Journal of University College of Medicine & Dentistry

Short Communication

Bridging the Gap: Strengthening Mental Health Support for Female Health Professionals in Pakistan and Türkiye

Komal Atta[1], Ahmad Atta[2], Mahnoor Atta[3]

[1]University Medical and Dental College, The University of Faisalabad, Faisalabad, Pakistan

[2]Ozyegin University, Istanbul, Turkiye

[3]Koc University, Istanbul, Turkiye

*Corresponding Author

Komal Atta

Komal.atta@tuf.edu.pk

Submission: 10th October, 2024
First revision: 3rd December, 2024
Second revision: 6th January, 2025
Accepted: 1st February, 2025

DOI:https://doi.org/10.51846/jucmd.v4iS.3703

Cite this article as:

Atta K, Atta A, Atta M.Bridging the Gap: Strengthening Mental Health Support for Female Health Professionals in Pakistan and Türkiye.Journal of University College of Medicine and Dentistry 2025;4(S):51-54

Abstract

Being a part of a demanding and high-pressure field like Medicine, healthcare workers are bound to face mental health challenges. These challenges are particularly pronounced among female healthcare providers, likely due to gender-based inequalities within the system. This paper addresses the mental health challenges faced by female physicians in Turkey and Pakistan, highlighting the impact of gender-based inequalities in the healthcare system. It proposes a framework aimed at improving mental health support for female healthcare workers, emphasizing the need for equitable access to mental health services and the implementation of workplace policies that promote peer support groups. By addressing these concerns, the paper aims to enhance the professional and personal well-being of female healthcare providers, ultimately contributing to improved healthcare delivery.

Introduction

This communication focuses on the mental health challenges faced by female healthcare workers in Pakistan and Turkey, two countries with similar social, religious, and socioeconomic contexts.[1] Gender-specific expectations and structural obstacles haunt the health professional workforce even today, causing mental health issues to arise more frequently for female healthcare professionals.[2] Stress created due to long work hours and burnout continue to take a greater toll on women, as these are amalgamated with societal expectations of being the primary caregiver at home.[2] This situation is even more acute in Pakistan and Turkey, where systemic barriers, cultural norms and gendered expectations all exacerbate the above-mentioned scenario, hence causing a pervasive sense of burnout.[2,3]

Key Challenges in Turkiye and Pakistan

Female health professionals in both countries face comparable issues regarding mental health and gender disparities. They encounter workplace, cultural, and societal challenges, which we will discuss further. (Table 1)

Harassment and Burnout

One of the most significant challenges in health care setups remains to be harassment. In Pakistan, a substantial number of the female healthcare work force, in particular surgical trainees, report such mistreatment like verbal abuse, discrimination, and sexual harassment.[3] Over half of the female surgical trainees in Pakistan (54.4%) have faced harassment during their training, with 46.9% reporting severe depression thereafter.[5] Not only has this situation led to a stereotyping of surgery as a "Mens Only" field, but it has also led to a decreased number of female applicants for surgical training, giving a massive blow to a major and very important component of the healthcare force. [6]

In Turkey, we see a similar landscape, where harassment is coupled with gender-based violence and objectification.[7] A study by Karacam et al. highlighted that Turkish female healthcare workers face both psychological and physical violence, often feeling reduced to their gender rather than recognized for their professional roles.[8] These experiences create further inequity and lead to a sense of incompetence.[2] Burnout not only affects individual workers but also compromises the quality of patient care and leads to higher turnover rates. Symptoms among female workers include chronic fatigue, detachment from work, and decreased job satisfaction. These are all increased due to the pressures of juggling domestic and professional responsibilities. The so called elusive "work-life" balance.[9]

