

Mental Health Crisis In Pakistan's Medical Community

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Abstract

This research looks at the current mental health crisis that is happening among physicians in Pakistan and shows how three types of factors i.e. institutional, occupational and socio-cultural, together influence and affect the psychological wellbeing of the medical profession. This is done using a mixed methods approach along with a comprehensive review of the literature on these issues. The most significant results of the research are that high levels of stress, burnout, anxiety and depression among physicians in Pakistan are directly linked to inefficiencies and limitations of the healthcare system along with the persistent presence of cultural barriers.

The characteristics that define Pakistan's healthcare infrastructure are limited funding, inadequate staffing, high patient-to-physician ratios and overcrowded facilities that exert intense and extreme stress on physicians. The excessive length of time physicians work each week, the number of patients seen during each work shift and the amount of time spent on non-physician duties contribute to the extreme level of emotional exhaustion experienced by physicians; therefore, limiting their feelings of professional fulfilment. Other structural obstacles that exacerbate these issues include: township-based violence against physicians; the lack of an institutional support system; and insufficient access to mental health services in healthcare organizations.

The research revealed the importance of understanding that physician burnout is not only a personal issue, but also a systemic issue with systemic roots embedded within organisational and policy structures in Pakistan. Most hospitals in Pakistan provide no formal ways for doctors to obtain support for their well-being. In addition, a hierarchical culture of work prevents open discussions about mental health within the workplace. Physicians are therefore continuing to work while under extreme psychological distress, whereas some physicians do seek assistance.

The socio-cultural context also plays a major role in aggravating the physician burnout crisis. There is a stigma associated with mental health which makes doctors less likely to seek psychological assistance for fear of being perceived negatively by their peers,

as well as a fear of loss of reputation due to the associated stigma. Female doctors are also disproportionately affected by socio-cultural issues due to the pressure they experience as a result of having to fulfil both demanding professional responsibilities, and societal expectations of them as caregivers to their families.

The research further revealed the problems that physicians have with their own mental health can directly affect the quality of care received by patients. The psychological distress that physicians experience has been associated with decreased clinical efficiency, poor decisions, increased errors in providing care to patients, and decreased satisfaction of patients receiving care. Therefore, when the doctor improves his or her own well-being it is not only important for that individual but is also important for the strength of the overall healthcare system and continued safety of patients.

INTRODUCTION

Healthcare workers are often viewed as tough-recruiters willing to put up with the rigors of high-pressure, emotionally charged workload; making the right decision when it counts the most and having to deal with that emotional impact on their patients. New studies are beginning to provide evidence that doctors actually have a challenging experience in trying to maintain a good mental health status themselves due to a high level of occupational stress, emotional exhaustion and inability to provide adequate care for their patients (Shanafelt & Noseworthy, 2017). Healthcare providers in developing countries experience a different level of workplace pressure due to limited funding and resources, staffing shortages and poor access to mental health support services.

In Pakistan's case, the structure of the healthcare system creates severe constraints to the success of providing quality care for its citizens (e.g., low levels of healthcare funding, overcrowded hospitals and poor access to trained healthcare providers). The overall physician-to-patient ratio is well below other countries, creating additional previous workloads for those who are currently licensed to practice. The doctor-to-patient ratio in Pakistan is 1:1300, significantly less than WHO's recommended ratio of 1:1000. The World Health Organization ranked Pakistan 124th out of 169 countries of the world. These structural deficiencies directly impact the psychological well-being of physicians who are required to work under high workloads, emotional exhaustion and constantly exposed to critical medical situations.

A recent study conducted in Pakistan documented a high number of physicians reporting symptoms consistent with anxiety, burnout and depression. This large scale research study confirmed that workplace violence, administrative pressure, limited access to mental health services for healthcare providers and perceived stigma related to seeking mental health support add greatly to the difficulties of healthcare providers in Pakistan (Jadoon, 2016).

Addressing physician Mental health isn't just about the mental health of doctors; when their Well-Being is in jeopardy, so too is patient safety, clinical efficiency and their ability to deliver quality healthcare. Beyond the everyday impacts of chronic psychological distress on healthcare professionals' performance, poorly performing workers increase the probability of committing medical errors, working at a low level of productivity and leaving their profession (West, W, et al., 2018). So examining the

reasons why Physicians in Pakistan are experiencing Mental health problems are critical to improving the overall administration of healthcare and the care patients receive from that system.

This study seeks to explore the impact of the Institutional, Professional and Sociocultural factors influencing physicians in Pakistan with respect to the Mental health issues of physicians in Pakistan and to identify possible strategies to improve physician well-being.

Problem Statement

Within the healthcare system in Pakistan, there are a number of factors that create challenges to the overall wellbeing of physicians and other healthcare professionals. These include heavy workloads, limited institutional support and little attention being paid to occupational health and wellbeing. Although international concern about physician burnout and other forms of psychological distress as major public health issues is increasing; mental health of doctors in Pakistan remains mostly absent from discussions about the development of policy and planning at an institutional level. Furthermore, there is often no formalized process within hospitals to help meet the psychological needs of healthcare professionals. Physicians may regularly work long hours without breaks, see a high volume of patients and deal with difficult emotional patient experiences. Additionally, physicians must deal with violence against them by patients and the bureaucratic processes they must follow in order to do their jobs create further stress.

