

Article

Reasons for Choosing Psychiatry as a Career Specialty in Scotland: A Mixed-Methods Study

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Abstract

Psychiatry is a medical specialty where vacancies have consistently remained unfilled. To facilitate recruitment, it is important to identify what motivates trainees to choose psychiatry. This study aimed to explore the reasons regarding the choice of psychiatry as a career specialty among core and higher psychiatry trainees in Scotland. This was a mixed-methods study based on a questionnaire that included open-text and Likert-type scale responses. All psychiatry trainees in Scotland were approached via NHS Education for Scotland to participate in the study. Eighty-three trainees (46 core and 37 higher psychiatry trainees) with a mean age of 31.87 years returned completed questionnaires. Trainees provided their views by selecting responses to indicate the extent of importance of the statements in their decision-making process. The reasons to choose psychiatry were diverse, covering the specialty-specific, training, personal and social aspects of life as a trainee. Important reasons were personal interest, satisfaction associated with patients' recovery, good work–life balance, influence of supportive supervisors and mentors and availability of subspecialty options. More than 90% of the respondents planned to continue working as psychiatrists in the future. These findings may offer utility in addressing psychiatry training vacancies and in helping to recruit clinicians to the specialty within Scotland.

Keywords: recruitment; psychiatry trainees; reasons; decision; education and training

1. Introduction

Mental health stability is a basic requirement of a healthy life [1]. On a global scale, mental disorders along with neurological diseases and substance misuse constitute 13% of health morbidity [1]. Within high-income countries, mental ill health represents 15% of health conditions [2]. A sizeable proportion of the population across countries throughout the world receives sub-optimal mental health care [1].

Despite the preferences and needs of patients, the medical specialty of psychiatry has struggled to recruit sufficient specialist care staff [3–5]. A shortage of mental healthcare staff, including psychiatrists, can cause stress among existing staff and impact patient care provision [6,7]. Psychiatry under-recruitment within the United Kingdom (UK) tends to reflect a global tendency [5,8]. Being considered a ‘Cinderella specialty’ [9], psychiatry seems to be a less favoured career where posts at all levels remain unfilled [10]. Within the UK, competition for vacant training slots among medical specialties is the lowest in psychiatry, with only 2.9% to 4.2% of local graduates demonstrating interest [10,11]. The



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figure for unfilled training slots stands between 9 and 10% in psychiatry [5,10]. Variations exist across the UK regions for recruitment to psychiatry [12]. A recent estimate of unfilled consultant psychiatrist posts in the UK is about 9.3% [13]. Recruitment into subspecialties within psychiatry (e.g., Old Age Psychiatry or Psychiatry of Intellectual Disability) is of particular concern with their many unfilled vacancies [6]. Recruitment figures released in 2019 show a fill rate for Scottish core and higher psychiatry training at 69.8% and 59% respectively [14]. It comes as no surprise that this recruitment gap requires international medical graduates to fill [11,15]. More recently, there has been a change in the recording of recruitment data for core psychiatry posts. Previously, such data was available for Scotland only, but now this data is only available at a national level across the UK [16]. However, a 2025 workforce census in Scotland indicates that the issue of psychiatrist recruitment may continue to remain an important issue; currently approximately 28% of consultant psychiatrist roles in Scotland remain either vacant or only covered by staff who are locums [17]. In the north of Scotland, as many as 45% of consultant positions remained either unfilled or only filled by locum staff [17].

Given the unsatisfactory state of recruitment, the Royal College of Psychiatrists (RCPsych) in the UK has launched various campaigns such as 'choose psychiatry', 'psych star scheme' or 'psychsocs,' aimed at guiding and encouraging medical students and graduates to consider psychiatry as a career choice [18–20]. To encourage recruitment, factors that stimulate an interest in psychiatry as a career choice need to be recognised [21,22]. It is known that medical students' specialty preferences are prone to change as they progress [23–26]. Fresh medical graduates may make decisions about career specialty choice prematurely [27]. Consultant psychiatrists' reasons may not be applicable to present-day trainees [28]. Research has shown that those who work in a specific clinical specialty (e.g., trainee doctors) are better placed to identify motivating factors and reasons for guiding future trainees to be attracted to that specialty [22].

