

WORKING CONDITIONS

Summary Report

July 2018

College of Psychologists of New Brunswick

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College of Psychologists
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Collège des psychologues
du Nouveau-Brunswick

Working Conditions Survey: Summary Report

INTRODUCTION

The College of Psychologists of New Brunswick (CPNB) undertook a survey of its members in October 2017 with the purpose of understanding the demographic profile of its members, the type of work they do, and their satisfaction with their work environment. One of the primary reasons for conducting this survey was due to a significant concern with the staggering shortage of psychologists working in the public sector in New Brunswick (NB). The increasing number of vacant psychologist positions in the public sector has led to longer wait times and less access to assessment, diagnosis, and intervention services that support mental wellness, physical health, and behavioural wellbeing.

The number of vacant psychologist positions in the public sector was presented as both an issue of recruitment and retention and was raised by CPNB during a meeting in the spring of 2017 with the provincial Minister of Health and some departmental officials. This issue is particularly relevant now, as the province moves toward doctoral level licensing of psychologists in line with nationally recommended standards by the Canadian Psychological Association and endorsed by many provinces. Currently, psychologists can become licensed to practice in NB with either masters or doctoral level training in clinical psychology; however, as of July 2020, only doctoral level degrees in psychology will be eligible for licensing. With this change, it is anticipated that the number of new psychologists graduating annually will decrease, while the quality of available psychological services will increase. The changing landscape of licensing standards for psychologists, in combination with interest in understanding why psychologists are not attracted to work in the public sector in NB, prompted CPNB to undertake this survey of its members.

METHOD

A request to complete the 26-question working conditions survey was sent to CPNB members via email several times during October 2017. The survey was sent to fully licensed members of the College as well as resident members (i.e., those who have completed their educational training and are in the process of completing supervised practice requirements in order to become fully licensed). Of the 362 licensed and resident members of the CPNB, 171 members responded to the survey (a response rate of 47%).

This report presents both an executive summary and interpretation of the findings from the survey, as well as detailed qualitative responses from members to each of the survey questions on the following pages.

EXECUTIVE SUMMARY OF SURVEY FINDINGS

Characteristics of Respondents

The majority of survey respondents were between the ages of 30-50 years (58%) and female (79%). Three quarters of respondents reported being employed in NB's three major cities and their neighbouring communities – Fredericton, Saint John, and Moncton. The overwhelming majority of respondents (74%) reported serving both urban and rural clients. Sixty-two percent of respondents reported being licensed for 10 years or more.

Education and Training

Only 33% of respondents reported practicing with a doctoral degree. This is a notable finding given the upcoming implementation of doctoral level licensing. Notably, only half (54%) of respondents who reported being newly licensed within the past 5 years reported having a doctoral degree. This finding suggests the rate of recruitment of new psychologists to NB in the upcoming years, could be as much as halved without strategic planning to maximize educational opportunities for doctoral level education in clinical psychology and for recruitment and retention of new and existing members.

Fifty-seven percent of respondents reported completing a university program that was accredited by the Canadian or American Psychological Association (CPA/APA). Accreditation of university programs is increasingly important (and aligns with practice in other professional programs); according to the Canadian Psychological Association (CPA), accreditation is a way for psychology training programs to demonstrate they have met national community standards for training. Meeting recommended standards through accreditation also protects the public by ensuring optimal training. Although attending one of these accredited CPA/APA training programs is not a requirement for licensure (as long as other graduate training criteria are met), it is an advantage as it adds greater confidence in the quality of training received by a candidate. As such, employers are often encouraged to hire psychologists from accredited training programs. The University of New Brunswick's Clinical Psychology PhD program has been accredited by CPA since 1999-2000. The Clinical Psychology PsyD Program at l'Université de Moncton is in the process of applying for accreditation. The majority of clinical psychology doctoral training programs in Canada are accredited programs.

Clinical psychology training programs require trainees to complete a certain amount of training hours. At the doctoral level, students complete advanced courses in assessment, intervention and other topics in psychology that inform their clinical knowledge and understanding of human behaviour to inform their work as future psychologists. They also complete several part-time supervised clinical placements throughout their studies and then a full-time, 12 month clinical pre-doctoral internship at the end of their program. At the Master's level, students complete fewer courses and their placement hours are fewer than typically required for the lengthy doctoral training programs (Doctoral degree: 4-6 years; Masters degree: 1-2 years). Although it is standard in Canada for doctoral level internships to be accredited, there is no national standard for Master's level clinical training sites. Potentially reflecting this accreditation differential as a function of the level of graduate training, less than half (43%) of respondents completed an accredited internship/clinical training program. Among doctoral level respondents, for whom accreditation is more relevant, 57% had completed an accredited internship. NB is home to only two accredited doctoral level internship positions, through Horizon Health's Clinical Psychology Internship program. It also should be noted that there are no masters level clinical psychology graduate training programs in NB from which to draw future psychologists; thus, resources are needed to enhance the opportunities for doctoral level education in NB in our universities. These programs are limited by their current resources with regard to how many students they can admit per year, and usually ranges from 4-7 students. Growing opportunities to doctoral level training in clinical psychology in NB that meets CPA accreditation standards is a viable means of generating more psychologists to meet the need for service in this province.

Regardless of accreditation status, almost 60% of respondents completed their internship/clinical training in NB. When only examining doctoral level respondents, this number drops to 41%. A third of respondents were retained as an employee in their internship setting after its completion. This finding remained consistent among doctoral level respondents. With the upcoming change to doctoral level licensing, the need for more accredited pre-doctoral internships in NB has increased; a greater number of positions may contribute to increased recruitment of psychologists to the province and retention of psychologist trainees within NB. With only two accredited pre-doctoral internship positions in NB, many trainees are forced to leave the province to complete their internship training, decreasing the likelihood that they will return to NB.

Employment Setting

Data were collected from respondents in reference to both their primary and secondary employment settings. Thirty-two percent of respondents reported having a secondary employment setting.

Findings reveal that psychologists' are working in a variety of primary employment settings: private practice (24%), hospital/healthcare (23%), mental health clinic (20%), school/education (14%), academia (8%), corrections (5%), military (2%), and research (1%). It is notable that the highest percentage of psychologists in NB are working in private practice. In addition, three quarters (76%) of the psychologists reporting a secondary employment setting said this secondary employment was private practice. Combining primary and secondary employment, almost half (48%) of respondents are working at least part-time in private practice. A secondary analysis showed that 34% of doctoral level respondents were working in private practice, 27% are employed in a hospital/healthcare setting, and 21% work in academia. Only 7% of doctoral level respondents work in mental health clinics and 4% in school/education settings. These statistics are notable given school/education and mental health clinic settings tend to be the most easily accessible first-line options for individuals (particularly youth) to seek mental health care given the lower personal costs associated with services through these settings. Although many people access psychological services through private practitioners, it is only those with sufficient personal finances or adequate private health insurance who are able to do so. With evidence that doctoral level psychologists tend not to work in mental health clinics and school/education settings, recruiting new psychologists to these employment settings could prove a challenge for the

province as doctoral-level licensing approaches. Note that neither of New Brunswick's training programs (UNB and U de M) train at the Master's level any longer; all Psychology graduates are now in possession of a doctoral-level degree; approximately 10 per year in total.

Within primary employment settings, there is a fair distribution of respondents (16-29% in each) who reported working in settings in which they were the sole practitioner, whereas others work in settings with 1-3 psychologists, 3-5 psychologists, and 5-10 psychologists. Adults are clearly the most well served demographic (80% of respondents reported providing services to adults); however, many respondents also reported working with children (47%) and adolescents (58%). Although less well represented as target service groups, there were still a number of respondents who reported seeing families (27%), geriatric populations (20%), pre-school aged clients (15%), and couples (13%).

Hours and Salary

The majority of respondents (63%) reported working what would be considered a typical work week (i.e., 32-40 hours) in their primary employment settings, with 15% reporting logging more hours per week. Those working more than 40 hours per week tended to be employed in academia, private practice, and school/education settings. When we add hours worked in secondary employment sites, where most respondents reported working an extra 1-8 hours per week, data suggest that 23-44% of respondents work more than 40 hours per week.

Thirty-three percent of respondents reported earning less than \$75,000 per year in their primary employment setting, 46% indicated they earn between \$75,000-\$100,000, and 21% report earning more than \$100,000 per year. If we consider only respondents who work 32-40 hours per week (i.e., a typical work week) in their primary employment setting, 59% report earning \$75,000-\$100,000, with 26% reporting lower salaries and 15% reporting higher salaries.

When we break salary down by employment setting, we see some interesting findings. Although 57% of those in academia and 49% of those in private practice report a salary of greater than \$100,000 per year, none of our respondents working in hospital/healthcare, school/education, or mental health clinic settings report a salary that high. The majority of respondents working in healthcare/hospital settings (73%) and the majority of those in mental health clinics (71%) report a salary from \$75,000-\$100,000. In contrast, the majority of those working in school/education settings (56%) report a salary from \$50,000-\$75,000.

Workplace Satisfaction

Workplace satisfaction was reported separately for those in public-sector and non-public sector positions. Overall, 97% of those in non-public sector positions reported being satisfied or very satisfied with their jobs. In stark contrast, only 56% of public sector employees reported the same. These contrasts continue in other areas, with non-public sector employees reporting much higher levels of satisfaction with the hours they work, their physical work conditions, and their ability to practice to scope as compared to public sector employees. The largest areas of dissatisfaction among public sector employees seem to be with base salary, opportunities for professional development, continuing education, and opportunities to influence policy with 50-57% of public sector respondents reporting being dissatisfied or very dissatisfied with these areas of their job.

Primary Employment Transition

A substantial number of respondents (39%) reported changing primary employment settings in the past five years. Although a number of respondents reported doing so to pursue new opportunities, the majority of respondents reported changing jobs in response to workplace issues, stress, and a desire for more flexibility and autonomy (i.e., in decision-making) in their job. Workplace issues centred on dissatisfaction with compensation, a lack of professional respect and understanding in the workplace, excessive workloads (e.g., very high client volume), inadequate working conditions (e.g., inadequate quiet and private space to do confidential psychological assessment), and a lack of professional development opportunities.