Lack of Mental Health Facilities and Stigma

Accessibility to mental health facilities is scarce for female healthcare workers in both Pakistan and Türkiye, largely owing to cultural stigma and systemic neglect.[10] In Pakistan, resources for mental health are sparse, and those that exist do not cater to the needs of health professionals and specifically women. Onsite counselling services cater to only meagre 10% of health care institutions in the country and even fewer provide services especially addressing the unique stressors faced by female employees.[11]

In contrast, mental health services are more abundantly available in Turkiye, however health care workers face difficulty to access

Table 1: Key Challenges and Mental Health Impacts on Female Healthcare Workers in Turkiye and Pakistan

Challenge	Description	Country	Impacts on Mental Health	References
Harassment	High rates of verbal abuse, discrimination, and sexual harassment in workplaces, with limited reporting due to fear of retaliation.	Pakistan	Severe depression in 46.9% of affected workers, contributing to burnout.	Martins et al.[4]
	Psychological and physical violence, gender-based objectification, and reduced to caregiving roles over professional identity.	Turkiye	Feelings of incompetence, anxiety, and job dissatisfaction.	Karaçam et al.[3]
Burnout	Chronic stress from professional demands coupled with limited support and systemic issues, including inadequate institutional response to harassment.	Both	Chronic fatigue, emotional exhaustion, decreased patient care quality.	Turk et al. [2], Martins et al.[4]
Lack of Mental Health Facilities	Insufficient access to mental health resources, compounded by stigma around mental health, preventing healthcare workers from seeking help.	Pakistan	Unaddressed mental health issues, reluctance to seek help, increased stress.	Iqbal et al.[5]
	Services exist but are not readily accessible due to long hours, cultural stigma, and perception of incompetence if seeking help.	Turkiye	Increased anxiety, social isolation, untreated mental health symptoms.	Kose et al.[3]
Work-Family Spillover	Conflict between professional responsibilities and traditional domestic roles, particularly caregiving duties, with inadequate institutional flexibility.	Both	Chronic stress, decreased job satisfaction, reduced personal well-being.	Turk et al[2], Iqbal et al.[5]
Societal Expectations	Patriarchal norms dictating that women prioritize family over career, leading to high attrition rates among female healthcare professionals.	Pakistan	Reduced professional representation, low job satisfaction, mental strain.	Iqbal et al.[5]
	Cultural biases that undervalue women's professional contributions and limit their advancement opportunities.	Turkiye	Feelings of marginalization, disempowerment, and job dissatisfaction.	Karaçam et al.[8]

them because of the prevailing stigma around mental health related matters and also because of the nature of work in the medical field i.e. long working hours, less holidays etc.[12] In both countries seeking mental health is also often viewed as an inability to keep up with workplace demands, as a weakness or a mark of incompetence, hence further discouraging most people from seeking the required help.[4,7] This is more pronounced for women, as societal expectations to "suffer in silence" prevail in both cultural setups.

Work-Family Spillover

Juggling both professional and personal responsibilities may cause the pressures of one side to overflow into other and cause a profound impact on the health and well being of a person. In Turkey, approximately 70% of female healthcare workers report work-family conflicts, often due to long hours and the demands of caregiving roles at home such as caring for children or elderly relatives.[8]

The issue is similar is Pakistan where despite women making up approximately 65% of medical graduaes in the country, many leave the workforce due to an inability to reconcile these conflicting demands.[10] This dual burden contributes to high levels of stress and limits the ability of female healthcare workers to engage in self-care or seek professional development opportunities, further affectingtheir mental health and job satisfaction.[11]

"QUAD-A" Mental Health Support Model for Female Healthcare Workers

Based on our literature search, the contextual needs of our region and existing interventions for mental health and burnout mediation, we compiled interventions and best possible solutions into a framework. Our proposed model is designed to support and empower mental health for women workers, and addresses the unique challenges faced in the context of Pakistan and Turkiye. This model serves to promote resilience, reduce stereotyping and stigma and foster supportive environments at work through four core concepts: awareness, accessibility, advocacy and allyship, hence named "QUAD-A". (Table-2)

