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THE SILENT STRUGGLE: HUSSERL'S DESCRIPTIVE PHENOMENOLOGICAL APPROACH TO MENTAL HEALTH STIGMA AND COPING MECHANISM AMONG HOUSE JOB DOCTORS AND INTERNEE NURSES IN PESHAWAR, PAKISTAN

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ABSTRACT

Background:
House Job Doctors and Trainee Nursing Officers faces heavy workload, stigma, and stress during transition from academics to clinical practice, influencing their mental health.

Objective: To investigate mental health stigma and coping strategies among house job doctors and Trainee Nursing Officers, assessing institutional support and providing recommendations for improved mental health resources and stigma reduction.

Material and Methods: A qualitative phenomenological design was used March to December 2024. One-on-one semi-structured interviews were conducted using purposive sampling technique with 15 house officers and 15 internee nurses, analyzed using thematic analysis. Data was analyzed by Sage publication 2022 following six steps of Braun and Clarke 2006. Bracketing, textual, and structural descriptions ensured rigor, with confidentiality and ethical approval taken form Peshawar Medical college.

Results: Three main themes and one emerging theme were identified: transition from theory to practice, coping mechanisms, institutional role, and appreciation of nursing support. Participants reported stress from patient deaths, stigma from attendants, and mismatch between theoretical training and clinical realities. Coping included seeking guidance from seniors, teamwork of doctors with nurses, and self-regulation through patience and faith. Institutional gaps, including weak disciplinary policies and absence of counseling, intensified challenges. Supportive seniors and competent nurses were protective factors, reducing stress and fostering resilience among house officers, and internship Nurses.

Conclusion:
House Officers, and Trainee Nursing Officers experience both vulnerability and resilience in their transition phase. Strengthening institutional policies, fostering teamwork, and providing structured mental health support are vital to protect their well-being and professional growth.

INTRODUCTION

House jobs and internships are the foremost component of the professional life of doctors and nurses who gain clinical expertise and knowledge whose duration varies from region to region but is usually considered six months to one year (1). House officers are qualified doctors working under the supervision of senior doctors whose responsibilities range from patient admitting notes to clinical examining of the patient, inter-department consultation, and discharging summary(2) Stigma was a mark on the skin of earliest criminals in Greece and Latin. These were considered unsafe and unhealthy individuals. For instance, a person suffering from depression might be perceived as lazy due to societal stigma (3). Equilibrium of work-life deficiency in the house job predicting mental health issues such as stress and anxiety due to prolonged working hours, job dissatisfaction, and female doing extra job hours leading them to emotional exhaustion (4)-(5). Quality of life can be seriously disturbed due to severe mental illness. The stigma can lead to concern regarding job insecurity, and lack of promotion opportunities. As a result medical staff chose to suffer in silence rather than seeking necessary support (6) One systemic review recognized 67% of burnout in physicians where 70% in emotional exhaustion, 68% in depersonalization, and 63.2% in low personal accomplishment(7). Emotion fatigue is commonly termed as burnout (8). Hospital workplace bullying has become an international problem and a serious mental health issue for healthcare professionals. Therefore, psychological intervention strategies are crucial for the medical staff in these violent areas (9). The Irish healthcare system is considered the best healthcare setting by having sustainability in doctors' work-life balance (10). Personal factors and working schedule should be enlisted and recommended medicine (40.5%), surgery (31.5%), primary care (14.5%), and acute care (13.5%) (11). Multivariate analysis illustrated 60.7% anxiety in Malaysia (12). One Australian longitudinal study reveals junior doctors' high confidence and positive attitude toward work-life balance (13). Out of 60 female house officers at Mayo Hospital Lahore, 68.3% faced problems ranging from sexual harassment 13.4%, gender-based culture constraints 65.5% to 38.3% in gender-based issues while 31.7% did not face (14). According to systemic review of Addisu Geties (2025) nurses burnout examine in three areas included emotional exhaustion 33.45%, depersonalization 25%, and low personal accomplishment 33.49%. Oncology nurses reported highest prevalence (42%). Reza Ghanei Gheshlagh et al (2025) systemic review noticed mild (16%), moderate 48%, and severe (30%) occupational stress in different regions of Pakistan (24). In Accordance with Besides trouble over trouble 'being a doctor' has essential implications for personal and professional growth (15). Career development is the most effective and critical tool for healthcare professionals to enhance productivity, improve their attitude towards training period, and increase job satisfaction (16). A descriptive study in Pakistan identified the gap where the needs and feelings of junior doctors and nurses were ignored and consequently faced a major brain drain (17). By and large, 67.5% of well-talented physician shifted to other countries in the last few years where the UK was their top priority (18). Similarly, Sadia et al (2023) and identify gap to address organizational stressors for nurses which needs qualitative research to understand the lived experiences of nurses (25).