With respect to compensation, most respondents cited higher salaries in the private sector, insufficient salaries in the public sector, and recent changes in workplace benefits in the public sector as their primary motive for job change. Based on current collective agreements, public sector psychologists can earn a maximum of approximately \$43 per hour whereas those working in the private sector can earn \$150 to \$200 per hour (the College of Psychologists of New Brunswick recommends a fee of \$170 per hour). Although the costs of operating a private practice are higher than the labour costs in the public sector (office rent, supplies, staff, etc.), this difference in compensation is certainly hard to ignore in light of the higher salaries still earned among private sector psychologists.

Pertaining to the lack of professional respect endorsed by many respondents, psychologists reported challenges with being able to manage and prioritize their own caseloads, and a general lack of understanding of the role of psychologists in the assessment, diagnosis, and treatment of mental health disorders. They reported being unable to put their clinical skills and expertise into practice in their existing roles due to administrative constraints, and a perception that their professional opinions were not respected. Relatedly, respondents also reported an inability to participate in meaningful professional development activities. Professional development is important in the evidence-based practice model within which psychologists practice. Being able to keep up with research advances and be trained in new assessment and intervention techniques is crucial to the success of a psychologist and to the quality of the services they provide.

Identification of Factors to Improve Working Conditions for Psychologists in NB and to Increase Recruitment and Retention

Notably, almost half of respondents reported that the reason they worked in NB had to do with staying close to family and friends. In fact, several participants indicated that if they did not have personal reasons for remaining in NB, they would move to a province with better pay, opportunities, and working conditions. This may suggest that existing recruitment and retention methods for psychologists in the province are having limited impact.

Respondents made a number of calls for improvements to working conditions in the public sector. The number one suggestion, made by 70% of respondents, was undoubtedly the need for higher salaries in the public sector, with many citing the example of higher wages in the private sector and higher wages in the public sector in neighbouring provinces as putting NB at a competitive disadvantage.

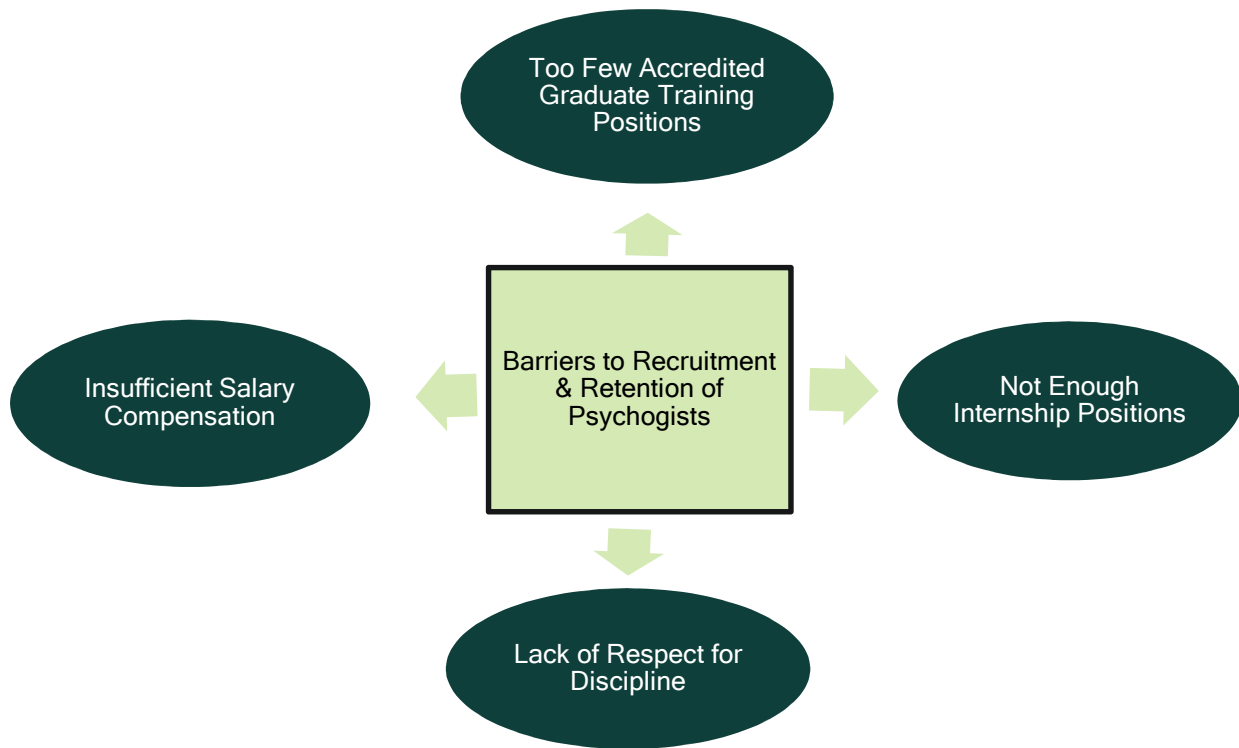
Forty-three percent of respondents also endorsed an important need for improvements in respect for psychology as a profession, recognition of the expertise of psychologists, and policies that allow psychologists to work according to the scope of their training. Psychologists undergo highly specialized education and training and are experts in assessment, diagnosis, and interventions. In fact, doctoral-level psychologists have 10 or more years of education and training in psychology, the vast majority of which is in the clinical area (i.e., assessment and treatment); this is more education and training directly in the area of practice than any other profession or provider group in Canada (Ontario Psychological Association, 2013). Despite this fact, the profession is often marginalized within the civil service. Respondents expressed a specific need for review of policies and procedures with respect to psychologists' role in the public sector in NB and in providing appropriate and effective mental health services to clients, with active input and involvement from psychologists and/or CPNB.

Respondents also called for more flexibility and autonomy (20%), more professional development opportunities (17%), better management of psychologists' workload so it is more realistic and emphasizes quality of service rather than entirely focusing on quantity of clients served (15%), better physical working conditions (i.e., a private office) (7%), and more professional support and collaboration (6%).

Within the private sector, the most notable suggestion for improvement was a desire for a group benefits package and/or pension plan for members of CPNB given small business owners' challenges accessing reasonably priced benefits. Some respondents also expressed a need for a better networking and collaboration among private sector psychologists and between the private and public sectors. Indeed, with so many of NB's psychologists operating in private practice, this seems like an important consideration.

Importantly, the most widely endorsed recommendation for change within the private sector (endorsed by more than half of respondents) was a call for systemic and/or financial changes to the way New Brunswickers access psychological services. In particular, respondents suggested that psychological services should be covered by Medicare (as psychiatrists and other physicians are) and/or that improvements in insurance coverage for mental health services be prioritized. Many respondents emphasized that New Brunswickers, in particular those with lower income and/or poorer health insurance plans struggle to access psychological services.

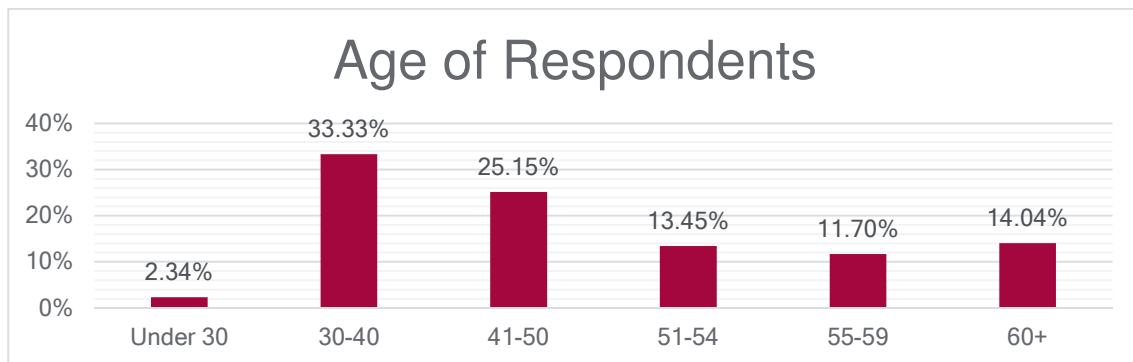
Taken together, there are significant issues with training capacity and workplace conditions that need to be addressed to protect the integrity of the public system, and ultimately, to best meet the mental health needs of the New Brunswickers served by these systems.



DETAILED SURVEY RESPONSES REPORTED BY QUESTION

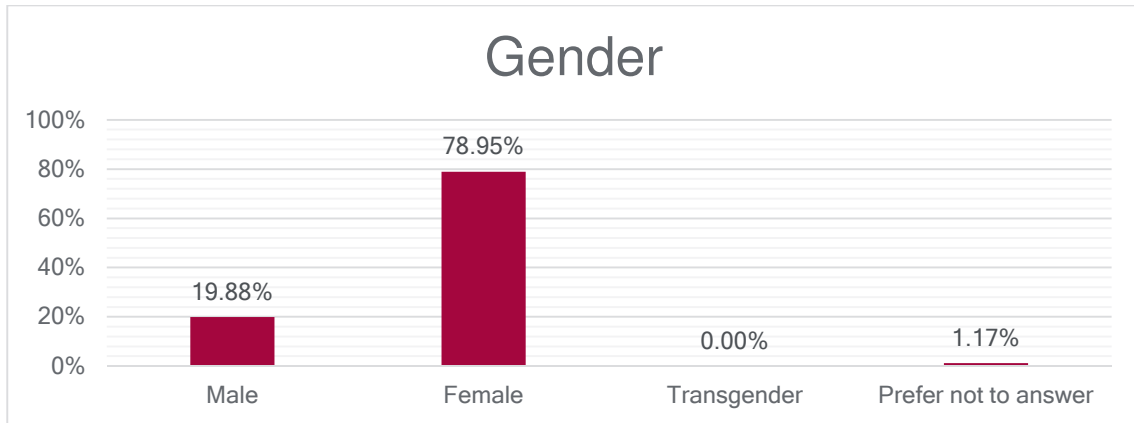
1. Age

The largest group of respondents, one third, identify themselves as between 30-40 years old, with an additional 25% identifying as between 41-50, bringing the combined number of respondents between the ages of 30-50 to nearly 59%.



