iceland from 2008 to 2022. 2024. Available from: <https://www.statista.com/statistics/462643/psychiatrists-employment-in-iceland/>
43. Statista. Number of psychiatrists employed in Austria from 2002 to 2022. 2024. Available from: <https://www.statista.com/statistics/461336/psychiatrists-employment-in-austria/>
44. Statista. Number of psychiatrists employed in Norway from 2003 to 2021. 2024. Available from: <https://www.statista.com/statistics/462669/psychiatrists-employment-in-norway/>
45. Statista. Number of psychiatrists employed in Switzerland from 2001 to 2021. 2024. Available from: <https://www.statista.com/statistics/462694/psychiatrists-employment-in-switzerland/>
46. Statista. Share of people using professional help for mental health in Europe as of 2020. 2024. Available from: <https://www.statista.com/statistics/1220983/use-professional-help-for-mental-health-in-europe/>
47. Statista. Mental Health – Switzerland. 2024. Available from: <https://www.statista.com/outlook/hmo/mental-health/switzerland>
48. Statista. Consumption Indicators – Denmark. 2024. Available from: <https://www.statista.com/outlook/hmo/mental-health/denmark>
49. Statista. Mental Health – Iceland. 2024. Available from: <https://www.statista.com/outlook/hmo/mental-health/iceland>
50. Statista. Mental Health – Norway. 2024. Available from: <https://www.statista.com/outlook/hmo/mental-health/norway>
51. Statista. Mental Health – Austria. 2024. Available from: <https://www.statista.com/outlook/hmo/mental-health/austria>
52. Statista. Mental Health – United Kingdom. 2024. Available from: <https://www.statista.com/outlook/hmo/mental-health/united-kingdom>

53. Statista. Mental Health – Poland. 2024. Available from:
<https://www.statista.com/outlook/hmo/mental-health/poland>
54. Statista. Mental Health – Estonia. 2024. Available from:
<https://www.statista.com/outlook/hmo/mental-health/estonia>
55. Salary Expert. Psychiatrist Salary Switzerland. 2024. Available from:
<https://www.salaryexpert.com/salary/job/psychiatrist/switzerland>
56. Salary Expert Psychiatrist Salary Iceland. 2024. Available from:
<https://www.salaryexpert.com/salary/job/psychiatrist/iceland>
57. Salary Expert Psychiatrist Salary Copenhagen, Denmark. 2024. Available from:
<https://www.salaryexpert.com/salary/job/psychiatrist/denmark/copenhagen>
58. Salary Expert Psychiatrist Salary Austria. 2024. Available from:
<https://www.salaryexpert.com/salary/job/psychiatrist/austria>
59. Salary Expert Psychiatrist Salary Norway. 2024. Available from:
<https://www.salaryexpert.com/salary/job/psychiatrist/norway>
60. Salary Expert Psychiatrist Salary United Kingdom. 2024. Available from:
<https://www.salaryexpert.com/salary/job/psychiatrist/united-kingdom>
61. Salary Expert Psychiatrist Salary Estonia. 2024. Available from:
<https://www.salaryexpert.com/salary/job/psychiatrist/estonia>
62. Salary Expert Psychiatrist Salary Poland. 2024. Available from:
<https://www.salaryexpert.com/salary/job/psychiatrist/poland>
63. Makara-Studzińska M, Wontorczyk A, Izydorczyk B. Stress and occupational burnout in a population of Polish doctors – Organizational-professional and non-professional-social predictors. *Ann Agric Environ Med* 2020;27:456-68.
64. Witczak-Błoszyk K, Krysińska K, Andriessen K, et al. Work-related suicide exposure, occupational burnout, and coping in emergency medical services personnel in Poland. *Int J Environ Res Public Health* 2022;19:1156.
65. Summers RF, Gorrindo T, Hwang S, et al. Well-being, burnout, and depression among North American psychiatrists: The state of our profession. *Am J Psychiatry* 2020;177:955-64.
66. Yin M, Li Z, Zhou C. Experience of stigma among family members of people with severe mental illness: A qualitative systematic review. *Int J Ment Health Nurs* 2020;29:141-60.
67. Marusak HA. Editorial: Growing up in a high-stigma context: An unseen driver of neurodevelopment, health, and pathology. *J Am Acad Child Adolesc Psychiatry* 2022;61:749-51.

