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**Factors Or Reasons Influencing The Choice Of Psychiatry As A Medical Speciality Among
Postgraduate Psychiatry Trainees**

(Data Analysis Coursework)

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Introduction

The following research has aimed to evaluate the influential factors that affect the decision of opting for psychiatry as a medical speciality. The research underpinned the case of post-graduate trainees residing in Scotland and to serve the purpose, the questionnaire was sent to 278 participants, however, only 83 responded to the assertion. Hence, the response rate has been calculated to be 30%.

Considering this aspect, the following section is dedicated to a meticulous analysis of the factors. The analysis includes an assessment of the reliability of the variables using Cronbach Alpha. It also includes descriptive statistics for the comprehension of the general characteristics along with demographic variables. In furtherance, to evaluate the most influential factors in each category including financial, family, psychiatry as an interesting subject, rewarding aspects of working in psychiatry, societal factors and personality factors, chi-square testing has been conducted which helped to evaluate the difference based on different categorical variables.

Reliability Testing

Since the questions related to all the factors were based on the Likert scale, therefore, Cronbach Alpha has been used to determine the reliability of the 5-point Likert scale. The result of all the factors except for personality factors has been mentioned as follows:

Table 1: Reliability Analysis- 1

Reliability Statistics	
Cronbach's Alpha	N of Items
.765	38

Concerning the results in Table 1, it has been found that the Cronbach Alpha statistics is computed to be 0.765. The study carried out by Leech, Barrett and Morgan (2016) asserted that the minimum acceptable value is 0.7. Therefore, the results in Table 1 are acceptable as they are above the threshold. Considering the personality factors, the Cronbach Alpha is computed to be

0.907 which is presented in Table 2. It depicts the extreme reliability of the factors based on the 5-point Likert scale.

Table 2: Reliability Testing-2

Reliability Statistics	
Cronbach's Alpha	N of Items
.907	11

Demographic Characteristics

In this section, the general characteristics have been analysed, for instance, gender, age, place of medical qualification and others. In terms of Table 3, most of the respondents fall in the age group ranging from 20 to 34 years with 53% concentration. Concerning gender, the results of Table 4 illustrate that 62.2% of females participated in this study.

Moreover, Table 5 is illustrating that 91.6% of the participants acquired their primary medical qualification from the UK while 3.6% acquired it from Asia. In addition, Table 7 illustrates that 62.7% of the respondents hold MRCP while 37.3% did not. Moreover, according to Table 8, 74.7% of the respondents work full time. Table 9 depicts that 55.4% are at the core psychiatry training stage. According to Table 10, 71.7% had psychiatry training in the first foundation year. However, in terms of the decision-making stage, 43.4% decided in the foundation stage to opt for psychiatry as a medical speciality and the results are depicted in Table 11.

Table 3: Age of the Respondents

1. What age category (in years) do you belong to?

	Frequency	Percent	Valid Percent	Cumulative Percent
50-54	2	2.4	2.4	2.4
40-44	3	3.6	3.6	6.0
35-39	9	10.8	10.8	16.9
30-34	44	53.0	53.0	69.9
25-29	25	30.1	30.1	100.0
Total	83	100.0	100.0	

Table 4: Gender of the Respondents

2. What is your gender?

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	31	37.3	37.8	37.8
Female	51	61.4	62.2	100.0
Total	82	98.8	100.0	

Table 5: Place of Primary Medical Education

4. Place of primary medical qualification?

	Frequency	Percent	Valid Percent	Cumulative Percent
UK	76	91.6	91.6	91.6
South Asia	1	1.2	1.2	92.8
EU	1	1.2	1.2	94.0
Asia	3	3.6	3.6	97.6
Africa	2	2.4	2.4	100.0

Table 6: Membership of MRCP

7. Do you hold Membership of the Royal College of Psychiatrists UK, i.e. MRCPsych?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	52	62.7	62.7	62.7
	No	31	37.3	37.3	100.0

Table 7: Work Type

8. You work

	Frequency	Percent	Valid Percent	Cumulative Percent
Part-time	21	25.3	25.3	25.3
Full-time	62	74.7	74.7	100.0

Table 8: Training Stage

9. Your training stage/ grade

	Frequency	Percent	Valid Percent	Cumulative Percent
Higher Psychiatry Training	37	44.6	44.6	44.6
Core Psychiatry Training	46	55.4	55.4	100.0

Table 9: Psychiatry Placement

11. Did you have psychiatry placement in your foundation training/ internship?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	77.1	78.0	78.0
	No	18	21.7	22.0	100.0
	Total	82	98.8	100.0	

Table 10: Decision Stage

12. At what stage did you make the decision to choose psychiatry as your future training/ career speciality?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Work/ training post-foundation training/ internship	21	25.3	25.3	25.3
	Pre-medical school student	6	7.2	7.2	32.5
	During or after psychiatry placement as medical student	11	13.3	13.3	45.8
	During Foundation training	36	43.4	43.4	89.2
	Before completing psychiatry placement as medical student	9	10.8	10.8	100.0

