

Psychiatrists Under Pressure: Exploring Occupational Risks and Protective Strategies

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Abstract

Objective: The aim of this study was to investigate the occupational hazards faced by psychiatrists and their protective strategies against these challenges.

Method: The research adopted a qualitative approach with a thematic analysis strategy. The study included 15 psychiatrists selected through purposive sampling until theoretical saturation was achieved. Data were collected using semi-structured interviews and analyzed with MAXQDA 2024 software. The analysis was conducted based on Attride-Stirling's thematic network framework and involved systematic coding of meaning units and progressive abstraction into basic, organizing, and global themes.

Results: Based on the analysis of interview transcripts, 73 basic themes, 11 organizing themes, and 3 global themes were identified for occupational hazards, along with 8 organizing themes for protective strategies. The global and organizing themes for hazards included: intrapersonal hazards (psychological stress, burnout, and clients' social and cultural issues), interpersonal hazards (distress from patient interactions, domestic erosion, and lack of collegial cooperation), and Transpersonal hazards (organizational constraints, lost professional status, repetitive exhaustion under outdated infrastructure, and financial discrimination). The organizing themes for protective strategies encompassed psychological flexibility, passion for service, spiritual coping, professional growth, professional collaboration, restorative activities, therapeutic communication, and optimization of the treatment environment.

Conclusion: This qualitative study identified psychiatrists' occupational hazards across three dimensions -intrapersonal, interpersonal, and supra-personal- while also highlighting critical protective strategies such as psychological flexibility and professional growth. The findings underscore the necessity for comprehensive support for psychiatrists' mental health and the development of supportive resources. These results can serve as a foundation for future policy-making in the field of mental health. However, the findings should be interpreted in light of the study's limited sample size and regional scope.

Key words: *Burnout; Occupational Health; Psychiatrists; Qualitative Research; Protective Factors*

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Psychoiatry is a specialized discipline dedicated to the identification, prevention, and treatment of mental, emotional, and behavioral disorders (1). It is a valuable profession, yet deeply intertwined with human challenges and complexities (2). Psychiatrists, tasked with the responsibility of safeguarding individuals' mental health, work in close contact with people. Exposure to traumatized patients, incurable illnesses, and death, coupled with workload pressures, limited social support, violence, ambiguity, and critical decision-making, renders this profession particularly susceptible to burnout (3, 4). Furthermore, prolonged and intimate interactions with patients contribute to emotional exhaustion and the onset of occupational burnout among psychiatrists (5, 6).

Other challenges in this profession include dealing with hostile relatives, long working hours, after-hours duties, administrative burdens, shortages of hospital beds, excessive phone calls, issues related to patient violence and suicide, and the interference of work with personal life (7, 8). Additionally, psychiatrists specializing in geriatric care often face a high volume of overtime work (9).

Research indicates that psychiatrists encounter stressors such as heavy caseloads, additional responsibilities, high-risk situations, extended appointments outside regular hours, and the care of patients admitted to psychiatric hospitals (10, 11). These challenges are frequently accompanied by feelings of guilt due to perceived underperformance, difficulties in setting boundaries with clients, mistaking healthy personal interests for selfishness, and an inability to allocate time for family or pursue enjoyable activities (12, 13). However, in Iran, these issues, including working hours and related challenges, do not fully apply to graduated psychiatrists working in universities, private sectors, governmental or private organizations, or charitable institutions, where working hours are significantly shorter, and they enjoy greater autonomy and flexibility. These conditions, however, may apply to psychiatric residents, at least to some extent (14).

Moreover, psychiatrists face significant challenges with 31 to 50 hours of weekly work, multiple job settings, high job demands, limited support, and restricted autonomy (15). Consequently, occupational burnout emerges as one of the most serious hazards for psychiatrists—a psychological syndrome characterized by emotional exhaustion, depersonalization, and feelings of inadequacy. According to researchers, such conditions stem from low job satisfaction, strained professional relationships, limited opportunities, and overall dissatisfaction with career paths (3, 6, 16). As a result, depression, anxiety, and stress are considered the three primary challenges for psychiatrists globally (3, 13, 16, 17). Some studies have reported that 24% of

psychiatrists experience anxiety, and 23% suffer from depression, with the prevalence of depression among psychiatrists being three times higher than in other helping professions (e.g., counseling, social work) (16). In Iran, however, the prevalence of anxiety and depression among psychiatrists is notably lower than in the general population (18).

Unreasonable behaviors from patients and their families, such as aggression, violence, intimidation, and resistance to hospitalization in psychiatric units, represent another challenge for psychiatrists (19-21). Research shows that most assaults occur in psychiatric wards, with 25% to 60% of psychiatrists experiencing verbal or physical aggression during their work (22, 23). Experiences of violence lead to feelings of guilt, shame, reduced job satisfaction, intentions to leave the organization, and diminished health-related quality of life among psychiatrists (24). In contrast, in Iran, anger and violence in psychiatric clinics and hospitals are not more prevalent than in the broader society, and the Iranian culture places significant value and respect on psychiatrists, psychologists, and physicians (25).

Furthermore, patient deaths by suicide represent one of the most stress-inducing occupational hazards for psychiatrists. Most psychiatrists encounter such an event at least once in their professional lives, resulting in profound emotional and atypical consequences. This event, with its extensive clinical ramifications, can significantly impact both the personal and professional lives of psychiatrists, leading to anxiety, post-traumatic stress, nightmares, helplessness, and feelings of guilt (26, 27).

