Unveiling the work satisfaction of resident doctors in treating patients with alcohol or substance use disorders - A comparative study

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ABSTRACT

Introduction. Stigma related to substance use disorders (SUDs) and alcohol use disorders (AUDs) is widespread and has significant implications for healthcare inequality. Stigmatization affects every aspect of care for individuals, leading to negative perceptions, limited resources, and reduced treatment outcomes. The negative attitudes of healthcare professionals towards this vulnerable group of patients further contribute to the problem. To address this issue, it is essential to raise awareness, challenge societal perceptions, and enhance support systems.

Objectives and methods. This study aims to evaluate the level of work satisfaction among resident doctors when working with patients with substance-related issues, comparing psychiatric residents with those from other specialties. Additionally, it seeks to assess any differences in work satisfaction between patients with alcohol-related problems and those with drug-related problems. Anonymous data was collected through an online questionnaire, including demographic information, specialized training, and family history of substance use. Two validated questionnaires, the Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ) and the Drug and Drug Problems Perceptions Questionnaire (DDPPQ), were used to assess work satisfaction.

Results. Both groups of medical residents reported discomfort when working with patients who had alcohol-related issues. However, there was a significant difference in work satisfaction related to alcohol use, with residents from other specialties reporting that it is more rewarding to work with this group of patients. Similarly, psychiatry residents felt uncomfortable working with patients who used drugs, while residents from other specialties had a more neutral attitude. In terms of work satisfaction, psychiatry residents believed it was achievable with patients who used alcohol but had neutral responses regarding patients who used drugs. The opposite was observed among residents from other specialties.

Conclusion. Stigma surrounding SUDs and AUDs significantly impacts healthcare delivery and patient outcomes. It is crucial to challenge societal perceptions, enhance support systems, and provide high-quality mental health and addiction services. Addressing negative attitudes among healthcare professionals is essential for improving collaboration and treatment outcomes. By promoting awareness, understanding, and a shift towards a public health perspective, the stigma associated with substance use can be reduced, leading to better outcomes for individuals and society as a whole.

Keywords: stigma, resident doctors, substance use disorders, alcohol, drugs, work satisfaction

INTRODUCTION

According to a global survey conducted by the World Health Organization, drugs and alcohol use disorders are among the most stigmatized conditions worldwide [1]. As stated in the Cambridge Dictionary, “stigma is a strong feeling of disapproval, a lack of respect for a person or a group of people or a bad opinion of them because they have done something society does not approve of”. The term “stigma” has its roots in the ancient Greek language, where it meant “to carve” or “to mark” as a sign of shame,
punishment, or disgrace [2]. The literal definition of the word “stigma” highlights its association with a physical practice of marking the body using a hot iron to burn the skin, serving as a symbol of dishonor or subjugation [3]. Addictive disorders have an important impact on the burden of disease and increase the years lived with disability affecting 1 billion people globally [4,5]. In the modern era of the 21st century, the focus on health objectives has evolved to prioritize enhancing the number of years lived without disability, rather than solely increasing life expectancy [6]. Consequently, mental and addictive disorders have gained important significance.

Stigma has a profound impact on every stage of care for individuals with substance use issues, including treatment seeking, treatment selection, treatment retention, and treatment adherence [7–9]. In the report of the World Health Organization's Special Initiative for Mental Health stigmatization of individuals with mental disorders significantly contributes to healthcare inequality [10]. Psychiatrists express significantly reduced levels of access for their patients to a variety of treatments, referrals, hospital admissions, sufficient inpatient days, imaging studies, compared to other specialists [11]. Stigma causes community and health decision-makers to hold a negative perception of individuals with mental illness, leading to a hesitancy to allocate resources towards mental health care [12]. Factors such as insufficient insurance coverage among their patients, administrative obstacles related to health plans, and a shortage of available providers all contribute to the challenges that psychiatrists face in ensuring continuous care for their patients [11]. This ultimately leads to poorer health outcomes for both individuals and the broader population.

