

Public Psychiatrists' Perceptions of Changes over the Past Five Years

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ABSTRACT: This study examines which issues public psychiatrists perceive as having most impacted their careers over the past five years and whether this impact was differentially experienced by staff psychiatrists and medical directors. The authors sent a questionnaire to all members of the American Association of Community Psychiatrists (AACCP) in clinical practice for at least 5 years. Surprisingly, public psychiatrists report that the impact of recent changes have been primarily positive, except in the domain of economic developments. Both program and agency medical directors report experiencing about the same amount of change, though significantly more positive overall impact, compared to staff psychiatrists. This finding should encourage psychiatrists to become program medical directors, a feasible next step for many staff psychiatrists.

KEY WORDS: public psychiatrists; medical directors; role; change.

INTRODUCTION

In the mid 1990s, the faculty of the Columbia University Public Psychiatry Fellowship surveyed its alumni and learned that those who were medical directors performed a wider variety of tasks and experienced higher job satisfaction, compared to those who were staff psychiatrists (Ranz, Eilenberg, & Rosenheck, 1997). Due to the relatively young age of alumni, most who were serving as medical directors had positions as program medical directors (Ranz & Stueve, 1998). A subsequent survey of members of the American Association

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of Community Psychiatrists (ACCP) showed that these findings could be generalized to agency medical directors as well (Ranz, Stueve, & McQuiston, 2001).

A natural next step was to survey changes being experienced by public psychiatrists. The socio-political environment within which public psychiatrists currently function is exceedingly complex. Many factors impinge on their ability to provide high quality care to public patients. Any psychiatrist who subscribes to the ACCP listserv knows that while there is a great deal of complexity, there is a high preponderance of negative comments about recent changes in the field.

A computer search of topics covered in *Psychiatric News* since January 2001 (when the full text of articles went on line) provides some evidence of how psychiatrists view the issues that impact on their work. Articles about managed care were particularly common. Fourteen such articles were found, and not surprisingly, half painted managed care in a negative light (e.g., "Managed Care May Improve Access But Hurts Quality, Says Economist"; "Experts Don't Expect Managed Care To Cure Recent Health Cost Spike"). A related issue, budgeting for mental health services, also attracted considerable negative attention. Nine such articles were found, of which four revealed negative attitudes (e.g., "Bush's Proposed Health Budget Inadequate, Committee Says"; "State Budget Woes Threaten Medical Care for the Poor"). Two other topics that received considerable negative press, perhaps surprisingly, were psychiatric medication (4 out of 8 articles were negative: e.g., "Many Bipolar Patients Fail To Get Appropriate Medication") and the internet (3 out of 6 articles were negative: "Internet Gambling Alarms Addiction Experts, Government"). Other topics that received considerable attention, generally positive, were family and consumer advocacy (11 articles), people with AIDS (11 articles), substance abusers (9 articles), people in (or coming out of) jails and prisons (7 articles), APA advocacy (5 articles), practice guidelines (4 articles) and the homeless (2 articles).

Other possible factors impacting psychiatrists' professional lives were revealed in a 1998 survey of APA members (Suarez, Marcus, Tanielian, & Pincus, 2001). Compared to a survey done ten years earlier, the amount of time psychiatrists were working in inpatient settings had significantly decreased while the amount of time spent working in outpatient clinic settings had significantly increased. Psychiatrists were also spending significantly more time on administrative tasks and about twice as much time providing medication to their patients (Tanielian, Marcus, Suarez, & Pincus, 2001).

The current survey examines in detail the extent to which public psychiatrists perceive changes over the past 5 years in six domains that categorize the issues discussed in the literature and the impact of these changes on their professional lives. Of particular interest is whether the amount and impact of these changes were experienced differentially by staff psychiatrists, program medical directors and agency medical directors.

METHODS

Sample

The target audience was all current members of the AACP. The authors obtained Institutional IRB approval including a ruling that informed consent was not deemed necessary. In order to maximize the response rate, we decided to make as many as five contacts per individual, if necessary. The first contact was made via the AACP listserve. Members on the listserve were directed to a secure web site through which they could submit the questionnaire (for individual items within each domain, please contact the author). Respondents were asked to supply their name, to ensure that they would not receive follow-up requests. Each subsequent contact was made only to those who had failed to respond to the previous contacts. The second contact was a regular mailing, with an enclosed self-addressed stamped form. The third contact was an individual e-mail request, the fourth by telephone, and the fifth by fax.