Given these challenges and the fact that helping professions like psychiatry are inherently more vulnerable to harm due to their exposure to psychological and physical suffering, psychiatrists must employ diverse self-care strategies to mitigate these risks. This study is conceptually framed within an integrative model that combines principles from Acceptance and Commitment Therapy (ACT), resilience theory, and the professional well-being literature. ACT provides a functional contextual framework for understanding how psychological flexibility—the ability to maintain contact with the present moment and persist in value-based actions despite difficult thoughts and feelings—can serve as a buffer against occupational stressors (28). This complements the construct of resilience, which refers to the capacity to adapt successfully in the face of adversity and is bolstered by factors like social support and self-efficacy (29). Together, these elements contribute to sustainable professional well-being, defined not merely as the absence of distress but as the presence of positive functioning, engagement, and a sense of meaning in one's work (30). This framework is particularly suited to explore the nuanced intrapersonal, interpersonal, and systemic factors that characterize the psychiatric profession in Iran. Research highlights that factors such

as attitudes and perspectives (e.g., valuing their role), balance and prioritization (e.g., planning leave time), activity management, and supportive relationships (31), as well as psychosocial skills, self-care, mindfulness (30, 32-34), self-compassion (30, 35), and personal values (30), protect psychiatrists from the harms arising from their working conditions.

Given that psychiatrists face numerous challenges and hazards due to the nature of their profession, understanding protective factors against these harms can significantly reduce their consequences. However, existing research has primarily focused on stress and burnout among psychiatrists, with insufficient attention to other dimensions of occupational hazards and protective factors. This gap is particularly evident in Iran, where studies on this topic (36, 37) remain limited. It appears that psychiatrists face broader occupational challenges that have not yet been comprehensively explored in research. Considering the existing gap, the objectives of this study are: (1) Identify intrapersonal, interpersonal, and systemic stressors; (2) Examine adaptive strategies; (3) Derive contextual recommendations.

Materials and Methods

Study design

This research was conducted using a qualitative approach with a thematic analysis strategy, focusing on exploring and identifying participants' experiences of occupational hazards. Thematic analysis is a method for examining qualitative data, aimed at identifying, analyzing, and reporting patterns within the data. This approach transforms scattered and diverse data into rich and detailed information (38) and is not dependent on any pre-determined theoretical protocol. In this method, basic themes consist of codes and key data points, organizing themes are derived from the combination of basic themes, and global themes reveal the overarching principles of the text. These themes are mapped, and the relationships between different levels are elucidated (39).

Participants

The study population consisted of all licensed psychiatrists practicing in Chaharmahal and Bakhtiari Province in 2024. In qualitative research, the sample size is not predetermined; instead, interviews continue until theoretical saturation is achieved during data coding and categorization. In this study, saturation was reached after ten interviews; however, to enhance the robustness of the findings, five additional interviews were conducted, resulting in a total sample of 15 psychiatrists. A purposive sampling method was employed to recruit participants who met the following inclusion criteria: (1) holding a professional or specialty degree in psychiatry; (2) having at least three years of clinical experience in psychiatric practice; (3) currently working in public or private psychiatric settings within the province; and (4) willingness and ability to participate in a semi-structured

interview. Efforts were made to ensure demographic diversity in terms of gender, years of experience, and workplace settings (e.g., hospitals, private clinics, or academic institutions). Participants were recruited through phone contact and interviews were scheduled in advance. All interviews were conducted in person at locations chosen by the participants, ensuring privacy and psychological comfort.

Data Collection Method

The primary data collection instruments in this study included in-depth semi-structured interviews and non-participant observation in the workplace. Prior to data collection, a comprehensive review of the literature on occupational stressors, professional risks in psychiatry, and theoretical frameworks related to occupational mental health (e.g., the Job Demands-Resources model, burnout theory, and psychological flexibility) was conducted to inform the development of the interview guide. The interviews began with a broad, open-ended question: "Please talk about your experience as a psychiatrist and the challenges you face in your profession." Based on participants' responses, the interview explored a range of emergent and predefined topics, including:

- Sources of psychological stress and emotional burden
- Experiences of burnout and emotional exhaustion
- Job satisfaction and dissatisfaction factors
- Work-life balance and family-related pressures
- Legal and financial challenges
- Relationships with colleagues and inter-professional dynamics
- Workload and working hours
- Administrative and organizational support systems

All interviews were conducted face-to-face in quiet, private locations selected by the participants and lasted between 60 and 90 minutes. Each session was audio-recorded with written informed consent and later transcribed verbatim for analysis. In addition to interviews, the researcher conducted brief non-intrusive observations at participants' workplaces (e.g., hospitals and private clinics) to gain contextual understanding of their working environments. Observational data included notes on workload conditions, interpersonal dynamics, and the organizational atmosphere. These field notes were used to supplement and triangulate the interview data. Ethical approval for this study was obtained from the Ethics Committee of Shahrekord University. All participants received full information about the study's goals, procedures, and ethical safeguards, including their right to withdraw at any time. Written informed consent was obtained prior to participation. To strengthen researcher reflexivity, a reflective journal was maintained throughout the study to document potential biases, assumptions, and emotional responses that could influence data collection and interpretation. The researcher had prior clinical experience in mental health but held no supervisory or evaluative role in relation to the participants.

Data Analysis Method

For the analysis of interviews, the Attride-Stirling thematic network analysis method (39) was employed. The interviews were first transcribed and reviewed to extract initial ideas. Subsequently, the text was divided into smaller segments, and initial coding was performed. Semantically related codes were grouped into themes or categories, and this process was conducted iteratively to ensure the accuracy of coding and categorization. Ultimately, a thematic network was constructed by assessing code consistency; organizing themes; selecting basic, organizing, and global themes; mapping the themes, and validating the network. Data interpretation progressed step-by-step from raw data to more abstract concepts, with the number of themes reduced at each stage.

Data Validity

To assess validity of the data, the criteria proposed by Lincoln and Guba (40), consisting of four main principles, were used: 1. Credibility, 2. Confirmability, 3. Transferability, and 4. Dependability.

To ensure credibility and confirmability, the researcher devoted sufficient time to data collection and analysis, engaged deeply with the data, had participants review the results, and sought feedback from academic peers to provide valid and verifiable data. For transferability,

detailed and comprehensive descriptions of the research context, participant characteristics, study setting, and existing barriers and limitations were provided to enable readers to apply the findings to other social contexts. Furthermore, to enhance the trustworthiness of the findings and ensure the validity of the identified themes, Tables 1 and 2 were shared with three psychiatrists from other cities in the country. The purpose of the study was explained to them, and their supplementary feedback was incorporated into the final results. To guarantee dependability, the research documents and data were meticulously reviewed by an independent auditor. Furthermore, all stages of the research, particularly the data analysis process, were thoroughly and accurately documented to allow other researchers to continue the study in this field and access information related to interviews, analyses, and other research stages.