Alcohol use disorder (AUD) is highly stigmatized within the realm of mental health conditions. Individuals with AUD are often perceived as more dangerous and held more accountable for their condition and face greater social distance compared to individuals with other mental health diagnoses unrelated to substance use [13]. The stigma directed towards individuals with AUD and other Substance Use Disorders (SUDs) is comparable, indicating a moral judgment associated with addiction [13]. Stigma extends beyond individuals who suffer from substance use disorder (SUD) and affects their families. Families of individuals with drug dependency are subjected to highly stigmatizing views, perceiving them as more responsible for the onset and resolution of the disorder, more prone to being influenced by it, and less capable in fulfilling their familial responsibilities [14]. Families bereaved by drug-related disorders face stigma from multiple sources, including family, friends, professionals, and society. Stigmatization includes dehumanizing labels, blame, and the notion that death was the only option [15].

Health professionals themselves contribute to the stigma surrounding individuals with SUD by expressing negative views regarding patient trustworthiness, tendency to infantilize patients, and using stigmatizing terms [16]. Our choice of words reflects our thinking and has a substantial impact on shaping people's thoughts and beliefs. Researchers and clinicians have the power to diminish stigma by selecting their words carefully when describing mental health conditions, addictions, and the individuals impacted by them. Healthcare professionals, in general, tend to hold a negative attitude towards patients with substance and alcohol use disorder, especially when compared to other disorders like depression or diabetes [17]. Even medical students hold negative perceptions and biases when it comes to working with patients with SUD, often believing that SUD treatment is ineffective due to the belief that addiction primarily arises from personal choices [18].

Negative attitudes of healthcare professionals towards patients with AUD and SUD may reduce collaboration, affect patient empowerment and self-esteem, and impact treatment outcomes. Professionals may demonstrate an avoidant approach, resulting in shorter visits, less empathy, and reduced personal engagement [19–22]. This may result in an inappropriate treatment management as healthcare professionals adopt a more task-oriented approach when working with this group of patients.

Raising awareness about the existence of stigma, enhancing understanding of its origins and transmission within society, can aid in dismantling the stigma and its negative effects. Initiating a change in the mindset of the general public is crucial to reduce the stigmatization of individuals with substance use disorder. A shift to viewing the problematic use of alcohol and drugs as a public health issue rather than a moral issue is necessary to improve outcomes. This change will result in the mobilization of necessary resources to provide high-quality mental health and addiction services for those in need.

The availability of additional resources and programs for individuals dealing with substance use disorders can alleviate a significant portion of psychiatrists’ workload, offering them invaluable assistance in caring for this particular population. Collaborating with other sources of support can help psychiatrists perceive this condition as less daunting, enabling them to approach the care of these individuals with compassion, understanding, and the provision of a clear path to recovery. Ultimately, this enhanced support system is likely to significantly increase psychiatrists’ work satisfaction when providing care for this population.
OBJECTIVE

The objective of this study was to evaluate the level of work satisfaction among resident doctors when it comes to working with patients suffering from substance-related issues, including alcohol and illicit substances, and to perform a comparative analysis between the job satisfaction of psychiatric resident doctors and resident doctors from specialties other than psychiatry. Additionally, another objective was to assess whether there is a difference in terms of work satisfaction when it comes to patients with alcohol-related problems compared to patients with drug-related problems.

METHOD

This study collected anonymous data through an online questionnaire from resident doctors. The questionnaire was created using Google Forms, and the final link was distributed online towards different closed groups of psychiatric resident doctors and resident doctors from other specialties apart from psychiatry. In the questionnaire description, we included an explanation of the purpose and objectives of the study. By allowing anonymous responses, we aimed to eliminate the possibility of observer bias.

The gathered data encompassed a range of variables, such as demographic characteristics (age, gender, background), specialized areas of training, as well as family history about substance use. The response collection period lasted for one month, from May 1st to June 1st, 2023. To assess the attitudes of medical residents when working with individuals facing substance-related issues, we used two questionnaires: Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ), and Drug and Drug Problems Perceptions Questionnaire (DDPPQ) [23–25]. The questionnaires were translated into Romanian.