Descriptive Statistics

In descriptive statistics, mean and standard deviation has been computed with respect to each factor. In terms of financial or personal factors, the results have been depicted in Table 11. Here, the data is coded where 1 represents very important; 2: quite important; 3: Neutral; 4: quite unimportant and 5 represents completely unimportant whereas, Don't know has been recorded as 6. Most of the responses are inclined towards quite important to quite unimportant because the values are near 3 and approaching 4 while the standard deviation is minimal. This shows responses are heading from neutral to quite unimportant responses. However, some of the responses are found to be inclined towards importance, for instance, 13.2 in Table 11.

Table 11: Financial Factors

Descriptive Statistics	Mean	Std. Deviation
13.1. Expenses or costs associated with psychiatry training (being reasonably manageable)	3.59	1.159
13.2. Psychiatry offers satisfactory opportunities regarding research, teaching and medical education	2.17	0.908

13.3. After the completion of training securing a post is easier due to low competition in psychiatry than in other medical specialities	2.96	1.46
13.4. Psychiatry offers a smooth and less complex career progression	2.92	1.425
13.5. Recruitment to a training post in Psychiatry (being less challenging than in other medical or surgical specialities)	3.27	1.499
13.6. Psychiatry offers structured training with satisfactory (clinical and educational) supervision and support	1.66	0.757
13.7. Psychiatry offers training of comparatively shorter duration than certain other medical specialities before obtaining CCT	3.9	1.47
13.8. Psychiatry offers a variety of speciality and sub-speciality training/ work opportunities including dual CCT	2.14	0.939
13.9. Progression within psychiatry training is easily manageable (e.g. passing examinations and ARCP, absence of an exit examination at the end of higher training)	3.29	1.486
13.10. Positive and supportive supervisors, mentors or role models in previous posts or rotations (e.g. as FY2) changed your mind towards choosing psychiatry	1.9	1.358

Concerning the results obtained in Table 12, it has been found that mean values near 4 and 5 are indicating unimportant responses, the values near 3 are indication neutral in the case of family or personal factors. The values near 2 are indicating the importance of that specific factor, for instance, 14.1.

Table 12: Family/ Personal Factors

Descriptive Statistics	Std.	
	Mean	Deviation
14.1. Psychiatry training posts being available near family or preferred geographical area/ location	2.11	1.19
14.2. Peer pressure, influence or advice	4.2	1.575
14.3. Parent/ family pressure, influence or advice	4.64	1.574
14.4. Parents/ family members in the same medical field (in Psychiatry/ mental health)	5.3	1.295

14.5. Opportunities/ availability of Flexible working hours in psychiatry	2.46	1.355
14.6. A medical disorder or disability meant that you could manage to work in psychiatry better than when you had to train/ work in other medical specialities	5.28	1.408
14.7. A mental disorder affecting yourself, your family or people in your close circle led you to develop an interest in Psychiatry	4.16	1.89

Table 13 illustrates that most of the responses are near 2 which is indicating that they are quite important. Even in the case of factors associated with psychiatry as a subject, the standard deviation is minimal. Hence, psychiatry based factors are more important to the participants than financial for family-based factors.

Table 13: Factors associated with Psychiatry Subject

Descriptive Statistics	Std.	
	Mean	Deviation
15.1. The opportunity of a long-term therapeutic relationship with patients in psychiatric practice	1.58	0.767
15.2. Personal and innate interest in psychiatry and psychiatric disorders	1.55	1.14
15.3. Appraisal of own aptitude and skills (being more suitable for psychiatry)	1.57	0.719
15.4. An overlap between psychiatry, neuroscience and neurological medicine (makes psychiatry favourable speciality)	2.23	1.119
15.5. A desire to contribute to psychiatry (e.g. via therapeutic interventions or involvement in research) as mental health has not been given due attention	2.01	1.132
15.6. A (unique) person-centred approach focussing on the patient as a person in psychiatry	1.41	0.733
15.7. You developed an interest in psychiatry after having a good experience of assessment techniques and therapeutic models used in this speciality (in your previous training/ work, e.g. medical school placement, and placement or foundation year rotation in psychiatry)	2.27	1.49
15.8. Psychiatric practice utilises bio-psycho-social model focusing on a holistic approach to determine the biological, psychological and social factors in disease causation and care planning	1.55	0.703

Table 14 illustrates that most of the responses are near 2 which is indicating that they are quite important. Even in the case of factors associated with rewarding, the standard deviation is

computed to be lower. This indicates that the respondents consider rewarding factors to be important.

