

Impediments to Physicians' Workplace Contentment and Wellness: A Multifaceted Qualitative Inquiry

Saman Javed,  ORCID: <https://orcid.org/0000-0002-1040-9294>

PhD, Assistant Professor, Department of Business Studies, Bahria University, Islamabad, Pakistan

Noshaba Batool,  ORCID: <https://orcid.org/0000-0002-6180-1966>

PhD, Professor, Air University School of Management, Air University, Islamabad, Pakistan

Nida Kamal,  ORCID: <https://orcid.org/0000-0002-0561-6213>

PhD, Assistant Professor, Department of Business Studies, Bahria University, Islamabad, Pakistan

Bahaudin G. Mujtaba,  ORCID: <https://orcid.org/0000-0003-1615-3100>

D.B.A., Professor, College of Business and Entrepreneurship, Nova Southeastern University, Florida, USA

Corresponding author: Bahaudin G. Mujtaba, mujtaba@nova.edu

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Abstract: Medical practice is influenced by numerous factors. The purpose of this study is to explore the challenges faced by physicians and their respective outcomes. Given the purpose of research is to comprehend the social phenomenon in the context of healthcare, research design is phenomenology. Data were gathered through semi-structured interviews with physicians working all over Pakistan. The snowball sampling technique was used to recruit interviewees for the study. The interview transcriptions were analyzed and categorized into codes and themes using qualitative data analysis (QDA miner) software. The healthcare sector presents numerous challenges for physicians, affecting their personal and professional well-being. Thematic analysis of qualitative data revealed that physicians' contentment is contingent upon career by choice, sense of service and achievement, personality-job fit, and nobility of the medical profession. The most common challenges faced by physicians are poor work-life balance, lack of institutional support, and disgruntled patients. There are some unique challenges that Pakistani physicians face more regularly. For example, about half of the respondents are concerned about the poor work-life balance that medical doctors face. Similarly, another major challenge is the disrespectful behavior of some patients or their family members. Additionally, physicians regularly face barriers due to institutional issues, gender biases associated with cultural upbringing, lack of adequate behavioral and interpersonal training, poor compensation for medical doctors and other healthcare professionals, lack of respect, and never-ending assessments and monitoring throughout their medical career. Skills like emotional regulation and social abilities are most vital to the medical profession. The study also identified themes on physicians' work ethic, exhaustion levels, and the subsequent coping mechanisms employed to mitigate exhaustion. This study contributes to the discussion on certain lesser-discussed topics pertaining to the healthcare sector. These include choosing to practice medicine out of free volition, gender disparity, coping mechanisms to curb exhaustion, and the need for socio-behavioral training of physicians through a revised medical curriculum. This study assists healthcare administrators in learning and addressing the primary physicians' grievances and neutralizing their negative individual and organizational outcomes. Human beings often attribute certain outcomes and behaviors to situational and cultural factors, since our unconscious thoughts are heavily influenced by programmed and reprogrammed norms, mores, and values. The mix of genetic and environmental factors, socialization, and unique personal experiences enable all workers to make choices that help them serve society, and this is certainly the case with healthcare professionals as they save lives, enhance quality of life, and/or reduce human suffering through their hard work and accumulated specialized knowledge. As such, healthcare leaders, managers, and researchers are encouraged to provide sufficient training and resources for all physicians and their colleagues so they can better serve society.

Keywords: healthcare, physician well-being, work-life balance, workplace contentment, challenges faced by physicians

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INTRODUCTION

The outbreak of the COVID-19 pandemic brought significant attention to the challenges faced by medical practitioners. However, the nature of the medical profession can be daunting from the outset in some regions. In nations around the world, including South Asia's Pakistan, doctors face ample challenges at work including lengthy work shifts, meager compensation, and job instability. They also tend to suffer from anxiety, depression, stress, and burnout. The pressure of education and training is another source of strain for medical doctors. Moreover, as emphasized by the World Health Organization (2020, 2019, and 2017) reports, the lack of sound medical infrastructure and low governmental healthcare spending further add to this burden. Some extreme consequences of such work pressure include hypertension and a high suicide rate among doctors in Pakistan. The aforementioned factors pose a threat to the well-being of the doctors and suggest vulnerability to cracking under pressure.

The issue of inadequate training of physicians is another problem pointed out by Farazdaq et al. (2022). Their study reports a shortage of post-graduate training opportunities in Pakistan. Most of the doctors are general practitioners whose clinical skills and knowledge are subpar relative to international healthcare standards. The provision of learning opportunities, including study leaves and structured training programs, is also extremely restricted due to the already high workload of HCWs.

The issue of gender disparity in healthcare has also been treated in many studies. The choice of specialization area is determined by gender stereotypes prevailing in society (Karam et al., 2022). Males head leadership and administrative positions, decision-making roles, and areas of medical specialization like surgery and dentistry. On the other hand, females are seen as fragile, less assertive, less decisive, soft, and caring, traits that are desirable for practicing medicine but also cost them key leadership positions and subject them to societal stereotypes (Ali & Sohail, 2022; Ashraf et al., 2022; Mustafa et al., 2022).

The issue of female leadership void in Pakistan's healthcare sector has been emphasized time and again by multiple researchers. Primary causes of low female representation in leadership, management, and decision-making positions are conservative social values, patriarchy, early marriages, motherhood, homemaking expectations from females, need for better work-life balance for female HCWs, poor networking, sexual harassment, lack of female role models, and lack of institutional support (Ashraf et al., 2023; Ayar et al., 2022; Iqbal et al., 2022).

Some females prefer not to be in leadership positions, given the need to preserve their feminine identity and work-life balance. Being at risk of being aversive themselves, holding positions of power does not always excite females in the healthcare sector of Pakistan (Ali & Sohail, 2022). Of course, harassment and inequities can impact both genders since male doctors also complain about gender inequity and discrimination. A study conducted in pharmacy reports that male rather than female physicians experience discrimination. The females also concurred that they are offered equal opportunities for career growth and training, but due to personal reasons, they choose not to take advantage of such opportunities (Malik et al., 2023).

While previous research has focused on specific areas for targeted improvements, this research aims to understand the current landscape of Pakistan's healthcare sector by conducting an open-ended inquiry into the major impediments toward physicians' wellness. The study encapsulates discussion on concrete factors like healthcare infrastructure, finance, and institutional support, as well as on personal factors including emotional, psychological, behavioral, and physical elements associated with the medical profession.

LITERATURE REVIEW

The antecedents and outcomes of physicians' wellness or distress have been pondered upon and investigated across multiple contexts (Tariq et al., 2023; Nadir et al., 2023; Wang et al., 2022; Kendrick et al., 2023).

The healthcare sector of Pakistan has remained in a dire state since the country's independence. Battling issues include overpopulation, poverty, poor healthcare system and infrastructure, management, and administrative gaps (Nadir et al., 2023; World Health Organization, 2019); workload, serious lack of postgraduate trained physicians, inadequate clinical skills, lack of advanced training and development (Farazdaq et al., 2022); gender disparity, work-life balance (Ashraf et al., 2023); insufficient public funding (Muhammad et al., 2023). A system marred as such is bound to have damaging repercussions on both individual and collective levels.

According to Javed (2021), doctors have been facing significant challenges since the outbreak of the novel coronavirus. These challenges include delayed salary payments, doctors missing from work and using bribery to avoid accountability, long work hours of up to 48 hours per shift, fear of contracting COVID-19,

and job insecurity. Additionally, doctors experience exhaustion and hypertension due to a lack of adequate sleep, rest breaks, and recognition (Sarwar, 2020). Medical training and education are also essential milestones that doctors must achieve while coping with these pressures (Javed, 2021).