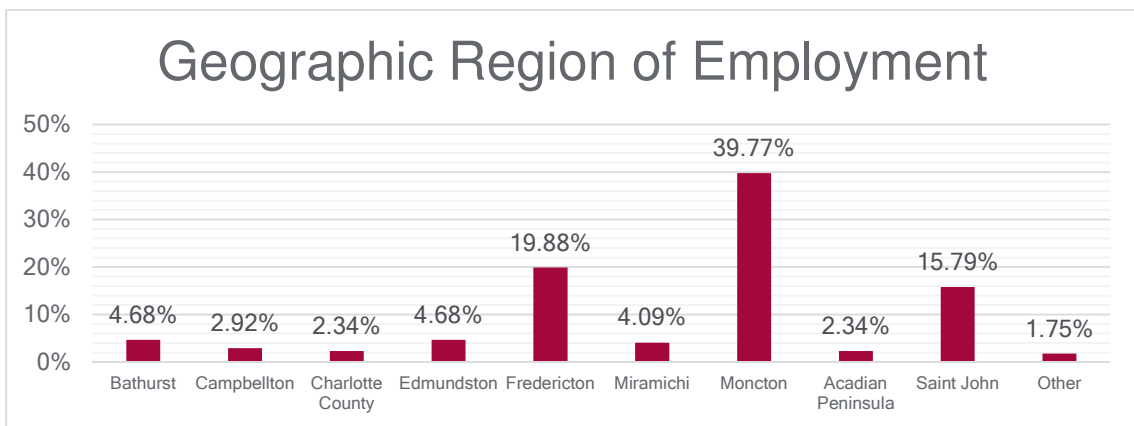
2. Gender

Seventy-nine percent of respondents to the survey identified themselves as female and 20% as male, with 1% opting not to identify.



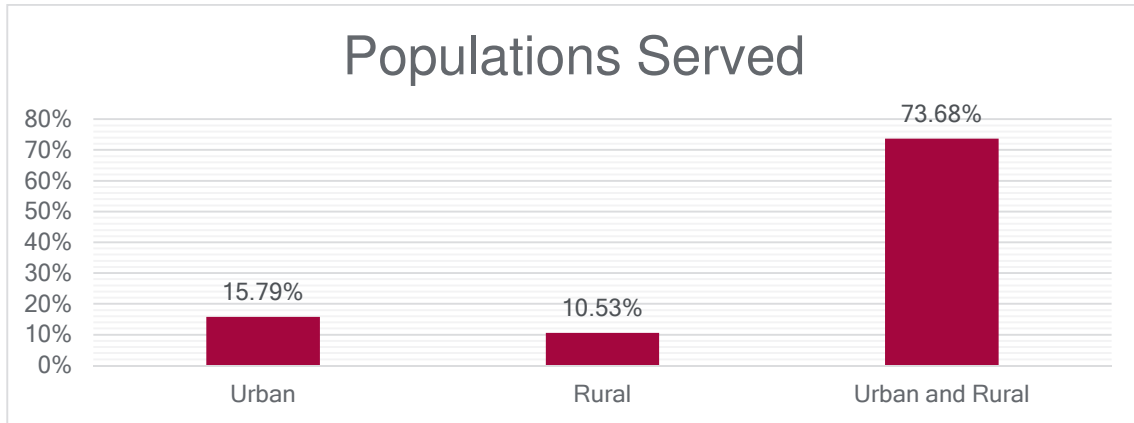
3. Geographic Region of Employment

Forty percent of respondents were from the Moncton region, with 20% from Fredericton and 16% from Saint John. Nineteen percent were from the northern regions in the province (Bathurst, Campbellton, Edmundston, Miramichi, and the Acadian Peninsula). This means that 75% of respondents were from the three largest regions in the province. It is important to keep in mind that, although these regions house the large majority of NB's psychologists, they are also home to NB's psychology training programs at the University of New Brunswick (Fredericton and Saint John campuses) and l'Université de Moncton. These programs employ a number of clinical psychologists whose primary employment does not involve direct clinical practice; these psychologists would be involved in clinical practice only through secondary appointments in the private sector, typically amounting to no more than one day per week.



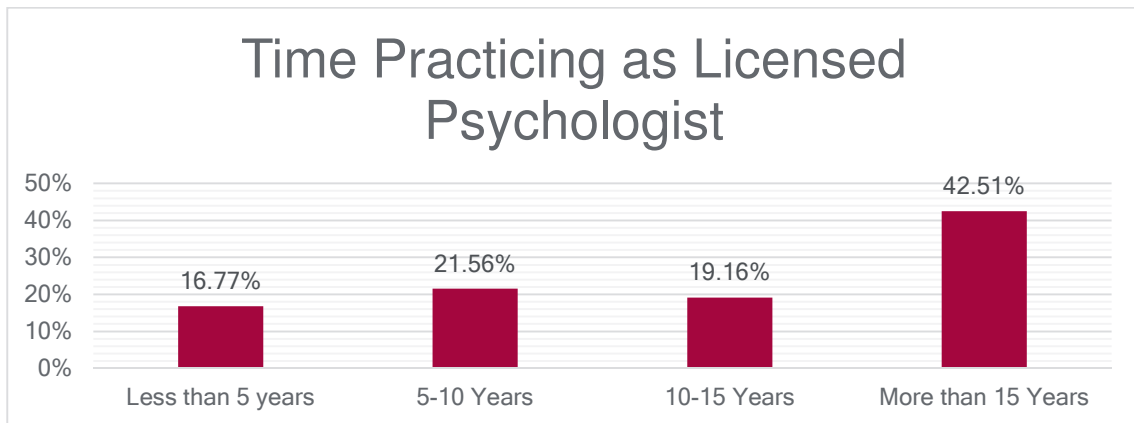
4. Populations Served (Geographic)

Given the nature of the province's regions, it is not surprising that almost 75% of respondents indicated that they provide services to both urban and rural parts of the province. Sixteen percent identified themselves as providing services uniquely to urban areas, while 11% responded that they provide services to uniquely rural populations.



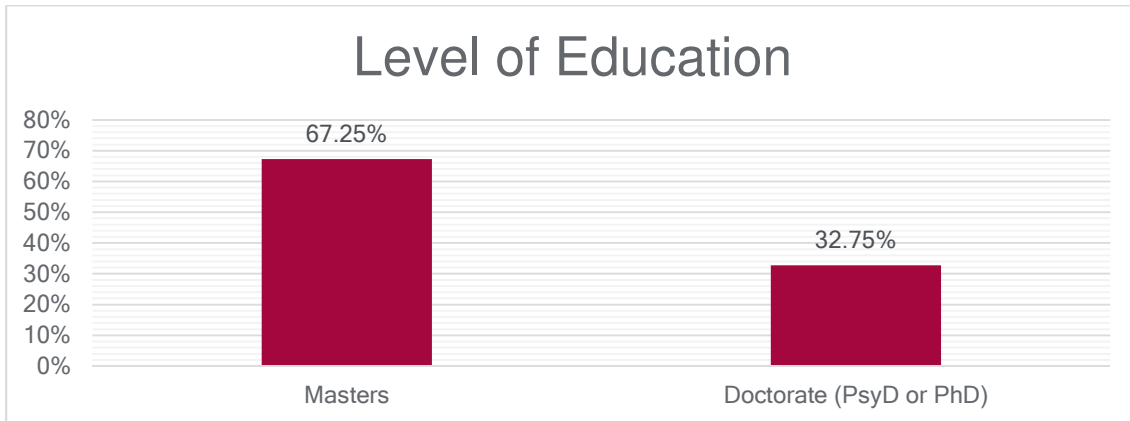
5. Length of Time Licensed

Forty-three percent of respondents have had their license for more than 15 years, and 38% have had their license for less than 10 years. Of those who have been practicing for less than 5 years, just over half (54%) have a doctoral degree.



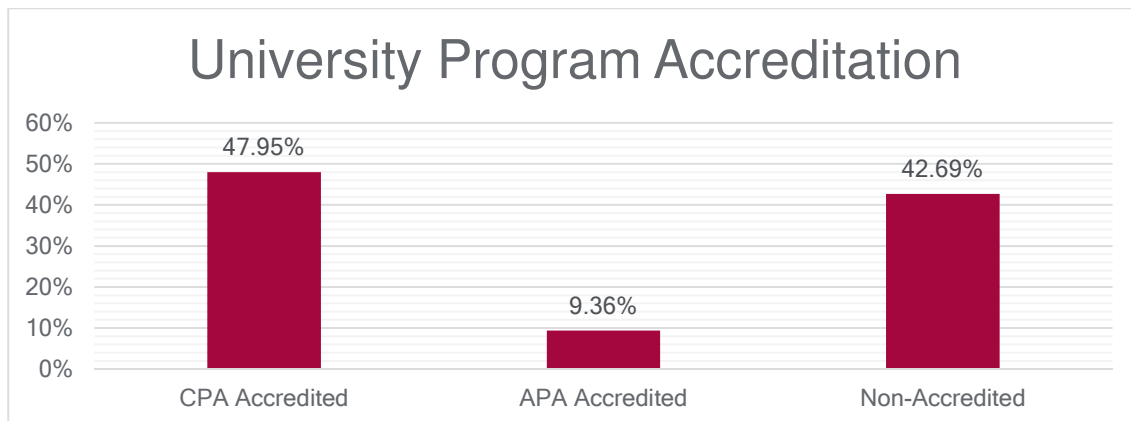
6. Level of Education

Just over two-thirds of respondents (67%) are practicing with a master’s degree and nearly one-third have a doctorate. Importantly, 21% of respondents to this survey who reported having a doctorate degree also reported that their primary employment setting is academia. This means that 1 in 5 doctoral level respondents is providing minimal clinical services (i.e., typically no more than one day per week at most).



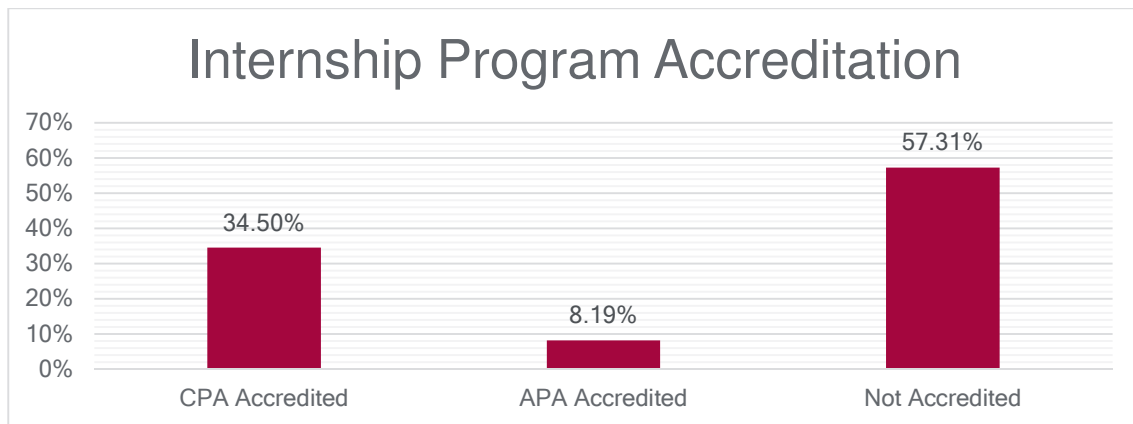
7. University Training Program Accreditation

More than half of all respondents graduated from a university program that was accredited by either the CPA or American Psychological Association (APA). Forty-three percent of respondents completed a university training program that was not accredited by CPA or APA. Master’s degree training programs are not required to be accredited, which likely accounts for a significant portion of the non-accredited training being reported by respondents.