Past studies with self-reporting in contexts such as Canada, Bharat (India), and Australia have shown an array of factors relevant for recruitment that may be context-specific, including costs of training, prestige, availability of training options, stigma, and a strong job market [29,30]. However, to the best of the authors' knowledge, no study focusing on trainee psychiatrists in Scotland has reported their motivating factors for the choice of psychiatry within the past couple of decades. Studies in Scotland have mainly focused on medical students, foundation program trainees and consultant psychiatrists. There is a need to understand locally relevant factors, especially in the context of potentially context-specific challenges such as the UK exiting the European Union (Brexit) and its subsequent impact on recruitment and retention regarding medicine and psychiatry in Scotland. It is therefore justifiable that psychiatry trainees working in Scotland (UK) be invited to express their views about the motivational factors or reasons they had at the time of choosing this specialty.

A Scottish psychiatry trainee survey, including both quantitative and qualitative components, was thus planned to identify the reasons and factors why they chose psychiatry. Such factors and reasons could potentially be used for workforce planning and recruitment campaigns to improve recruitment into psychiatry.

2. Materials and Methods

2.1. Study Design

A descriptive, mixed-methods research design in the form of a questionnaire-based survey, which included open-text responses, was chosen for this study.

2.2. Study Setting

Scotland is one of the four countries within the United Kingdom (UK). Psychiatry training consists of core and higher psychiatry training, each of 3-year duration within the UK. Individual placements are 6 months (core psychiatry training) or 1 year (higher psychiatry training) long in various psychiatry specialties and subspecialties. Trainees must pass the examinations and obtain the MRCPsych qualification before moving from core into higher psychiatry training. After completing the training, trainees are granted a certificate of completion of training (CCT) to start working as consultant psychiatrists. Recruitment to psychiatry is organised via a central selection process within the UK. Medical education and training are managed via the Scotland deanery (NHS Education for Scotland) in Scotland. Trainees are registered at the central level with the Royal College of Psychiatrists UK, which sets standards for training and conducts examinations.

2.3. Study Population

For the purpose of this study, all psychiatry trainees working in Scotland were invited to participate, therefore formal sample size calculation was not required. NHS Education for Scotland facilitated the distribution of the survey questionnaire. At the time of this study, 278 doctors were training in psychiatry across Scotland.

2.4. Survey Development and Data Collection

A questionnaire was constructed based on a thorough review of the published literature [28,31–35], discussion with consultant psychiatrists and trainees and piloting among the psychiatry trainees to ensure its validity and reliability.

There were four sections of the questionnaire containing a total of 22 questions. Section “A” (question 1–12) covered demographic and training-related information. Section “B” (question 13–17) mentioned specific reasons and factors for the choice of psychiatry in the form of (self-reported) statements to be rated on a 5-point Likert-type scale. For each statement trainees had to choose a response from five options (“very important”, “quite important”, “neither important nor unimportant”, “quite unimportant” and “completely unimportant”) to indicate or rate how important or unimportant (as regards the degree or extent) a specific reason or factor was to influence trainees’ decisions to choose psychiatry. There were 38 statements in section B, grouped under five question headings. Section “C” (question 18) showed features, skills and personality characteristics relevant to psychiatry in the form of eleven statements (to be self-reported). These features were based on literature review [36–38]. Here, trainees had to choose a response on a 5-point Likert-type scale (“strongly agree”, “agree”, “neither agree nor disagree”, “disagree” and “strongly disagree”) to indicate or rate the extent or degree of their agreement or disagreement with the statement. In research such responses or options can be represented by numerical values such as 1, 2, 3, 4 and 5 (for the purpose of survey and ease of analysis) without the findings or the way data is analysed being affected [39,40]. A “don’t know” option, represented by a numerical value of 6, was available in both section “B” and “C” in keeping with guidelines [41–43]. However, values for “don’t know” were not included in calculations for means/medians/standard deviations. Section “D” (questions 19–21) invited free text comments, which were to be qualitatively analysed through thematic analysis. The complete questionnaire is available in Supplementary Table S1.