Being in the business of saving lives does not pay off when doctors must cope with a lack of freedom of autonomy and speech and pressure to acquire various institutional memberships and fellowships (Sarwar, 2020). Doctors are also prone to experience psychological distress caused by the death of a patient, appeasing a patient who has just been diagnosed with a terminal disease, or simply working straight for days without a break (Javed, 2021). Ghori et al. (2021) report 61% anxiety and 77% depression rates among doctors after the COVID outbreak. The study emphasizes the need for regular psychological evaluations of doctors. Regular sleep and relaxation activities are crucial for providing relief to doctors (Sarwar, 2020).

Pakistan's population stands at approximately around 240 million, with a growth rate of 1.9% (World Bank, 2022). Only 38% of the population resides in urban areas, thereby reducing the odds of sound healthcare for the 62% rural population (Statista, 2023a).

Recent health statistics show governmental healthcare spending at 1.4% in 2022 (Junaidi, 2023). The number of doctors for 1000 pupils in Pakistan is 1.1. This puts a massive strain on approximately 266,430 doctors to cater to nationwide healthcare needs (Pakistan Economic Survey, 2022). Additionally, the latest statistics show 0.64 hospital beds and 0.46 nurses per 1000 pupils.

There has also been reported a severe lack of specialized healthcare workforce (Farazdaq et al., 2022; World Health Organization, 2017). Infected by corruption, political instability, and distributive injustice, the healthcare system not only suffers from a shortage of medical staff and facilities but is also divided into inequitable public and private sector healthcare, disrupting the uniformity of government health policy guidelines across the country (Muhammad et al., 2023).

Problems like a disproportionate doctor-to-patient ratio (1 doctor to around 1,200 patients), lack of better training and job opportunities, lack of career and intellectual development, inflation, and poor compensation drive medical professionals out of the country, causing a considerable "brain drain". The departing personnel leaves behind knowledge gaps by taking their expertise, intellect, and inventions (Meo & Sultan, 2023). As for the healthcare workers (HCWs), they cannot shoulder the mounting work pressures. That results in mismanagement, deteriorating quality of teaching in medical schools, and rising healthcare provision costs (Nadir et al., 2023).

The above discussion depicts a bleak picture of Pakistan's healthcare sector. Coupled with the work pressures, resource deficiencies lead to adverse physiological and psychological effects among healthcare workforces. Despite the challenges, the performance of physicians and HCWs in Pakistan has remained better than expected. This is evident by the COVID-19 statistics in Pakistan. After the pandemic outbreak, doctors and HCWs across the world faced numerous unprecedented challenges (Jeleff et al., 2022). Similarly, in Pakistan, the healthcare sector was burdened by the lack of medical facilities, government pressure to deliver, social media trials, increased workload, uncertainty about the disease's nature, and high mortality rates. On the personal level, doctors were subject to fear of infection (self and family), work-family conflict, anxiety, depression, mood swings, and job security concerns (Afshan et al., 2022). Contrary to expectations, Pakistan did not experience high infection and mortality rates relative to other nations. This suggests considerable potential for system improvement and commitment of all stakeholders (Siddiqui et al., 2021).

METHODOLOGY

To understand challenges faced by physicians in Pakistan, the study takes on the phenomenological approach, encouraging doctors to share insights considering their work experience in the healthcare sector (Creswell & Poth, 2018). Semi-structured interviews were conducted to gather open-ended responses. 15 doctors participated in one-to-one interviews. The sample size was determined by the rule of thumb suggested by Creswell (2009): 5 to 25. The snowball sampling method was adopted to approach interviewees.

All interviewees were briefed about the nature and purpose of the study. All interviews were conducted and recorded after the acquisition of written consent from all participants. The interview guide was designed based on a literature survey, specifically covering the healthcare sector and the factors associated with it. The guide was reshaped time and again with each interview. The nature of interview questions remained open-ended to encourage enriched responses, albeit unexpected. The interview transcriptions were prepared with the help of the Otter.ai app. A standard orthography approach was employed to enhance the quality of transcripts (Flick, 2014). Table 1 highlights the demographic data pertaining to the interviewees.

Table 1. Sample Demographics

Doctors/ Participants	Gender	Age	Years of experience	Field of specialization
Ashar	M	36	10	Nephrology
Bisma	F	26	1	General physician (GP)
Cahan	M	29	4	General physician
Dania	F	28	4	General physician
Ebrar	M	64	38	Psychiatry
Faiza	F	38	10	Gynecology
Gabriel	M	28	3.5	General physician
Hassan	M	70+	53	Orthopedics
Iqra	F	32	4	Otolaryngology
Javeria	F	34	6	Pharmacology
Kainat	F	62	32	Maternal and child health
Lamia	F	33	5	Dentistry
Masood	M	35	11	Orthopedics
Nadia	F	34	8.5	Anesthesia
Omama	F	28	4	General surgery

Source: Generated by the authors

RESULTS

Thematic analysis was performed using the QDA (qualitative data analysis) in the Miner software. Upon the analysis of all interview transcriptions, 26 codes were identified that were classified under their respective themes. The final number of themes extracted from the interviews is 6. Table 2 outlines all themes and their codes with a brief description for each code, frequency of occurrence across all transcriptions (count), and frequency of occurrence per interviewee (cases).

Table 2. Major Themes and Codes

Theme	Code	Description	Codes, %	Cases	Cases, %
Contentment	Career by Choice	Physicians choose the field of medicine mostly out of free volition	2.20	8	53.30
	Sense of Service	Sense of servitude (outward) derived from serving fellow mankind	6.20	12	80.00
	Personality-Job Fit	Synchronization between physician's personality and profession	0.90	5	33.30
	Noble Profession	Perception of medicine as a noble well-regarded profession	3.50	10	66.70
	Sense of Achievement	Sense of personal (inward) achievement and accomplishment derived from a medical career	4.70	11	73.30
Skill Diversity	Continuous Learning	Need for continuous learning and knowledge upgradation while practicing medicine	1.60	6	40.00
	Emotional Regulation (Display + Composure)	The need for certain emotional displays or emotional restraint given the contextual need (pretense, internalization, natural display, neutral)	15.00	15	100.00
	Social / People Skills	Exhibiting effective social and people skills while interacting with patients, their relatives, attendants, and peers	6.00	15	100.00
	Counselling	Showcasing effective counseling skills by providing emotional support and assistance to patients, attendants, and relatives	2.70	10	66.70
	Leadership Skills	Practicing effective leadership skills like decision-making, problem-solving, and conflict handling	2.20	8	53.30

Table 2 (cont.). Major Themes and Codes

Theme	Code	Description	Codes, %	Cases	Cases, %
Challenges of Medical Profession	Work-Life Balance / Workload	Attaining the right balance between personal and professional life	8.50	14	93.30
	Challenges Faced by Female Physicians	Gender bias, discrimination, harassment, misogyny, and WLB issues faced by female physicians	3.20	4	26.70
	Lack of Respect	Lack of respect for physicians by society	1.10	4	26.70
	Excessive Trials and Assessments	The excessive number of academic trials, assessments, and examinations physicians are subject to throughout their professional journey	1.40	4	26.70
	Corruption	Issues pertaining to institutional corruption (e.g. bribery, favoritism, politics, etc.) in the healthcare sector	0.80	2	13.30
	Poor Compensation Structure	Lack of fair and competitive compensation	1.40	4	26.70
	Lack of Institutional / Government Support	Lack of financial, and systematic support from institutions or government	1.70	6	40.00
	Lack of Emotional / Behavioral Training	Lack of training and awareness resources for behavioral and emotional training of physicians	1.30	2	13.30
	Dissatisfied / Disgruntled Patients	When patients communicate dissatisfaction over service or display unpleasant behavior due to a conflict	7.60	13	86.70
Work Ethic	Empathy / Compassion	Feeling a sense of understanding, affinity, and compassion toward the patients' conditions	7.30	14	93.30
	Professionalism	Sticking to the professional credos and code of conduct (integrity, tolerance, subject knowledge, ethics)	7.30	14	93.30
Exhaustion	Physical Strain	Physicians' physical fatigue and strain	3.80	13	86.70
	Mental Strain	Physicians' mental and psychological strain and stress	2.50	8	53.30
	Emotional Strain	Physicians' emotional / affective strain	3.00	10	66.70
Coping Mechanisms	Conflict Avoidance	Avoiding any unpleasant situation, encounter, or confrontation to mitigate or subdue job-related challenges	2.10	5	33.30
	Wellness Activities	Hobbies or other activities that facilitate doctors' wellness	2.10	10	66.70

Source: Generated by the authors

Figure 1 shows the frequency of occurrence of all codes as per the number of interviewees (cases). Based on the results, the most repetitive elements identified by the physicians are emotional regulation and social skills, followed by empathy and professionalism.