Table 2: QUAD-A Framework for Supporting Mental Health Among Female Healthcare Workers

Support Area	Objective	Strategies
Awareness	Reduce stigma, increase mental health literacy, and offer coping skills	-Conduct workshops on resilience and stress management. - Integrate gender-sensitive mental health training.
Accessibility	Provide convenient access to mental health support resources	- Establish on-site counseling and telemedicine for remote support. -Develop peer support networks.
Advocacy	Establish policies for a safer, more inclusive workplace	-Implement strict anti-harassment policies. -Advocate for flexible work arrangements and maternity leave.
Allyship	Empower women through shared experiences and professional guidance	-Develop mentorship programs pairing junior staff with experienced female leaders. -Foster peer networks.

Awareness

The first and foremost step is to increase literacy related to mental health issues and equip all healthcare workers with gender-specific coping mechanisms.The key to do this is by figuring out what's causing the feeling and how to handle, which often involves meetings where staff talk about their feelings, learn how to manage stress, and find ways to fix the problem. This needs to be dealt at the level of trainees and faculty. Integration of gender sensitive mental health training into medical curricula can create greater insight into understanding how cultural norms and contextual challenges contribute to mental health problems.[12] For faculty, regular workshops on resilience and stress management can provide pivotal points to navigate workplace challenges.

Accessibility

Establishment of support networks to help women are imperative. These must be designed in a way to cater to busy work lives while also catering to privacy and confidentiality. Proper counselling cells with experienced staff should be present at all healthcare facilities. Telemedicine options should be available for those who are not able to attend face to face sessions. Additionally, establishment of peer support networks, their patronage and encouragement are all very valuable. These networks may be organized by speciality or department with the purpose to give a protected space to vent out, develop coping mechanisms for stress and burnout management. Perception that the leadership is supportive reduces work related exhaustion. For example, how employees see their local leaders affects how they feel at work. If leadership ratings go up by just 1 point, the chances of employees feeling burned out decrease by 3.3%. Health care workers involved in medical errors had significantly higher levels of burnout, but this was mitigated when they received support from their seniors, instead of punitive actions.[13]

Advocacy

To truly create a safer and more supportive workplace for women in healthcare, we must first establish strong anti-harassment policies with clear, accessible procedures for reporting and addressing incidents. Alongside this, it's essential to offer flexible work arrangements—whether its part-time hours, job sharing, or extended maternity leave—to allow women to manage the demands of both their careers and personal lives. By prioritizing these steps, healthcare organizations can foster an environment where women not only feel protected from discrimination but also empowered to thrive. A sense of community and the ability to maintain a healthy work-life balance will ultimately benefit both the individual and the system.

Allyship

Empowering the female healthcare worker demands a great deal of allyship and equity. It is imperative to create events and safe spaces where women can discuss, share and contribute to their stories and strengthen each other. Women must be represented at workshops, panel discussions (to escape the dreaded "Manel")11 and all scholarly events, cultivating a societal acceptance. Creation of societies and organizations that can rally for this cause can also be a great initiative. Senior female healthcare workers can establish mentoring networks to help the rest navigate through the tumultuous channels of work-life balance and mental health pressures.

Conclusion

The "QUAD-A" framework—comprising Awareness, Accessibility, Advocacy, and Allyship—offers a targeted, adaptable approach to addressing the mental health challenges faced by female healthcare workers in Pakistan and Türkiye. By systematically tackling issues such as workplace harassment, burnout, lack of mental health resources, and work-family spillover, the framework provides a comprehensive strategy to foster resilience and well-being. The model's strength lies in its adaptability, allowing it to be implemented across diverse healthcare settings beyond Pakistan and Türkiye, ensuring that female healthcare professionals worldwide can benefit from its structured support system. Healthcare institutions can leverage the "QUAD-A" framework to develop policies and interventions that not only promote mental health but also contribute to a more equitable and inclusive work environment. By adopting this approach, organizations can create sustainable change, improving both workforce retention and the quality of patient care.

