

Unhappy doctors in Pakistan: What are the causes and what can be done?

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ABSTRACT

Objective: To determine if the general perception of doctors being unhappy is true as well as to explore the underlying causes for this phenomena.

Methodology: This is a cross sectional study that was conducted over a six months period in two tertiary care hospitals in Lahore. Data was collected by using a structured questionnaire. Demographic information and data assessing perception of overall physicians being unhappy in Pakistan, and their own personal level of satisfaction in life was collected. Possible reasons for unhappiness among doctors from a list of factors was also explored. Finally the respondents were asked about their intentions for near future of remaining/ leaving Pakistan. The data was analyzed by using the statistical package for the social sciences (SPSS version 17).

Results: Six hundred and one (49% males) with the mean age of 28 years (s.d 5.95) participated in a self-reported survey. Majority of the participants (393; 65%) were junior doctors. Fifty nine percent of respondents believe that overall Physicians in Pakistan are unhappy. When asked directly about their own level of unhappiness, respondents gave almost equivocal reply (43% dissatisfied vs 42% satisfied). Low pay (87%), increase workload (73%), no positive feedback (70%), job insecurity (64%) and poor mutual support (47%) being the most significant causes responsible for this unhappiness. High proportion of doctors (55%) would prefer to be in any other country than Pakistan.

Conclusion: This study demonstrated that unhappy doctors are a worldwide phenomenon, Pakistani Doctors being no exception. High proportion of doctors intending to leave Pakistan is a source of concern for the health services. We need to accept the causes and take steps to address the issues identified.

KEY WORDS: Doctors, Stress, Pakistan, Survey.

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INTRODUCTION

Unhappy doctors are a worldwide phenomenon.¹ Several reports from around the world describe declining morale among doctors, but little is known about the reasons. Among the potential causes of unhappiness pay and work load are the obvious ones.² However, evidence from the developed world with efficient systems, higher pay and better facilities suggest that they do not ensure high morale. The other causes may be due to changes in the expectations of governments, society, patients etc. towards medical profession. Individual factors like being self-critical, work related factors like job being emotionally

demanding and difficult including long working hours, no feedback for good work, lack of team support and bullying and harassment at work place as well as factors at stakeholder levels like negative media coverage, are some other reasons cited in the literature as the underlying factors in causing unhappiness among doctors.³⁻⁵

It is important to recognize that a healthcare service staffed by demoralized doctors cannot flourish. Unhappiness, low job satisfaction and contentment not only adversely affect a physician's mental and physical wellbeing but also leads to poor patient care and clinical management.⁶ In developing countries like Pakistan with already vulnerable healthcare delivery system, it is undoubtedly playing a big role in promoting brain drain from the country.

There is a general perception of doctors being unhappy in Pakistan but its potential causes have not been systematically analyzed. In order to treat this unhappiness, reasons needs to be diagnosed. Thus the aim of our study was to determine if the general perception of doctors being unhappy in Pakistan is true as well as to explore the underlying causes for this phenomenon.

METHODOLOGY

A cross sectional survey of doctors was conducted in two tertiary care Hospitals (one Public sector and one Private Hospital) in Lahore. Ethical Review Board of King Edward Medical University approved the study. All doctors who were present in their respective departments on data collection days were invited to participate in the study by using a self-reported questionnaire.

Informed consent (filling in the questionnaire and returning it implied consent to participate in the study) was obtained from all participants before they filled in a structured questionnaire, which was designed on the basis of previous studies done in this area.^{1,2} It was first piloted among ten doctors working in psychiatry department to remove any discrepancies and few changes were made in view of their suggestions.. The questionnaire was made anonymous in order to encourage participation. It was administered and collected upon completion the same day by the data collection team.

The first section of the questionnaire collected demographic information (age, gender, marital status, grade, and specialty). It was followed by a stem question "Do you think that overall physicians are unhappy in Pakistan" with option of responding in affirmative, negative or don't know. Then they were asked to rate on a scale of 1 (extremely dissatisfied) to

5 (extremely satisfied) the question "When you think about your life at the moment, would you say that by and large are you satisfied with life or are you mostly dissatisfied?". The questionnaire further explored the possible reasons for unhappiness among doctors from a list of factors identified from previous studies on this topic as well as identified by respondents during piloting of the questionnaire.

Finally the respondents were asked about their intentions for near future of remaining in Pakistan. The data was analyzed by using the statistical package for the social sciences (SPSS version 17). We utilize descriptive statistics to report the results.

RESULTS

Among the 650 doctors approached, 601 agreed to participate (92.5% response rate). No further data was collected from those who refused to participate and is therefore not available for analysis. Table-I describes the demographic characteristics of the participants.

