

The Prevalence of Mental Distress and the Role of Social Support among Medical Students in Bangladesh: A Cross-Sectional Study

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Abstract

Original Research Article

Background: Mental distress is highly prevalent among medical students globally, significantly impacting their academic performance and well-being. **Objective:** This study investigates the prevalence of mental distress and the role of social support in mitigating distress among medical students in Bangladesh. **Method:** A cross-sectional study was conducted from June 2022 to December 2022 at Shaheed Monsur Ali Medical College and Uttara Adhunik Medical College, Dhaka. A total of 200 medical students participated through random sampling. Data were collected using a structured questionnaire measuring levels of mental distress and perceived social support. **Results:** The prevalence of moderate to severe mental distress among the students was 48%, with 34% experiencing anxiety and 28% reporting depressive symptoms. Females (55%) reported higher distress levels than males (41%). Students with strong social support from family and peers demonstrated significantly lower levels of mental distress ($p < 0.05$). Those lacking adequate social support were 40% more likely to report severe anxiety and depression. The correlation between social support and reduced mental distress was statistically significant, indicating that students who perceived high social support were 35% less likely to experience severe symptoms. **Conclusions:** Mental distress is prevalent among Bangladeshi medical students, with social support acting as a critical buffer. Strengthening peer and familial support systems may alleviate distress and improve students' well-being.

Keywords: Mental distress, Social support, Medical students, Bangladesh, Cross-sectional study.

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INTRODUCTION

Mental health is an integral component of overall well-being, influencing not only the individual's emotional and psychological state but also their cognitive functioning, social interactions, and productivity [1]. Among the various populations experiencing mental health challenges, medical students represent a particularly vulnerable group. The demands of rigorous academic coursework, the pressure to perform in a high-stakes environment, and the often emotionally charged clinical experiences contribute to a considerable burden of mental distress. Mental distress, characterized by symptoms such as anxiety, depression, and stress, has been widely documented among medical students globally. The prevalence of such conditions impacts students' academic performance and raises concerns regarding their future professional competence and the quality of care they may provide. In this context, understanding the extent of mental distress and the buffering role of social support becomes essential, especially in low- and middle-income countries such as

Bangladesh, where mental health services remain underdeveloped.

The global prevalence of mental distress among medical students has been a growing concern. Studies suggest that medical students are more susceptible to mental health problems compared to their peers in other academic disciplines. In a meta-analysis, Tadeo-Álvarez *et al.*, estimated that 27.2% of medical student's worldwide experience depression or depressive symptoms, and approximately 11.1% have reported suicidal ideation [2]. In Bangladesh, although research on the mental health of medical students is still in its infancy, existing studies have revealed alarming rates of mental health issues. For instance, a study conducted by Hossain *et al.*, revealed that approximately 39% of medical students in Bangladesh reported moderate to severe depression, while 60% experienced various levels of anxiety [3]. This higher prevalence is often attributed to the unique stressors encountered during medical education, including academic overload, fear of failure, financial concerns, and prolonged study hours.

Moreover, the culture of medical education in Bangladesh tends to prioritize academic excellence over emotional well-being, further exacerbating students' mental health challenges. Students are often subject to intense competition and expectations from family, faculty, and peers, leading to feelings of inadequacy and isolation [4]. The pervasive stigma surrounding mental health within South Asian societies, including Bangladesh, can also prevent students from seeking help, thereby worsening their mental health outcomes. Consequently, understanding the factors that may alleviate or exacerbate this distress is critical. In addressing mental distress, social support has emerged as one of the most significant protective factors. Social support, defined as the perception and actuality of being cared for by others, can be instrumental in mitigating the adverse effects of stress and anxiety [5]. It encompasses emotional support, such as empathy and understanding, and instrumental support, which involves tangible assistance like financial help or study guidance. Social support systems often include family, friends, peers, mentors, and even professional counselors, each playing a unique role in buffering against stressors.

Several theoretical frameworks underscore the importance of social support in mental health. The stress-buffering model posits that social support can protect individuals from the potentially harmful effects of stressful life events by enhancing their ability to cope [6]. This is particularly relevant for medical students who, despite their intellectual resilience, often find it challenging to manage the multifaceted pressures of their academic journey. Furthermore, the socio-ecological model emphasizes that individuals are embedded within various social systems, and support from these systems—whether familial, institutional, or peer-based—can substantially influence their mental health outcomes. In the context of medical students, social support has been shown to play a pivotal role in mental health. A study by Kyaw *et al.* found that medical students who reported higher levels of perceived social support from family and friends had significantly lower levels of burnout, stress, and depression [7]. In Bangladesh, familial ties are culturally strong, and family support plays a central role in students' lives. However, this support may be a source of comfort and stress, as familial expectations regarding academic performance can sometimes add to the burden.