Due to the cultural stigma of mental health, many physicians may hesitate to seek out professional help for psychological problems. A physician might fear that seeking help from a professional would damage their professional reputation, jeopardize their career and change how they are perceived by others; and so many doctors may continue working despite being at a high level of psychological distress. A lack of extensive research into institutional factors affecting physician mental health in Pakistan limits the ability of policymakers to create effective policy interventions. Without empirical-based analysis or policy-based research, the healthcare system could experience a fall in the morale of the workforce, an increase in physician burnout and deterioration of quality of patient care.

Research Questions

What institutional and occupational factors contribute to mental health problems among physicians in Pakistan?

What is the prevalence of stress, burnout, anxiety and depression among doctors working in Pakistani healthcare institutions?

How do workplace conditions such as workload, working hours and administrative support influence physicians' psychological wellbeing?

What socio-cultural factors discourage doctors from seeking professional mental health support?

What policy measures and institutional reforms can help improve the mental health and wellbeing of medical professionals in Pakistan?

Scope & Significance of the Study

The purpose of this study is to explore the mental health issues faced by active healthcare providers (physicians) in Pakistan, particularly those who work in public and private hospitals. The study also emphasizes how institutional working conditions, administrative structures and socio-cultural attitudes impact a physician's overall psychological state.

The research has significant implications for several reasons. First, it will add to the limited academic literature regarding mental health of physicians in Pakistan. While there is an increased amount of academic literature available globally on healthcare provider burnout issues, locally there is still little empirical evidence. Second, this study's findings may help policymakers, hospital administrators and regulatory bodies better understand how workplace conditions affect physicians' mental health. Increased understanding can be used to develop policies to enhance working conditions for physicians, implement mental health support services for physicians and create more supportive cultures in hospitals for physicians' mental health.

Third, the study may have implications for the quality of healthcare services and patients' safety. Physicians who have high-levels of psychological distress could affect their ability to concentrate, make decisions and communicate. Therefore, addressing physicians' mental health issues could be directly related to improving the quality of patient service provided by healthcare service delivery. Lastly, this study may be used to inform the discussion about occupational health policy in Pakistan. It will assist those in this discussion by highlighting the mental health needs of healthcare providers (physicians and nurses) and promoting the idea that physicians' mental health needs should be treated as a high priority issue.

Research Methodology

A mixed-methods study has been designed to gather quantitative and qualitative data, creating a holistic view of physician mental health issues. Data collection includes both primary and secondary sources. The primary component includes semi-structured interviews with healthcare workers and hospital administrators that will examine their experiences with workplace stress, organizational culture and obstacles to accessing mental health resources. Secondary sources include books, research articles and research papers.

Objective of the Research

The main objective of this research is to understand how mental health issues affect Pakistan's doctor population and what institutional/occupational factors contribute to that psychological distress. The research is focused on understanding how workplace conditions, administrative policies and cultural perceptions of being a doctor affect the well-being of the those doctors; how much the doctors in that region are experiencing stress, burnout and/or other mental health problems; how much burden physicians face from both formal and informal systems of support; and identifying any barriers to

seeking psychiatric care (and thereby developing effective ways to encourage physicians to access those resources).

This research is important because it helps the researcher design effective interventions for the doctor population within Pakistan by allowing them to understand what degree of mental health support is needed and what types of barriers exist to obtaining that support. The researchers may then be able to recommend to healthcare organizations or policymakers' recommendations about mental health support systems for doctors in Pakistan, including systems-level changes, professional development and public awareness campaigns that will create a healthier work environment for doctors working in the Pakistan healthcare system.

Literature Review

The review of literature establishes the foundation for understanding the mental health crisis among healthcare workers in Pakistan. Literature shows increasing concern for the psychological health of those employed in health-related professions, especially physicians who work under conditions of extreme stress. Extensive evidence identifies the risk of burnout, depression, anxiety and occupational stress faced by physicians and supports the role that systemic factors such as overwork, organizational barriers and societal stigma regarding mental health play in increasing the risk of these mental illnesses. The literature generally supports significant changes needed in health institutions to support physicians with appropriate mental health services and to increase knowledge regarding mental health within the medical occupational sector. These findings are relevant to Pakistan where many health care systems do not have adequate resources and the healthcare workforce operates under high patient caseloads and little organizational support.

“Understanding the Burnout Experience: Recent Research and Implications for Psychiatry” by Christina Maslach & Michael P. Leiter (2016): Maslach & Leiter provided a conceptual structure that defines burnout as a psychological syndrome or situation resulting from continuing exposure to stressful conditions at work. The authors have identified three primary components of burnout, those being (1) emotional exhaustion, (2) depersonalization and (3) reduced perceptual-accomplishment. This work demonstrates that burnout is not only an individual psychological concern but also a problem related to the systems of both individuals and organizations' ability to develop good mental health. The authors stress that to effectively tackle stress and burnout at work requires implementing reforms to improve work settings and the organizations' level of support to workers. In their study, they noted how prevalent job stress/job burnout may be among physicians in Pakistan's healthcare sector as they typically do not experience much of either during the course of their day-to-day dealings with patients and other stakeholders as they work under extreme pressure with little or no support from their respective institutions.

“Executive Leadership and Physician Well-being,” by Tait D. Shanafelt and John H. Noseworthy (2017): The author emphasized the need for systematic strategies to promote the well-being of physicians within these health care systems so that all of these healthcare workers have access to psychological therapy services as well as having their administrative burdens decreased. Additionally, by decreasing the administrative burden on physicians as well as balancing their work and home life, the quality of care provided by the physicians caring for patients will improve, which will ultimately lead to an improvement in the overall success of the health care provider organizations. The authors suggested implementing some of these recommendations within the healthcare provider organizations because, at present, there are few hospital systems with any structured programs available for meeting the mental health of healthcare providers.