Table 14: Factors associated with Rewarding

Descriptive Statistics	Std.	
	Mean	Deviation
16.1. Assessment and care provision involves multidisciplinary teamwork in psychiatry	1.59	0.733
16.2. Psychiatry offers a sense of satisfaction and achievement when people with chronic mental health conditions report improvement or recovery	2.57	1.483
16.3. The utilisation of evidence-based approaches regarding treatment and care in psychiatry	2.16	0.848
16.4. Absence of regular onsite on-call work as higher trainee or consultant in psychiatry	2.29	1.293
16.5. On-call work as a psychiatry trainee or psychiatry consultant is easier to handle than in other medical or surgical specialities	2.73	1.539
16.6. Psychiatry is a financially rewarding speciality	3.77	1.533
16.7. Day to day work in psychiatry is considerably less demanding (e.g. workload pressure) than in certain other medical or surgical specialities	3.19	1.557
16.8. Good work-life balance in psychiatry	2.52	1.517
16.9. Less emergency work and an absence of complex procedural work in psychiatry	2.58	1.407

The social factors are found to be seemingly less important than other factors on the basis of mean values as depicted in Table 15. Besides, in terms of interest, it has been found that the respondents consider it has important because the value is near 2 which indicates ‘quite important’.

Table 15: Social Factors

Descriptive Statistics	Std.	
	Mean	Deviation
17.1. Psychiatry is a medical speciality of high public repute	2.51	1.485
17.2. Opportunities to work abroad after the completion of psychiatry training	3.72	1.564
17.3. Influence of media, such as a film, TV programme, or a book (on your decision to choose psychiatry)	4.43	1.571

17.4. Psychiatry involves an interest in people and their unique life stories	1.43	0.736
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In terms of Table 16, most of the respondents were inclined to state that personality factors are important as most of the respondents agreed to the asked notion. It has been inferred because the mean value is near 2. Here, 1 indicates strongly agree, 2: agree, 3: neutral, 4: disagree and 5 indicates strongly disagree. In this case, the deviation is minimal as found in other cases as well.

Table 16: Personality Factors

Descriptive Statistics	Mean	Std. Deviation
18.1. I carry out a thorough analysis while investigating and interpreting patients' physical or mental health problems/ symptoms	1.65	0.633
18.2. I like utilising my intellectual skills to solve complex problems	1.67	0.704
18.3. I consider myself as friendly	1.48	0.549
18.4. I have good communication skills	1.51	0.527
18.5. I have good interpersonal and social skills	1.55	0.61
18.6. I feel sympathy for and express empathy towards my patients while diagnosing and managing their health problems	1.55	0.569
18.7. I understand patient's feelings and emotions in the context of their difficulties and health problems	1.61	0.514
18.8. I listen to and pay attention to my patients' viewpoints	1.48	0.549
18.9. Colleagues and patients describe me as cooperative person	1.51	0.592
18.10. I have reasonable imaginative and creative skills to interpret patients and their unique ideas (e.g. their belief system) in the context of their personality and health problems	1.72	0.704
18.11. I spend time on reflecting on events in my personal and professional life	1.6	0.78

Evaluation of Financial Factors

To evaluate the differences in the notion concerning financial factors based on gender, membership of MRCPsych, psychiatry rotation and training stage, chi-square testing has been conducted. The significance level is considered to be 5% (0.05) and this implies that the p-value <

0.05 will be deemed as statistically significant. According to Table 17, the notion of male and female respondents significantly differs regarding the psychiatry offering a variety of speciality training and dual CCT (p-value= 0.019< 0.05). In this context, females consider it as more important than males. Besides, managing the progress with psychiatry training is easy according to most females and this perception differs significantly from males (p-value= 0.011< 0.05).

Table 17: Evaluation based on Gender

	Important (%)		Chi-Square	p-value
	Male	Female		
Expenses or costs associated with psychiatry training (being reasonably manageable)	22.60%	15.70%	7.036	0.134
Psychiatry offers satisfactory opportunities regarding research, teaching and medical education	61.30%	80.30%	5.596	0.231
After the completion of training securing a post is easier due to low competition in psychiatry than in other medical specialities	51.60%	45.10%	2.646	0.754
Psychiatry offers a smooth and less complex career progression	45.20%	49.10%	5.18	0.394
Recruitment to a training post in Psychiatry (being less challenging than in other medical or surgical specialities)	45.20%	29.40%	2.748	0.739
Psychiatry offers structured training with satisfactory (clinical and educational) supervision and support	93.50%	94.00%	3.97	0.41
Psychiatry offers training of comparatively shorter duration than certain other medical specialities before obtaining CCT	12.90%	15.70%	13.213	0.021
Psychiatry offers a variety of speciality and sub-speciality training/ work opportunities including dual CCT	58.10%	80.40%	11.748	0.019
Progression within psychiatry training is easily manageable (e.g. passing examinations and ARCP, absence of an exit examination at the end of higher training)	29.00%	39.20%	14.95	0.011

Positive and supportive supervisors, mentors or role models in previous posts or rotations (eg as FY) changed your mind towards choosing psychiatry	77.40%	86.30%	8.934	0.112
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In terms of having membership of MRCPsych, the respondents who did not possess membership believed that expenses with psychiatry training are manageable as compared to those who possess membership (p-value= 0.012< 0.05). The results have been depicted in Table 18. In addition, concerning psychiatry offering smooth career progression, both MRCPsych holders and non-holders have the same notion pertaining to its importance, however, the difference is found in the category who do not deem it as important or the ones who have no idea (p-value= 0.032< 0.05).

