

# Examining Contributors to Burnout and Well-Being in U.S. Forensic Psychiatrists

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Burnout and well being in forensic psychiatrists have been insufficiently examined, with most research focusing on vicarious trauma, compassion fatigue, or posttraumatic stress disorder among forensic mental health professionals. Previous research in Canada from 2023 highlighted a high prevalence of burnout among forensic psychiatrists, particularly among early-career psychiatrists, those whose values were misaligned with their institution, and those who had a low perceived control over their workload. Building upon this, the current study provides an assessment of the U.S. workforce in forensic psychiatry, identifying aspects of practice that contribute to, or mitigate, burnout and enhance professional fulfillment. Survey results of American Academy of Psychiatry and the Law (AAPL) members (response rate 11%) indicated that those experiencing burnout were younger, female, perceived to have had less control over their workload, spent more time on the electronic medical record (EMR), and felt their values were misaligned with leadership and colleagues. Factors predicting professional fulfillment were overall job satisfaction, value alignment with colleagues, and mentoring others. The findings of this survey will help to identify interventions at institutional and systems levels to address contributors to burnout, promote professional fulfillment and well being, and enhance recruitment and retention in the field of forensic psychiatry.

**J Am Acad Psychiatry Law 54(2) online, 2026. DOI:10.29158/JAAPL.260014-26**

**Key words:** wellness; burnout; mental health; forensic psychiatry

Forensic psychiatrists navigate complex ethics and clinical challenges at the intersection of health care and the criminal justice system. In North America, forensic psychiatry is practiced by a relatively small number of highly trained mental health specialists who work across diverse geographic regions and organizational structures. Sustaining this critical workforce requires deliberate, strategic efforts focused on recruitment and retention, including identifying and addressing the factors contributing to burnout and bolstering professional fulfillment.

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Published online March 20, 2026.

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Disclosures of financial or other potential conflicts of interest: None.

A range of factors influence individuals' decisions to enter the health care workforce, remain in it, and find satisfaction within their professional roles. Workplaces fostering autonomy and providing support, feedback, and opportunities for professional development (especially when these outweigh job demands like workload or challenging environments) are more likely to cultivate motivation and job satisfaction.<sup>1</sup> This effect is particularly pronounced when the demands are high but intellectually stimulating.<sup>2</sup> Stress and dissatisfaction arise when the effort invested in work is not matched by adequate rewards, including compensation, recognition, status, or job security, especially for those who are highly committed to their profession.<sup>3</sup>

One of the most effective models used in health care organizations posits that job satisfaction and dissatisfaction stem from different sources.<sup>4,5</sup> Intrinsic motivators (such as achievement, recognition, responsibility, and the nature of the work itself) drive engagement, whereas extrinsic or hygiene factors (like salary, working conditions, and supervision) primarily prevent dissatisfaction.<sup>6</sup> Simply addressing hygiene factors

does not lead to satisfaction in the absence of intrinsic motivators. On the other hand, ensuring intrinsic motivators alone may be insufficient to prevent job dissatisfaction in jobs with poor extrinsic factors. Further, three fundamental workplace motivators have been posited: the need for achievement (through career advancement), affiliation (*via* collegial relationships and networks), and power (having influence over outcomes).<sup>7</sup> Overall, career satisfaction arises from a dynamic interplay between internal and external influences.

Within the context of factors that contribute to professional fulfillment, various terms have been used to describe physicians' experiences in the workplace. The term burnout has gained prominence over the past decades to signify poor well being among physicians.<sup>8</sup> A systematic review of 182 studies found 142 different definitions of burnout, underscoring the conceptual variability of the term.<sup>9</sup> The most common definition is that of a psychological syndrome resulting from prolonged exposure to job-related stress and is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment.<sup>10</sup> Further, a review of physician well being literature found agreement on the importance of the concept of wellness but significant inconsistency in its definition, with 86 percent of reviewed articles failing to offer a clear or consensus definition.<sup>11</sup>

Globally, across health care professions, occupational stress and job dissatisfaction, often manifesting as burnout, pose a threat to workforce well being and patient care. Its consequences are well documented, including diminished quality of care, reduced job satisfaction, increased staff turnover, and adverse outcomes at the individual level, such as fatigue, substance use, and depression.<sup>12-16</sup> Workload has emerged as the most consistent and significant predictor of burnout across health care settings, including the impact of cognitive load and complexity.<sup>17,18</sup>

In forensic mental health settings, the workforce faces stressors contributing to burnout, such as exposure to trauma, conflict, legal and clinical complexity, and risk of violence;<sup>19,20</sup> most of this literature has been focused on the experience of forensic nurses. Some studies report moderate to high levels of emotional exhaustion, depersonalization, and diminished personal accomplishment among forensic staff, sometimes accompanied by physical symptoms and demoralization.<sup>20,21</sup> Forensic mental health staff can feel unsupported by organizational leadership and perceive their well being as undervalued in a setting where

distress may be mistakenly viewed as normative. Some studies have found no significant differences in burnout rates of forensic nurses compared with nonforensic counterparts,<sup>22,23</sup> whereas others suggest that involvement in team decision-making and supportive work environments enhance job satisfaction.<sup>24</sup>

Although the literature has focused on the impact of vicarious trauma and compassion fatigue among mental health professionals in forensic settings,<sup>25-27</sup> there has been limited focus specifically on burnout and well being in forensic psychiatrists. In 2002, Strasburger *et al.*<sup>28</sup> surveyed members of the American Academy of Psychiatry and the Law (AAPL) and found that nearly half of respondents reported little to no occupational stress and 78 percent reported enjoying the challenges of their work. Respondents identified testifying or concerns about legal proceedings to be the most commonly reported stressors.

