

Original Research Article

DOI: <https://dx.doi.org/10.18203/2394-6040.ijcmph20241811>

Role of family support in the mental health status of physicians

Afreen S. Danny^{1*}, Sharmeen T. Shovah², M. Atiqul R. Khan³, Luna F. Hoque⁴,
Muhammad N. Alam⁵, Asaduzzaman Chowdhury⁶

¹Department of Community Medicine, Shahabuddin Medical College Hospital, Dhaka, Bangladesh

²Department of Pharmacology, Sir Salimullah Medical College, Dhaka, Bangladesh

³Department of Orthopedics, Monno Medical College and Hospital, Manikganj, Bangladesh

⁴Department of Obstetrics and Gynecology, Shahabuddin Medical College and Hospital, Dhaka, Bangladesh

⁵Department of Neurology, Shaheed Suhrawardy Medical College, Dhaka, Bangladesh

⁶Department of Medicine, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh

Received: 07 May 2024

Accepted: 11 June 2024

***Correspondence:**

Dr. Afreen S. Danny,

E-mail: afreensultantanadanny008@gmail.com

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ABSTRACT

Background: The mental health and well-being of physicians are increasingly recognized as crucial factors not only for the individual physicians themselves but also for the quality of care they provide to patients. This study aimed to assess the role of family support in the mental health status of physicians.

Methods: This descriptive study was conducted at the Department of Community Medicine in Dhaka Medical College Hospital, Dhaka, Bangladesh from January 2011 to June 2011. A total of 126 physicians were selected as study subjects as per inclusion and exclusion criteria. A convenience type of non-probability sampling technique was adopted in this study. GHQ- questionnaire was used for the measurement of mental stress. Different statistical methods were used in this study. Statistical package for social science (SPSS) version 17.0 for Windows was used to analyze the data.

Results: Among 126 physicians 42 physicians (33.3%) had no evidence of mental stress, 42 physicians (33.3%) had mild mental stress, 29 physicians (23.0%) had moderate mental stress and only 13 physicians (10.3%) had severe mental stress. The study shows that among 32 physicians who didn't get help from family members majority i.e. 29 (90.7%) physicians had mental stress and only 3 (9.4%) physicians had no evidence of mental stress. But 94 physicians got help from family members among which 55 (58.5%) physicians had mental stress and 39 physicians or 41.5% physicians had no evidence of mental stress.

Conclusions: Family support plays a significant role in mitigating stress, while marital status, income, and work environment also impact well-being. Addressing these factors can foster a culture of physician well-being and improve patient care.

Keywords: Mental health, Physician, Family support, Relationship, Well-being

INTRODUCTION

The mental health and well-being of physicians are increasingly recognized as crucial factors not only for the individual physicians themselves but also for the quality of care they provide to patients. The demanding and high-stakes nature of medical practice, coupled with long working hours, exposure to trauma, and the pressure to balance professional and personal responsibilities, poses

significant challenges to physicians' mental health. Research indicates alarmingly high rates of burnout, depression, anxiety, and even suicide among healthcare professionals, highlighting the urgent need to better understand and address the factors influencing physician well-being.¹ The significance of family support in the context of physician well-being is underscored by empirical evidence from multiple studies. Another author investigated the relationship between burnout and

satisfaction with work-life balance among US physicians, highlighting the importance of supportive spouses or partners in promoting physician well-being.² Similarly, Johnson and Hall demonstrated the protective effects of workplace social support on cardiovascular health, suggesting that supportive relationships, both at work and at home, are essential for maintaining well-being in high-stress environments.³ Furthermore, research has shown that family support can help alleviate the symptoms of burnout and prevent the development of mental health disorders among physicians. Wallace et al argue that physician wellness should be considered a crucial quality indicator in healthcare systems, emphasizing the need for interventions that support the mental health of healthcare professionals.⁴ By fostering open communication, providing encouragement, and offering assistance with daily responsibilities, supportive families create an environment that enables physicians to cope more effectively with stressors and maintain a healthier work-life balance.⁵ Panagioti et al conducted a systematic review and meta-analysis exploring the association between physician burnout and patient safety, professionalism, and patient satisfaction.⁶ Their findings underscored the detrimental effects of burnout on patient care outcomes, highlighting the importance of addressing physician well-being as a critical component of healthcare quality. Additionally, Dyrbye et al surveyed U.S. physicians and their partners regarding the impact of work-home conflict, revealing significant associations between work-related stress and family dynamics.⁷ Moreover, studies have examined the relationship between burnout and career choice motivation in medical students and the differential impact of work-home conflicts on burnout among American surgeons by sex.^{8,9}

