BURNOUT, MORAL INJURY, AND PROFESSIONAL WELLBEING IN PSYCHIATRY: EVIDENCE-BASED STRATEGIES FOR INDIVIDUAL AND ORGANIZATIONAL CHANGE

Joseph P. Jordan, PhD, CEO of NCPHP

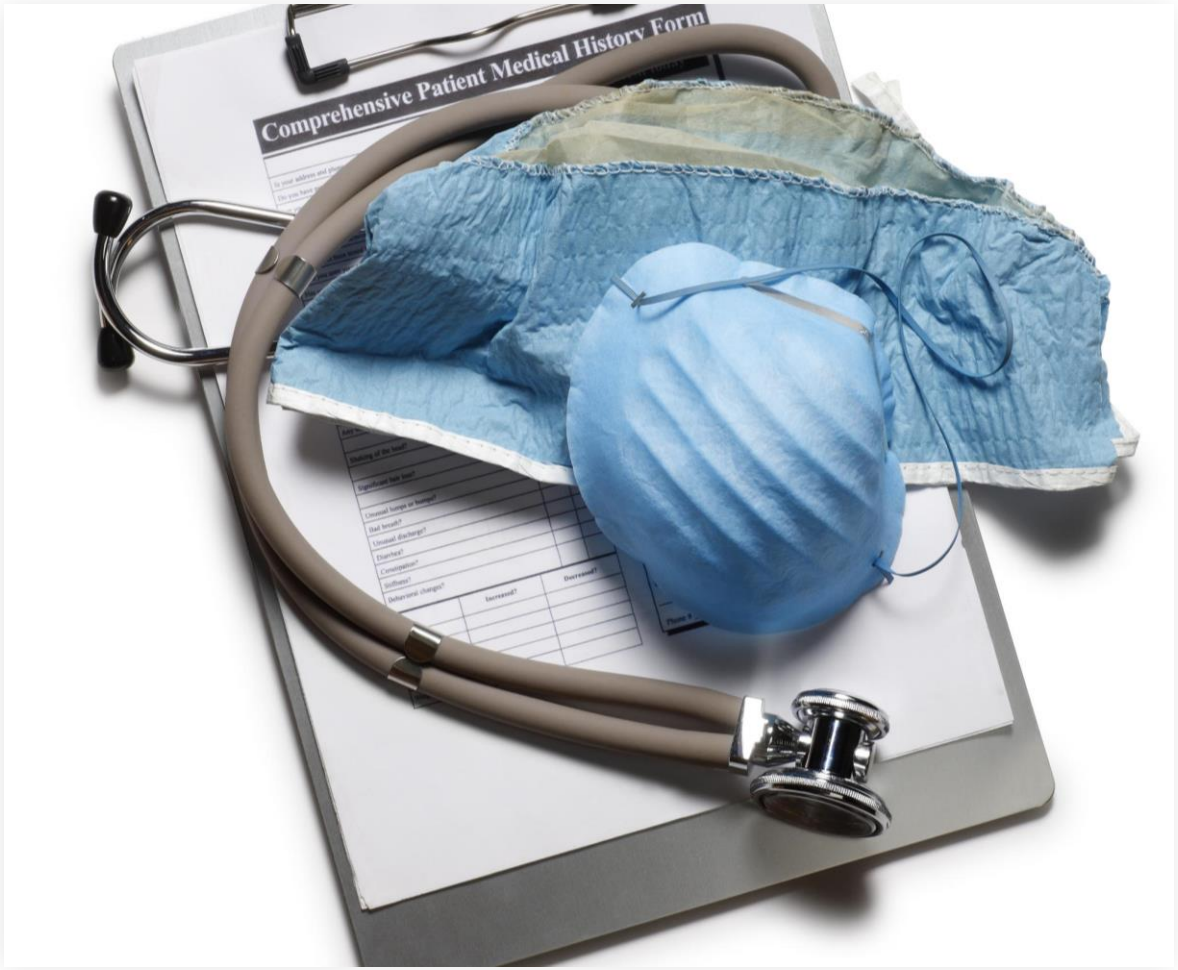
Sarah Young, MD, Medical Director of NCPHP