“Physician Burnout: Contributing Factors, Effects and Solutions” by Colin P. West, Liselotte N. Dyrbye, Tait D. Shanafelt (2018): This article discusses what causes physician burnout as well as the results of physician burnout in our current healthcare system. The researchers point to many reasons why burnout occurs including an excessive workload and an overwhelming amount of time and energy being spent on administrative tasks. They also recognized the negative impact of burnout on patient care such as lower patient satisfaction rates, greater incidence of medical errors and decreased productivity by healthcare professionals. This research highlights the need for institutions to support the mental well-being of their staff members by implementing programs to assist physicians with issues related to mental health, such as flexible working hours, peer-networking groups and better policies within organizations. This research can provide perspective to healthcare systems like that of Pakistan who experience similar workplace issues for physicians.

“Mental Disorders Among Medical Practitioners and Their Effect on Psychosomatic Problems: A Study of Three Related Factors” by Ashraf, Ahmad, Shakeel, Aftab, Masood (2019): This study looked at the prevalence of mental disorders in medical practitioners in Pakistan. The researchers found a significant correlation between burnout, depression and anxiety. All three were a result of excessive occupational stress and the high level of challenges faced in their work. The researchers found a need to raise awareness about the fact that mental disorders exist among healthcare professionals and the need to support these same individuals regarding their mental health.

“Burnout in Doctors Working in Tertiary Care Hospitals in Peshawar” by Hussain, Qazi and Bawar (2022): Hussain, Qazi and Bawar examined burnout rates among doctors employed in tertiary care hospitals in Peshawar, Pakistan. According to their findings; physicians often endure a large amount of emotional exhaustion and stress as a result of long hours worked, increasing patient load and inadequate resources provided by hospitals. The authors of this study contend that policies to improve working conditions and alleviate occupational stress are necessary within healthcare

organizations. The need for improved access to mental health support services for physicians working in hospitals has been emphasized.

“Workplace Violence Against Healthcare Professionals in Pakistan” by Imran, Haider and Rasheed (2021): Imran, Haider and Rasheed (2021) researched the prevalence of workplace violence directed towards healthcare professionals in Pakistan. Their findings indicate that hospitals; specifically, government facilities are experiencing a greater number of incidents that include verbal abuse, threats and physical violence. Furthermore, these acts are identified as significant causes of stress, anxiety and burnout for healthcare professionals. The authors recommend hospitals to develop stronger security measures, increase communication between healthcare providers and patients and create organizational policies that protect healthcare providers from being victimized by acts of violence. This research forms another aspect of psychological strain that has unique relevance in the context of Pakistan.

SECTION-1

MENTAL HEALTH AND BURNOUT IN THE MEDICAL PROFESSION

Mental health is broadly considered as the condition of the psychological wellbeing of a person. It includes being able to deal with everyday stresses of life; being productive at work; contributing to society. In healthcare professions, mental wellbeing for healthcare professionals refers to their psychological health. There are many types of mental health issues, but one of the most discussed in relation to doctors is burnout. Burnout is a psychological condition caused by the inability to deal with prolonged work-related stress, which produces emotional exhaustion, depersonalization and decreased levels of feelings of accomplishment in one's profession (Maslach and Leiter, 2016). Emotional exhaustion includes what we usually refer to as fatigue; or feeling drained of one's emotional battery. When someone experiences depersonalization they have developed a cynical attitude toward the quality of care they are providing; they have also begun to see patients as objects instead of human beings. Finally, experiencing depersonalization may result in feelings of having an inadequate amount of achievement and feelings of self-worth in relation to their occupations.

There is a large amount of literature regarding burnout and its impact on healthcare processes across multiple countries and healthcare systems and burnout is a recognized significant occupational hazard for physicians. The World Health Organization defines burnout as a "syndrome resulting from chronic workplace stress that have not been successfully managed". Physicians who experience burnout are less productive at work, have poor professional relationships with co-workers and provide lower quality care for their patients as a result of working with a high level of stress over a long period of time (West et al., 2018).

There are many other mental disorders connected to burnout. Some depressive symptoms include anxiety as well. The long term effects of job stress can contribute to various mental disorders as well as physical ailments from the effects of chronic sleep deprivation, fatigue and heart disease. As a result of these issues, physician mental

health has become a point of concern for all levels of healthcare administration and policy makers.

Global Perspective on Physician Mental Health

The research from multiple nations shows that physician burnout and mental health issues are not unique to just one country. Approximately 50% of all practicing physicians in the US report having symptoms of burnout, especially those physicians in intense practice situations such as emergency medicine or surgery (Shanafelt and Noseworthy, 2017). Similar trends in physician distress can be seen throughout Europe as well. Many healthcare providers report feeling significant stress due to increasing paperwork and time limitations caused by their administrative and/or nonclinical workloads. For example, reports out of the UK report that physician burnout is a significant challenge to the NHS as a result of extended hours of work, insufficient staffing levels and overwhelming patient demands. Institutions providing healthcare in many nations have sought to improve their physician's mental well-being through the establishment of workplace wellness initiatives and provision of access to mental health resources.

Research done in both Canada and Australia suggests that when hospitals provide adequate institutional support to their healthcare professionals there are lower rates of burnout reported by those professionals, as opposed to hospitals where this type of support is lacking. According to these findings, poor organizational policies and poor quality of leadership have had a significantly negative impact on physician mental health.