Results

Characteristics of the participants: The sample included 7 men and 8 women, with a mean age of 40 years and professional experience ranging from 3 to 16 years.

A) Psychiatrists' Occupational Hazards

Analysis of the transcripts from 15 interviews with psychiatrists resulted in the identification of 73 basic themes or semantic units, 11 organizing themes, and 3 global themes, summarized in Table 1.

Table 1. Occupational Hazards Experienced by Psychiatrists of Shahrekord

Global Themes	Organizing Themes	Basic Themes
Intrapersonal Hazards	Psychological wounds	Mental preoccupation with clients' problems, pressure from unrealistic client expectations, inability to resolve some client issues, receiving negative energy from clients, difficulty connecting with challenging patients, suicidal patients, co-occurring mental illness and addiction in some clients, constant empathy with clients, witnessing clients' grief and social/economic adversities, spending excessive time on patient visits, chronic and treatment-resistant conditions due to delayed care, fear of aggression, attacks, threats, and verbal/physical violence from some clients
	Burnout	Mood disturbances, sleep problems, irritability, lack of motivation, psychological fatigue, apathy, reduced energy
	Social and Cultural Issues of Clients	Clients' lack of awareness and insight into mental disorders, fear of stigma, low socio-cultural level of clients, negative perceptions of psychiatrists, seeking treatment from inappropriate specialists, lack of knowledge about medications, reluctance toward in-person visits, resistance to medication, fear of psychiatrists and psychiatric hospitals, refusal to seek psychiatric care or accept long-term treatments, societal neglect of mental health issues
Interpersonal Hazards	Distress from Patient Interactions	Verbal and physical violence, aggression, attacks, and threats from some clients
	Family pressure	Lack of energy at home, reduced communication with family members, rumination over clients' issues, and lack of focus on family
	Lack of Collegial Cooperation	Intense competition among colleagues, interference in each other's treatment processes, undermining, disputes, gossip, passive behavior, indifference to colleagues' requests, other physicians' delayed or absent referrals of psychiatric patients by

Global Themes	Organizing Themes	Basic Themes
Supra-Personal Hazards	Organizational Constraints	Rigid and inflexible regulations, lack of proper feedback from management, excessive control over punctuality
	Lost Professional Status	Insufficient attention to psychiatric hospitals and wards, lower societal status of psychiatrists, lack of charitable funding for psychiatric wards, limitations in pharmaceutical company brands, tendency to request transfers or migrate due to perceived discriminations
	Repetitive Exhaustion	High workload, repetitive and monotonous job with little variety, lack of enjoyment due to clients' grief, large and stable patient loads
	Outdated Infrastructure	Outdated and dilapidated hospital buildings, lack of equipment in psychiatric wards, limited facilities, non-standard environments, low-quality on-call rooms, noisy and crowded settings, poor lighting, inadequate heating and cooling systems, transportation challenges and long commutes
	Financial Discrimination	Lower salaries compared to other medical specialties, high cost of certain treatment approaches, unmet financial needs, resorting to second jobs, tendency to migrate due to financial difficulties

The following sections describe and elaborate on each of the global themes and their subcategories, referred to as organizing themes:

1. Intrapersonal Hazards

Intrapersonal hazards refer to psychological and emotional issues arising from occupational and personal pressures that internally affect individuals, potentially leading to burnout, emotional exhaustion, and other psychological stressors (15). Within this global theme, three organizing themes were identified:

1.1. Psychological wounds

Psychiatry is a profession that deals with clients and patients experiencing serious psychological issues. On one hand, some patient conditions are not easily treatable, and the expectations of patients and their families regarding treatment outcomes can be stress-inducing. On the other hand, daily exposure to patients with issues such as aggression, suicidal ideation, inability to communicate, and other psychological problems creates significant mental pressure for psychiatrists. Additionally, understanding patients' conditions and empathizing with them imposes an extra emotional burden that psychiatrists constantly face. When these issues are repeated daily, they can create invisible wounds that have adverse effects on mental well-being. In this regard, several participants stated:

"One of our challenges is mental preoccupation with clients who have profound issues like psychosis or severe depression, which is distressing. Sometimes, there's little we can do to improve their condition. Especially when a client attempts suicide, it's extremely stressful and makes us feel guilty."

"We constantly have to worry about potential physical violence, whether from severely ill clients or from their families. Verbal aggression is also common, and we've grown accustomed to it."

1.2. Burnout

Psychiatry, like other helping professions that deal with individuals' pain and suffering, is associated with significant burnout. Psychiatrists strive to alleviate patients' suffering, and when this suffering persists, they may experience feelings of guilt or futility (6). This can lead to issues such as mood disturbances, sleep problems, irritability, lack of motivation, psychological fatigue, apathy, and reduced energy. One participant noted:

"Our job involves daily engagement with people's pain, suffering, and disabilities. The effort to reduce their suffering requires immense psychological energy and sometimes leads to internal issues like insomnia, apathy, and lack of motivation."

1.3. Impact of Clients' Social and Behavioral Issues

This theme highlights the cultural and social challenges posed by clients, which negatively affect psychiatrists' morale and are considered significant stressors in their profession. Issues such as clients' lack of awareness and understanding of mental illnesses, fear of stigma, low socio-cultural levels, negative perceptions about psychiatrists, seeking treatment from inappropriate specialists, lack of knowledge about medications, reluctance to attend in-person visits, resistance to medication, fear of psychiatrists and psychiatric hospitals, and refusal to accept long-term treatments contribute to negative feelings among psychiatrists. One participant remarked:

"People don't have a positive view of psychiatrists and prefer to consult neurologists. Even in the West, if someone wants to see a psychiatrist, they sit away from the psychiatrist's sign to avoid being seen by relatives. Many believe medications have side effects. They feel burdened by the stigma attached to them."

