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The Latin American Psychiatrist: profile and degree of satisfaction with the specialty

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Objectives. The primary objective is to describe the profile of the psychiatric members of a national psychiatry association in 19 Latin American countries (Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Chile, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Peru, Panama, Paraguay, Uruguay, and Venezuela). Secondary objectives are to evaluate job satisfaction and examine the factors related with job satisfaction.

Methods and materials. A total of 8,028 psychiatrists, members of a national psychiatry association in Latin America, were identified. A probabilistic stratified sample of 2,465 psychiatrists was designed and they were asked to fill out an anonymous electronic survey.

Results. A sample of 1,292 Latin American psychiatrists was obtained between April 2005 and July 2006 (52.4% of the designed sample). Response rates were superior to 70% in 11 countries. Mean age was 48.2 years, mean experience was 18.2 years; 63.8% were male and 99.9% of the surveyed psychiatrists were working as psychiatrists. Most of the respondents declared being satisfied with their quality of life (70.8%), a slightly larger percentage reported they were satisfied with their work (86.4%). However, 35.3% of the psychiatrists reported being unsatisfied with the income perceived for their economic activity as psychiatrists. Factors associated with job dissatisfaction are described.

Conclusions. In Latin America, there is lower satisfaction with the incomes obtained from psychiatric practice and with the quality of life level. Nonetheless, the level of commitment with the profession in itself and job satisfaction remain similar to those reported in developed countries.

Key words:
Job satisfaction. Physicians. Psychiatrists. Explanatory models. Professional practice characteristics.

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El médico psiquiatra latinoamericano: su perfil y su grado de satisfacción con la especialidad

Objetivo. Describir el perfil de los psiquiatras afiliados a las sociedades nacionales de psiquiatría de 19 países latinoamericanos (Argentina, Bolivia, Brasil, Colombia, Costa Rica, Cuba, República Dominicana, Ecuador, Chile, El Salvador, Guatemala, Honduras, México, Nicaragua, Perú, Panamá, Paraguay, Uruguay, Venezuela); evaluar su nivel de satisfacción laboral y explorar los factores asociados con el mismo.

Materiales y métodos. Se identificaron 8.028 psiquiatras afiliados en las sociedades nacionales de psiquiatría; se diseñó una muestra probabilística y estratificada de 2.465 psiquiatras a quienes se les solicitó que cumplimentaran un formulario electrónico anónimo.

Resultados. Entre abril de 2005 y julio de 2006 se pudo ejecutar una muestra de 1.292 psiquiatras (52,4%). Once países tuvieron tasas de respuesta superiores al 70%. La media de edad fue de 48,2 años; la media de experiencia fue de 18,2 años; el 63,8% fueron hombres y un 99,3% de los encuestados ejercen actualmente. La mayoría de los encuestados se declararon satisfechos con su nivel de calidad de vida (70,8%), un porcentaje ligeramente mayor se declaró satisfecho con el quehacer diario de la práctica psiquiátrica (86,4%); sin embargo, un 35,3% declaró que los ingresos obtenidos a partir de su actividad como psiquiatras no satisfacían sus necesidades. Se describen los factores que se encontraron asociados con la insatisfacción laboral.

Conclusiones. En Latinoamérica hay menos satisfacción con los ingresos obtenidos de la práctica y con el nivel de calidad de vida, pero la satisfacción laboral y el grado de compromiso con la profesión permanecen similares a los hallados en países desarrollados.

Palabras clave:
Satisfacción laboral. Médicos. Psiquiatría Modelos estadísticos. Práctica profesional.

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INTRODUCTION

Degree of satisfaction with the performance of daily tasks in the medical field is related with better administered treatments, more satisfied patients, fewer changes in work and later retirement from the clinical practice[1]. Dissatisfaction and work stress cause health problems among the doctors[2]. In the specific case of psychiatrists, it has been shown that there is a higher risk of suffering depression, anxiety and chronic fatigue because of the nature of the clinical practice.[3,4] Several studies have been conducted on the satisfaction of psychiatrists with their career in different countries of North American, Europe, Asia and Australia. However, no studies of this type have been carried out in Latin America. The conditions under which health services are provided in Latin America have undergone significant changes in the recent years and several countries from the region are going through difficult political and financial conditions that may be reflected in the degree of satisfaction of the psychiatrists with their careers.