Friday, September 25, 2026

2:30 pm – 4:30 pm

JOSEPH P. JORDAN, PH.D., HAS NO RELEVANT FINANCIAL RELATIONSHIPS TO DISCLOSE

SARAH YOUNG, MD, HAS NO RELEVANT FINANCIAL RELATIONSHIPS TO DISCLOSE



CONSIDER THESE POINTS

Clinician Burnout Crisis

Burnout and moral injury in psychiatry affect clinician health and compromise patient safety and care quality.

System and Individual Factors

Wellbeing is influenced by both individual resilience and systemic organizational pressures on psychiatric clinicians.

Importance of Wellbeing Support

Supporting psychiatrist wellbeing is essential for workforce sustainability and maintaining effective psychiatric services.

LEARNING OBJECTIVES

Identify Burnout Contributors

Evaluate key contributors to burnout and moral injury including workplace, administrative, and emotional factors.

Apply Evidence-Based Strategies

Learn strategies to reduce burnout, improve wellbeing, and decrease professional distress effectively.

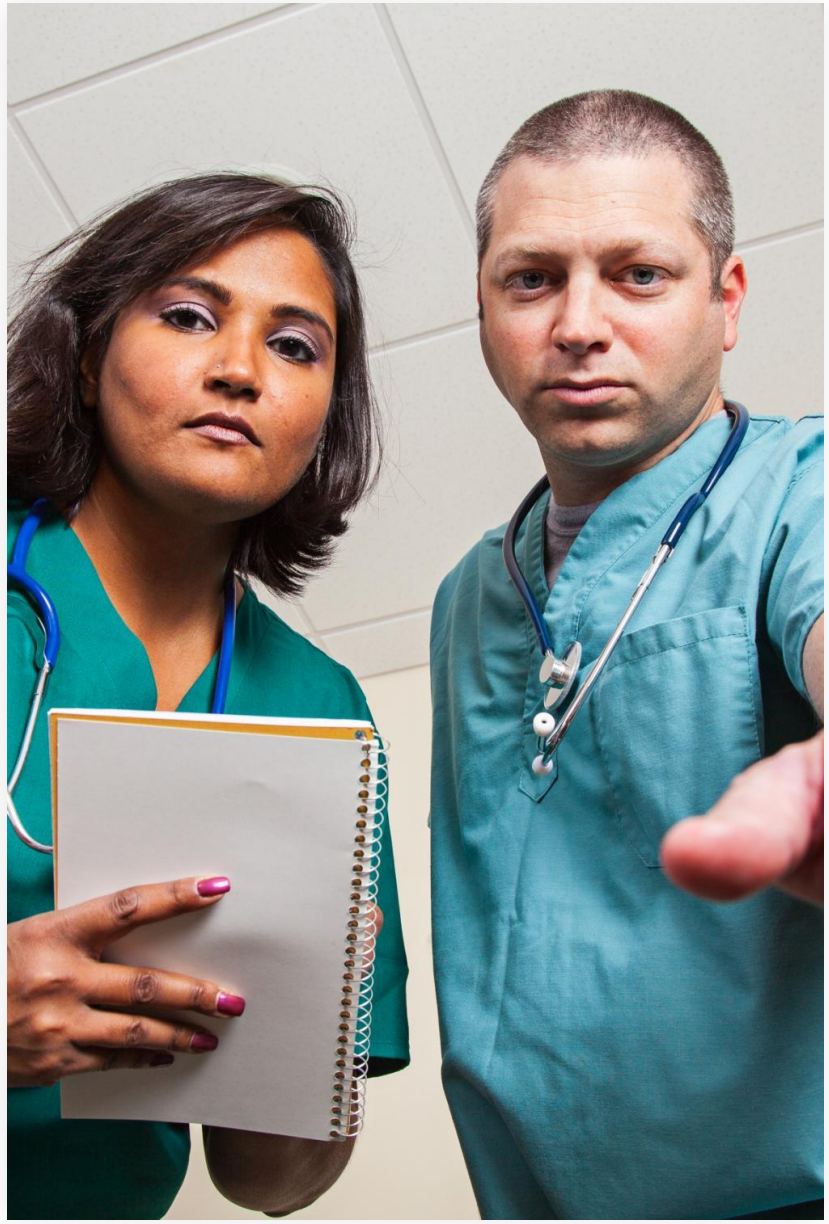
Implement Interventions

Focus on personal and organizational interventions that strengthen resilience and improve workplace culture.

Recognize and Prevent Risks

Gain skills to identify risk factors for professional impairment and apply early intervention methods.

UNDERSTANDING THE SCOPE OF THE PROBLEM



WHY THIS MATTERS

Impact on Patient Care

Burnout reduces quality of care, diagnostic accuracy, and patient satisfaction in clinical settings. Likelihood of medical error 2.04 x increase of patient safety incident

Workforce Challenges

Burnout causes workforce shortages due to reduced productivity, turnover, and recruitment challenges.

Mental Health Risks

Burnout increases risks of anxiety, depression, and suicide among physicians and clinicians. NCPHP study results

Organizational Solutions

Viewing burnout as a patient safety issue encourages systemic changes to improve clinician wellbeing.

THE STATE OF PSYCHIATRY TODAY

Increasing Clinical Demands

Rising patient acuity and mental health needs have increased demand for psychiatric services, straining clinicians. 25 counties in NC w no Psychiatrist; 94/100 MH shortage areas.

Administrative Burdens

Documentation and insurance requirements consume clinical time and reduce direct patient care opportunities. 1/5 of time