In 2022, we conducted a survey (34% response rate) of Canadian forensic psychiatrists through the Canadian Academy of Psychiatry and the Law (CAPL).<sup>29</sup> Just over half of respondents reported experiencing burnout, aligning with other surveys done during the COVID-19 pandemic.<sup>30,31</sup> Higher burnout rates were reported among early-career psychiatrists, those who perceived misalignment between their values and that of their organization, and those with low perceived levels of control over their workload. Professional fulfillment was associated with intellectual stimulation, engagement with the legal system, and job flexibility. The findings underscored the need to shift attention from individual to systemic interventions. Recommendations included commitment from organizational leadership to address burnout, support for early-career psychiatrists through mentorship and peer networks, enhanced communication to foster value alignment, and greater autonomy to improve control over workload. These align with broader literature emphasizing the moderate to large effects of system-level interventions on reducing burnout among health care professionals.<sup>16</sup>

Building on insights from the Canadian context, the present study seeks to assess the prevalence of, and factors contributing to, burnout and professional fulfillment among forensic psychiatrists in the United States. Given the structural differences between the Canadian and U.S. health care and legal systems, a dedicated examination of the American context is essential to generate actionable findings. In the Canadian context, citizens have universal access to medically necessary

health care services funded by taxation and administered by provincial governments under the Canada Health Act. In the U.S. context, services are funded by private insurance or public programs (e.g., Medicare), and access is dependent on insurance status. Regarding the legal system, Canada is generally based on British common law, with a national framework with provincial and territorial courts, having Crown counsel that represent the state. In the United States, there are separate federal and state court systems, prosecutors are often elected, and there is a stronger emphasis on constitutional and state-level variation of common law.<sup>32–35</sup> There are also national differences in the organization of services and practice locations. For example, in Canada, forensic mental health services are organized in a provincial and territorial model, with most services being available in forensic institutions or forensic divisions within psychiatric hospitals. In the United States, although the majority of states have specialized forensic departments, some states provide treatment within psychiatric wards or medical institutions. Although there are provincial and state differences in treatment models and access, there are many forensic mental health services in courts, correctional facilities, and the community in both countries.<sup>36</sup> By identifying targets for institutional and systemic intervention, this research aims to advance strategies that reduce burnout, promote well being, and support the long-term health, effectiveness, and retention of the forensic psychiatry workforce in the U.S. context.

## Methods

### Participant Recruitment

We surveyed forensic psychiatrists who were members of the American Academy of Psychiatry and Law (AAPL). The survey was advertised through e-mails to the membership mailing list consisting of 1,215 members in January and February 2024, with three follow-up e-mails. Potential participants were provided a link to the electronic survey using the REDCap data collection platform.<sup>37</sup> The study was approved by the Centre for Addiction and Mental Health Research Ethics Board (2023/052).

### Data Collection

Survey questions in the current study were similar to those previously used to assess burnout and fulfillment among CAPL members.<sup>29</sup> Professional fulfillment and burnout were measured using the Stanford

Professional Fulfillment Index (SPF).<sup>38</sup> The SPF is composed of three subscales: professional fulfillment subscale (six items), exhaustion subscale (four items), and interpersonal disengagement subscale (six items). Each item on the subscale was scored on a range of 0 to 4 with mean scores used to determine burnout or fulfillment. Higher professional fulfillment scores as well as lower work exhaustion and interpersonal disengagement scores indicate more favorable responses. Burnout was defined by a cutoff score of 1.33 and above on the mean of the combined work exhaustion and interpersonal disengagement subscales. Fulfillment was defined as a mean score of 3 or more on the SPF Personal Fulfillment Subscale.<sup>38</sup>

Burnout was also measured through a single item on the Mini-Z; a 10-item instrument derived from the Physician Worklife Study.<sup>39</sup> In the single-item Mini-Z, respondents are asked to identify their symptoms of burnout based on a five-point descriptive scale, from one (“I enjoy my work. I have no symptoms of burnout.”), two (“I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.”), three (“I am definitely burning out and have one or more symptoms of burnout (e.g., emotional exhaustion).”), four (“The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot.”), to five (“I feel completely burned out. I am at the point where I may need to seek help.”). Burnout is considered to exist at a score of 3 or more on the Mini-Z, reflecting the identification of one or more symptoms of burnout.

Work-related factors regarding job satisfaction, value alignment with colleagues and leadership, stress, mentorship, time spent on the electronic medical record (EMR), and control over workload, were scored on a five-point Likert scale. The amount of time I spent on the electronic medical record (EMR) was scored on a Likert scale from one Excessive, two Moderately high, three Satisfactory, four Modest, to five Minimal or none. Open-ended questions were asked to elicit contributors to physician burnout (“What are the three main contributors to your burnout?”), factors that promote physician wellness (“What are the three main contributors to your wellness at work?”), and attitudes toward work (“What do you enjoy about working in the field of forensic psychiatry?”). We analyzed both quantitative and qualitative responses. Before the analysis, survey records were screened to include only those submissions that provided a sufficient response to warrant inclusion for data analysis.

## Burnout and Well Being in U.S. Forensic Psychiatrists

**Table 1** Demographic and Work Characteristics of Survey Respondents (*N* = 126)

Variable	Number (%)
<b>Age Category</b>	
30 and under	3 (2.4%)
31-40	27 (21.4%)
41-50	21 (16.7%)
51-60	24 (19.0%)
61+	50 (39.7%)
Missing	1 (0.8%)
<b>Gender</b>	
Female	51 (40.5%)
Male	74 (58.7%)
Missing	1 (0.8%)
<b>Ethnic Group</b>	
White	92 (73.0%)
Other	30 (23.8%)
Missing	4 (3.2%)
<b>Profession</b>	
Psychiatrist	119 (94.4%)
Fellow or resident	7 (5.6%)
<b>Work Location</b>	
Private practice	51 (40.5%)
Academic center	30 (23.8%)
Hospital	15 (11.9%)
Other	30 (23.8%)
<b>Primary Work in Forensic Psychiatry</b>	
Yes	86 (68.3%)
No	40 (31.7%)
<b>Time in Forensic Psychiatry</b>	
0-10 years	44 (34.9%)
11-20 years	22 (17.5%)
20+ years	60 (47.6%)
<b>Pattern of Work</b>	
Full time	100 (79.4%)
Part time	25 (19.8%)
Prefer not to answer	1 (0.8%)
<b>Do You Work with an Interprofessional Team?</b>	
Yes	75 (59.5%)
No	50 (39.7%)
Prefer not to answer	1 (0.8%)
<b>Percentage of Work by Telemedicine</b>	
Less than 25%	73 (57.9%)
25-50%	17 (13.5%)
50-75%	18 (14.3%)
Almost all	17 (13.5%)
Prefer not to answer	1 (0.8%)
<b>How Would You Characterize the Amount of Time You Spend on the Electronic Medical Record (EMR)?</b>	
Minimal/none	25 (19.8%)
Modest	28 (22.2%)
Satisfactory	19 (15.1%)
Moderately high	34 (27.0%)
Excessive	20 (15.9%)
<b>Do You Have a Mentor?</b>	
Yes - I have a mentor through a formal program or network	9 (7.1%)
Yes - I have an informal mentor	38 (30.2%)
No - I do not have a mentor, but I would like one	20 (15.9%)
No - I do not have a mentor, and I do not want one	56 (44.4%)
Prefer not to answer	3 (2.4%)

**Table 1** Continued

Variable	Number (%)
<b>Do You Mentor Others?</b>	
Yes	97 (77.0%)
No	27 (21.4%)
Prefer not to answer	2 (1.6%)

### Data Analysis

All data analysis was conducted using RStudio,<sup>40</sup> descriptive statistics were used to summarize the responses, and Fisher's exact tests were conducted to test for significant subgroup differences in burnout and fulfillment within select demographic- and work-related characteristics.

