

# Medical professionals' common stressors, stress-coping and factors affecting their help-seeking for mental health needs: a qualitative study

Kylie K.Y. CHAN, Sherry X. YANG

JC School of Public Health and Primary Care, The Chinese University of Hong Kong



## Introduction

- There is a **high prevalence of clinical level depression and/or anxiety among medical professionals (MPs)** compared to general public:
  - MPs : <sup>[1]</sup> **35%**
  - General Public : <sup>[2]</sup> **15%**
- However, **MPs' professional help-seeking is extremely low**- according to a recent survey, less than half of the interviewed MPs reported feeling comfortable seeking help for possible mental health disorders. <sup>[3,4]</sup>
- MPs' untreated mental ill-health is a public health issue** as it is associated with **suboptimal patient care & increased medical errors.** <sup>[5]</sup>
- It is not clear how best to support MPs with mental health problems; there is a **lack of qualitative studies** exploring local MPs' **front-line experiences** and their **perceptions towards professional help-seeking.**

## Objectives

- To explore MPs' common **stressors & stress-coping strategies**
- To understand the **barriers & facilitators of their professional help-seeking** for mental health needs
- To **inform the development of future interventions** for MPs with mental health needs.

## Methods

- Semi-structured, digitally recorded, online interviews** were conducted with **10 local MPs** in July-August 2022.
- Purposive sampling** based on gender, age, and job type was used to select participants to represent views from both doctors & nurses in different public front-line settings.
- Interview questions** are related to their **experience & difficulties (if any) at work, stress-coping, and factors affecting their professional help-seeking.**
- Follow-up questions were asked for clarification & elaboration.
- All interviews were conducted in Cantonese & transcribed verbatim for **thematic analyses.**

## Participants

Participant (n = 10)	Age (mean = 35.1)	Gender (30% male)	Work role	Years of Experience (mean = 9)	Setting
N1	29	Female	Nurse	6	Pediatrics
N2	52	Female	Nurse	14	Obstetrics and Gynaecology
N3	28	Female	Nurse	5	Ambulance & Emergency
N4	28	Male	Nurse	5	Medical
N5	35	Female	Nurse	12	Primary Care
D1	28	Female	Doctor	4	Orthopedics & Traumatology
D2	39	Female	Doctor	7	Ear, Nose & Throat
D3	48	Female	Doctor	21	Primary Care
D4	35	Male	Doctor	10	Ambulance & Emergency
D5	29	Male	Doctor	6	Psychogeriatric

## Data Analysis

- Inductive data analysis was conducted according to the principles of thematic analysis using the six-stage approach proposed by Braun & Clark (2006): <sup>[6]</sup>

Stage 1: Familiarization

“There is a growing complexity of diseases and available treatment options (D3)

Stage 2: Generating initial codes

“When patients complain about the long wait-time, responding a simple “yes”, “no”, or “wait” could be the best colleagues can do to actually speed up but patients could perceive this as poor attitude/ lack of empathy (D4)

Stage 3: Searching for themes

“I don't hate patients' complaints, I expect it's front-line staff's everyday life, but seniors' reactions towards the complaints is a problem- it's like whenever patients have complaints it's always our fault (N3)

Stage 4: Reviewing themes

“It can be stressful if you want to spend more consultation time on a particular patient but people outside have been waiting for so long... (D5)

Stage 5: Defining & naming themes

“Nowadays patients may trust Google more than us (N1)

Stage 6: Producing the report

“The moment I helped a patient insert a urinary catheter could be a reminder that I wanted to go to toilet as well (N5)

Coding

Themes

## Results

- MPs' common **stressors** reported by the participants revolved around five central themes presented as **'hexagons'** falling on MPs' mental health in **Figure 1**.
- To cope with these stressors, three **stress-coping strategies** were mentioned by the participants, which are presented as **'pillars'** supporting MPs' mental health.
- Five **barriers affecting professional help-seeking** were identified & presented in the **shaded block** acting on professional help-seeking. All MPs mentioned a **preference for online platform**.

