



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# Burnout and moral injury: Australian psychiatry at its limits

Report by The Royal Australian and New Zealand College of Psychiatrists  
February 2024

# Executive summary

## Australia has a critical and growing shortage of psychiatrists.

While there has been some meaningful action from both Federal, State and Territory Governments, the recently released [National Mental Health Workforce Strategy](#) warned that mental health workforce shortages are getting worse.

To gather insights from the frontlines about how this shortage impacts psychiatrists and trainees working day in and day out in Australia's mental health system, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) conducted a pulse check survey of members in December 2023.

Psychiatrists were asked about their views on work, job satisfaction and wellbeing, and whether the current workforce shortages negatively impact the care they provide to the community.

The results were concerning, but not surprising.

9 in 10 psychiatrists said the current workforce shortages negatively impact patient care.

7 in 10 psychiatrists reported experiencing symptoms of burnout in the past three years, and 82 per cent of Australian psychiatrists cited workforce shortages as the top factor contributing to so many psychiatrists experiencing the symptoms of burnout.

### Symptoms of burnout at work include:

- Reduced work satisfaction and loss of motivation to work.
- Feeling exhausted and drained all the time.
- Emotionally withdrawing from friends and family.
- Feeling lonely or isolated at work.
- Physical symptoms like headaches and body pains.

This comes as Australian communities are experiencing increased socioeconomic and health pressures and there is an unprecedented demand for mental health care. The COVID-19 pandemic, drought, bushfires, floods and cost-of-living stress have stretched an already overstretched mental health care system.

As a result, too many Australians are going without essential care.

When Australians reach out their hand for help, it's the workforce that reaches back. However, the mental health workforce faces a greater risk of stress, burnout and mental illness compared to the general population.<sup>1</sup>

Workforce wellbeing has a close relationship with the care patients are more likely to receive. Research shows the conditions that lead to burnout are also the conditions that negatively impact patient outcomes.<sup>2</sup>

Workforce shortages are the most critical issue facing the mental health care system. Almost 80 per cent of Australia's psychiatrists believe adequate staffing levels would contribute to their job satisfaction as psychiatrists.

To grow the psychiatry workforce, we also need to support and nurture our current workforce to prevent burnout, moral injury and attrition.

This report is one of many reports<sup>3</sup> which speaks to the impact of the workforce crisis facing the sector and emphasises the need for targeted and sustained government investment to attract, train, and retain psychiatrists to meet the mental health care needs of the community.

This survey was specifically for the Australian perspective. Recent surveys and articles show that the situation is similar in Aotearoa New Zealand, and further work is being planned for the Aotearoa New Zealand perspective.

1. Australian Department of Health and Aged Care. National Mental Health Workforce Strategy 2022-2023 Canberra: Australian Department of Health and Aged Care; October 2023 [Available from: National Mental Health Workforce Strategy 2022-2023 | Australian Government Department of Health and Aged Care]  
2. Australian Private Hospitals Association. Mental Health - crisis and solutions, a private hospital perspective. April 2023.  
3. Australian Department of Health and Aged Care. National Mental Health Workforce Strategy 2022-2023 Canberra: Australian Department of Health and Aged Care; October 2023 [Available from: National Mental Health Workforce Strategy 2022-2023 | Australian Government Department of Health and Aged Care]

Australian Government Productivity Commission. Mental Health vol.2 no. 95 Canberra: Australian Government Productivity Commission; June 2020 [Available from: Volume 2 - Inquiry report - Mental Health (pc.gov.au)]

# How the survey was conducted

## Response breakdown

By jurisdiction	
New South Wales	367
Victoria	322
Queensland	217
Australian Capital Territory	34
Tasmania	29
Northern Territory	11
South Australia	143
Western Australia	124
By density	
Major city	971
Regional location	235
Rural and remote	59
Not specified	4
By career stage	
Trainee	245
1 – 5 years as a psychiatrist	184
5 – 10 years as a psychiatrist	154
10 – 20 years as a psychiatrist	266
More than 20 years as a psychiatrist	420
By gender	
Female	616
Male	627
Non-Binary	4
(I/They) use a different term	1
Not specified	3

The survey was a questionnaire with 11 closed-ended questions and one open-ended question.

The open-ended question was an opportunity for respondents to share their insights and priorities for what is needed federally to address the chronic workforce challenges facing psychiatry and the mental health sector.

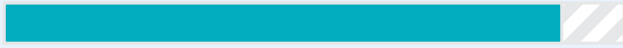
The survey was conducted in December 2023.

We received 1269 responses to the survey which was distributed to over 7200 members of the College in Australia.

The findings identify that as a national issue, it requires coordination at a Federal, State and jurisdictional level to implement solutions.

# Key takeaways

>90% of psychiatrists



say the **psychiatry workforce shortage negatively impacts patient care.**



79%



**Female psychiatrists are more likely to report burnout (79%) than their male colleagues (68%).**

68%



>7 in 10

psychiatrists report **experiencing symptoms of burnout** in the past three years. (73%)

9 in 10 Australian trainees report experiencing symptoms of burnout (90%),



the largest cohort when the responses are analysed by different stages in career.



**Almost 80%** of Australian psychiatrists say **adequate staffing levels will improve their job satisfaction as psychiatrists.**



>80%

of Australian psychiatrists report **reduced work satisfaction and loss of motivation to work** in the past three years. (82%).



79%

of Australian psychiatrists report **feeling exhausted and drained all the time.**

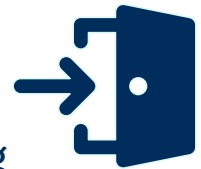
Workforce shortages

Under resourcing of the system

Workloads

82% of Australian psychiatrists said **workforce shortages were the primary reason contributing to psychiatrist burnout**, followed by under resourcing of the system (80%) and workloads (72%).

Almost **33%** of psychiatrists are considering **leaving the profession** in the next three years.



13% of trainees and 14% of early career psychiatrists (1 – 5 years as a psychiatrist) are considering leaving the profession in the next five years.

# National results

We asked psychiatrists what the number one issue is that they would raise to improve mental health care in Australia if they had the opportunity to meet with the Federal Health Minister Mark Butler.

Better supporting the psychiatry workforce was a top priority that survey respondents wanted to raise with the Federal Health Minister. Psychiatrists identified a clear need to address staff and service shortages, through better training, recruitment, and retention.

Psychiatrists expressed feeling overwhelmed by the needs of patients, with both trainee psychiatrists and consultant psychiatrists unable to provide their desired level of care. Increased funding was identified as desperately needed to address the mental health need in the community. Psychiatrists also reported addressing gaps in access to, and staffing for, rural services as a key priority.

## In their own words:

*"Workforce recruitment and retention."*

*"Psychiatry is desperately underfunded proportionate to burden of disease and the gap is widening."*

*"The need for increased staffing in public mental health services - inpatient and outpatient. Staff are so overwhelmed that they cannot provide the required level of care needed. Registrars are often receiving little or no supervision as consultant psychiatrists are overwhelmed by enormous workloads. The registrar also has a large workload - but is navigating it without adequate supervision and without adequate experience. This is exhausting and is leading to a lot of burnout in the work force."*

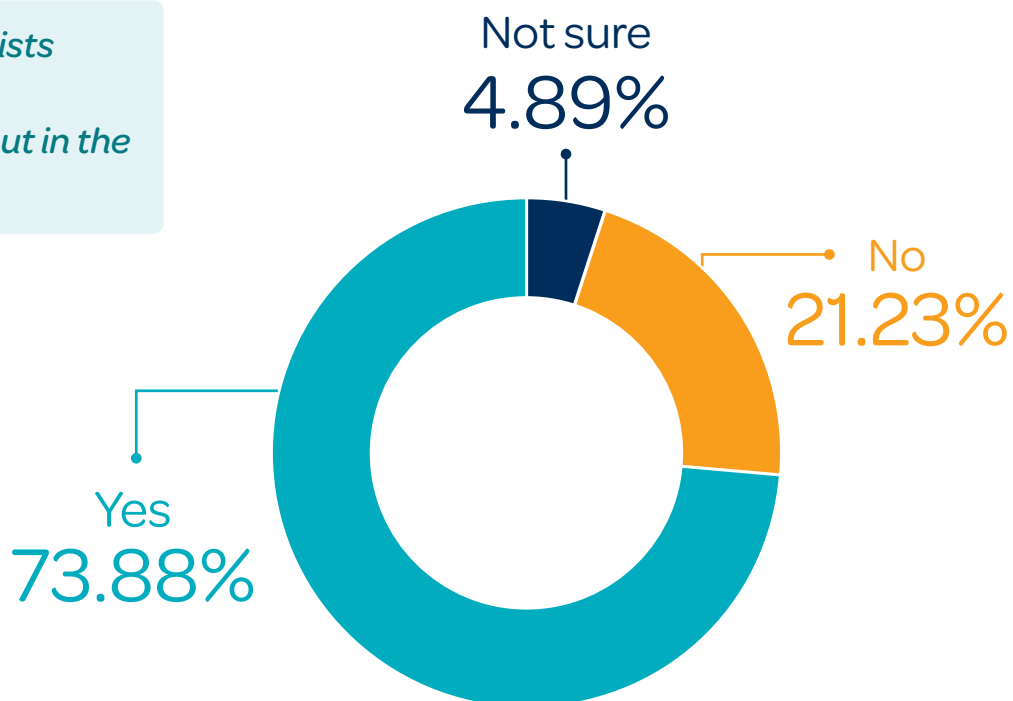
*"Genuinely support rural practitioners living and working in rural communities."*

*"Kindly look into funding for adult inpatient units and community mental health teams, not for boutique services - the core is crumbling, you need to look at the core."*

*"Fund Psychiatry trainees to work and train in the private sector."*

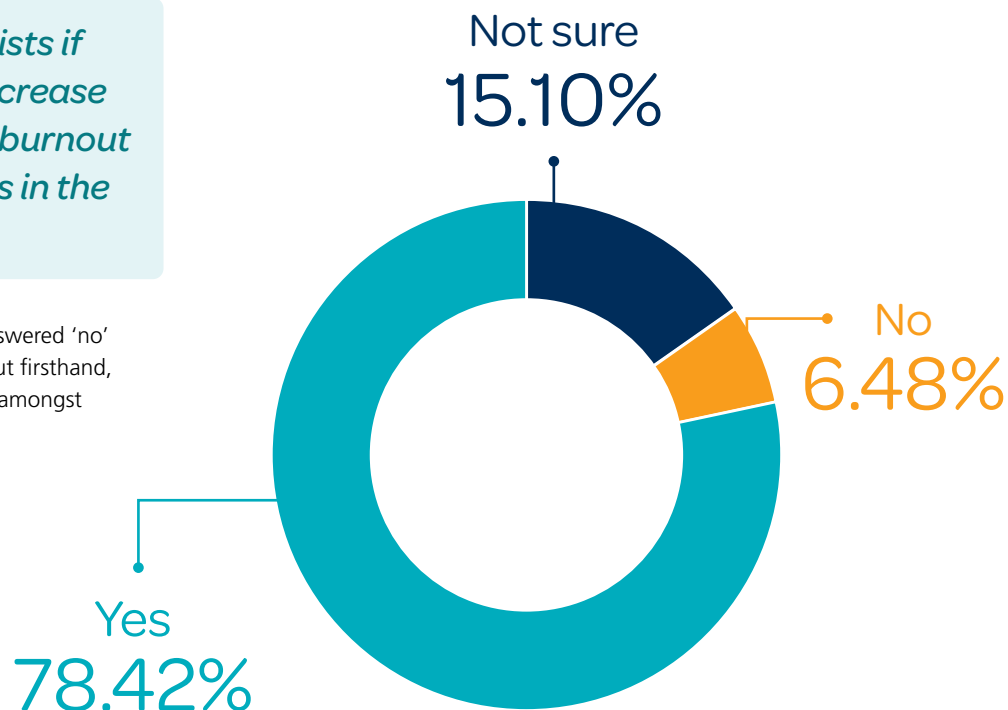
# Burnout

We asked psychiatrists if they experienced symptoms of burnout in the past three years.