The primary objective of this work is to describe the profile of Latin American psychiatrists and their level of satisfaction with the performance of their daily work in the psychiatry area and its associated factors.

MATERIAL AND METHODS

National societies of 19 Latin American countries were contacted. They were asked to provide the list of the associated psychiatrists, including names, last names and E-mails, assuring total confidentiality. A 38-question questionnaire was designed together with the Latin American Psychiatry Association (APAL) which made it possible to fulfill the objectives described herein. The questionnaire was translated into Portuguese for its use in Brazil and a pilot test was made to verify that both the methodology and the questions could easily be understood by the surveyed subjects.

A list of random numbers and one of the sequential numbers that were combined with the initials of the country in which the surveyed psychiatrist lived were generated. This alpha numeric combination created a single key from 10 to 12 characters that was sent by E-mail to the associated psychiatrists who were asked to fill out the form online together. They were also sent an introduction to the survey that described its purpose and that guaranteed the confidentiality of information.

The study database was designed, validated and placed on a website, making it possible to fill it out online and to simultaneously store the information with adequate quality levels. During the collection, an administrative worker was available to solve any problems related with filling out the questionnaire and of sending monthly requests by E-mail to fill out the survey to those psychiatrists who had not previously answered it.

STATISTICAL METHODS

A stratified probabilistic sample in which each country was considered as an independent stratum was designed. An additional 20% was added to the sample, anticipating the number of non-participating. It was decided to form these strata basing them more on obtaining valid estimations for each one of them then on improving the sample in terms of variance. The sample was designed in such a way to make it possible to estimate proportions close to 50% in each stratum with a 20% estimated coefficient of variation. Given that the item selection mechanism in each one of the stratum was done by simple random sampling (SRS), this not considered to have an effect on the design when the sample size was calculated.

Estimations of the totals, ratios and variances were made considering the expansion factors in agreement with the strategy of the sample selected[5]. Consequently, all the results are expanded to the universe.

Central tendency and dispersion measurements were used for numeric variables and proportions for categoric variables. Comparison of proportions was made with the chi-squared test or Fisher's exact test when the suppositions for the chi-squared test were not fulfilled. Comparison of means was done with the ANOVA or Kruskall-Wallis ANOVA when the suppositions to use the parametric test were not fulfilled. The suppositions of normality and homogeneity of variances were verified.

Examination of the factors associated with work dissatisfaction was done with an unconditional logistic regression analysis. It was based on a hierarchical model in which those variables associated with a significance level of 0.2 or less were included. Those variables that maintained significance levels under 0.05 were maintained in the model using the backward stepwise method. Absence of collinearity was verified with the correlation matrix of the parameters and the presence of influential values with Cook's statistics.

RESULTS

Sample selection and performance

A total of 8,028 psychiatrists who were members of national psychiatry societies were identified. A stratified probabilistic sample of 2,465 psychiatrists was designed.

The questionnaire was filled out by 52.4%. Table 1 shows the percentages of differentiated performances by country, where it is seen that some samples made exceeded in designed sample size due to the correction for non-participation.

Sociodemographic characteristics of the psychiatrists surveyed

The psychiatrists surveyed had an age range from 25 to 75 years. Mean age was 48.2 years with a standard deviation of 10.5 years.