Table 18: Evaluation based on MRCPsych

	Important (%)		Chi-Square	p-value
	Yes	No		
Expenses or costs associated with psychiatry training (being reasonably manageable)	7.70%	38.70%	12.931	0.012
Psychiatry offers satisfactory opportunities regarding research, teaching and medical education	73.10%	74.20%	2.137	0.711
After the completion of training securing a post is easier due to low competition in psychiatry than in other medical specialities	48.10%	48.40%	3.561	0.614
Psychiatry offers a smooth and less complex career progression	48.10%	48.40%	12.219	0.032
Recruitment to a training post in Psychiatry (being less challenging than in other medical or surgical specialities)	32.60%	38.70%	6.5	0.261
Psychiatry offers structured training with satisfactory (clinical and educational) supervision and support	94.10%	93.50%	3.817	0.431
Psychiatry offers training of comparatively shorter duration than certain other medical specialities before obtaining CCT	11.50%	19.40%	7.78	0.169

Psychiatry offers a variety of speciality and sub-speciality training/ work opportunities including dual CCT	78.80%	61.30%	3.298	0.509
Progression within psychiatry training is easily manageable (eg passing examinations and ARCP, absence of an exit examination at the end of higher training)	36.50%	35.50%	4.057	0.541
Positive and supportive supervisors, mentors or role models in previous posts or rotations (e.g. as FY) changed your mind towards choosing psychiatry	86.50%	77.40%	7.517	0.185

Concerning psychiatry rotation, the respondents who did not have psychiatry placement in foundation year believed that expenses with psychiatry training are manageable as compared to those who did not have a placement (p-value= 0.013< 0.05). The respondents who answered in negation concerning the placement in foundation year also deem psychiatry training as manageable and important than those who had placement (p-value= 0.024< 0.05). The results are presented in Table 19.

Table 19: Evaluation based on Psychiatry Rotation

	Important (%)		Chi-Square	p-value
	Yes	No		
Expenses or costs associated with psychiatry training (being reasonably manageable)	12.50%	44.40%	12.703	0.013
Psychiatry offers satisfactory opportunities regarding research, teaching and medical education	70.40%	83.40%	1.819	0.769
After the completion of training securing a post is easier due to low competition in psychiatry than in other medical specialities	42.20%	66.60%	8.456	0.133
Psychiatry offers a smooth and less complex career progression	45.30%	55.60%	1.439	0.920
Recruitment to a training post in Psychiatry (being less challenging than in other medical or surgical specialities)	28.20%	55.60%	6.925	0.226

Psychiatry offers structured training with satisfactory (clinical and educational) supervision and support	92.10%	100.00%	3.047	0.55
Psychiatry offers training of comparatively shorter duration than certain other medical specialities before obtaining CCT	9.40%	33.40%	10.684	0.058
Psychiatry offers a variety of speciality and sub-speciality training/ work opportunities including dual CCT	71.90%	72.20%	2.151	0.708
Progression within psychiatry training is easily manageable (e.g. passing examinations and ARCP, absence of an exit examination at the end of higher training)	32.80%	44.40%	12.926	0.024
Positive and supportive supervisors, mentors or role models in previous posts or rotations (e.g., as FY) changed your mind towards choosing psychiatry	87.50%	66.60%	7.226	0.204

In the context of the psychiatry training stage, the respondents who had core psychiatry training believed that expenses with psychiatry training are manageable as compared to those who had higher psychiatry training (p-value= 0.036< 0.05). The results are depicted in Table 20.