After a thorough review of both national and international literature on the topic, the questionnaire was drafted. Modifications to the questionnaire were made in light of discussion with four consultant psychiatrists. Suggestions were also sought from the core and higher psychiatry trainees. The questionnaire was then piloted to a group of six trainee psychiatrists and four consultant psychiatrists; its items were modified as per the responses

and suggestions. The resulting version was then discussed with consultant psychiatrists, where no further changes were recommended. Discussion with experts and piloting, which results in desirable changes in the language/words of items on a questionnaire, is highly recommended [44–46] as it leads to an improvement in the questionnaire's content validity, reliability and the ease with which respondents can use it [39,42–44]. The constructs used in this study's questionnaire have been utilised and analysed in previous research, thereby providing further assurance and satisfaction regarding the content validity [28,31–35].

The questionnaire was designed and distributed using the Online Surveys UK tool (<https://www.onlinesurveys.ac.uk>; accessed on 20 January 2020) with assistance from the NHS Education for Scotland. A covering letter provided details about the survey, including the nature and purpose of the survey, instructions for completion and data storage and usage. The survey was conducted anonymously and so did not require collection of personally identifying data. The covering letter specifically mentioned that participation in the study was voluntary and survey completion was deemed as provision of informed consent to take part in the study. The survey link was circulated among psychiatry trainees twice via emails, initially on 19 February 2020, then again on 11 March 2020. To maximise response rate, postgraduate teaching venues were visited to distribute the survey manually. Additionally, clinical and educational supervisors and trainees were asked to spread information about the survey.

2.5. Data Analysis

Data analysis required simple descriptive statistics and frequency distribution. Percentages, frequencies, mode, mean and standard deviation (SD) were calculated to interpret the collected data. For analyses of Likert-scale data, values for “don't know” responses were excluded. Categorical data among groups were compared and statistical significance calculated via a Chi-squared test. A *p*-value of less than 0.05 was considered as statistically significant; no additional testing was done for subgroup analysis, and hence findings for this analysis should be viewed as exploratory. Data was exported from the survey software tool to Microsoft Excel and analysed using IBM SPSS statistical software (Statistical Package for Social Science, version 25.0). The inbuilt software system of the survey tool allowed some data analysis to be undertaken. Cronbach's alpha, which represents internal consistency or reliability of items of a questionnaire, was calculated. Its value between 0.7 and 0.8 is considered acceptable [41,47,48]. Cronbach's alpha was calculated as 0.765 for the questionnaire items in section B, and 0.907 in section C.

Qualitative data from free text comments were analysed using a thematic analysis approach. For this, a single author independently coded the responses, and after doing so, inductively created categories—and themes within them—to characterise the data. A total of six categories were developed (recruitment, therapeutic diversity, training and research, philosophical and humanistic aspects of medicine, support structures and career options/diversity/flexibility) with 11 themes within them. These findings were intended to be exploratory in nature.

2.6. Ethical Considerations

Ethical approval was granted by the University of Edinburgh ethics committee (study reference number is 2020/04) on 21 January 2020.

3. Results

A total of 83 psychiatry trainees in Scotland (out of 278 across the nation) completed questionnaires, giving a response rate of 30% (*n* = 83). Moreover, 51 (62.2%) participants were females, and 31 (37.8%) were males; one respondent didn't specify gender. The mean

age of the participants was 31.87 years. The majority (91.6%) of the trainees were UK graduates. The duration of work experience in psychiatry ranged from less than a year to 10 years. Moreover, 20.48% of female respondents were working part-time, compared to 4.82% of male respondents. Further details on demographic and training parameters are given in Table 1.

Table 1. Demographic and training/work characteristics of respondents.

		Number	Percentage
		<i>n</i> = 83	100%
Gender	Male	31	37.8%
	Female	51	62.2%
Age	25–29	25	30.1%
	30–34	44	53%
	35–39	9	10.8%
	40–44	3	3.6%
	45–49	0	0%
	50–54	2	2.4%
Primary Medical Qualification	UK	76	91.6%
	EU	1	1.2%
	South Asia	1	1.2%
	Rest of Asia	3	3.6%
	Africa	2	2.4%
Years of Experience Since Graduation	2	6	7.32%
	3	3	3.66%
	4	16	19.51%
	5	8	9.76%
	6	12	14.63%
	7	11	13.41%
	8	10	12.20%
	9	5	6.10%
	10	7	8.54%
	11	2	2.44%
	12	2	2.44%
MRCPsych	Yes	52	62.7%
Full Time work	Yes	62	74.7%
Had Foundation Program Psychiatry Placement	Yes	64	78%
Stage of Training	Core Psychiatry Training	46	55.4%
	Higher Psychiatry Training	37	44.6%

Table 1. Cont.