2. Interpersonal Hazards

Interpersonal hazards refer to problems that the nature of the job creates in an individual's relationships with

others. These issues can negatively impact interactions with clients, family, and colleagues, potentially leading to reduced effectiveness in professional and personal communication (41). Within this global theme, three organizing themes were identified:

2.1. Distress from Patient Interactions

Interactions with psychiatric patients, especially in hospital settings, can be stressful, as some patients resort to verbal or physical violence, posing threats or endangering the safety of psychiatric nurses or psychiatrists. One participant stated:

“In emergency rooms and hospitals, violence and threats are much more intense, whereas clinics or private offices feel safer. I feel more at risk when dealing with conditions like psychosis or mania.”

2.2. Family pressure

This theme indicates that engagement with psychiatric patients can spill over into a psychiatrist’s family life, creating issues that affect family members and lead to strained relationships. For instance, a lack of energy at home, reduced communication with their family, preoccupation with clients’ problems, and insufficient focus on their family are consequences of constant exposure to mental health issues. Participants commented:

“Sometimes I’m so preoccupied with thoughts about my patients that when I get home, I have no energy left. I don’t have the patience to spend time with my spouse or children.”

“Especially when a patient acts aggressively or I hear that a patient has committed suicide, my mind gets consumed, and I can’t focus at home.”

2.3. Lack of Collegial Cooperation

This theme suggests that, like any profession, psychiatry may involve interpersonal conflicts among colleagues. Issues such as competition, interference in each other’s treatment processes, undermining, disputes, gossip, passive behavior, indifference to colleagues’ requests, and delayed or absent referrals by other physicians are examples of these challenges. One participant noted:

“Unfortunately, we sometimes face interference or gossip from colleagues. Occasionally, I notice a colleague delays referring a patient or disregards a request I’ve made.”

3. Transpersonal Hazards

Supra-personal hazards in workplaces refer to structural and systemic issues that impact employees, such as financial discrimination, unfair policies, and resource shortages. These hazards can reduce job satisfaction and productivity, leading to an unfavorable work environment (42). Within this global theme, five organizing themes were identified:

3.1. Organizational Constraints

This theme indicates that psychiatrists, like those in other professions, sometimes face challenges in interacting with management systems. Examples include rigid and inflexible regulations, lack of proper feedback

from management, and excessive control over punctuality. Two participants stated:

“The organization I work for requires 44 hours of weekly work, so I practically have to be present every day and clock in like an employee from morning to noon. This puts me under a lot of pressure.”

“Usually, the manager provides no feedback about our performance—whether we’re doing well or not. We don’t receive any recognition or encouragement for the efforts we put in for patients or training students.”

3.2. Lost Professional Status

This theme reflects issues related to organizational policies, such as insufficient attention to psychiatric hospitals and wards, the lower societal status of psychiatrists, lack of allocation of charitable funds to psychiatric wards, limitations in pharmaceutical company brands, and a tendency to request transfers or migrate due to feelings of discrimination. One participant commented:

“Psychiatry has a lower status compared to other medical fields, both in society and among medical professions.”

“They don’t prioritize equipping psychiatric wards here. Look at other departments—they get all the facilities and equipment. Even charitable contributions rarely go to this ward. Perhaps that’s why there’s a stronger desire among us to migrate or transfer to other departments.”

3.3. Repetitive Exhaustion

This theme suggests that the nature of psychiatry involves high workloads, repetition, and monotony. The profession lacks variety and may not be enjoyable, as psychiatrists constantly deal with clients’ grief and sorrow. Moreover, a large and stable patient load can create additional pressure. Two participants noted:

“You know we deal with people’s grief and sorrow, so it’s natural to have a demanding, high-workload job with little variety.”

“Patients usually need multiple visits, and we have a large number of stable patients, which can be tedious.”

3.4. Outdated Infrastructure

This theme highlights the working conditions of psychiatrists, including outdated and dilapidated hospital buildings, lack of adequate equipment in psychiatric wards, limited facilities, non-standard environments, low-quality on-call rooms, noisy and crowded settings, poor lighting, inadequate heating and cooling systems, and transportation challenges such as long commutes. Participants stated:

“We have on-call rooms to rest at night in the hospital, but their quality is very poor—they have terrible lighting and inadequate heating and cooling systems. That’s what working in underserved areas is like.”

“Psychiatric wards are usually older and more dilapidated compared to other wards, with fewer facilities.”

3.5. Financial Discrimination

This theme indicates that psychiatrists are dissatisfied with their salaries and benefits, facing issues such as

unmet financial needs, resorting to second jobs, and a tendency to migrate due to financial difficulties. Some participants expressed: “Compared to other medical specialties, we earn less, and sometimes it’s not enough to cover our living expenses.”

B) Protective Strategies of Psychiatrists Against Occupational Hazards

The analysis of nine interview transcripts with psychiatrists resulted in the identification of 35 basic themes or semantic units, 8 organizing themes, and 1 global theme, summarized in Table 2.

Table 2. Protective Strategies of Psychiatrists of Shahrekord Against Occupational Hazards

Global Theme	Organizing Themes	Basic Themes
Protective Strategies	Psychological Flexibility	Enhancing adaptability to various conditions to maintain balance, practicing forgiveness to reduce tensions and foster positive relationships, increasing tolerance and patience in facing work and interpersonal challenges, maintaining calmness in difficult situations and managing stressful scenarios, strengthening acceptance to better understand conditions and people.
	Passion for Service	Having a special interest in and care for patients, passion for the treatment process and working in a psychiatric environment, desire to help patients and their families.
	Spiritual Coping	Strengthening personal beliefs as a source of peace and meaning in work, adhering to religious principles to balance work and life.
	Professional Growth	Focusing on empathy rather than sympathy to maintain professional boundaries, managing and controlling anxiety to stay calm, avoiding personal and emotional involvement with patients, adopting professional behavior in all aspects of work and communication, continuously updating psychiatric and therapeutic knowledge.
	Professional Collaboration	Utilizing supervision to enhance treatment quality, effective collaboration and interaction with colleagues, exchanging experiences with other psychologists and psychiatrists.
	Restorative Activities	Walking and engaging in physical exercise, studying and personal development through reading, shopping and daily activities, socializing with friends and attending gatherings, spending time with family to strengthen family bonds, taking leave for rest and recharging, traveling and changing environments to boost morale, positive interactions with colleagues, allocating sufficient time for rest and mental relaxation, utilizing psychological services to care for the psychiatrist’s own mental health.
	Therapeutic Communication	Establishing effective and constructive interactions with patients, facilitating patients’ understanding and acceptance of their conditions, helping reduce stigma and discrimination associated with mental illness, increasing patients’ awareness of their disorders.
	Optimization of the Treatment Environment	Designing treatment rooms with a back door for safety in dangerous situations (e.g., violence), installing alarms in treatment rooms for threatening situations, equipping treatment rooms and psychiatric wards with CCTV cameras to prevent adverse incidents.