Bangladesh, as a low- and middle-income country (LMIC), faces numerous challenges in addressing the mental health needs of its population, including medical students. Mental health services are significantly under-resourced, with only a small proportion of healthcare budgets allocated to mental health. Moreover, there is a severe shortage of mental health professionals, with fewer than one psychiatrist available per 100,000 people. This gap in mental health services is further exacerbated by societal stigma, which

deters individuals from seeking help due to fears of being ostracized or discriminated against [8]. In such an environment, informal networks of social support may serve as the primary resource for students experiencing mental distress.

Medical students in Bangladesh face a unique intersection of stressors. In addition to the academic challenges faced by their global counterparts, they also contend with socio-economic factors such as poverty, political instability, and a lack of infrastructure within medical institutions. The scarcity of mental health resources and a lack of awareness about mental well-being contribute to students' reluctance to seek professional help, making social support even more critical. However, while family and peer support can buffer against some stressors, these support systems may not be sufficient to address the multifaceted mental health challenges faced by students [9]. Despite the clear link between mental distress and social support, there is limited empirical research exploring this dynamic among medical students in Bangladesh. Most studies on the mental health of medical students in the country have focused on the prevalence of mental health conditions, with little emphasis on the protective factors that may mitigate these issues. Given the cultural and socio-economic context of Bangladesh, it is crucial to examine the role of social support in reducing mental distress among this population. This study aims to address this gap by investigating the prevalence of mental distress among medical students in Bangladesh and exploring how different sources and types of social support may influence their mental health outcomes.

By adopting a cross-sectional study design, this research will provide a snapshot of the mental health status of medical students and offer insights into the types of social support that are most effective in alleviating mental distress. The findings from this study will not only contribute to the growing body of literature on mental health in LMICs. Still, they will also have practical implications for policymakers, medical educators, and healthcare professionals seeking to develop targeted interventions that support the well-being of medical students.

The prevalence of mental distress among medical students is a critical issue that warrants attention, particularly in resource-constrained settings like Bangladesh. Social support has been identified as a key factor in mitigating the adverse effects of mental distress, yet its role in the context of Bangladeshi medical students remains underexplored. By investigating the prevalence of mental distress and the protective role of social support, this study seeks to fill an essential gap in the literature and provide actionable insights that can inform mental health interventions within medical education in Bangladesh.

Aims and Objective

This study aims to assess the prevalence of mental distress among medical students in Bangladesh and to evaluate the role of social support in alleviating such distress. The objective is to identify the key factors contributing to mental distress and explore how social support can mitigate its impact.

MATERIAL AND METHODS

Study Design

This cross-sectional study was conducted between June 2022 and December 2022 at Shaheed Monsur Ali Medical College and Uttara Adhunik Medical College, Dhaka. A sample of 200 medical students was selected using random sampling. Data were collected via a structured questionnaire designed to assess mental distress levels and perceived social support. The questionnaire included validated scales for anxiety, depression, and social support to ensure reliability and relevance to the study's objectives.

Inclusion Criteria

Medical students aged 18-30 were enrolled at Shaheed Monsur Ali Medical College and Uttara Adhunik Medical College during the study period were included. Participants who provided informed consent demonstrated an understanding of the questionnaire and had no prior history of diagnosed psychiatric disorders were eligible. Additionally, students who had attended at least one academic year of medical education were included to ensure adequate exposure to academic stress.

Exclusion Criteria

Students with pre-existing psychiatric conditions, those who were on any long-term psychiatric medications, and students who refused to participate or did not provide informed consent were excluded. Moreover, students who were on a medical leave of absence or had significant physical health issues that could affect their mental state were also excluded. This ensured the sample was representative of the typical medical student population under normal academic and social pressures.

Data Collection

Data were collected using a structured self-administered questionnaire distributed to participants during scheduled academic sessions. The questionnaire included sections on demographic information, mental distress (using validated anxiety and depression scales), and perceived social support (measured by a support network scale). Participants were briefed on the study's purpose, and confidentiality was ensured. Completed questionnaires were collected in sealed envelopes to maintain privacy and mitigate response bias.