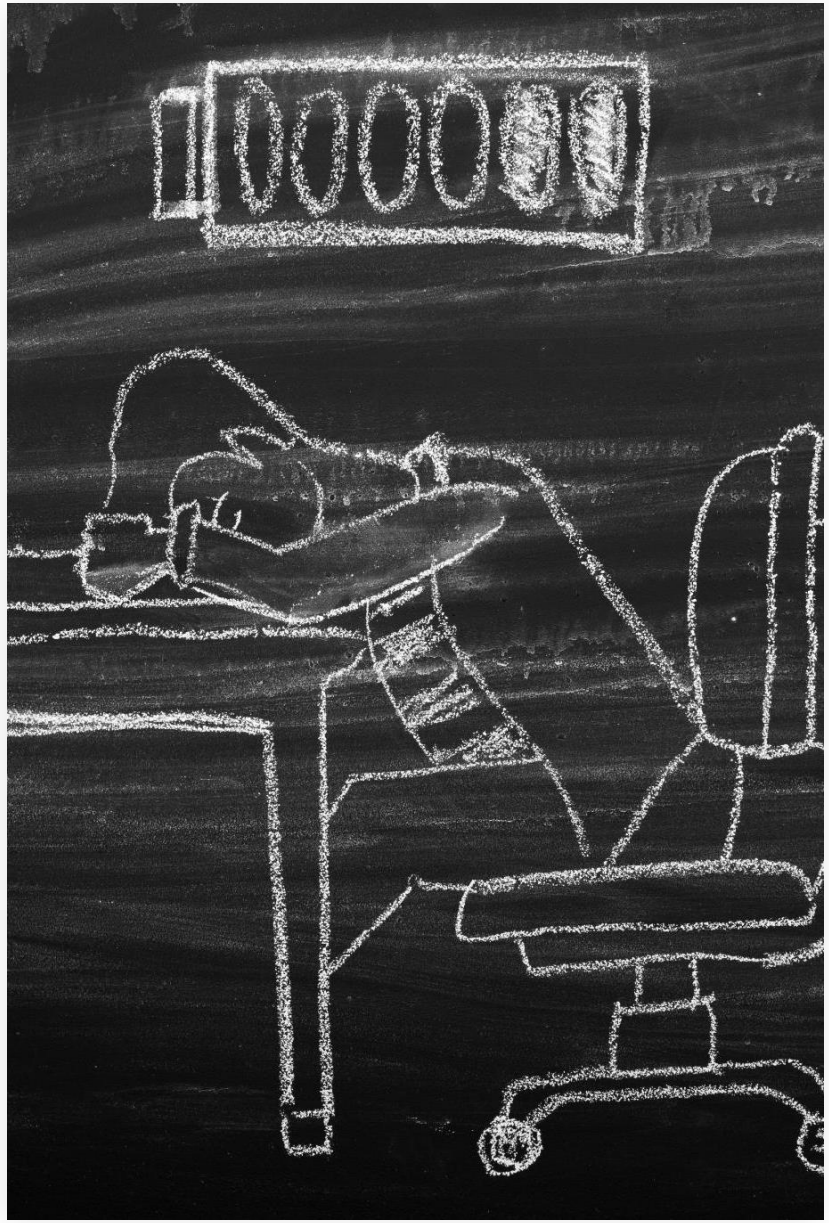
Workforce Shortages

Shortages of psychiatrists and support staff increase workloads and limit recovery time for clinicians. 38K < than needed in 10 yrs

Safety and Telepsychiatry Challenges

Workplace safety concerns grow while telepsychiatry introduces new workflow and boundary challenges. Fed law 2025, NC has 2023 Hospital Violence Protection Act

BURNOUT AND MORAL INJURY



BURNOUT: DEFINITION

Emotional Exhaustion

Emotional exhaustion means feeling drained and overwhelmed, with an inability to recover from work demands effectively.

Depersonalization

Depersonalization involves emotional detachment and cynicism towards patients and work responsibilities.

Reduced Personal Accomplishment

Reduced personal accomplishment is feeling ineffective and experiencing diminished professional success.

Burnout vs Fatigue

Burnout is a chronic occupational syndrome differing from temporary fatigue and requires workplace changes for resolution.

MORAL INJURY

Definition of Moral Injury

Moral injury occurs when clinicians cannot provide care aligned with their values due to systemic barriers and constraints.

Examples in Psychiatry

Situations like inpatient bed shortages, insurance denials, and early discharges illustrate moral injury challenges

Impact Versus Burnout

Moral injury focuses on ethical and emotional distress, differing from burnout's emphasis on exhaustion and workplace stress.

Organizational Contributors

Moral injury highlights how structural and organizational issues contribute to clinician distress beyond individual failure.

DISTINGUISHING RELATED CONDITIONS

BURNOUT VS DEPRESSION VS PROFESSIONAL IMPAIRMENT

Condition	Primary Focus	Typical Symptoms	Impact
Burnout	Work-related distress	Exhaustion, cynicism, reduced accomplishment	Professional dissatisfaction and reduced engagement
Depression	Mental health disorder	Persistent sadness, hopelessness, anhedonia	Broad impairment across life domains
Professional Impairment	Reduced ability to practice safely	Performance decline, behavioral concerns	Potential patient safety risks

UNIQUE CONTRIBUTORS IN PSYCHIATRY

Emotional Labor in Psychiatry

Psychiatrists require sustained empathy and presence during emotionally challenging clinical conversations.

Managing Crisis and Trauma

Psychiatrists routinely assess suicide risk and manage patients in crisis, facing cumulative emotional burdens.

Complex Patient Challenges

Handling personality disorders requires emotional regulation and strict boundary maintenance.

High-Risk Decision Making

Psychiatrists make critical safety and treatment decisions, including involuntary care and risk management.

SYSTEM DRIVERS AND EVIDENCE

SYSTEM-LEVEL CONTRIBUTORS

Organizational Burnout Contributors

Burnout arises from systemic issues like productivity pressures, complex regulations, and administrative burdens in healthcare settings.