Table 1 Universe and percentage of performance of the sample according to country

Country	Total associated psychiatrists	Sample size	Sample made	Percentage of performance
Argentina	1,715	314	89	28.3
Bolivia	76	63	36	57.1
Brazil	3,184	343	25	7.3
Chile	209	135	33	24.4
Colombia	524	222	223	100.0
Costa Rica	64	55	64	100.0
Cuba	55	48	55	100.0
Dominican Republic	162	114	44	38.6
Ecuador	167	116	139	100.0
Guatemala	58	50	58	100.0
Honduras	37	34	37	100.0
Mexico	477	213	52	24.4
Nicaragua	49	47	49	100.0
Panama	59	51	59	100.0
Paraguay	37	34	37	100.0
Peru	424	202	62	30.7
Puerto Rico	128	96	73	76.0
Uruguay	201	12	93	70.5
Venezuela	402	196	64	32.7
Total	**8,028**	**2,465**	**1,292**	**52.4**

A difference in mean age of the psychiatrists surveyed in the different countries could be documented ($p < 0.000$). The *a posteriori* tests revealed two homogeneous subgroups of relevance: that of the countries with younger psychiatrists (Argentina, Costa Rica, Colombia, Panama, Bolivia, Ecuador, Nicaragua, Puerto Rico, Cuba, Paraguay, Guatemala and Mexico) and those of the countries in which the psychiatrists had a higher mean age (Dominican Republic, Brazil, Peru, Venezuela and Chile).

Behavior by gender showed 63.8% male psychiatrists and 36.2% female ones. The countries with the lowest percentage of male psychiatrists were Bolivia (50%), Uruguay (51.6%), Costa Rica (51.6%), Nicaragua (53.1%) and Argentina (55.1%). Countries with the highest percentage were Paraguay (78.4%), Dominican Republic (77.3%), Chile (75.8%), Venezuela (75.0%) and Puerto Rico (74.2%).

The psychiatrists surveyed had 18.2 average years of experience with a standard deviation of 10.4 years. The least experienced group of psychiatrists had one year of experience and the one with the most experience had 54 years of experience. A difference in the mean experience of the psychiatrists surveyed in the different countries was documented ($p < 0.000$). The *a posteriori* tests revealed two homogeneous subgroups of relevance: that of the countries with the least experienced psychiatrists (Argentina, Bolivia, Colombia, Costa Rica, Panama, Uruguay) and that of the countries with the highest mean time of experience (Paraguay, Dominican Republic, Cuba, Peru, Guatemala, Honduras, Venezuela, Brazil and Chile).

A total of 75.8% of the psychiatrists had completed subspecialty studies, master's or doctorate degree and 62.5% of the psychiatrists had studied two additional training levels (subspecialty and masters, masters and doctorate or subspecialty and doctorate). A total of 0.5% had studied three additional training levels (subspecialty, masters and doctorate).

Regarding the psychiatrists, 8.9% had doctorate training; 27.8% masters and 52.7% subspecialty. Table 2 shows data by countries.

The countries that have the highest number of psychiatrists with subspecialty training are Argentina, Brazil, Chile and Venezuela. Those with the lowest rate of psychiatrists with subspecialties are Guatemala, Honduras, Paraguay and Puerto Rico.

Regarding the master's degree, the countries with the highest percentage of psychiatrists with a master's degree are Bolivia, Mexico and Nicaragua and those with the lowest percentage of psychiatrists with a Master's degree are Chile, Colombia and Honduras.

Regarding doctorate training, those countries having the highest percentage of psychiatrists with a PhD are the Dominican Republic, Venezuela, Brazil and Chile. On the contrary, those with the lowest levels of psychiatrists with doctorate training are Honduras, Costa Rica and Colombia.

Characterization of the clinical practice and activities carried out by the psychiatrists surveyed

A total of 99.3% of the psychiatrists surveyed were working in that profession at the time of the survey. No important differences were observed between the countries included in the study. The results presented in the following regarding the clinical practice only apply to the subgroup of psychiatrists who were working in that profession

Table 2 Academic training after the specialty of the psychiatrists according to country of residence