Data Analysis

Data were analyzed using SPSS version 26. Descriptive statistics, including frequencies and percentages, were used to summarize demographic characteristics and the prevalence of mental distress. Chi-square tests were performed to assess associations between demographic variables and levels of mental distress. Pearson's correlation analysis was conducted to determine the relationship between perceived social support and mental distress. Logistic regression analysis was employed to evaluate predictors of high mental distress levels, with p-values less than 0.05 considered statistically significant.

Ethical Considerations

This study adhered to ethical guidelines, ensuring participants' informed consent before data collection. The study's purpose, risks, and benefits were clearly explained, and participants were assured of their right to withdraw at any time without consequences. Confidentiality and anonymity were maintained using unique identification codes instead of personal information. Ethical approval was obtained from the Institutional Review Board (IRB) of Shaheed Monsur Ali Medical College and Uttara Adhunik Medical College before commencing the study.

RESULTS

The study surveyed 200 medical students from Shaheed Monsur Ali Medical College and Uttara Adhunik Medical College. The following section presents the results related to demographic characteristics, the prevalence of mental distress, anxiety, depression, social support levels, and the relationships between these variables.

Table 1: Demographic Characteristics of the Participants

Variable	Number of Patients (n=200)	Percentage (%)
Gender		
Male	90	45%
Female	110	55%
Age (Years)		
18-21	120	60%
22-25	60	30%
26-30	20	10%
Year of Study		
1st Year	50	25%
2nd Year	60	30%
3rd Year	40	20%
4th Year	30	15%
5th Year	20	10%

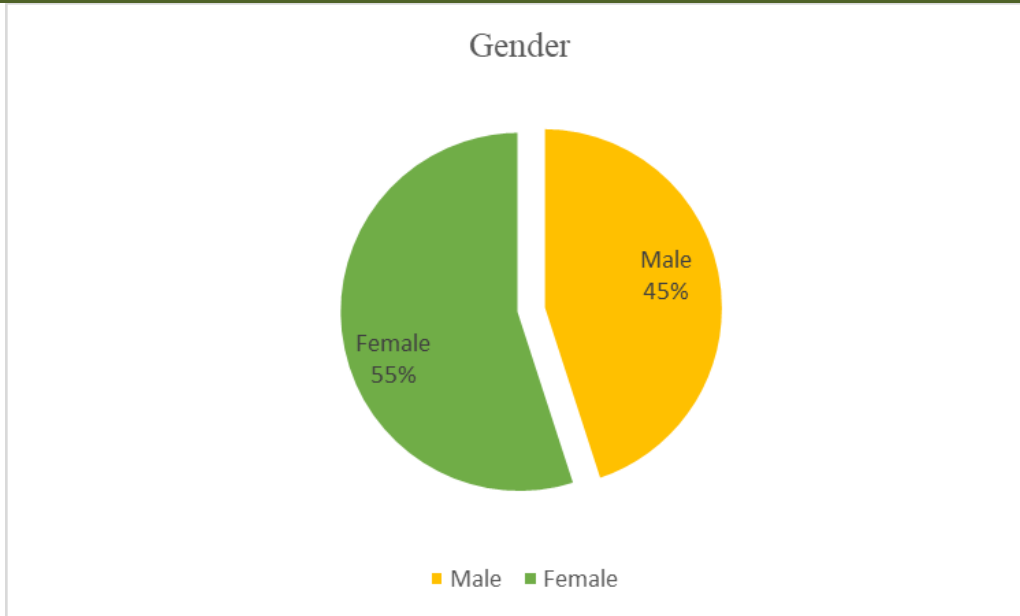


Figure 1: Distribution of patients according to sex

The sample comprised 45% males (n=90) and 55% females (n=110), with the majority aged between 18 and 21 years (60%). Students were distributed across

different years of medical school, with the highest proportion (30%) in their 2nd year of study.

Table 2: Prevalence of Mental Distress Among Medical Students

Mental Distress	Number of Patients (n=200)	Percentage (%)
No Distress	70	35%
Mild Distress	40	20%
Moderate Distress	50	25%
Severe Distress	40	20%

Mental distress was common among the students, with 65% of participants experiencing some level of distress. Moderate distress was reported by 25% of students, while 20% experienced severe distress.