Table 20: Evaluation based on Training Stage/ Grade

	Important (%)		Chi-Square	p-value
	Higher Psychiatry Training	Core Psychiatry Training		
Expenses or costs associated with psychiatry training (being reasonably manageable)	10.80%	26.10%	10.255	0.036
Psychiatry offers satisfactory opportunities regarding research, teaching and medical education	73.00%	73.90%	3.829	0.430

After the completion of training securing a post is easier due to low competition in psychiatry than in other medical specialities	51.30%	45.60%	8.635	0.125
Psychiatry offers a smooth and less complex career progression	40.50%	54.30%	8.085	0.152
Recruitment to a training post in Psychiatry (being less challenging than in other medical or surgical specialities)	32.40%	36.90%	9.362	0.095
Psychiatry offers structured training with satisfactory (clinical and educational) supervision and support	94.40%	93.50%	4.929	0.295
Psychiatry offers training of comparatively shorter duration than certain other medical specialities before obtaining CCT	10.80%	17.40%	9.637	0.086
Psychiatry offers a variety of speciality and sub-speciality training/ work opportunities including dual CCT	78.40%	67.40%	4.072	0.396
Progression within psychiatry training is easily manageable (eg passing examinations and ARCP, absence of an exit examination at the end of higher training)	37.80%	34.80%	2.675	0.750
Positive and supportive supervisors, mentors or role models in previous posts or rotations (eg as FY) changed your mind towards choosing psychiatry	86.50%	80.50%	4.953	0.422

Evaluation of Family or Personal Factors

In this section, the family or personal factors have been evaluated based on gender, membership of MRCPsych, psychiatry rotation and training stage. The results in Table 21 indicate differences based on gender. It has been found that females having close friends with mental disorder generated their interest in psychiatry than male respondents and they deemed as a more important factor (p-value= 0.044< 0.05).

Table 21: Evaluation based on Gender

	Important (%)		Chi-Square	p-value
	Male	Female		
Psychiatry training posts being available near family or preferred geographical area/ location	74.20%	80.40%	6.340	0.175
Peer pressure, influence or advice	9.70%	23.50%	6.061	0.300
Parent/ family pressure, influence or advice	3.20%	17.60%	4.490	0.481
Parents/ family members in the same medical field (in Psychiatry/ mental health)	3.20%	5.90%	3.745	0.587
Opportunities/ availability of Flexible working hours in psychiatry	51.60%	66.70%	9.437	0.093
A medical disorder or disability meant that you could manage to work in psychiatry better than when you had to train/ work in other medical specialities	6.50%	7.80%	10.195	0.070
A mental disorder affecting yourself, your family or people in your close circle led you to develop an interest in Psychiatry	25.80%	31.40%	11.395	0.044

In the context of having membership of MRCPsych, the respondents who did not possess membership are found to have a similar opinion regarding the importance of family-based factors as compared to those who possessed membership. The results are presented in Table 22.

Table 22: Evaluation based on MRCPsych

	Important (%)		Chi-Square	p-value
	Yes	No		
Psychiatry training posts being available near family or preferred geographical area/ location	78.80%	74.20%	0.386	0.984
Peer pressure, influence or advice	21.10%	12.90%	2.288	0.808
Parent/ family pressure, influence or advice	9.60%	16.10%	1.043	0.959
Parents/ family members in the same medical field (in Psychiatry/ mental health)	7.70%	0.00%	4.580	0.469

Opportunities/ availability of Flexible working hours in psychiatry	61.50%	61.30%	1.333	0.931
A medical disorder or disability meant that you could manage to work in psychiatry better than when you had to train/ work in other medical specialities	5.70%	9.70%	4.544	0.474
A mental disorder affecting yourself, your family or people in your close circle led you to develop an interest in Psychiatry	27.00%	32.30%	7.259	0.202

Concerning psychiatry rotation, the respondents who did not have psychiatry placement in foundation year believed parents and family influenced their decision than those who had a placement in their foundation year ($p\text{-value} = 0.028 < 0.05$). The case with parents/ family member associated with medical field is similar ($p\text{-value} = 0.046 < 0.05$). Moreover, those who did not have placement consider that they could manage psychiatry better than any other medical field ($p\text{-value} = 0.018 < 0.05$). The results have been depicted in Table 23.

Table 23: Evaluation based on Psychiatry Rotation

	Important (%)		Chi-Square	p-value
	Yes	No		
Psychiatry training posts being available near family or preferred geographical area/ location	73.40%	88.90%	6.381	0.172
Peer pressure, influence or advice	15.70%	27.80%	3.331	0.649
Parent/ family pressure, influence or advice	6.30%	33.40%	12.510	0.028
Parents/ family members in the same medical field (in Psychiatry/ mental health)	1.60%	16.70%	11.277	0.046
Opportunities/ availability of Flexible working hours in psychiatry	59.40%	66.60%	6.324	0.276
A medical disorder or disability meant that you could manage to work in psychiatry better than when you had to train/ work in other medical specialities	4.70%	16.70%	13.648	0.018

A mental disorder affecting yourself, your family or people in your close circle led you to develop an interest in Psychiatry	28.20%	33.30%	3.858	0.570
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In the context of family factors, the notion of respondents having high psychiatry training is found to be similar to those who had core psychiatry training. The results have been depicted in Table 24.