Methodology: This study employed Husserl's descriptive phenomenological approach to explore the lived experiences of house job doctors, and Trainee Nursing Officers regarding

mental health stigma and coping mechanisms. The research was conducted at Kuwait Teaching Hospital, Mercy Teaching Hospital, and Prime Teaching Hospital, Peshawar, from March to December 2024. Purposive sampling was used to recruit approximately 15 house officers, and 15 Trainee Nursing Officers ensuring data saturation. Semi-structured, in-depth interviews lasting 20–30 minutes were conducted using a validated interview guide. All interviews were audio-recorded with consent, transcribed verbatim, and translated following forward-backward procedures. Data analysis followed Creswell and Poth's phenomenological framework: bracketing, reflective journaling, coding, clustering into subthemes, and synthesis of textual and structural descriptions to capture the essence of experiences following SAGE publication (2022) six steps of Braun Clarke 2006. Ethical approval was obtained from the Institutional Review Board of Peshawar Medical college and strict confidentiality was maintained through anonymization, secure data storage, and restricted access.

Results:

This chapter presents the analysis of the lived experiences of house job doctors and internee nurses regarding mental health stigma and copying strategies. The study followed Husserl's phenomenological tradition, employing thematic analysis to identify emerging patterns. The findings were presented through themes, sub-themes, and codes supported by participant's voices, and enriched with bracketing, textual description, structural description, and essence to capture the core meaning of the phenomenon.

Thematic Analysis: Themes and Subthemes

Theme	Subthemes
Theme 1: Transition from theory to practice	1.1 A learning phase 1.2 Mental Health Stigma and Stress from Outcomes
Theme 2: Copying Mechanisms and Strategies	2.1 Seeking Support 2.2 Self-Regulation
Theme 3: Institutional Role and Support	3.1 Institutional Policy 3.2 Recommendations for Future Practice
Theme 4: Appreciation of Nursing Support	4.1 Role of Nurses in Stress Management 4.2 Need for Competent Nursing Staff

Thematic Analysis Table

Themes	Subthemes	Codes
Theme 1: Transition from theory to practice	1.1 Learning Phase	Many participants verbalized, "In the beginning, I felt overwhelmed because every situation was new, but each mistake became a lesson for me to improve." -Certain statements, "Every day in the emergency was different,; the more I practiced, the more confident I became."

		-One nurse mentioned, "I realized quickly that no textbook can prepare me fully for the emotions and unpredictability of patient care." -One house officer in the emergency addressed, "It was frustrating at first, but later I understood that learning from seniors and my own errors was part of growth."
Theme 1: Transition from theory to practice	1.2 Mental Health Stigma and Stress from outcomes	-One house officer expressed, "I was under immense pressure when a patient collapsed, and counseling the attendants felt heavier than the medical task." Similarly, the internee nurse said, "When parents shouted at me for failing cannula attempt, I felt demoralized and questioned my abilities." -One internee nurse cited, "Sometimes I felt that people saw me as incompetent simply because I was new, which damaged my confidence." -One ICU internee nurse point out, "Losing a patient was not just painful medically, it felt like a personal failure that weighed heavily on me."
Theme 2: Copying Mechanisms and Strategies	2.1 Seeking Support	-One ER HO believed, "Whenever I was unsure, I immediately sought help from senior doctors instead of risking patient safety." -likewise, another stated, "When I could not handle an