These findings contribute to our understanding of the complex interplay between professional demands, personal relationships, and mental health outcomes among physicians. The role of family support in promoting the mental health and well-being of physicians is increasingly recognized as a crucial determinant of healthcare quality and patient outcomes. By providing emotional, practical, and logistical support, family members play a vital role in helping physicians navigate the challenges of their profession and maintain a healthier work-life balance. Moving forward, interventions aimed at enhancing family support systems and promoting positive family dynamics hold promise in improving the mental health and resilience of physicians, ultimately benefiting both healthcare providers and the patients they serve.¹⁰

Objectives

General objective of the study was to assess the role of family support in the mental health status of physicians.

Specific objectives of the study were: to evaluate the level of mental stress of the physicians, to see the relationship between the nature of the working environment and mental stress, to observe the relationship between the marital

status of physicians and mental stress, to analyze the relationship between age and mental stress of physicians, and to know the relationship between the monthly family income and the mental stress of the physicians.

METHODS

This descriptive study was conducted at the Department of Community Medicine in Dhaka Medical College Hospital, Dhaka, Bangladesh from January 2011 to June 2011. Physicians of the indoor Department of Medicine, Surgery, and Gynae of Dhaka Medical College Hospital were considered as the study population. A total of 126 physicians were selected as study subjects as per inclusion and exclusion criteria. A convenience type of non-probability sampling technique was adopted in this study.

Inclusion criteria

Physicians working in the medicine, surgery, and gynae department of Dhaka Medical College Hospital, and physicians who were willing to give consent were included.

Exclusion criteria

Physically and mentally ill physicians, and physicians who did not give consent to participate in the study were excluded.

Some data were collected by face-to-face interviews. A semi-structured questionnaire was drafted for data collection considering the specific objectives and the variables of the study. GHQ- questionnaire was used for the measurement of mental stress. Statistical package for social science (SPSS) version 17.0 for Windows was used to analyze the data and then appropriate statistical tools and techniques were used.

Descriptive statistics was used to find out the mean, standard division, and frequency of the variables of socio-demographic characteristics and job profiles. To measure the association between mental stress and other variables Chi-square test was used. Ethical clearance was taken from the ethical committee of ethical committee of NIPSOM. Informed written consent was obtained from the participants. Data was kept confidential on a computer and used only in this particular study.

RESULTS

Among 126 physicians 42 physicians (33.3%) had no evidence of mental stress, 42 physicians (33.3%) had mild mental stress, 29 physicians (23.0%) had moderate mental stress and only 13 physicians (10.3%) had severe mental stress (Table 1).

There was a significant relationship between the nature of the working environment with mental stress ($p=0.021$). Among 13 physicians whose nature of working

environment was very good 76.9% physicians had no evidence of mental stress. Among 9 physicians only 1 (11.1%) physicians had no evidence of mental stress in the physicians' group whose nature of working environment is bad (Table 2).

There was a significant relationship found between the recorded marital status of the physicians with mental stress ($p=0.025$). 87 physicians were married in which 59 (67.8%) physicians had mental stress and only 28 (32.2%) physicians had no evidence of mental stress. Among 39 unmarried physicians, 25 physicians, or 64.1% physicians had mild and moderate mental stress, and 14 (35.9%) physicians had no evidence of mental stress (Table 3).

Table 1: Level of mental stress of the physicians (n=126).

Level of stress	N	%
No evidence of mental stress	42	33.3
Mild mental stress	42	33.3
Moderate mental stress	29	23
Severe mental stress	13	10.3
Total	126	100.0

In the age group of 24-29, there were 61 physicians of which 21 (34.4%) physicians had no evidence of distress, 22 (36.1%) physicians had mild evidence of distress, 10 (16.4%) physicians had moderate evidence of distress and 8 (13.1%) physicians had severe mental stress. In the age group 30-35 there were 57 physicians among which 16 (28.1%) physicians had no evidence of distress, 19 (33.3%) physicians had mild mental stress, 18 (31.6%) physicians had moderate mental stress and 4 (7.0%) had a severe form of distress.

In the age group 36-40 there were only 8 physicians of which 5 (62.5%) had no evidence of mental stress, 1 (12.5%) physician had mild mental stress. 1 (12.5%) physician had 1 (12.5%) moderate mental stress and 1 (12.5%) physician had severe mental stress. So, age group 24-29 had severe mental distress (Table 4).