		Number	Percentage
Current Psychiatry Specialty (as core or higher trainee)	General Adult	28	35.4%
	Old Age	16	20.3%
	Child and Adolescent (CAMHS)	9	11.4%
	Learning Disability	8	10.1%
	Forensic	6	7.6%
	Psychotherapy	2	2.5%
	Substance Misuse	5	6.3%
	Perinatal	1	1.3%
	Liaison	3	3.8%
	Mixed	1	1.3%
When Decided on Psychiatry	Pre-Medical School	6	7.2%
	Medical School—Prior to Psychiatry Placement	9	10.2%
	Medical School—Post Psychiatry Placement	11	13.3%
	Foundation Programme	36	43.4%
	Post Foundation Programme	21	25.3%

The top 15 reasons to choose psychiatry alongside the trainees' numbers, percentages, mean and median values are shown in Table 2. For the purpose of the survey analysis, 'very important' and 'quite important' responses regarding the questionnaire items were treated as a single entity (that is, important). It is worth mentioning that not all questions were answered by every respondent. Detailed results with all 38 items (reasons), as well as for self-related personality factors deemed as suitable for professional psychiatric practice, are available in Supplementary Tables S2–S7.

The foundation program was the most common choice of the five career stages, where 36 (43%) out of 83 trainees decided to choose psychiatry as a career specialty. Moreover, 64 (78%) respondents had Psychiatry placements during their foundation training. Almost half ($n = 31$, 48%) of this respondent group chose a career in psychiatry during the same foundation training. In contrast, 5 (27%) out of the 18 trainees who had experienced no psychiatry placement chose psychiatry as a future career during their foundation program. Moreover, 6 (7.22%) trainees reported developing an inclination towards psychiatry before they entered medical school.

Two questions each were concerned with trainees' future objectives and retention within psychiatry respectively. Moreover, 65 (95.5%) out of 68 respondents felt satisfied in respect of achieving future aims and objectives whilst working in psychiatry. Out of 63 respondents, 59 (93.6%) wanted to continue working as a psychiatrist in the future. This indicates a high level of satisfaction with the choice of psychiatry. Only 4 (6.2%) trainees thought or intended to switch to a different specialty (three to general practice and one to public health).

3.1. Comparisons Between Groups

Significant differences ($p < 0.05$) were found between groups within the survey population regarding how certain reasons were scored more important than others. Factors that seemed more important to female than male trainees were: a variety of subspecialty options including dual Certificate of Completion of Training ($\chi^2 = 11.748$, p -value = 0.019);

smooth progression within the psychiatry training program ($\chi^2 = 14.95$, p -value = 0.011); psychiatry offering training of shorter duration than other medical specialties ($\chi^2 = 13.213$, p -value = 0.021) and an experience of a mental disorder affecting self, family or friends leading to an interest in psychiatry ($\chi^2 = 11.395$, p -value = 0.044). Opportunities to work abroad seemed more important to male than female trainees ($\chi^2 = 13.215$, p -value = 0.021).

Table 2. Top 15 reasons to choose psychiatry (median and mean values have been calculated as per the participants' recorded responses (on Likert scale) ranging from 1 = very important to 6 = don't know. Mean, standard deviations, and medians do not include 'don't know' response.