The AACP membership list included 650 members. Of these, 78 were early career psychiatrists, who were excluded because they did not have five years experience in the field. In addition to the early career psychiatrists, a variety of other members were also excluded based upon information they provided to us (e.g., nonphysicians, not doing clinical work or retired) or because we were unable to contact them (i.e., the directory information was incorrect). That left an available sample of 482 members. Of these, 71% (344 of 482) responded. In all, 184 people submitted surveys by mail, 126 via the web, and 34 by fax during the period from January to July 2002. Insofar as the AACP directory does not contain the information that led to exclusion from this survey, it is likely that some of the nonresponders would have also been excluded and that the effective response rate may have been higher than 71%.

Measures

We asked respondents to report their job type (staff psychiatrist, program medical director, agency medical director), control over budget (input or no input). We also asked them to report their salary (in \$25,000 increments) and how much their salary had changed in the past 5 years. Finally, we asked them to report their age, gender and ethnicity.

The survey questionnaire listed 22 items conceptually divided into six domains: (1) scientific and clinical activities, (2) economic developments, (3) organizational structure, (4) information systems, (5) advocacy and (6) changing populations (see <https://cpmcnet.columbia.edu/ranz/ranzform.html> for individual items within each domain). We asked respondents to report how much change they had experienced with regard to

each item over the past five years (on a scale of 0, minimal, to 3, major). We also asked them to assess the impact each item had had on their professional life during that 5-year period (on a scale of -3, extremely negative, to +3, extremely positive). Finally, we asked them to give a separate single rating assessing the overall impact of all the factors listed (on the same type of -3 to +3 scale). Scores for change and impact for each of the six domains were calculated for each respondent as the average of the individual items within each domain. Data were analyzed using analyses of variance, chi square, correlation and regression analyses as appropriate.

RESULTS

Sample Characteristics and Job Type

The average age of respondents to this survey is 52. Males constitute 67% of respondents, and Caucasians 81%. Even though this percentage of males and Caucasians is high, it is consistent with the previous AACP survey³ we conducted. Looking at job type, 32% of respondents are staff psychiatrists, 25% program medical directors and 43% agency medical directors. Predictably, input over budget is significantly associated with job type (Pearson χ^2 92.67, df 2, $p = .000$). Staff psychiatrists are least likely to report input (13%), followed by program medical directors (38%) and agency medical directors (78%). Also predictably, salary is associated with job type (ANOVA df 2, 279, 281, $F = 18.72$, $p = .000$). The median salary of both staff psychiatrists and program medical directors is in the \$125,000 to \$150,000 range, with program medical directors reporting only a slightly higher salary than staff psychiatrists. The median salary of agency medical directors is in the \$150,000 to \$175,000 range. Salary change is not significantly associated with job type ($p = .079$), though program medical directors report a slightly higher salary increase, and staff psychiatrists a slightly lower increase, with agency medical directors in the middle.

Change

Respondents report that they experienced the greatest amount of change in economic developments (mean 1.9 out of maximum of 3.0) followed by scientific/clinical activities (1.6) over the past 5 years. They experienced the least amount of change in advocacy (1.1). They experienced intermediate amounts of change in the areas of organizational structure, information systems and changing populations. Changes within each of the six domains, as well as total change (defined as an

average of the six category changes), do not significantly vary by job type.

Impact

Respondents report that the domains of economic developments and scientific/clinical activities had the greatest impact on their professional lives, albeit in opposite directions (-0.8 and $+0.8$, respectively, out of a possible range of -3.0 to $+3.0$). The domains of advocacy and information systems also had positive impacts ($+0.7$ and $+0.6$, respectively). Organizational changes and changing populations had minimal impact on their professional lives.

Correlations of Change and Impact

Interestingly, respondents who perceive the greatest change in a particular domain do not necessarily experience the greatest impact from that change. That is, on average, respondents reported the largest amount of change in economic developments and scientific/clinical activities, yet the correlations with impact for these domains were modest albeit statistically significant (Pearson correlation $-.351$, $p = .000$, $N = 341$ for economic developments; Pearson correlation $.354$, $p = .000$, $N = 330$ for scientific/clinical activities). On the other hand, respondents on average reported small amounts of change in the advocacy and information systems domains, yet those who did perceive change reported substantial positive impact (Pearson correlation $.603$, $p = .000$, $N = 339$ for advocacy, Pearson correlation $.686$, $p = .000$, $N = 340$ for information systems). In the other two domains there were low correlations between perceived change and impact: changing populations (Pearson correlation $.135$, $p = .012$, $N = 340$) and organizational changes (Pearson correlation $-.102$, $p = .061$, $N = 337$).

