Staff happiness and work satisfaction in a tertiary psychiatric centre

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Introduction

Mental health professionals are at risk of reduced satisfaction with life and burnout. Expressions of burnout in this group are exhaustion, depersonalization and reduced sense of personal achievement [1]. Among Australian mental health professionals work-related stressors best predicted therapist distress [2]. Data specific to staff burnout in tertiary psychiatric centres are sparse [3]. Prevalence of low morale, burnout, job satisfaction and psychological well-being among staff in in-patient psychiatric wards was reviewed from 13 studies. Most studies did not find extreme levels of burnout and poor morale but were small, of poor quality and provided incomplete or non-standardized data [4]. Our aim was to quantify the satisfaction with life and work-life satisfaction of mental health staff at a large university-affiliated tertiary care psychiatric centre.

Methods

The present study utilized the Satisfaction with Life Scale (SWLS) [5] and the Work-Life Satisfaction Questionnaire (WLSQ) [6]. The SWLS assesses satisfaction with people’s lives as a whole. It is a short, five-item instrument designed to measure global cognitive judgment of one’s life. The Work-Life Satisfaction Questionnaire (WLSQ) describes three different work orientations that affect disposition to find meaningfulness in work. It consists of three descriptions of different workers—each matching ‘job’, ‘career’ or ‘calling’ orientations. In surveys, people are remarkably unambiguous about their work orientation. See Figure 1 for details.

The Abarbanel Mental Health Tertiary Centre is university affiliated, serving an urban catchment area.
with a population of 870,000. It has 300 in-patient beds and 60 day-hospitalization beds. In September 2011, we enclosed the SWLS and WLSQ with the monthly pay cheque of all staff at our centre. The study was approved by the local internal review board.

Statistical Analysis System software, SAS Institute sixth version was used. All tests applied were two-tailed, and a $P$-value of 5% or less was considered significant.

Results

Of the 450 staff eligible for inclusion in the study there were 185 nurses, 110 administrative staff, 61 psychiatrists, 35 psychologists, 20 social workers and 39 others. Two hundred and nine (46%) staff members participated, mean age (±SD) 48.2 ± 9.9 years, 63% were male and 67% were married. Participants had been practising in mental health for 21.1 ± 9.8 years (range: 2–48), Table 1. Mean total SWLS score for all participants was 22.3 ± 6.3 differing significantly between the various professions, ($P < 0.05$). Highest happiness levels were reported by psychologists and social workers (23.4 ± 4.7), followed by administrative staff, psychiatrists and nursing staff. Pearson correlation coefficients were calculated for: age, gender, number of children, years in practice and medical problems. The only statistically significant finding among all staff was the duration of working in the mental health field ($r = 0.26; P < 0.001$). The majority of staff reported: ‘no medical problem that adversely affects satisfaction with life’ (50%). Medical problems ‘very much affecting’ satisfaction with life were reported by a small minority (4%). As a group, staff scored the WLSQ highest for work as a ‘calling’ (mean 2.56 ± 1.0), followed by ‘career’ and the lowest rating for work as a ‘job’ (1.97 ± 1.0). Total WLSQ differed significantly between the various professions, ($P < 0.01$). Highest levels of work as a ‘calling’ were for psychiatrists (mean 2.87), followed by psychologists and social workers, nursing and administrative staff. Inverse scores were endorsed for work as a ‘job’; highest scores were for administrative staff, followed by nursing staff, psychologists and social workers and finally psychiatrists.

Table 1. Summary of results

<table>
<thead>
<tr>
<th></th>
<th>Psychiatrists ($n = 26$)</th>
<th>Nurses ($n = 81$)</th>
<th>Social workers and psychologists ($n = 41$)</th>
<th>Administrative ($n = 61$)</th>
<th>Total ($n = 209$)</th>
<th>$P$-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWLS</td>
<td>22.7 ± 6.8</td>
<td>20.9 ± 6.5</td>
<td>23.4 ± 4.7</td>
<td>23.1 ± 6.5</td>
<td>22.3 ± 6.3</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>WLSQ job</td>
<td>1.39 ± 0.6</td>
<td>2.13 ± 1.1</td>
<td>1.66 ± 0.9</td>
<td>2.15 ± 1.0</td>
<td>2.56 ± 1.0</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Career</td>
<td>2.39 ± 1.2</td>
<td>2.36 ± 1.1</td>
<td>2.15 ± 1.1</td>
<td>2.54 ± 1.1</td>
<td>2.38 ± 1.1</td>
<td></td>
</tr>
<tr>
<td>Calling</td>
<td>2.87 ± 0.9</td>
<td>2.54 ± 1.1</td>
<td>2.58 ± 1.0</td>
<td>2.47 ± 1.1</td>
<td>1.97 ± 1.0</td>
<td></td>
</tr>
</tbody>
</table>
Discussion

Our study found significant differences in satisfaction with life and work orientation between various professional groups in a large tertiary psychiatric care centre. Highest levels of happiness were reported by psychologists and social workers and the lowest by nursing staff. Work orientations as a ‘job’, ‘career’ and a ‘calling’ also differed between sectors with the highest levels of work as a ‘calling’ reported by psychiatrists and the lowest by administrative staff.

There are limitations to the study: less than half of all staff participated, the questionnaires chosen were brief and designed for survey purposes rather than in-depth evaluations. The study’s strengths are a relatively large sample size and the variety of professions participating. Steger et al. [7] proposed a multidimensional model of work as a subjectively meaningful experience consisting of experiencing positive meaning in work and perceiving one’s work to benefit some greater good. This conceptual model overlaps to some extent with the present study. Stressors unique to the psychiatric profession are stigma, demanding patient relationships, threats of violence, lack of positive feedback, low pay, and poor work environment [8]. In comparison with norms for similar UK occupational groups, mental health professionals suffer more work-related pressure and poorer self-reported health. Between 21 and 67% of mental health workers experience high levels of burnout at any given time. Negative staff attitudes, in turn, have been linked with poorer outcomes among consumers with severe mental illness [9].

We suggest that satisfaction with life is not ‘driven’ by work orientation. Psychiatrists perceive their work as a calling but do not seem to benefit from this in their satisfaction with life. The only significant finding among staff was the duration of work in the mental health field positively correlating with life satisfaction. Either a ‘selection’ bias operates and those remaining in mental health for many years are also those happy to work therein or factors related to life cycle operate to contribute to participants’ satisfaction with life. Problems within mental health services led to investment in teams and staff by the British government’s modernization agenda. The present study shows that work orientation and satisfaction with life are divorced from each other among mental health professionals. We need to research interventions aimed at improving satisfaction with life [10] that may counter burnout and low morale.

Key points

- Work in a psychiatric hospital was perceived as a ‘calling’ by staff members.
- Happiness was lowest among psychiatrists and nursing staff.
- Increasing staff happiness may combat burnout.

Conflicts of interest

None declared.

References