Total Number of Respondents, $n = 83$									
Factor (Survey Item)	Very Important n (%)	Quite Important n (%)	Neither Important nor Unim- portant n (%)	Quite Unimpor- tant n (%)	Completely Unimpor- tant n (%)	Don't Know n (%)	Mean	Standard Deviation	Median
Innate interest in Psychiatry	66 (79.5)	14 (16.9)	2 (2.4)	0	1 (1.2)	0	1.27	0.62	1
Satisfaction associated with patients' recovery	38 (45.8)	42 (50.6)	2 (2.4)	0	1 (1.2)	0	1.60	0.66	2
Focus on the patient as a person	57 (68.7)	21 (25.3)	3 (3.6)	1 (1.2)	1 (1.2)	0	1.41	0.73	1
An interest in people and their unique life stories	55 (66.3)	23 (27.7)	3 (3.2)	1 (1.2)	1 (1.2)	0	1.43	0.73	1
Structured training	37 (45.1)	40 (48.8)	2 (2.4)	2 (2.4)	0	1 (1.2)	1.67	0.81	2
Long term therapeutic relationship with patients	45 (54.2)	31 (37.3)	5 (6)	1 (1.2)	1 (1.2)	0	1.58	0.76	1
Good work-life balance in psychiatry	39 (47)	36 (43.4)	4 (4.8)	0	3 (3.6)	1 (1.2)	1.73	0.98	2
Multidisciplinary team work in psychiatry	44 (53)	31 (37.3)	6 (7.2)	2 (2.4)	0	0	1.59	0.73	1
Holistic approach in psychiatric practice	46 (55.4)	29 (34.9)	7 (8.4)	1 (1.2)	0	0	1.55	0.7	1
Appraisal of own aptitude and skills	46 (55.4)	28 (33.7)	8 (9.6)	1 (1.2)	0	0	1.57	0.71	1
Influence of supportive Supervisors, mentors And role-models	43 (51.8)	26 (31.3)	5 (6)	1 (1.2)	4 (4.8)	4 (4.8)	1.9	1.35	1
Training posts in desirable geographical locations	28 (33.7)	36 (43.4)	9 (10.8)	2 (2.4)	8 (9.6)	0	2.11	1.18	2
A desire to contribute to Psychiatry	32 (38.6)	31 (37.3)	12 (14.5)	5 (6)	2 (2.4)	1 (1.2)	2.0	1.09	2
Research/teaching Opportunities	17 (20.5)	44 (53)	15 (18.1)	5 (6)	2 (2.4)	0	2.17	0.9	2
Sub-speciality options Including dual CCT	20 (24.1)	40 (48.2)	16 (19.3)	5 (6)	2 (2.4)	0	2.14	0.93	2

Factors that were considered important by trainees without the MRCPsych qualification were: expenses associated with psychiatry training perceived as being manageable ($\chi^2 = 12.931$, p -value = 0.012) and psychiatry appearing to offer a smoother and less complex career progression ($\chi^2 = 12.219$, p -value = 0.032).

Trainees who had not experienced a psychiatry placement during the Foundation Program rated three factors as significantly more important than those who had: expenses associated with psychiatry training perceived as being more manageable ($\chi^2 = 12.703$, p -value = 0.013); smooth progression within the psychiatry training program ($\chi^2 = 12.926$, p -value = 0.024) and the influence of media such as TV, film or a book on their decision to choose psychiatry ($\chi^2 = 13.660$, p -value = 0.018).

Factors significantly more important to core trainees than to higher psychiatry trainees were expenses associated with psychiatry training perceived as being more manageable ($\chi^2 = 10.255$, p -value = 0.036) and handling on-call work in psychiatry being thought to be easier than in other medical specialties ($\chi^2 = 11.244$, p -value = 0.047).

3.2. Qualitative Data Analysis

Twenty-five (30%) trainees responded to the question inviting free-text comments regarding additional reasons to choose psychiatry. Thematic analysis of the data generated 6 categories and 11 themes as shown in Table 3. Some of the trainees' comments are as follows.

Table 3. Qualitative data (open text responses) arranged into 6 main categories and 11 themes.

Category	Themes
Recruitment	Smooth and hassle-free recruitment process
Therapeutic diversity	Flexible, tailored and person-centred therapeutic models
	Interest in neuro-medical sciences to help patients
Training and research	RCPsych promoting research and exposure to psychiatry
	Satisfaction regarding training, working conditions and future objectives
	Low satisfaction with training or experience of working in other medical specialties
Philosophical and humanistic aspects of medicine	Philosophical, ethical and humanistic approaches to treat mental illness
	Focus on human interaction for the diagnosis and management of health conditions
Support structures	Positive work environment, teamwork ethos and culture
	Positive influence of supportive mentors and role models
Career options, diversity and flexibility	A variety of career choices relating to clinical, management and medicolegal work or policymaking

3.2.1. Recruitment

A hassle-free selection process may motivate trainees to favour psychiatry, as commented by a trainee.

'Having applied to two different specialties during my foundation programme, I had a very positive experience of the psychiatry interview process compared with the general medical interview process'.

3.2.2. Therapeutic Diversity

Trainees view psychiatry as a specialty offering diverse diagnostic and therapeutic modalities.

'I found early on that there is far more autonomy in psychiatry, as compared to other specialties where medicine has become quite protocol-driven'.