A thematic analysis was conducted for qualitative open-ended responses using Braun and Clark's framework.<sup>41</sup> The analyses of qualitative data were conducted by two study authors (T.W. and R.M.J.) independently reviewing the data and meeting on several occasions until consensus was achieved on identified themes.

### Results

We received 138 participant responses (11% response rate); duplicate respondents as well as participants who did not complete the SPF questionnaire were removed. The remaining analysis is based on responses from 126 participants. Participant demographics in Table 1 indicate the largest subgroup of respondents were over the age of 60 (39.7%), male (58.7%), and of White, North American or European descent (73.0%). Nearly all respondents were psychiatrists (*n* = 119, 94.4%), and 60 (47.6%) had been working in forensic psychiatry for more than 20 years. Participants were primarily full time (78.4%) with 55 (41%) in private practice and 31 (23.1%) working in academic centers (a hospital affiliated with an academic institution). Although the pandemic did not change the focus or scope of work for 80 (59.1%) participants, 42 (31.3%) indicated increased intensity of work and 30 (22.4%) indicated a decreased intensity of work.

### Contributors to Burnout and Fulfillment

The Fisher's exact tests and Student's t-tests were conducted to test for significant subgroup differences in burnout (Table 2) and fulfillment (Table 3) within categorical variables and numeric variables, respectively. Participants who were experiencing burnout

**Table 2** Association Between Demographic Characteristics and Attitudes with Burnout and Fulfillment

Variable	Burnout			Fulfillment		
	No (n = 75)	Yes (n = 51)	p-Value	No (n = 60)	Yes (n = 66)	p-Value
<b>Age Category</b>						
<40 (n = 30)	14 (46.7%)	16 (53.3%)	.005	18 (60.0%)	12 (40.0%)	.061
41-50 (n = 21)	10 (47.6%)	11 (52.4%)	—	13 (61.9%)	8 (38.1%)	—
51-60 (n = 24)	11 (45.8%)	13 (54.2%)	—	12 (50.0%)	12 (50.0%)	—
61+ (n = 50)	39 (78.0%)	11 (22.0%)	—	17 (34.0%)	33 (66.0%)	—
<b>Gender</b>						
Female (n = 51)	23 (45.1%)	28 (54.9%)	.010	27 (52.9%)	24 (47.1%)	.370
Male (n = 74)	51 (68.9%)	23 (31.1%)	—	33 (44.6%)	41 (55.4%)	—
<b>Ethnic Group</b>						
White (n = 92)	57 (62.0%)	35 (38.0%)	.669	40 (43.5%)	52 (56.5%)	.292
Other (n = 30)	17 (56.7%)	13 (43.3%)	—	17 (56.7%)	13 (43.3%)	—
<b>Profession</b>						
Psychiatrist (n = 119)	71 (59.7%)	48 (40.3%)	1.000	56 (47.1%)	63 (52.9%)	.708
Fellow or resident (n = 7)	4 (57.1%)	3 (42.9%)	—	4 (57.1%)	3 (42.9%)	—
<b>Work Location</b>						
Private practice (n = 51)	36 (70.6%)	15 (29.4%)	.069	21 (41.2%)	30 (58.8%)	.101
Academic center (n = 30)	19 (63.3%)	11 (36.7%)	—	11 (36.7%)	19 (63.3%)	—
Hospital (n = 15)	6 (40.0%)	9 (60.0%)	—	10 (66.7%)	5 (33.3%)	—
Other (n = 30)	14 (46.7%)	16 (53.3%)	—	18 (60.0%)	12 (40.0%)	—
<b>Primary Work in Forensic Psychiatry</b>						
Yes (n = 86)	51 (59.3%)	35 (40.7%)	1.000	38 (44.2%)	48 (55.8%)	.338
No (n = 40)	24 (60.0%)	16 (40.0%)	—	22 (55.0%)	18 (45.0%)	—
<b>Time in Forensic Psychiatry</b>						
0-10 years (n = 44)	23 (52.3%)	21 (47.7%)	.162	26 (59.1%)	18 (40.9%)	.060
11-20 years (n = 22)	11 (50.0%)	11 (50.0%)	—	12 (54.5%)	10 (45.5%)	—
20+ years (n = 60)	41 (68.3%)	19 (31.7%)	—	22 (36.7%)	38 (63.3%)	—
<b>Pattern of Work</b>						
Full time (n = 100)	57 (57.0%)	43 (43.0%)	.551	47 (47.0%)	53 (53.0%)	.823
Part time (n = 25)	17 (68.0%)	8 (32.0%)	—	12 (48.0%)	13 (52.0%)	—
Prefer not to answer (n = 1)	1 (100%)	0 (0%)	—	1 (100%)	0 (0%)	—
<b>Do You Work with an Interprofessional Team?</b>						
Yes (n = 75)	43 (57.3%)	32 (42.7%)	.391	34 (45.3%)	41 (54.7%)	.469
No (n = 50)	32 (64.0%)	18 (36.0%)	—	26 (52.0%)	24 (48.0%)	—
Prefer not to answer (n = 1)	0 (0%)	1 (100%)	—	0 (0%)	1 (100%)	—
<b>Percentage of Work by Telemedicine</b>						
<25% (n = 73)	40 (54.8%)	33 (45.2%)	.506	37 (50.7%)	36 (49.3%)	.112
25-50% (n = 17)	10 (58.8%)	7 (41.2%)	—	11 (64.7%)	6 (35.3%)	—
50-75% (n = 18)	11 (61.1%)	7 (38.9%)	—	6 (33.3%)	12 (66.7%)	—
Almost all (n = 17)	13 (76.5%)	4 (23.5%)	—	5 (29.4%)	12 (70.6%)	—
<b>Impact of the Pandemic on the Scope or Focus of Work</b>						
No change (n = 77)	51 (66.2%)	26 (33.8%)	.080	33 (42.9%)	44 (57.1%)	.441
More areas (n = 24)	9 (37.5%)	15 (62.5%)	—	12 (50.0%)	12 (50.0%)	—
Fewer areas (n = 21)	13 (61.9%)	8 (38.1%)	—	12 (57.1%)	9 (42.9%)	—
Prefer not to answer (n = 4)	2 (50.0%)	2 (50.0%)	—	3 (75.0%)	1 (25.0%)	—
<b>Impact of the Pandemic on the Intensity of Work</b>						
No change (n = 58)	38 (65.5%)	20 (34.5%)	.417	21 (36.2%)	37 (63.8%)	.094
More than prior (n = 37)	18 (48.6%)	19 (51.4%)	—	22 (59.5%)	15 (40.5%)	—
Less than prior (n = 28)	17 (60.7%)	11 (39.3%)	—	15 (53.6%)	13 (46.4%)	—
Prefer not to answer (n = 3)	2 (66.7%)	1 (33.3%)	—	2 (66.7%)	1 (33.3%)	—
<b>Considered Leaving Your Current Job (Past 12 Months)</b>						
Yes (n = 57)	16 (28.1%)	41 (71.9%)	<.001	41 (71.9%)	16 (28.1%)	<.001
No (n = 69)	59 (85.5%)	10 (14.5%)	—	19 (27.5%)	50 (72.5%)	—
<b>Considered Leaving Forensic Psychiatry (Past 12 Months)</b>						
Yes (n = 31)	9 (29.0%)	22 (71.0%)	<.001	23 (74.2%)	8 (25.8%)	<.001
No (n = 95)	66 (69.5%)	29 (30.5%)	—	37 (38.9%)	58 (61.1%)	—