8. Internship Program Accreditation

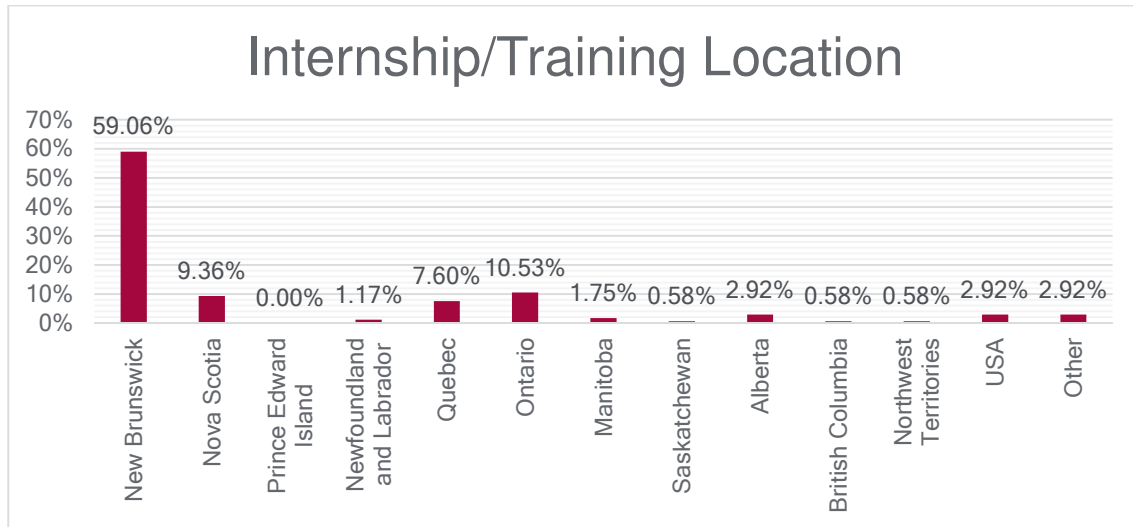
Forty-three percent of respondents indicated that the doctoral internship or master’s level clinical training they completed was CPA- or APA-accredited, with 57% completing a non-accredited program/training. It is important to remember that master’s level internships are not required to be accredited. At the master’s level, 36% had completed accredited clinical training. In contrast, when we considered only doctoral level respondents, for whom accreditation is somewhat more important, 57% of respondents had completed an accredited internship. Accredited internships are becoming increasingly important at the doctoral level; working toward increasing the number of doctoral level psychologists completing accredited internship training is an important future goal.



9. Location of Completed Internship or Clinical Training

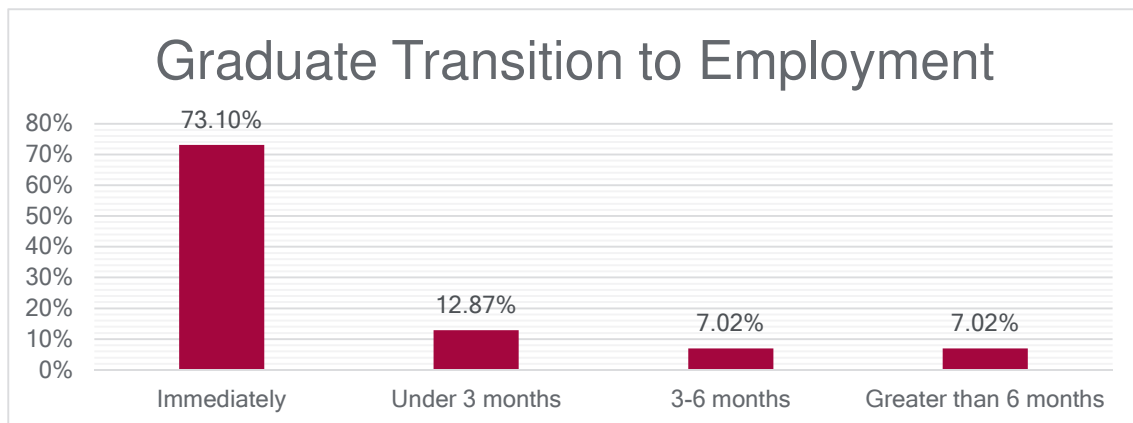
Close to 60 per cent of respondents completed their internships in NB. Internship training in Ontario followed with the second highest rate at 11% and Nova Scotia with 9%. The high percentage of psychologists working in NB who completed their internship training in the province is important. It is common for individuals to remain in the province in which they have done internship when moving on to their first employment position (see question 12). This may have implications for the importance of ensuring the province has pre-doctoral internship placements for students as a way of maximizing the likelihood that new psychologists will remain in the province.

As a secondary analysis, this question was examined separately for doctoral and master’s level clinicians. Although 68% of master’s level clinicians reported completing their internship or clinical training in NB, only 41% of doctoral level clinicians reported completing their internship training in NB (the next highest was 23% in Ontario). This is perhaps unsurprising, as NB hosts only two accredited doctoral level internship positions. As the province moves toward doctoral licensing, it will be important to consider whether more pre-doctoral training positions meeting CPA accreditation criteria are needed to recruit and retain psychologists in the province. There are many other graduates from our two doctoral programs in NB, many of whom move away to other provinces for their first employment in this field; however, these data were not captured in the current survey as it only pertained to the NB employment sector.



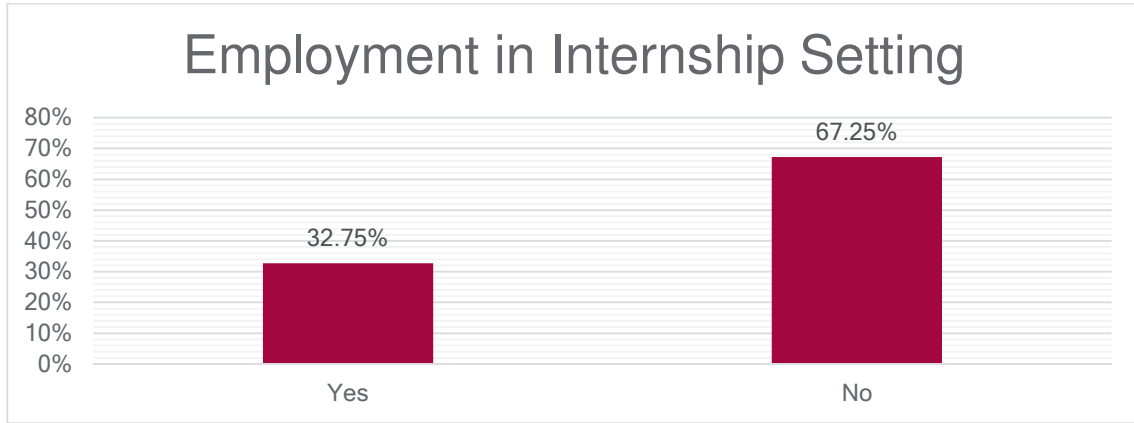
10. Length of Transition to Securing Employment

Eighty-six percent of respondents found work within three months of completing their education/training. Thus, positions are clearly available for new psychologists in the province.



11. Employment in Internship/Clinical Training Setting

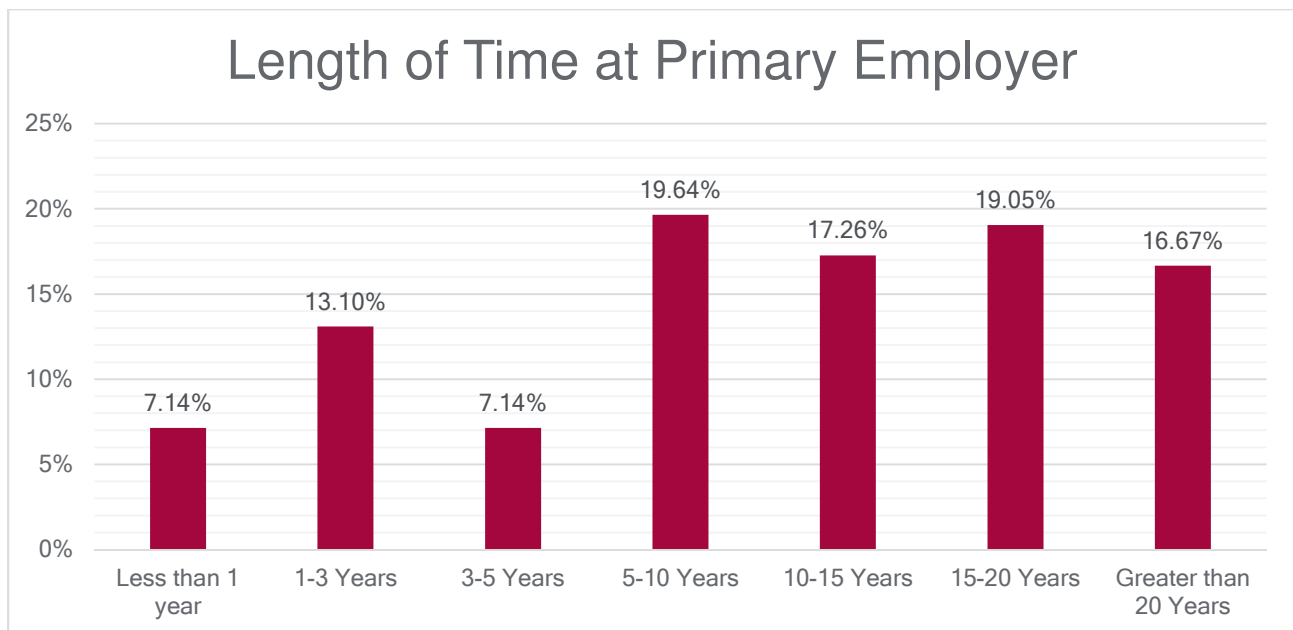
Approximately one third (33%) of respondents reported becoming employed in their internship setting. Just over two thirds of respondents (67%) secured employment in a different location. When examining this question among only doctoral level respondents, results were the same.



