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MALAYSIAN HOUSE OFFICERS' MENTAL HEALTH ISSUES: AN ANALYSIS USING A PROSPECTIVE COHORT STUDY FRAMEWORK

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Abstract

Background: Mental health problems among Malaysian house officers represent an important public health concern because of their potential effects on individual well-being, clinical performance, patient safety, and healthcare workforce sustainability. House officers are particularly vulnerable during the transition from medical school to clinical practice, where they encounter demanding workloads, prolonged working hours, sleep deprivation, workplace bullying, fear of medical errors, and emotionally challenging clinical situations. This study examines major determinants of mental health problems among Malaysian house officers and considers strategies for strengthening psychological support within healthcare settings.

Materials and Methods: This study adopts a literature-based approach incorporating critical analysis and proposes a prospective cohort framework to investigate associations between occupational stressors and mental health outcomes among house officers in Malaysian government hospitals. Under the proposed design, house officers would be recruited at the beginning of internship and followed for 12 months, with assessments conducted at baseline and every three months. Mental health outcomes would be evaluated using validated instruments, including the Depression Anxiety Stress Scales-21 (DASS-21), Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), and Maslach Burnout Inventory.

Results: The reviewed evidence indicates that Malaysian house officers experience substantial psychological challenges, particularly depression, anxiety, psychological distress, and burnout. Major contributing factors include excessive workload, long working hours, sleep deprivation, workplace bullying and intimidation, limited organizational support, fear of clinical errors, and difficulties maintaining work-life balance. These interconnected stressors may contribute to emotional exhaustion, impaired concentration, reduced job satisfaction and clinical performance, absenteeism, increased turnover intentions, and potential risks to patient safety. Supportive supervision, mentorship, mental health screening, peer support, anti-bullying measures, and

improved working conditions were identified as important approaches to promoting psychological well-being.

Conclusion: Mental health problems among Malaysian house officers require a comprehensive public health and organizational response. Addressing modifiable workplace stressors while strengthening early screening, psychological support, mentorship, supportive supervision, and anti-bullying policies may improve house officers' well-being and contribute to safer patient care and a more sustainable healthcare workforce. The proposed prospective cohort framework could provide longitudinal evidence regarding the relationship between occupational exposures and subsequent mental health outcomes and inform future evidence-based interventions.

Keywords: *House officers; Mental health; Occupational stress; Burnout; Malaysia*

1.0 INTRODUCTION

Mental health is an essential component of overall health and well-being, encompassing three core dimensions of an individual's functioning: emotional, psychological, and social. The World Health Organization proposes that good mental health helps individuals cope with life stressors, realize their personal capabilities, work efficiently, and contribute to their local communities. Healthcare practitioners are exposed to various occupational stressors over long periods, leaving their mental health highly vulnerable to negative impacts. Among them, junior doctors, such as resident interns, are an especially vulnerable group due to the high demands of their training and professional practice.

In Malaysia, newly graduated medical students must complete a mandatory internship at public hospitals, rotating through multiple clinical specialties, including internal medicine and surgery, to obtain medical practice registration. Multiple stressors during this transition period raise the risk of developing mental disorders, which highlights the necessity of carrying out the present study.

Besides, in Malaysia, mental health issues among intern doctors have increasingly become an urgent public health issue that requires focused attention. Existing past studies on young physicians working in the country’s public healthcare institutions show that the detection rate of depression, anxiety, occupational burnout, and psychological distress among this group has remained high for a long period. The core triggers of these issues can be grouped into five categories: excessive workload, chronic sleep deprivation, workplace bullying, fear of medical errors, and lack of work-life balance.

The unprecedented challenges brought by the COVID-19 pandemic during 2019 - 2021 have further intensified these pre-existing stressors, exposing long-standing gaps in the national healthcare system. The impacts of this problem spread across multiple levels as it firstly impairs intern doctors’ individual professional competence, then threatens patient safety and overall healthcare quality, and eventually triggers organizational-level problems, including rising absenteeism rates, declining productivity, and worsening staff turnover, fully elevating the issue into a public health concern that demands serious attention.

This study is a reflective paper that combines a review of existing literature, personal reflection, and critical analysis, and also plans to use a prospective cohort study framework. Its core

objectives are to sort out various mental health determinants, develop effective intervention policies, and strengthen the support system for medical staff in Malaysian healthcare settings.