Increasingly there are calls from the global literature for physician wellbeing to be viewed as an organizational issue instead of an individual issue. Organisations must take a systemic approach to address burnout within their respective healthcare organisations through changes to systems of work, improving work schedules, providing sufficient staffing levels and creating a supportive workplace culture.

Normal Occupational Stress

Occupational Stress can be defined as the physical and/or emotional strain placed on an individual at work when that individual is unable to cope with the demands of their job. All of the many different stressors associated with practicing medicine, especially the stress associated with patient care, can have a detrimental effect on the mental well-being of physicians who work in this field.

An example of one of the major causes of stress among physicians is the workload they are required to maintain based on the number of hours they work per week. In many parts of the world, including hospitals in Canada and Australia, physicians are working beyond standard work hours as a result of insufficient staffing levels. Excessive hours of duty can result in physicians being sleep deprived, fatigued and/or having diminished cognitive performance. Numerous studies have shown that sleep deprivation results in physicians having impaired clinical judgment and orders of disadvantageous medical errors.

Another huge cause of occupational stress is the emotional burden of providing care to patients. Physicians will regularly encounter circumstances where people are suffering and where their patients are very unwell or have died. They can have serious psychological impacts on physicians as well when they feel responsible for poor outcomes for a patient.

Administrative duties also contribute to occupational stress because, in many healthcare systems, physicians have to complete myriad and extensive documentation requirements, ensure they comply with all necessary regulations and complete the many bureaucratic processes associated with healthcare along with seeing patients. This type of workload can lead to less time for physicians to spend with their patients and create frustration in their work.

Physician workplace violence is also an important occupational hazard for all healthcare workers. There have been documented cases of physicians receiving verbal abuse and injuries as a result of physical assaults from patients in numerous countries including Pakistan. Exposure to these types of incidents creates a considerable amount of additional psychological stress, which ultimately leads to burnout.

Physician Mental Health in Pakistan

Several researches are being performed on the mental health of physicians (doctors) in Pakistan, finding very high rates of psychological distress among medical professionals. Multiple studies have identified the rates at which physicians (doctors) experience burnout, anxiety, depression or stress in hospitals across Pakistan.

A research conducted by Ashraf et al. (2019) reported a high number of Pakistani health care professionals have symptoms of depression, anxiety and stress concurrently. Additionally, a correlation was observed between these psychological symptoms and work-related burnout. This indicates that there is a complex association between workplace stress and mental health in regards to physician wellbeing.

Research by Hussain et al. (2022) also examined burnout among tertiary care physicians in Peshawar, where investigators found that 25% of physician participants displayed traits indicative of being burnt out and one-third were identified as being at risk for developing burnout. Long hours, heavy patient loads, and other job demands were cited as contributing to levels of stress among these physicians.

Study results from Zaheer et al. (2020) showed that surgical residents in Karachi experience high levels of emotional exhaustion and burnout throughout their residency. Surgical residents are under extreme amounts of stress due to their demanding training requirements, limited supervision, and long hours worked on duty.

Research has also shown multiple factors as contributing to physician burnout in Pakistan (Saleem et al., 2022) including inadequate administrative support, lack of professional acknowledgement and restrictive advancement opportunities; all of these have the potential to decrease job satisfaction and raise the likelihood of experiencing psychological distress among physicians.

In Pakistan, physicians are faced with many challenges concerning mental health, beyond just work related stressors that contribute to them experiencing challenges with mental health. In addition, there are also sociocultural factors such as stigma related to

mental illness that have an impact on how physicians are able to cope and manage their mental health challenges since mental illness continues to be highly stigmatized within Pakistani society; thus, there is very little encouragement to have open dialogue about mental health issues with their colleagues or others around them. Therefore, physicians may not access certain formal supports for their mental health (e.g., counselling, psychiatric intervention).

Institutional Factors Impacting Physician Mental Health

Healthcare systems are critical to shaping working conditions for physicians. Organizational policies, leadership styles and workplace culture all have a significant impact on physician wellbeing. An example of an institutional factor impacting physician mental health is the staffing level of a given hospital. When hospitals operate under inadequate staffing, physicians can be forced to work excessive hours and have to manage an excessive number of patients. Such circumstances create excessive workplace stress and increase physician fatigue and burnout.

Professional support systems are another example of an institutional factor impacting physician mental health. Hospitals that offer mental health services and peer support groups and programs to help manage stress can assist physicians with their work-related stress. However, many hospitals in Pakistan do not have these support systems in place. Leadership and management practices in an organization can also impact officer safety and well-being. Through supportive leadership, open communication and recognition of work-related accomplishments, physicians may experience higher job satisfaction, which can reduce the amount of job-related stress they experience. Conversely, through hierarchical organizational structures that restrict professional autonomy, there may be an increase to the amount of job-related stress that a physician experiences.

Safety is also an issue. Proper security in a hospital will benefit health care providers from violent behaviour as well as ease some of the impending psychological stresses due to the current safety issues in the workplace. How socio-cultural attitudes toward mental health might shape what physicians think and how they respond when dealing with their own mental distress. Social stigma places negative attitudes towards mental health treatment and many people living with a mental illness fear being treated negatively, excluded from society and being labelled by others as mentally ill. The professional identity of a physician is often intimately tied to being capable and dependable; therefore, most of the time the physician is very concerned about how their admission of having psychological problems will affect their professional reputation or mean negative career consequences.

In Pakistan, woman physician's experience a number of challenges from gender dynamics in relation to managing work commitments and family obligations. Research has shown that female health care providers incur more stress than their male counterparts because of the dual obligation of work and family.