Table 24: Evaluation based on Training Stage/ Grade

	Important (%)		Chi-Square	p-value
	Higher Psychiatry Training	Core Psychiatry Training		
Psychiatry training posts being available near family or preferred geographical area/ location	75.60%	78.30%	2.683	0.612
Peer pressure, influence or advice	21.60%	15.20%	4.943	0.423
Parent/ family pressure, influence or advice	10.80%	13.10%	3.330	0.649
Parents/ family members in the same medical field (in Psychiatry/ mental health)	8.10%	2.20%	5.730	0.333
Opportunities/ availability of Flexible working hours in psychiatry	56.70%	65.20%	2.696	0.747
A medical disorder or disability meant that you could manage to work in psychiatry better than when you had to train/ work in other medical specialities	8.10%	6.50%	2.622	0.758
A mental disorder affecting yourself, your family or people in your close circle led you to develop an interest in Psychiatry	21.60%	34.80%	6.484	0.262

Evaluation of Psychiatry Factors

Concerning psychiatry based factors, the stance of male respondents is found to be similar to those females possessed (Table 25). In addition, the notion of MRCPsych members did not

differ in the context of the significance of psychiatry factors from the non-members (Table 26). The results concerning psychiatry rotation and training stage are also similar (Table 27 and Table 28). This inference has been drawn because none of the p-values is found to be below 5% (0.05).

Table 25: Evaluation based on Gender

	Important (%)		Chi-Square	p-value
	Male	Female		
The opportunity of a long-term therapeutic relationship with patients in psychiatric practice	87.10%	94.10%	3.556	0.469
Personal and innate interest in psychiatry and psychiatric disorders	80.60%	84.40%	1.178	0.758
Appraisal of own aptitude and skills (being more suitable for psychiatry)	87.10%	90.20%	1.135	0.769
An overlap between psychiatry, neuroscience and neurological medicine (makes psychiatry favourable speciality)	74.20%	56.90%	3.004	0.557
A desire to contribute to psychiatry (e.g. via therapeutic interventions or involvement in research) as mental health has not been given due attention	74.20%	76.40%	3.523	0.620
A (unique) person-centred approach focusing on the patient as a person in psychiatry	96.80%	92.10%	8.180	0.085
You developed an interest in psychiatry after having a good experience of assessment techniques and therapeutic models used in this speciality (in your previous training/ work, e.g. medical school placement, A&E placement or foundation year rotation in psychiatry)	67.80%	62.70%	10.005	0.075
The psychiatric practice utilises bio-psycho-social model focusing on a holistic approach to determine the biological, psychological and social factors in disease causation and care planning	90.40%	90.20%	3.518	0.318

Table 26: Evaluation based on MRCPsych

	Important (%)		Chi-Square	p-value
	Yes	No		
The opportunity of a long-term therapeutic relationship with patients in psychiatric practice	96.10%	83.90%	5.224	0.265
Personal and innate interest in psychiatry and psychiatric disorders	84.60%	77.40%	2.172	0.537
Appraisal of own aptitude and skills (being more suitable for psychiatry)	90.30%	87.10%	2.064	0.559
An overlap between psychiatry, neuroscience and neurological medicine (makes psychiatry favourable speciality)	65.40%	61.30%	0.317	0.989
A desire to contribute to psychiatry (e.g. via therapeutic interventions or involvement in research) as mental health has not been given due attention	75.00%	77.40%	5.425	0.366
A (unique) person-centred approach focussing on the patient as a person in psychiatry	94.30%	93.60%	6.483	0.166
You developed an interest in psychiatry after having a good experience of assessment techniques and therapeutic models used in this speciality (in your previous training/ work, e.g. medical school placement, A&E placement or foundation year rotation in psychiatry)	67.30%	61.30%	5.573	0.350
The psychiatric practice utilises bio-psycho-social model focusing on a holistic approach to determine the biological, psychological and social factors in disease causation and care planning	94.20%	83.90%	3.295	0.348

Table 27: Evaluation based on Psychiatry Rotation

	Important (%)		Chi-Square	p-value
	Yes	No		
The opportunity of a long-term therapeutic relationship with patients in psychiatric practice	92.20%	88.90%	1.578	0.813
Personal and innate interest in psychiatry and psychiatric disorders	84.40%	72.30%	3.210	0.360
Appraisal of own aptitude and skills (being more suitable for psychiatry)	85.90%	100.00%	6.084	0.108
An overlap between psychiatry, neuroscience and neurological medicine (makes psychiatry favourable speciality)	62.50%	72.20%	2.623	0.623
A desire to contribute to psychiatry (e.g. via therapeutic interventions or involvement in research) as mental health has not been given due attention	79.70%	61.10%	4.669	0.458
A (unique) person-centred approach focussing on the patient as a person in psychiatry	95.40%	88.90%	4.176	0.383
You developed an interest in psychiatry after having a good experience of assessment techniques and therapeutic models used in this speciality (in your previous training/ work, e.g. medical school placement, A&E placement or foundation year rotation in psychiatry)	68.80%	55.60%	5.772	0.329
The psychiatric practice utilises bio-psycho-social model focusing on a holistic approach to determine the biological, psychological and social factors in disease causation and care planning	93.80%	77.80%	6.497	0.090