2.0 THE STATE OF MENTAL HEALTH AMONG MALAYSIAN HOUSE OFFICERS AT THE MOMENT

Due to their effects on patient outcomes, healthcare delivery, and individual wellness, mental health issues among healthcare personnel have drawn more attention worldwide. Because they are just starting their medical careers and must quickly adjust to demanding clinical settings, house officers are a high-risk group in the healthcare sector. House officers in Malaysia are required to complete a demanding internship program in government hospitals, where they must manage heavy workloads and duties while gaining clinical competence. Even though the internship is intended to promote professional development, the job's responsibilities may negatively affect psychological health.

Growing patient numbers, a shortage of workers, and expanding healthcare demands have placed greater strain on Malaysia's healthcare system. House officers frequently handle complex clinical cases under strict supervision, work long hours, and take on frequent on-call duties. Significant psychological stress may result from the need to perform well while learning new information and skills. Additionally, certain house officers may experience unfavourable job conditions, such as intimidation, bullying, and insufficient support from senior colleagues, due to the hierarchical nature of medical school. Together, these elements lead to psychological discomfort and emotional tiredness.

Among junior physicians and house officers, depression is one of the most often reported mental health conditions. Persistent sadness, disinterest in activities, exhaustion, diminished focus, feelings of worthlessness, and difficulties with day-to-day functioning are all signs of depression. Long work hours, lack of sleep, and occupational stress have been shown to raise the risk of depressive symptoms in healthcare professionals. House officers may be especially susceptible to developing depression if they frequently deal with critically sick patients, patient fatalities, and emotionally taxing clinical circumstances.

Another common mental health issue among house officers is anxiety. Anxiety levels may be elevated by clinical obligations, fear of making medical mistakes, worries about professional

competency, and performance reviews. Unfamiliar clinical scenarios requiring quick decision-making and efficient communication with interdisciplinary healthcare teams are common among recently graduated physicians. Significant emotional strain might result from the obligation to uphold professional standards while guaranteeing patient safety. Persistent anxiety can hinder focus, lower self-esteem, and have a detrimental impact on work performance.

Globally, burnout has become a significant occupational health concern for healthcare professionals. Reduced personal accomplishment, depersonalization, and emotional tiredness are the hallmarks of burnout. Feelings of being emotionally spent and overburdened by work responsibilities are referred to as emotional exhaustion. Reduced personal accomplishment is a sign of decreased professional satisfaction and perceived efficacy, whereas depersonalization is the development of unpleasant or detached attitudes toward patients and coworkers. Excessive workloads, limited time for recuperation, a lack of organizational support, and prolonged exposure to stressful working conditions are frequently linked to burnout among house officers. The COVID-19 epidemic brought even more attention to how crucial mental health is for medical personnel. Healthcare professionals faced previously unheard-of difficulties during the pandemic, including higher workloads, infection risks, resource constraints, and uncertainty in disease management. Healthcare personnel are nevertheless affected psychologically by the pandemic, even though healthcare systems have mostly moved past its severe phase. The event illustrated how healthcare crises can make pre-existing professional tensions worse and make people more susceptible to mental health issues.

House officers who struggle with mental health conditions face more than just personal hardship. Reduced job satisfaction, absenteeism, poor clinical performance, and higher intentions to leave may all be linked to psychological distress. In extreme circumstances, untreated mental health issues might result in substance abuse, suicidal thoughts, or self-harm. Poor mental health among house officers can have a detrimental impact on patient safety, healthcare quality, and workforce stability from the standpoint of the healthcare system. As a result, treating mental health issues among house officers is crucial for both safeguarding medical personnel and upholding an efficient and long-lasting healthcare system.

Developing evidence-based therapies and policies requires an awareness of the factors linked to mental health issues, given the crucial role house officers play in Malaysia's healthcare

workforce. Future generations of medical professionals may benefit from a public health strategy that prioritizes prevention, early detection, workplace support, and organizational restructuring to reduce the burden of mental health conditions and enhance overall well-being.