		attendant's aggression, my CMO intervened and later advised me to stay strong." -One internee nurses addressed, I felt more confident when my seniors stood beside me during critical emergencies. -One ICU HO mentioned, "Learning by observing how experienced doctors handle patients became my most practical training." -
Theme 2: Copying Mechanisms and Strategies	2.2 Self-Regulation	-One internee nurse articulated, I reminded myself to hold my nerves because patients and their families deserved respect." -Many HO and Internee nurses expressed, "I motivated myself by thinking of my profession's image and Allah's reward for patience." -One internee nurses said, "Instead of reacting to anger, I took a deep breath and tried to focus on the patient's care." -On the contrary, one internee nurse, "I kept telling myself that this was a tough phase, and with time I would be stronger and more confident.
Theme 3: Institutional Role and Support	3.1 Institutional Policy	-Many internee nurses and house officers disclosed, "There should be seminars to prepare us for emergencies and patient counseling. -Similarly, certain participants

		indicated, “Hospitals need a dedicated mental health support team for house officers.” -Likewise many participants intimated, “Regular workshops could help us learn how to stay calm during patient loss or aggressive behavior.”
Theme 3: Institutional Role and Support	3.2 Recommendations for Future Practice	-Numerous new nurses and houses officers mentioned, “Strict disciplinary rules are needed so attendants cannot disrespect doctors.” -Competent staff and strong administrative support could prevent mistakes and reduce stress mentioned by frequent contributors. -One participant expressed, “Future house officers should remember that this is a learning journey and respect both patients and seniors.” -Another House officers suggested, “Hospitals must treat house officers not just as workers but as learners who need protection and guidance.”
Theme 4: Appreciation of Nursing Support	4.1 Role of Nurses in Stress Management	-Many House officers and internee nurses gratitude staff nurses, “Skilled and cooperative staff nurses made my work easier and reduced my stress in emergencies.” -Whenever staff nurses coordinated well, the patient care process felt smoother and less overwhelming mentioned

		ICU participants. -I realized that inexperienced or untrained staff increased pressure on us, while competent nurses gave us confidence addressed by many applicants.
Theme 4: Appreciation of Nursing Support	4.2 Need for Competent Nursing Staff	-One participant verbalized, "The institution should ensure well-trained nurses so that house officers don't care about the entire burden alone." -Working with supportive Nurses reminded me that healthcare is teamwork not just individual responsibility expressed by several contributors."

Narrative Explanation of Themes

Theme 1: Transition from Theory to Practice

Participants describe the house job and internship as a demanding learning phase, where the gap between theoretical knowledge and practical expectations creates stress. They emphasized that medical education did not fully prepare them for emotional realities, ethical dilemmas, and the responsibility of handling patients independently. One participant noted: "I quickly realized no textbook could prepare me for the emotions and unpredictability of real patients."

Theme 2: Copying Mechanisms and Strategies

Copying was expressed as blend of external support and internal regulation. Participants frequently sought guidance from senior doctors and supervisors, which enhanced their confidence. At the same time many relied on self-regulation, such as controlling emotions, practicing patience, and drawing on path for resilience. For instance, many participant said: "I motivated myself by remembering Allah's reward for patience and my duty to respect patients."

Theme 3: Institutional Role and Support

The role of institutions was perceived as both enabling and lacking. While some supportive CMOs helped resolve conflicts, there was a clear absence of formal structures for mental health support, workshops, and counseling. Participants suggested stricter disciplinary measures to protect new doctors and internee nurses from aggressive attendants. One participant explained: "Hospitals must treat house officers not just as workers but as learners who need protection and guidance."

Theme 4: Appreciation of Nursing Support

The presence of skilled and cooperative staff nurses was reported as a relief in high pressure settings. Conversely, inexperienced or poorly trained nurses increased stress levels.

The participants emphasized that healthcare is a team effort and that institutional investment in competent nurses would reduce errors and stigma. Several contributors stated: "Working with supportive nurses reminded me that healthcare is teamwork, not just responsibility."