'I like that we need to use different conceptual frameworks to meet the needs of the patient. Sometimes, I work as an analytic psychotherapist, and sometimes as a biological psychiatrist'.

3.2.3. Training

Trainees feel psychiatry to be attractive due to the high-quality training and opportunities for research in this specialty.

'I had the opportunity to have an elective in Psychiatry in another country and I was fortunate to be awarded a fellowship from RCPsych to undertake some research as well'.

'Opportunity for novel research'.

'Training and education feel prioritised over service provision'.

'More focus on trainee than in other specialties'.

3.2.4. Philosophical and Humanistic Aspects of Medicine

Trainees prefer psychiatry as they think it offers opportunities to cover philosophical aspects of medicine.

'Interest in philosophy + ethical issues'.

'Philosophical ideas around what is mental illness and what causes it is very stimulating and exciting. This coupled with the day-to-day experience of connecting with real people and trying to help them (or help them to help themselves)'.

3.2.5. Support Structures

Many trainees view psychiatry as a specialty where support is available regarding varied aspects of training and work.

'This is the specialty in which I felt the greatest affinity with colleagues'.

'I felt that my experiences of general medicine rotations had provided a poor experience of teamwork and wanted to try something different'.

'Close, often 1:1 relationship with supportive supervising consultants'.

'Being valued as a trainee in Foundation training rotation in Psychiatry, e.g., weekly supervision'.

'Staff working within psychiatry are often very experienced, kind, compassionate and funny people and I felt that this was the kind of MDT I wanted to be a part of'.

'Colleagues generally respectful and considerate to each other'.

'The single most important factor was an excellent, inspiring and supportive supervising consultant in my FY2 post'.

'Good mentors and role models within psychiatry'.

3.2.6. Career Options, Flexibility and Diversity

Psychiatry is seen as a specialty where a variety of career options exist including clinical, policymaking and management opportunities.

'Opportunities to diversify into other interests, e.g., medicolegal work, senior management, public health, government and politics'.

'I'm interested in the law and enjoy thinking about things analytically—had considered doing law prior to studying medicine—and so forensic psychiatry appeals to me'.

4. Discussion

This study aimed to highlight what motivates trainee psychiatrists to choose psychiatry in Scotland. The response rate for the current study is generally in keeping with previously published research [49–57]. In alignment with previous research, our study showed that more female than male psychiatrists work part-time [58–62].

These findings are relevant for recruitment campaigns, particularly because they highlight both the intellectual appeal of psychiatry and the importance of positive training environments. An application of these findings by Psychiatry Colleges for future recruitment campaigns has the potential to contribute to increased recruitment and retention to the specialty of psychiatry in Scotland.

Personal interest in psychiatry, satisfaction associated with patients' recovery, focus on the patient as a person, interest in people and their life stories, work–life balance, supportive supervisors and mentors, and availability of subspecialty options were among the most important reasons for choosing psychiatry.

We found the foundation program at the top of the list of five career stages where trainees decided to choose psychiatry as a career specialty. The results suggest a possible

association between previous exposure and later decision to choose psychiatry as a specialty career. Past research has unravelled this possible association both within and outside the UK [28,33,63–70]. As a recent recommendation, almost 50% of Foundation Programmes now offer a psychiatry placement [71]. Having greater provision of psychiatry placements within the Foundation Programme may possibly encourage more doctors to consider psychiatry as a future career. Our study found that a minority of current trainees developed an inclination towards psychiatry before they entered medical school. Education about psychiatry and mental disorders may change the opinions of secondary school students, resulting in an increased preference to pursue mental health-related professions [72,73].

Medical career selection often depends upon what a specialty offers an individual in respect of the nature of the work [63,69,74]. Thus, the main attributes and aspects of a medical specialty underlie the decisions for choosing that specialty [75]. It is therefore not surprising that the respondents highlight a personal and innate interest in psychiatry as a leading reason to choose psychiatry in the majority of their answers. Our survey establishes that trainees in Scotland have a genuine interest in patients and their mental disorders. They acknowledge the need for a long-term therapeutic relationship to benefit the patient's recovery.