3.0 IMPORTANCE FOR PUBLIC HEALTH

In addition to being personal health issues, mental health disorders among house officers are a significant public health concern with broad ramifications for patient outcomes, healthcare systems, and the sustainability of the workforce. Through preventive, health promotion, and evidence-based interventions, public health seeks to safeguard and enhance population health. According to this concept, healthcare workers' mental health is crucial because they are integral to the healthcare system. The quality and safety of healthcare services provided to the general public may be affected by psychological distress among healthcare professionals.

Mental health conditions like depression, anxiety, and burnout can seriously harm house officers' personal and professional well-being. Clinical performance and decision-making abilities may be hampered by symptoms such as emotional weariness, poor focus, sleep difficulties, decreased motivation, and psychological anguish. Long-term exposure to occupational stress without sufficient assistance can raise the risk of long-term mental health issues, worse work satisfaction, and a lower quality of life. In extreme situations, untreated psychological discomfort may lead to substance abuse, self-harm, or suicidal thoughts, underscoring the importance of early intervention and support.

Poor mental health among house officers may jeopardize patient safety and the quality of care from a healthcare delivery standpoint. Burnout or emotional weariness may make healthcare workers more prone to clinical errors, communication problems, and reduced empathy for patients. The psychological well-being of house officers is closely linked to healthcare outcomes, as they are directly involved in patient assessment, treatment planning, documentation, and monitoring. Therefore, sustaining high standards of patient care and lowering avoidable adverse events depend on having a mentally healthy workforce.

House officers' mental health issues have significant organizational and financial ramifications as well. Higher staff turnover rates, decreased productivity, presenteeism, and absenteeism can all be attributed to psychological suffering. Healthcare organizations already dealing with a labour

crisis and rising service demands are further burdened by the loss of qualified healthcare workers. The national healthcare system and healthcare organizations are further burdened by the significant financial and administrative resources required to recruit and train replacement personnel.

The general resilience and sustainability of healthcare services are influenced by the mental health of healthcare professionals at the population level. Widespread burnout and psychological suffering may make it difficult for a healthcare personnel member to react appropriately to both ordinary medical demands and public health emergencies. Experiences during the COVID-19 pandemic showed how crucial it is to have a robust, healthy workforce capable of providing critical healthcare services in difficult situations. Therefore, encouraging mental health among house officers should be seen as an investment in long-term health system sustainability, personnel retention, and high-quality healthcare.

The broader public health objectives of illness prevention, health promotion, and workforce well-being align with addressing mental health issues among house officers. Mental health screening programs, workplace wellness programs, peer support networks, anti-bullying rules, and organizational reforms are examples of effective interventions that may lessen the prevalence of mental health disorders among young physicians. Healthcare organizations may support better patient outcomes, healthier work cultures, and more robust healthcare systems for future generations by prioritizing the psychological well-being of house officers.

4.0 MATERIALS AND METHODS

4.1 STUDY DESIGN

To investigate the relationship between occupational pressures and mental health issues among Malaysian house officers, this paper adopts a literature-based approach and proposes a prospective cohort study design. In a prospective cohort study, individuals are monitored over a set period to determine whether exposure to specific risk factors affects the occurrence of specific outcomes. Because it enables researchers to show temporal correlations between occupational exposures and mental health outcomes, this strategy is suitable.

A cohort of house officers would be followed from the start of their internship training, and their mental health would be tracked for a full year as part of the planned study. The study would offer

important insights into possible causative links and risk factors by evaluating exposure factors prior to the development of mental health issues.

4.2 STUDY POPULATION

House officers employed at Malaysian government hospitals would be the target group. These hospitals offer a wide range of clinical experiences across several specialties and serve as important teaching facilities for newly graduated physicians. At the beginning of the study period, house officers would be recruited to begin their internship training. To ensure broad representation of the Malaysian house officer population, participants would come from a variety of educational institutions, clinical assignments, and demographic backgrounds.

Criteria for Inclusion:

- House officers are being trained as interns in government hospitals in Malaysia.
- Those who are at least 24 years old.
- House officers who are prepared to participate and provide informed consent.

House officers who have just started their internship program.

Criteria for Exclusion:

- House officers who had been diagnosed with serious mental illnesses before their internship.
- People undergoing long-term mental health therapy could affect the results of the study.
- Unwillingness of participants to finish follow-up evaluations.

