Int. j. adv. multidisc. res. stud. 2025; 5(4):487-488

Received: 28-06-2025
Accepted: 08-07-2025

International Journal of Advanced Multidisciplinary Research and Studies

ISSN: 2583-049X

Letter to the Editor

Anxiety, depression and burnout among doctors are common but multifactorial and require comprehensive analysis and in-depth treatment

[1] Josef Finsterer, [2] João Gama-Marques

[1] Department of Neurology, Neurology & Neurophysiology Center, Vienna, Austria
[2] Consulta de Esquizofrenia Resistente (CER), Hospital Júlio de Matos (HJM), Unidade Local de Saúde de São José (ULSSJ), Centro Clínico Académico de Lisboa (CCAL), Lisboa, Portugal
[2] Clínica Universitária de Psiquiatria e Psicologia Médica (CUPPM), Faculdade de Medicina, Universidade de Lisboa (FMUL), Centro Académico de Medicina de Lisboa (CAML), Lisboa, Portugal

DOI: https://doi.org/10.62225/2583049X.2025.5.4.4633
Corresponding Author: **Josef Finsterer**

Letter to the Editor

We were interested to read the review article by Hsiao *et al*. on the prevalence and therapeutic management of mental health problems such as anxiety, depression and burnout (ADB) in young postgraduate and senior physicians [1]. They concluded that ADB is prevalent among physicians and that resilience strategies can improve quality of life and, secondarily, improve patient care and reduce the financial burden on the healthcare system [1]. The study is noteworthy, but several points should be discussed.

The first point is that the occurrence of ADB in healthcare physicians may depend not only on working conditions but also on the personality type and psychological structure of the individual physician. Introverts are more prone to ADB than extroverts. Mentally stable people are more resistant to ADB than unstable people.

The second point is that susceptibility to ADB can also depend heavily on the nature of a doctor's specialty. Doctors with close contact with patients, colleagues, nurses, assistants and secretaries, who have many opportunities for communication and interaction, are less susceptible to ADB than doctors without these opportunities. A psychiatrist or neurologist who relies on talking to patients may be in a better position to experience ADB than a pathologist or forensic expert. Vulnerability to ADB may also depend on whether a physician is scientifically active or inactive and participates in education and training programs.

The third point relates to the fact that susceptibility to ADB also depends on the coping strategies a doctor has developed in their career. Those who have a lot of experience with stress, conflict and difficult decisions and have learned how to deal with them are less prone to ADB than those who do not have these options at their disposal.

The fourth point is that the risk of developing ADB also depends on whether a doctor is successful in their profession or not. Those who derive benefit from the work for their medical knowledge and continuing education will find the work less stressful and more rewarding than those who can no longer positively evaluate their work. Those who can derive financial benefit from their work will also be less inclined to develop ADB than those who are financially unsuccessful.

The fifth point concerns the dependence of psychological stress on working conditions. When doctors work in a toxic environment with a lot of bullying, mobbing and bashing, the risk of burnout is greater than in an atmosphere of mutual goodwill.

The sixth point relates to the relationship between doctor and patient. If a doctor is able to establish a win-win relationship, he will also benefit in terms of the tendency to develop ADB. If a doctor is less able to manage their patients' discomfort or aggression, they may develop ADB more easily than those who are able to manage this problem.

Overall, physicians are at an increased risk of developing ADB, especially if their ability to take countermeasures is limited. If doctors are unable to cope with ADB, they should seek professional help, even if this may be difficult for them to accept.

Declarations
Ethical approval: Not applicable.

Consent to participation: Not applicable.

Consent for publication: Not applicable.

Funding: None received.

Availability of data and material: All data are available from the corresponding author.

Completing interests: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Author contribution: JF was responsible for the design and conception, discussed available data with coauthors, wrote the first draft, and gave final approval. JG-M: contributed to literature search, discussion, correction, and final approval.

Acknowledgements: None.

Keywords: Mental Health, Depression, Anxiety, Burnout, Doctors, Workplace Conditions

References

1. Hsiao D, Tirumalai AA, John J, Sheth S, Frates B, Ornish D, *et al*. Physician Mental Health: Understanding Physician Burnoutand Solutions for Well-Being. Am J Med, Jun 4, 2025:S0002-9343(25)00350-X. Doi: 10.1016/j.amjmed.2025.05.039