The following sections describe and elaborate on each of the organizing themes under the main or global theme:
Main/Global Theme: Protective Strategies Against Hazards

Protective strategies refer to methods and approaches that individuals employ in their workplace or personal lives to maintain mental health, safety, and personal well-being (43). This main theme encompasses the following eight organizing themes:

1. Psychological Flexibility

This theme reflects the development and enhancement of characteristics that help psychiatrists overcome occupational challenges, including adaptability, forgiveness, tolerance, patience, resilience, calmness,

and acceptance, which indicate their level of psychological flexibility. Many participants stated: “I’ve adapted to these conditions. Honestly, if someone doesn’t have a spirit of forgiveness, sacrifice, and goodwill toward psychiatric patients, they can’t endure this job.”

2. Passion for Service

This theme highlights the level of interest, enthusiasm, and passion for the helping profession of psychiatry.

“I love this job despite all its difficulties. I care about my patients and even joke with them.”

“Passion for treatment and patience with patients is essential, and it boosts my morale.”

3. Spiritual Coping

This theme reflects individuals' religious and spiritual beliefs and their impact on their work. One participant noted:

"My religious beliefs have greatly helped me in my work. You really have to work for the sake of God."

4. Professional Growth

This theme indicates the use of strategies that contribute to the development and advancement of an individual's career path. Examples include managing work-related anxiety, maintaining personal and professional boundaries, upholding professional behavior with patients and colleagues, and continuously updating psychiatric and therapeutic knowledge. One participant commented:

"I try to keep my knowledge up to date and study regularly. If we can first manage our own anxiety, then establish good and well-defined relationships with patients and their families, we're essentially protecting ourselves."

5. Professional Collaboration

This theme reflects the use of strategies that help individuals enhance the quality of their therapeutic practice, such as engaging in supervision, fostering effective interactions with colleagues, and exchanging experiences with other psychologists and psychiatrists. One participant stated:

"I work under supervision to clarify treatment ambiguities and become more effective."

"Sitting with colleagues and discussing treatment methods or specific patients is very helpful because it adds to my experience, and we learn from each other."

6. Restorative Activities

This theme encompasses various activities that individuals employ to manage and counteract stress and burnout caused by work conditions, enabling them to continue their work with renewed energy. Examples include exercise, reading, meditation, rest, travel, and maintaining close relationships with family and colleagues. Many participants noted:

"Exercise must be part of our daily routine; otherwise, we'd become very worn out."

"When I'm exhausted from work, I go on trips with family or friends, which really helps refresh my mood upon returning."

7. Therapeutic Communication

This theme reflects the way psychiatrists interact with patients and their families. Constructive engagement with patients, helping patients and families understand and accept their conditions, reducing the stigma associated with mental illnesses, and increasing patients' awareness of their disorders can foster a therapeutic relationship between the patient and psychiatrist. One participant remarked:

"If we help a patient or their family understand and accept the nature of the illness and not worry about societal stigma, we're helping both ourselves and the patient."

8. Optimization of the Treatment Environment

This theme refers to measures that psychiatrists take in their therapeutic and work environments to prevent certain hazards, such as physical violence from patients or other threats. One participant stated:

"I've installed an alarm in my office so that if I face any threat, I can use it to alert my assistant."

Discussion

This study was conducted with the aim of identifying the occupational hazards of the psychiatry profession and the protective strategies employed to mitigate them. The analysis of occupational hazards resulted in the identification of 73 basic themes, 11 organizing themes, and 3 global themes. The examination of protective strategies yielded 35 basic themes, 8 organizing themes, and 1 global theme. The findings are discussed below in two sections: occupational hazards and protective strategies.

Occupational Hazards

The global or main themes identified include intrapersonal, interpersonal, and supra-personal hazards. The first global theme—*intrapersonal hazards*—refers to psychological and emotional issues arising from occupational and personal pressures that internally affect individuals, potentially leading to burnout, emotional exhaustion, and other psychological stressors (15). This aligns with the broader literature on helping professions, where the internalization of client trauma is a well-documented phenomenon. However, the persistence and intensity of these hazards in psychiatry, compared to other medical specialties, can be attributed to the unique, prolonged, and emotionally charged nature of therapeutic relationships; the often ambiguous and chronic course of mental illnesses; and the high stakes involved in managing suicide risk and severe psychosis (44).

The first sub-theme was identified as "psychological stress". Psychiatrists, due to the nature of their profession, are continuously exposed to the painful and traumatic experiences of their patients. This exposure can create psychological harm and stress that are not easily visible. Mental preoccupation with complex client issues, such as psychosis, severe depression, and suicidal ideation, places a heavy emotional burden on psychiatrists (45). Feelings of helplessness in resolving certain client issues and pressure from unrealistic expectations exacerbate these wounds and stressors. Receiving negative energy from clients, particularly when dealing with difficult or treatment-resistant patients, can lead to emotional exhaustion and feelings of helplessness. Fear of aggression, attacks, and violence from some clients further contributes to anxiety and insecurity. Studies indicate that repeated exposure to trauma and violence can result in significant stress for mental health professionals (18). Additionally, constant empathy with clients and witnessing their grief and

distress can lead to compassion fatigue, a condition characterized by a reduced capacity for empathy and increased indifference toward others' suffering (35). This finding resonates with the global literature on empathy fatigue and secondary traumatic stress, which are recognized occupational hazards for mental health workers worldwide (46).

