



Beyond the White Coat: Organizational Strategies to Address Physician Burnout and Mental Health

*Abolfazl Tirandaz¹, *Khaled Nawaser², Narges Ramezani³*

1. Department of Management, Islamic Azad University, Gorgan, Iran

2. Arvandan Non-Profit Higher Education Institute, Khorramshahr, Iran

3. Department of Biology, Faculty of Science, Islamic Azad University, Damghan, Iran

***Corresponding Author:** Email: khalednawaser56@gmail.com

(Received 08 Mar 2025; accepted 21 Mar 2025)

Dear Editor-in-Chief

The recent reports on physicians and medical residents' suicide, as detailed in news, reports, and articles, provide an essential and timely exploration of a critical issue within healthcare systems worldwide, including Iran (1,2). The mental health crisis among physicians and residents is a multifaceted challenge that not only affects individual well-being but also has profound implications for the quality of patient care and the overall efficiency of healthcare systems. In this brief letter, we seek to contribute to this discussion by highlighting key aspects of this issue and proposing strategies for mitigating its impact, particularly in the Iranian context. Physicians and medical residents face unique stressors that significantly elevate their risk of depression and suicidal ideation. These include long working hours, sleep deprivation, high job demands, emotional tolls from patient care, and inadequate financial compensation. Such stressors are compounded in hierarchical work environments where supervision and evaluation intensify performance pressures (3). Physician's suicide represents a complex, multi-dimensional problem that cannot be reduced to a single cause. While

many healthcare systems globally have been impacted by rising rates of physician suicide, the situation in Iran is especially concerning. The factors contributing to this tragic phenomenon are varied, ranging from workplace stress and emotional exhaustion to societal pressures and a lack of sufficient mental health resources for healthcare workers. Physicians are often exposed to extreme job-related stressors, including long working hours, high emotional demands, and inadequate compensation (4,5). In addition to these external factors, many physicians are expected to maintain an image of invulnerability and stoicism, which creates a harmful barrier to seeking the mental health support they desperately need.

The stigma surrounding mental health in the medical community is a major barrier to physicians seeking help, as they fear being seen as weak or risking their careers (6). This issue is exacerbated by the prevailing culture in Iran, where mental health problems are often seen as a source of shame, making it even more difficult for healthcare professionals to access the resources they need. This correctly underscores the importance of creating safe, confidential spaces



Copyright © 2025 Tirandaz et al. Published by Tehran University of Medical Sciences.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International license.

(<https://creativecommons.org/licenses/by-nc/4.0/>). Non-commercial uses of the work are permitted, provided the original work is properly cited

DOI: <https://doi.org/10.18502/ijph.v54i10.20148>

within healthcare institutions where physicians can seek help without fear of discrimination or professional repercussions. Healthcare organizations must prioritize the mental well-being of their staff, not only through reactive measures, but also through proactive, preventive programs. Establishing structured and ongoing mental health support systems, such as confidential counseling services, peer support networks, and resilience-building programs, should be integrated into the healthcare system. Regular mental health screenings should be standard practice, not only for physicians but also for all healthcare workers, as early intervention is essential for preventing burnout, depression, and suicide (7). These reforms could help mitigate the damaging effects of chronic stress and enable healthcare workers to seek help before the situation becomes dire.

While systemic reform is crucial, further research is needed to better understand the specific causes of physician suicide in Iran. In particular, studies should focus on the socio-cultural factors that

contribute to mental health problems in Iranian physicians. Longitudinal research would provide valuable insights into the root causes of physician suicide and help tailor interventions to the unique needs of healthcare workers in Iran. Moreover, international best practices for suicide prevention among healthcare workers should be examined and adapted to the local context (8). Notably, the suicide rate among physicians is reported to be twice that of the general adult population (9).

As illustrated in Fig. 1, addressing mental health challenges among physicians in Iran requires a comprehensive strategy that integrates both systemic reforms and individual-level support. Effective interventions must operate at multiple levels, including organizational policies, institutional practices, and targeted programs that enhance resilience and well-being. By implementing measures at both the organizational and policy levels, healthcare systems can mitigate risk factors, promote mental health, and foster a supportive environment for physicians (10).