The Alcohol and Alcohol Problems Perceptions Questionnaire (AAPPQ) was created as part of the Maudsley Alcohol Pilot Project and showed strong validity and reliability in assessing the therapeutic attitudes of healthcare professionals towards their interactions with individuals who use alcohol [23,24]. The questionnaire consists of 30 statements and the responses are in the format of a 5-item Likert scale, having options ranging from Strongly Agree to Strongly Disagree, and a Neutral choice. The AAPPQ assessed six key concepts: Role Legitimacy, Role Support, Role Adequacy, Task-specific Self-esteem, and work Satisfaction and Motivation [26]. The AAPPQ was adapted to create the DDPPQ which serves as a tool for evaluating the attitudes of mental health professionals towards working with individuals who use drugs. This adaptation emphasizes the drug use by replacing specific term “drinkers” with “drug users”, and “alcohol” with “drugs” but the format of the original instrument is maintained [25]. In this study we wanted to assess the work satisfaction of resident doctors when managing patients with alcohol or drug use disorders and to do so we selected from the AAPPQ and DDPPQ only the 5 questions about work satisfaction.

Statistical analysis

To analyze the data obtained from the received responses, we utilized standard statistical analysis software programs -SPSS. The analysis was carried out in a manner that aimed to present the findings in a concise and easily comprehensible format. To facilitate data manipulation and analysis, a numerical value was assigned to each response, with ‘1’ indicating Strongly Agree and ‘5’ indicating Strongly Disagree. This approach enabled efficient handling and examination of the data. The responses were divided into two categories: responses from psychiatric resident doctors and responses from resident doctors from specialties other than psychiatry. For data analysis, the standard deviation was calculated to assess the variability within the dataset. Additionally, the p-value was employed to determine the statistical significance of the observed results. The p-value threshold of 0.05 was chosen, which is widely accepted in the scientific community as a standard level of significance.

RESULTS

Out of a total of 63 respondents who completed the questionnaire, 34 (53.96%) were psychiatric resident doctors, while the remaining 29 (46.04%) respondents were resident doctors from other specialties. Among the residents in psychiatry, there were 25 (73.52%) females and 9 (26.48%) males, while in other specialties, there were 22 (75.86%) females and 7 (24.14) males.

Among psychiatry residents, a total of 16 individuals reported having a family history of alcohol consumption (47.05%), while 11 doctors (37.93%) from other specialties also responded affirmatively. Regarding the history of consumption of other substances, 3 individuals from both categories of resident physicians responded affirmatively.

Details about age, alcohol and drug use history are presented in Table 1.

The frequency at which resident doctors encounter patients with alcohol-related issues is presented in Table 2. Out of the total number of psychiatry resident doctors, 61.76% encountered patients with alcohol-related problems “daily” and 38.23% “a few times per week”, being somehow opposite to residents form other medical specialties that mostly encounter
those patients a “few times per week” (44.82%) or “a few times per month” (24.13%). None of the resident doctors from other specialties encountered those patients “daily”, in contrast psychiatry resident doctors reported zero occurrences for “never,” “rarely,” or “a few times per month”.

**TABLE 1.** Age and family history about substance use

<table>
<thead>
<tr>
<th>Age and substance use history</th>
<th>Psychiatric resident doctors (N=34)</th>
<th>Other specialties apart from psychiatry (N=29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>27.74</td>
<td>27.68</td>
</tr>
<tr>
<td>Drug use history</td>
<td>3 (8.82%)</td>
<td>3 (19.34%)</td>
</tr>
<tr>
<td>Alcohol use history</td>
<td>16 (47.05%)</td>
<td>11 (37.93%)</td>
</tr>
</tbody>
</table>

**TABLE 2.** The frequency at which resident doctors encounter patients with alcohol-related issues

<table>
<thead>
<tr>
<th>How often do you have patients that have alcohol-related problems?</th>
<th>Psychiatric resident doctors (N=34)</th>
<th>Trainees in other medical specialties (N=29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
<td>4 (13.79%)</td>
</tr>
<tr>
<td>Rarely</td>
<td>0</td>
<td>3 (10.34%)</td>
</tr>
<tr>
<td>A few times per month</td>
<td>0</td>
<td>7 (24.13%)</td>
</tr>
<tr>
<td>A few times per week</td>
<td>13 (38.23%)</td>
<td>13 (44.82%)</td>
</tr>
<tr>
<td>Daily</td>
<td>21 (61.76%)</td>
<td>0</td>
</tr>
</tbody>
</table>