Communication and Trust Issues

Poor communication between leadership and clinicians undermines trust, engagement, and professional autonomy.

Solutions for Burnout Reduction

Addressing burnout requires leadership action, workflow redesign, better staffing, and positive culture change.

EVIDENCE REGARDING BURNOUT INTERVENTIONS

Individual Burnout Strategies

Mindfulness, cognitive behavioral techniques, and peer support help individuals improve coping and emotional recovery.

Organizational Interventions

Targeting workload, staffing, and leadership engagement addresses root causes of burnout for lasting impact.

Combined Approach Effectiveness

Integrating personal wellbeing practices with workplace improvements yields the most effective burnout interventions.

Systems for Thriving Clinicians

Creating supportive systems empowers clinicians with resilience tools and fosters a healthy work environment.

RISKS AND CONSEQUENCES

CONSEQUENCES OF BURNOUT

Clinician Wellbeing Impact

Burnout leads to depression, anxiety, sleep issues, and reduced job satisfaction in clinicians, affecting their mental health and practice.

Patient Care Consequences

Patients experience lower satisfaction, disrupted care continuity, reduced empathy, and higher risk of medical errors due to clinician burnout.

Organizational Costs

Healthcare organizations face turnover, recruitment costs, decreased productivity, and low morale as a result of clinician burnout.

Need for Intervention

Addressing burnout with evidence-based interventions promotes clinician wellbeing and enhances healthcare safety and effectiveness.

PHYSICIAN SUICIDE

Contributing Factors

Mental health issues, chronic stress, burnout, stigma, and fear of repercussions contribute to physician suicide risk.