The second sub-theme was identified as "burnout". Burnout, as a multidimensional syndrome involving emotional exhaustion, depersonalization, and reduced personal accomplishment (47), is highly prevalent among psychiatrists. The findings of this study show that psychiatrists experience mood disturbances, sleep disorders, irritability, lack of motivation, psychological fatigue, apathy, and reduced energy. These symptoms can contribute to occupational burnout and a diminished quality of life. Studies indicate that burnout among mental health professionals is associated with factors such as high workload and psychological pressure (6, 35). Our findings corroborate the global prevalence of burnout but also hint at potential cultural mediators; for instance, the strong familial and social support structures often present in the Iranian society might somewhat buffer its severity, a factor less prominent in individualistic Western societies.

The third sub-theme was identified as "social and cultural issues of clients". Cultural and social attitudes toward mental illness and psychiatry can place significant pressure on psychiatrists. Clients' lack of awareness and insight into mental disorders, fear of social stigma, and negative perceptions of psychiatry can lead to resistance to treatment, delayed or absent consultations with psychiatrists, and overall reluctance to seek help. These issues not only negatively impact the treatment process but can also lead to feelings of frustration and discouragement among psychiatrists (3). Studies show that the stigma associated with mental illness is a significant barrier to seeking help and receiving appropriate treatment, which can affect the professional work of specialists (24, 48). While stigma is a universal challenge, its manifestation and impact are culturally contingent. In the Iranian context, the intertwining of mental health with familial honor and social standing can uniquely intensify this stigma, creating a distinct set of challenges for psychiatrists that may differ from those described in the Western literature (49).

The second global theme—interpersonal hazards—refers to problems that the nature of the job creates in an individual's relationships with others. These issues can negatively impact interactions with clients, family, and colleagues, potentially leading to reduced effectiveness in professional and personal communication (41).

The first sub-theme was identified as "distress from patient interactions". Psychiatrists, particularly those working in hospital and emergency settings, are directly exposed to the risk of verbal and physical violence from some clients. Aggression, attacks, and threats from

patients not only jeopardize psychiatrists' physical safety, but can also lead to ongoing stress, anxiety, and fear. These findings align with multiple studies indicating that mental health professionals are at high risk of experiencing violence from patients (7, 21). Such violence can have detrimental effects on psychiatrists' mental health and professional performance, leading to symptoms such as sleep disturbances, nightmares, and increased feelings of vulnerability (21). However, it is crucial to contextualize this finding within the Iranian setting. As noted in the introduction, empirical evidence suggests that rates of violence in Iranian psychiatric facilities may be lower than those reported in many Western countries. This divergence could be attributed to cultural factors like heightened respect for authority figures (including physicians) and differing societal norms regarding aggression, underscoring the importance of avoiding over-generalization from Western data (14).

The second sub-theme was identified as "domestic erosion". The occupational stressors and challenges faced by psychiatrists can spill over into their personal and family lives. Mental preoccupation with clients' issues, manifesting as rumination and lack of focus at home, can lead to reduced interaction with family members and strained relationships. A lack of energy at home and reluctance to engage in conversations with family are additional consequences of this domestic erosion. These findings align with research showing that occupational stress can lead to family tensions and reduced satisfaction with marital life (50). This can create a vicious cycle in which work-related issues affect family relationships, which in turn exacerbate occupational stress. This spillover effect is a common finding in occupational health literature worldwide. Future research could explore how traditional Iranian family structures, which often provide strong support, might simultaneously act as a buffer against this erosion while also creating unique pressures related to familial expectations.

The third sub-theme was identified as "lack of collegial cooperation". Competition among colleagues exists in the psychiatric workplace, as in many other professions. However, the findings of this study indicate that this competition can sometimes take unhealthy and destructive forms. Interference in each other's treatment processes, undermining, disputes, gossip, and indifference to colleagues' requests can create an unfavorable work environment. The lack of timely referrals or failure of other physicians to refer psychiatric patients further exacerbates these issues. These findings align with studies showing that a supportive and collaborative work environment can reduce occupational stress and harm while increasing job satisfaction (12). This theme directly relates to the Job Demands-Resources (JD-R) model, where a lack of "social support" and "collegiality" constitutes a

significant drain on job resources, thereby increasing the risk of burnout (51).

The third global theme -supra-personal hazards- refers to structural and systemic issues in the workplace that affect employees, such as financial discrimination, unfair policies, and resource shortages. These hazards can reduce job satisfaction and productivity, leading to an unfavorable work environment (42). The identification of these systemic factors, particularly "financial discrimination" and "outdated infrastructure", is a novel and significant contribution to the Iranian psychiatric literature, moving beyond the individual-focused hazards commonly reported.

The first sub-theme was identified as "organizational constraints". Psychiatrists, like many employees in other professions, sometimes face rigid and inflexible regulations that limit their autonomy and flexibility. The lack of an adequate feedback system from management exacerbates this issue, leaving psychiatrists without necessary performance evaluations or support. Excessive control over punctuality in administrative settings related to psychiatry, particularly given the high-pressure and unpredictable nature of their work, can contribute to vulnerability. Studies indicate that autonomy and organizational support are key factors in increasing job satisfaction and reducing burnout (5). Accordingly, autonomy is a basic psychological need. Thwarting this need, as seen in these organizational constraints, directly undermines intrinsic motivation and well-being, providing a theoretical explanation for the distress reported by our participants.

The second sub-theme was identified as "lost professional status". Insufficient attention to psychiatric hospitals and wards, the lower societal and professional status of psychiatrists, and the lack of allocation of charitable funds to psychiatric wards can lead to feelings of devaluation and discrimination among psychiatrists. Restrictions on pharmaceutical company brands can limit access to appropriate medications, negatively impacting the quality of services provided. These factors can increase the desire to request transfers or migrate due to feelings of discrimination. This perception of status loss and its link to migration intentions is a critical finding for Iranian healthcare policy, highlighting a potential brain drain in a vital specialty.