## Burnout and Well Being in U.S. Forensic Psychiatrists

Table 2 Continued

Variable	Burnout			Fulfillment		
	No (n = 75)	Yes (n = 51)	p-Value	No (n = 60)	Yes (n = 66)	p-Value
<b>Do You Have a Mentor?</b>						
Formal (n = 9)	5 (55.6%)	4 (44.4%)	.259	2 (22.2%)	7 (77.8%)	.602
Informal (n = 38)	18 (47.4%)	20 (52.6%)	—	18 (47.4%)	20 (52.6%)	—
No but would like one (n = 20)	11 (55.0%)	9 (45.0%)	—	10 (50.0%)	10 (50.0%)	—
No and do not want one (n = 56)	39 (69.6%)	17 (30.4%)	—	28 (50.0%)	28 (50.0%)	—
Prefer not to answer (n = 3)	2 (66.7%)	1 (33.3%)	—	2 (66.7%)	1 (33.3%)	—
<b>Do You Mentor Others?</b>						
Yes (n = 97)	57 (58.8%)	40 (41.2%)	.915	39 (40.2%)	58 (59.8%)	<b>.003</b>
No (n = 27)	17 (63.0%)	10 (37.0%)	—	20 (74.1%)	7 (25.9%)	—
Prefer not to answer (n = 2)	1 (50.0%)	1 (50.0%)	—	1 (50.0%)	1 (50.0%)	—
<b>Overall job satisfaction</b> (mean (SD))	4.61 (0.57)	3.46 (0.99)	<b>&lt;.001</b>	3.57 (0.99)	4.69 (0.47)	<b>&lt;.001</b>
<b>Values align with colleagues</b> (mean (SD))	4.25 (0.74)	3.80 (0.98)	<b>.007</b>	3.75 (0.93)	4.36 (0.69)	<b>&lt;.001</b>
<b>Values align with leadership</b> (mean (SD))	3.79 (0.91)	2.94 (1.14)	<b>&lt;.001</b>	3.05 (1.06)	3.80 (1.00)	<b>&lt;.001</b>
<b>Stress because of job</b> (mean (SD))	2.45 (1.20)	4.02 (0.91)	<b>&lt;.001</b>	3.70 (1.08)	2.53 (1.30)	<b>&lt;.001</b>
<b>Amount of time on EMR<sup>a</sup></b> (mean (SD))	3.51 (1.29)	2.33 (1.24)	<b>&lt;.001</b>	2.77 (1.41)	3.27 (1.34)	<b>.041</b>
<b>Control over workload</b> (mean (SD))	3.85 (1.01)	2.62 (1.19)	<b>&lt;.001</b>	2.75 (1.15)	3.91 (1.05)	<b>&lt;.001</b>

SD = standard deviation.

Percentages are normalized by subcategory (sum to 100%). Continuous variables are presented as mean (SD).

<sup>a</sup> The amount of time I spent on the electronic medical record (EMR) was scored on a Likert scale from one Excessive, two Moderately high, three Satisfactory, four Modest, to five Minimal or none.

Table 3 Multivariate Logistic Regression Model Examining Factors Predicting Burnout

Predictors	Odds Ratio	CI	p
<b>Overall job satisfaction</b>	0.13	0.02–0.45	<b>.005</b>
<b>Feel a great deal of stress because of your job</b>	3.61	1.62–9.73	<b>.004</b>
<b>Values align with your institution's leadership</b>	1.35	0.58–3.24	.483
<b>Values align with colleagues</b>	0.36	0.11–0.98	.068
<b>Amount of time on EMR</b>	0.41	0.19–0.75	<b>.010</b>
<b>Control over workload</b>	1.70	0.72–4.73	.256
<b>Age</b>			
40 and under		<b>Reference</b>	
41-50	0.29	0.02–3.25	.332
51-60	3.35	0.30–47.11	.337
61+	0.71	0.07–6.62	.766
<b>Gender</b>			
Female		<b>Reference</b>	
Male	0.27	0.05–1.44	.132
<b>Considered leaving the field of forensic psychiatry in the past 12 months</b>			
No	0.41	0.05–2.69	.362
<b>Considered leaving current job in the past 12 months</b>			
No	0.33	0.05–2.20	.252
<b>There has been no change in the focus of my work because of the pandemic</b>			
The scope of my work has changed to focus on more areas than before the pandemic	0.78	0.13–4.18	.772
The scope of my work has changed to focus on fewer areas than before the pandemic	0.45	0.05–3.33	.444
Observations	116	—	—
R2 Tjur	0.651	—	—

CI = confidence interval.