In addition, many physicians, regardless of gender, are subject to the cultural expectations of dedication and sacrifice in the profession, often making them feel compelled to put patient care ahead of their own mental and physical health, thus discouraging them from taking vacations or seeking help for their mental health issues.

SECTION-2

ISSUES AND CHALLENGES OF THE MENTAL HEALTH CRISIS IN PAKISTAN'S MEDICAL COMMUNITY

The increasing mental health crisis in Pakistan witnessed by medical professionals has developed into a major societal issue. Medical practitioners, including doctors and nurses, are continually faced with the realities of an overwhelming number of patients and inadequate resources to care for them in many medical facilities throughout the country compounded by the absence of institutional support and the stigma associated with mental health. As a result of the increasing complexity of professional demands placed upon health workers combined with their limited support, many health professionals are dealing with significant levels of mental health issues. It is important that we work towards identifying the major areas and problems impacting the mental well-being of medical professionals in Pakistan to improve the quality of healthcare delivery and sustain the delivery of healthcare in the future.

The Burden of Overwork and Under-resourcing

A significant contributor to the mental health crisis faced by healthcare professionals in Pakistan is excessive workload. Many hospitals are located in resource-distressed environments resulting in shortages (for example, of personnel, equipment and physical facilities); therefore, many physicians and other healthcare professionals are forced to work longer than twenty-four hours at a time (e.g., this is especially present in government operated healthcare facilities). When professionals are forced to work these very long shifts, they are subjected to chronic conditions such as physical exhaustion, lack of sleep and chronic stress. These stressors lead to a significantly increased risk of developing burnout, mental illness, etc. Young doctors, such as house officers and residents, are especially vulnerable because they often work under demanding training schedules with minimal rest periods (Hussain et al., 2022).

The Psychological Weight of Patient Outcomes

The emotional toll of being a caregiver can also be an issue that many professionals face during their careers when caring for a severely ill or traumatized patient or being present when their patient passes away. The emotional toll of providing care can have a lasting impact on a provider's psyche, especially when the provider feels directly responsible for how their critically ill patients have done. In Pakistan, where many healthcare facilities do not have enough resources to provide the best possible care for patients, the added stress on doctors is that they cannot treat their patients as they might wish (to do their best for them). The emotional toll of being unable to help a patient often contributes to feelings of emotional exhaustion, as well as feelings of professional inadequacy, all of which are hallmarks of burnout (Maslach & Leiter, 2016).

Workplace Violence and Harassment

Workplace violence and harassment represent another significant problem that doctors face in Pakistan. Reports of verbal abuse, physical assault and threats against doctors

in many hospitals across Pakistan exist. The causes for many of these conflicts are often related to a patient being dissatisfied with how their condition has been treated due to prolonged wait times at the facility they are receiving care from and/or patients and their families' unrealistic expectations of what a doctor can do to heal their loved one. The effects of workplace violence create an environment of fear and insecurity for healthcare workers and can significantly impact mental health of these workers. Research has shown that multiple incidents of workplace violence can result in increased levels of anxiety, depression and dissatisfaction at work for medical staff (Imran et al., 2021).

Organizational Deficits in Mental Health Infrastructure

The impact of institutional and organizational issues on the mental health of medics is very significant. In the health care system of Pakistan, the resources available for medical professionals are often inadequate and insufficiently organized to meet their needs. Many medical facilities do not have adequate support systems (such as mental health counselling programs, stress management programs and peer networking systems) to adequately support the well-being of their staff. In addition, many of the medical facilities are structured as hierarchies where junior physicians are discouraged from revealing any of their mental health challenges to their supervising physician or manager. The lack of supportive policies in the workplace results in many medical professionals minimizing or denying their emotional challenges versus seeking help.

The Culture of Silence

Another challenge is that mental health problems are commonly seen as a weakness or inability to function as a medical professional in both the world of medicine and in the general population of Pakistan. Therefore, if a medical professional is experiencing mental illness, he/she may not seek the mental health care that is available to him/her out of concern for damaging his/her reputation and/or possibility of losing his/her job. This stigma associated with mental health issues has a negative impact on the ability of medical professionals to access timely care, create poor mental health outcomes and prolongs the length of time it takes for the medical professional to access care. Research has found that even when healthcare professionals recognize the symptoms of mood disorders, including depression and/or anxiety, they will not seek services because of concerns regarding social judgment and/or the impact on their careers (Khan et al., 2020).

The Dual Burden on Female Physicians

There are numerous ways that gender issues impact the mental health crisis of the medical community. Female doctors in Pakistan experience added pressures in trying to balance both their profession and the family demands expected of them. Cultural mandates surrounding marriage, childcare and household responsibilities may create conflicts between work and home life. These additional demands create even greater levels of stress and emotional exhaustion on female physicians practicing in many of

the more demanding specialties. The evidence has suggested that female physicians have higher levels of burnout than male physicians do, as a result of having two sets of demands on their time (Ashraf et al., 2019).

Inadequate Financial Incentives and Career Opportunities

Additionally, limited financial incentives or opportunities to advance their careers only adds to the overall stress professional healthcare providers experience. Many physicians in Pakistan report dissatisfaction with their salary/benefits, working conditions and/or chance for career growth. Thus, many physicians feel undervalued given the demands placed upon them to be successful at what they do. This lack of recognition is a core component of creating frustration and decreasing motivation, which subsequently results in negative impacts upon mental health and job functioning.