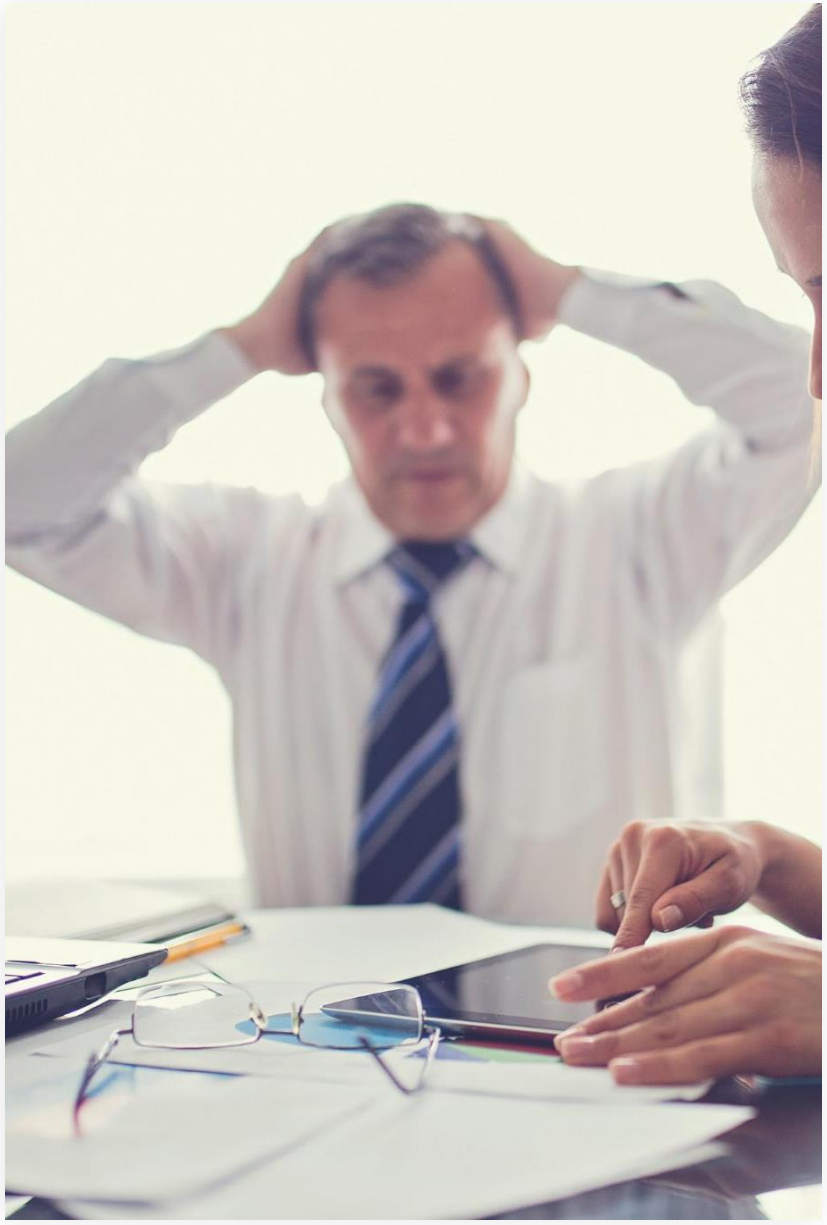
Unique Psychiatric Challenges

Psychiatrists face added challenges due to exposure to suicide cases and pressure to maintain emotional resilience.

Prevention and Hope

Early recognition, destigmatization, and confidential support encourage recovery and seeking help as professional strength.

RECOGNITION AND RESPONSE