Author Contributions: KA: Conception and Design, writing of the paper and collection of data; AA : Conception and writing , collection of data. MA: Collection of data, Proof reading and editing, revision of paper.

Conflicts of interest: none

Acknowledgements: We would like to acknowledge the brave and amazing women of the Medical Women Association of Pakiatan (MWAP) for being forerunners in creating equitable workplaces for women.

References

1. Nawaz A, Abidenmalik ZU, Kattak D, Bin Zaheer MU, Kawan A, Nawaz S, et al. A Relative Learning of Educating Systems: Pakistan and Turkey. International Journal Education Learning Development 2015;3(8):41–7.

2. Turk M, Davas A, Tanik FA, Montgomery AJ. Organizational stressors, work–family interface and the role of gender in the hospital: Experiences from T urkey. British Journal of Health Psychology. 2014;19(2):442–58. 10.1111/bjhp.12041

3. Kose T. Gender, income and mental health: The Turkish case. Sanz-de-Galdeano A, editor. Public Library of Science ONE. 2020;15(4):e0232344. https://doi.org/10.1371/journal.pone.0232344

4. Martins RS, Hashmi SA, Inam H, Janjua M, Malik M. Harassment and mental health in surgical training: A pilot survey of surgical trainees in Pakistan. Journal of Pakistan Medical Association. 2021;71(1). PMID: 33582718.

5. Iqbal Y, Khan W, Mooghal M. Impediment to leadership opportunities for female doctors–gender disparity in Pakistani healthcare system–SHORT REPORT. Advances in Medical Education and Practice. 2022;5(1):213-5. 10.2147/AMEP.S348255.

6. Challenges Faced by Lady Surgeons during Professional Progress in Pakistan. Journal of College of Physicians and Surgeons Pakistan. 2021;31(9):1123–5. 10.29271/jcpsp.2021.09.1123.

7. Raza A, Jauhar J, Abdul Rahim NF, Memon U, Matloob S. Unveiling the obstacles encountered by women doctors in the Pakistani healthcare system: A qualitative investigation. Obiora OL, editor. Public Library of Science ONE. 2023;18(10):e0288527.

8. Karaçam Yilmaz ZD, Yilmaz T, Tokman E. Views of healthcare professionals on gender roles: A qualitative study. Heliyon. 2023;9(8):e18576. https://doi.org/10.1016/j.heliyon.2023.e18576

9. Frank E, Zhao Z, Fang Y, Rotenstein LS, Sen S, Guille C. Experiences of Work-Family Conflict and Mental Health Symptoms by Gender Among Physician Parents During the COVID-19 Pandemic. Journal of the American Medical Association Network Open. 2021;4(11):e2134315. 10.1001/jamanetworkopen.2021.34315

10. Manzoor I, Naurin S, Nasir M, Azhar N, Mazhar MU. Career Pursuits of Female Graduates of a Private Medical College and their Hurdles. Annals of King Edward Medical University. 2024;30(2):157-62.: https://www.annalskemu.org/journal/index.php/annals/article/view/5389

11. Linzer M, Harwood E. Gendered Expectations: Do They Contribute to High Burnout Among Female Physicians? Journal of General Internal Medicine. 2018;33(6):963–5. 10.1007/s11606-018-4330-0

12. Brower KJ. Professional Stigma of Mental Health Issues: Physicians Are Both the Cause and Solution. Academy Medicine. 2021;96(5):635–40. https://doi.org/10.1097/ACM.0000000000003998

13. Shanafelt TD, Gorringe G, Menaker R, Storz KA, Reeves D, Buskirk SJ, Sloan JA, Swensen SJ. Impact of organizational leadership on physician burnout and satisfaction. Mayo Clinic Proceedings. 2015;90(4):432-40. doi: 10.1016/j.mayocp.2015.02.007.