4.3 DATA COLLECTION PROCEDURE

Participants would complete baseline questionnaires assessing their mental health, occupational exposures, and demographics. Over the course of the 12-month study period, follow-up evaluations would be conducted every 3 months.

Researchers would be able to detect changes in mental health status and ascertain whether particular occupational exposures are linked to the emergence of psychological discomfort, anxiety, depression, or burnout, thanks to the periodic evaluations. To encourage participation and reduce the administrative load, data collection could be conducted electronically via secure online survey platforms.

4.4 DATA COLLECTION INSTRUMENTS

Participants' psychological well-being and mental health outcomes would be measured using several recognized assessment instruments.

Depression Anxiety Stress Scales (DASS-21). It is a popular self-administered tool for evaluating symptoms of stress, anxiety, and depression, the DASS-21. There are distinct scores for every psychological domain on the 21-item test.

Patient Health Questionnaire-9 (PHQ-9). The PHQ-9 is a validated screening instrument frequently used to evaluate depressive symptoms. It assesses the intensity of symptoms and helps identify those who may be at risk for depression.

The GAD-7, or Generalized Anxiety Disorder-7, is an effective tool for assessing anxiety symptoms is the GAD-7. Because of its strong psychometric properties and ease of use, it is widely used in healthcare research.

Maslach Burnout Inventory. For assessing burnout in healthcare workers, the Maslach Burnout Inventory is regarded as the gold standard. The test assesses personal achievement, depersonalization, and emotional tiredness.

5.0 LITERATURE REVIEW

5.1 STRESS AT WORK FOR HOUSE OFFICERS

One of the most well-known causes of mental health issues in healthcare workers is occupational stress. Because of the rigorous nature of their internship program, which demands them to balance clinical obligations, professional growth, and ongoing learning, house officers are especially vulnerable. House officers are expected to manage several patients, perform clinical duties, participate in ward rounds, complete administrative tasks, and handle emergencies under strict supervision during their training.

There is often significant psychological strain during the transition from medical student to practising physician. In addition to satisfying the demands of patients, coworkers, and superiors, recently graduated physicians must quickly adjust to the reality of clinical practice. Stress levels may be raised by worries about professional competency, the fear of making mistakes, and accountability for patient outcomes. These stressors may have a detrimental impact on emotional wellness and raise the risk of mental health issues when they continue over extended periods of time.

Numerous studies have found excessive workload to be a major cause of occupational stress among junior physicians. Time limits, administrative duties, and patient demands sometimes leave house officers feeling overburdened. The buildup of these demands can lead to psychological anguish, diminished job satisfaction, and emotional tiredness. Inadequate staffing levels and rising healthcare needs may also increase workplace stress and make it harder for junior healthcare practitioners to cope.

Interpersonal relationships and company culture can also contribute to occupational stress. House officers frequently operate in hierarchical healthcare systems, where feelings of irritation and powerlessness may be exacerbated by perceived lack of support, communication obstacles, and restricted autonomy. Bad interactions at work, such as bullying, intimidation, or criticism, can sometimes worsen stress and have a bad impact on mental health. Positive working relationships and supportive supervisors have been found to be significant protective factors against occupational stress.

Numerous negative psychological effects, such as depression, anxiety, burnout, and decreased general well-being, have been linked to persistent work stress. Therefore, creating successful interventions to enhance house officers' mental health requires awareness of the causes and effects of professional stress. Healthy work environments and improved healthcare outcomes may result from addressing workplace stressors through organizational support, task management, and mental health promotion techniques.

5.2 DEPRESSION AMONG HOUSE OFFICERS

One of the most common mental health conditions among medical personnel is depression, which has grown to be a significant issue for house officers. Persistent melancholy, disinterest in once-enjoyable hobbies, exhaustion, difficulty concentrating, hopelessness, and irregular eating or sleeping patterns are all signs of depression. House officers are more likely to have depressive symptoms due to the intensive nature of medical training, especially if work-related pressures are not handled.

Depression among house officers is caused by a number of circumstances. Major risk factors that have been repeatedly identified include long work hours, sleep deprivation, an excessive workload, and emotional difficulties related to patient care. Additionally, emotional strain and

psychological tiredness may result from frequent exposure to critically ill patients, patient deaths, and challenging professional settings. Depression susceptibility may be further increased by the pressure to perform well when adjusting to a new work role.