**Table 4** Multivariate Logistic Regression Model Examining Factors Predicting Fulfillment

Predictors	Odds Ratios	CI	p
Do you feel a great deal of stress because of your job?	0.61	0.30–1.19	.161
Overall job satisfaction	6.94	2.33–26.45	<b>.002</b>
Amount of time on EMR	1.12	0.68–1.88	.650
How much control do you have over workload?	1.33	0.69–2.62	.389
Values align with colleagues	3.11	1.33–8.46	<b>.015</b>
Values align with your institution’s leadership	1.02	0.50–2.13	.951
<b>Age</b>			
40 and under		<b>Reference</b>	
41-50	1.42	0.17–11.92	.744
51-60	0.30	0.02–4.20	.385
61+	0.25	0.01–4.13	.337
<b>0-10 years</b>		<b>Reference</b>	
11-20 years	0.78	0.08–7.62	.827
20+ years	6.04	0.46–103.62	.184
<b>There has been no change in the intensity of my work because of the pandemic</b>		<b>Reference</b>	
I am working more than prior to the pandemic	1.29	0.32–5.79	.730
I am working less than prior to the pandemic	0.68	0.12–3.63	.654
<b>Considered leaving your current job in the past 12 months</b>		<b>Reference</b>	
No	0.58	0.09–3.19	.541
<b>Considered leaving the field of forensic psychiatry in the past 12 months</b>		<b>Reference</b>	
No	2.63	0.46–17.11	.289
<b>Not mentoring others</b>		<b>Reference</b>	
Mentoring others	9.17	1.87–58.86	<b>.011</b>
Observations	116	—	—
R2 Tjur	0.555	—	—

**Table 5** Contributors to Burnout

Themes	Quotes from the Survey
Workload and time management	“Unreasonable work schedule” “Long Hours” “Not enough time to complete the job I am expected and am thus taking work home” “Increased patient census due to staffing”
Administrative burden: billing, administration, insurance, EMR	“Business issues (staff, cash flow, etc.,) taking time and energy vs. practice of psychiatry” “Too much documentation”
Organizational and leadership issues	“Staff shortages” “Efforts by administration to be more ‘touchy feely’ (seem fake or part of a corporate training)”
External and systemic factors: limited resources, pandemic, financial concerns, inadequate salary	“Feeling underpaid” “The pandemic was brutal as workload skyrocketed and the fear and constraints of the pandemic with all the same, plus more, work demands, were highly challenging”
Legal and forensic challenges	“The hostility of the attorneys who are unhappy with my recommendations (hostile cross-examination, etc.)” “Evaluations of child abuse cases”
Personal and family stress	“Family pressures” “Medical issues” “Being a single mother no relatives in town to help with kids”
Career and professional development: age and contemplation of retirement, limited opportunities for professional growth	“Age” “I have been denied any possibility of doing research, making an impact implementing ideas, or working with a team. I have been relegated to ‘solo’ work behind a desk.”
Patient care challenges	“Burden of patient care, less empathy for patients, hostility from civil forensic patients” “Finding outpatient beds for NGRI and others is more difficult”

NGRI = not guilty by reason of insanity.

## Burnout and Well Being in U.S. Forensic Psychiatrists

**Table 6** Contributors to Wellness

Themes	
Work life balance and flexibility: control over schedule, personal life integration, workload management	<p>"Ability to choose and decide new work - sometimes"</p> <p>"I have good control over my schedule. I do full time court ordered evaluations (competency and insanity) and schedule cases mostly when I want. I do the report writing and record review mostly when I want (this is not technically allowed as I am a state employee, but I get my work done well and in a timely manner and no one has brought it up as an issue)."</p> <p>"Absence of bureaucratic hassles unrelated to outcomes"</p>
Impact and meaning: positive impact on others, personal fulfillment, recognition, and feedback	<p>"Feeling as if I did the best I could on a case given the information provided to me"</p> <p>"I enjoy patient care and find it rewarding even though it's stressful."</p>
Support and relationships: colleagues, mentorship, team dynamics	<p>"The quality of the relationships I have with my colleagues"</p> <p>"My direct supervisor gives me good feedback and protects me as much as he can."</p> <p>"Supportive colleagues and supervisors, particularly those who normalize and actively discuss or encourage discussion about both professional challenges, vulnerabilities, and concerns"</p>
Personal well being and self-care	<p>"Engaging in outside interests when possible"</p> <p>"Increased time on self-care"</p> <p>"I exercise a lot and I make time to be with family and friends."</p>
Job conditions and environment (including adequate pay)	<p>"If I have administrative support, I feel better and less stressed."</p> <p>"Lots of time to care for patients (review labs, think about treatment decisions, talk to team members, reviewing chart and court documents)"</p> <p>"Not having to worry as much about putting a burden on my colleagues when I have to call off for family makes my job less stressful"</p>
Personal growth and opportunities: career advancement, variety, and innovation	<p>"I love practicing and teaching forensic psychiatry."</p> <p>"Being the leader"</p> <p>"Opportunity to innovate"</p>

( $n = 51$ ) were more likely to be younger ( $p = .005$ ) and female ( $p = .001$ ), according to the SPF subscales, and were more likely to have considered leaving their job ( $p < .001$ ) or the field of forensic psychiatry ( $p = .001$ ) in the last 12 months. They also did not feel that their values aligned with institutional leadership ( $p = .002$ ) or their colleagues. Demographic factors, such as ethnicity, and employment factors, such as work location or working full time, did not contribute significantly to burnout. Participants who were categorized as burnt out (score of 3 or more on the Mini-Z) reported spending more time on EMR ( $p < .001$ ) and were more stressed and less satisfied with their job overall. Additionally, burnt out individuals reported reduced control over their workload ( $p < .001$ ).

Participants who were categorized as fulfilled were less likely to have considered leaving their job ( $p < .001$ ) or the field of forensic psychiatry ( $p < .001$ ) in the last 12 months. They also felt that their values aligned with both institutional leadership ( $p < .001$ ) and their colleagues ( $p < .001$ ). Participants who were categorized as fulfilled spent less time on EMR ( $p = .041$ ) and felt that they had more control over their workload ( $p < .001$ ). Demographic factors, such as age, gender, or ethnicity, did not contribute

significantly to fulfillment. Participants who mentored others were more likely to be fulfilled ( $p < .003$ ).

### Multivariate Prediction Models

Variables with a  $p$  value less than .1 were included in a logistic regression model. The multivariate logistic regression model (Table 3) indicated that job-related stress was positively correlated to burnout (odds ratio (OR) = 3.61,  $p = .004$ ). A significant negative relationship was seen between burnout and overall job satisfaction (OR = .13,  $p = .005$ ) as well as less time on EMR (OR = .41,  $p = .01$ ).