The third sub-theme was identified as "repetitive exhaustion". The high workload, repetitive and monotonous nature of psychiatric work, and lack of task variety can lead to fatigue, apathy, and reduced motivation among psychiatrists. Constant exposure to clients' grief and a large, stable patient load further exacerbate this issue. These findings align with research indicating that task variety and mental challenges can enhance job satisfaction (12).

The fourth sub-theme was identified as "outdated infrastructure". Poor physical working conditions, such as outdated and dilapidated hospital buildings, inadequate equipment in psychiatric wards, limited

facilities, and non-standard environments, can negatively impact psychiatrists' mental health and job satisfaction. Low-quality on-call rooms, noisy and crowded environments, poor lighting, and inadequate heating and cooling systems further contribute to increased stress and discomfort.

The fifth sub-theme was identified as "financial discrimination". Lower salaries compared to other medical specialties, the high cost of certain treatment approaches, and unmet financial needs can lead to job dissatisfaction and a tendency to migrate. Resorting to second jobs due to financial difficulties can increase workload and reduce rest time, further negatively impacting psychiatrists' mental health and quality of life. This is a potent example of a supra-personal hazard that directly impacts personal well-being, perfectly illustrating the interconnectedness of the levels in our model. It also provides a concrete economic explanation for burnout and migration trends, moving beyond purely psychological interpretations.

Protective Strategies

Protective strategies refer to methods and approaches that individuals employ in their workplace or personal lives to maintain mental health, safety, and personal well-being (43). This main or global theme relates to the second research question. The sub-themes are discussed below:

The first sub-theme, "psychological flexibility", was identified as a key strategy for psychiatrists in addressing occupational challenges and stressors. This flexibility includes adapting to changing conditions, practicing forgiveness toward oneself and others, cultivating tolerance and patience, maintaining calmness in difficult situations, and accepting the challenges and limitations of the profession. These findings align with the ACT framework, which emphasizes the importance of being present and engaging in purposeful behavior (28). This provides a conceptual link to the ACT model, demonstrating how its principles are organically employed by practitioners as a protective mechanism. It underscores psychological flexibility as a core component of resilience in this context (28). Adaptability helps psychiatrists cope with the pain and challenges of their work, treatment methods, and healthcare policies. This adaptability may include cognitive flexibility, such as the ability to shift perspectives and reassess situations, and behavioral flexibility, such as adjusting behavior in response to changing environmental demands (29). Forgiveness reduces anger and resentment, fostering more positive relationships and improving mental and physical health (52). Tolerance and patience are essential for working with treatment-resistant patients and navigating the complex nature of mental illness. These traits help psychiatrists remain resilient in the face of setbacks and maintain hope for patient recovery. Maintaining calmness, particularly in high-stress situations, enables psychiatrists to respond effectively rather than react

emotionally. Mindfulness practices, such as meditation and deep breathing exercises, can aid in developing this skill (53). Finally, accepting the harsh realities of the profession, such as treatment limitations and challenging patient behaviors, helps psychiatrists avoid feelings of hopelessness and helplessness (7).

The second sub-theme, "passion for service", plays a vital role as a source of motivation and satisfaction for psychiatrists. This passion is reflected in a special interest in and commitment to patient care, a genuine enjoyment of the treatment process and working in a psychiatric environment, and a deep desire to help patients and their families. These findings align with research showing that intrinsic motivations, such as a sense of purpose and value in work, are strongly associated with job satisfaction and psychological well-being (12). Commitment to their patients helps psychiatrists establish effective relationships and understand their unique needs, fostering a strong therapeutic alliance and increasing the likelihood of successful treatment. Passion for the treatment process and psychiatric work provides energy and motivation to continue despite the profession's challenges. This passion can serve as a protective factor against occupational hazards and burnout (7). Finally, the desire to help patients and their families gives psychiatrists a sense of purpose and meaning in life. Studies show that a sense of purpose is associated with increased well-being and reduced stress and depression in helping professions (30).

The third sub-theme, "spiritual coping", plays a significant role in coping with the challenges of psychiatry and maintaining psychological well-being. This faith involves strengthening personal beliefs as a source of peace and meaning in work and adhering to religious principles to balance work and life. Numerous studies indicate that spirituality and religion can help individuals cope with stress, anxiety, and depression arising from work conditions (6, 54, 55). This finding highlights a culturally salient protective factor that may be particularly prominent in the Iranian context, where spirituality and religion are deeply woven into the social fabric. It offers a crucial point of cross-cultural comparison, as this might be a more readily available and utilized resource compared to secular Western settings. Religious beliefs provide psychiatrists with a sense of purpose, value, and meaning in their work, enabling them to better manage challenges such as patient suffering and treatment limitations.

The fourth sub-theme, "professional growth", indicates that career development is not only about keeping therapeutic knowledge and skills up to date but also about developing professional and personal management skills. This growth includes focusing on empathy rather than sympathy to maintain professional boundaries, managing and controlling anxiety to stay calm, avoiding personal and emotional involvement with patients, adopting professional behavior in all aspects of work and

communication, and continuously updating psychiatric and therapeutic knowledge. Focusing on empathy rather than sympathy allows psychiatrists to connect meaningfully with patients without becoming emotionally entangled, helping them provide effective care while avoiding occupational vulnerability (56). This sub-theme directly addresses the "lack of collegial cooperation" hazard identified earlier, demonstrating a protective strategy that counteracts a specific risk factor. It also aligns with the JD-R model by emphasizing the bolstering of job resources (social support, feedback) to counteract job demands (51). Managing and controlling anxiety, particularly in the high-stress psychiatric environment, is essential for maintaining mental health and optimal performance. Research shows that stress management techniques, such as mindfulness and deep breathing exercises, are effective in this regard (20, 30). Avoiding personal and emotional involvement with patients is a key ethical and professional principle in psychiatry, helping to maintain therapeutic boundaries and prevent bias or diagnostic errors (17). Adopting professional behavior in all aspects of work and communication, including confidentiality, respect for patients and colleagues, and accountability, is essential for building trust and maintaining ethical standards (17). Continuously updating psychiatric and therapeutic knowledge through workshops, reading specialized literature, and collaborating with other professionals ensures that psychiatrists stay informed about the latest advancements in diagnosis and treatment, enabling them to provide the best care to their patients. These factors serve as a robust protective shield against occupational hazards for psychiatrists.