Professional Migration and Its Impact on Domestic Workloads

The growing brain drain phenomenon within the Pakistani medical field has worsened the mental health crisis there. Many exceptionally qualified physicians are choosing to leave Pakistan for jobs that offer better working conditions, improved pay and greater professionalism abroad. Although individuals benefit personally from migration, they are putting additional pressure on Pakistan's healthcare system by decreasing the pool of available healthcare workers. Therefore, reduced numbers of healthcare workers increase the amount of work for remaining physicians and create additional stress, increasing the risk of burnout.

The Amplifying Effect of Global Crises

The vulnerability of healthcare workers in Pakistan was painfully highlighted by the COVID-19 pandemic. Doctors and nurses have experienced extreme levels of stress due to the extremely high number of patients they treat, fear of becoming infected themselves and lack of personal protective equipment for them to work with. Many healthcare professionals also experienced high levels of anxiety with regard to their own health and safety and the health and safety of their families. The pandemic has also revealed significant deficiencies in institutions' ability to prepare for protecting the mental health and well-being of frontline healthcare workers.

SECTION-3

CRITICAL ANALYSIS & FINDINGS

The research has focused on the mental health crisis occurring within the medical community of Pakistan by utilizing several conceptually driven models/data to identify problems that exist at both fundamental levels but also examine processes/procedures which assist in creating and perpetuating that issue. Using these lenses, one continues to see proliferation of concern on an ongoing basis for healthcare workers' ability to cope and function within the present environment. A thorough analysis of how different sources of support, imposed constraints and the broader healthcare system contribute to the overall state of mental health for physicians reveals there is a substantial amount of evidence to support the notion that the stresses placed on physicians accompanied by inadequate facilities, cultural barriers and overall inefficiencies associated with the organization of care have substantially deteriorated the quality of physician mental health.

Most of the literature reviewed reveals an overwhelming degree of evidence to show physicians suffer significantly from high levels of stress and burnout. The studies are consistent with respect to how those issues manifest themselves through emotional exhaustion, detachment and ultimately a decline in career satisfaction. The comprehensive studies by Maslach and Leiter (2016) and West et al. (2018) provide the conceptual and empirical basis for concluding that burnout is not merely an issue of individual psychological problems; rather, burnout is a systemic phenomenon that must be addressed as a societal problem. Burnout is a function of chronic exposure to stressors commonly found in many workplace settings. These include working too many hours, a lack of resources and insufficient support from one's employer. When applying these same principles to the healthcare sector of Pakistan, it can be deduced that the structural elements of the healthcare infrastructure erode those stressor factors that result in physician burnout.

Ongoing issues the healthcare sector is dealing with in Pakistan include a lack of available funding for hospitals; lack of staffing and the disproportionate number of medical professionals to the population (i.e. far more patients than doctors). Add to this the already significant capacity issues faced by public hospitals resulting in too many patients attempting to get too few available services, which leads to significant pressure on physicians treating far too many patients in an unreasonably short period of time. Having to routinely work long hours and/or an unreasonably high number of weekly hours will ultimately contribute to physicians having to endure prolonged periods of physical fatigue, sleep deprivation and psychological strain, which have all been shown to contribute to the development of burnout and mental disorders amongst a physician's population.

According to a recent study, another thing that has been shown in research is that there are emotional burdens associated with providing patient care. Unlike many other jobs, doctors work closely with people who are editors of their own suffering, trauma, or death every day. Doctors also have to hold themselves together professionally, while making life-changing decisions that will also impact patients' fates. Due to the emotional stress in this type of work, physicians across the spectrum can get very poor

emotional support when processing these types of events. Research has also indicated that prolonged exposure to emotionally taxing events can result in compassion fatigue, which is a psychological condition closely related to burn-out in persons in the healthcare field. In the case of Pakistan, where medical resources may not always be available, doctors often feel powerless when they cannot provide the "right" (or optimal) care (treatment) due to lack of infrastructure or facilities, resulting in an increase in emotional stress and decreased satisfaction with their profession.

Physician wellbeing is very much influenced by corporate culture, as well as by institutional leadership. Research findings collected by Shanafelt and Noseworthy's (2017) found that organizations can greatly benefit their physicians' mental health by implementing supportive leadership and organizational practices such as allowing work-life balance, reducing administrative pressure (burden) on healthcare providers and creating an environment that fosters open communication among professionals within health institutions. On the other hand, another aspect of the analysis conducted on the healthcare system of Pakistan is the absence of supportive frameworks for a number of hospitals. Institutional hierarchies that exist within medical organizations often discourage junior medical providers from discussing their experiences of psychological stress or adversity in the workplace. In particular, in some instances, if hospitals develop cultures that normalize extreme workloads and emotional resilience as requirements of the profession, nurses and doctors will feel discouraged from recognizing their own mental health challenges. The result of these types of behaviours is a perpetuation of institutional silence around physician mental health issues, which in turn makes it difficult to access timely intervention services.

In addition to this data point, another key theme that emerged from the literature was the negative impact of workplace violence and security concerns on healthcare professionals' psychological wellbeing. Many of the studies that have already been referenced include incidents of verbal abuse, threats and physical violence against physicians in Pakistani hospitals have been reported in increasing numbers. Such incidents typically stem from patient dissatisfaction, miscommunication and frustrations arising from lack of medical resources or available services. This phenomenon, when critically analyzed, illustrates a more significant level of systemic problems within the healthcare delivery system, including overcrowded health care facilities, inadequate patient to physician ratios and a general lack of trust from the public in the medical establishment. Workplace violence, therefore, not only presents a risk to the safety of healthcare providers, but also creates a toxic work environment which contributes to anxiety, stress and professional burnout. When a physician perceives that he or she is working in a toxic work environment, there is a negative psychological impact on the individual who is experiencing the emotional toll associated with working in such an environment.