In the income group 16000-20000 Tk. There were 22 physicians of which 20 physicians or 90.9% physicians had mental stress (mild, moderate, and severe) and only 2 (9.1%) physicians had no evidence of mental stress. In the income group 20001-30000 Tk there were 29 physicians among which 22 (75.9%) physicians had mental stress and only 7 (24.1%) physicians had no evidence of mental stress.

In the income group 30001-40000 tk. There were 27 physicians among which 23 (85.1%) physicians had mental stress and only 4(14.8%) physicians had no evidence of mental stress. In the income group 40001-60000 tk. There were 48 physicians among which only 19 (39.7%) had mental stress and the majority 29 (60.4%) physicians had no evidence of mental stress.so, the study shows that low monthly family income had more stress than high monthly family income (Table 5).

The study shows that among 32 physicians who didn't get help from family members majority i.e. 29 (90.7%) physicians had mental stress and only 3 (9.4%) physicians had no evidence of mental stress.

But 94 physicians got help from family members among which 55 (58.5%) physicians had mental stress and 39 physicians or 41.5% physicians had no evidence of mental stress (Table 6).

Table 2: Relationship between the nature of the working environment and mental stress (n=126).

Nature of the working environment	Level of mental stress of physicians, N (%)				Total, N (%)
	No evidence of mental stress	Mild mental stress	Moderate mental stress	Severe mental stress	
Very good	10 (76.9)	3 (23.1)	0 (0)	0 (0)	13 (100)
Good	15 (45.5)	10 (30.3)	5 (15.2)	3 (9.1)	33 (100)
Average	15 (21.7)	23 (33.3)	22 (31.9)	9 (13.0)	69 (100)
Bad	1 (11.1)	5 (55.6)	2 (22.2)	1 (11.1)	9 (100)
Very bad	1 (50)	1 (50)	0 (0)	0 (0)	2 (100)
Total	42 (33.3)	42 (33.3)	29 (23.0)	13 (10.3)	126 (100)
Significance	$\chi^2=23.946$, df = 12, p value=0.021				

Table 3: Relationship between the marital status of physicians and mental stress (n=126).

Marital status of the physicians	Level of mental stress of physicians, N (%)				Total, N (%)
	No evidence of mental stress	Mild mental stress	Moderate mental stress	Severe mental stress	
Not married	14 (35.9)	18 (46.2)	7 (17.9)	0 (0)	39 (100)
Married	28 (32.2)	24 (27.6)	22 (25.3)	13 (14.9)	87 (100)
Total	42 (33.3)	42 (33.3)	29 (23.0)	13 (10.3)	126 (100)
Significance	$\chi^2=9.354$, df=3, p value=0.025				

Table 4: Relationship between age and mental stress of physicians (n=126).

Age group (years)	Level of mental stress of physicians, N (%)				Total, N (%)
	No evidence of mental stress	Mild mental stress	Moderate mental stress	Severe mental stress	
24-29	21 (34.4)	22 (36.1)	10 (16.4)	8 (13.1)	61 (100)
30-35	16 (28.1)	19 (33.3)	18 (31.6)	4 (7.0)	57 (100)
36-40	5 (62.5)	1 (12.5)	1 (12.5)	1 (12.5)	8 (100)
Total	42 (33.3)	42 (33.3)	29 (23.0)	13 (10.3)	126 (100)
Significance	$\chi^2=8.179$, df=6, p value=0.225				

Table 5: Relationship between the monthly family income and mental stress of the physicians (n=126).

Monthly family income of the physicians (Tk)	Level of mental stress of physicians, N (%)				Total, N (%)
	No evidence of mental stress	Mild mental stress	Moderate mental stress	Severe mental stress	
16000-20000	2 (9.1)	11 (50.0)	8 (36.4)	1 (4.5)	22(100)
20001-30000	7 (24.1)	12 (41.4)	6 (20.7)	4 (14.8)	29 (100)
30001-40000	4 (13.8)	11 (40.7)	7 (25.9)	5 (18.5)	27 (100)
40001-60000	29 (60.4)	8 (16.7)	8 (16.7)	3 (6.3)	48 (100)
Total	42 (33.3)	42 (33.3)	29 (23.0)	13 (10.3)	126 (100)
Significance	$\chi^2=31.087$, df=9, p value=0.000				

Table 6: Relation between whether get help from family members and mental stress (n=126).