The multivariate logistic regression model examining factors predicting fulfillment Table 4 indicated that overall job satisfaction (OR = 6.94,  $p = .002$ ), value alignment with colleagues (OR = 3.11,  $p = .015$ ), and mentoring others (OR = 9.17,  $p = .011$ ) were all significantly positive predictors.

### Qualitative Survey Results

#### Main Contributors to Burnout

Participants were asked to list the top three factors contributing to burnout they may have experienced in the last three years (Table 5). Workload and time management was the most common factor

**Table 7** Areas of Enjoyment Within Forensic Psychiatry

Themes	Quotes
Intellectually stimulating and challenging	<p>“Ability to resolve situations through diagnosis and opinion”</p> <p>“The ability to pair with the county courts in demanding better quality inpatient assessment and care for their citizens subject to involuntary hospitalization”</p> <p>“The ‘puzzles’; I like finding all the pieces, and putting them together, to formulate opinions sought.”</p>
Meaning, career growth, and development	<p>“I feel great satisfaction in my work because I know that I do work that is important and helps other people (both the clinical and forensic work).”</p> <p>“The same thing that is stressful is also satisfying.”</p> <p>“I also feel like I have a job to advocate for those that often do not have any sort of support system. They’ve maybe been in and out of jails or hospitals, and they finally come to my care at the state hospital, where I can advocate for their mental and physical wellness, for their place in society.”</p>
Interacting with legal profession	<p>“Opportunity to engage across multiple domains (attorneys, clients)”</p> <p>“Exposure to the criminal justice system <i>via</i> working in corrections or doing fitness to stand trial examinations”</p>
Patients (stories)	<p>“Working with patients who have the most severe psychopathologies”</p> <p>“Learning about people’s experiences”</p>
Variety	<p>“Every day is different, every case is different.”</p> <p>“The breadth of work opportunities based on your various areas of expertise”</p>
Teaching and mentoring	<p>“Inspiring trainees and younger colleagues to contribute to the field of public sector forensic psychiatry”</p> <p>“Understanding and educating the clients about court”</p> <p>“Educating the court about mental illness”</p>
Flexibility and control	<p>“Control of my own schedule and don’t have to work for anyone”</p> <p>“Gives me more flexibility than my primary job”</p>
Colleagues	<p>“The ability to discuss my opinion with someone who does not agree with me allows me to feel more confident in my opinion.”</p> <p>“Multidisciplinary approach to many assessments”</p>
Financial compensation	<p>“A good source of income”</p>

(*n* = 92). Other factors in descending order were administrative burden (*n* = 46), organizational and leadership issues (*n* = 46), external and systemic factors (*n* = 36), legal and forensic challenges (*n* = 35), personal and family stress (*n* = 21), career and professional development (*n* = 20), and patient care challenges (*n* = 16).

*Contributors to Wellness at Work*

When asked about contributors to wellness (Table 6), participants indicated work-life balance and flexibility to be their top contributor (*n* = 99). Other contributors to wellness in descending order are impact and meaning (*n* = 73), support and relationships (*n* = 67), well being and self-care (*n* = 48), job conditions and environment (*n* = 45), and personal growth and opportunities (*n* = 20).

**Areas of Enjoyment in Forensic Psychiatry**

Factors that participants liked about forensic psychiatry (Table 7) were intellectually stimulating and

challenging (*n* = 110); meaning, career growth, and development (*n* = 39); interacting with legal profession (*n* = 24); patients (stories) (*n* = 21); variety (*n* = 19); teaching and mentoring (*n* = 15); flexibility and control (*n* = 15); colleagues (*n* = 10); and financial compensation (*n* = 8).

**Discussion**

This study identified the prevalence of, and factors contributing to, burnout and professional fulfillment in forensic psychiatrists in the United States. Physician burnout has an impact on retention of physicians and requires a response at multiple levels. Of the 126 respondents in this study, 51 (40%) reported experiencing burnout as measured by the SPF-Work Exhaustion and Interpersonal Disengagement subscales.

Survey responses underscore the interplay of individual, organizational, and systemic influences on physician experience. The demographic profile of respondents shows a predominance of older

practitioners, with nearly 40 percent over the age of 60 and almost half indicating they had been in practice for over 20 years. This reflects broader workforce trends in psychiatry, where approximately 60 percent of U.S. psychiatrists are over 55 years of age.<sup>42</sup> As the specialty undergoes a generational shift, it is imperative to recognize that the values, expectations, and stressors experienced by the emerging cohort may diverge significantly from those of their predecessors. These generational changes will likely influence how burnout is experienced, the importance of communicating the values of organizations, and how well being should be conceptualized and supported across different career stages.

Younger and female forensic psychiatrists reported significantly higher levels of burnout, suggesting that early-career professionals face particular vulnerabilities within the current practice environment. Although mentorship was not associated with decreased burnout in our survey, the potential benefits of mentorship as a developmental resource for early-career psychiatrists and also as a source of meaning for more senior forensic psychiatrists merits further exploration. The strong association between mentoring and professional fulfillment observed in this survey highlights the potential mutual benefit of these relationships.

Survey participants emphasized the intrinsic rewards of practicing in forensic psychiatry, citing intellectual stimulation, complexity, and a strong sense of purpose. These findings speak to the deep cognitive and moral engagement required in the specialty. Forensic psychiatrists must regularly navigate ambiguity, complexity, ethics dilemmas, and scrutiny, all of which may both be a challenge to and enrich professional identity. When these internal motivators are overshadowed by external conditions, such as excessive workload, administrative burden, and lack of recognition, however, the protective effect of internal motivators can be eroded. This highlights the importance of strategies that both reinforce this intrinsic connection (for example, through opportunities for case reflection, values-based practice discussions, and scholarly engagement) while simultaneously addressing external conditions of the work environment. Understanding the human factors associated with workload requires further scrutiny, including work distribution within an interdisciplinary team or private practice and cognitive load (the fundamentally limited cognitive resource of working memory).<sup>18</sup>

One actionable contributor to burnout identified in this study was electronic medical record burden.

Participants experiencing burnout reported significantly more time spent on EMR-related tasks, highlighting this as a modifiable risk factor. The digitization of clinical forensic psychiatric work, including documentation, assessments, and communications, in parallel with increasing quality improvement and service development expectations, has introduced new cognitive and administrative demands that may contribute to emotional exhaustion and detachment. Targeted interventions, such as the integration of scribes, optimization of EMR documentation templates, or the use of artificial intelligence (AI)-assisted tools, could alleviate some of this burden; however, the specific risks and benefits of these technologies as they pertain to assessment work in forensic psychiatry, with huge volumes of material and lengthy and complex reports, require further investigation.