According to research, barriers encountered by health care providers include: a significant mental health stigma that deters many from seeking psychological assistance. As a result of their training in medicine, physicians are usually knowledgeable about various mental disorders; however due to the potential threat of being negatively perceived by peers or the community regarding seeking help, most

will not pursue psychological assistance, but hide their distress instead. This mental health stigma lowers the likelihood that the physician will have an open dialogue on psychological issues with either their peers or others. In the culture of Pakistan where many associate mental illness with weakness or subordination, discussing psychological issues is not often done. Within the field of medicine, there has historically been an expectation that all physicians should show resilience and be able to control their emotions; thus adding additional barriers for physicians who are seeking help with their emotional issues. Many healthcare providers will not reach out for mental health assistance and will rather ignore mental health distress and will accumulate increased stressors such as burnout which may eventually result in serious mental health issues such as depression, substance abuse and suicidal thoughts.

In addition to the aforementioned barrier of mental health stigma, research has revealed the effect of socio-cultural standards and gender dynamics upon many female physicians in the field of medicine in Pakistan. Many female physicians who practice medicine in Pakistan are expected to meet the responsibilities of being a physician while maintaining their household responsibilities as well. The care and nurturing of children coupled with managing household tasks creates a substantial amount of pressure upon female physicians therefore resulting in emotional exhaustion. In Pakistan, there has been a dramatic increase in the number of women pursuing a career in medicine over recent decades; however, many female doctors struggle to maintain a long-term career due to external factors such as work-related stress and societal expectations. This problem is indicative of the general gender inequality in the workplace and demonstrates the importance of having institutional policies in place to support the work-life balance and career longevity of female physicians.

Numerous studies support the fact that physician mental wellness is linked to the quality of care provided to patients. Among other things, the literature demonstrates that when healthcare providers are burned out, they commit more medical errors, deliver poorer patient satisfaction and do not provide as efficient clinical care. It is further demonstrated that when healthcare providers are experiencing chronic stress or emotional burnout, their cognitive performance and decision-making capacity may be decreased. Therefore, physician mental wellness should be considered not only an individual health issue, but also a major contributor to the overall effectiveness of the healthcare system in Pakistan due to the currently limited resources of the system. Additionally, the prevalence of physician burnout in Pakistan will pose significant consequences on patient outcomes and will negatively impact the public's health.

This research paper highlights gaps and limitations regarding doctors' mental health, particularly in Pakistan. There are many studies that document the current rates of stress and burnout among physicians, but there is comparatively less research regarding the impact of long-term institutional reform or the efficacy of mental health treatment options within the healthcare sector. The bulk of currently available data are cross-sectional in scope and self-reported – generating useful information; however, failing to fully reflect the complexities of physician's lived experiences. To date, minimal research exists concerning differences in mental health outcomes observed among physicians from different specialties or locations in Pakistan or whether there are

differences between private and public health care facilities. A more comprehensive, longitudinal research design is necessary to examine the structural determinants of physicians' overall well-being.

The results of the critical analysis of the preceding chapters indicate three primary findings. First, the mental health crisis in Pakistan is mostly related to systemic issues that exist within the healthcare system, such as overcrowding and a shortage of resources and inefficiency in hospitals. Second, socio-cultural factors, including the stigma surrounding mental illness and gender roles have significant impacts on how healthcare providers experience and react to mental health issues. Third, the organizational culture and leadership style of different types of healthcare systems will either minimize and/or intensify the mental health issues of their physicians.

CONCLUSION

This research concludes that mental health issues among physicians in Pakistan are not simply personal or isolated; they are the products of larger systems that involve problems with hospitals, co-workers, and society. The findings suggest that most of the stress, burnout, anxiety and depression experienced by physicians is largely a result of factors related to the structure of the healthcare system, such as being overworked, having too few staff members, not enough resources and inadequate administrative and psychological assistance.

Additionally, the way physicians are treated by their hospitals affects their mental health, with hospitals that have hierarchical organizations, poor leadership and no support for mental health causing greater levels of emotional exhaustion and dissatisfaction at work compared to physicians in hospitals with supportive leaders, less bureaucratic impediments and wellness programs. Nevertheless, there are no existing policy or practice frameworks to provide mental health support to physicians in Pakistan's healthcare system.

Aside from institutional factors, sociocultural dynamics such as the stigma associated with mental health constitute major barriers to seeking help for mental health issues. Many physicians, despite their expertise as health care providers, avoid using mental health services due to fear of the impact it could have on their careers or the judgment they will receive from others should they choose to use those resources. The result is a "culture of silence" that causes delays in intervention and exacerbates long-term effects on the mental and emotional health of physicians. Pressures related to gender also place female physicians at risk for experiencing burnout and emotional exhaustion due to the dual responsibilities they carry.

Most importantly, the findings of this research support the notion that there is a direct relationship between the mental health of physicians and the quality of care provided to patients. Reduced mental health among physicians contributes to inefficient clinical performance, an increased number of medical mistakes and decreased satisfaction with care delivered to patients. Therefore, improving the mental health of physicians must be viewed not only as a matter of individual well-being but also as a necessity for the enhancement of Pakistan's overall health care system.

