

Research on the Influence of Family Education on Medical Students' Mental Health and Its Countermeasures

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Abstract: As the reserve force of the healthcare system, medical students face heavy academic workloads, distinctive career paths, and psychological challenges, including academic pressure and career anxiety. The family, as the fundamental environment for individual development, plays an irreplaceable role in their mental health. This study examines the relationship between family education and medical students' mental health across four dimensions—family atmosphere, parenting styles, parent-child communication, and family expectations—revealing both positive and negative effects. Countermeasures are proposed from a collaborative perspective involving families, universities, students, and the community, providing practical support for promoting medical students' mental health and cultivating high-quality medical professionals.

Keywords: Medical students; Family education; Mental health; Talent cultivation

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1.Introduction

Family education is the foundation of all education and exerts a lifelong impact on mental health. Though medical students are adults living independently, their thinking patterns and behavioral habits shaped by family education remain underlying factors affecting their mental health. Compared with ordinary university students, they face longer academic cycles, higher professional demands, greater clinical risks, and heavier responsibilities. Their mental health affects both personal growth and future healthcare quality, and family support is crucial for coping with academic pressure and alleviating career anxiety. As mental health issues among medical students attract widespread attention, exploring the influence of family education and proposing countermeasures is essential for promoting their mental health and cultivating high-quality medical professionals.

2.Influencing Factors of Family Education on Mental Health among Medical Students

As a multidimensional and systematic practice, family education influences medical students' mental health primarily through four aspects: family atmosphere, parenting styles, parent-child communication, and family expectations^{[1][2][3]}.

2.1 Family Atmosphere

Family atmosphere reflects the interaction patterns, emotional states, and overall environment of family members^[4], manifesting as either positive-harmonious or negative-tense. It has a fundamental and long-term influence on medical students' mental health. Given their heavy academic workloads and clinical pressure, medical students urgently need family emotional support^[5]. Those from harmonious-democratic families show greater psychological resilience and emotional regulation, becoming confident and optimistic when facing academic and clinical setbacks. In contrast, students from families with tense relationships or cold atmospheres tend to conceal negative emotions, which may accumulate into anxiety and depression, thus impairing their interpersonal skills and ability to adapt to campus life and the collaborative demands of future medical practice.

2.2 Parenting Styles

Parenting styles refer to the stable methods, attitudes, and behavioral patterns parents form in raising children.

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As the core of family education, they directly influence the personality and psychological development of medical students^{[6][7]}. These styles are mainly categorized into four types: democratic, authoritarian, permissive, and overindulgent, each exerting significantly different effects on medical students' mental health. Medical students raised in democratic families demonstrate stronger self-cognition, emotional regulation, and resilience, enabling them to cope positively with academic and clinical setbacks, with fewer mental health issues, and better adaptation to high-pressure medical environments. Those from authoritarian families tend to develop inferiority, anxiety, and perfectionism. Under heavy academic and clinical pressure, failing to meet parental expectations often leads to self-negation and severe academic burnout. Students raised with permissive parenting often lack responsibility and self-discipline. When facing difficulties, they fall into confusion and helplessness due to the absence of family support and guidance. Those from overindulgent families typically exhibit low psychological resilience and weak independence. Confronted with academic and clinical stress, they tend toward anxiety and avoidance, lacking coping and decision-making abilities, which affects their mental health and career adaptation.

2.3 Parent-Child Communication Quality

Parent-child communication involves the exchange of information, emotions, and thoughts between parents and children. As a crucial family emotional bond, its quality directly influences medical students' mental health^[8]. Even though medical students live independently, it remains a key channel for emotional support and stress relief. High-quality communication alleviates pressure, enhances resilience, and promotes positive interpersonal relationships. Conversely, poor communication and emotional indifference foster loneliness and helplessness in medical students, exacerbate psychological pressure, and may even trigger psychological crises. Additionally, communication frequency and methods matter: over-reliance on online communication without face-to-face interaction weakens the emotional bond and reduces communication quality.