Table 28: Evaluation based on Training Stage/ Grade

	Important (%)			Chi-Square	p-value
	Higher Psychiatry Training	Core Psychiatry Training			
The opportunity of a long-term therapeutic relationship with patients in psychiatric practice	94.60%	89.10%	2.861	0.581	
Personal and innate interest in psychiatry and psychiatric disorders	81.10%	82.60%	1.006	0.800	
Appraisal of own aptitude and skills (being more suitable for psychiatry)	89.10%	89.20%	2.369	0.499	
An overlap between psychiatry, neuroscience and neurological medicine (makes psychiatry favourable speciality)	70.20%	58.70%	3.098	0.542	
A desire to contribute to psychiatry (e.g. via therapeutic interventions or involvement in research) as mental health has not been given due attention	72.90%	78.30%	9.197	0.101	
A (unique) person-centred approach focussing on the patient as a person in psychiatry	94.60%	93.40%	3.752	0.441	
You developed an interest in psychiatry after having a good experience of assessment techniques and therapeutic models used in this speciality (in your previous training/work, e.g. medical school placement, A&E placement or foundation year rotation in psychiatry)	70.20%	60.90%	2.251	0.814	
The psychiatric practice utilises bio-psycho-social model focusing on a holistic approach to determine the biological, psychological	97.30%	84.80%	3.761	0.288	

and social factors in disease causation and care planning

Evaluation of Rewarding Factors

In terms of rewarding factors, the stance of male respondents is found to be similar to those females possessed (Table 29). Besides, the notion of MRCPsych members did not differ in terms of the significance of rewarding factors from the non-members (Table 30). The results concerning psychiatry rotation and training stage are also similar (Table 31 and Table 31). This has been inferred because none of the p-values is found to be below 5% (0.05).

Table 29: Evaluation based on Gender

	Important (%)		Chi-Square	p-value
	Male	Female		
Assessment and care provision involves multidisciplinary teamwork in psychiatry	96.80%	86.30%	6.103	0.107
Psychiatry offers a sense of satisfaction and achievement when people with chronic mental health conditions report improvement or recovery	41.90%	53.00%	2.009	0.571
The utilisation of evidence-based approaches regarding treatment and care in psychiatry	67.70%	70.50%	1.922	0.750
Absence of regular onsite on-call work as higher trainee or consultant in psychiatry	67.70%	70.60%	7.642	0.177
On-call work as a psychiatry trainee or psychiatry consultant is easier to handle than in other medical or surgical specialities	54.90%	56.90%	3.520	0.620
Psychiatry is a financially rewarding speciality	12.90%	23.60%	4.563	0.471
Day to day work in psychiatry is considerably less demanding (e.g. workload pressure) than in certain other medical or surgical specialities	48.40%	43.10%	7.743	0.171

Good work-life balance in psychiatry	42.00%	58.90%	7.410	0.116
Less emergency work and an absence of complex procedural work in psychiatry	58.00%	68.70%	11.088	0.050

Table 30: Evaluation based on MRCPsych

	Important (%)		Chi-Square	p-value
	Yes	No		
Assessment and care provision involves multidisciplinary teamwork in psychiatry	94.20%	83.90%	4.365	0.225
Psychiatry offers a sense of satisfaction and achievement when people with chronic mental health conditions report improvement or recovery	42.30%	58.00%	4.083	0.253
The utilisation of evidence-based approaches regarding treatment and care in psychiatry	67.30%	74.20%	1.716	0.788
Absence of regular onsite on-call work as higher trainee or consultant in psychiatry	71.10%	67.70%	4.270	0.511
On-call work as a psychiatry trainee or psychiatry consultant is easier to handle than in other medical or surgical specialities	55.80%	58.00%	7.168	0.208
Psychiatry is a financially rewarding speciality	19.20%	22.60%	4.134	0.530
Day to day work in psychiatry is considerably less demanding (e.g. workload pressure) than in certain other medical or surgical specialities	44.20%	48.40%	4.068	0.540
Good work-life balance in psychiatry	51.90%	51.70%	0.962	0.916
Less emergency work and an absence of complex procedural work in psychiatry	57.70%	74.20%	3.421	0.635