RECOGNIZING PROFESSIONAL IMPAIRMENT

Signs of Professional Impairment

Impairment shows as behavioral, cognitive, and performance changes, including irritability and attendance issues.

Distinguishing Impairment vs Burnout

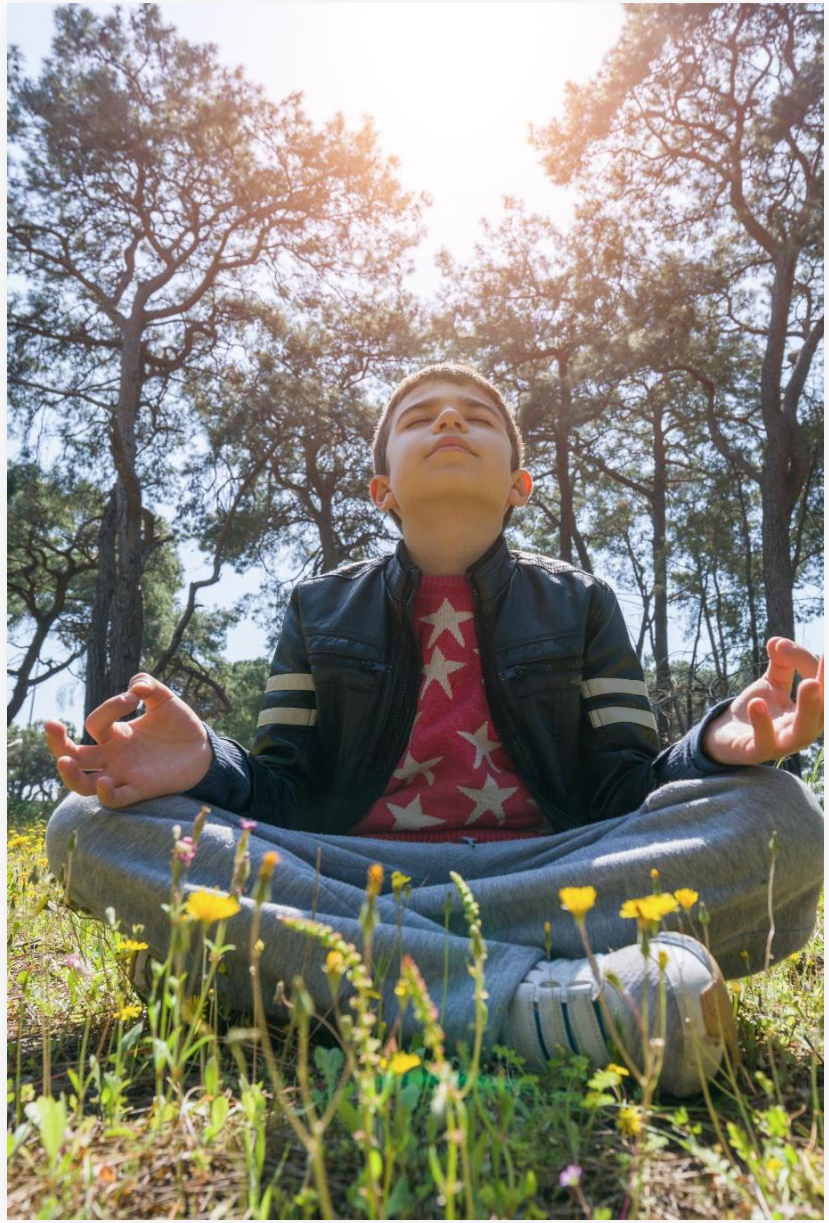
Impairment is distinct from burnout; not all burned-out clinicians are impaired and vice versa.