Trainee psychiatrists have an awareness of how unfavourable views associated with psychiatry within the public and the wider medical fraternity hinder recruitment to this specialty [31,76–80]. Trainees in our survey seem to disagree with the negative notions noted above. A sizeable number of respondents express positivity and trust about the mental health therapies. They provide a contrasting view to the findings of research reporting low trust in mental health treatments [33,76,81]. The optimism regarding the diagnostic and therapeutic approach used in psychiatry is noteworthy in this study. Almost all (96.4%) of respondents consider patient recovery as a source of satisfaction and cite it as a reason to choose psychiatry. Furthermore, two-thirds chose psychiatry due to its unique diagnostic and therapeutic models. Thus, the views of the future psychiatrists, as noted in the survey, echo a sense of positivity and optimism regarding the specialty. It is worth mentioning that high-quality psychiatry placements where medical students and trainees feel supported may potentially address the negativity and stigma associated with psychiatry within the wider profession [33,68,70].

Some medical professionals, including psychiatry trainees, choose their specialty based on the lifestyle they seek [28,68,82,83]. Postgraduate trainees consider work–life balance an important component of their professional careers [68,84–86]. A long-distance commute and working in locations far from families may impact on trainees' needs and future life plans (e.g., relationships, buying a house, etc.), general wellbeing status, and retention within chosen specialties [84–86]. In line with these trends, the majority of our trainees consider factors related to lifestyle as important while choosing psychiatry. Some of these factors are working in geographical locations of their choice, appropriate work–life balance, absence of regular on-site on-call work as a higher trainee or consultant, availability of flexible working hours and less emergency work/absence of complex procedural work.

The importance of supportive supervisors and mentors is well established in various professions. Research has explored the qualities required to act as role models in medicine too [87,88]. It is known that trainee doctors' decisions to choose medical careers are negatively influenced by senior staff's unprofessional behaviours and interaction styles [87]. By providing training and support opportunities, clinical and academic staff develop into effective role models, and this facilitates junior medical staff regarding career selection decisions [88]. The same phenomenon has been noted regarding psychiatry trainees who consider the role of senior colleagues as having a positive impact on their decisions to choose psychiatry [67]. A range of qualities and personality styles that senior medical

staff demonstrate can have a positive impact on the trainee doctors' professional development [67]. These can include motivation to teach and give constructive feedback, being accessible, and the enthusiasm to care for needy people [67]. The Royal College of Psychiatrists has provided formal guidance regarding the qualities and role of psychiatrists [89]. It has laid an emphasis on the role of mentors to guide trainees and expose them to positive training experiences during their academic and professional journeys [90]. The majority of respondents to our survey appear to show the validity of such an approach. They consider the experience of supportive mentors, role models and supervisors as an important reason for choosing psychiatry.

A close connection between neuroscience disciplines, including psychiatry and neurology, is recognised by experts [91]. Combined training programs and cooperation between the two specialties is viewed as having the potential to facilitate recruitment [91]. Various recommendations and practical approaches have been suggested to refine training, research and professional practice required to address diseases affecting the brain [2,92–95]. Our trainees seem insightful regarding this crucial but vast aspect of clinical care where psychiatry shares boundaries with other neuroscience disciplines; 63% of them think that overlap between psychiatry, neurosciences and neurological medicine is what made them inclined towards psychiatry.

Understanding and practical experience regarding research and teaching is considered an important component of medical education and training [96–98]. The surveyed trainees prefer psychiatry due to the structured training it offers with support regarding research and teaching activities. Other benefits that psychiatry offers include future opportunities. Psychiatry as a specialty has a reputation for offering superior future options relating to professional career when compared with other clinical disciplines [79]. Respondents in our study acknowledge this idea; they opt for psychiatry due to a range of clinical and non-clinical career opportunities including subspecialty options. Trainees did not view opportunities for working in foreign countries as an important reason to choose psychiatry; other medical specialties have also reported this observation [99].

A study conducted in the UK showed that only 65% of trainees planned to continue working as psychiatrists [52]. Factors influencing retention in psychiatry fall within varied categories including problems with training, work circumstances, emotional exhaustion and burnout [52,100]. Our survey, however, shows a different picture in Scotland. Trainees seem satisfied and content within psychiatry. More than 90% of respondents plan to continue working as psychiatrists while feeling hopeful to achieve their future objectives within psychiatry. Furthermore, about three-quarters of them are keen to contribute to developments in psychiatry, such as via research, the quest for novel therapeutic approaches and so forth. While working as psychiatrists, they are expected to encourage and guide more medical students and young doctors towards choosing this specialty. Overall, the survey cast a positive light on the future of psychiatry in Scotland.