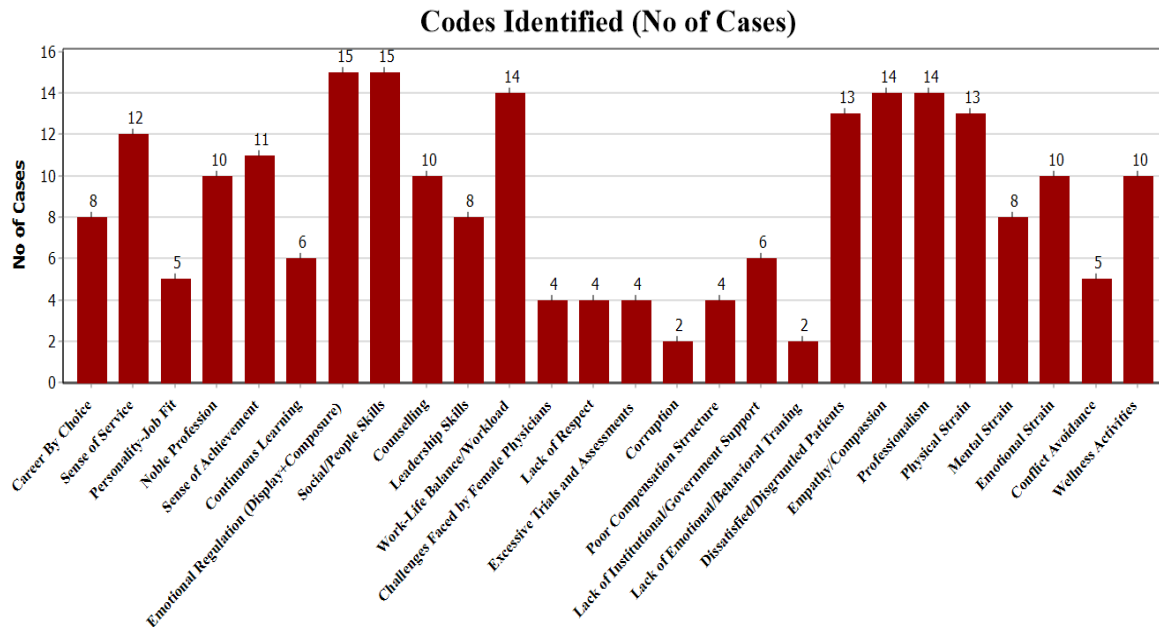


Figure 1. Codes

Source: Generated by the authors

Similarly, Figure 2 highlights the most and least discussed codes through a word cloud.



Figure 2. Word Cloud

Source: Generated by the authors

Table 3 outlines the transcription notation adopted for this study. The purpose is to facilitate an understanding of physicians' thoughts and experiences.

Table 3. Transcription Notation

	Non-verbal component	Symbol
1	Loudness	Bold
2	Pause	
3	Emphasis	<u>Underlined</u>

Source: Generated by the authors

Theme 1: Drivers of physicians' contentment

In pursuit of ways that lead to physicians' wellness and happiness at work, all respondents were asked questions regarding specific determinants of their workplace contentment. The most recurring answers are classified as codes highlighted in Figure 3.

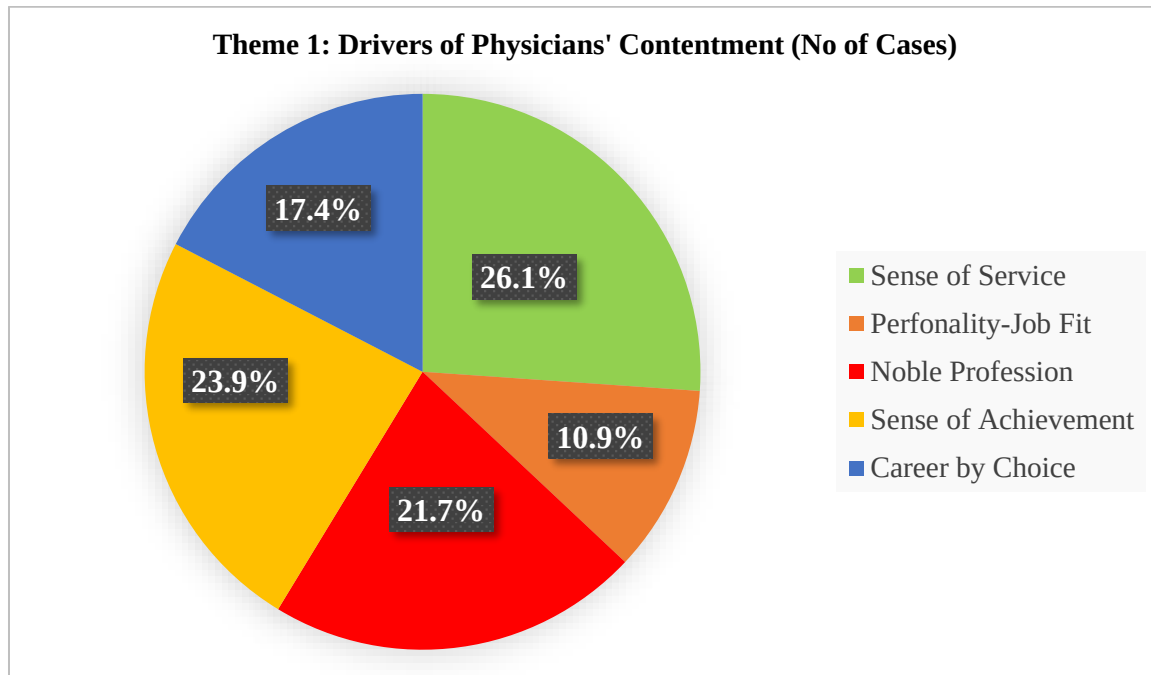


Figure 3. Contentment

Source: Generated by the authors

Most of the doctors reported that they derive satisfaction from the fact that they belong to a respected and noble profession. There is an immense sense of achievement and satisfaction for being able to save lives and serve humanity (Mustafa et al., 2022), as demonstrated by the following comments:

- *Medicine profession in itself is very sacred. You have that passion for it. It feels sacred as you see that it is the inheritance of the Prophet Jesus ... So, it is very sacred (Bisma, 26 years old, General Physician = i.e., “Bisma-26- GP”).*
- *Well, it is arguably the best opportunity to bring happiness and smiles to people. This is the sort of impact we can potentially make for both an individual and for a whole family. It is something really unmatched (Gabriel-28- GP).*
- *Being a doctor, when I see my patients are recovering, I feel very much satisfied. This satisfaction is so different and so unique that only doctors can experience it. Of course, it is very distinctive (Ebrar-64-Psychiatry).*
- *Moreover, respondents affirmed they chose medicine without societal or family pressure and are very content with their decisions. The majority of doctors stressed albeit a challenging profession, they would not leave medicine if given a choice (Ashraf et al., 2022; Mustafa et al., 2022).*
- *Call is not a compulsion. It has to be done wholeheartedly. This thing is if you have chosen your field with interest. Then, I guess you are into it (Javeria-34-Pharmacology).*
- *It was my passion to become a doctor. Choosing gynecology as specialization, I wanted to help the female community of our society (Faiza-38-Gynaecology).*