68. Lai R, Teoh K, Plakiotis C. The impact of changes in mental health legislation on psychiatry trainee stress in Victoria, Australia. *Adv Exp Med Biol* 2023;1425:199-205.
69. Smoliuk N, Shulhai AH. Peculiarities of professional burnout of nurses in war conditions. *Bull Med Biol Res* 2024;6:64-72.
70. Vyshka G, Seferi A, Myftari K, et al. Last call for informed consent: confused proxies in extra-emergency conditions. *Indian J Med Ethics* 2014;11:252-4.
71. Kamkhen V, Aidasheva D, Mamyrbekova S, et al. Dynamics of indicators characterizing the health of Kazakhstani youth. *Univ J Publ Health* 2024;12:218-27.
72. Sadowska M, Mehlhorn C, Średniawa W, et al. Spreading Depressions and perinfarct spreading depolarizations in the context of cortical plasticity. *Neurosci* 2021;453:81-101.
73. Shcherban T, Dolynay T. Psychology of doctor-patient interaction in the context of medical specialist's communicative tolerance. *Sci Bull Mukachevo State Univ Ser Pedagogy Psychol* 2024;10:9-21.
74. Sadvakassova N, Karmanova Z, Danek J. stress conditions in preschool children with special educational needs. *Rev Int Geogr Educ Online* 2021;11:1646-53.
75. Guo S, Izydorczyk B, Lipowska M, et al. Socio-cultural attitudes toward the body as a predictor of motivation for physical activity in young people brought up in Asian and European culture – Chinese-Polish comparison. *BMC Sports Sci Med Rehab* 2023;15:52.
76. Guo S, Izydorczyk B, Lipowska M, et al. Sociocultural predictors of obligatory exercise in young men: A Polish-Chinese comparison. *Front Psychiatry* 2023;14:1123864.
77. Kilic O, Riecher-Rössler A, Galderisi S, et al. The role of gender as a barrier to the professional development of psychiatrists. *Eur Psychiatry* 2023;66:e89.
78. Kamkhen VB, Mamyrbekova SA, Daniyarova AB, et al. Specifics of the mental component of the quality of life of Almaty doctors in the context of the COVID-19 pandemic. *Physic Activ Health* 2022;6:201-7.
79. Shapran YP, Bilyk LV. Professional training of medical specialists in the aspect of physical rehabilitation. *Scientia Societus* 2023;2:9-15.
80. Latka K, Kolodziej W, Domisiewicz K, et al. Outpatient Spine Procedures in Poland: Clinical outcomes, safety, complications, and technical insights into an ambulatory spine surgery center. *Healthcare* 2023;11:2944.
81. Ran MS, Hall BJ, Su TT, et al. Stigma of mental illness and cultural factors in Pacific Rim region: A systematic review. *BMC Psychiatry* 2021;21:8.

82. Patelarou E, Galanis P, Mechili EA, et al. Assessment of COVID-19 fear in five European countries before mass vaccination and key predictors among nurses and nursing students. *Vaccines* 2022;10:98.

83. Bocheliuk VY, Spytka LV, Mamicheva OV, et al. Psychological features of post-COVID syndrome course. *Int J Health Sci* 2021;5:276-85.

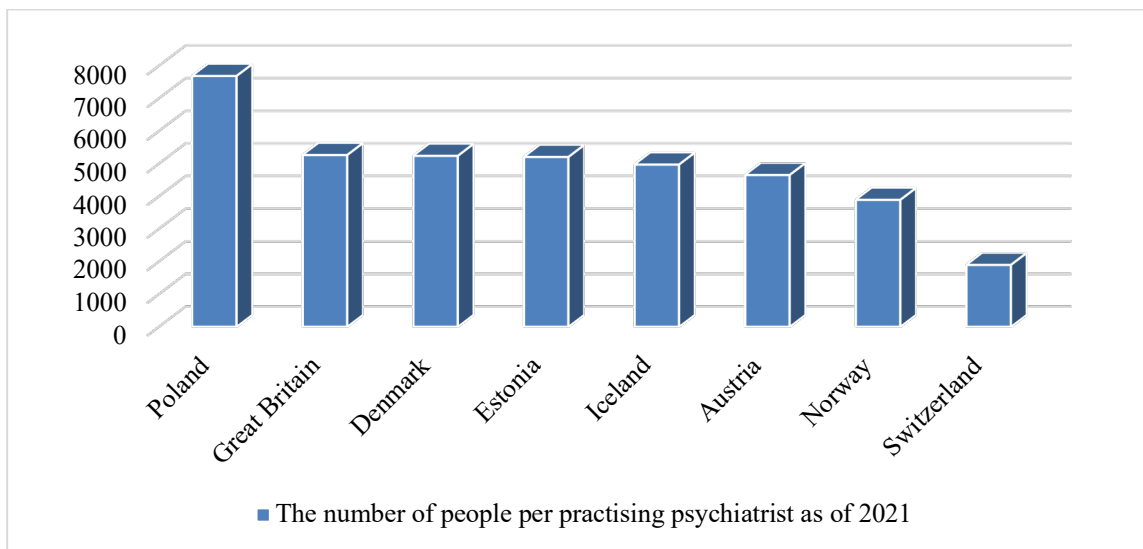


Figure 1. Statistics on the level of provision of the population with psychiatric services in European countries.

