Aotearoa New Zealand Private Practice Survey

November 2024

The purpose of the survey was to better understand the drivers behind psychiatrists exiting the public mental health system to work in private practice as well as the factors that might influence them to return or to remain in private practice. The Survey was distributed to Aotearoa New Zealand-based members via the August and October Tu Te Akaaka Roa Newsletter and the RANZCP Psyche news section. The Survey was divided into three sections:

Section 1: Demographics and general information
Section 2: Experiences in public mental health services
Section 3: Experiences in private practice

The full survey is provided in Appendix 1. Thirty-four members responded to the survey. The result will inform ongoing workforce-related discussions with external agencies such as the Ministry of Health, and priority setting for Tu Te Akaaka Roa. The information is not intended for research or wider dissemination.

Key Points

- Respondents perceived value and support was higher in private practice
- Opportunities to work as part of a multidisciplinary team work and connection with colleagues the main benefits of work in the public sector while poor management and lack of resources were the main downsides
- Burnout, demoralisation, and management drove respondents to leave the public service
- The main benefits of working in private practice were flexibility and autonomy while the main challenges were a sense of isolation and lack of integration between public and private services
- Most did not want to return to work in public
- Potential motivators to return were a drastic change of the system, more flexibility, and better pay

Section 1: Information about Respondents

Table 1. Characteristics of Respondents. distribution of respondents' age, gender, ethnicity, and years post fellowship.

		Number of Respondents (n = 34)	Percentage
Age	18-34	0	0
	35-44	7	21
	45-54	13	38
	55-64	8	24
	65+	6	18
Gender*	Female	17	53
	Male	14	41
	Non-binary/gender diverse	1	3
	Other	0	0
	Prefer not to say	2	6
Ethnicity*	Māori	3	9
	Pacific Peoples	0	0
	NZ European/Pākehā	19	56
	Asian	3	9
	Other European	5	15
	Middle Eastern, Latin American, African	1	3
	Other	5	15
	Prefer not to say	2	6
Years post Fellowship	less than 10	8	24
	10 to 20	13	38
	more than 20	13	38

*total response ethnicity as per Stats NZ standard. The total exceeds 100% as four members selected multiple ethnicities. Similarly, one person selected more than one gender. Length of Fellowship ranged from years with an average length of Fellowship of 17 ± 1.8 (Mean ± Standard Error of Mean (SEM)) years.

Length of time in public and private mental health services.

On average, respondents had worked for 6.5 ± 1.2 years (M ± SEM) in private practice, ranging from 1 to 26 years. All respondents worked in the public sector when they started practicing as a psychiatrist in Aotearoa New Zealand, with most (94.1%) having initially worked exclusively in the public sector, predominantly in community services (64.7%) or both inpatient and community services (32.4%). On average, respondents worked in the public service for 11.5 ± 1.6 years, ranging from 1 to 31 year(s). The most common type of private practice among respondents was solo private practice (47.1%; Figure 2).

Current place of employment

Participants were asked about the location and setting of their current place of work. At the time of the survey, respondents worked predominantly in urban areas only (85.3 %). Two participants worked across multiple regions (one across all regions and one across all but Te Manawa Taki).