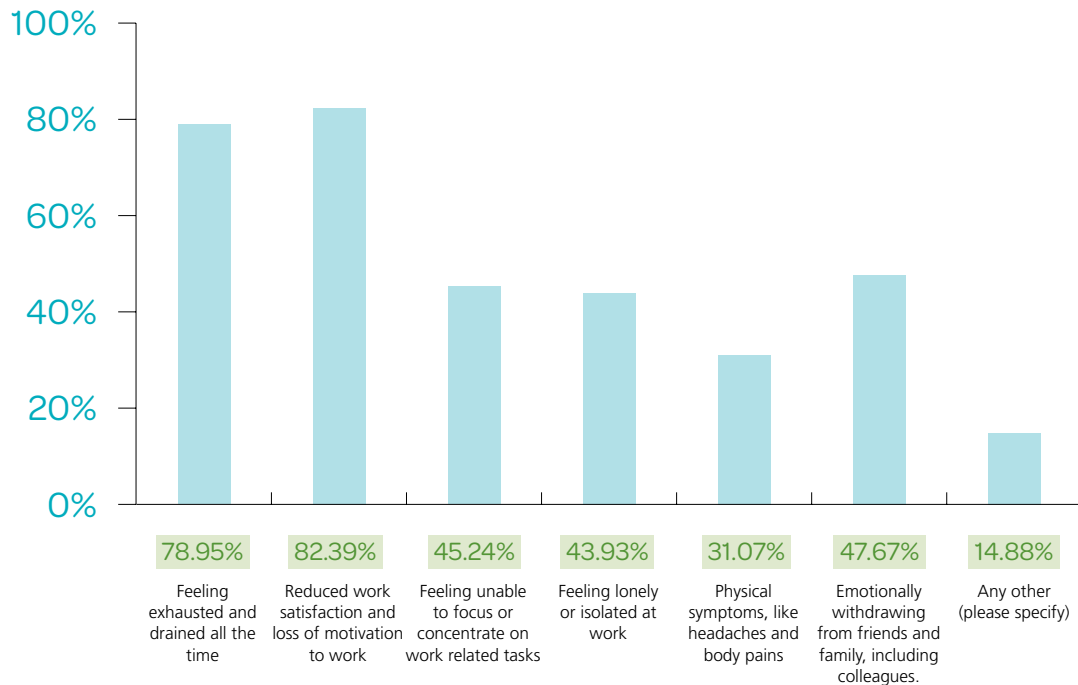


We asked psychiatrists if they observed an increase in the symptoms of burnout amongst colleagues in the past three years.

Out of the 269 psychiatrists who answered 'no' to experiencing symptoms of burnout firsthand, 154 said 'yes' to observing burnout amongst colleagues in the past three years.



*We asked psychiatrists who answered yes to the previous question about their symptoms of burnout in the past three years.\**



Common symptoms of burnout reported by psychiatrists included anxiety, insomnia, and exhaustion, with some experiencing feelings of trauma, pessimism, hopelessness and symptoms of PTSD. Many respondents felt demoralised, devalued, and disillusioned. Some described feeling panic upon arriving at work, wanting to quit their psychiatry training, and worrying about their patients and the lack of resources to meet their needs.

These responses show that the pressures of the job are weighing heavily on psychiatrists. It was also noted by respondents that these pressures are having a negative effect on patient care.

### In their own words:

*"Feeling guilty and worthless, and that I am not working hard enough."*

*"Verge of panic on arrival at work."*

*"Demoralisation and moral distress working in a broken system and feeling unheard by those in a position to enact change."*

*"Wanting to quit psychiatry training, lack of enjoyment of work, sense of futility of work."*

*"I feel constantly preoccupied with patients' issues that are compounded by lack of resources in the public mental health system."*

*"Compassion fatigue, pessimistic, feeling cynical and hopeless."*

*"Feeling overwhelmed and unsupported."*

*"Irritability, cynicism and constant thoughts of quitting medicine."*

\*52 psychiatrists that answered 'no' or 'not sure' to experiencing symptoms of burnout in the past three years answered this question.

## We asked psychiatrists what is contributing to workforce burnout.



Common factors cited by psychiatrists as contributing to burnout included a system that was inefficient and not fit for purpose, as well as imposing unnecessary administration, paperwork, and bureaucratic constraints.

Some reported a disconnect between clinicians and management, where the needs of clinicians were not heard or were dismissed, and some felt disempowered with a lack of authority while carrying all the accountability.

Other themes emerging from responses were that psychiatrists were underpaid and not valued within the public health system; that good psychiatrists were not retained, with the corresponding high turnover of staff impacting morale.

### In their own words:

*"A system that is not fit for purpose that does not actually help people, traumatises people, and its staff."*

*"High staff turnover leading to constantly working with new colleagues and having to establish new working relationships."*

*"Inefficiency within public sector workplace, varied systems which don't link with one another."*

*"Insufficient supports for victims of family violence."*

*"Lack of flexibility once burned out to improve things- strong pressure not to reduce contracted hours, shame at having to reduce overtime hours, worry about repercussions for needing reduced hours of flexibility for burnout."*

*"Sense of disconnection between clinical psychiatry workforce and political management - priorities and needs of those working on the frontline of public health psychiatry are not heard or are dismissed by district mental health executives. Flow on effects for trainees and junior doctors contemplating a career in psychiatry."*

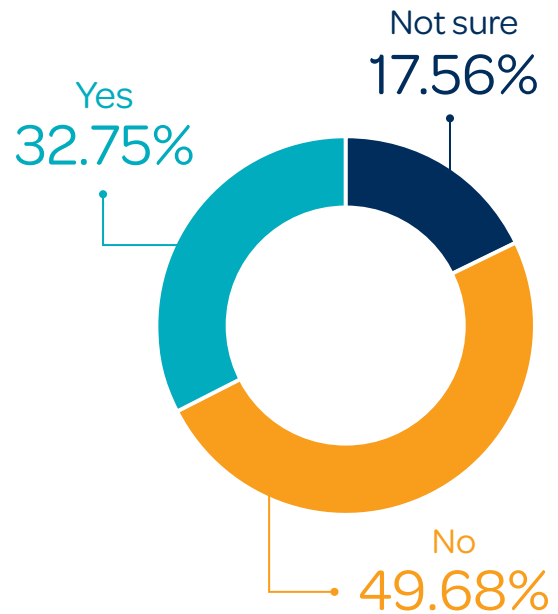


## Attrition

*We asked psychiatrists if they are considering leaving the profession in the next 5 years.*

Approximately 43% of psychiatrists intend to retire in the next decade.<sup>4</sup> While we grapple with an already chronic psychiatry workforce shortage, the next few years will be crucial in determining our mental health care landscape.

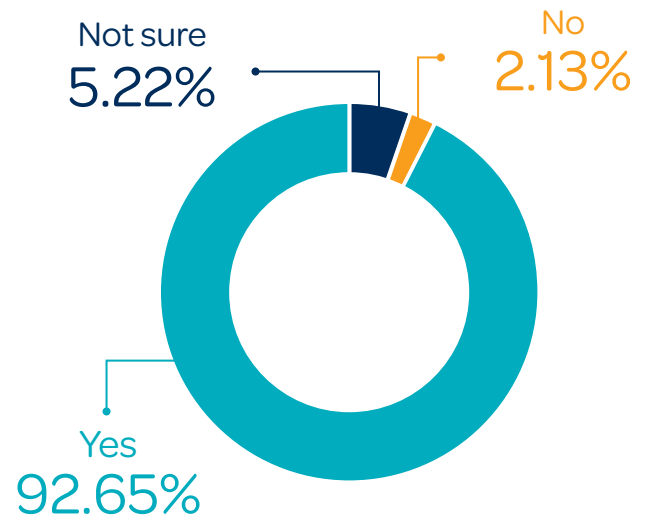
To meet the minimum target set by the National Mental Health Services Planning Framework, a report in 2020 estimated that Australia will need to train the equivalent of 2200 additional psychiatrists by 2030 to provide people with the mental health care they need.<sup>5</sup>



## Patient care

*We asked psychiatrists if they believe the current workforce shortage negatively impacts patient care.*

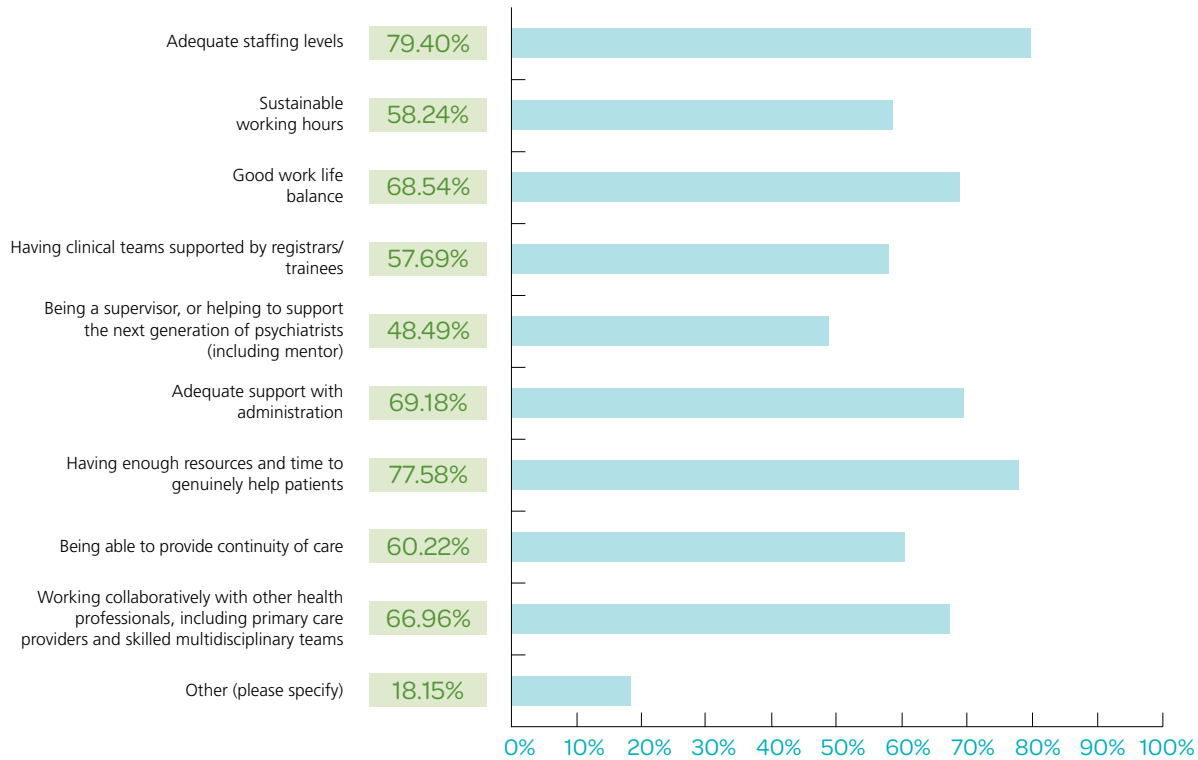
Across every jurisdiction and demographic respondents highlighted that workforce shortages and burnout are having a negative impact on patient care. The same majority of psychiatrists also noted that having increased time and resources to help patients would play a key role in increasing job satisfaction and mitigating burnout.



4. Nguyen TP, Solanki P. Addressing the shortage of psychiatrists in Australia: Strategies to improve recruitment among medical students and prevocational doctors. Australian & New Zealand Journal of Psychiatry. 2023;57(2):161-3.  
5. Acil Allen. Mental Health Workforce - Labour Market Analysis Final Report to Commonwealth Department of Health. Canberra; December 2020.

# Job satisfaction

We asked psychiatrists what factors contribute, or would contribute, to their job satisfaction.



When asked what would increase their job satisfaction, many psychiatrists expressed a desire for more time to spend providing care for their patients, with a focus on recovery. Most respondents noted that they needed improved resources and staffing levels to be able to provide better care.

Psychiatrists also wanted to feel more respected and valued at work, and to feel more empowered to make improvements and create positive change. Better pay and more reasonable working hours were also cited as factors that would improve their job satisfaction.

The *National Mental Health Workforce Strategy* outlines that in order to grow the workforce, psychiatry needs to be seen as a rewarding and satisfying profession. Providing the workforce with the tools and resources they need to help patients is a critical investment in the success of any growth initiative.