Phenomenological Layers

Bracketing

Before engaging in analysis, the researchers practiced bracketing by suspending assumptions about the inevitability of burnout, the Universality of Stigma, or the belief that institutional polices were the primary cause of stress. This allowed for openness to participants' authentic voices and prevented the imposition of preconceived notions on their narratives.

Textual Description

Participants described experiences of mental stress, stigma, emotional burden of patient loss, and conflict with attendants. They repeatedly emphasized the heavy responsibility of managing emergencies, the mismatch between theoretical knowledge and real-world challenges, and the constant pressure to avoid mistakes.

Structural Description

These experiences unfolded within a structural context of weak institutional support, insufficient counseling systems, lack of disciplinary enforcement, and variable nursing support. The presence of empathetic senior doctors and competent nurses reduced stress, but their absence left house officers vulnerable to stigma and self-doubt.

Essence

The integration of textual and structural descriptions reveals that the essence of being a house officer and internship nurses is a transformative yet psychologically demanding journey. It is marked by the paradox of vulnerability and resilience: vulnerability to stigma, stress, and institutional shortcomings, but resilience through learning, teamwork, faith, and emotional self-control. The clinical training period is thus lived as both a phase of growth and a period of profound mental health challenges.

Discussion

The current study highlighted that house officers and internee experienced stress due to the mismatch between theoretical training and real-world practice. They described the clinical training period as a steep learning curve, with challenges such as counseling attendants, handling emergencies, and coping with patient deaths. This finding supports **Khurram (2021) (1)**, who described house jobs and internship for nurses as the foremost component of professional development, typically lasting six months to one year, where clinical expertise is refined. Similarly, **Patel (2007) (2)** emphasized that house officers are expected to perform complex clinical tasks under supervision, yet many struggle due to limited preparation for real practice. The stigma faced by participants, particularly when they fail procedures like cannula insertion, resonates with **Hankir (2014) (3)**, who discussed how mental health stigma results in misperceptions of incompetence. Our findings also align with **Rich (2016) (4)**, who reported that imbalance between expectations and real duties leads to stress, anxiety, and burnout. Participants in this study reported coping by seeking senior support and self-regulation through patience and faith. This aligns with **Petrie (2021) (5)**, who found that junior doctors in Australia relied on teamwork and senior mentorship for resilience during stressful periods. Similarly, **Corrigan (2014) (6)** noted that stigma often prevents health professionals from openly seeking support, but when they do, structured mentorship reduces stress. The emotional exhaustion described in our findings is consistent with **Rotenstein (2018) (7)**, who reported 70% prevalence of emotional exhaustion among physicians and According to systemic review of Addisu Geties (2025) nurses burout examine in three areas included

emotional exhaustion 33.45%, depersonalization 25%, and low personal accomplishment 33.49%. Oncology nurses reported highest prevalence (42%). Reza Ghanei Gheshlagh et al (2025) systemic review noticed mild (16%), moderate 48%, and severe (30%) occupational stress in different regions of Pakistan (24). Our participants' reliance on inner motivation resembles strategies noted in **Pattnaik (2022) (8)**, where personal regulation was central to balancing professional stress. This study revealed that lack of institutional counseling, insufficient disciplinary rules, and inconsistent policies exacerbated stigma and stress. Many participants in this study demanded seminars, workshops, and strict policies against attendant aggression. Similar gaps were identified by **Wang (2022) (9)**, who stressed the importance of psychological interventions in violent healthcare environments. By contrast, **Humphries (2020) (10)** highlighted Ireland's supportive health system, where structured work-life balance policies reduced burnout. Additionally, **Nadarajah (2022) (11)** emphasized that institutional career guidance and structured support strongly influence specialty choices and satisfaction among junior doctors. Our participants' suggestions for stronger hospital support are in agreement with this. The present findings highlight that supportive and skilled nurses reduced stress, while inexperienced staff intensified the burden. This resonates with **Tan (2013) (12)**, who reported high anxiety levels among Malaysian doctors linked to inadequate team support. Similarly, **McNair (2016) (13)** emphasized that collaborative and patient-centered clinical environments increase junior doctors' confidence. Female participants in other contexts have reported gender-based challenges and lack of supportive staff, as shown by **Akram (2016) (14)**, where 68.3% of female house officers faced gender-based professional barriers. While our study did not focus specifically on gender, the recognition of teamwork, especially with nurses, reflects the importance of supportive colleagues in managing stress. The experiences of our participants parallel global findings of junior doctors' struggles. **Burford (2017) (15)** and **Khan (2015) (16)** highlighted how the identity shift from student to doctor is psychologically taxing. In Pakistan, **Malik (2021) (17)** noted that ignoring the needs of junior doctors contributes to brain drain, which aligns with our participants' concern that institutional neglect worsens stress. Similarly, **Tariq (2023) (18)** found that 67.5% of physicians migrated abroad due to professional dissatisfaction, echoing the sense of frustration reported in our study Similarly, Sadia et al (2023) and ascertain gap to discourse organizational stressors for nurses which needs qualitative research to understand the lived experiences of nurses (25). In summary, our findings confirm that the house job is a critical but stressful period where stigma, institutional gaps, and patient-related challenges create psychological strain. This aligns with international evidence of burnout (Rotenstein, 2018 (7)), workplace violence (Wang, 2022 (9)), and lack of balance (Rich, 2016 (4)). However, our study uniquely emphasizes the **role of nursing support**, showing that competent, cooperative nurses significantly mitigate stress — an area less addressed in prior literature.