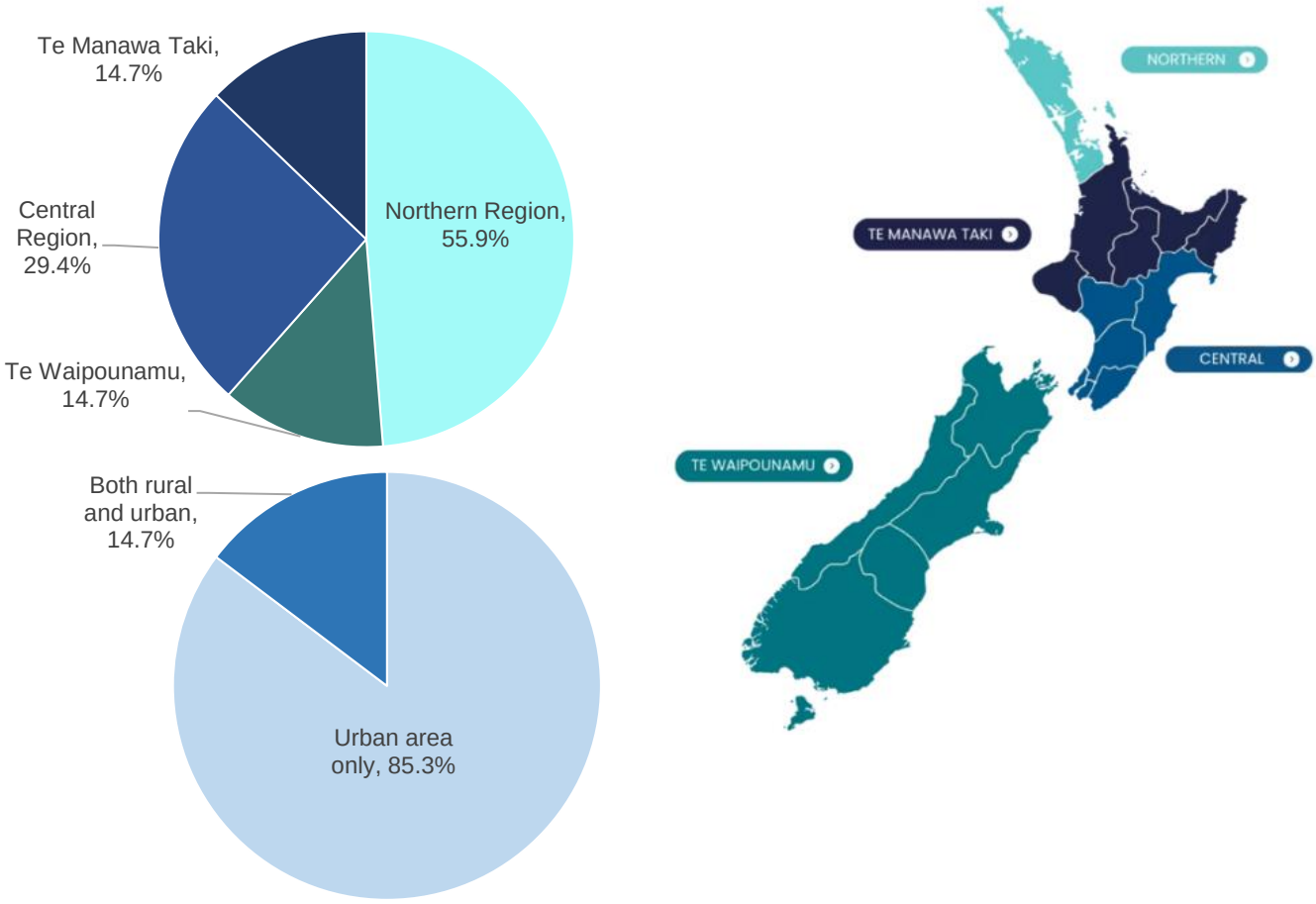

Figure 1. Location and setting of employment at the time of the survey.

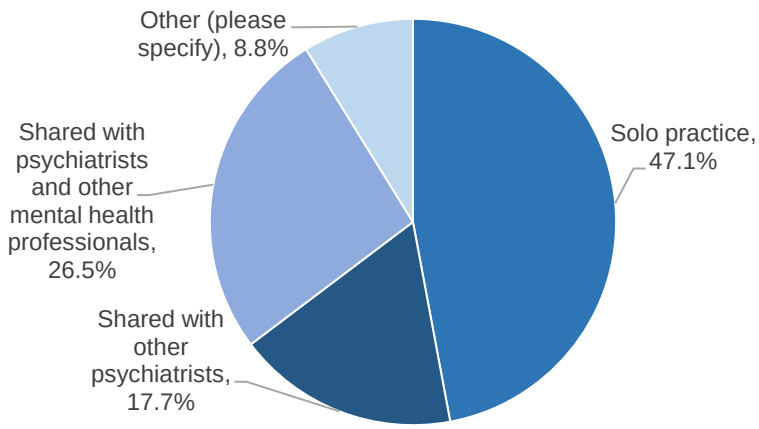

Figure 2. Type of Private practice at time of the survey. Others included shared with non-psychiatrist(1), shared with pediatrician and psychologists (1) and locuming (1).

Section 2: Experiences in public mental health services

Respondents were asked about the best and most challenging parts of their work in the public mental health sector.