While discussing career choices, respondents also shared that the selection of medical profession is also driven by the synchronization of their personalities and temperament with their respective fields. Thus, personality-job fit enables doctors to endure the hardships of being a caregiver, renew their professional commitment and engagement, and help overcome intentions to quit (Albert & Frishman, 2021; Enwereuzor et al., 2016; Mullola et al., 2018; Pawase & Poonawala, 2013), as shown in the following comment:

- *I am temperamentally very suited to being a doctor. I am empathetic, I like to help people. I feel happy when I can help them. I fit in to being a doctor just like a hand fits into a glove (Hassan-70-Orthopedics).*

Theme 2: Physicians' skill diversity

Attainment of a variety of skills necessary to be an effective physician is simultaneously an opportunity as well as a challenge. When inquired about the most significant skills a physician must possess, respondents emphasized five major categories depicted in Figure 4.

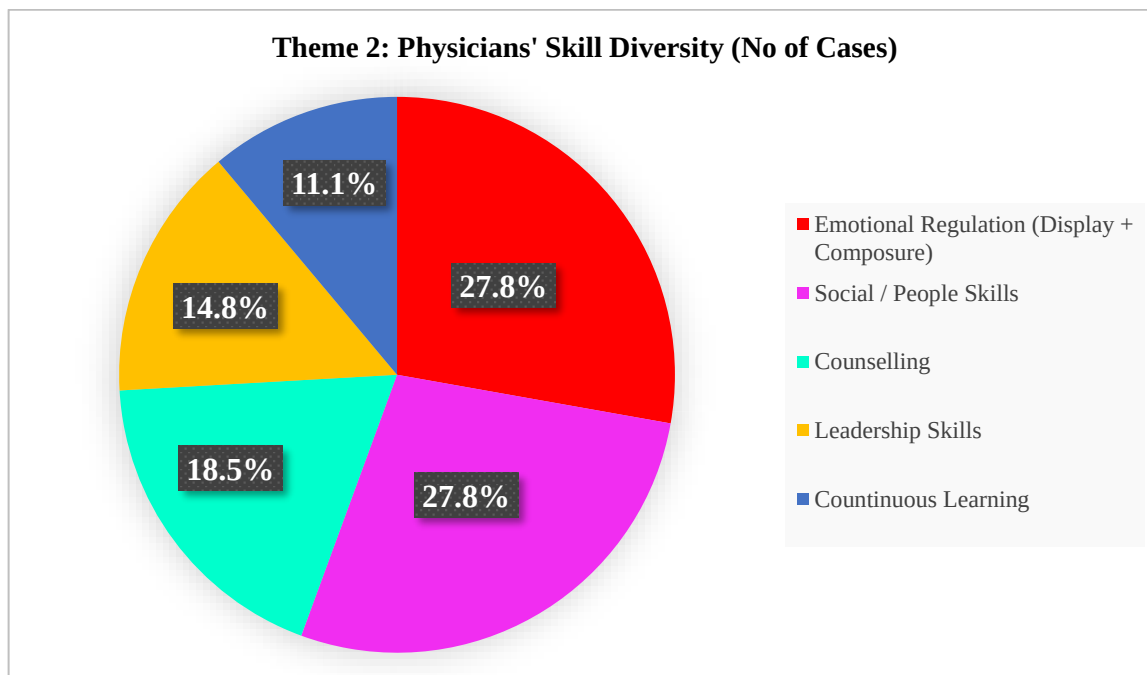


Figure 4. Skill Diversity

Source: Generated by the authors

All respondents affirmed that one of the most important skills for a doctor to possess is the ability to regulate their emotions. Regardless of the situation, good doctors should remain calm, composed, and respectful toward their patients (Androniceanu, 2017). It is also crucial for doctors to be empathetic and compassionate, projecting the appropriate emotions at the right time (Albert & Frishman, 2021). Additionally, counseling is an essential aspect of a physician's job, involving the ability to guide and comfort patients, their families, and caregivers while maintaining emotional composure depending on the situation (Mullola et al., 2018; Steiner-Hofbauer et al., 2018), as demonstrated in the following comments:

- *We have to maintain self-control because during our undergraduate and postgraduate studies. That is what we are taught, how to remain emotionally stable (Hassan-70-Orthopedics).*
- *We just try to display the best emotions to the patients who just have with us maximum five minutes a day. They would only remember those five minutes (Ashar-36-Nephrology).*
- *I think that you have to keep a lid on your own emotions and reciprocate mimic what the patient is giving you (Gabriel-28-GP).*
- *Sometimes you have to be very strong in front of the patient and the attendants, especially with patients who are dealing with chemotherapy and radiotherapy (Faiza-38-Gynaecology).*

Social, people, and communication skills are tied to emotional regulation and counseling. All 15 interviewees stated that doctors must be able to create an effective doctor-patient interaction by demonstrating good interpersonal skills (Steiner-Hofbauer et al., 2018). Effective communication skills are indispensable for improving service interactions and delivering bad news as well. Doctors' job is to communicate the ground reality to patients while keeping the hope alive (Abbas et al., 2022), as explained in the following comments:

- *The patient can be from any background. His level of understanding can be too high or too low. So, doctors' communication skills must be good (Cahan-29-GP).*

- *Smiling towards them and listening in a way that the patient knows that the doctor is taking interest and he is not distracted. Sometimes, patients even overshare stuff that is not necessary to share. However, the doctor has to listen to that as well. So, active listening and gestures, these things you must have (Cahan-29-GP).*

Apart from the above skills, interviewees stressed the importance of leadership skills for better health management (Denis & Gestel, 2016), as follows:

- *Doctors must be flexible enough to deal with all kinds of situations, in dealing with the extraordinary situations and making decisions in nanoseconds (Bisma-26- GP).*
- *Oh, leadership is a must. It is a must. Because within the healthcare profession, doctors are not the only professionals. We have other members of the team. So, in order to manage them, as a doctor, one must be very sound when it comes to leadership and managerial skills (Lamia-33-Dentistry).*

Continuous learning of physicians via advanced teaching and research support is crucial to ensure they are up to date regarding innovations and upgrades in medicine as well as miscellaneous industry developments (Steiner-Hofbauer et al., 2018). Regarding learning and staying updated, one physician explained that:

- *Medicine is an ever-expanding field. You stop reading research articles for a week and you are years behind in your knowledge. In today's world as a doctor, you will hit your wall very quickly if you are not up to date. And if you are not up to date, it is your patients who are going to suffer. And that is honestly the very definition of failure of a doctor (Gabriel-28- GP).*

Theme 3: Challenges of medical profession

Physicians pointed out several problems and challenges they encounter throughout their careers. The most notable ones are shown in Figure 5.