House officers who suffer from depression may face serious personal and professional repercussions. Reduced motivation, poor decision-making, lower productivity, and difficulty maintaining interpersonal connections are all possible outcomes for affected individuals. Depression symptoms may have a detrimental impact on clinical performance, communication, and patient care from a healthcare standpoint. Therefore, minimizing the negative impacts of depression on patients and healthcare professionals requires early detection and adequate support.

5.3 ANXIETY AMONG HOUSE OFFICERS

Another prevalent psychiatric disorder that affects house officers is anxiety. Excessive concern, anxiety, restlessness, and a lingering sense of unease are the hallmarks of anxiety. Prolonged or extreme anxiety can have detrimental effects on psychological well-being and professional functioning, even if moderate amounts of worry may improve attentiveness and performance in some circumstances.

Clinical decision-making, emergency circumstances, patient care duties, and performance reviews are just a few of the events that house officers regularly deal with that could cause anxiety. Significant emotional strain might result from worries about patient safety and the dread of making mistakes. Uncertainty about future employment prospects and career advancement may also add to stress.

Persistent anxiety can hinder focus, lower self-esteem, and obstruct clinical judgment. Significantly anxious house officers may also be more susceptible to other mental health conditions like depression and burnout. Therefore, boosting psychological well-being among junior doctors requires treating anxiety through mentorship programs, supportive work environments, and mental health services.

5.4 BURNOUT SYNDROME AMONG HOUSE OFFICERS

One of the biggest occupational health issues confronting healthcare workers globally is burnout syndrome. Three dimensions are usually used to describe burnout: diminished personal

accomplishment, depersonalization, and emotional exhaustion. Feelings of being emotionally and physically exhausted due to high work expectations are referred to as emotional exhaustion. Reduced personal accomplishment indicates a diminished sense of professional competence and accomplishment, whereas depersonalization entails the development of distant or negative attitudes toward patients and coworkers.

Because of the rigorous nature of their training, house officers are especially vulnerable to burnout. Physical and mental exhaustion are largely caused by long work hours, frequent on-call responsibilities, insufficient downtime, and large patient volumes. Psychological strain may also be increased by the need to manage professional obligations while continually acquiring therapeutic knowledge and skills. Burnout symptoms may eventually appear as a result of ongoing exposure to these stressors.

Healthcare systems and healthcare professionals are both significantly impacted by burnout. Reduced job satisfaction, poor work performance, diminished empathy, and increasing intent to quit the profession are all signs of burnout. Burnout has been linked to lower patient satisfaction, more medical errors, and lower quality of care. As a result, healthcare organizations should prioritize resolving house officer burnout.

5.5 BULLYING AND HARASSMENT AT WORK

Bullying and harassment at work have been found to be major causes of psychological discomfort in healthcare workers. Repeated actions like verbal abuse, humiliation, intimidation, harsh criticism, exclusion, or unfair treatment can all be considered forms of bullying. House officers may be especially susceptible to unfavourable interactions at work with senior coworkers, managers, or other healthcare professionals due to the hierarchical nature of medical training.

Bullying at work can have serious psychological repercussions. Anxiety, despair, low self-esteem, emotional tiredness, and work-related stress can all manifest in victims. House officers may be deterred from reporting inappropriate behaviour for fear of unfavourable evaluations or reprisals, thereby allowing such practices to continue in healthcare facilities. Bullying at work can also have a detrimental impact on organisational culture, communication, and teamwork. Healthcare professionals' mental welfare is greatly enhanced by a courteous and encouraging work environment. To ensure that all healthcare professionals can work in a safe and supportive

environment, healthcare organizations should establish clear anti-bullying policies, promote open communication, and provide easily accessible reporting tools. Comprehensive initiatives for promoting mental health must address bullying in the workplace.

5.6 SLEEP DEPRIVATION AND LONG WORKING HOURS

Among the most commonly mentioned occupational stressors impacting house officers are sleep loss and extended work hours. Many house officers suffer from insufficient sleep and recovery time between shifts due to their hectic schedules, shift work, and nighttime on-call responsibilities. For mental clarity, emotional control, physical health, and general well-being, sleep is crucial. Thus, long-term sleep loss may have detrimental effects on patient safety and on healthcare personnel.