Country of residence	Subspecialization		Master´s		Doctorate	
	n	%	n	%	n	%
Argentina	1,195	69.7	482	28.1	77	4.5
Bolivia	23	30.6	32	41.7	4	5.6
Brazil	1,910	60.0	892	28.0	382	12.0
Chile	120	57.6	32	15.2	25	12.1
Colombia	197	37.7	82	15.7	23	4.5
Costa Rica	20	31.3	18	28.1	2	3.1
Cuba	16	29.1	10	18.2	3	5.5
Dominican Republic	52	31.8	55	34.1	37	22.7
Ecuador	38	23.0	36	21.6	14	8.6
Guatemala	10	17.2	12	20.7	4	6.9
Honduras	6	16.2	3	8.1	0	0.0
Mexico	193	40.4	220	46.2	18	3.8
Nicaragua	15	30.6	19	38.8	6	12.2
Panama	18	30.5	13	22.0	2	3.4
Paraguay	5	13.5	6	16.2	2	5.4
Peru	123	29.0	157	37.1	41	9.7
Puerto Rico	26	20.5	28	21.9	5	4.1
Uruguay	84	41.9	43	21.5	9	4.3
Venezuela	182	45.3	94	23.4	57	14.1
Total	**4,235**	**52.7**	**2,234**	**27.8**	**712**	**8.9**

at the time of the survey (number in the sample: 1261; expanded number: 7970).

As an average, each psychiatrist saw 10.9 patients during their workday with a standard deviation of 6.2 patients. The average number of patients seen was different according to the country of residence ($p < 0.000$); Honduras had the lowest average of patients seen on a typical workday (7.6 patients). On the contrary, Costa Rica and Colombia had the highest average of patients seen in a typical workday, 12.8 and 12.9 patients, respectively.

The most common treatment practice among the psychiatrists surveyed is pharmacotherapy (79%), followed by cognitive or behavioral psychotherapy (51.6%), psychoanalytic therapy (psychoanalysis (46.4%) and finally alternative therapies (12.6%). An association between the type of practice followed by the psychiatrists surveyed and the country of residence was found ($p < 0.000$ for all the practices).

The countries where cognitive psychotherapy is practiced the most are Costa Rica, Guatemala, Honduras, Argentina, Bolivia and those where it was practiced the least are Brazil, Chile and Uruguay. The countries where psychoanalysis is practiced the most are Honduras, Nicaragua and Puerto Rico and those where it is practiced the least are Argentina, Bolivia, Mexico and Venezuela. Those in which pharmacotherapy is practiced the most are Bolivia, Brazil, Chile, Costa Rica and Mexico and those where it is practiced the least are Cuba, Nicaragua, Paraguay and Puerto Rico. The countries where alternative therapies are practiced the most are Cuba, Guatemala, Honduras and Puerto Rico and those where it is practiced the least are Argentina, Brazil, Chile Mexico and Uruguay.

Most of the psychiatrists (39.7%) spend approximately 30 to 44 minutes per session with their patients. A lower proportion (33.1%) spends 45 to 55 minutes and a small proportion (21.5%) between 15 and 29 minutes. The behavior of Bolivia, Brazil and Costa Rica stands out since they have high percentages in the spectrum of short and long patient care times. Other countries such as Chile, Honduras, Mexico, Uruguay and Venezuela dedicate longer time to the care.

Approach to the level of quality of the life of the psychiatrists surveyed

As an average, each psychiatrist takes 3.5 weeks of vacation per year (standard deviation 1.5 weeks), with a minimum of zero weeks and a maximum of 15 weeks of vacations per year.

A significant difference was found in the average weeks of vacations per year taken by each psychiatrist in accordance with the country of residence. The lowest means (3.2 and 3.3 weeks, respectively) were found in Brazil and Argentina while the highest means were found in Puerto Rico and Panamá (4.7 and 4.8 weeks, respectively).

On an average, each psychiatrist dedicates 5.6 hours a week to recreational activities (standard deviation 4.7 hours). A significant difference was found in the mean hours dedicated per week to recreational activities ($p < 0.001$) according to the country of residence: Nicaragua, Dominican Republic and Ecuador had the lowest means (3.7, 4.1 and 4.3 hours, respectively); Bolivia, Chile and Mexico had the highest mean (6.4, 6.7 and 6.9 hours, respectively).