Burnout in this survey was also associated with perceived value misalignment between physicians and organizational leadership. This misalignment underscores the role of organizational culture as a contributor to professional well being.<sup>43</sup> To address this, for the 36 percent of respondents who work in hospitals, including hospitals affiliated with academic centers, health care organizations must do more than state their mission and values; they need to actively cultivate alignment with forensic psychiatrists through transparency, inclusivity, and wellness-centered leadership that is attuned to frontline realities and prioritizes staff well being.<sup>44</sup> Wellness initiatives should be grounded in organizational science and focused on systemic contributors, including workload, autonomy, policies that support flexibility, and the strength of professional community.<sup>16</sup> Interventions that focus solely on individual coping mechanisms are unlikely to effect meaningful or sustainable change.

Finally, many of the themes identified in this survey (autonomy, purpose, affiliation, influence, and workload management) are long-standing principles of organizational psychology, yet they are often neglected in health care settings. The field of forensic psychiatry would benefit from a more intentional integration of organizational and human factor frameworks into wellness strategy development. There is a need to return to a grounded understanding of what burnout truly represents: a failure of the work environment to support sustained, meaningful engagement and understand the experience of forensic psychiatrists and to develop interventions that reflect this reality.

Although the findings of this survey offer important insights into burnout and fulfillment among

forensic psychiatrists, there are several limitations. The survey was conducted in proximity to the COVID-19 pandemic, a period marked by uncertainty, fluctuating workloads, and evolving institutional pressures. Therefore, participant responses may reflect transient conditions that are not representative of more longitudinal trends related to burnout. Second, the study is subject to limitations inherent in survey-based research, including response bias or potential underreporting related to stigma. Also, those experiencing significant burnout may have been more, or less, motivated to respond, introducing selection bias. Although the response rate was typical for general e-mail surveys,<sup>45</sup> it was lower than published surveys in social science research.<sup>46</sup> Survey response rates can be influenced by numerous factors, including design and complexity and participant motivation (*i.e.*, incentives); survey fatigue may also be a factor. Although the response rate must be considered in the durability of any conclusions, there is similarity to data from the Canadian sample of forensic psychiatrists,<sup>29</sup> and the results from this survey can be considered as a foundation to enhance awareness of burnout in forensic psychiatry, stimulate new research, and encourage other ways of eliciting information, including interviews and focus groups. A significant percentage of respondents identified as being in private practice, which may affect their perception and description of factors influencing their well being and practices. The contributors to burnout in private practice require further specific description and study. Finally, the cross-sectional design precludes causal inference, and future longitudinal studies are warranted to better understand the trajectories of burnout and fulfillment over time.

### Recommendations and Future Work

To effect systemic changes to mitigate burnout and promote wellness in service of fostering a sustainable and fulfilled forensic psychiatric workforce, we suggest focusing on target populations. Greater exploration of the experiences of early-career and female psychiatrists is needed to inform targeted strategies. This will require consideration of implicit gender bias, the effect of mentorship, life-stage trajectory (*e.g.*, having young children), and other generational components that affect early-career psychiatrists' expectations and life goals. There are similar indicators for burnout and professional fulfillment between responders to this survey and those in the earlier Canadian sample described

in Wilkie *et al.*<sup>29</sup> The similarity with the Canadian data is, in itself, informative, and thus, initiatives that resulted from the Canadian survey, such as the initiation of a collaborative for women in forensic psychiatry, could be translated to an American context. As these initiatives are in early developmental stages, the resonance and evaluation of their impact requires further monitoring and assessment.

The significant percentage of individuals in private practice in this study should theoretically have less exposure to external factors that decrease fulfillment. But they reported equal rates of fulfillment and lack of fulfillment while still being exposed to the intellectual stimulation, autonomy, and reduced EMR expectations that should enhance fulfillment. Future directions may examine types of forensic practice separately (academic and private practice, corrections- and hospital-based practice, assessment and treatment practice), which may inform career decisions and job design that promote balanced practices that extract the best of both working conditions.

Further research is needed into specific and measurable interventions that can be instituted within forensic psychiatry programs to affect professional fulfillment and burnout. Future research could also further delineate the specific EMR-related activities most associated with burnout in forensic psychiatry. Investment in the well being of forensic psychiatrists is vital to recruitment and retention efforts as well as the quality and sustainability of the forensic mental health system.

### References

1. Bakker AB, Demerouti E. Job demands-resources theory: Taking stock and looking forward. *J Occup Health Psychol.* 2017; 22(3):273–85
2. Demerouti E, Bakker AB, Nachreiner F, Schaufeli WB. The job demands-resources model of burnout. *J Appl Psychol.* 2001; 86(3):499–512
3. Siegrist J. Adverse health effects of high-effort/low-reward conditions. *J Occup Health Psychol.* 1996; 1(1):27–41
4. Herzberg F, Mausner B, Snyderman BB. *The Motivation to Work.* London, U.K.: Routledge; 1993
5. Alshmemri M, Shahwan-Akl L, Maude P. Herzberg's two-factor theory. *Life Sci J.* 2017; 14(5):12–6
6. Mitsakis M, Galanakis M. An empirical examination of Herzberg's Theory in the 21st century workplace. *Organizational psychology re-examined. Psychology.* 2022; 13(2):264–72
7. McClelland DC. *Human Motivation.* Cambridge, MA: Cambridge University Press; 1987
8. Shanafelt TD. Physician well-being 2.0: Where are we and where are we going? *Mayo Clin Proc.* 2021; 96(10):2682–93
9. Rotenstein LS, Torre M, Ramos MA, *et al.* Prevalence of burnout among physicians: A systematic review. *JAMA.* 2018; 320(11):1131–50