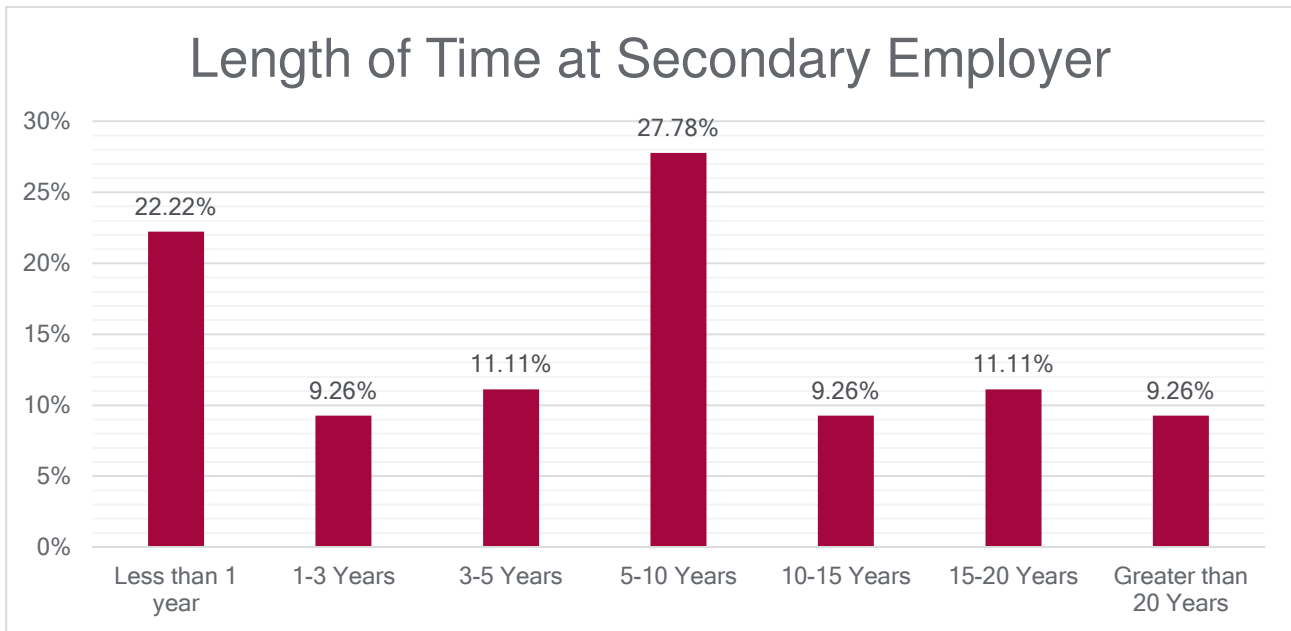
12. Length of Employment

Respondents were asked how long they have been employed in their current employment setting. Given that a number of respondents work in two different settings the data is presented separately.

For primary employment settings, 27% of respondents reported being employed in the current setting for less than five years, 37% for between five and 15 years, and 36% for 15 years or longer.

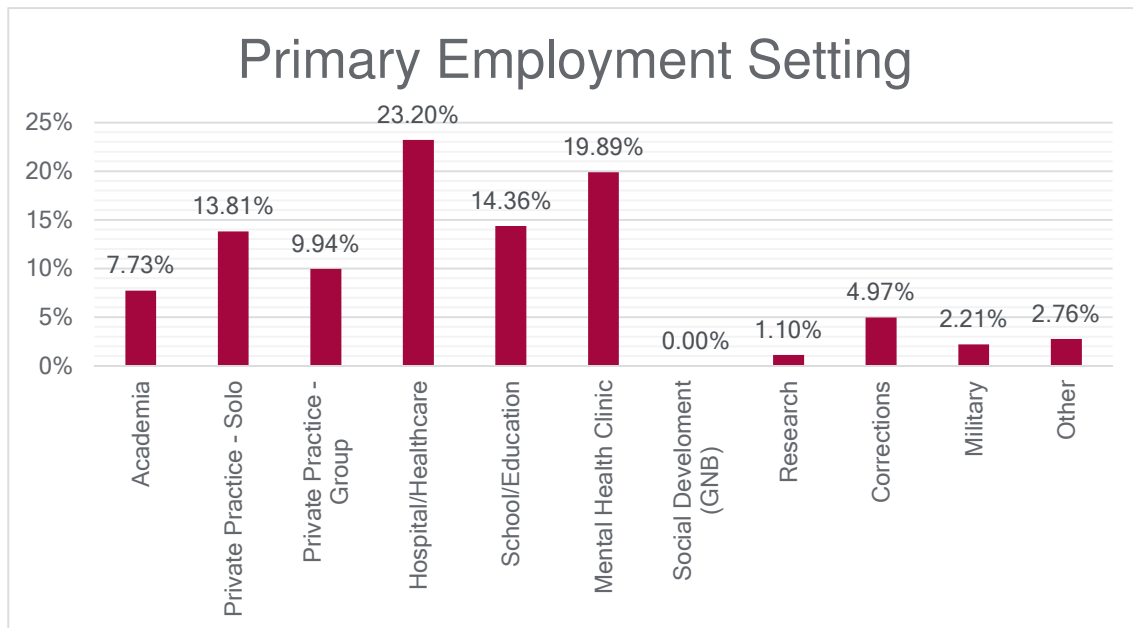


Thirty-two percent of respondents indicated they have a secondary employment setting. Among respondents with a secondary employment setting, 43% have held that position for less than five years, 37% for between five and 15 years, and 20% for more than 15 years.

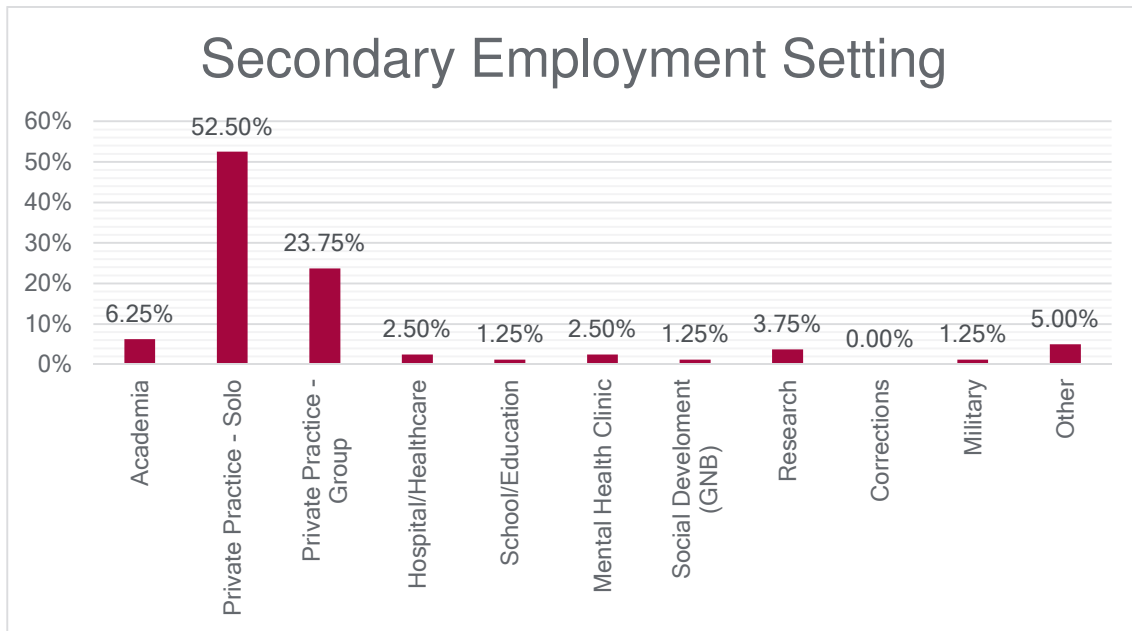


13. Employment Setting

Separating primary and secondary employment settings, 24% of respondents indicated their primary employment setting as being in private practice with just over 57% report working in a public hospital, school, or mental health clinic.



Contrasting with the secondary employment setting endorsed, just over three quarters (76%) of the 32% of respondents who reported a secondary employment setting work as a private practitioner. Combining both primary and secondary employment settings, almost half of all respondents (48%) currently engage in at least some private practice.

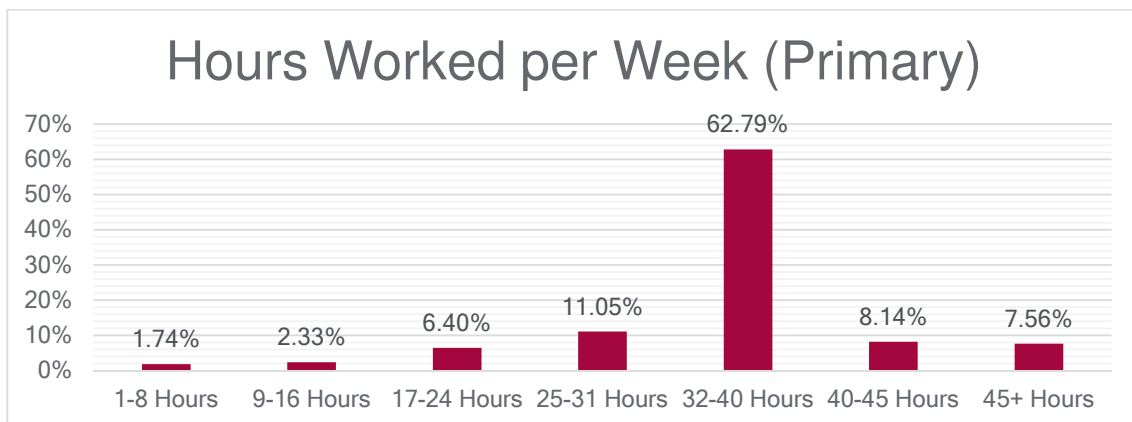


Given the upcoming move toward doctoral level licensing, we conducted a secondary analysis of the primary employment setting data, to see where our doctoral level psychologists are currently employed. This analysis showed that 34% of doctoral level respondents were working in private practice (solo or group), 27% are employed in a hospital/healthcare setting, and 21% work in academia. Only 7% work in mental health clinics and 4% in school/education settings.