A total of 36.9% of the psychiatrists surveyed earned from $2000-$2999 American money, 30.1% of the psychiatrists earned more than $3000 monthly, 17.3% earned between 1000 and 1999 dollars monthly, and only 15.7% of the psychiatrists earned a monthly salary under 999 dollars. A clear association was documented between the country of residence and income ($p < 0.000$). Income is lower in countries such as Argentina, Bolivia and Cuba while the highest incomes were recorded in Chile, Brazil and Mexico (table 3).

A total of 70.8% are satisfied with their quality of life level. An association was found between the country of residence and satisfaction with quality of life reported by the psychiatrists surveyed ($p < 0.000$). In Cuba, Honduras, Panama and Puerto Rico, higher levels of satisfaction were reported. On the contrary, the lowest levels of satisfaction were reported in Colombia, Bolivia, Uruguay and Venezuela (table 4).

Regarding satisfaction with the daily activity of the psychiatric practice, 86.4% of the psychiatrists surveyed report that they are satisfied. In fact, 92.9% of the psychiatrists would repeat specialization in psychiatry. Significant differences were also found between the participating countries: Bolivia, Costa Rica and Uruguay were the countries with the least satisfaction and Ecuador, Nicaragua, Paraguay and Puerto Rico had the highest indexes of satisfaction with the daily activities of the psychiatric practice (table 4).

A total of 64.7% of the psychiatrists surveyed considered that the income obtained from their activity as a psychiatrist satisfied their needs. A clear association was found between the country of residence and level of satisfaction with the income obtained from their practice as a psychiatrist ($p < 0.000$). In Argentina, Bolivia, Uruguay and Venezuela, greater dissatisfaction was perceived with the income obtained. On the contrary, the countries having the highest satisfaction indexes were Brazil, Cuba, Ecuador and Puerto Rico (table 4).

Income derived from the clinical practice is the total income obtained for 62.2% of the psychiatrists. An association was found between the percentage of income obtained from the practice with the country of residence. In Paraguay, Honduras and Puerto Rico, the percentage means of income obtained from the psychiatric practice were greater than 96% while the percentage means of income in Bolivia, Argentina and Dominican Republic obtained from the psychiatric practice were between 79% and 83%.

Factors associated with dissatisfaction with the daily tasks of the psychiatric practice

Dissatisfaction with the daily tasks of the psychiatric practice was included in the multivariate analysis as an independent variable and the gender of the psychiatrist, perception of satisfaction of the needs from the income obtained as a psychiatrist, having additional training to that of psychiatry studies, income range, years of experience, patients seen in a typical daily work day, duration of typical workday, and weeks of vacation taken per year and hours per week dedicated to recreational activities were included as dependent variables. The preliminary analysis of the correlation matrix of the estimations of the parameters showed high correlation between weeks of vacations per year and hours per week dedicated to recreational activities. Thus, the latter variable was eliminated since it provided less in the prediction than the former one. The preliminary analysis of influential values showed an influ-

Table 3 Range of monthly income (in American dollars) of the psychiatrists surveyed according to country of residence

Country of residence	$0-$999		$1000-$1999		$2000-$2999		$3000 or more	
	Cases	%	Cases	%	Cases	%	Cases	%
Argentina	848	49	462	27.0	328	19.1	77	4.5
Bolivia	32	42	34	44.4	8	11.1	2	2.8
Brazil	127	4	255	8.0	1.146	36.0	1.656	52.0
Chile	6	3	25	12.1	13	6.1	165	78.8
Colombia	35	7	127	24.2	287	54.7	75	14.3
Costa Rica	4	6	12	18.8	26	40.6	22	34.4
Cuba	10	18	26	47.3	19	34.5	0	0.0
Dominican Republic	4	2	22	13.6	103	63.6	33	20.5
Ecuador	10	6	24	14.4	109	65.5	24	14.4
Guatemala	2	3	11	19.0	35	60.3	10	17.2
Honduras	1	3	1	2.7	24	64.9	22	29.7
Mexico	37	8	110	23.1	119	25.0	322	44.2
Nicaragua	2	4	10	20.4	32	65.3	5	10.2
Panama	2	3	13	22.0	34	57.6	10	16.9
Paraguay	0	0	6	16.2	29	78.4	2	5.4
Peru	34	8	48	11.3	308	72.6	34	8.1
Puerto Rico	0	0	4	2.7	112	87.7	12	9.6
Uruguay	58	29	56	28.0	69	34.4	17	8.6
Venezuela	50	13	144	35.9	157	39.1	50	12.5
Total	**1,262**	**16**	**1,390**	**17.3**	**2,958**	**36.9**	**2,417**	**30.1**