Limitations of the Study

The cross-sectional design with closed questions theoretically limited the depth of the responses the trainees could give, but this may be mitigated by the additional open-ended questions. With regard to the quantitative analyses, corrections were not completed for multiple comparisons. Furthermore, for the qualitative component of this study, a single author provided an analysis with a limited sample size, and no reflexivity or credibility checks were completed; therefore, these aspects of our study, and their findings, should be viewed cautiously as largely being exploratory findings and not necessarily indicative of large-scale patterns or trends. As with all surveys, there is the potential influence of non-response bias despite the best efforts of the research team. It is thus possible that

those who did not respond had less positive views and experiences of psychiatry, thus skewing the results. On this note, it is possible that there was positive feedback bias and social desirability bias, where responders aimed to provide as desirable responses as possible, especially as they may not seek to speak poorly about the training pathway they have chosen. Those with more negative views may have chosen not to respond, and the nature of self-reporting may have resulted in recall bias. There is a risk of recall bias as some trainees reported a long time period between selection in psychiatry and the survey being conducted. Despite the response rate of 30%, the survey was sent to all psychiatry trainees in Scotland; thus, the respondents can be considered a reasonable representation geographically. The results are likely to be generalisable to other nations due to the psychiatry training structure being broadly the same across the four component countries. Some of the factors seem common in the life of a medical trainee, and they may be cautiously generalised to the psychiatry trainees across the globe. Finally, it is critical however to note that data collection for this study occurred before the start of the COVID-19 pandemic. It is possible that there may have been changes and shifts in perspectives since this major global event due to changes in postgraduate training, workforce pressures, and training priorities; regardless, these findings are instructive regarding the nuances of psychiatry recruitment, and at least some of these factors are likely to have persisted over time. Furthermore, there is demonstrable evidence of an ongoing need to continue to fill psychiatry positions across Scotland [17]. This indicates a need for further study with future qualitative and quantitative research, particularly research that evaluates the impacts of the COVID-19 pandemic on specialty choice.

5. Conclusions

Through this mixed-methods study various reasons (e.g., personal, social, training and specialty-related) were identified by participants as potentially having an influence on trainees' decisions to specialise in psychiatry. Awareness of these reasons may be useful in assisting with the recruitment of trainees to psychiatry in Scotland. Further research is warranted both qualitatively and quantitatively to build on the findings of this study.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/psychiatryint7040163/s1>, Table S1: Survey questionnaire; Table S2: Factors (or reasons) associated with trainees' decisions to choose psychiatry for postgraduate training and future career. Respondents recorded responses on a Likert scale ranging from 1 = very important to 6 = don't know; all "don't know" values were excluded when calculating mean and standard deviation; Table S3: Factors (or reasons) associated with trainees' decisions to choose psychiatry for postgraduate training and future career. Respondents recorded responses on a Likert scale ranging from 1 = very important to 6 = don't know; all "don't know" values were excluded when calculating mean and standard deviation; Table S4: Factors (or reasons) associated with trainees' decisions to choose psychiatry for postgraduate training and future career. Respondents recorded responses on a Likert scale ranging from 1 = very important to 6 = don't know; all "don't know" values were excluded when calculating mean and standard deviation; Table S5: Factors (or reasons) associated with trainees' decisions to choose psychiatry for postgraduate training and future career. Respondents recorded responses on a Likert scale ranging from 1 = very important to 6 = don't know; all "don't know" values were excluded when calculating mean and standard deviation; Table S6: Factors (or reasons) associated with trainees' decisions to choose psychiatry for postgraduate training and future career. Respondents recorded responses on a Likert scale ranging from 1 = very important to 6 = don't know; all "don't know" values were excluded when calculating mean and standard deviation; Table S7: Self-rated personality-related factors, features and attributes as suitable for professional psychiatric practice. Respondents recorded responses on a Likert scale

ranging from 1 = very important to 6 = don't know; all "don't know" values were excluded when calculating mean and standard deviation.

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Informed Consent Statement: Informed consent was obtained from all participants involved in the study.

Data Availability Statement: The data that supports the findings of this study are available on reasonable request to the corresponding author. Most of it is available either in the article itself or in the form of Supplementary Materials.

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