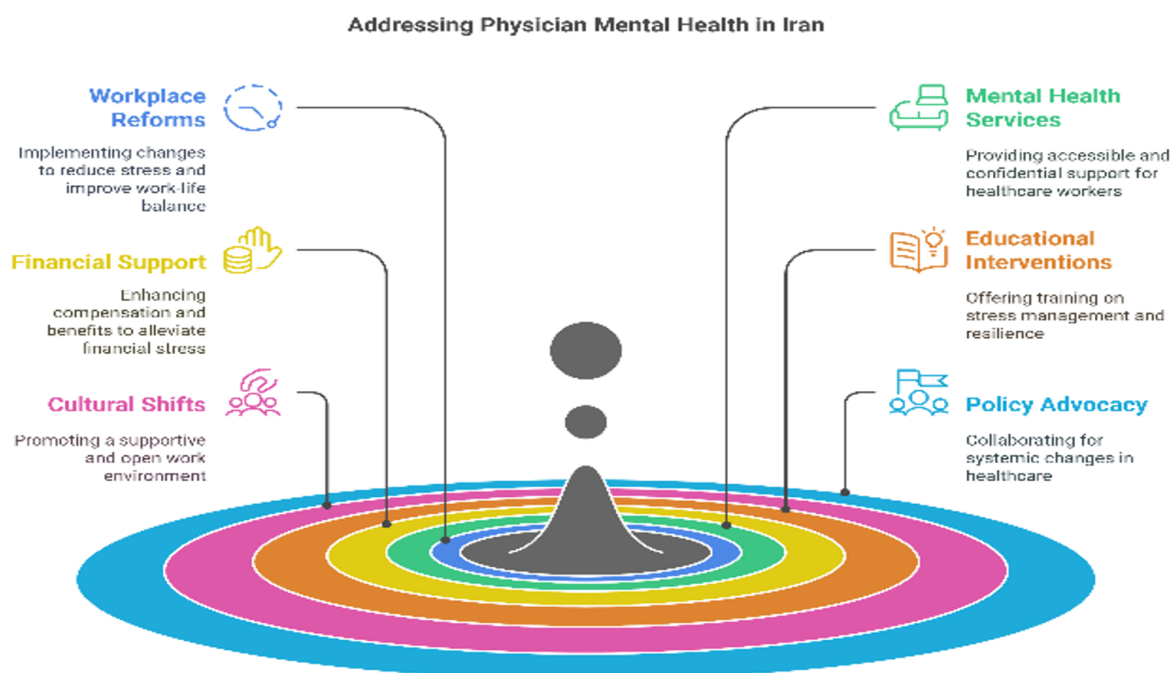


Fig. 1: Addressing Mental Health Challenges among Physicians in Iran.

This letter brings attention to a dire issue and offers an opportunity to advocate for critical reforms in the Iranian healthcare system. Creating a supportive environment for healthcare workers, implementing mental health resources, and fostering a culture that removes the stigma of seeking help will ultimately lead to reduced physician suicide rates and better mental health outcomes for all healthcare professionals. Given the vital role physicians play in maintaining public health, we must invest in their mental well-being as a matter of urgency.

Conflict of Interest

The authors declare that there is no conflict of interest.

References

1. Movahed E, Afsharmanesh A, Aqarabi H, et al (2025). Comparison of the trend of suicide before and after the COVID-19 pandemic in Southeast Iran from 2016 to 2023. *BMC Public Health*, 25(1):66.
2. Pirnia B. (2024). Suicide among medical residents in Iran. *The Lancet Psychiatry*, 11(6), 411.
3. West CP, Dyrbye LN, Shanafelt TD (2018). Physician burnout: contributors, consequences, and solutions. *J Intern Med*, 283(6):516-29.
4. Ji YD, Robertson FC, Patel NA, et al (2020). Assessment of Risk Factors for Suicide among US Health Care Professionals. *JAMA Surg*, 155(8):713–21.
5. Eneroth M, Gustafsson Sendén M, Løvseth LT, et al (2014). A comparison of risk and protective factors related to suicide ideation among residents and specialists in academic medicine. *BMC Public Health*, 14:271.
6. Federation of State Physician Health Program. Physician Suicide Prevention: Listening to the Voices of Experience 2024.
7. Shanafelt TD, West CP, Sinsky C, et al. (2019). Changes in burnout and satisfaction with work-life integration in physicians and the general US working population between 2011 and 2017. *Mayo Clin Proc*, 94(9):1681-1694.
8. Kirsling RA, Kochar MS (1989). Suicide and the stress of residency training: a case report and review of the literature. *Psychol Rep*, 64(3 Pt 1):951-9.
9. Fernando T, Clapperton A, Spittal M, et al (2022). Suicide among those who use mental health services: Suicide risk factors as evidenced from contact-based characteristics in Victoria. *Front Psychiatry*, 13:1047894.
10. Daniel H, Bornstein SS, Kane GC, Health and Public Policy Committee of the American College of Physicians. (2018). Addressing social determinants to improve patient care and promote health equity: an American College of Physicians position paper. *Ann Intern Med*, 168(8):577-578.