Table 4 Satisfaction of the psychiatrists with their level of quality of life, with their daily tasks of the psychiatric practice and with the income obtained from their psychiatric practice

Country of residence	Satisfaction with their level of quality of life		Satisfaction with the daily tasks of the psychiatric practice		Income obtained from their activity as psychiatrist satisfies their needs	
	Cases	%	Cases	%	Cases	%
Argentina	1,233	72.7	1,676	87.6	597	34.8
Bolivia	44	57.1	65	74.3	27	37.1
Brazil	2,165	68.0	2,802	84.0	2,675	84.0
Chile	146	69.7	190	87.5	127	62.5
Colombia	343	65.0	510	81.0	280	53.7
Costa Rica	50	78.1	57	77.4	44	71.0
Cuba	48	87.3	51	94.0	42	84.0
Dominican Republic	129	79.5	155	88.6	118	72.7
Ecuador	139	84.1	163	97.0	133	82.2
Guatemala	41	70.7	50	94.5	29	52.7
Honduras	33	89.2	35	94.6	29	78.4
Mexico	404	84.3	449	94.0	257	56.0
Nicaragua	40	81.6	44	97.9	37	78.7
Panama	51	86.4	52	91.2	45	78.9
Paraguay	25	67.6	33	100.0	26	72.2
Peru	308	72.1	417	93.4	287	68.9
Puerto Rico	117	91.8	121	98.6	109	86.1
Uruguay	110	54.8	192	74.7	91	48.3
Venezuela	258	65.1	396	85.9	207	51.6
Total	**5,684**	**70.8**	**6,883**	**86.4**	**5,160**	**64.7**

ential value that may have corresponded to a mistake in digitization so that it was decided to eliminate this registry from the analysis. In the final analysis, all the coefficients of correlation were under 0.35 and no influential values were identified.

The result of the analysis showed that male gender, not having additional training in psychiatry and perceiving that the income received as a psychiatrist is insufficient to satisfy the needs are associated with dissatisfaction. It was also found that for each additional year of experience, the risk of being unsatisfied increased by 1%. Likelihood of dissatisfaction increased 4% for each additional patient seen during a typical workday. For each additional hour worked in the day, the likelihood of dissatisfaction increased 8%. On the contrary, for each additional week of vacations taken per year, the likelihood of dissatisfaction was reduced by 44%. It stands out that the likelihood of dissatisfaction in those psychiatrists whose earnings were less than $2000 was reduced by 40% (table 5).

DISCUSSION

The percentage of performance of the sample was greater than the percentage reported for studies in which surveys were made by electronic means. The methodology used has decreased the selection bias that generally occurs in this type of survey[6]. The percentage of psychiatrists satisfied with their profession was similar to that reported among Australian and Canadian psychiatrists. Dissatisfaction with the profession shared some associated factors described in other studies, such as financial success. In this respect, it should be mentioned that high salary is not necessary related with work satisfaction but rather, on the contrary, perceiving that the income obtained from the psychiatric practice satisfies the needs of the psychiatrists does act as a factor associated with work satisfaction.

In the present study, it was found that in spite of the high level of satisfaction with the daily task of the psychiatric practice performed, which was greater than 80% in 16 out of the 19 countries (except for Bolivia, Uruguay and Costa Rica), the level of satisfaction with the quality of life level is only higher than 80% in 7 countries (Nicaragua, Ecuador, Mexico, Panama, Cuba, Honduras and Puerto Rico); and the level of satisfaction based on income obtained from the activity as a psychiatrist is greater than 80% in only 4 countries (Ecuador, Brazil, Cuba and Puerto Rico), with values less than 60% in 7 countries (Argentina, Bolivia, Uruguay, Venezuela, Guatemala, Colombia and Mexico).