RECOMMENDATIONS

Institutional Reforms and Policy Development

To promote a better-off physician workforce and to improve the mental health of physicians in Pakistan, we must have new institutional reforms and policies developed in a systematic way. Healthcare organizations must begin to recognize physician wellbeing as part of the healthcare as opposed to a secondary component of care, so that they may develop structured and formalized methods for providing access to confidential counselling services, psychological support programs, stress management services, etc. At the national level, policymakers need to create regulations regarding the health of physicians and that will support including mental health into general public health outcomes and objectives. The creation of regulations around the hours of work, placing limits on hours worked and creating mandatory time off will be important to decreasing burnout and enhancing overall physician wellbeing.

Improvement in Working Conditions

The day-to-day working standards of doctors must be improved to help lessen their work-related stress and increase their job satisfaction. Hospitals need to make efforts to resolve discrepancies that exist between the number of people being seen and the number of physicians available to care for them by hiring more staff and managing the work schedule more effectively. Longer than normal work hours should be replaced with structured and manageable work shifts so that doctors are able to have adequate time for rest and recuperation. In addition, reducing non-clinical burdens on physicians is important; streamlining administrative functions through the use of electronic systems and support staff positioned to assist with these tasks should alleviate the number of non-clinical duties that doctors are required to perform. A more balanced and efficient work environment, as well as decreased levels of stress on physicians will enable healthcare organizations to increase the ability of physicians to provide quality care to their patients.

Strengthening Organizational Support Systems

A culture within an organization that is supportive to physicians is important for protecting their mental health. Healthcare organizations are encouraged to promote leadership styles that encourage compassion, openness to communication and make the well-being of employees their top priority. Senior management and leadership staff should be actively involved with physicians so that their challenges are known and the necessary support can be properly afforded. Establishing networks of peer support, as well as mentorship programs can help bring additional emotional and professional support to physicians, especially new physicians in the early years of practice who are more likely to feel stressed. Additionally, there should be an establishment of confidential and non-punitive systems in hospitals for physicians to report difficulties related to their mental health or work environment to promote an environment where there is no stigma associated with seeking assistance or are viewed unfavourably by their peers or profession.

Addressing Safety and Workplace Violence

Physicians in Pakistan are at risk for psychological trauma due to workplace violence and require targeted solutions to reduce this risk. Hospitals must provide adequate investment in their security systems, including security personnel who are trained properly, security cameras, an emergency response system and appropriate policy for preventing and responding to an incident of workplace violence with strict penalties for those who exhibit this behaviour. Improved communication between patients and providers will also create improved management of patient expectations and a reduction in conflict. By creating a working environment where the workplace is safe from violence, hospital administration can reduce fear and anxiety in physicians which leads to better emotional and mental health and professional performance.

Reducing Mental Health Stigma

The stigma that exists in society and within culture toward mental illness prevents many doctors from receiving the care they need. This can only be addressed through both institutional and cultural change. Medical institutions should have awareness campaigns regarding mental health that normalize the discussion of mental illness, as well as help people understand the equal importance of physical health and psychological well-being. Training medical students in mental health will prepare them to handle stress and manage their own mental health. When senior physicians and institutional leaders speak about challenges with mental health, it creates a space where seeking help is acceptable, in contrast to a stigma surrounding that.

Gender-Sensitive Interventions

The primary barriers female physicians in Pakistan face is managing professional responsibilities with the expectations placed on them by society regarding family-related duties. To help alleviate those pressures, healthcare institutions should create policies that support physicians in creating a work/life balance (for example, by providing access to maternity leave, flexible work hours and the ability to secure childcare facilities in or near hospitals). Making equal opportunity available for career advancement and professional development will also encourage females in healthcare to stay in the field. Developing targeted support systems to address female-specific stressors can help reduce the incidence of burnout and improve female physicians' overall health.

Financial and Career Incentives

The improvement of physicians' morale and job satisfaction requires investment in improved financial compensation and career development opportunities. Almost all physicians working within Pakistan deal with frustration based on low pay and lack of opportunity to advance their careers. To improve morale for physicians in Pakistan, healthcare providers and governmental entities must offer competitive salary scales, performance incentives and clearly defined promotion pathways. Another way to improve morale is through the recognition of achievements that have created value to both the health system and the physician. Financially rewarding physicians'

accomplishments will help create a culture of valued physicians and increase the motivation for physicians to continue their work. By addressing financial and career development issues, the health system will reduce job dissatisfaction resulting from poor financial rewards and career development.

Retention Strategies/Brain drain

With the increasing number of physicians who are emigrating from their countries of origin to other countries, the number of remaining physicians in Pakistan are experiencing a rapid increase in workloads. This significantly adds to their stress resulting from increased workloads and therefore contributes to burnout. To reverse the trend of emigration by physicians, the working environment within Pakistan must be improved to allow for improved working conditions and a healthier work environment. By providing physicians with competitive salaries and the ability to obtain advanced training, and access to modern medical technology, physicians will be much less likely to leave their home countries and work elsewhere. Additionally, collaborative programs with international organizations will allow physicians to gain valuable experience through exposure to different health care systems while providing benefits to the communities they serve. The implementation of effective retention strategies will help reduce the shortage of physicians and create a more stable health care system.

Integration of Mental Health Services into Healthcare Systems

Integrating mental health services into healthcare organizations is a necessary and practical way to support physicians. Hospitals need to make mental health care easily accessed, confidential, and relevant for all healthcare professionals. Regularly screening for mental health issues can detect early signs of stress, burn-out, or depression so that interventions can be made timely. An Employee Assistance Program (EAP) specifically for healthcare workers can offer counselling, stress management resources, and crisis intervention support. Embedding these services into health care organizations will allow for a proactive approach to managing mental health issues rather than only using a reactive approach.

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