The fifth sub-theme, "professional collaboration", refers to psychiatrists enhancing their work quality and professional well-being through supervision, effective collaboration with colleagues, and exchanging experiences with other psychologists and psychiatrists (57). Supervision provides a valuable opportunity for psychiatrists to review complex and challenging cases with more experienced colleagues, benefiting from their guidance and support. Supervision helps identify blind spots, improve therapeutic skills, and manage emotions and reactions to patients (58). Effective collaboration with colleagues, particularly in a team environment, is essential for providing comprehensive and coordinated care to patients. This collaboration includes sharing information, discussing challenging cases, and offering mutual support (58). Exchanging experiences with other psychologists and psychiatrists through conferences, workshops, and case study groups allows psychiatrists to learn from others' expertise, expand their professional networks, foster creativity and innovation in treatment, and reduce feelings of isolation, burnout, and occupational vulnerability.

The sixth sub-theme, "restorative activities", includes activities such as walking and physical exercise, studying and personal development, shopping and daily

activities, socializing with friends and family, taking leave, traveling, positive interactions with colleagues, rest and mental relaxation, and utilizing psychological services. Regular physical activity, such as walking and exercise, promotes endorphin release, improving mood and reducing stress (57). Studying and personal development enhance knowledge and skills, fostering a sense of satisfaction and purpose. Socializing with friends and family and participating in social activities strengthen social support, reducing feelings of isolation and loneliness. Taking leave and traveling allow psychiatrists to step away from the work environment and recharge. Positive interactions with colleagues contribute to a supportive work environment and help reduce stress. Allocating sufficient time for rest and mental relaxation, such as through meditation and yoga, helps reduce anxiety and improve focus (3, 32). Finally, utilizing psychological services to care for their own mental health enables psychiatrists to better cope with the emotional and psychological challenges of the profession, highlighting the importance of self-care for mental health providers. These strategies can be framed as essential recovery experiences that help replenish mental and emotional energy depleted by job demands, a key process in preventing burnout.

The seventh sub-theme, "therapeutic communication", involves establishing effective and constructive interactions with patients, facilitating patients' understanding and acceptance of their conditions, reducing stigma and discrimination associated with mental illness, and increasing patients' awareness of their disorders. Building a strong and safe therapeutic relationship based on respect, empathy, and honesty is essential for fostering trust and patient collaboration. This relationship enables patients to feel comfortable and secure, encouraging open discussion of their problems and concerns. Facilitating patients' understanding and acceptance of their conditions helps them confront the reality of their illness and find motivation for active participation in treatment (56). Reducing stigma and discrimination associated with mental illness is a significant challenge for psychiatrists. This can be achieved through community education and supporting patients in addressing discrimination (44). Increasing patients' awareness of their disorders, including information about symptoms, causes, and treatment methods, empowers them to take an active role in their treatment and collaborate more effectively with their psychiatrist (59). Effective communication is not just a clinical tool, but also a protective factor for the psychiatrist, as successful interactions can foster a sense of competence and reduce frustrations stemming from miscommunication or non-adherence.

The eighth sub-theme, "optimization of the treatment environment", includes measures such as designing treatment rooms with a back door for safety in dangerous situations, installing alarms for threatening conditions, and equipping treatment rooms and

psychiatric wards with CCTV cameras. A back door allows psychiatrists to exit quickly and safely in cases of violence, particularly with patients experiencing psychotic disorders. Alarms enable rapid assistance from other staff in threatening situations, reducing feelings of insecurity and anxiety. CCTV cameras, while respecting patient privacy, can help prevent adverse incidents, as supported by research (60, 61). This theme is crucial as it shifts the focus from individual coping strategies to essential systemic and organizational interventions. It provides a direct, practical recommendation for policymakers and hospital administrators.

Limitation

This study was conducted with 15 psychiatrists in a single, relatively small province of Iran—Chaharmahal and Bakhtiari—in 2024, and its findings are not statistically generalizable to all psychiatrists across the country. However, the study aimed for transferability rather than generalizability, and the inclusion of rich contextual descriptions allows readers to assess the relevance of findings to other settings. To support analytical generalization, three psychiatrists from other Iranian provinces reviewed the extracted themes and confirmed their relevance and resonance. Additionally, as the study relied on retrospective qualitative interviews about potentially distressing occupational experiences, recall bias may have influenced participants' responses, despite efforts to create a safe and supportive interview environment.

Conclusion

The findings of this study contribute to the existing body of knowledge. Psychiatrists face diverse challenges and hazards at three levels: intrapersonal, interpersonal, and supra-personal. These hazards not only affect their mental health and quality of life but can also lead to reduced efficiency and dissatisfaction in the workplace. By identifying and addressing these challenges, improvements can be achieved in working conditions and the mental health of mental health professionals. Furthermore, psychiatrists' awareness of occupational hazards can guide them toward adopting protective strategies and preventive measures, ultimately enhancing their mental health and quality of professional and personal life. This approach not only improves job satisfaction and professional performance but can also foster a healthier and more supportive work environment for all mental health professionals. In light of these findings, practical recommendations include implementing targeted training programs focused on resilience and stress management, as well as organizational changes such as workload adjustments, peer support systems, and regular mental health monitoring. These measures are essential for ensuring comprehensive support for psychiatrists' mental health and can inform evidence-based mental health policy-making at institutional and national levels. While many

hazards, such as burnout and patient violence, echo global concerns, their manifestation and intensity are uniquely mediated by the Iranian context, characterized by specific cultural norms (e.g., respect for physicians potentially lowering violence rates) and systemic challenges (e.g., financial discrimination, outdated infrastructure). Conversely, protective strategies like spiritual coping and strong familial ties may represent culturally salient resources.

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Conflict of Interest

None.

Author's Contributions

- R.S.: Conceptualization, methodology, writing-original draft
- Z.A.: Data collection, analysis, writing-review & editing
- M.R.M.: Supervision, validation, writing-review & editing

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