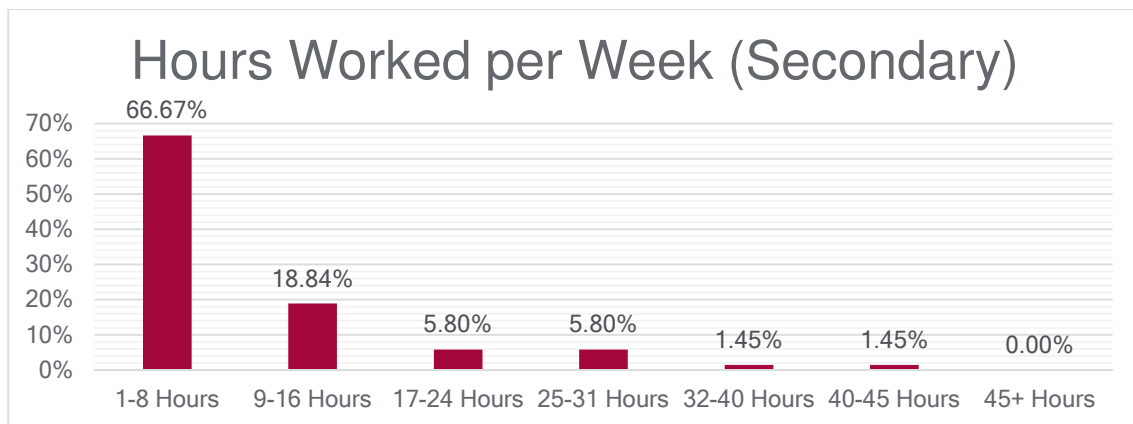
14. Hours Worked per Week

The vast majority of respondents (63%) work what would be considered a normal work week at their primary location (32-40 hours), with more than 15% logging more than these usual hours per week. Respondents reporting lower than the typical work week hours may be part-time employees and/or may be engaged in work at a secondary employment setting as well.

We also looked to see where the psychologists who report working more than 40 hours per week in their primary employment are working. For the most part, only small percentages of respondents working in hospital/healthcare settings (8%) and mental health clinics (7%) report working more 32-40 hours per week. In contrast, 36% of those in academia, 23% of those in private practice, and 23% of those in school/education settings report working more than 40 hours per week in their primary employment setting.



Two thirds of those who work in a secondary employment setting put in less than eight hours per week in that role, with nearly 20% working an additional 9-16 hours per week. These numbers reflect the part-time status of these secondary work activities.



Notably, when we analyze total hours worked (i.e., by combining hours worked at both primary and secondary employment sites where relevant), 23% of respondents report working more than 40 hours a week. Although it is somewhat difficult to combine total hours across primary and secondary work sites given the categorical nature of the response options for participants, 36% of respondents reported working 32-40 hours per week and 21% report working 33-48 hours per week. These data suggests that a significant portion of respondents (23-44%) are working greater than 40 hours per week.

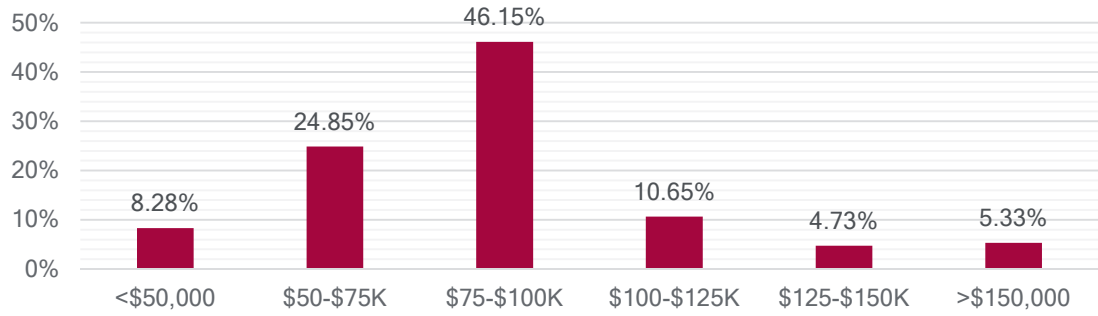
15. Salary Range

Forty-six percent of respondents indicated they earn between \$75,000-\$100,000 in their primary employment setting, and 84% report that they earn less than \$50,000 from their secondary employment setting. (The lower salary ranges for the secondary employment sites reflect fewer hours worked in this site; as seen in the previous question, 67% of respondents work only 1-8 hours in their secondary employment site). If we limit our analysis only to respondents who reported working 32-40 hours per week (i.e., a typical work week) in their primary employment setting, 59% report earning \$75,000-\$100,000 in their primary employment setting, with 26% reporting lower salaries and 15% reporting higher salaries.

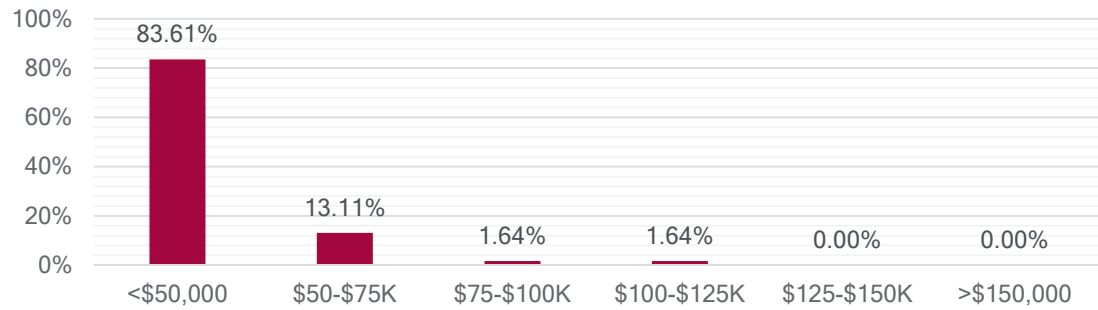
When we break salary ranges down by employment setting, we see some notable differences. Although 57% of those reporting positions in academia and 49% of those reporting private practice report a salary of over \$100,000, none of our respondents working in hospital/healthcare, school/education, or mental health clinic settings report a salary that high. The majority of respondents working in healthcare/hospital settings (73%) and the majority of those in mental health clinics (71%) report a salary in the \$75,000-\$100,000 range (with the remaining respondents reporting lower salaries). In contrast, the majority of those working in school/education settings (56%) report a salary range of \$50,000-\$75,000.

It is important to note that this question is somewhat limited by the large salary ranges used in the question. Future surveys should consider breaking down these salary brackets further to understand, for instance, if individuals in the \$75,000-\$100,000 bracket are closer to the top or bottom of the range.

Salary Range (Primary)

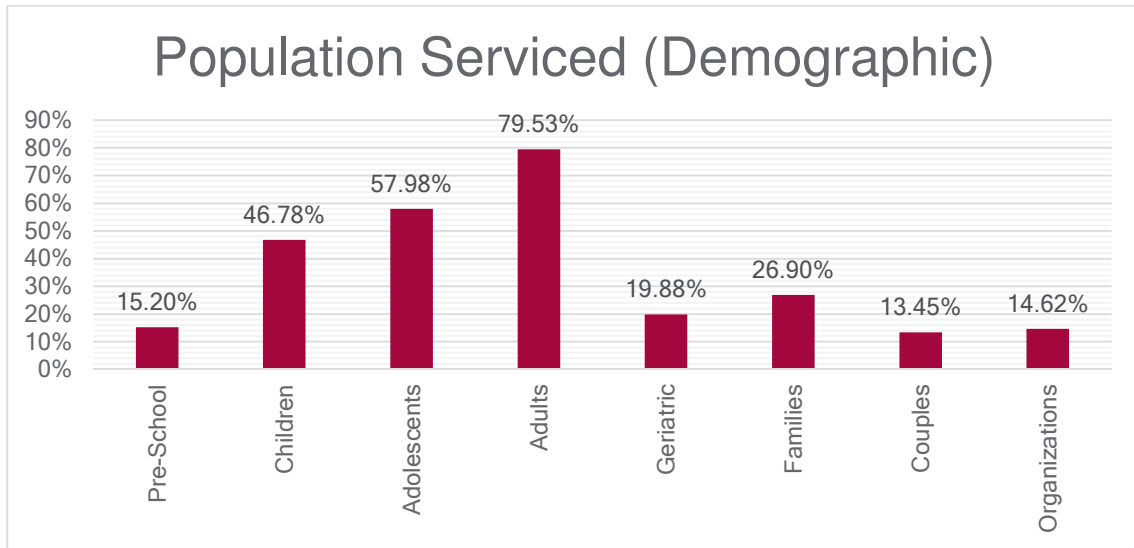


Salary Range (Secondary)



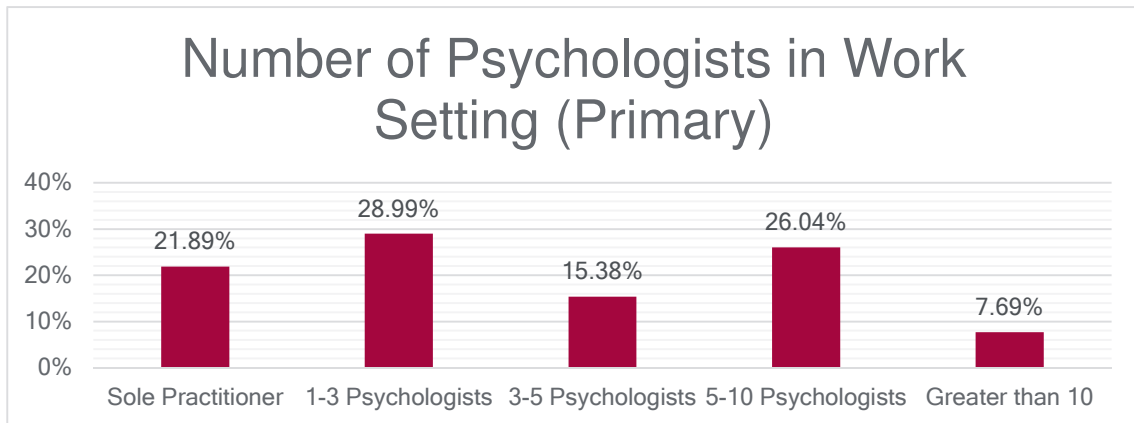
16. Population Served (Demographic)

This question asked respondents to select all of the populations that they service. As such, percentages do not equal 100. Although adults directed services are the most common client demographic (with 80% of respondents endorsing working with this population), there are still a large proportion of psychologists who report working with children (47%) and adolescents (58%). Geriatric populations (20%), pre-school age clients (15%), families (27%), and couples (13%) are seen by a smaller proportion of licensed psychologists working with the client groups. Fifteen percent of respondents also reported working with organizations.