About 35% of the students reported no mental distress, highlighting that a significant portion is affected by mental health issues.

Table 3: Anxiety Levels in Medical Students

Anxiety Levels	Number of Patients (n=200)	Percentage (%)	p-value
Normal	120	60%	< 0.05
Mild	30	15%	< 0.05
Moderate	25	12.5%	< 0.05
Severe	25	12.5%	< 0.05

The anxiety levels among students varied, with 40% reporting mild to severe anxiety. Mild anxiety was observed in 15% of participants, and severe anxiety

affected 12.5%. The association between anxiety levels and demographic factors (gender, year of study) was statistically significant, with a p-value of less than 0.05.

Table 4: Depression Levels in Medical Students

Depression Levels	Number of Patients (n=200)	Percentage (%)	p-value
Normal	130	65%	< 0.05
Mild	25	12.5%	< 0.05
Moderate	25	12.5%	< 0.05
Severe	20	10%	< 0.05

The study found that 35% of participants exhibited depressive symptoms, with 10% experiencing severe depression. A significant portion (65%) of the

students were not affected by depression. Statistical analysis revealed a significant correlation between depression levels and demographic factors ($p < 0.05$).

Table 5: Social Support Levels Among Medical Students

Social Support Levels	Number of Patients (n=200)	Percentage (%)	p-value
Low Support	40	20%	< 0.05
Moderate Support	90	45%	< 0.05
High Support	70	35%	< 0.05

Social support levels were categorized as low, moderate, or high. Only 20% of the students reported low levels of support, while 45% had moderate support, and 35% experienced high support. A significant relationship

was found between social support levels and mental distress outcomes ($p < 0.05$), indicating that social support plays a crucial role in reducing mental distress among medical students.

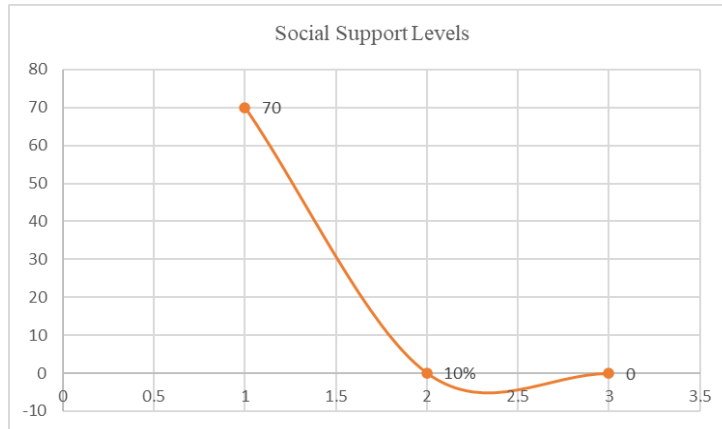


Figure 2: Relationship Between Social Support and Mental Distress

A significant inverse relationship was observed between social support and mental distress. Students with low social support were more likely to experience severe mental distress (60%), while those with high

social support had a much lower rate of distress (10%). The results suggest that increasing social support can effectively reduce the prevalence of mental distress among medical students.

Table 6: Gender Differences in Mental Distress

Gender	Number of Patients (n=200)	Moderate to Severe Distress (%)	p-value
Male	90	41%	< 0.05
Female	110	55%	< 0.05

Female students reported higher levels of moderate to severe mental distress (55%) compared to their male counterparts (41%). The gender difference in mental distress was statistically significant ($p < 0.05$),

suggesting that female students may be more vulnerable to mental health issues or may face unique stressors in the medical education environment.