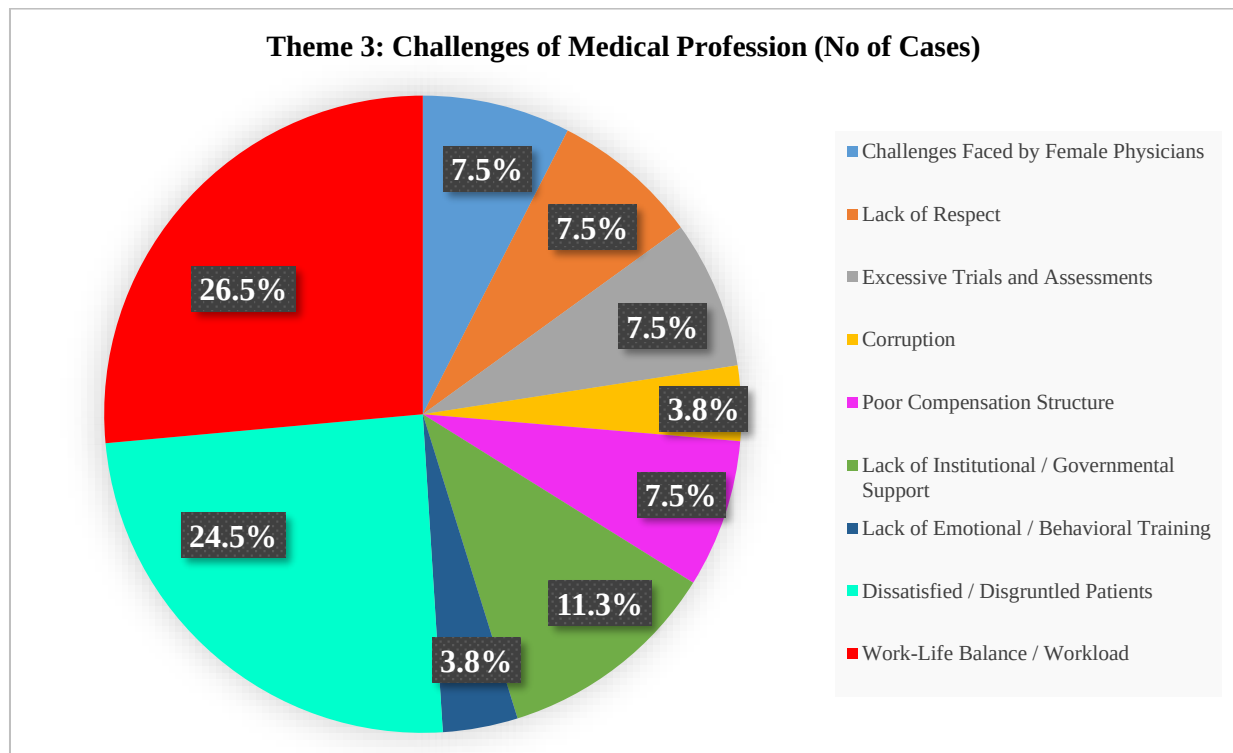


Figure 5. Challenges in the Medical Profession

Source: Generated by the authors

The most notable challenge faced by physicians in Pakistan is workload and balancing work with personal life (Clough et al., 2019; Elder et al., 2020), since one physician mentioned that:

- *It is kind of thankless. It gets very hectic. it just weighs in on us. It is five years of education, then one year of internship, and long nights. We spend two to three days a week where we just do not even go home. It is very rare someone actually appreciates you for all of it (Gabriel-28-GP).*

Work-life balance not only eases HCWs' personal lives but also enhances their job satisfaction and renews professional commitment. Organizations must strive to ensure work-life balance through flexibility in working hours and improved working conditions to counter job stress and burnout. The structure of medical education, exams, and various milestones must also encourage learning rather than putting further pressure on doctors (Humphries et al., 2020; Kelly et al., 2020; Lamovšek et al., 2023; Shivakumar & Pujar, 2017; Szabo et al., 2020).

Another critical issue for physicians is the disrespectful behavior of patients, their relatives, and attendants toward doctors. Lack of respect by the community and society as a whole is also discussed by several doctors' comments as follows:

- *Whatever you do, it is just expected of you. A lot of time, patients or attendants are very rude, very unwelcoming towards you. There is not a lot of incentive. You could say personal wellbeing is a sort of perspective (Gabriel-28- GP).*
- *They never show respect nowadays. Previously, it could be a good profession. Nowadays, people dislike our profession that we have become doctors just for business, not for serving the people (Masood-35-Orthopedics).*
- *Sometimes patients really misbehave with you that you feel like taking it out on the next patient (Iqra-32-Otolaryngology).*

Apart from the above-mentioned, there are several other professional hurdles brought to light by the interviewees. These include a lack of institutional and government support. There is a need to deploy better medical resources (Clough et al., 2019; Elder et al., 2020) and provide career counseling, training, and development opportunities for medical workforce advancement (Faderani et al., 2020; Mustafa et al., 2022; Szabo et al., 2020). Policies must also be conducive to providing behavioral training to doctors. These guidelines cover educating them about the required level of professionalism and service quality, exercising empathy, and developing leadership traits (Albert & Frishman, 2021; Baig et al., 2023; Jalil et al., 2020; Powis et al., 2019). Learning these soft skills and traits must be made part of the medical curriculum from early on (Ashraf et al., 2023; Jalil et al., 2020). One physician commented that:

- *Either you have an innate quality, or you develop a habit. And sadly, the part where we are failing is developing habits because very few people have an innate quality of being calm and rational during a stressful situation. Others need to be taught and they need to develop these skills (Lamia-33-Dentistry).*

Poor compensation relative to job input (Javed, 2021; Meo & Sultan, 2023), corruption, retaliation, and politics (Muhammad et al., 2023; Noori et al., 2023) are some additional challenges physicians are subject to as brought up in the following comments:

- *The payoff, not just in terms of monetization, but also in terms of how you are treated in general or how much effort you put in and what you get out of it. It is not the same (Gabriel-28- GP).*
- *The person who will get the job is the one who bribes the right guy (Bisma-26- GP).*
- *There is workplace politics, there is undue pressure, there is leg pulling, and there is diplomacy (Nadia-34-Anesthetics).*

Issues of gender disparity are also highlighted by female physicians during interviews. Specific issues faced by female doctors include work-life balance, discrimination in hiring and compensation, sexual harassment, and good work ethics (Mustafa et al., 2022). That is observed in respondents' comments:

- *Being in a patriarchal society, the misogyny is such that women are restricted in their roles, particularly when it comes to medicine. In hindsight, keeping in view the challenges that we as women have to face, I would have chosen differently (Lamia-33-Dentistry).*
- *An attendant broke into a room of a female house officer, and he literally tried to harass her. His intention was wrong. After her duty, that house officer went back to her room and she was about to lock her door when he barged in. So, these things happen to female doctors. Attendants harass them (Javeria-34-Pharmacology).*
- *I would say professionalism and a good work ethic are necessary (Gabriel-28- GP).*

Theme 4: Work ethic

Respondents identified two vital and equally important areas that signify a physician's work ethic. These are empathy and professionalism as shown in Figure 6.