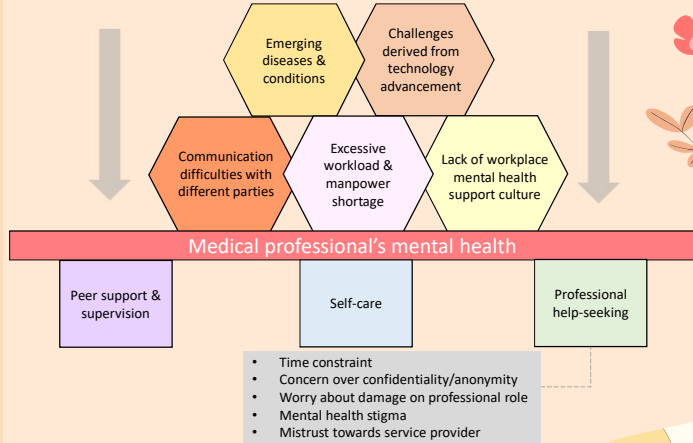


Figure 1. The central themes and graphical presentation of their relationships.

## Discussion

- Emerging novel diseases & conditions** as well as **challenges derived from technology advancement** are two new stressors previously not reported in literature.
- Organizational factors** were an overarching category MPs' stressors - including the **lack of workplace mental health care culture** (e.g. MPs' perception of being blamed for complaints/ critical incidents), **excessive assigned workload & manpower shortage**.

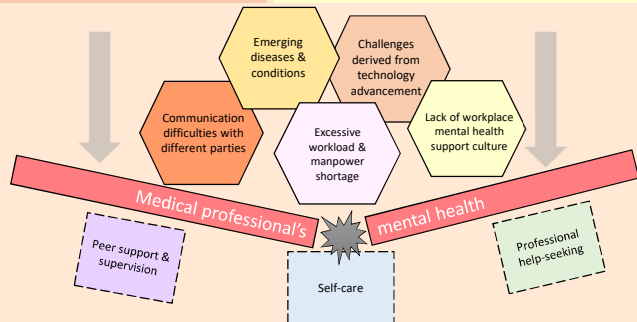


Figure 2. A disequilibrium: results of weakened stress-coping strategies. When the strengths of the supporting pillars decrease (depicted in dotted outlines), MPs' mental health is at risk of falling apart.

- Peer support & supervision** as MPs' predominant coping strategy - may face major challenges due to **high staff turnover** (e.g., due to leaving for the private market, emigration, etc).
- Two distinct groups of self-care behaviors as MPs' stress-coping as were identified, i.e. **wellness activities vs. eating, drinking, & spending**, the latter of which is potentially addictive.
- Factors affecting MPs' professional help-seeking reflected the **limitations of conventional mental health services from MPs' views** (e.g., need to attend at fixed time & place, requiring disclosure to supervisor for time-off application, causing work disruptions, etc).

## Implications

- It is deemed **necessary to explore new ways** to alleviate MPs' stressors and to strengthen the **'pillars' to safeguard MPs' mental health** (See Figures 1 & 2).
- Given the overarching category of stressors as **organizational factors**, below are some potential resolutions in the local context:
  - Adopting **High Involvement Work Practices (HIWP)** to improve MPs' wellbeing & staff retention by enhancing communication & employees' participation in decision-making<sup>[7]</sup>
  - Enhancing primary care system** as listed in the **Primary Healthcare Blueprint** to relieve chronic disease burden in order to alleviate MPs' workload in tertiary care
  - Introducing **new manpower supply** as mentioned in **Policy Address 2022** e.g., **non-locally trained MPs**
- Given MPs' perceived barriers towards professional help-seeking & their indicated preference for online platform, **web-based interventions / tele-medicine** could be a way out as their perceived **facilitators of professional help-seeking** converged:
  - Time flexibility
  - Sense of privacy
  - Destigmatization
  - Perceived helpfulness
  - Least work disruption
- This study revealed MPs' unmet needs and service gaps from MPs' perspectives, providing insights for the development of future interventions for local MPs' mental health needs.**

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