The main themes related to the best part of the work in public services were conceptualised as 'collegiality' (20), 'multidisciplinary teamwork' (11) and 'type of work' (7), with respondent commenting on the variety and complexity of clients. Participants were asked to select the most challenging parts of the work from a list of suggested topics (Figure 3) which indicated sense of moral injury (71%), on-call work (67%) and not feeling consulted or listened to (64%) as the top challenges. The main theme from the comments provided was 'poor management' (16), e.g.,

"Management in the public service don't behave in a manner consistent with caring either about their clinicians, or patients. They only seem interested in keeping the managers higher up the food chain happy".

Other common themes were conceptualised as 'lack of resources' (6), moral injury (6) and demand of 'on-call work' (7).

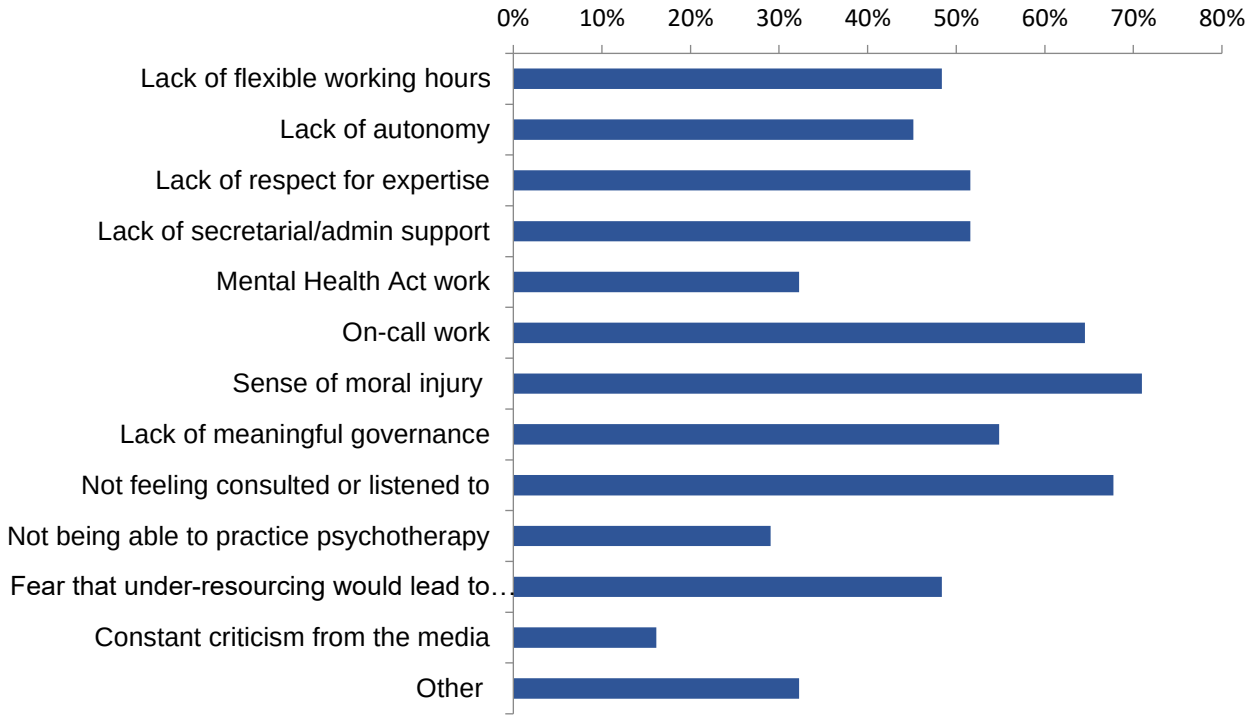

Figure 3. Most challenging part of respondents' work in the public sector. Respondents were able to select all that applied. Topics mentioned under 'other' included lack of resources, risk, remuneration, poor management, sexism, and Oranga Tamariki.

Respondents were asked to rate the how supported and valued they felt in the public sector, how much they were involved in leadership. The average scores out of 100 are provided in Table 2. Further comments provided by respondents indicated that the perceived value came mostly from their teams and/or whānau whai ora, e.g.,

"I did feel valued by my team, not by the 'system'. I felt I couldn't offer my patients what they needed due to lack of resources (skilled workforce)."

"Most of the support came from my clients, peers and family".

Table 2. Perceived value and support, enjoyment of multidisciplinary teams and involvement in leadership in the public sector.