In the Table 3 are presented the comparative results of psychiatric resident doctors and other specialties resident doctors. Both categories of resident doctors have responded predominantly that they feel uncomfortable when working with patients who have alcohol-related issues and have given predominantly neutral response with a tendency of disagreement regarding work satisfaction concerning these patients. On the other hand, both categories of resident doctors have mainly responded that they like working with people who consume alcohol, and regarding the level of understanding of these individuals, the responses have been neutral, leaning towards disagreement. There was a statistically significant difference (p =0.02) in terms of professional reward when working with patients who consume alcohol. Resident doctors from other specialties responded in a higher proportion that they agree with that statement compared to resident psychiatrists, who were predominantly neutral.

When it comes to drug use, a significant difference is observed between the two categories of resident doctors. Resident psychiatrists feel uncomfortable working with patients who use drugs, while resident doctors from other specialties have a rather neutral attitude (p=0.07). Psychiatrist resident doctors had predominantly neutral responses regarding work satisfaction when it comes to working with patients who consume drugs, while resident doctors from other specialties responded to a greater extent that they disagree with that statement (p=0.01). Regarding work reward when it comes to patients who consume drugs, psychiatrist resident doctors predominantly responded that professional reward can be obtained, while resident doctors from other specialties had a neutral response (p=0.02). Another significant difference between the two groups of resident doctors was that psychiatrist resident doctors predominantly responded that they cannot understand people who consume drugs, while resident doctors from other specialties had mostly neutral responses (p=0.05). Both categories of resident doctors

**TABLE 3.** Comparative results of psychiatric resident doctors and other specialties resident doctors

<table>
<thead>
<tr>
<th>Perception Questionnaire</th>
<th>Psychiatric resident doctors (N=34), (SD)</th>
<th>Other specialties apart from psychiatry (N=29), (SD)</th>
<th>P value (Sig)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAPPQ</td>
<td>I often feel uncomfortable when working with drinkers.</td>
<td>1.88 (0.97)</td>
<td>2.90 (1.31)</td>
</tr>
<tr>
<td></td>
<td>In general, one can get satisfaction from working with drinkers.</td>
<td>3.24 (0.98)</td>
<td>3.21 (0.86)</td>
</tr>
<tr>
<td></td>
<td>In general, it is rewarding to work with drinkers.</td>
<td>2.97 (0.91)</td>
<td>2.86 (0.69)</td>
</tr>
<tr>
<td></td>
<td>In general, I feel I can understand drinkers.</td>
<td>3.76 (0.85)</td>
<td>3.24 (0.95)</td>
</tr>
<tr>
<td></td>
<td>In general, I like drinkers.</td>
<td>2.74 (0.96)</td>
<td>2.24 (0.87)</td>
</tr>
<tr>
<td>DDPPQ</td>
<td>I often feel uncomfortable when working with drug users.</td>
<td>2.41 (1.13)</td>
<td>3.00 (1.10)</td>
</tr>
<tr>
<td></td>
<td>In general, one can get satisfaction from working with drug users.</td>
<td>3.09 (0.99)</td>
<td>3.38 (0.49)</td>
</tr>
<tr>
<td></td>
<td>In general, it is rewarding to work with drug users.</td>
<td>2.82 (0.09)</td>
<td>3.00 (0.07)</td>
</tr>
<tr>
<td></td>
<td>In general, I feel I can understand drug users.</td>
<td>3.53 (1.08)</td>
<td>3.03 (0.90)</td>
</tr>
<tr>
<td></td>
<td>In general, I like drug users.</td>
<td>2.68 (1.12)</td>
<td>2.31 (0.89)</td>
</tr>
</tbody>
</table>

SD-Standard Deviation, AAPPQ- Alcohol and Alcohol Problems Perceptions Questionnaire, DDPPQ- Drug and Drug Problems Perceptions Questionnaire
predominantly responded that they generally like drug users.

Psychiatry resident doctors had a higher number of disagreement responses regarding the possibility of achieving work satisfaction when it comes to patients who are alcohol users (3.24, SD=0.98), compared to predominantly neutral responses regarding work satisfaction when it comes to patients who use drugs (3.09, SD=0.99). The results of resident doctors in other specialties are somewhat different. They had more disagreement responses regarding the achievement of job satisfaction when they are caring for patients who use drugs (3.38, SD=0.49).