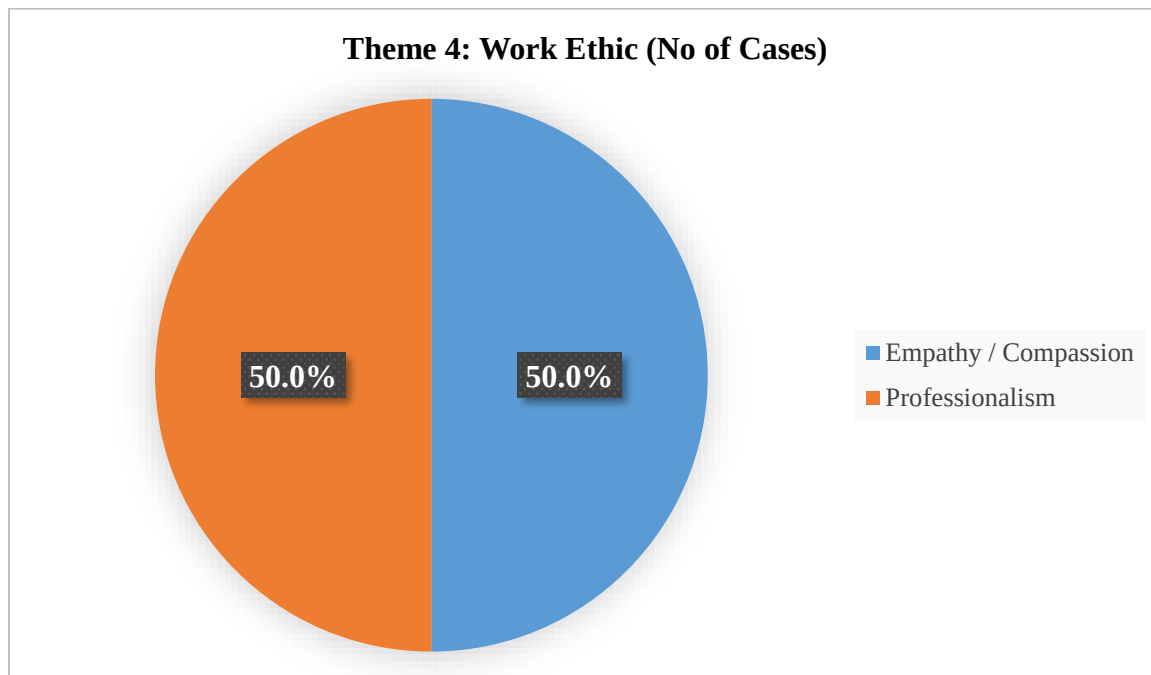


Figure 6. Work Ethic

Source: Generated by the authors

It is paramount for medical doctors to possess and exhibit empathy (Albert & Frishman, 2021; Androniceanu, 2017). Clinical empathy is not only essential for effective doctor-patient interactions. It also improves the former's well-being, happiness, and job satisfaction (Qureshi et al., 2023). HCWs must work on their empathy through conscious practices and reflection, since it tends to deteriorate over time. Attainment of work-life balance, managing and controlling stress levels, taking care of one's physical health, exercising effective communication, and inspiring role models improve empathy levels among doctors (Baig et al., 2023; Rafi et al., 2023; Tariq et al., 2023; Wang et al., 2022).

- *You have to make the patient feel that we actually are feeling their pain. We can sympathize with them. We can empathize with them so that we know what they are going through so that they do not feel alone (Omama-28-Surgery).*
- *It is a part of our training to be empathetic. And if a doctor lacks in empathy or any such personal traits, he has to take professionalism and ethical decision-making courses (Lamia-33-Dentistry).*

Talking about professionalism, interviewees reaffirmed that doctors need to be committed to their professional commitments and must not succumb to bureaucracy whilst compromising any professional and ethical credos (Steiner-Hofbauer et al., 2018; Unger et al., 2020). In addition to proving their competence pertaining to knowledge of medicine (Steiner-Hofbauer et al., 2018), doctors are also required to remain calm,

composed, and professional in the face of all difficulties and work-related challenges. Respect, punctuality, and openness are important attributes of professionalism (Androniceanu, 2017). Similarly, rude behaviors, excessive or irrelevant social media usage, and substance abuse at work are deemed unprofessional and unethical (Jalil et al., 2020).

- *We are service providers; we must be attentive. We must be professional in our communications* (Hassan-70-Orthopedics).
- *Honesty and hard work. I think, these are the two pillars of a good doctor* (Ashar-36-Nephrology).
- *We have a very comprehensive grip of ethics, law, and jurisprudence. So, if there is an uncomfortable situation, protocols come into play because as per our Hippocratic oath, we cannot deny anyone healthcare unless there are certain conditions* (Lamia-33-Dentistry).
- *A very important quality of the doctor is that no matter how much competition you face in your field, you must admit at times another doctor may have more expertise in a certain field. So, instead of making the patient suffer, one should refer him to the more skilled and better doctor* (Iqra-32-Otolaryngology).

Theme 5: Exhaustion

When discussing stress and exhaustion, interviewees described experiencing three types of exhaustion. That is illustrated in Figure 7.

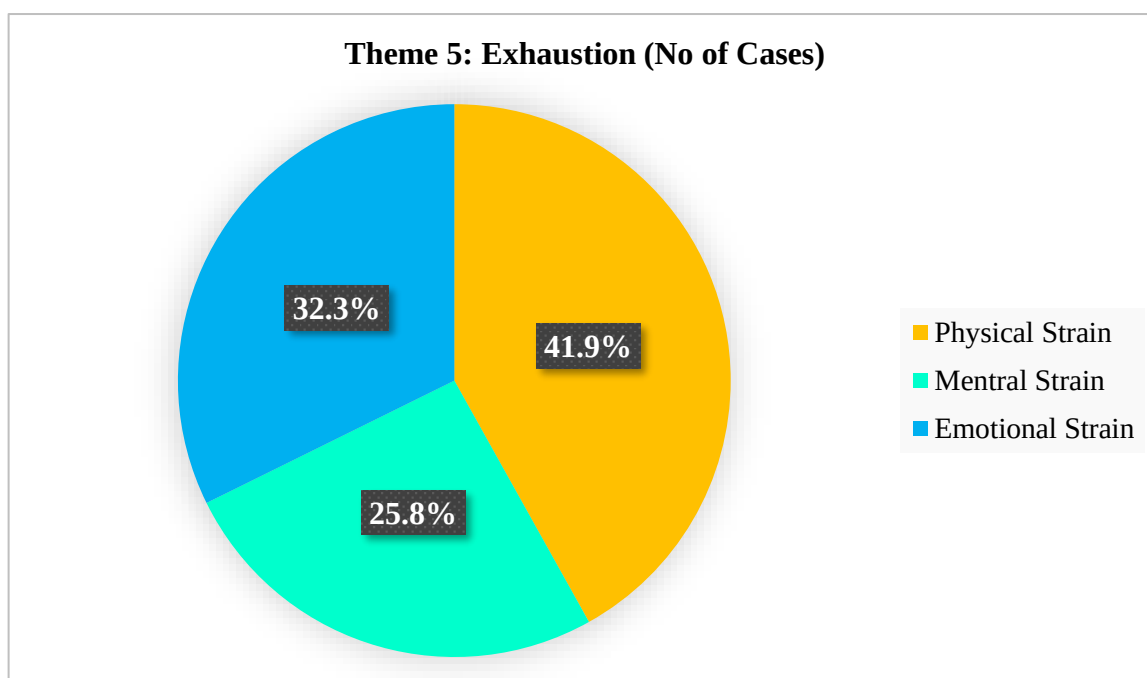


Figure 7. Exhaustion

Source: Generated by the authors

The most dominant exhaustion type experienced by physicians is physical strain and exhaustion. Determined by lifestyle choices, degree of physical activity, and work-life balance, physical wellness is paramount for not only physicians' well-being but also for well-being of their patients (Afshan et al., 2022; Huecker et al., 2023; Siddiqui et al., 2021).

- *Sitting in an office all day makes you lazy and lethargic. Your diet becomes quite unhealthy as well* (Lamia-33-Dentistry).
- *When we are seeing a long list of patients at times, or taking classes in a row then, we become exhausted and tired. Sometimes due to long hours of work, sometimes due to emergencies. At times, when the patient is having some sort of severe problems* (Ebrar-64-Psychiatry).

Besides, physical, mental, and emotional stress are found among medical doctors. Stemming out of poor work-life balance, lack of medical resources, inadequate peer support, ineffective health supervision, and emotional and mental stress result in burnout, job dissatisfaction, and even mental disorders (Kelly et al., 2020; Sio et al., 2020; Starmer et al., 2016). Despite such grave consequences, there is a stigma attached to discussing and dealing with stress and emotional burnout among doctors and other healthcare professionals (Mujtaba and Meyer, 2022; Clough et al., 2019). There must be appropriate measures to help doctors and HCWs at large to cope with the psychological and emotional challenges of caregiving (Sio et al., 2020).