## In their own words:

*"Having the organisational and clinical resources to meet service demands."*

*"Fair distribution of resources, not some [are] areas well-staffed and others not."*

*"Collective teamwork with adequate workforce and reasonable work hours."*

*"Leadership culture that values staff and prioritises safety."*

*"Workforce recruitment and retention."*

*"Genuinely support rural practitioners living and working in rural communities, not just telehealth."*

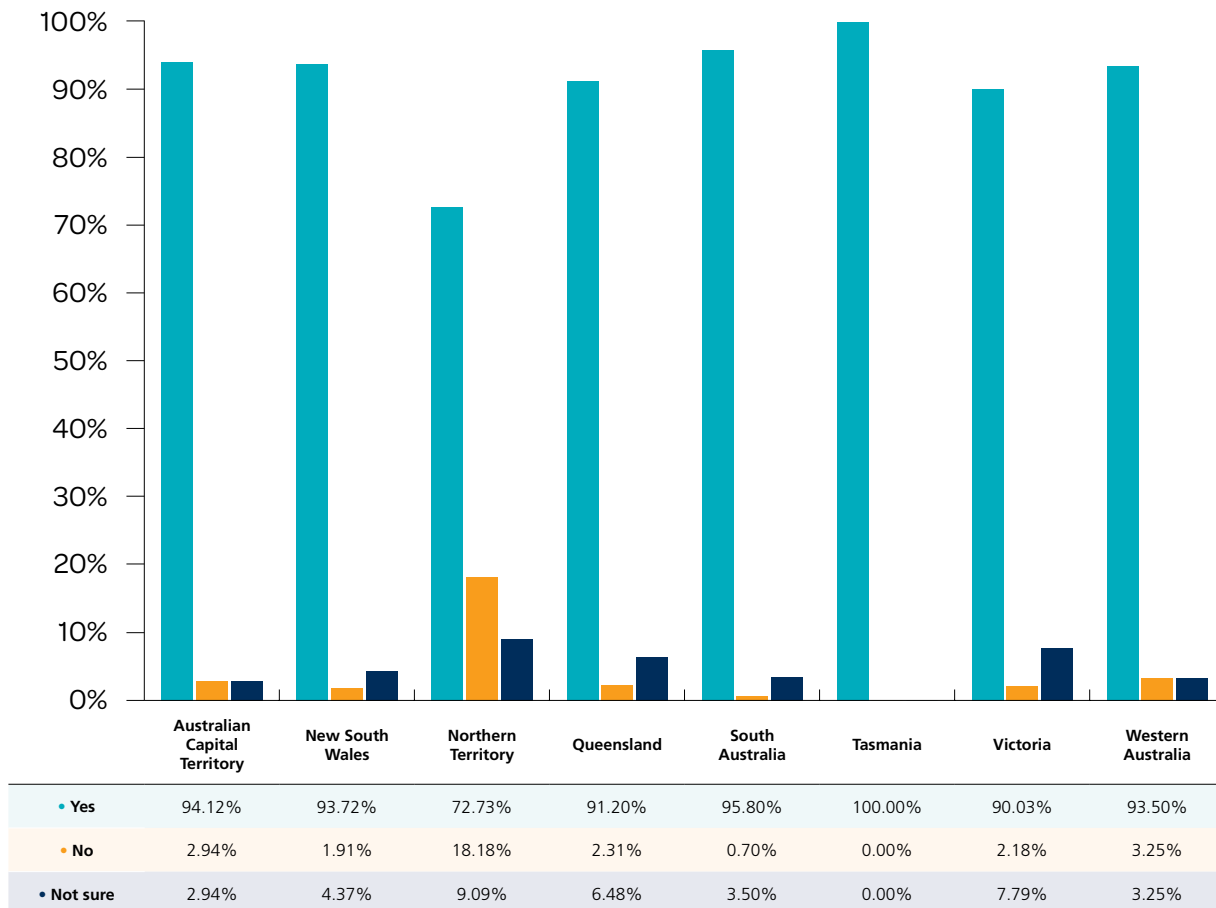
*"Being able to provide psychotherapy treatments and facilitate and witness patient healing."*

*"Not practising 'incentive or transaction' oriented psychiatry, but to actually work with people in getting them better."*

*"Not constantly expecting assessments to be done without adequate time and "squeezing" in more patients."*

## Comparison by cohort<sup>6</sup>

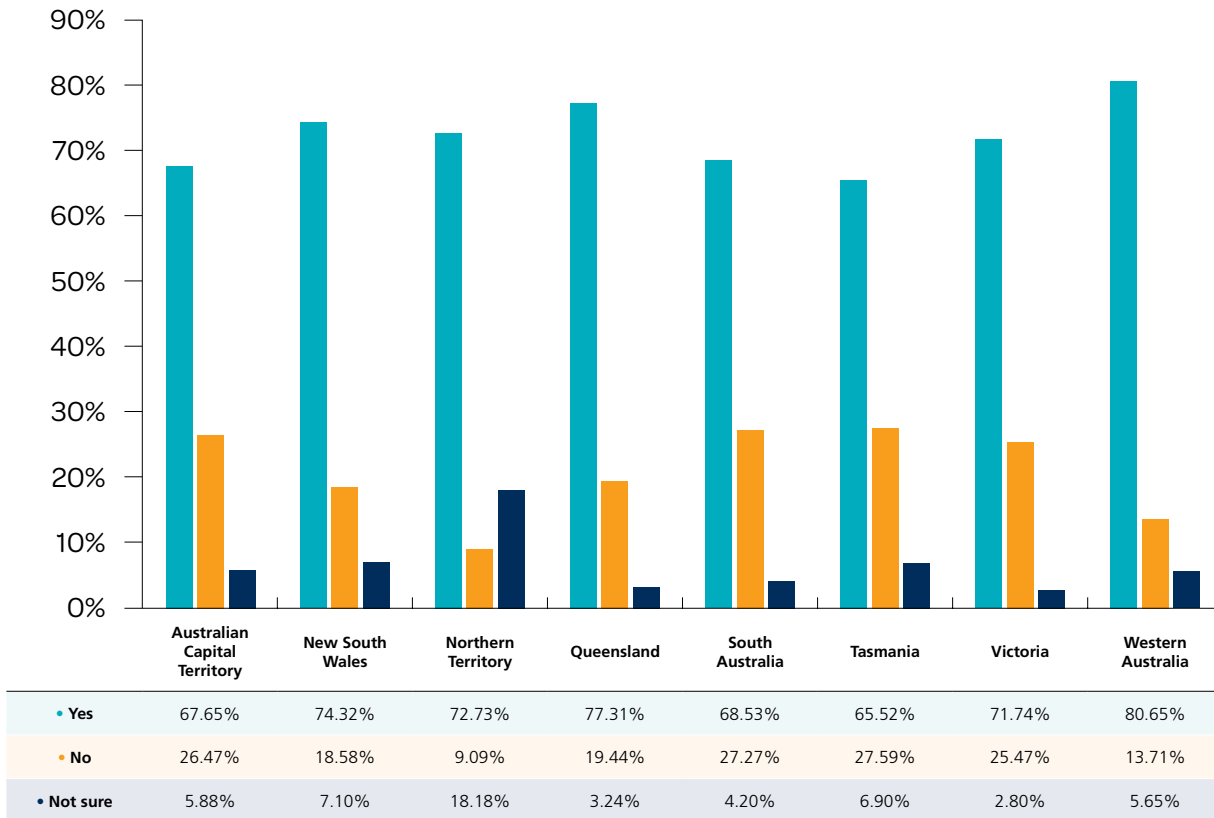
We asked psychiatrists if the current workforce shortage crisis negatively impacts patient care.



Every demographic and jurisdiction reported that the current workforce shortage negatively impacts patient care with responses across the board in excess of 90% in the affirmative (with the exception of the Northern Territory at ~73%).

6. Supporting data can be found at the end of this document.

*We asked psychiatrists if they experienced symptoms of burnout in the past three years.*



Across all states and territories between 65-80% of psychiatrists responded that they had with the highest incidence of burnout being in:

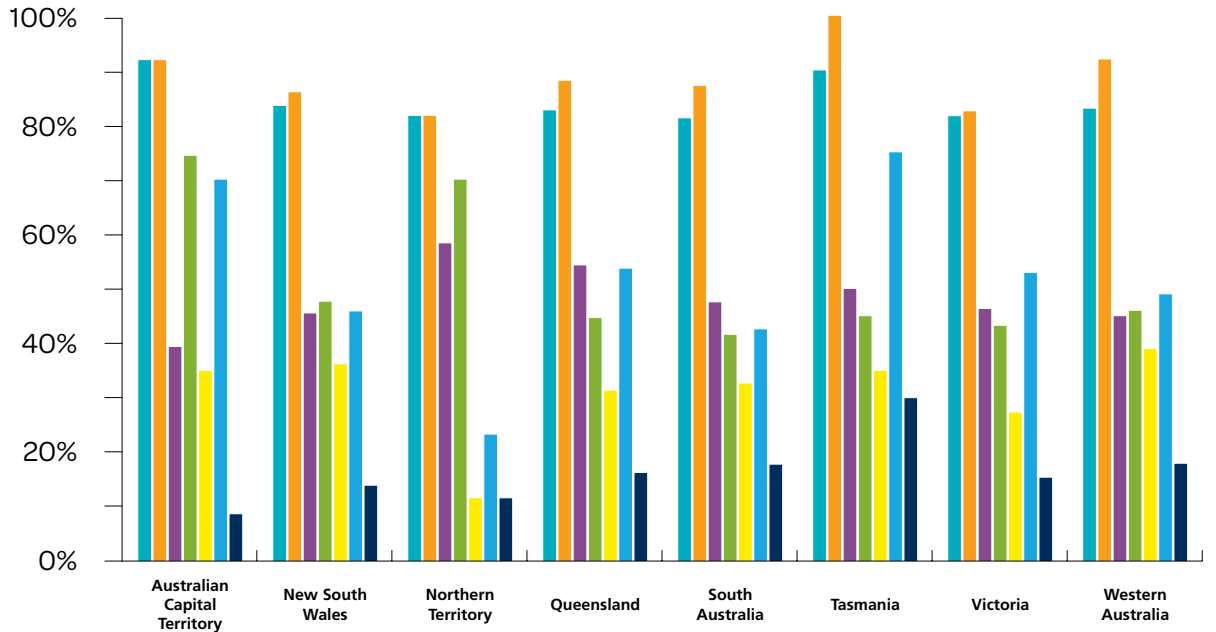
- Western Australia (80%)
- Queensland (77%)
- NSW (74%)

The results did not vary greatly between urban, regional, rural or remote areas.

Sorting by career stage and gender trainee (90%) and female psychiatrists (~80%) were more likely to report experiencing burnout.

7. The discrepancies in absolute numbers can be attributed to varying sample sizes. Our sample sizes can be corroborated against [AIHW data from 2021](#) which specifies the number of psychiatrists practicing in each state.

*We asked psychiatrists who answered yes to experiencing burnout which symptoms they had experienced.*



	Australian Capital Territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia
• Feeling exhausted and drained all the time	87.50%	79.52%	77.78%	78.74%	77.36%	85.71%	77.73%	79.05%
• Reduced work satisfaction and loss of motivation to work	87.50%	81.91%	77.78%	83.91%	83.02%	95.24%	78.57%	87.62%
• Feeling unable to focus or concentrate on work related tasks	37.50%	43.34%	55.56%	51.72%	45.28%	47.62%	44.12%	42.86%
• Feeling lonely or isolated at work	70.83%	45.39%	66.67%	42.53%	39.62%	42.86%	41.18%	43.81%
• Physical symptoms, like headaches and body pains	33.33%	34.47%	11.11%	29.89%	31.13%	33.33%	26.05%	37.14%
• Emotionally withdrawing from friends and family, including colleagues	66.67%	43.69%	22.22%	51.15%	40.57%	71.43%	50.42%	46.67%
• Any other (please specify)	8.33%	13.31%	11.11%	15.52%	16.98%	28.57%	14.71%	17.14%

The two most commonly experienced symptoms of burnout were consistent across all jurisdictions. These were feeling exhausted or drained all the time and reduced work satisfaction and loss of the motivation to work.