Notes: statistics on the number of people per practising psychiatrist in Denmark, in the absence of data, are taken for 2020. Source: compiled by the authors based on ^{35; 39-45}.

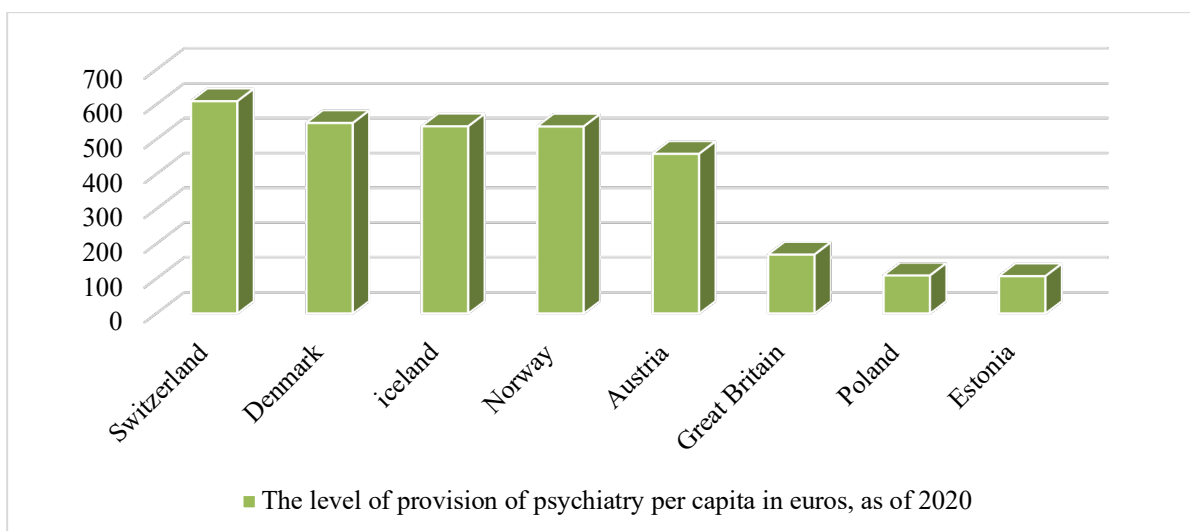


Figure 2. Statistics on per capita expenditures on mental health care in Europe

Notes: statistics on the level of psychiatry provision per capita, in the absence of up-to-date data, are taken for 2020. Source: compiled by the authors based on ⁴⁷⁻⁵⁴.

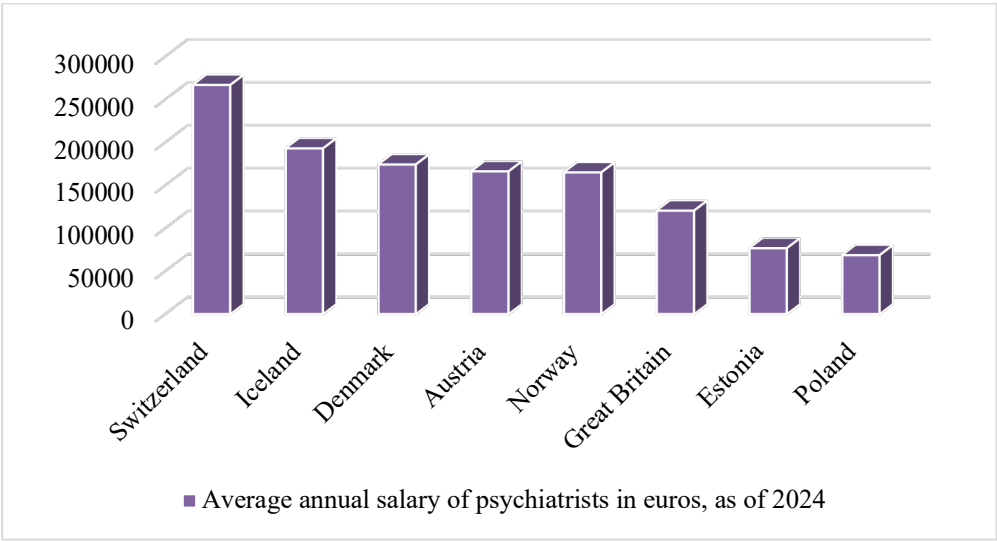


Figure 3. Statistics on the average annual salary of psychiatrists in European countries

Source: compiled by the authors based on ⁵⁵⁻⁶².