Whether getting help from family	Level of mental stress of physicians, N (%)				Total, N (%)
	No evidence of mental stress	Mild mental stress	Moderate mental stress	Severe mental stress	
Yes	39 (41.5)	27 (28.7)	19 (20.2)	9 (9.6)	94 (100)
No	3 (9.4)	15 (46.9)	10 (31.3)	4 (12.5)	32 (100)
Total	42 (33.3)	42 (33.3)	29 (23.0)	13 (10.3)	126 (100)
Significance	$\chi^2=11.208$, df=3, p value=0.011				

DISCUSSION

The findings of this study shed light on several key aspects regarding the mental stress experienced by physicians, as well as the role of family support and work environment in mitigating or exacerbating this stress. Notably, the majority of physicians in our sample were relatively young, with a significant proportion falling within the age range of 24-29 years. This demographic distribution is consistent with the early to mid-career stage for many physicians, where they may be grappling with the transition from training to independent practice, as well as the inherent stressors associated with establishing oneself in the medical profession.⁵ Interestingly, despite their youth, a substantial proportion of physicians reported experiencing mental stress, with only one-third indicating no evidence of stress. This prevalence underscores the importance of addressing mental health concerns early in physicians' careers, as unchecked stress can have significant implications for both individual well-being and patient care outcomes. The distribution of stress severity levels, ranging from mild to severe, suggests a spectrum of psychological burdens experienced by physicians, necessitating targeted interventions tailored to the varying needs of affected individuals.² Our findings also highlight

the pivotal role of family support in buffering against mental stress among physicians. The majority of physicians reported receiving assistance from family members, with a significant proportion indicating a very good relationship with their families. Family support serves as a crucial source of emotional and practical assistance, offering a sanctuary of comfort and understanding amidst the rigors of medical practice. Furthermore, our study underscores the influence of marital status, family income, and the nature of the working environment on physicians' mental well-being. Statistically significant associations were observed between these factors and the prevalence of mental stress, highlighting the multifaceted nature of stressors encountered by physicians. For instance, physicians who were married or had higher family incomes were found to have lower levels of stress, suggesting the potential protective effects of social support and financial stability. Similarly, a positive working environment characterized by supportive colleagues and manageable workloads was associated with reduced stress levels, underscoring the importance of organizational factors in fostering physician well-being.¹² This study underscores the pervasive nature of mental stress among physicians and underscores the importance of addressing this issue through targeted

interventions aimed at bolstering family support, enhancing working conditions, and fostering resilience in early-career physicians. By addressing the multifactorial determinants of mental stress, healthcare organizations can cultivate a culture of well-being that supports the holistic health of physicians and, by extension, the delivery of high-quality patient care.¹³ The study by Fahrenkopp and colleagues highlights the detrimental effects of mental stress, particularly burnout and depression, on patient care outcomes. Their findings emphasize the importance of addressing physician well-being to ensure the delivery of safe and high-quality healthcare.¹⁴ In their perspective piece, Dzau, Kirch, and Nasca emphasize the urgent need for collective action to address the clinician burnout crisis. They argue for a comprehensive approach that encompasses systemic changes in healthcare delivery, organizational culture, and individual support mechanisms to promote physician well-being and enhance patient care quality.¹⁵

Limitations

The sample was conveniently collected so that the study findings might not reflect the true picture of the whole population. The study was conducted with a small size sample so the study may not reflect the real situation. The study was done through a semi-structured self-administered questionnaire but physical symptoms were not measured. So, the stress condition could not be measured perfectly. The study was conducted with a quantitative approach by using a pre-formulated questionnaire. So, there might be some unrevealed factors that are related to the mental stress of the physicians. Interviews of professors cannot be taken due to their tight and busy work schedules. Data were collected at a pointed time. So the data may only reflect the level of stress the respondents were experiencing at the time of data collection. That is why the stress level for 4 weeks could not be measured as no qualitative approaches were done.

CONCLUSION

In conclusion, our study highlights widespread mental stress among physicians, especially early in their careers. Family support plays a significant role in mitigating stress, while marital status, income, and work environment also impact well-being. Addressing these factors can foster a culture of physician well-being and improve patient care.

Recommendations

Strengthening familial relationships and providing support can significantly contribute to the well-being of healthcare professionals. Families should prioritize open communication, understanding, and assistance to help alleviate the burden of stress faced by their physician family members. Moreover, further studies should be conducted involving a large sample size and multiple centers.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Danny AS, Shovah ST, M. Khan AR, Hoque LF, Alam MN, Chowdhury A. Role of family support in the mental health status of physicians. *Int J Community Med Public Health* 2024;10(7):2592-7.