	Mean ± SEM	Range
How supported do you feel in your role?	36.3 ± 4.7	0-85
How valued do you feel in your role?	38.4 ± 4.9	0-93
How much are you involved in service leadership?	46 ± 6.5	0-100
How much did you enjoy working as part of a multidisciplinary team?	75.7 ± 4.7	5-100

The main reasons for leaving the public services were 'burnout (15), feeling demoralised (8), management (6), and not being able to provide appropriate or comprehensive clinical care, including psychotherapy (6).

"Feeling burnt out hopeless and unheard. Leadership was not open to a sabbatical period where I would not resign but could take leave of absence without pay for 6 months."

"Lack of any hope that things might improve, and a growing sense that the longer I was there, the greater chance that I'd be held responsible for a negative outcome resulting from systemic failures. Risk of being assaulted in inpatient environment."

"I had decided that the only way to practice psychodynamic psychiatry would be outside of the current system (structure, resources and paradigm)."

Fifteen out of thirty-one respondents said that better management or leadership could have prevented them from leaving public service. Others commented that they would have stayed if public services had enough resources and staff (9) and allowed for more flexibility (5).

"Of course. The leadership could have actually addressed any/all of the problems that they were fully aware of and that were repeatedly brought to their attention. But they chose not to"

"Better understanding from senior management. Quicker provision of locums. Quicker advertising of vacancies"

"Recruiting more psychiatrists so I could have a "normal" burden of work."

Fourteen out of thirty-one respondents who answered the question said nothing could entice them back to work in the public sector and four would return only if there was a drastic change. Others commented they would consider it for better pay (4) or more flexibility (4).

Section 2: Experiences in private practice

Respondents were asked about the best and most challenging parts of their work in private practice, how supported and valued they felt (Table 3), and how much they are involved in leadership.

The main themes related to the best part of the work in private practice (or what was better than in public service) were conceptualised as ‘autonomy’ (14), ‘flexibility’ (10) and ‘standard of care’ (10), e.g.,

“Having the resources and time to provide a high standard of care.”

The main theme relating to the most challenging parts of the job were conceptualised as ‘lack of connection’ (9), ‘public/private interface’ (5) and administration’ (4), e.g.,

“Isolation, no MDT support, poor interface between public and private.”

“When a client requires public service assistance - public service is unwilling to help”

When asked what was worse in private practice compared to public service, respondents mentioned the lack of financial security (8), lack of support for professional development (6) and increased administrative burden (4).

Table 3. Perceived value and support, enjoyment of multidisciplinary teams and involvement in leadership in private practice.

	Mean ± SEM	**Range**
How supported do you feel in your role? n=30	66.7 ± 4.6	0-100
How valued do you feel in your role? n=30	87 ± 3.2	6-100
How much are you involved in service leadership? n=27	64.2 ± 7.5	0-100

When asked about about the greatest misconceptions about private practice, respondents commented that they thought other mistakingly perceived private practice as ‘money driven’ (10) and that they only worked with ‘easy’, ‘less complex’ cases (14).

Final comments

Respondents had the opportunity to provide final comments. Many participants expressed concern about the direction of the public sector while some commented more broadly on the delivery of care, e.g.,

“The current trajectory of the public health service doesn’t seem to be moving in the right direction. I’d be unsurprised if resignations accelerated significantly in the near future”

Recommendations

This report provides anecdotal insights into some of the key issues experienced by psychiatrists in Aotearoa New Zealand that led them to leave the public mental health service. Respondents highlighted issues related to staff and resource shortages, lack of flexibility and poor management which they perceived to have contributed to their own stress and burnout and negatively impacted patient care. While the survey was exploratory in nature and had a limited sample size, and selection were limited, the results provide further evidence of the systemic issues faced by psychiatrists in Aotearoa New Zealand.

Te Whatu Ora｜Health New Zealand has recognised the need for improved culture and leadership within public health services as one of the key priorities in New Zealand Health

Workforce Plan 2024 to offer people greater flexibility, with a focus on strong clinical leadership. While this has been included as a long-term goal, immediate action is needed to address burnout and turnover in the psychiatry workforce.

Appendix 1. Survey questions

Thank you for agreeing to take part in this survey. Tu Tu Akaaaka Roa is interested in better understanding the drivers behind psychiatrists exiting the public mental health system to work in private practice, as well as the factors that might influence them to return or to remain in private practice.