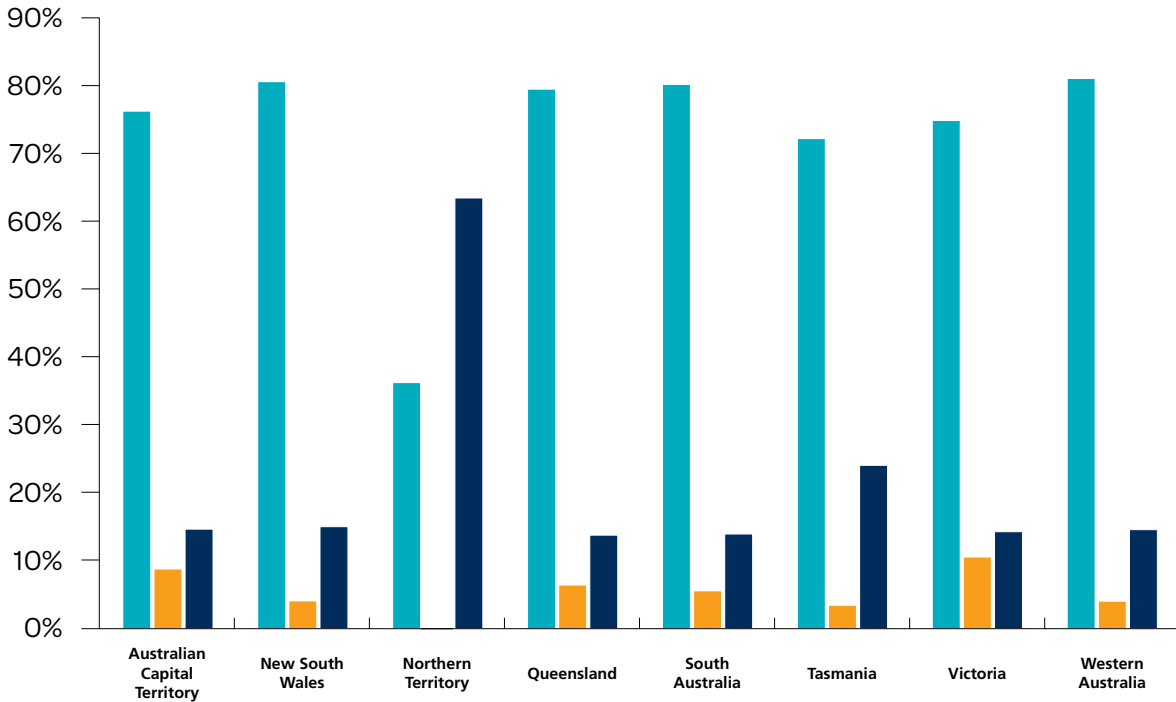
The highest concerns in each jurisdiction were:

- ACT – Feeling lonely or isolated at work (70%) and emotionally withdrawing from friends and family, including colleagues (~67%)
- NSW - Feeling lonely or isolated at work (45%) and emotionally withdrawing from friends and family, including colleagues (43%)
- NT - Feeling lonely or isolated at work (66%) and feeling unable to focus or concentrate on work related tasks (55%)
- QLD - Feeling lonely or isolated at work (51%) and feeling unable to focus or concentrate on work related tasks (51%)
- SA - Feeling unable to focus or concentrate on work related tasks (45%) and feeling lonely or isolated at work (40%)

- TAS - Emotionally withdrawing from friends and family, including colleagues (71%) and feeling unable to focus or concentrate on work related tasks (47%)
- VIC - Emotionally withdrawing from friends and family, including colleagues (50%) and feeling unable to focus or concentrate on work related tasks (44%)
- WA - Emotionally withdrawing from friends and family, including colleagues (~47%) and feeling lonely or isolated at work (~44%)

These trends are repeated when viewing responses based on whether respondents were in urban, regional, rural or remote areas or their career stage. When assessing responses based on gender female respondents most commonly reported symptom was the feeling of exhaustion or being drained (nearly 85%) while men were more likely to report reduced satisfaction or loss of motivation to work (80%).

*We asked psychiatrists if they observed an increase in the symptoms of burnout amongst colleagues in the past three years.*

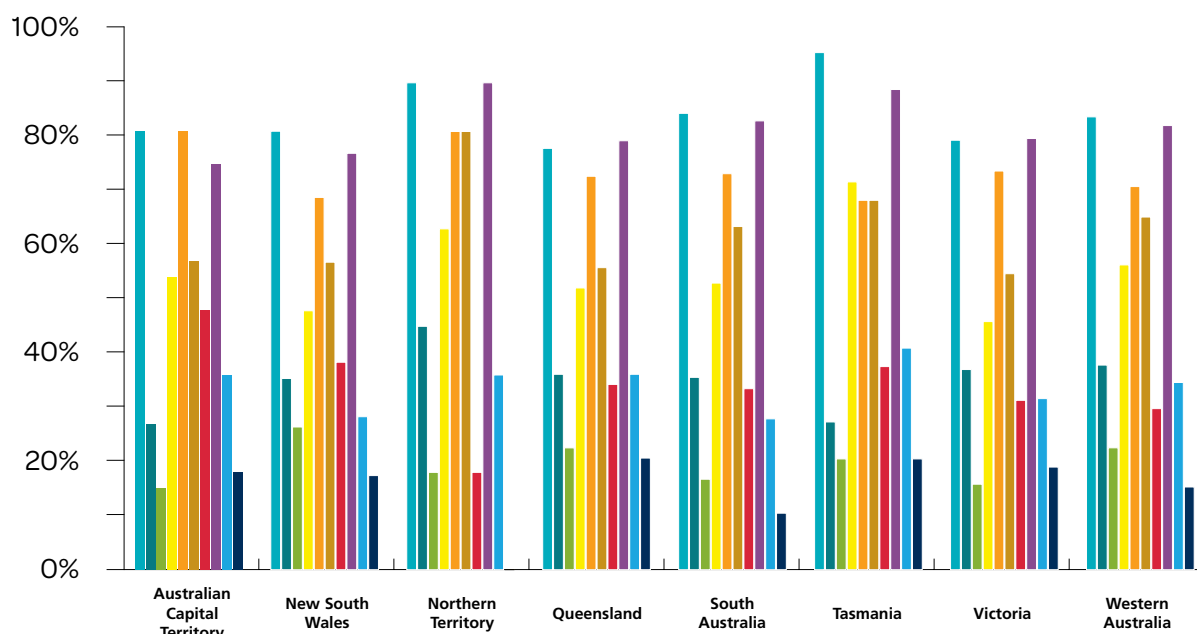


• Yes	76.47%	80.82%	36.36%	79.72%	80.42%	72.41%	75.08%	81.30%
• No	8.82%	4.11%	0.00%	6.45%	5.59%	3.45%	10.59%	4.07%
• Not sure	14.71%	15.07%	63.64%	13.82%	13.99%	24.14%	14.33%	14.63%

When reporting observations of burnout in colleagues all jurisdictions barring the Northern Territory reported that they had seen their coworkers experiencing symptoms. In the Northern Territory the most common answer was 'unsure', which may be attributed to a number of factors including the unique working situations in the jurisdiction.

Female respondents were more likely than men to report observing burnout in their coworkers (82% compared to 74%).

We asked psychiatrists what is contributing to workforce burnout.



	Australian Capital Territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia
• Workforce shortages/ inadequate staffing	81.82%	81.87%	90.91%	78.67%	85.21%	96.55%	80.19%	84.55%
• Excessive hours	27.27%	35.71%	45.45%	36.49%	35.92%	27.59%	37.38%	38.21%
• Working outside of scope	15.15%	26.65%	18.18%	22.75%	16.90%	20.69%	15.97%	22.76%
• Unsafe workplace environment (including poor management or service design)	54.55%	48.35%	63.64%	52.61%	53.52%	72.41%	46.33%	56.91%
• Workload and type- increasing patient load and increasing complexity of presentations	81.82%	69.51%	81.82%	73.46%	73.94%	68.97%	74.44%	71.54%
• Moral injury/feeling disempowered	57.58%	57.42%	81.82%	56.40%	64.08%	68.97%	55.27%	65.85%
• Not practicing the type of psychiatry you had wanted to or planned for	48.48%	38.74%	18.18%	34.60%	33.80%	37.93%	31.63%	30.08%
• Under resourced system (a lack of community mental health clinical and support services, not enough capacity in the private or public system due to long wait times, lack of inpatient beds etc.)	75.76%	77.75%	90.91%	80.09%	83.80%	89.66%	80.51%	82.93%
• Poor work life balance	36.36%	28.57%	36.36%	36.49%	28.17%	41.38%	31.95%	34.96%
• Other (please specify)	18.18%	17.58%	0.00%	20.85%	10.56%	20.69%	19.17%	15.45%

## *We asked psychiatrists what is contributing to workforce burnout (continued).*

States and territories had similar trends regarding what was most commonly thought to be the contributing factor to burnout with some jurisdictional variations. The key findings from each jurisdiction were:

- ACT – Workforce shortage/ adequate staffing (~82%)
- NSW - Workforce shortage/ adequate staffing (~82%)
- NT - Workforce shortage/ adequate staffing (91%) and an under resourced system (91%)
- QLD - Under resourced system (80%)
- SA - Workforce shortage/ adequate staffing (~85%)
- TAS - Workforce shortage/ adequate staffing (~96%)
- VIC - Workforce shortage/ adequate staffing (80%) and an under resourced system (80%)
- WA - Workforce shortage/ adequate staffing (~85%)

### **By location**

Respondents in urban or regional areas were more likely to view workforce shortages followed by an under resourced system being the primary reasons for burnout. However, in rural and remote areas the results were inverted with lack of resources followed by workforce shortages being considered the main reasons.

### **By career stage**

Regardless of career stage workforce shortages and under resourcing were reported as the primary issues by over 80% of respondents. Those in the earlier stages of their careers were more likely to think the lack of resources was the key component of burnout with established psychiatrists more likely to report workforce shortages as the primary reason.

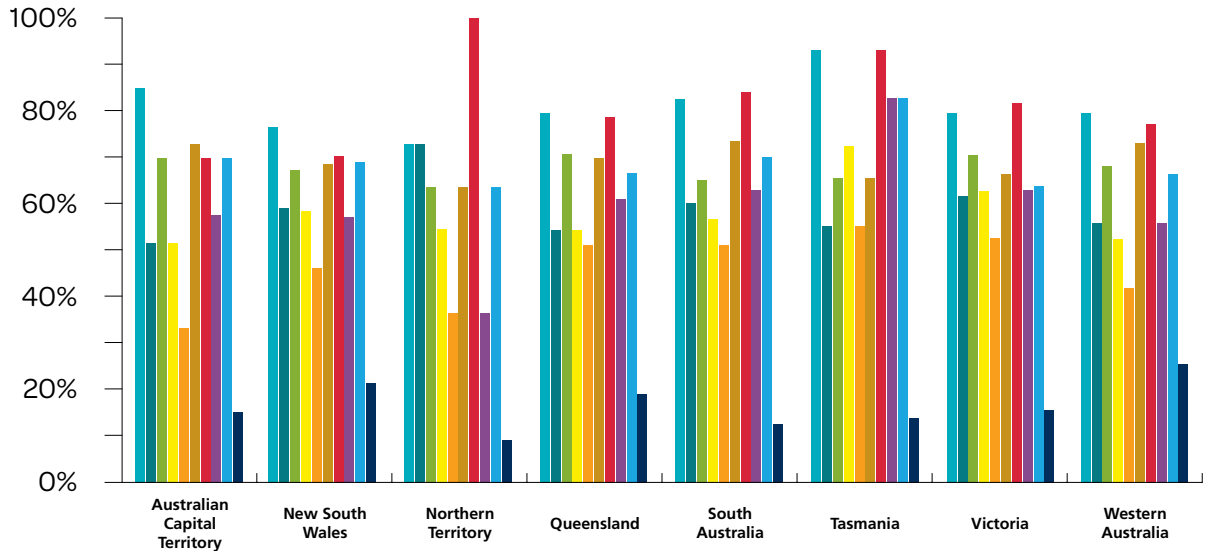
### **By gender**

All genders believe workforce shortages are the highest contributing factor along with a lack of resources followed by the workload and type of work. However, women and non-binary people were more likely to view unsafe working environments and feeling disempowered as key contributors as well. We asked psychiatrists if they are considering leaving the profession in the next five years.