**DISCUSSION**

The results show that regarding patients who consume alcohol, both categories of resident doctors have similar attitudes, except for professional reward where resident doctors from other specialties were in greater agreement with the statement compared to resident psychiatrists. One study shown that a greater frequency of working with patients who have addiction problems and having increased confidence in the successful treatment of individuals with addiction were linked to higher levels of regard [20]. The term “regard” when used in medical settings refers to the biases, emotions, and expectations that medical personnel experience in response to a specific medical condition that lead to viewing this patients enjoyable, treatable and worthy of medical resources [27]. Even though psychiatrists encounter individuals with alcohol-related problems more frequently, they do not consider working with these patients to be rewarding, probably due to the lack of treatment adherence and the relapses experienced by these patients, which leads to a lack of confidence in the treatment’s success [28].

If we look at the results obtained regarding individuals who consume drugs, the differences between the two groups of residents become more significant. Resident psychiatrists agreed to a greater extent that they feel uncomfortable when working with this category of patients and cannot understand these patients. However, they also responded in a larger number that professional reward can be obtained at the workplace when working with patients who use drugs. On the other hand, resident doctors from other specialties had predominantly neutral responses to all these statements. Among some of the reasons that can be explored when it comes to the neutral attitude of resident doctors regarding individuals who use drugs we highlight the fact that drug users may hide their consumption and have low accessibility to medical services due to fear of being stigmatized [9,29]. As a result, doctors from other specialties may not encounter substance-related issues as frequently as psychiatrists do.

One study has indicated that the level of satisfaction in providing care for patients with alcohol and illegal drug issues consistently decreases over the course of medical training [30]. This should raise a concern, considering that this study was conducted on resident doctors who have not yet completed their professional training and already consider that they cannot obtain work satisfaction when they provide care to patients with substance use disorders. One of the factors that influences job satisfaction is the level of anxiety experienced by medical personnel regarding the responsibility they have [31]. Cases of patients with substance use disorders are often complex and require teamwork among specialists and advanced knowledge for effective management. Improving the knowledge of medical staff caring for individuals with substance related disorders and fostering interdisciplinary collaboration could lead to increased job satisfaction.

Another important factor in achieving job satisfaction when it comes to individuals with substance related disorders is the trust that medical professionals have in the success of treatment and achieving abstinence. Maintaining abstinence is a challenging process in which patients require therapeutic support and support groups. The brief care received in an acute inpatient unit within a psychiatric hospital is not sufficient but serves as the first step on the long journey toward abstinence. Developing long-term integrative programs to care for individuals with substance related disorders is important and can contribute to reducing the stigma associated with this group of individuals, while also offering hope that addiction is not a permanent problem of a single individual but a temporary problem of society.

**Limitations**

The limitations of this study include a small number of participants and the general classification of participants into two groups (psychiatry resident doctors and resident doctors from other specialties). Future studies are needed to better evaluate the job satisfaction of resident doctors when it comes to working with individuals who consume alcohol. A more detailed categorization of participants according to their year of training and specific specialties among resident doctors from other specialties would lead to clearer results regarding the progression of resident doctors’ job satisfaction. Such studies aim to highlight the necessity of more extensive training for doctors during their medical education to avoid stigma towards individuals with addictions once they begin their residency training.
CONCLUSION

Given their vital role in identifying substance use problems and serving as the gateway to treatment, it is undesirable for health professionals to hold negative attitudes towards this category of patients. Negative attitudes may arise due to insufficient training, education, and support structures when working with this specific patient group. This study highlights the need for interventions aimed to change the attitudes of health professionals and redesign their expectations when working with patients with substance use disorders that can lead to an increase in the level of work satisfaction. A suggested approach would involve utilizing longitudinal study designs that integrate information regarding the attitudes of health professionals, patients’ perceptions of treatment, treatment outcomes, and the collaborative efforts between professionals and patients.

Conflict of interest: none declared
Financial support: none declared

REFERENCES


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Financial support: none declared