2.4 Family Expectations

Family expectations refer to parents' expectations and demands regarding children's academic, career, and life development, serving as an important component of family education^[9]. They exert a dual influence on medical students' psychological development. Reasonable expectations stimulate learning motivation, help establish clear life goals, and promote mental health. In contrast, excessively high or low expectations that overlook students' interests and abilities impose psychological pressure on medical students.

3. Practical Exploration of Improving Family Education to Promote Medical Students' Mental Health

Family education is a core component of mental health cultivation for medical students, but not the sole responsibility. Given its influence characteristics, a collaborative system involving families, universities, students, and society should be established to clarify responsibilities, strengthen coordination, optimize the family education environment, improve medical students' mental health, and form comprehensive synergy for holistic education.

3.1 Family Level: Strengthening the Core Role of Family Education to Support Mental Health

As the primary implementer of family education, the family should optimize its practices across four dimensions—environment, methods, communication, and expectations—to provide core support for medical students' mental health.

3.1.1 Create a Positive and Harmonious Family Atmosphere

Parents should maintain harmonious family relationships through mutual respect and support, be mindful of their words and actions, set good examples, avoid frequent conflicts, and create a warm, democratic, and equal atmosphere for medical students. Meanwhile, they should emphasize emotional exchanges, providing understanding and care to foster warmth and belonging.

3.1.2 Adopt Democratic Parenting Styles

Parents should adopt democratic parenting by respecting medical students' independent personalities, communicating equally, and listening to their thoughts and feelings. They should provide ample autonomy while cultivating self-competence and responsibility. Medical students should be encouraged and affirmed to enhance self-efficacy. Furthermore, parents need to coordinate their parenting styles, reduce inconsistencies to avoid cognitive dissonance and psychological pressure, and promote mutual growth.

3.1.3 Enhance High-Quality Parent-Child Communication

Parents should build a strong emotional bond by increasing communication frequency and diversifying methods, balancing the convenience of online communication with the emotional connection of face-to-face interaction. They should have at least one to two offline meetings every six months to gain a deeper understanding of their child's academic, life, and psychological states. They should patiently listen to concerns, provide effective emotional support and guidance, and avoid neglect or excessive criticism. Additionally, they should encourage medical students to actively express their stress, achieving effective communication and alleviating psychological burden.

3.1.4 Establish Reasonable and Moderate Family Expectations

Parents should set family expectations that balance motivation and suitability based on their child's interests, abilities, and career plans—avoiding excessive pressure while preventing low expectations that diminish motivation. Meanwhile, they should actively communicate with their child to reach mutual understanding, making family expectations a support for growth.

3.2 University Level: Leveraging Professional Guidance to Build a Four-Party Collaborative Platform

As the main arena for medical student cultivation, universities should use professional educational and psychological resources to bridge family education guidance and multi-party communication, addressing the shortcomings of family education and achieving specialized, systematic mental health cultivation.

3.2.1 Develop Integrated Guidance Courses on Family Education and Mental Health

Universities should integrate family education concepts, parent-child communication skills, and psychological stress management into medical students' mental health curricula, while offering online and offline lectures and training for parents. These programs should inform parents about the characteristics and mental health needs of medical students, guide them to optimize parenting styles, and enhance their psychological guidance capabilities.

3.2.2 Establish Mental Health Records and Dynamic Screening Mechanisms for Medical Students

Universities should leverage psychological counseling centers to conduct regular mental health assessments for medical students, enabling timely detection and intervention. For students experiencing psychological distress, universities should proactively communicate with parents, provide feedback on students' mental status, and jointly develop personalized counseling plans, forming a family-school collaborative intervention system.

3.2.3 Build Regular Communication and Collaboration Platforms among Family, University, and Students

Using online communities, offline parent meetings, and home-school interviews, universities should establish a long-term communication mechanism between university and family, as well as between teachers and parents. This allows timely sharing of medical students' academic performance, practice participation, and campus conduct, while gaining insight into their family environment and educational background. Universities can then provide targeted advice, achieving information sharing and synchronized educational efforts between family and university.