Strengths of the Study

This study is phenomenological inquiries in Pakistan exploring the lived experiences of house officers and Trainee Nursing Officers specifically in relation to mental health stigma**.** Unlike most previous research, it not only identified stress and burnout but also emphasized the role of staff nursing support as a protective factor for new doctors and new

nurses— a theme rarely reported in earlier literature.

- The study applied bracketing, textual description, structural description, and essence**,** ensuring that findings were deeply grounded in phenomenology rather than just descriptive thematic analysis.
- The research bridged personal coping strategies (faith, patience, seeking support) with institutional factors (policy gaps, lack of training, disciplinary needs)**,** offering a comprehensive framework that is both practical and theoretical**.**
- The study also contributed culturally relevant insights, showing how religious motivation, respect for seniors, and professional dignity play a central role in coping — aspects rarely emphasized in studies.
- It highlighted the dual role of institutions**:** both as a source of stress when policies are absent, and as a source of relief when supportive seniors and nurses were available. This dual perspective adds unique balance and originality to the findings.

Limitations of the Study.

- Only house officers and internee nurses were included; **senior doctors' and nurses' perspectives** were not explored.
- Did not focus on **gender differences** in stigma experiences, which literature shows can be significant.
- As a **phenomenology study**, it could not capture changes in coping strategies over time especially determining frequency of its occurring.

Recommendations

- **Policy-level**: Introduce **regular seminars, workshops, and counseling services** for house officers, and nurse to reduce stigma and stress.
- **Institutional**: Implement **strict disciplinary rules** to protect junior doctors and internee nurses from workplace violence or disrespect from attendants.

Supportive environment: Strengthen nursing training and inter-professional teamwork to reduce the burden on house officer sand internee nurses.

Future research: Conduct multi-center studies with larger samples, including perspectives from senior doctors and nurses. Therefore, longitudinal study should be conducted by the future researchers or cross-sectional study for frequency of changes occurring over time.

Well-being focus: Develop formal mental health support units within teaching hospitals to provide psychological care for junior doctors.

Gender-sensitive policies: Explore and address specific challenges faced by female house officers**,** and nurses such as harassment or cultural constraints.

CONCLUSION

This phenomenological study found that house officers, and Trainee Nursing Officers face significant mental health stigma during their transition from theory to practice, with stress arising from patient deaths, hostile attendants, and feelings of incompetence. They coped through both external support from seniors and nursing staffs, and internal mechanisms such as patience, faith, and self-regulation. Institutional gaps, including lack of counseling and weak disciplinary measures, further intensified these challenges. At the same time, supportive seniors and competent nursing staff reduced stress and promoted resilience. Overall, the essence of their lived experience reflects a paradox of vulnerability and growth, highlighting the urgent need for stronger institutional and psychological support.

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