Regardless of demographic or geographical variance, most psychiatrists responded that they were not considering leaving the profession in the next 5 years.



*We asked psychiatrists what factors contribute, or would contribute, to their job satisfaction.*



	Australian Capital Territory	New South Wales	Northern Territory	Queensland	South Australia	Tasmania	Victoria	Western Australia
• Adequate staffing levels	84.85%	76.50%	72.73%	79.53%	82.52%	93.10%	79.44%	79.51%
• Sustainable working hours	51.52%	59.02%	72.73%	54.42%	60.14%	55.17%	61.68%	55.74%
• Good work life balance	69.70%	67.21%	63.64%	70.70%	65.03%	65.52%	70.40%	68.03%
• Having clinical teams supported by registrars/trainees	51.52%	58.47%	54.55%	54.42%	56.64%	72.41%	62.62%	52.46%
• Being a supervisor, or helping to support the next generation of psychiatrists (including mentor)	33.33%	46.17%	36.36%	51.16%	51.05%	55.17%	52.65%	41.80%
• Adequate support with administration	72.73%	68.58%	63.64%	69.77%	73.43%	65.52%	66.36%	72.95%
• Having enough resources and time to genuinely help patients	69.70%	70.22%	100.00%	78.60%	83.92%	93.10%	81.62%	77.05%
• Being able to provide continuity of care	57.58%	57.10%	36.36%	60.93%	62.94%	82.76%	62.93%	55.74%
• Working collaboratively with other health professionals, including primary care providers and skilled multidisciplinary teams	69.70%	68.85%	63.64%	66.51%	69.93%	82.76%	63.86%	66.39%
• Other (please specify)	15.15%	21.31%	9.09%	19.07%	12.59%	13.79%	15.58%	25.41%

Respondents were relatively consistent in their view of what solutions are required to increase job satisfaction and mitigate burnout.

There were jurisdictional differences in responses related to the most effective way to prevent burnout and increase job satisfaction. However, increased resources to help patients was a key priority in every jurisdiction. The highest priorities for each state and territory were:

- ACT – Adequate staffing levels (~85%) followed by adequate administrative support (~73%) and increased resources to help patients (~70%)
- NSW – Adequate staffing levels (~77%) followed increased resources to help patients (70%)
- NT – Increased resources to help patients (100%) followed by adequate staffing levels (~73%) and sustainable work hours (~73%)

- QLD – Adequate staffing levels (~80%) followed increased resources to help patients (~79%)
- SA – Adequate staffing levels (~80%) followed increased resources to help patients (~79%)
- TAS – Adequate staffing levels (~93%) and increased resources to help patients (~93%)
- VIC – Increased resources to help patients (~82%) followed by adequate staffing levels (79%)
- WA – Adequate staffing levels (~80%) followed increased resources to help patients (77%)

These primary concerns were also reported regardless of area, career stage or gender with minor variations.

# Conclusion

*The findings of this survey highlight the impact of the critical and chronic workforce shortage in psychiatry, with over 90 per cent of Australian psychiatrists acknowledging its detrimental impact on patient care.*

The pervasive symptoms of burnout, affecting 7 in 10 psychiatrists, reveal the toll that workforce shortages, under-resourcing of the mental health care system and demanding workloads have taken on psychiatrists and the broader mental health workforce. Ultimately, this risks undermining, or leaving many Australians without, essential and high-quality mental health care.

Many of our respondents acknowledged that inadequate staffing has heightened the strain on an already stretched workforce and mental health care system, leaving many psychiatrists feeling exhausted and drained, lonely and isolated at work, emotionally withdrawing from friends and family, and prone to moral injury. Similarly, increasing staffing would also improve job satisfaction amongst respondents.

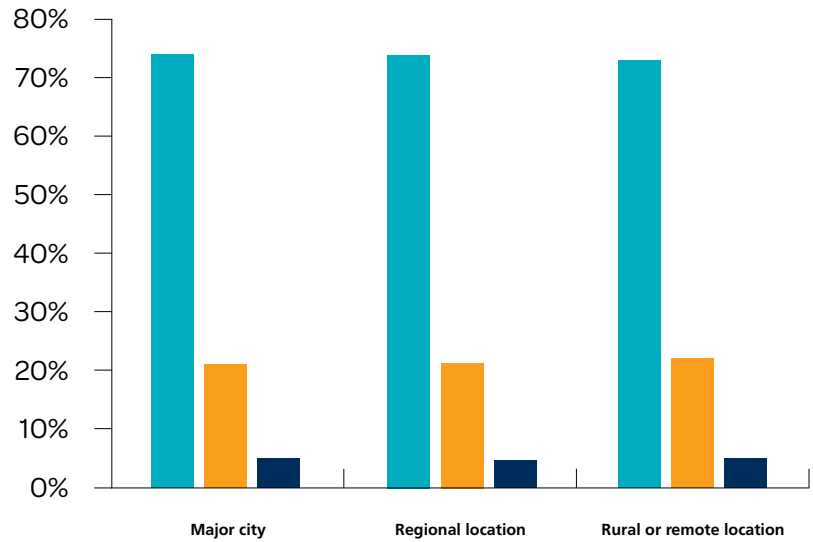
Female psychiatrists, trainees and early career psychiatrists appear particularly vulnerable to burnout, with nearly one-third of all Australian

psychiatrists considering leaving the profession in the next five years. While this potential exodus is attributable to a range of factors, including retirement, it sends a strong signal that Australian governments must invest in attracting, training and retaining enough psychiatrists to meet the growing community mental health care needs.

This report stands as one amongst many, urging concerted efforts from the Commonwealth, and state and territory governments to invest in the mental health care workforce in Australia. Addressing psychiatry shortages should be a priority for current Australian governments to enhance mental health care service delivery in the country. Growing the workforce relies on us simultaneously nurturing the workforce to prevent burnout, moral injury, and attrition.

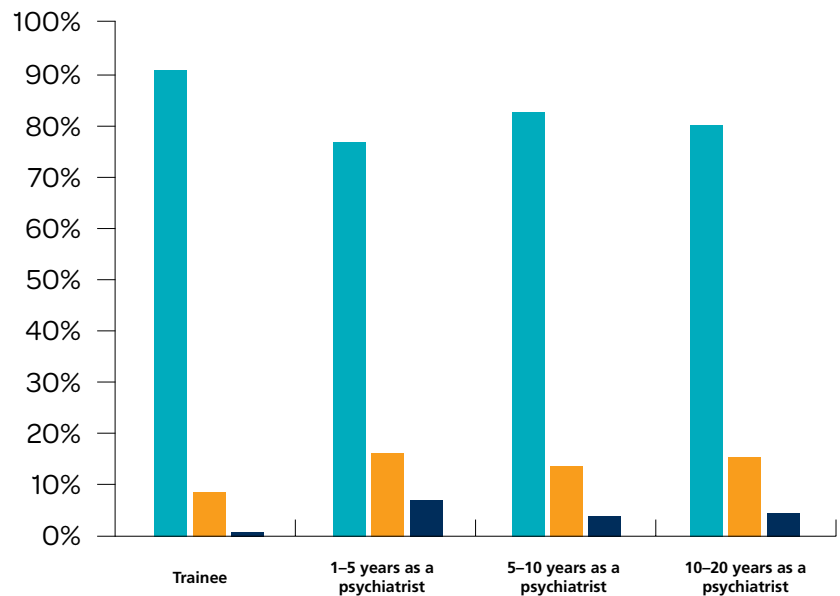
We asked psychiatrists if they experienced symptoms of burnout in the past three years.

## By location



• Yes	73.92%	73.93%	72.88%
• No	21.13%	21.37%	22.03%
• Not sure	4.95%	4.70%	5.08%

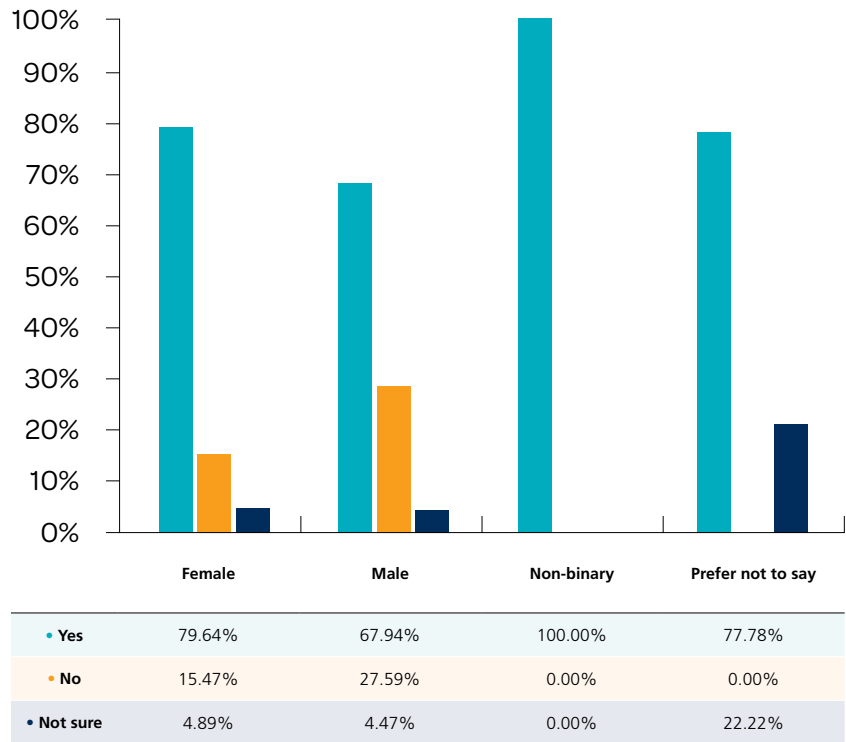
## By career stage



• Yes	90.61%	76.63%	82.47%	80.00%
• No	8.57%	16.30%	13.64%	15.47%
• Not sure	0.82%	7.07%	3.90%	4.53%

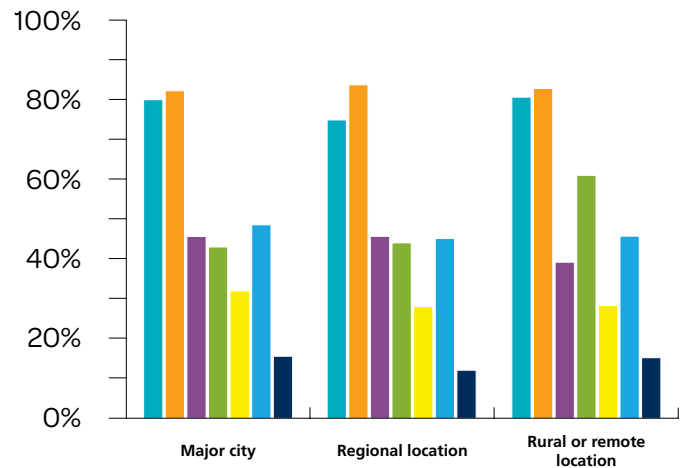
We asked psychiatrists if they experienced symptoms of burnout in the past three years.

## By gender



We asked psychiatrists that answered yes to experiencing burnout which symptoms they had experienced.

