

Burnout in Psychiatric Doctors Before and After COVID-19: A Critical Commentary

To the Editor: We would like to comment on the recent JCP article “Comparing Prevalence of Burnout in Psychiatric Doctors Before and After the COVID-19 Pandemic: A Systematic Review and Meta-Analysis,”¹ by Johnson and colleagues. This study raises significant concerns about burnout among mental health clinicians both before and after the COVID-19 outbreak. The pre-COVID-19 burnout rate was approximately 37.5% and decreased to 32.0% post-COVID-19. Despite the declining trend, the large 95% confidence interval (CI) and considerable heterogeneity require careful interpretation. Burnout was reported in nearly half of psychiatric physicians in middle-income countries, highlighting the fragility of health systems and medical personnel resources in these contexts.

The study’s statistical weaknesses include discrepancies in burnout evaluation techniques between studies. As a result, the analysis of pooled prevalence data may include a variety of assessment tools. Furthermore, the scarcity of data for certain regions and nations, notably

from low-income countries, limits drawing broad worldwide generalizations. Furthermore, the retrospective meta-analysis did not adjust for confounding variables such as the public health system, COVID-19 workload, and mental health assistance.

Revisiting this interpretation, the decrease in post-COVID burnout may not be related to a drop in workload. However, it is feasible that health systems will adjust, use more telepsychiatry, or improve knowledge and investment in supporting psychiatric workers during COVID-19. It is also likely that some groups experiencing severe burnout have exited the system, lowering the prevalence due to survivor bias. Additional research, such as longitudinal follow-up, would yield a more exact answer.

Questions for additional discussion include why middle-income countries have greater burnout rates, as well as whether system-level factors such as workload, stigma, or insufficient assistance play a role. Furthermore, the impact of telemedicine on burnout among psychiatric physicians should be

further investigated, taking into account potential disparities across residents, fellows, and attendings. Future study should concentrate on gathering data in low-income countries and utilizing a common standard measure of burnout to generate information that can be utilized to effectively support mental health workers.

Reference

1. Johnson KL, Gordon MS, Gordon HG. Comparing prevalence of burnout in psychiatric doctors before and after the COVID-19 pandemic: a systematic review and meta-analysis. *J Clin Psychiatry*. 2025;86(4):24r15697.

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Article Information

Published Online: December 1, 2025.
<https://doi.org/10.4088/JCP.251r16171>

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J Clin Psychiatry 2026;87(1):251r16171

To Cite: Daungsupawong H, Wiwanitkit V. Burnout in Psychiatric Doctors Before and After COVID-19: A Critical Commentary. *J Clin Psychiatry* 2026;87(1):251r16171.

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Funding/Support: None.

Relevant Financial Relationships: The authors declare no conflict of interest.

Author Contributions: Ideas, writing, analyzing, approval: (Daungsupawong); ideas, supervision, approval: (Wiwanitkit). The authors contributed equally.

Use of AI-Assisted Technologies in the Writing Process: The authors used a computation tool in language checking and editing.

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