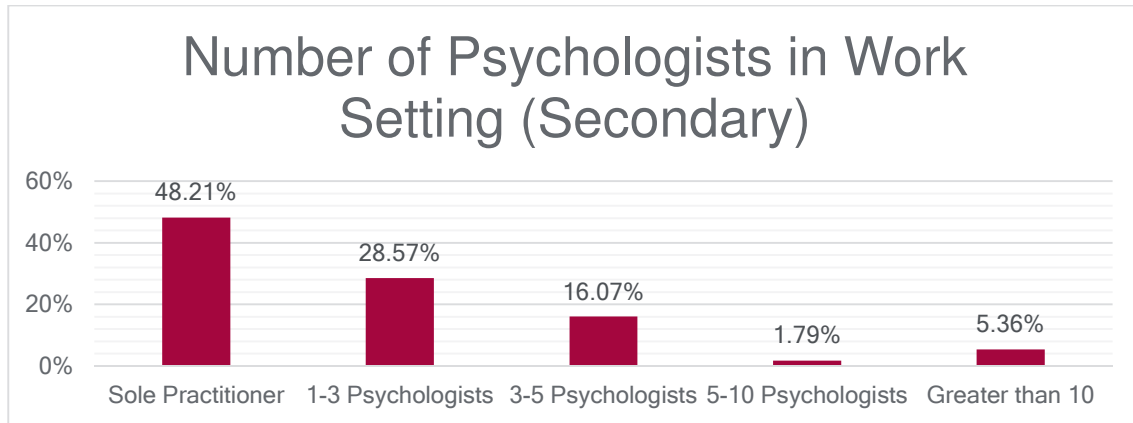


17. Work Environment (Number of Psychologists)

Just over one fifth of respondents operate as a sole practitioner in their primary employment setting. Among primary employment settings, there is relatively even spread of respondents working in settings with fewer (1-3) as compared to more (5+) psychologists in that same setting.



Among the 32% of respondents endorsing a secondary employment setting, it is more common for respondents to be working in settings with fewer psychologists or as a sole practitioner. Close to 50% of respondents operate as sole practitioners with another 29% working in settings with 1-3 psychologists.



18. Workplace Satisfaction (Primary and Secondary Employment)

Respondents answered a series of questions about their level of satisfaction with various aspects of their job. Two tables are presented below, one which shows responses from psychologists reporting on their non-public sector positions, and the second showing responses from those reporting on their public sector positions.

There are some stark contrasts worth noting. For instance, approximately 60% of non-public sector respondents indicate being very satisfied with the hours they work per week and their base salary. In contrast, 40% of public sector respondents report being very satisfied with the hours they work and only 8% report being very satisfied with their base salary. In fact, 57% of public sector respondents report being dissatisfied or very dissatisfied with their base salary. Similarly, approximately 70% of non-public sector employees report being very satisfied with their physical work conditions and their ability to practice to scope. In contrast, only 17% of public sector employees report being very satisfied with their work conditions and 23% report being very satisfied with their ability to practice to scope.

Strikingly, 97% of non-public sector respondents report their overall job satisfaction as satisfied or very satisfied, whereas only 56% of public sector respondents report the same.

Although there are only small percentages of non-public sector workers who reported dissatisfaction or strong dissatisfaction with aspects of their jobs, that is not the case for public sector workers. For example, 50% of public sector respondents reported being dissatisfied or very dissatisfied with opportunities for professional development, 56% with continuing education, and 57% with opportunities to influence policy.

Table 1: Work Satisfaction Responses Related to Non-Public Sector Work Only (102 respondents)

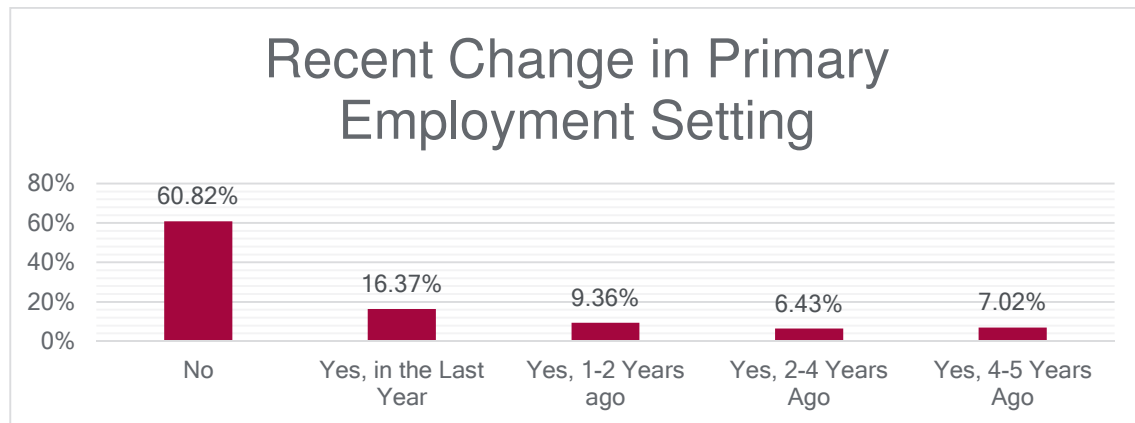
NON-PUBLIC SECTOR ONLY	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	N/A
<i>Flexible work schedule</i>	81.4%	14.7%	0.0%	1.0%	0.0%	2.9%
<i>Practicing to scope</i>	72.5%	23.5%	0.0%	0.0%	0%	4.0%
<i>Physical work conditions</i>	70.6%	22.5%	3.9%	1.0%	1.0%	1.0%
<i>Skills being used appropriately</i>	68.6%	29.4%	0.0%	0.0%	1.0%	1.0%
<i>Overall job satisfaction</i>	64.7%	32.4%	1.0%	0.0%	1.0%	1.0%
<i>Opportunities to use training</i>	61.8%	26.5%	2.0%	1.0%	1.0%	7.9%
<i>Hours worked per week</i>	57.8%	32.4%	5.9%	2.0%	0.0%	2.0%
<i>Base salary</i>	59.8%	20.6%	4.9%	2.0%	1.0%	11.8%
<i>Relationship with co-workers</i>	48.0%	14.7%	2.0%	2.0%	1.0%	32.4%
<i>Balance of personal & professional commitments</i>	44.1%	35.3%	8.8%	3.9%	2.9%	4.9%
<i>Opportunity for professional development</i>	42.2%	27.5%	4.9%	0.0%	1.0%	24.5%
<i>Professional collaboration</i>	41.2%	30.4%	10.8%	4.9%	1.0%	11.8%
<i>Respect from co-workers and other disciplines</i>	40.2%	25.5%	4.9%	0.0%	2.0%	27.5%
<i>Continuing education</i>	37.3%	31.4%	7.8%	1.0%	1.0%	21.6%
<i>Opportunities for recognition</i>	24.5%	21.6%	11.8%	0.0%	2.9%	39.2%
<i>Opportunity to influence policy</i>	20.6%	14.7%	9.8%	3.9%	4.9%	46.1%
<i>Conditions and benefits comparable to other groups in your work setting</i>	19.6%	13.7%	4.9%	1.0%	3.9%	56.9%
<i>Opportunities for promotion</i>	12.7%	4.9%	5.9%	1.0%	2.9%	72.5%
<i>Respect from supervisors</i>	11.8%	6.9%	2.9%	1.0%	1.0%	76.5%
<i>Relationship with supervisors</i>	10.8%	4.9%	5.9%	0.0%	1.0%	77.5%
<i>Sick leave policy</i>	9.8%	1.0%	4.9%	2.9%	3.9%	77.5%
<i>Amount of paid vacation</i>	8.8%	3.0%	6.9%	2.9%	3.9%	74.5%
<i>Overall health, dental benefits package</i>	4.9%	1.0%	3.9%	3.9%	4.9%	81.4%
<i>Pension benefits</i>	2.9%	2.9%	3.9%	3.9%	4.9%	81.4%
<i>Parental leave policy</i>	1.0%	2.0%	6.9%	1.0%	2.0%	87.3%

Table 2: Work Satisfaction Responses Related to Public Sector Work Only (138 respondents)

PUBLIC SECTOR ONLY	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	N/A
<i>Relationship with co-workers</i>	42.8%	44.9%	9.4%	1.4%	0.0%	1.4%
<i>Hours worked per week</i>	39.9%	41.3%	8.0%	8.0%	1.4%	1.4%
<i>Respect from co-workers and other disciplines</i>	27.5%	53.6%	12.3%	2.9%	0.7%	2.9%
<i>Relationship with supervisors</i>	25.4%	38.4%	13.8%	10.9%	8.0%	3.6%
<i>Sick leave policy</i>	25.4%	31.9%	14.5%	13.8%	5.8%	8.7%
<i>Practicing to scope</i>	23.2%	44.9%	11.6%	15.2%	2.2%	2.9%
<i>Skills being used appropriately</i>	21.0%	41.3%	18.8%	10.9%	8.0%	0.0%
<i>Professional collaboration</i>	19.6%	50.0%	16.7%	8.7%	2.9%	2.2%
<i>Parental leave policy</i>	19.6%	29.0%	14.5%	7.2%	2.9%	26.8%
<i>Flexible work schedule</i>	19.6%	28.3%	20.3%	18.8%	10.1%	2.9%
<i>Amount of paid vacation</i>	18.1%	34.8%	12.3%	15.9%	10.9%	8.0%
<i>Respect from supervisors</i>	18.1%	36.2%	18.8%	12.3%	12.3%	2.2%
<i>Overall health, dental benefits package</i>	18.1%	31.2%	20.3%	14.5%	5.1%	10.9%
<i>Physical work conditions</i>	17.4%	39.9%	15.2%	15.2%	11.6%	0.7%
<i>Opportunities to use training</i>	16.7%	31.9%	29.0%	10.9%	7.2%	4.3%
<i>Balance of personal and professional commitments</i>	15.2%	34.8%	21.7%	18.8%	8.0%	1.4%
<i>Pension benefits</i>	14.5%	29.0%	24.6%	17.4%	5.1%	9.4%
Overall job satisfaction	12.3%	43.5%	18.8%	20.3%	5.1%	0.0%
<i>Conditions and benefits comparable to other groups in your work setting</i>	11.6%	23.9%	27.5%	16.7%	10.9%	9.4%
<i>Continuing education</i>	10.9%	15.9%	15.2%	27.5%	28.3%	2.2%
Base salary	8.0%	24.6%	9.4%	34.1%	23.2%	0.7%
Opportunities for promotion	7.2%	19.6%	23.9%	19.6%	17.4%	12.3%
Opportunity for professional development	8.0%	21.7%	15.9%	26.8%	23.2%	4.3%
Opportunities for recognition	6.5%	25.4%	26.8%	23.2%	15.9%	2.2%
Opportunity to influence policy	4.3%	14.5%	18.8%	29.7%	26.8%	5.8%

19. Primary Employment Transition

Twenty-six percent of respondents reported that they had changed their primary employment setting in the last two years and remained in NB. Importantly, this survey does not capture psychologists who have left positions in NB for other provinces; thus, it is possible that the proportion of psychologists who changed their primary employment setting in the past two years is underestimated.