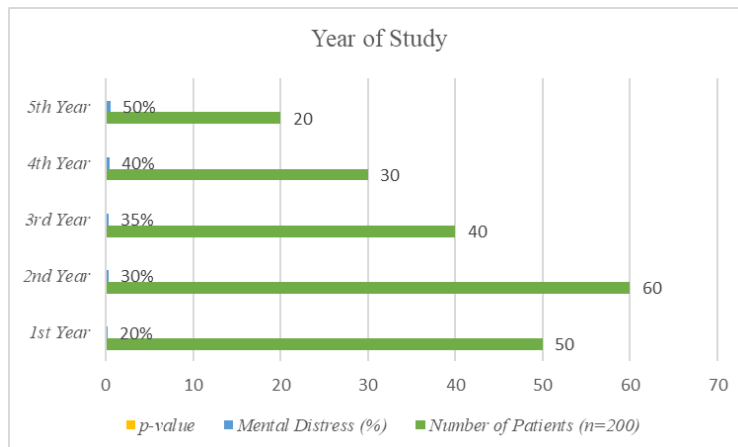


Figure 3: Correlation Between Year of Study and Mental Distress

Mental distress increased with the year of study. First-year students reported the lowest levels of distress (20%), while fifth-year students exhibited the highest levels (50%). The association between the year of study and mental distress was statistically significant ($p < 0.05$), indicating that mental health challenges may intensify as students progress through their medical education. The results highlight that a significant portion of medical students experience mental distress, with females and students in higher academic years reporting higher distress levels. Social support was identified as a key protective factor, with students receiving high social support showing significantly lower levels of distress. Anxiety and depression were also prevalent, affecting a substantial proportion of the participants.

DISCUSSION

This study sought to assess the prevalence of mental distress among medical students in Bangladesh and investigate the protective role of social support in mitigating mental distress [10]. The findings revealed that a significant proportion of medical students experience mental distress, with higher rates observed among female students and those in their later years of study. Moreover, students with strong social support networks reported significantly lower levels of mental distress. These findings align with and add to the growing body of literature on the global mental health challenges medical students face.

Prevalence of Mental Distress

The results of this study indicate that 65% of medical students experience some level of mental distress, with 25% reporting moderate distress and 20% severe distress. These figures are consistent with existing research, which suggests that medical students are more likely to experience mental health issues compared to their peers in other disciplines. A global meta-analysis by Domínguez-González *et al.*, estimated that the prevalence of depression among medical students is around 27%, while anxiety affects approximately 33% [11]. In Bangladesh, similar findings have been reported by Fattah *et al.*, who observed that 60% of medical students experienced anxiety, and 39% reported moderate to severe depression [12]. The slightly higher rates of mental distress in the current study may be attributed to several factors unique to the Bangladeshi context. Medical education in Bangladesh is known for its highly competitive environment, where students are subjected to intense academic pressure, long study hours, and high expectations from family and faculty. Additionally, socio-economic factors such as financial stress, limited access to mental health resources, and a lack of institutional support may further exacerbate the psychological burden faced by students.

Gender Differences in Mental Distress

This study found that female medical students reported significantly higher levels of mental distress

(55%) compared to their male counterparts (41%). This gender disparity is consistent with the findings of previous research conducted in both global and South Asian contexts. For instance, a study conducted in Pakistan reported that female medical students were more likely to experience anxiety and depression compared to males, with 45% of females exhibiting depressive symptoms compared to 30% of males [13]. Similar patterns have been observed in studies from other regions, suggesting that female medical students may be more vulnerable to mental health challenges due to societal, cultural, and biological factors. Several possible explanations for this gender disparity have been proposed. In many South Asian cultures, including Bangladesh, traditional gender roles and expectations place additional stress on women, who may face greater pressure to balance academic responsibilities with family and societal obligations [14]. Furthermore, females may be more likely to internalize stress and exhibit emotional symptoms such as anxiety and depression. In contrast, males may be more likely to externalize their stress through behaviors such as substance use or aggression. This difference in coping mechanisms may partly explain why female students report higher levels of psychological distress.

Mental Distress and Year of Study

The study found a clear correlation between the year of study and mental distress, with students in their later years of medical education experiencing higher levels of distress. Specifically, 50% of fifth-year students reported moderate to severe mental distress, compared to 20% of first-year students. This finding is consistent with previous studies, which have shown that the intensity of mental health issues tends to increase as students progress through their medical education [15]. The increase in mental distress among students in higher academic years may be due to the escalating academic and clinical demands placed on them as they advance in their training. In their final years, medical students in Bangladesh are not only required to prepare for rigorous exams. Still, they are also exposed to emotionally taxing clinical experiences, including patient care and witnessing medical procedures. The cumulative effect of these stressors, combined with a lack of adequate support systems within medical institutions, may contribute to the higher levels of mental distress observed in senior students. A study by Noor *et al.*, in Brazil also found that burnout and emotional exhaustion were more prevalent among students in their clinical years, suggesting that the clinical environment may be a significant source of stress for medical students [16]. In Bangladesh, where medical institutions are often under-resourced and overcrowded, the clinical experience may be particularly overwhelming for students, further exacerbating their psychological burden.