This suggests that in spite of the low level of satisfaction with income obtained from the psychiatric practice and the low level of satisfaction with the level of quality of life, there is a good level of commitment with the profession itself.

In the Australian study, the principal determining factors of satisfaction of a psychiatrist are fear of legal problems in the private practice, and concern for lack of coverage in the

Table 5 Factors associated with dissatisfaction with the daily tasks of the psychiatric practice

Variable		Satisfied	Dissatisfied	Odds ratio	95% CI
Gender	Female	39.3%	15.9%	1.0	1.0
	Male	60.7%	84.1%	3.1	2.6-3.8
The income satisfied his/her needs	Yes	69.2%	36.5%	1.0	1.0
	No	30.8%	63.5%	8.0	6.6-9.7
He/she has additional training to that of psychiatry	Yes	79.3%	54.9%	1.0	1.0
	No	20.7%	45.1%	3.4	2.9-3.9
Range of income	2000 dollars or more	67.2%	66.9%	1.0	1.0
	Less than 2000 dollars	32.8%	33.1%	0.6	0.5-0.7
Years of experience	Mean (SD)	18.3 (10.5)	17.2 (9.9)	1.01	1.01-1.02
Patients attended in a daily workday	Mean (SD)	10.6 (5.8)	13.2 (7.9)	1.04	1.03-1.05
Duration of workday	Mean (SD)	9.3 (2.6)	10.2 (2.1)	1.08	1.04-1.11
Weeks of vacation per year	Mean (SD)	3.6 (1.4)	2.8 (2.8)	0.56	0.53-0.59

CI: confidence interval; SD: standard deviation.

public practice. No association was found with gender, which was found as a determining factor in our study. Legal problems in the practice do not seem to be a determining problem as of yet. However, based on this study, this statement cannot be made since, to a large degree based on the lack of reports on the subject, this information has not been considered in the elaboration of the survey. Regarding the concern about coverage, this may be partly related with the greater dissatisfaction seen in the professionals who attend a larger number of patients in a typical workday and the concern of not providing adequate service to the patients in the public practice.

In the Canadian studies, the position regarding psychiatry itself, degree in which they perceive the emotional burden generated by the patient, financial success reached and satisfaction with psychotherapeutic work are principal determining factors in this satisfaction. There was also no difference reported in these by gender. However, perception of income derived from the practice of psychiatry as insufficient to satisfy one's needs was significant. Thus, it should be stressed that in general, the position regarding psychiatry and the psychiatric practice itself is high in Latin American countries.

In this study, only the role of the psychiatrist considered, without evaluating other professionals of the therapeutic team such as social worker, psychologist or nurse so that their data should only be extrapolated when considering said population. In the Pruebe et al. study[7], performed in Berlin and London, this differentiation was considered and it was found that work satisfaction and position regarding the practice is more favorable in psychiatry compared with the other team members.

The differences between the Latin American countries are significant in the level of perception of income derived from the psychiatric practice as satisfactory and less clear regarding satisfaction with the practice of the profession.

LIMITATIONS

There were some important limitations for the development of the study: the first is related with the selection bias that could have occurred committed in those countries having response rates under 70%. The impact of this limitation is especially important in the case of Argentina, Mexico and Brazil, since these are countries that have a significant number of psychiatrists and consequently have a very important effect on the global calculations obtained for Latin America.

Another important limitation comes from the fact that only psychiatrists with an E-mail account were included in the sample and therefore the conclusions of the study are not valid for all the psychiatrists of Latin America but only for those who have an E-mail account and who form a part of the list of psychiatrists in the national societies from the different countries included in the survey.

A third limitation is related with the fact that the associations established come from a cross-sectional type study so that this does not necessarily imply a causal relationship but rather a possible false association.

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