Inadequate sleep has been linked in numerous studies to higher risks of psychological distress, anxiety, depression, and burnout. Lack of sleep can impair one's ability to focus, remember, make decisions, and react quickly, which could affect clinical performance. House officers who regularly don't get enough sleep may also report feeling more exhausted, having trouble juggling work and personal obligations, and having lower job satisfaction.

By reducing opportunities for relaxation, exercise, social connection, and self-care, long work hours may worsen these issues. Excessive job expectations can lead to cumulative physical and psychological stress, even though healthcare workers frequently accept hard schedules as part of their training. Adopting regulations that promote adequate downtime and sensible work schedules may enhance mental health and reduce the likelihood of adverse workplace outcomes.

5.7 CURRENT INTERVENTIONS AND SUPPORT FOR MENTAL HEALTH

Numerous interventions have been put in place to improve psychological well-being in healthcare settings in recognition of the rising prevalence of mental health issues among medical practitioners. Mental health screening programs, counselling services, peer support groups, stress management training, mentorship programs, and employee assistance services are a few examples of these treatments. These programs seek to detect psychological distress at an early stage and offer suitable assistance before mental health issues worsen.

Effective mental health promotion also requires a positive workplace culture and supportive leadership. When faced with obstacles at work, house officers are more likely to show resilience

if they feel appreciated, supported, and respected by their managers and coworkers. Mentorship programs can help junior physicians navigate the challenges of clinical practice by offering professional growth opportunities, emotional support, and guidance.

Healthcare professionals are becoming more conscious of mental health concerns, yet obstacles to getting treatment still exist. House officers may be deterred from using accessible mental health services by worries about stigma, secrecy, professional reputation, and job advancement. As a result, healthcare organizations need to prioritize psychological well-being as a crucial aspect of workforce health and establish settings that normalize help-seeking behaviours.

The body of research repeatedly shows that a variety of interconnected factors, such as professional stress, depression, anxiety, burnout, workplace bullying, and sleep deprivation, have an impact on mental health disorders among house officers. These results emphasize the necessity of all-encompassing, empirically supported interventions that target organizational and individual determinants of mental health. Gaining an understanding of these elements lays the groundwork for creating tactics that effectively enhance the psychological well-being of Malaysian house officers.

6.0 CONCLUSION

In Malaysia, mental health issues among house officers have become a major public health concern. Newly graduated physicians face a variety of professional obstacles as they enter the workforce, such as overwhelming workloads, long hours, lack of sleep, workplace bullying, and emotionally taxing clinical settings. Research indicates that these stressors play a significant role in the emergence of psychological distress, burnout, anxiety, and depression in house officers.

The results examined in this research show that mental health problems among house officers go beyond personal well-being and have significant effects on patient safety, healthcare quality, employee retention, and the viability of the healthcare system. In the end, psychological strain may affect both healthcare professionals and the patients they serve by impairing professional performance, increasing the risk of medical errors, and reducing job satisfaction. As a result, national health programs and healthcare organizations should prioritize treating mental health disorders among house officers.

A useful method for investigating the relationship between workplace stressors and long-term mental health effects is the proposed prospective cohort study design. Researchers and policymakers can develop evidence-based treatments to assist healthcare personnel during their internship training by identifying key risk factors and understanding how they affect psychological well-being. Mental health screening programs, mentorship programs, supportive supervision, anti-bullying policies, and organizational strategies to reduce excessive strain and promote work-life balance are a few examples of such interventions.

The significance of implementing a comprehensive public health approach to mental health promotion among healthcare personnel has been reaffirmed by the literature and observations in healthcare settings. Government agencies, professional associations, educational institutions, and healthcare facilities must work together to improve the psychological health of house officers. In addition to treating current mental health issues, efforts should be made to stop them from happening in the first place through encouraging work conditions and sensible occupational health regulations.

In conclusion, sustaining a strong healthcare workforce and upholding high standards of patient care depend on safeguarding house officers' mental health. Malaysia may improve its healthcare system and better support future generations of medical professionals by recognizing mental health as a critical component of worker well-being and healthcare quality.

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