- *If you are unhappy, if you are stressed, if you are not OK in the first place, how will you help somebody else? (Bisma-26-GP).*
- *Doctors are burdened with duty, along with specialization and studies. If they are not able to do everything on time, it creates stress. It affects their mental health. It also depends on the field. People who deal with emergencies, their profession is more stressful. So, their mental health is affected more (Cahan-29- GP).*

Theme 6: Physicians' coping mechanisms

Most respondents reported that to combat work pressures, they engage in wellness or leisure activities. Moreover, avoidance behavior is also used as a coping mechanism to avoid unwanted conflicts at work. The respective percentage of doctors employing these coping mechanisms is shown in Figure 8.

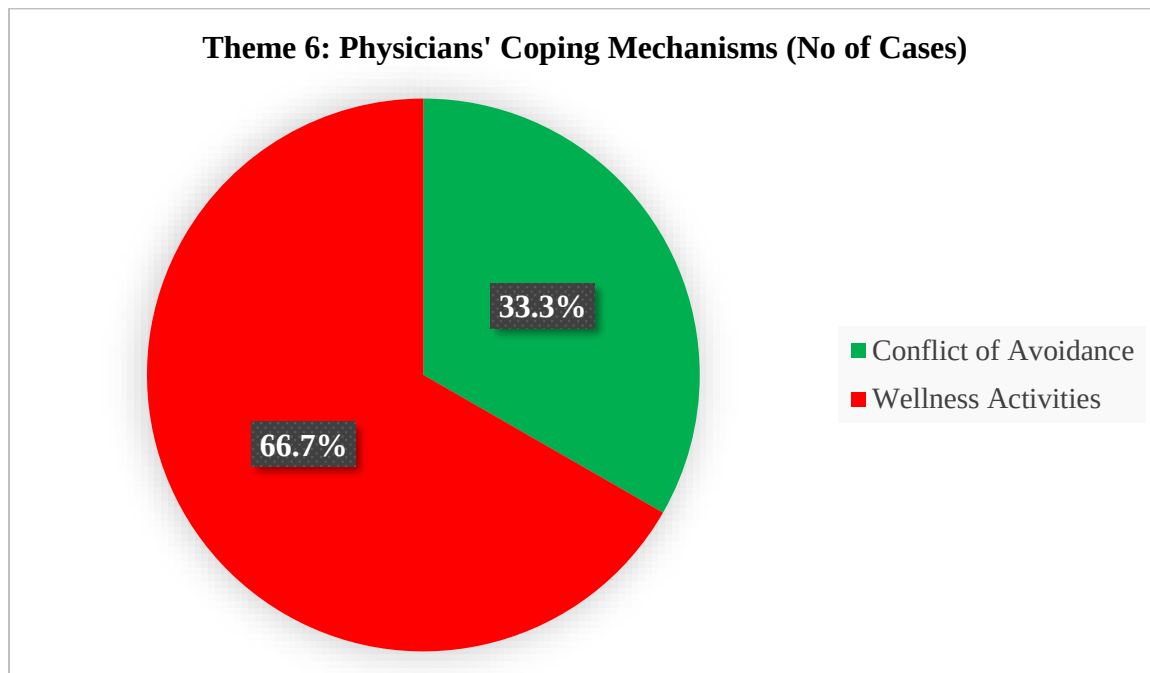


Figure 8. Coping Mechanisms

Source: Generated by the authors

Indulging in wellness activities is vital for physicians and HCWs given the demanding nature of their jobs. Such activities include spending time with friends and family, participating in various leisure activities, and adopting a healthy lifestyle (Menaldi et al., 2023; O'Dowd et al., 2018). It is pertinent to prioritize wellness activities because neglecting them may lead doctors to resort to dysfunctional coping mechanisms including venting and substance abuse (Menaldi et al., 2023).

- *I spend time with friends. My nature is like I do not take much stress. If something happens or if someone scolds me, I make a joke out of it and take it humorously (Iqra-32-Otolaryngology).*
- *I take some time for myself. I like to watch a movie, play a video game, something like that, something to vent out my frustration, or maybe go for a walk or a jog, things like that. Basically, you have to find some sort of distraction that works for you (Gabriel-28- GP).*

- *I would probably sit in a quiet corner, listen to music, watch a movie, go out with friends (Javeria-34-Pharmacology).*

When it comes to confrontation at work with patients, physicians prefer staying out of trouble by avoiding any escalating conflict (Delak & Širok, 2022). Avoiding conflicts and evading dissent ensures harmony between doctors and patients. It prevents dire consequences like lawsuits, and builds trust (Kakemam et al., 2022; Kanaris & Mujtaba, 2024). Thus, the withdrawal behavior of physicians in confrontational contexts is a useful coping mechanism to avoid stress resulting from dysfunctional conflicts.

- *If there are problems, I sometimes just put them on the back burner and forget about them. Then, I continue to work (Hassan-70-Orthopedics).*
- *What I do is try to avoid them. I try to communicate with them through my ward boys, through my OPD room attendant. I just try to communicate with them through these people not directly (Ashar-36-Nephrology).*
- *It is better to ignore the things that are unhealthy for you because you will definitely have positive, and negative experiences being in any profession. Being a doctor has its own burden. So, if you want to be mentally peaceful, to be physically healthy, and to be happy and content, you will definitely have to ignore a lot. Otherwise, you cannot survive (Bisma-26- GP).*

Figure 9 summarizes thematic analysis through a holistic thematic map, outlining all themes and codes.