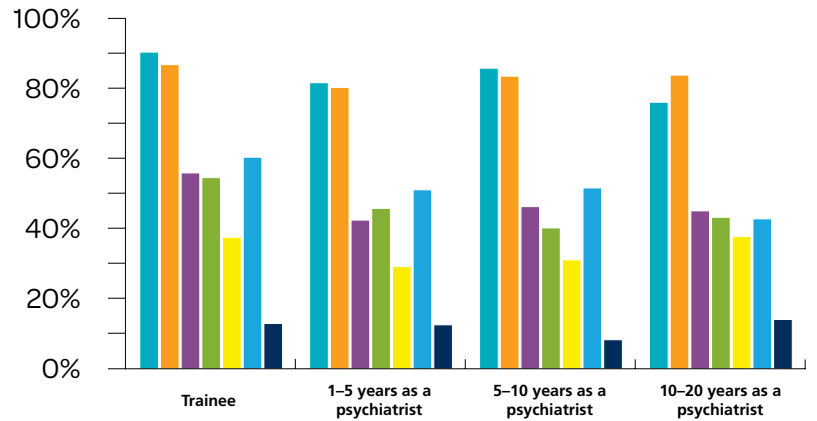
## By location



	Major city	Regional location	Rural or remote location
• Feeling exhausted and drained all the time	79.79%	74.73%	80.43%
• Reduced work satisfaction and loss of motivation to work	82.03%	83.52%	82.61%
• Feeling unable to focus or concentrate on work related tasks	45.57%	45.60%	39.13%
• Feeling lonely or isolated at work	42.93%	43.96%	60.87%
• Physical symptoms, like headaches and body pains	31.97%	28.02%	28.26%
• Emotionally withdrawing from friends and family, including colleagues	48.48%	45.05%	45.65%
• Any other (please specify)	15.59%	12.09%	15.22%

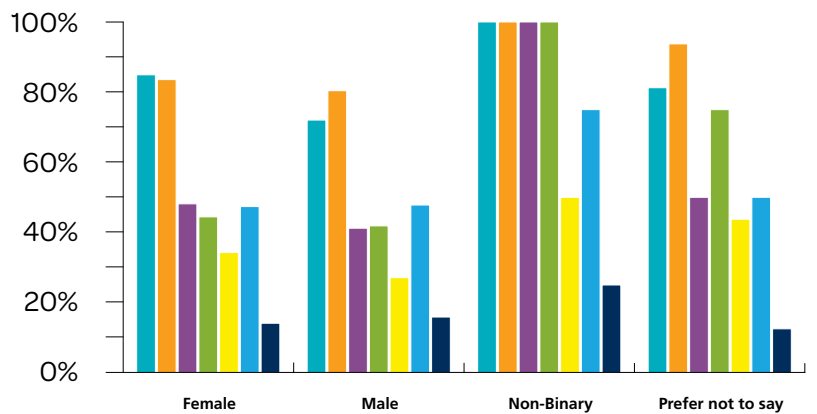
We asked psychiatrists that answered yes to experiencing burnout which symptoms they had experienced.

## By career stage



	Trainee	1-5 years as a psychiatrist	5-10 years as a psychiatrist	10-20 years as a psychiatrist
• Feeling exhausted and drained all the time	90.18%	81.46%	85.61%	75.91%
• Reduced work satisfaction and loss of motivation to work	86.61%	80.13%	83.33%	83.64%
• Feeling unable to focus or concentrate on work related tasks	55.80%	42.38%	46.21%	45.00%
• Feeling lonely or isolated at work	54.46%	45.70%	40.15%	43.18%
• Physical symptoms, like headaches and body pains	37.50%	29.14%	31.06%	37.73%
• Emotionally withdrawing from friends and family, including colleagues	60.27%	50.99%	51.52%	42.73%
• Any other (please specify)	12.95%	12.58%	8.33%	14.09%

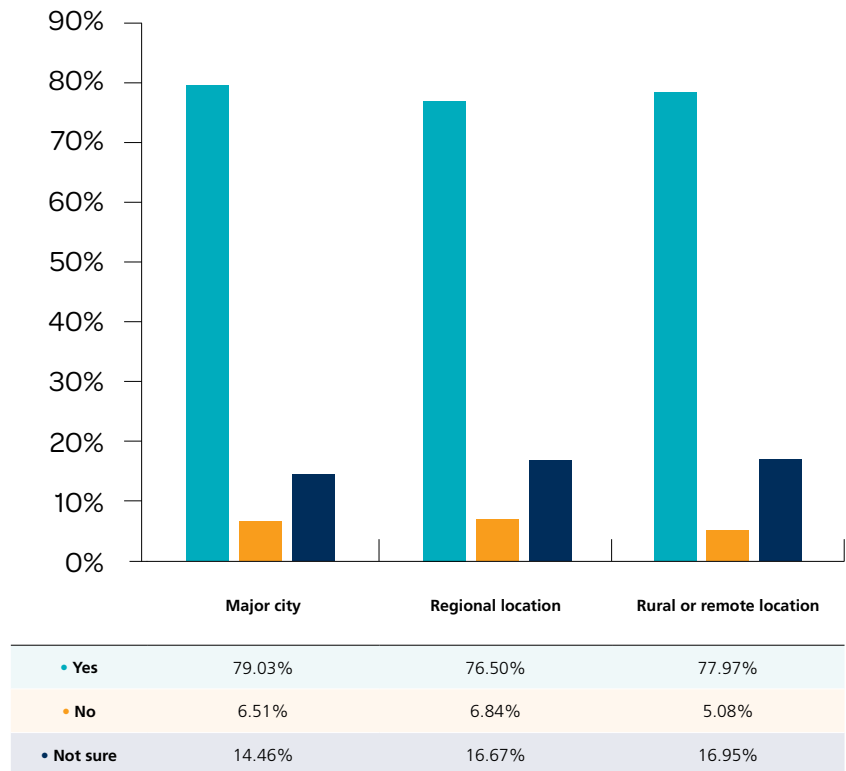
## By gender



	Female	Male	Non-Binary	Prefer not to say
• Feeling exhausted and drained all the time	84.93%	72.03%	100.00%	81.25%
• Reduced work satisfaction and loss of motivation to work	83.56%	80.40%	100.00%	93.75%
• Feeling unable to focus or concentrate on work related tasks	48.14%	41.19%	100.00%	50.00%
• Feeling lonely or isolated at work	44.42%	41.85%	100.00%	75.00%
• Physical symptoms, like headaches and body pains	34.25%	27.09%	50.00%	43.75%
• Emotionally withdrawing from friends and family, including colleagues	47.36%	47.80%	75.00%	50.00%
• Any other (please specify)	14.09%	15.86%	25.00%	12.50%

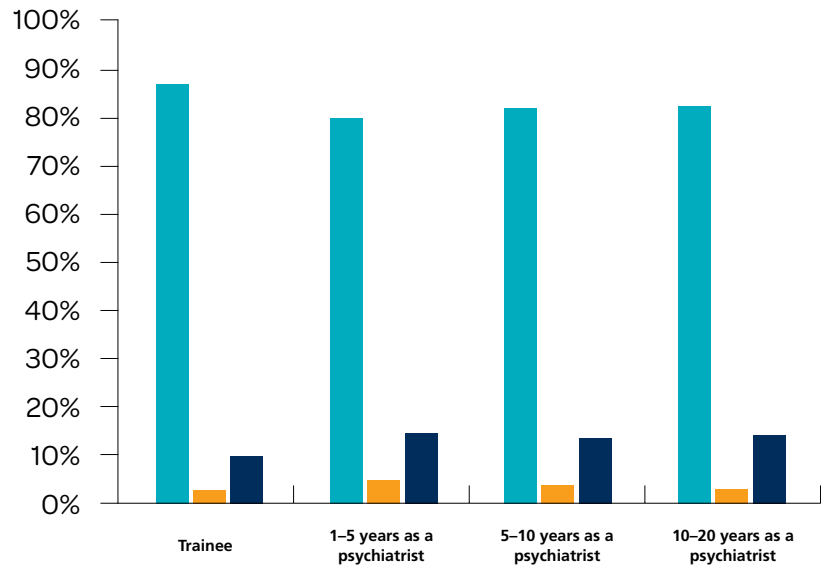
We asked psychiatrists if they observed an increase in the symptoms of burnout amongst colleagues in the past three years.

## By location



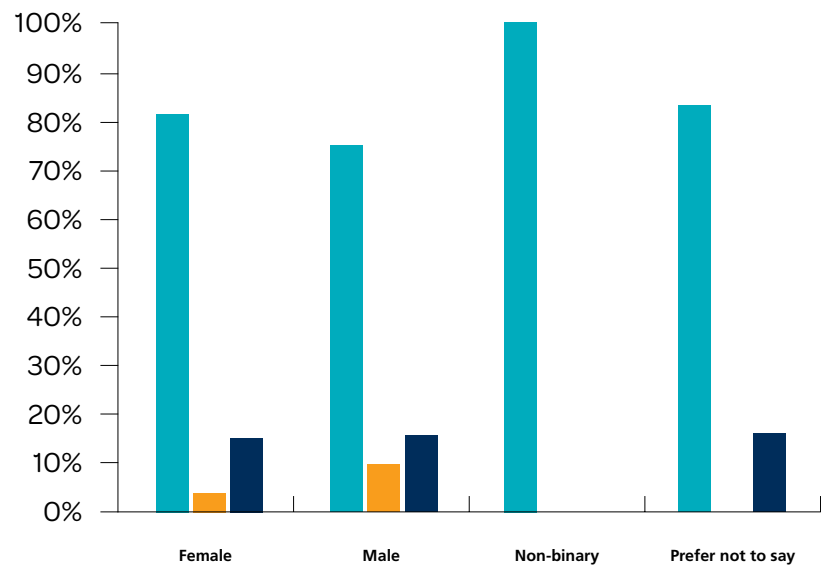
We asked psychiatrists if they observed an increase in the symptoms of burnout amongst colleagues in the past three years.

## By career stage



• Yes	87.35%	80.33%	82.35%	82.71%
• No	2.86%	4.92%	3.92%	3.01%
• Not sure	9.80%	14.75%	13.73%	14.29%

## By gender

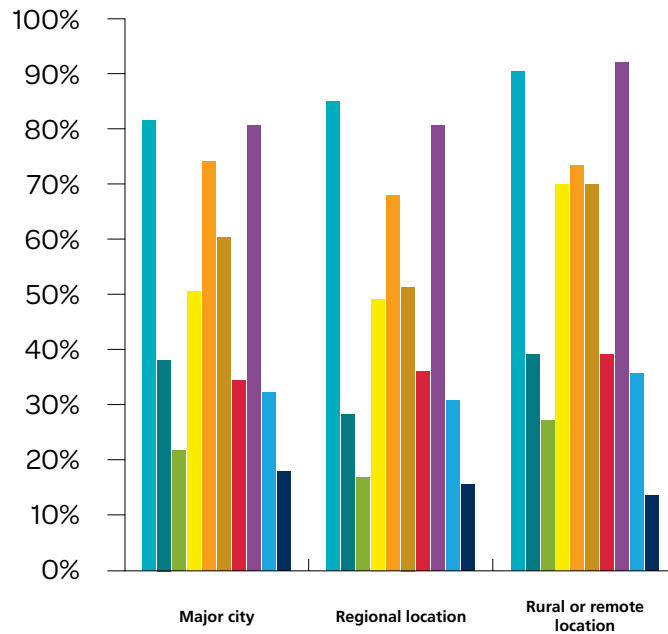


• Yes	82.44%	74.36%	100.00%	83.33%
• No	3.41%	9.78%	0.00%	0.00%
• Not sure	14.15%	15.87%	0.00%	16.67%



We asked psychiatrists what is contributing to workforce burnout.