Overall Impact

As indicated in Methods section, each respondent provided a single rating of the overall impact of changes in their professional lives, that was separate from the impact ratings on each of the individual items. Overall impact for the entire sample is slightly positive (mean 0.14). Overall impact is significantly and negatively associated with perceived changes in economic developments (Pearson correlation $-.218$,

$p = .000$, $N = 341$) and positively associated with perceived changes in advocacy (Pearson correlation $.110$, $p = .043$, $N = 341$). Ratings of overall impact are significantly associated with job type (ANOVA df 2, 286, 288, $F = 10.43$, $p = .000$), with staff psychiatrists reporting significantly lower impact than both program medical directors (Bonferroni mean difference $-.49$, $p = .043$) and agency medical directors (Bonferroni mean difference $-.79$, $p = .000$); there was no significant difference between program medical directors and agency medical directors. Overall impact is significantly associated with input over budget (ANOVA df 1, 339, 340, $F = 20.46$, $p = .000$). Those with input over the budget reported greater overall impact compared to those with no input. Overall impact is significantly and positively associated with salary (Pearson correlation $.118$, $p = .032$, $N = 329$), and even more so with salary change (Pearson correlation $.227$, $p = .000$, $N = 329$).

Overall Impact—Regression Analysis

Because of the large number of items noted above that are significantly related to overall impact, we undertook a regression analysis, including all of these items in a three step model. Model 1 examined the contribution of job type to overall impact. Both agency and program medical directors report significantly higher overall impact, compared to staff psychiatrists ($B = .721$, $p = .000$ and $B = .428$, $p = .038$, respectively). In model 2, three job factors (input over budget, salary and recent change in salary) are added to the analysis. Controlling for these job factors, agency medical directors still report significantly greater overall impact compared to staff psychiatrists ($B = .478$, $p = .027$), but program medical directors do not. Model 2 reveals that the difference in perceived overall impact between program medical directors and staff psychiatrists is accounted for by the addition of input over budget and salary change, both of which are significantly associated with overall impact ($B = .380$, $p = .036$ and $B = .403$, $p = .000$, respectively). In model 3, the six domains are added. Three of these domains are significantly associated with overall impact. Scientific/clinical activities and advocacy are positively associated ($B = .362$, $p = .041$ and $B = .314$, $p = .040$, respectively) and economic developments are negatively associated ($B = -.562$, $p = .000$) with overall impact. Controlling for perceived change in these six domains, however, does not account for the greater overall impact reported by agency medical directors compared to staff psychiatrists ($B = .453$, $p = .029$).

CONCLUSION

Notwithstanding the general impression that the last five years have seen changes that negatively impact on the lives of public psychiatrists, it appears that this is true primarily for economic developments. Changes in four of six domains studied were reported to have a positive impact, and respondents reported a slight, though positive, overall impact from all changes. However, respondents reported experiencing the greatest amount of change in economic developments, and also reported that these changes had the most negative impact. On the other hand, respondents reported experiencing a high degree of change in scientific/clinical activities, and also reported that these changes had the most positive impact. Interestingly, respondents reported experiencing the smallest amount of change in contact with advocates, but reported that these changes had a strongly positive impact.

The amount of change experienced by staff psychiatrists, program medical directors and agency medical directors was about the same. However, overall impact was significantly associated with job type, with both program medical directors and agency medical directors experiencing significantly higher overall impact compared to staff psychiatrists.

A regression analysis revealed that agency medical directors report significantly higher overall impact compared to staff psychiatrists, controlling for input over budget, salary, recent changes in salary, and the six domains studied (scientific/clinical activities, economic developments, organizational changes, information systems, advocacy and changing populations). On the other hand, the experience of increased overall impact for program medical directors compared to staff psychiatrists is accounted for by job factors such as input over budget and salary change. Program medical directors reported significantly more input over budget, and slightly higher salary increases, compared to staff psychiatrists.

As previously noted (Ranz & Stueve, 1998), the job of program medical director is a feasible next step for many staff psychiatrists. Many agencies, however, do not currently have psychiatrists in program medical director positions. We recommend that psychiatrists applying for a job as staff psychiatrist suggest that the position be redesigned to include the responsibilities of a program medical director. In many situations, it may even be possible for staff psychiatrists to refashion their current jobs and take on the roles and responsibilities of program medical directors.

This survey's results are reminiscent of the previously reported finding that public psychiatrists who function as program and agency medical directors experience higher job satisfaction compared to staff psychiatrists. Psychiatrists working in public settings would do well to take note of this survey's finding that compared to staff psychiatrists, program and agency medical directors report a more positive overall impact on their professional lives from changes in the field over the past 5 years. While this survey reports only on changes in the past 5 years, medical directors may also be better able than staff psychiatrists to weather changes in the field in the coming years.

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