The survey is divided into three sections:

- **Section 1 will help us understand a little about you**
- **Section 2 is focused on your experiences in public mental health services, and**
- **Section 3 is focused on your work in private practice.**

It should take between 10-15 minutes to complete. You will not be asked for your name to preserve your privacy. All data will be analysed and presented in a manner that does not identify individuals or services.

Survey results will be used in the following manner:

- **to inform ongoing workforce-related discussions with external agencies such as the Ministry of Health, and**
- **for feedback to the national committee and NZ membership via College-related events and newsletters (not research publications).**

Please reach out to regina.hegemann@ranzcp.org if you have any further questions or concerns about completing this survey.

Section 1

Please tell us a little about yourself:

* 1. What is your age?

- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 55-64

- ◯ 45-54
- ◯ 65+

* 2. What gender do you identify as?

- [ ] Non-binary/gender diverse
- [ ] Female
- [ ] Male
- [ ] Other
- [ ] Prefer not to say

* 3. What ethnic group do you belong to? Select all that apply.

- [ ] Māori
- [ ] NZ European/Pākehā
- [ ] Pacific Peoples
- [ ] Asian
- [ ] Other European
- [ ] Middle Easter/ Latin American/ African
- [ ] Other
- [ ] Prefer not so say

* 4. How many years post Fellowship are you? Please enter a number only.

* 5. Where do you currently work? Select all that apply.

- [ ] Northern
- [ ] Region Te
- [ ] Manawa Taki
- [ ] Central Region
- [ ] Te
- [ ] Waipounamu

* 6. Do you currently work in an urban or rural area?

- ◯ Urban
- area ◯ Rural
- area ◯ both

* 7. How long have you worked in private practice? Please enter a number only.

* 8. In what kind of private practice do you work?

- ◯ Solo practice
- ◯ Shared with other psychiatrists
- ◯ Shared with psychiatrists and other mental health professionals
- ◯ Other (please specify)

* 9. When you started work as a psychiatrist in Aotearoa New Zealand, did you work in public or private mental health services? Please exclude any academic roles as this survey is focused on clinical responsibilities.

- ◯ Public service only
- ◯ Private service only
- ◯ Both public and private services

* 10. What type of **public** mental health services did you work in?

- ◯ Inpatient
- ◯ Community
- ◯ both

* 11. How long did you work in the public mental health service? Please enter a number only.

The Royal Australian & New Zealand College of Psychiatrists

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New Zealand National Office

Section 2

Please tell us about your experience of working in the public mental health service:

* 12. What was the best part of your job?

* 13. What were the most challenging parts of your job? Select all that apply.

- [ ] Lack of flexible working hours
- [ ] Lack of autonomy
- [ ] Lack of respect for expertise
- [ ] Lack of secretarial/admin support
- [ ] Mental Health Act work
- [ ] On-call work
- [ ] Sense of moral injury (not being able to offer patients appropriate treatments or assessments)
- [ ] Lack of meaningful governance
- [ ] Not feeling consulted or listened to
- [ ] Not being able to practice psychotherapy
- [ ] Fear that under-resourcing would lead to complaints to the HDC
- [ ] Constant criticism from the media
- [ ] Other (please specify)

14. Please tell us a bit more about your responses above.

* 15. How supported did you feel?

0 (no support at all) — 100 (all the support you needed)

* 16. How valued did you feel?

0 — 100

17. Do you have any further comments regarding your answers to Question 15 and/or Questions 16?

* 18. How much did you enjoy working as part of a multidisciplinary team?

19. What did/didn't you like about working in a multidisciplinary team?

20. How much were you involved in service leadership?

0 100

* 21. What led you to decide to leave or to start looking for a new job?

* 22. Is there anything that could have been done to prevent you from leaving the public mental health service?

* 23. What would entice you back to work in the public mental health service?

24. Do you have any other suggestions about what would make working in public mental health services more attractive?

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Section 3

Please tell us about your experience of working in private practice:

* 25. What is the best part of your job?

* 26. What are the most challenging parts of your job?

* 27. How supported do you feel?

0 (no support at all)

100 (all the support you needed)

* 28. How valued do you feel?

0

100

29. How much are you involved in service leadership?

0

100

* 30. What are the greatest misconceptions about private practice from those working in public mental health services?

31. What is better about working in private practice than being employed in a public mental health service?

32. What is worse about working in private practice than being employed in a public mental health service

33. Do you have any final comments or things you think we should know?