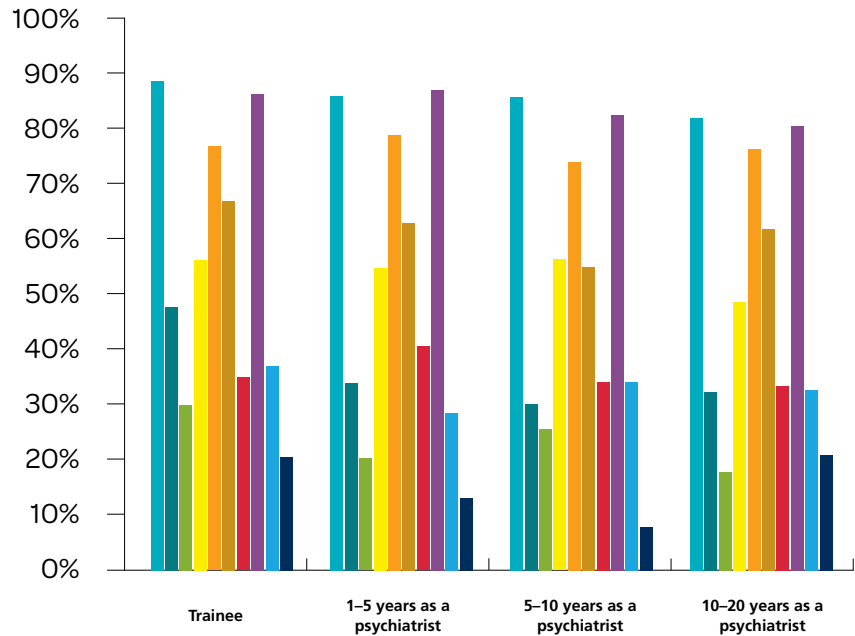
## By location



	Major city	Regional location	Rural or remote location
• Workforce shortages/inadequate staffing	81.03%	84.42%	89.83%
• Excessive hours	37.95%	28.14%	38.98%
• Working outside of scope	21.70%	16.88%	27.12%
• Unsafe workplace environment (including poor management or service design)	50.21%	48.92%	69.49%
• Workload and type- increasing patient load and increasing complexity of presentations	73.69%	67.53%	72.88%
• Moral injury/feeling disempowered	59.96%	51.08%	69.49%
• Not practicing the type of psychiatry you had wanted to or planned for	34.28%	35.93%	38.98%
• Under resourced system (a lack of community mental health clinical and support services, not enough capacity in the private or public system due to long wait times, lack of inpatient beds etc.)	80.08%	80.09%	91.53%
• Poor work life balance	32.18%	30.74%	35.59%
• Other (please specify)	17.82%	15.58%	13.56%

We asked psychiatrists what is contributing to workforce burnout.

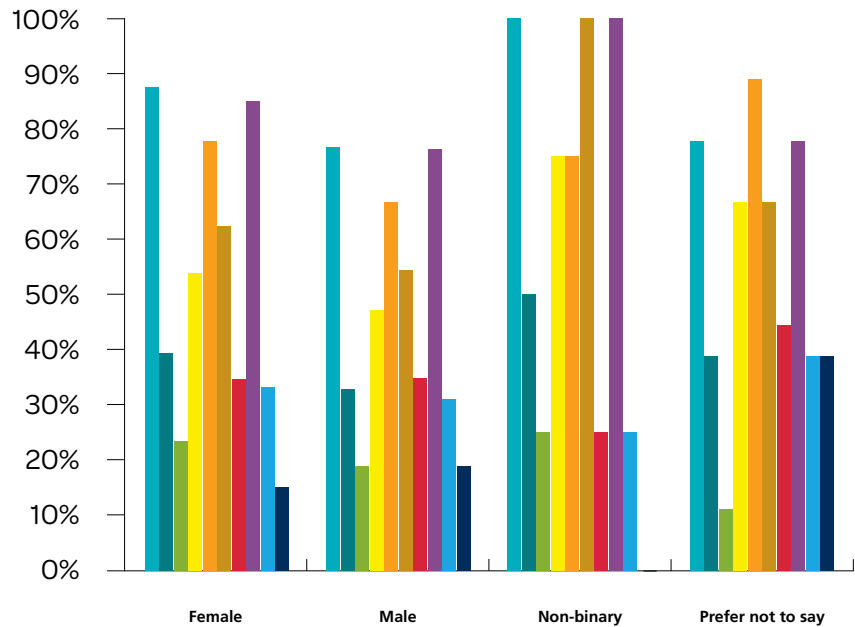
## By career stage



	Trainee	1-5 years as a psychiatrist	5-10 years as a psychiatrist	10-20 years as a psychiatrist
• Workforce shortages/inadequate staffing	88.52%	85.79%	85.62%	81.82%
• Excessive hours	47.54%	33.88%	30.07%	32.20%
• Working outside of scope	29.92%	20.22%	25.49%	17.80%
• Unsafe workplace environment (including poor management or service design)	56.15%	54.64%	56.21%	48.48%
• Workload and type- increasing patient load and increasing complexity of presentations	76.64%	78.69%	73.86%	76.14%
• Moral injury/feeling disempowered	66.80%	62.84%	54.90%	61.74%
• Not practicing the type of psychiatry you had wanted to or planned for	34.84%	40.44%	33.99%	33.33%
• Under resourced system (a lack of community mental health clinical and support services, not enough capacity in the private or public system due to long wait times, lack of inpatient beds etc.)	86.07%	86.89%	82.35%	80.30%
• Poor work life balance	36.89%	28.42%	33.99%	32.58%
• Other (please specify)	20.49%	13.11%	7.84%	20.83%

We asked psychiatrists what is contributing to workforce burnout.

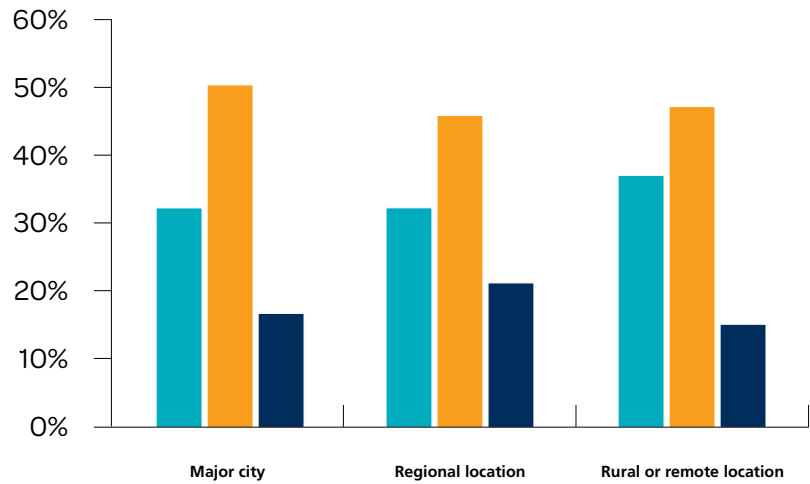
## By gender



	Female	Male	Non-binary	Prefer not to say
• Workforce shortages/inadequate staffing	87.56%	76.60%	100.00%	77.78%
• Excessive hours	39.28%	32.90%	50.00%	38.89%
• Working outside of scope	23.40%	18.99%	25.00%	11.11%
• Unsafe workplace environment (including poor management or service design)	53.85%	47.14%	75.00%	66.67%
• Workload and type- increasing patient load and increasing complexity of presentations	77.74%	66.78%	75.00%	88.89%
• Moral injury/feeling disempowered	62.36%	54.34%	100.00%	66.67%
• Not practicing the type of psychiatry you had wanted to or planned for	34.70%	34.86%	25.00%	44.44%
• Under resourced system (a lack of community mental health clinical and support services, not enough capacity in the private or public system due to long wait times, lack of inpatient beds etc.)	84.94%	76.27%	100.00%	77.78%
• Poor work life balance	33.22%	31.10%	25.00%	38.89%
• Other (please specify)	15.06%	18.82%	0.00%	38.89%

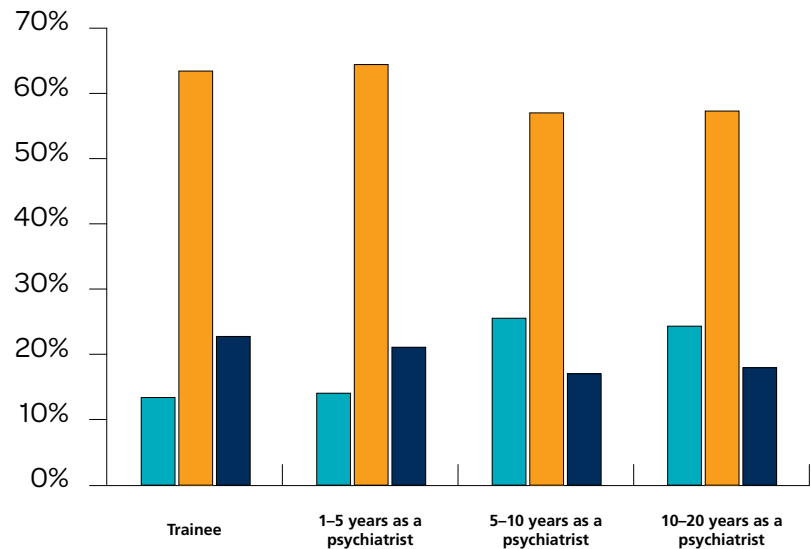
We asked psychiatrists if they are considering leaving the profession in the next five years.

## By location



• Yes	32.47%	32.48%	37.29%
• No	50.67%	46.15%	47.46%
• Not sure	16.86%	21.37%	15.25%

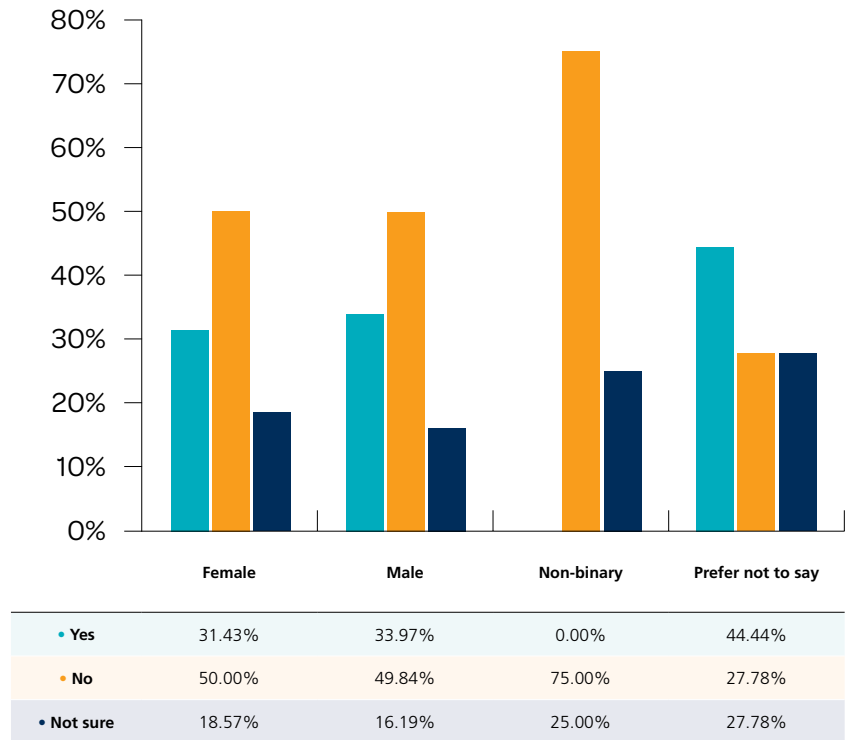
## By career stage



• Yes	13.47%	14.13%	25.66%	24.44%
• No	63.67%	64.67%	57.24%	57.52%
• Not sure	22.86%	21.20%	17.11%	18.05%

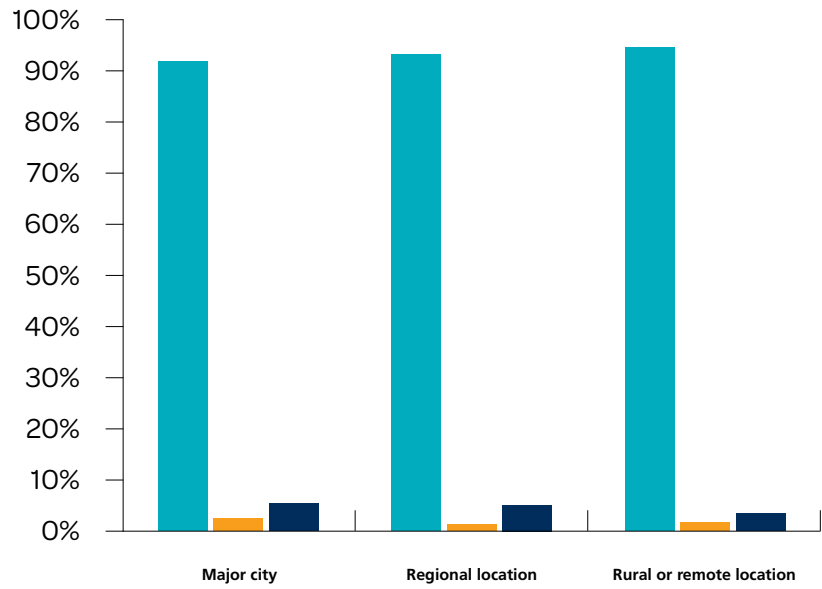
We asked psychiatrists if they are considering leaving the profession in the next five years.