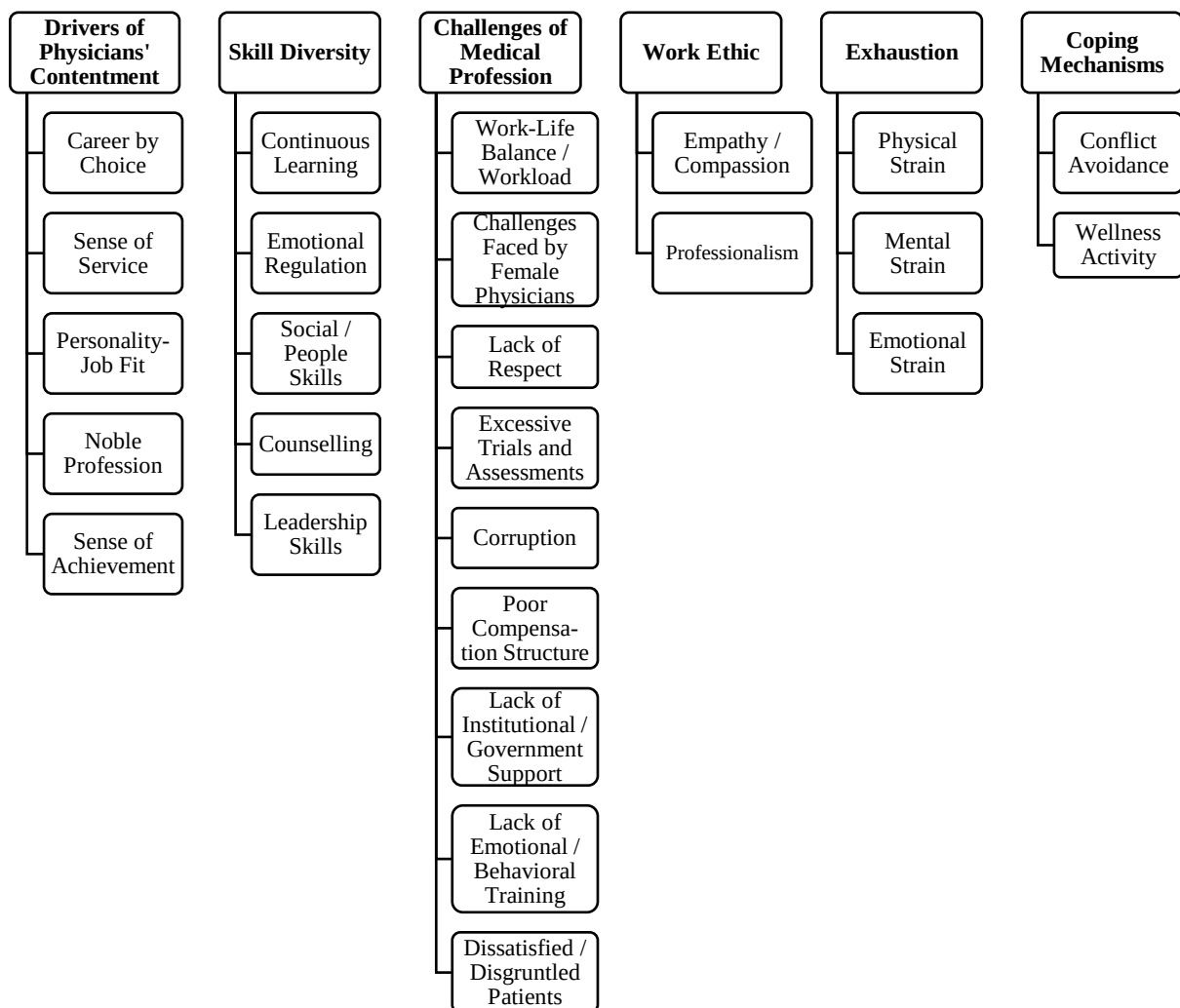


Figure 9. Thematic Map

Source: Generated by the authors

As shown through the thematic map, the current research highlighted some of the most prominent issues faced by physicians in Pakistan. By conducting a thematic analysis of semi-structured interviews with 15 medical doctors, six themes were identified in this study: drivers of physicians' contentment and satisfaction at work, skill diversity, challenges in the medical profession, work ethic, exhaustion, and coping mechanisms.

Regarding the first theme, which highlighted the drivers of physicians' contentment and satisfaction at work, these can include deliberately choosing medicine as a profession, a sense of service, a sense of achievement, a fit between the personality of physician and their chosen profession, and respect with which the medical field is perceived by society.

CONCLUSIONS

This study has shown that medical professionals, especially physicians, in Pakistan confront numerous challenges that can hinder their ability to provide quality healthcare for their patients and society. One major issue is the country's inadequate healthcare infrastructure, including insufficient funding, outdated equipment, and shortage of medical supplies. Such shortages force medical doctors to work in suboptimal conditions, thereby compromising patient care and their own mental wellbeing. Additionally, Pakistan's doctor-to-patient ratio is low compared to most of the developed economies, with only 1 doctor for over 1,000 patients. Such a huge responsibility for one doctor can lead to overwhelming workloads, constant stress, and burnout. Furthermore, political instability is another significant risk to physicians' safety and overall well-being. Pakistan's medical education system often faces criticism for its outdated curriculum and inadequate accreditation processes. Consequently, physicians must also navigate the complexities of a fragmented healthcare system, with limited opportunities for specialization and research. To address these challenges, policymakers and healthcare leaders must prioritize infrastructure development, physician training, and regulatory reforms to support Pakistan's dedicated healthcare workforce.

Pakistani medical professionals often work under enormous pressure, which comes from numerous sources. This study explored some of the pressures and challenges faced by physicians in Pakistan, which affects their personal and professional well-being. Thematic analysis of qualitative data revealed that physicians' contentment is contingent upon many factors, including personality-job fit. Nonetheless physicians in Pakistan often suffer from poor work-life balance and disgruntled patients. They also face institutional barriers, gender biases, poor compensation, and continuous assessments. While this study had limitations of time and data from a narrow sector of the population, future researchers should increase the sample size for both qualitative and quantitative analyses. Additional data might reveal new insights and patterns of challenges and opportunities to enhance the work environment for all healthcare providers.

This study's findings identified the most indispensable skills physicians must possess and receive training about so that they can resort to them in challenging times. Some of these relevant skills are emotional regulation, social communication, counseling, and leadership skills. Continuous learning is also deemed vital for physicians. For example, the theme of discussing the challenges of being a medical doctor in Pakistan revealed some new results, as 50% of the respondents complained about poor work-life balance and disrespectful behavior of patients. Similarly, around 50% pointed out problems, including institutional issues, gender bias, lack of adequate behavioral training of doctors, poor compensation, lack of respect, and never-ending examinations and trials throughout medical careers.

The work ethic of physicians' theme comprised of two equally significant codes – professionalism and empathy. The last two themes focused on the outcomes of leading a challenging medical career which include the physical, mental, and emotional exhaustion experienced by physicians, out of which the most overwhelming is physical strain. Strategies to cope with exhaustion and other unpleasant aspects of medical careers were also highlighted in the last theme. Most physicians shared engaging in wellness, and leisure activities to alleviate stress and exhaustion and to recuperate. Some of them emphasized the importance of avoidance or withdrawal during confrontational situations, thereby shielding oneself from any dysfunctional conflict.

This study provided a holistic take on physicians' lives in Pakistan. Moreover, factors like personality-job fit and career by choice are some novel issues that are not addressed by most previous research. Our study provided a brief and holistic framework for identifying the most crucial and improvable areas of medical practice from a physician's perspective.

Author Contributions

Conceptualization, S. J., N. B. and N. K.; methodology, S. J., N. B. and N. K.; software, S. J.; validation, S. J., N. B. and N. K.; formal analysis, S. J., B. G. M. and N. B.; investigation, S. J., N. B., B. G. M. and N. K.; resources, S. J., N. B., B. G. M. and N. K.; data curation, S. J., N. B. and N. K.; writing-original draft preparation, S. J.; writing-review and editing, S. J., N. B., B. G. M. and N. K.; visualization, S. J., N. B. and N. K.; supervision, N. B.; project administration, S. J., N. B. and N. K.; funding acquisition, not applicable.

Conflict of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Not applicable.

Informed Consent Statement

Informed consent was obtained from all individual participants included in the study.

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Appendix A

Interview Guide

Tell me a little about yourself and your life.

1. What are your qualifications?
2. Why did you choose the profession of medicine?
3. Did you always want to become a doctor?
4. Is this your first job? How long have you been working as a doctor?
5. How do you generally feel about being a doctor?
6. How do you think medicine is different than other professions?
7. What are the things you like the most being a doctor?
8. What are the things you like the least about being a doctor?
9. What characteristics do you consider constitute an ideal doctor?
10. What is your usual routine at work?
11. Do you as a doctor have to show certain emotions at work like smiling, courtesy, listening, empathy or concern? Describe a relevant instance.
12. Can you identify the most common types of emotions (variety) you need to exhibit as part of your job?
13. Do you think every doctor has to show the same emotions at work?
14. How frequently do you have to show these emotions?
15. Are there instances where patients misbehave verbally or physically or have negative attitude towards you? How long does it take you to appease or handle such a patient?
16. How would you describe an unpleasant encounter with a patient or visitor?
17. When do you think you have to pretend to be considerate when you are feeling differently?
18. Do you generally feel empathy towards your patients?
19. How often do you truly feel concerned for your patients?
20. Describe those instances at work where you are completely authentic and natural without putting on an act or façade to please colleagues or patients.
21. How do you move on from bad and unpleasant days at work?
22. Is your work affected by your mental health? Describe an instance to elaborate.
23. Is your work affected by your physical health? Describe an instance to elaborate.
24. What makes you feel exhausted at work? Describe an instance to elaborate.
25. Do you think you were right to choose the medical profession as a career?