## Burnout and Well Being in U.S. Forensic Psychiatrists

10. Maslach C, Jackson SE. Burnout in organizational settings. *Appl Soc Psychol Ann.* 1984; 5:133–53
11. Brady KJ, Trockel MT, Khan CT, *et al.* What do we mean by physician wellness? A systematic review of its definition and measurement. *Acad Psychiatry.* 2018; 42(1):94–108
12. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: Contributors, consequences and solutions. *J Intern Med.* 2018; 283(6):516–29
13. Shanafelt TD, Mungo M, Schmitgen J, *et al.* Longitudinal study evaluating the association between physician burnout and changes in professional work effort. *Mayo Clin Proc.* 2016 Apr; 91(4):422–31
14. Patel RS, Bachu R, Adikey A, *et al.* Factors related to physician burnout and its consequences: A review. *Behav Sci (Basel).* 2018; 8(11):98
15. Wallace JE, Lemaire JB, Ghali WA. Physician wellness: A missing quality indicator. *Lancet.* 2009; 374(9702):1714–21
16. Guille C, Sen S. Burnout, depression, and diminished well-being among physicians. *N Engl J Med.* 2024; 391(16):1519–27
17. Shanafelt TD, West CP, Sinsky CA, *et al.* At-risk work hours among U.S. physicians and other U.S. workers. *Am J Prev Med.* 2023; 65(4):568–78
18. Harry E, Sinsky C, Dyrbye LN, *et al.* Physician task load and the risk of burnout among US physicians in a national survey. *Jt Comm J Qual Patient Saf.* 2021; 47(2):76–85
19. Hanrahan NP, Aiken LH, McClaine L, Hanlon AL. Relationship between psychiatric nurse work environments and nurse burnout in acute care general hospitals. *Issues Ment Health Nurs.* 2010; 31(3):198–207
20. de Looft P, Nijman H, Didden R, Embregts P. Burnout symptoms in forensic psychiatric nurses and their associations with personality, emotional intelligence and client aggression: A cross-sectional study. *J Psychiatr Ment Health Nurs.* 2018; 25(8):506–16
21. Dickinson T, Wright KM. Stress and burnout in forensic mental health nursing: A literature review. *Br J Nurs.* 2008; 17(2):82–7
22. Brown D, Igoumenou A, Mortlock A-M, *et al.* Work-related stress in forensic mental health professionals: A systematic review. *J Forensic Pract.* 2017; 19(3):227–38
23. Chalder G, Nolan P. A comparative study of stress among forensic and acute mental health nurses. *Br J Forensic Pract.* 2000; 2(3):24–9
24. Happell B, Martin T, Pinikahana J. Burnout and job satisfaction: A comparative study of psychiatric nurses from forensic and a mainstream mental health service. *Int J Ment Health Nurs.* 2003; 12(1):39–47
25. Bradford JM, de Amorim Levin GV. Vicarious trauma and PTSD in forensic mental health professionals. *J Am Acad Psychiatry Law.* 2020 Sep; 48(3):315–8
26. Pirelli G, Formon DL, Maloney K. Preventing vicarious trauma (VT), compassion fatigue (CF), and burnout (BO) in forensic mental health: Forensic psychology as exemplar. *Prof Psychol: Res Pract.* 2020; 51(5):454–66
27. Rodrigues NC, Ham E, Hilton NZ, Seto MC. Workplace characteristics of forensic and nonforensic psychiatric units associated with posttraumatic stress disorder (PTSD) symptoms. *Psychol Serv.* 2021 Nov; 18(4):464–73
28. Strasburger LH, Miller PM, Commons ML, *et al.* Stress and the forensic psychiatrist: A pilot study. *J Am Acad Psychiatry Law.* 2003 Mar; 31(1):18–26
29. Wilkie T, Jones RM, Ramshaw L, *et al.* Contributors to physician burnout and well-being in forensic psychiatrists in Canada. *J Am Acad Psychiatry Law.* 2024 Mar; 52(1):41–50
30. Canadian Medical Association (CMA). CMA 2021 National Physician Health Survey [Internet]; 2022. Available from: <https://digitallibrary.cma.ca/link/digitallibrary17>. Accessed November 15, 2025
31. Ontario Medical Association (OMA). Healing the healers: System-level solutions to physician burnout: Recommendations of the Ontario Medical Association Burnout Task Force [Internet]; 2021. Available from: <https://www.oma.org/siteassets/oma/media/pagetree/advocacy/issues/burnout/burnout-paper.pdf>. Accessed December 30, 2025
32. Health Canada. Health care system [Internet]; 2025. Available from: <https://www.canada.ca/en/health-canada/services/health-care-systems.html>. Accessed November 15, 2025
33. U.S. Department of Health & Human Services. Welcome to the Health Insurance Marketplace® [Internet]. Available from: <https://www.healthcare.gov/>. Accessed November 15, 2025
34. Government of Canada. Department of Justice Canada [Internet]. Available from: <https://www.justice.gc.ca/>. Accessed November 15, 2025
35. United States Courts. The federal courts of the United States [Internet]. Available from: <https://www.uscourts.gov/>. Accessed November 15, 2025
36. Beis P, Graf M, Hachtel H. Impact of legal traditions on forensic mental health treatment worldwide. *Front Psychiatry.* 2022 Apr; 13:876619
37. Patridge EF, Bardyn TP. Research electronic data capture (REDCap). *J Med Libr Assoc.* 2018; 106(1):142–4
38. Trockel M, Bohman B, Lesure E, *et al.* A brief instrument to assess both burnout and professional fulfillment in physicians: Reliability and validity, including correlation with self-reported medical errors, in a sample of resident and practicing physicians. *Acad Psychiatry.* 2018; 42(1):11–24
39. Linzer M, Poplau S, Babbott S, *et al.* Worklife and wellness in academic general internal medicine: Results from a national survey. *J Gen Intern Med.* 2016; 31(9):1004–10
40. RSTUDIO T. RStudio: Integrated Development for R. Boston, MA: RSTUDIO; 2019
41. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006; 3(2):77–101
42. Association of American Medical Colleges. The growing psychiatrist shortage and enormous demand for mental health services [Internet]; 2022. Available from: <https://www.aamc.org/news/growing-psychiatrist-shortage-enormous-demand-mental-health-services>. Accessed November 15, 2025
43. Bohman B, Dyrbye L, Sinsky CA, *et al.* Physician well-being: The reciprocity of practice efficiency, culture of wellness, and personal resilience. *NEJM Catal Innov Care Deliv.* 2017 Aug; 3(4)
44. Shanafelt T, Stolz S, Springer J, *et al.* A blueprint for organizational strategies to promote the well-being of health care professionals. *NEJM Catal Innov Care Deliv.* 2020 Oct; 1(6)
45. Barnhart BJ, Reddy SG, Arnold GK. Remind me again: Physician response to web surveys: The effect of email reminders across 11 opinion survey efforts at the American Board of Internal Medicine from 2017 to 2019. *Eval Health Prof.* 2021 Sep; 44(3):245–59
46. Holtom B, Baruch Y, Aguinis H, Ballinger GA. Survey response rates: Trends and a validity assessment framework. *Hum Relat.* 2022; 75(8):1560–84