## By gender



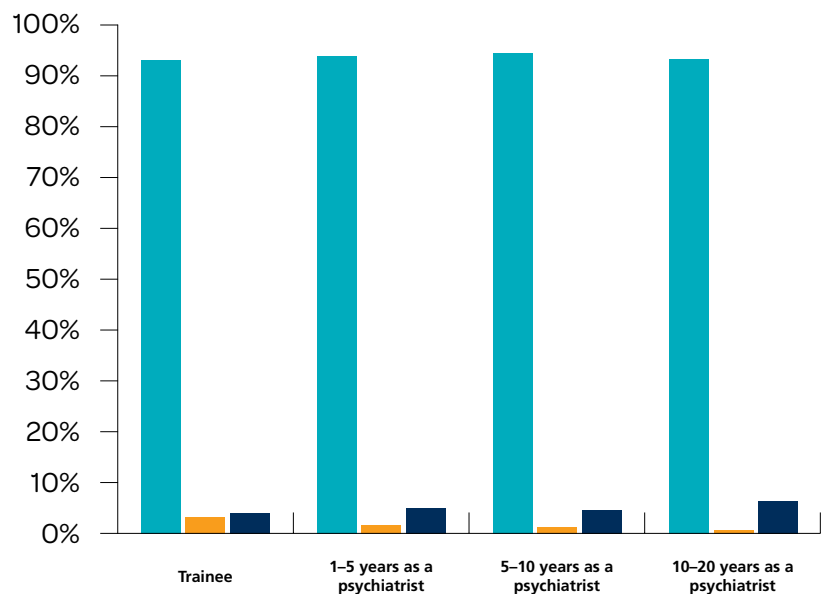
We asked psychiatrists if the current workforce shortage crisis negatively impacts patient care.

## By location



• Yes	92.24%	93.62%	94.92%
• No	2.38%	1.28%	1.69%
• Not sure	5.38%	5.11%	3.39%

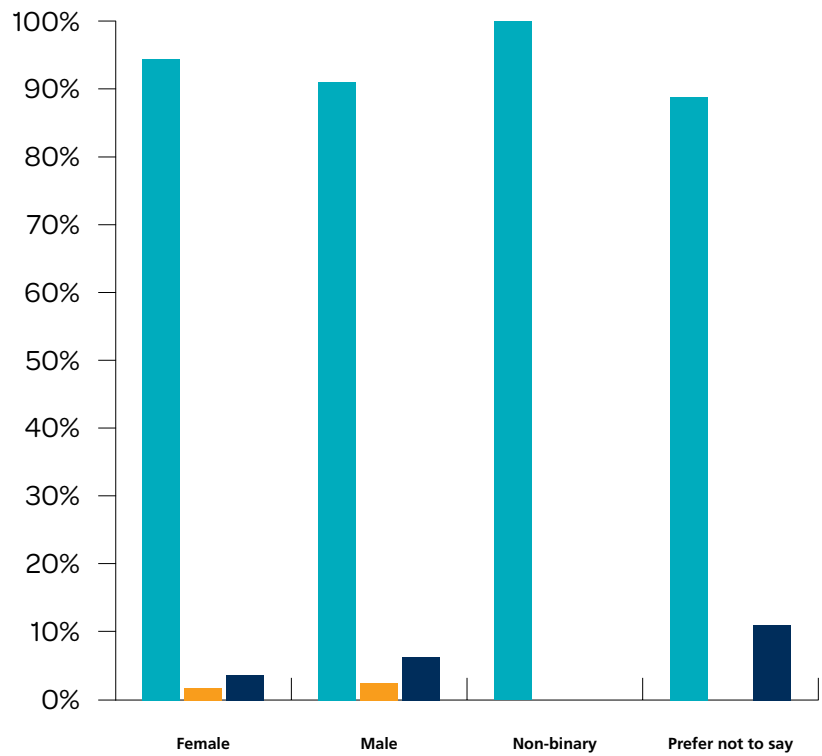
## By career stage



• Yes	92.65%	93.48%	94.12%	92.86%
• No	3.27%	1.63%	1.31%	0.75%
• Not sure	4.08%	4.89%	4.58%	6.39%

We asked psychiatrists if the current workforce shortage crisis negatively impacts patient care.

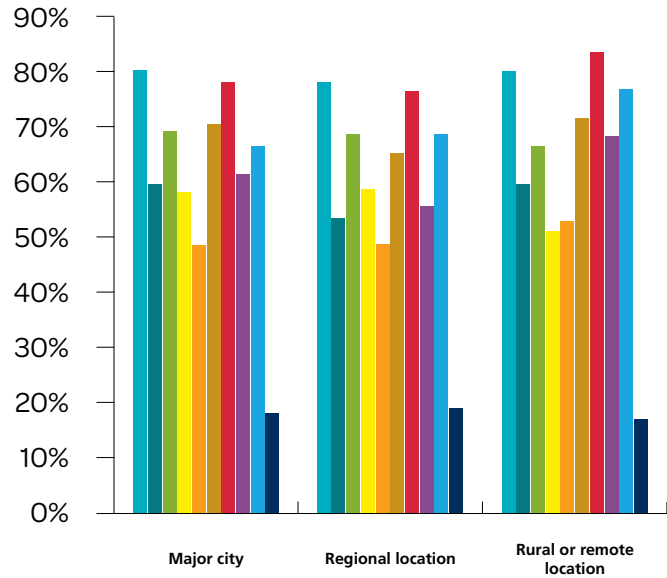
## By gender



	Female	Male	Non-binary	Prefer not to say
• Yes	94.45%	91.05%	100.00%	88.89%
• No	1.79%	2.56%	0.00%	0.00%
• Not sure	3.75%	6.39%	0.00%	11.11%

We asked psychiatrists what factors contribute, or would contribute, to their job satisfaction.

## By location

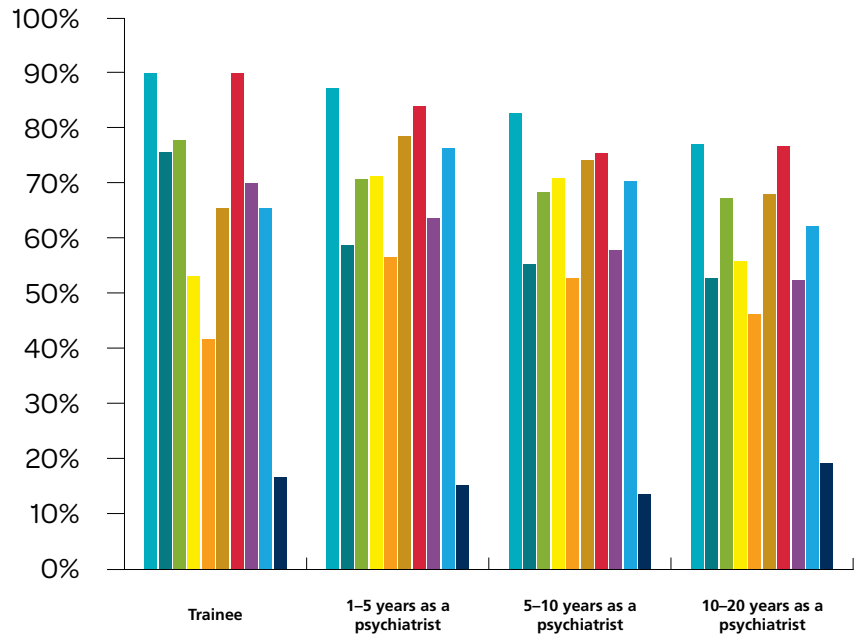


	Major city	Regional location	Rural or remote location
• Adequate staffing levels	79.81%	77.68%	79.66%
• Sustainable working hours	59.32%	53.22%	59.32%
• Good work life balance	68.74%	68.24%	66.10%
• Having clinical teams supported by registrars/trainees	57.87%	58.37%	50.85%
• Being a supervisor, or helping to support the next generation of psychiatrists (including mentor)	48.24%	48.50%	52.54%
• Adequate support with administration	70.08%	64.81%	71.19%
• Having enough resources and time to genuinely help patients	77.64%	75.97%	83.05%
• Being able to provide continuity of care	61.08%	55.36%	67.80%
• Working collaboratively with other health professionals, including primary care providers and skilled multidisciplinary teams	66.05%	68.24%	76.27%
• Other (please specify)	18.01%	18.88%	16.95%



We asked psychiatrists what factors contribute, or would contribute, to their job satisfaction.

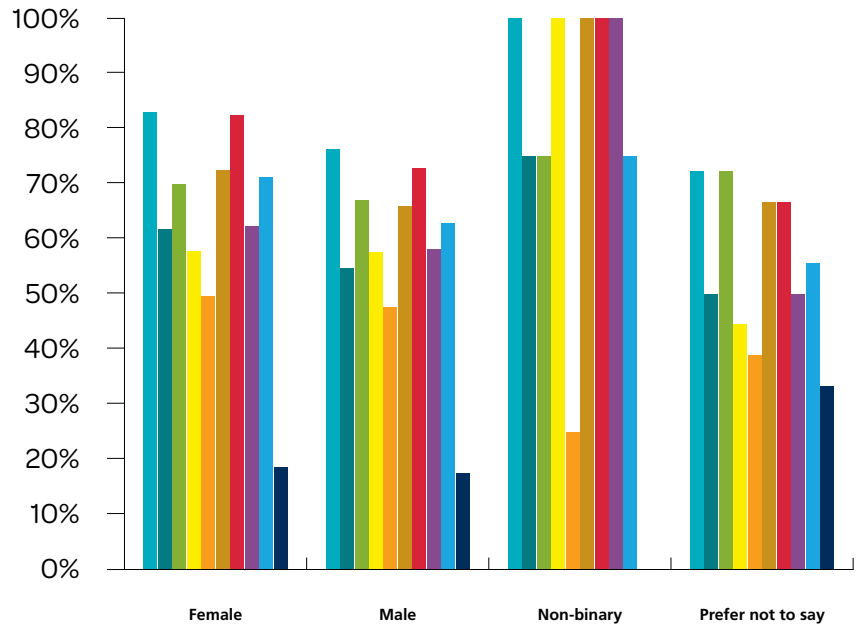
## By career stage



	Trainee	1-5 years as a psychiatrist	5-10 years as a psychiatrist	10-20 years as a psychiatrist
• Adequate staffing levels	89.80%	86.96%	82.47%	76.89%
• Sustainable working hours	75.51%	58.70%	55.19%	52.65%
• Good work life balance	77.55%	70.65%	68.18%	67.05%
• Having clinical teams supported by registrars/trainees	53.06%	71.20%	70.78%	55.68%
• Being a supervisor, or helping to support the next generation of psychiatrists (including mentor)	41.63%	56.52%	52.60%	46.21%
• Adequate support with administration	65.31%	78.26%	74.03%	67.80%
• Having enough resources and time to genuinely help patients	89.80%	83.70%	75.32%	76.52%
• Being able to provide continuity of care	69.80%	63.59%	57.79%	52.27%
• Working collaboratively with other health professionals, including primary care providers and skilled multidisciplinary teams	65.31%	76.09%	70.13%	62.12%
• Other (please specify)	16.73%	15.22%	13.64%	19.32%

We asked psychiatrists what factors contribute, or would contribute, to their job satisfaction.

## By gender



	Female	Male	Non-binary	Prefer not to say
• Adequate staffing levels	82.93%	76.17%	100.00%	72.22%
• Sustainable working hours	61.79%	54.75%	75.00%	50.00%
• Good work life balance	69.92%	66.99%	75.00%	72.22%
• Having clinical teams supported by registrars/trainees	57.72%	57.65%	100.00%	44.44%
• Being a supervisor, or helping to support the next generation of psychiatrists (including mentor)	49.59%	47.67%	25.00%	38.89%
• Adequate support with administration	72.36%	65.86%	100.00%	66.67%
• Having enough resources and time to genuinely help patients	82.44%	72.79%	100.00%	66.67%
• Being able to provide continuity of care	62.28%	58.13%	100.00%	50.00%
• Working collaboratively with other health professionals, including primary care providers and skilled multidisciplinary teams	71.22%	62.80%	75.00%	55.56%
• Other (please specify)	18.54%	17.55%	0.00%	33.33%



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