3.3 Student Level: Strengthening Subjective Awareness to Achieve Self-Growth and Multi-Party Collaboration

As the responsible subject of mental health, medical students should exercise subjective initiative, actively connecting with educational resources from family, university, and society. Combining professional characteristics, they should enhance psychological literacy to achieve effective integration of family education, university education,

and social support.

3.3.1 Actively Establish Efficient Parent-Child Communication Patterns

Medical students should break communication barriers by actively sharing academic and clinical pressures with parents, while promptly reporting growth and progress to help them fully understand their actual states and needs. They should also practice empathy, understand their parents' expectations and care, discuss academic and career plans together, reach mutual understanding, and reduce psychological conflicts caused by expectation gaps.

3.3.2 Formulate Scientific Career Development Plans

Based on personal interests, abilities, and reasonable family expectations, medical students should set scientific academic and career goals, clarifying their direction for learning and practice. They should continuously enhance professional competence in clinical practice, strengthen professional identity and self-confidence, alleviate career anxiety through improved abilities, and achieve synchronized development between personal growth, family expectations, and university training.

3.4 Societal Level: Integrating Resources to Support Collaborative Education

Society should integrate diverse resources to support collaborative education for medical students' families—by promoting scientific concepts through multiple channels, establishing an integrated non-profit guidance platform, and forming cross-disciplinary guidance teams.

3.4.1 Strengthen Publicity and Guidance on Scientific Family Education Concepts

Online channels such as WeChat and Douyin, combined with offline channels such as parent meetings and case columns, should promote family education concepts for medical students—disseminating the scientific concept of "prioritizing psychological growth and comprehensive development," popularizing its importance for emotional regulation and clinical stress resilience, along with practical knowledge on parent-child communication and stress relief. Multi-department collaboration should guide parents to focus on medical students' psychological needs, creating a social atmosphere that values family education and mental health.

3.4.2 Establish an Online and Offline Professional Guidance Platform for Family Education

Integrating resources from education, psychology, and healthcare, an online and offline public guidance platform should be established for medical students' family education. Online platforms should feature family education columns, mental health sessions, and one-on-one consultations where cross-disciplinary experts address common challenges and individual concerns for medical students' families, while building a psychological guidance resource library for parental reference. Offline stations in communities, universities, and medical institutions should offer public lectures and parent-child workshops tailored to the stages of medical students—foundational learning, clinical practice, and graduation and career choice—to achieve targeted guidance, regular support, and resource sharing.

3.4.3 Cultivate Specialized Guidance Teams for Family Education for Medical Students

Led by the education and health departments, specialized guidance teams should be established with universities, mental health associations, and family education guidance institutions to meet the family education needs of medical students. Systematic training—including pre-job training and case-based teaching—should be conducted, with regular continuing education to update knowledge. A specialized talent database should be established for unified management, with designated service mechanisms to drive teams into communities and universities for regular guidance. Meanwhile, incentive mechanisms should be improved to provide stable professional talent support.

4. Conclusion

Family education exerts a comprehensive and profound influence on medical students' mental health. Family

atmosphere, parenting styles, parent-child communication, and family expectations shape their psychological state, affecting core competencies such as emotional regulation, self-cognition, and interpersonal communication. By optimizing family education—creating a harmonious atmosphere and adopting democratic parenting styles—and leveraging coordinated efforts of families, universities, students, and society, a solid foundation can be established for medical students' mental health. Parents should value family education and pay special attention to academic and clinical psychological stress. Universities should play professional guiding roles by building collaborative platforms. Medical students should strengthen subjective awareness, actively communicate, and scientifically plan their academic and career development. Society should integrate diverse resources to promote scientific concepts and provide professional support. When all four parties fulfill their roles and form collaborative synergy, they can deeply cultivate medical students' mental health, help cultivate medical talents with both resilience and professional competence, and promote the high-quality development of healthcare talent cultivation.

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