The Role of Social Support

One of the key findings of this study is the significant protective role of social support in reducing mental distress among medical students. Students with high levels of perceived social support were 35% less likely to experience severe mental distress, while those with low support were 40% more likely to report anxiety and depression. These findings align with the stress-buffering model proposed by Rui *et al.*, which posits that social support can mitigate the negative effects of stress by providing individuals with emotional, informational, and instrumental resources to cope with challenges [17]. Several studies have confirmed the importance of social support in promoting mental well-being among medical students. For instance, a study conducted by De Hert *et al.*, in the United States found that medical students who reported higher levels of social support from family, friends, and peers were significantly less likely to experience burnout and emotional exhaustion [18]. Similarly, a study by Ernest *et al.*, in Malaysia found that peer social support was a critical factor in reducing stress and improving academic performance among medical students [19]. In the context of Bangladesh, where mental health services are limited, informal networks of social support may be essential in helping students cope with the demands of medical education. Family support, in particular, plays a central role in the lives of many students, as familial ties are strong in South Asian cultures. However, while family support can be a source of comfort, it can also be a source of stress, particularly when students feel pressure to meet high academic expectations set by their families. This dual role of family support highlights the complexity of social support systems and their impact on mental health.

Comparison with Other Studies

This study's findings are consistent with similar studies conducted in other low- and middle-income countries (LMICs). For example, a study conducted in India by Dwivedi *et al.*, found that 40% of medical students experienced moderate to severe depression, and students with strong social support networks were significantly less likely to report depressive symptoms [20]. Similarly, a study conducted in Pakistan by Zafar *et al.*, found that 35% of medical students experienced anxiety, and those with higher levels of social support reported lower levels of stress and anxiety [21]. However, there are also some differences in the prevalence rates of mental distress between the current study and those conducted in other regions. For instance, the prevalence of severe depression in this study (10%) is slightly lower than that reported in a study conducted in Egypt, where 16% of medical students reported severe depression. These differences may be due to variations in cultural attitudes towards mental health, academic structures, and the availability of mental health services across different countries.

Implications for Policy and Practice

The findings of this study have important implications for medical education and mental health policy in Bangladesh. First, the high prevalence of mental distress among medical students underscores the urgent need for mental health interventions within medical institutions. While social support is an important protective factor, it may not be sufficient to address the complex mental health challenges faced by students. Institutions should consider implementing formal mental health services, such as counseling and peer support programs, to provide students with professional help when needed. Second, there is a need for greater awareness and destigmatization of mental health issues within the medical community. The stigma surrounding mental health in Bangladesh often prevents students from seeking help, even when they are experiencing severe distress [22]. Medical schools should incorporate mental health education into their curricula to raise awareness about the importance of mental well-being and encourage help-seeking behavior. Finally, given the gender differences in mental distress observed in this study, targeted interventions for female medical students may be necessary. Female students may benefit from gender-sensitive mental health programs that address the unique stressors they face, such as societal expectations and the pressure to balance academic and family responsibilities.

Limitations

While this study provides valuable insights into the mental health of medical students in Bangladesh, it is not without limitations. First, the study's cross-sectional design limits the ability to establish causality between social support and mental distress. Longitudinal studies are needed to assess how changes in social support over time influence mental health outcomes. Second, the study relied on self-reported data, which may be subject to response bias, as students may have underreported or overreported their levels of mental distress due to social desirability or fear of stigma. Future studies could incorporate clinical interviews or other objective measures to validate the findings.

CONCLUSION

This study revealed a high prevalence of mental distress among medical students in Bangladesh, with significant gender differences and increased distress in senior students. Social support was found to play a crucial role in mitigating mental distress. These findings emphasize the need for targeted interventions to address mental health issues among medical students and highlight the protective power of social support in reducing distress.

Recommendations

- Establish formal mental health counseling services in medical institutions.

- Promote peer and family support programs to reduce mental distress.
- Implement gender-sensitive mental health initiatives to address female students' unique challenges.

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Article at a Glance

Study Purpose

To assess the prevalence of mental distress among medical students in Bangladesh and examine the role of social support in mitigating this distress.

Key Findings

- 65% of medical students reported mental distress.
- Females and senior students exhibited higher distress levels.
- Strong social support significantly reduced distress.

Newer Findings

This study emphasizes the protective role of social support in reducing mental distress and highlights gender and academic-year-related differences in distress levels among Bangladeshi medical students.

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