Table 31: Evaluation based on Psychiatry Rotation

	Important (%)		Chi-Square	p-value
	Yes	No		
Assessment and care provision involves multidisciplinary teamwork in psychiatry	90.60%	88.90%	1.960	0.581
Psychiatry offers a sense of satisfaction and achievement when people with chronic mental health conditions report improvement or recovery	46.90%	50.00%	0.972	0.808
The utilisation of evidence-based approaches regarding treatment and care in psychiatry	67.20%	77.80%	2.329	0.675
Absence of regular onsite on-call work as higher trainee or consultant in psychiatry	67.20%	77.70%	4.076	0.539
On-call work as a psychiatry trainee or psychiatry consultant is easier to handle than in other medical or surgical specialities	60.90%	44.50%	5.204	0.391
Psychiatry is a financially rewarding speciality	23.40%	11.20%	11.904	0.036
Day to day work in psychiatry is considerably less demanding (e.g. workload pressure) than in certain other medical or surgical specialities	43.80%	55.50%	3.187	0.671
Good work-life balance in psychiatry	46.90%	72.20%	9.388	0.052
Less emergency work and an absence of complex procedural work in psychiatry	64.10%	61.10%	6.555	0.256

Table 32: Evaluation based on Training Stage/ Grade

	Important (%)		Chi-Square	p-value
	Higher Psychiatry Training	Core Psychiatry Training		
Assessment and care provision involves multidisciplinary teamwork in psychiatry	100.00%	82.70%	7.493	0.058
Psychiatry offers a sense of satisfaction and achievement when people with chronic mental health conditions report improvement or recovery	43.20%	52.10%	3.007	0.391
The utilisation of evidence-based approaches regarding treatment and care in psychiatry	70.20%	69.60%	1.437	0.838
Absence of regular onsite on-call work as higher trainee or consultant in psychiatry	70.20%	69.60%	7.988	0.157
On-call work as a psychiatry trainee or psychiatry consultant is easier to handle than in other medical or surgical specialities	56.70%	56.50%	11.240	0.047
Psychiatry is a financially rewarding speciality	16.20%	23.90%	7.320	0.198
Day to day work in psychiatry is considerably less demanding (e.g. workload pressure) than in certain other medical or surgical specialities	35.10%	54.40%	4.963	0.420
Good work-life balance in psychiatry	51.30%	52.10%	1.460	0.834
Less emergency work and an absence of complex procedural work in psychiatry	51.30%	73.90%	6.184	0.289

Evaluation of Societal Factors

According to societal factors, the perception of male respondents is found to be similar to those females possessed (Table 33). In addition, the notion of MRCPsych members did not differ in the context of the importance of societal factors from the non-members (Table 34). The results concerning psychiatry rotation and training stage are also similar (Table 35 and Table 36). This inference has been drawn because none of the p-values is found to be below 5% (0.05).

Table 33: Evaluation based on Gender

	Important (%)		Chi-Square	p-value
	Male	Female		
Psychiatry is a medical speciality of high public repute	74.20%	66.70%	4.996	0.288
Opportunities to work abroad after the completion of psychiatry training	29.00%	17.60%	13.215	0.021
Influence of media, such as a film, TV programme, or a book (on your decision to choose psychiatry)	19.40%	9.80%	10.711	0.057
Psychiatry involves an interest in people and their unique life stories	90.40%	98.00%	6.461	0.167

Table 34: Evaluation based on MRCPsych

	Important (%)		Chi-Square	p-value
	Yes	No		
Psychiatry is a medical speciality of high public repute	73.00%	64.50%	2.577	0.631
Opportunities to work abroad after the completion of psychiatry training	15.30%	35.50%	8.545	0.129
Influence of media, such as a film, TV programme, or a book (on your decision to choose psychiatry)	7.70%	22.60%	6.199	0.287
Psychiatry involves an interest in people and their unique life stories	96.20%	90.40%	4.247	0.374

Table 35: Evaluation based on Psychiatry Rotation

	Important (%)		Chi-Square	p-value
	Yes	No		
Psychiatry is a medical speciality of high public repute	71.90%	66.70%	7.383	0.117
Opportunities to work abroad after the completion of psychiatry training	23.50%	22.20%	5.506	0.357
Influence of media, such as a film, TV programme, or a book (on your decision to choose psychiatry)	14.10%	11.20%	13.660	0.018
Psychiatry involves an interest in people and their unique life stories	93.80%	94.40%	1.211	0.876

Table 36: Evaluation based on Training Stage/ Grade

	Important (%)		Chi-Square	p-value
	Higher Psychiatry Training	Core Psychiatry Training		
Psychiatry is a medical speciality of high public repute	75.60%	65.30%	5.568	0.234
Opportunities to work abroad after the completion of psychiatry training	8.10%	34.80%	9.985	0.078
Influence of media, such as a film, TV programme, or a book (on your decision to choose psychiatry)	8.10%	17.40%	3.409	0.637
Psychiatry involves an interest in people and their unique life stories	94.60%	93.40%	2.639	0.620

References

Leech, N.L., Barrett, K.C. and Morgan, G.A., 2014. *IBM SPSS for intermediate statistics: Use and interpretation*. Routledge.