20. Rationale for Primary Employment Transition

As a follow-up to the previous question, question 23 asked psychologists to report reasons why they changed primary employment settings recently. This was an open-ended question which allowed the respondent to explain their reasons in their own words. Seventy-five respondents provided reasons for their decision to change their employment, as summarized below.

New Opportunities

As might be expected, a number of psychologists reported changing employment settings out of a desire to engage in a new area or type of work (e.g., "Opportunity to start a new career path"). This reason was endorsed by almost a quarter of those who answered this question (23%).

Workplace Issues

There were a variety of workplace issues that were identified by respondents as reasons for job change. Fifty-two percent of respondents to this question reported dissatisfaction with their prior workplace, citing at least one and often multiple issues with working conditions in their prior position as motivators for their employment change. Three respondents went as far as to say that the policies in their workplace conflicted with their professional ethics, leading them to leave their job. The specific issues reported included:

- a) ***Compensation Issues:*** A number of respondents (20%) cited dissatisfaction with their salary as a motivator for employment change. In particular, respondents noted the availability of higher salaries in the private sector and insufficient salaries in the public sector as a primary motivator for moving from the public to private sector. Several respondents (8%) also cited overall compensation changes in the public sector – for example, the move to the Shared Risk Pension Model adopted by the Government of NB – as one of their reasons for moving to the private sector.

Some respondents indicated they had reduced their hours in their public service role (e.g., moving to four days per week) to allow them to establish a part-time private practice which would increase their overall income. They indicated that this move would facilitate an easier transition to full-time private practice should they desire such a move.

- b) ***Professional Respect and Understanding in the Workplace:*** One of the more common themes emerging from the survey results (reported by 20% of respondents) was a perceived lack of respect and understanding of the psychology profession within the public service that led psychologists to seek other positions. Respondents indicated that they had reported to (i.e., were supervised by) individuals without a background in psychology who were unaware of psychologists' training and skillset and often misguidedly interfered in ongoing cases as a result of this limited understanding of psychological practice.

Respondents indicated that they were frustrated by bureaucratic “red tape” and felt unable to put their expertise (i.e., clinical skills and judgment) into practice, so they moved to positions in the private sector where they could do so.

- c) **Workload Issues:** Excessive workloads (particularly client volume), unrealistic expectations, and a focus on productivity over quality care were cited by 15% of respondents as reasons for changing primary employment. Psychologists reported being overworked, having too many demands on their time, and being required to maintain an unrealistic client case load which prompted them to look for a new position.
- d) **Working Conditions:** Poor working conditions were cited by 15% of respondents as motivating job change. Specific issues mentioned included high negativity in the workplace, budgetary limitations, and inadequate confidential and quiet space to do psychological assessments (such space being crucial to the testing process).
- e) **Lack of training/professional development opportunities:** Several respondents (7%) reported a lack of professional development opportunities as a reason for changing roles. Like most health-related fields, research in clinical psychology is constantly evolving, giving way to new diagnostic approaches and treatment options. With little to no ability to take advantage of these new advances in the discipline, psychologists are moving to other areas, including private practice to ensure their skills remain relevant to their professional vocation.

Stress

Although it was implied in a number of the responses from psychologists, 5% directly commented on work-related stress as the reason for changing primary employment settings (i.e., job too stressful). An additional 4% reported experiencing workplace harassment, which led them to change jobs.

Flexibility and Autonomy

Whether in response to the concerns noted above or for other personal reasons, 17% of respondents reported moving into private practice because it offered increased flexibility (i.e., in hours) and autonomy (i.e., in decision-making).

Retirement, Reassignment, and Promotion

Respondents also reported changing jobs due to retirement (12%), reassignment (8%), and promotion (1%). Some psychologists reported taking early retirement packages, referencing workplace issues as the motivating factor for this decision. Many people who were reassigned reported reassignment as a consequence of the move to the Integrated Service Delivery (ISD) model adopted by the provincial government, which reorganized the delivery of psychological services for youth in the province.

Location and Personal Reasons

Eight percent of respondents commented on changing jobs for location reasons (e.g., wanting to move back to NB). Another 8% of respondents cited personal reasons for job change.

21. Factors Retaining Psychologists in New Brunswick

Participants were asked to report what factors will keep them working in NB. The primary reason reported by respondents for maintaining work in NB was that this province was their home (16%) and that they have a strong desire to remain close to family and friends (47%). In fact, several participants indicated that if they did not have personal reasons for remaining in NB, then they would move to a province with better pay, opportunities, and working conditions. Others indicated that they would remain in NB as long as their partner was employed here, leaving open the possibility that they could leave if their spouse’s employment changed.

Other strengths of working in NB were highlighted, including the lower cost of living (3%) and high quality of life (8%) in NB. Other psychologists reported employment related reasons for staying in NB, including established licensure in NB particularly at the Master’s level (2%), nearness to retirement (2%), a commitment to underserved populations (2%), the ability to work in one’s first language (3%), having an established private practice in the province (5%), and being satisfied with their current job (11%).

There were a number of calls for improvements made by psychologists that would increase the chance they would remain in NB. Notably, 20% of respondents indicated that being compensated at a rate more equitable to CPNB’s pay guidelines or compensation rates in other provinces would be an important retention factor. Five percent of respondents pointed to improved benefits (e.g.,

pension, health benefits) as important to keeping them in NB. In line with responses to question 23, major improvements in working conditions and workload were called for by 16% of respondents, 11% of respondents called for improvements in professional respect and recognition that would allow them to practice as trained, and 3% called for more professional development opportunities.

22. Suggestions to Improve Working Conditions and Benefits for Psychologists in the Public Sector in NB

The number one suggestion made by respondents to improve working conditions for psychologists in NB was undoubtedly the need for higher salaries in the public sector, with many citing the example of higher wages in the private sector and higher wages in the public sector in neighbouring provinces as putting NB at a competitive disadvantage. Seventy percent of respondents endorsed this factor as an important and needed area for improvement. Similarly, 17% made reference to improvements in benefits as being needed.

Forty-three percent of respondents also endorsed need for improvements in respect for psychology as a profession, recognition of the expertise of psychologists, and policies that allow psychologists to work according to the scope of their training. Psychologists undergo a highly specialized education and training and are specialists in assessment, diagnosis, interventions, and research that informs their work, yet often the profession is marginalized within the civil service. Respondents voiced a need for their professional opinions to be considered when it comes to assessment and treatment of New Brunswickers. Twenty-four percent of respondents expressed a specific need for review of policies and procedures with respect to psychologists' role in the public sector NB (including within the ISD framework), and that psychologists or CPNB be involved in the process of policy-making when it comes to psychologist providing appropriate and effective services to clients. Thirteen percent of respondents also reported that they saw a need for improved relations with management, including more respect for psychologists' opinions and training rather than making changes without consultation.

In line with the above comments, respondents called for more flexibility and autonomy within psychology positions (20%), more professional development opportunities (17%), better management of psychologists' workload so it is more realistic and emphasizes quality of service delivery rather than entirely focusing on quantity of people served (15%), better physical working conditions (i.e., a private office) (7%), and more avenues for professional support and collaboration (6%). Several psychologists also mentioned the importance of employers better understanding psychologists' code of ethics and its importance as a priority in their practice (5%).

Notably, several psychologists (13%) made more global calls for a reevaluation of recruitment and retention strategies in the province. Others noted that the province requires increased mental health funding and more available resources for psychologists to adequately carry out their duties (6%).

23. Suggestions to Improve Working Conditions and Benefits for Psychologists in the Private Sector in NB

Given that many respondents felt unfamiliar with private sector work in NB, only 46% of respondents provided suggestions on ways to improve working conditions for private sector psychologists. Of the respondents who answered this question, 56% emphasized the importance of improving New Brunswickers' access to psychological services via financial and/or systemic changes. Thirty-two percent of respondents specifically suggested that psychological services should be covered by Medicare as is currently the case with psychiatrists and other physicians, and another 19% suggested improvements in insurance coverage for New Brunswickers relying on third party payers to access psychological services. Several psychologists (6%) also called for improvements in the Family and Employment Assistant Program systems (specifically in compensation for psychologists) such that psychologists could be more easily accessed via such employee supports. Many psychologists emphasized that New Brunswickers with lower income and/or poorer health insurance plans particularly struggled to access adequate psychological services.

Another issue that was raised on multiple occasions (by 24% of respondents to this question) was the desire for a group benefits package and/or pension plan for members of CPNB. Respondents indicated that accessing benefits is a challenge for many entrepreneurs and small business operators of psychological practices, who cannot qualify on their own for the reduced rates that a group plan could provide.

Finally, 13% of psychologists expressed an interest in better networking and collaboration among private sector psychologists and with the public health system. For instance, participants suggested the need for a better understanding of how private psychologists could fill gaps in the public sector and/or provide consultation to public sector colleagues. Other psychologists expressed interest in CPNB playing

a stronger role in the expansion of a membership directory that includes areas of specialty/interest to increase private sector collaboration, consultation, and ease of referral.