Organizational Support Systems

Clear policies and confidential reporting promote supportive evaluations prioritizing clinician welfare and safety.

Early Recognition Benefits

Early identification enables intervention, reducing stigma and preventing severe consequences.



EVIDENCE-BASED INDIVIDUAL STRATEGIES

Sleep Optimization Importance

Chronic sleep deprivation harms cognitive function and emotional resilience, making sleep optimization essential for wellbeing.

Physical Activity Benefits

Regular exercise boosts mood, energy, and improves tolerance to stress, supporting mental health.

Mindfulness and CBT

Mindfulness strengthens attention and reduces emotional reactivity; cognitive behavioral therapy aids coping with unhelpful thoughts.

Support and Time Management

Peer support and professional coaching foster connection and career growth; managing time prevents overwhelm and supports wellbeing.

BUILDING HEALTHIER SYSTEMS

BUILDING RESILIENCE WITHOUT BLAMING PHYSICIANS

True Resilience Components

Resilience requires psychological flexibility, purpose, self-compassion, healthy boundaries, and intentional recovery, not just enduring stress.

Systemic Change Need

Meaningful resilience helps clinicians navigate challenges while emphasizing the need for systemic workplace improvements.

Balanced Approach to Care

Supporting resilience involves personal strengths and organizational responsibility, addressing workload, leadership, and resources.

ORGANIZATIONAL SOLUTIONS AND CULTURE OF WELLBEING

Organizational Interventions

Effective interventions include leadership engagement, reducing documentation burden, team-based care, and meaningful clinician recognition.

Fostering Culture of Wellbeing

Promoting psychological safety, normalizing help-seeking, and providing confidential support foster clinician wellbeing and trust.

Sustainable Wellbeing Improvements

Visible leadership commitment and alignment of values with actions enhance retention, engagement, and patient outcomes.

APPLICATION AND ACTION

CASE STUDY AND PRACTICAL ACTION PLAN

Applying Case-Based Learning

Case-based learning helps analyze burnout, moral injury, and organizational wellbeing through real-world scenarios.

Developing Practical Action Plans

Participants create actionable plans targeting personal, practice, and organizational wellbeing improvements.

Promoting Meaningful Change

Small, intentional changes build momentum and foster organizational support for clinician wellbeing.

RESOURCES, KEY TAKE-HOME MESSAGES, AND DISCUSSION

Professional Wellbeing Resources

Multiple organizations provide education, tools, and confidential support to promote physician wellbeing and mental health.

Burnout as Systems Issue

Burnout stems mostly from systemic problems, with moral injury playing a growing role in clinician wellbeing challenges.

Limits of Individual Resilience

Individual resilience alone cannot overcome organizational barriers; systemic changes are necessary to improve wellbeing.

Importance of Early Intervention

Early recognition and intervention prevent impairment and support recovery among clinicians experiencing distress.