Overall, 356(59.2%) doctors agreed with the perception of physicians being unhappy in Pakistan. (Table-II) Despite agreeing with this perception, 42% of our respondents reported some level of satisfaction, when asked directly about their own level of

Table-I: Demographic Characteristics of Respondents. (Total n=601)

<i>Demographic Characteristics</i>	<i>No. (%)</i>
Age(mean;sd)	28.79(5.95)
<i>Gender</i>	
Male	294(48.9)
Female	221(36.8)
<i>Marital status</i>	
Single	321(53.4)
Married	210(34.9)
Separated	17(2.8)
<i>Grade</i>	
House officer	186(30.9)
Postgraduate trainee	207(34.4)
Resident Medical Officer	81(13.5)
Registrar	22(3.7)
Consultant	29(4.8)
Demonstrators(Basic Sciences)	35(5.8)
<i>Speciality</i>	
Medicine & Allied	362(60.2)
Surgery & Allied	239(39.76)

*Percentages in columns are not always equal to 100% due to missing data.

unhappiness. Low Pay (87%), Increase workload (73%) & job insecurity (64%) were identified as the significant causes of unhappiness among doctors in Pakistan. More than half of our respondents (55%) would rather prefer to be in any other country than Pakistan because of these reasons. (Table-II)

DISCUSSION

Majority of the respondents in our study (59%) agreed with the perception of doctors being unhappy in Pakistan. These findings support the fact reported in many previous studies around the world that "Unhappy doctors are a worldwide phenomenon".^{1,7,8} A constant proportion (28%) of doctors and other healthcare professionals have been shown to have above threshold levels of stress compared to 18% in general working population.^{9,10} On the other hand some studies have concluded that most doctors are happy and no decline in professional and personal satisfaction was found.^{11,12}

In spite of the overall impression of perception of doctors being unhappy to be true, our respondents when asked directly about their own level of unhappiness gave almost equivocal reply (43% dissatisfied vs. 42% satisfied) This may be because of the fact argued in many studies reporting similar results that although no doubt, many doctors are discontented by present scenario in the country and healthcare but picture is far from simple with most doctors still feeling satisfied at an individual level.¹¹

Causes of unhappiness among doctors reported in the results in our setup were very obvious. Low Pay (87%), Increase workload (73%) & job insecurity (64%) being the most significant ones. In addition issues linked to poor work place atmosphere i.e. no positive feedback for good performance, poor team work, culture of blame also are linked with increase stress levels in our respondents in accordance with previous literature.^{1,13} International comparison of work conditions and job are difficult to perform as health care system differs in Pakistan. Junior doctors pay is very low compared to rest of the world thus financial insecurity was the most important reason leading to unhappiness reported by our respondents.

One of the possible hypothesis of the results of the study may be that training of doctors at our medical schools are not preparing doctors well for the realities of hospital life. In the medical school they are taught about diagnosis, treatment, pathophysiology etc. but little emphasis is placed on communication skills, management and organizational issues & ethical dilemmas which arise during day to day work. In addition they have to work in an atmosphere, where

Table-II: Factors studied for unhappiness among doctors in Pakistan.

<i>Factors Studied</i>	<i>Number (%)</i>
<i>Do you think that overall Physicians in Pakistan are unhappy?</i>	
Yes	356(59.2)
No	125(20.8%)
Don't know	61(10.1)
<i>When you think about your life at the moment, would you say that by and large, you are satisfied with your life or are you mostly dissatisfied?</i>	
Extremely dissatisfied	51(8.5)
Dissatisfied	201(33.8)
Not sure	80(13.3)
Satisfied	220(36.6)
Extremely satisfied	31(5.2)
<i>Causes of doctor's unhappiness in our country*</i>	<i>No. (%) of respondents answering in affirmative</i>
* Less pay	524(87.2)
* Increased workload	439(73.0)
* No positive feedback for good work	426(70.9)
* Increase workplace stress	388(64.6)
* No job security.	383(63.7)
* Difficulties in balancing work/ home life	321(53.4)
* Poor mutual support	284(47.3)
* Decreased respect	283(47.1)
* A growing culture of blame	273(45.4)
* Decrease in team work spirit	264(43.9)
* Decrease in control over work environment	213(35.4)
* Harassment	212(35.3)
* Demanding patients	212(35.3)
* Making trade-off decisions due to resource constrained environment	205(34.1)
* Emotionally demanding work	191(31.8)
* Media being hostile	188(31.3)
* Aggression and violence faced at work	188(31.3)
* Loss of patients trust	182(30.3)
* Increased use of protocols, guidelines	172(28.6)
* Difficult job	162(27.0)
* Any other factor	146(24.3)
* Increased accountability	119(19.8)

*Affirmative answers to multiple options was allowed.

bullying is prevalent and a very strong hierarchical system is in place.¹³ Working in a resource constraint environment, they have to compromise between what can be done and what one wants to do. Little training in functioning as large complex organizations leads to further stress and frustration among doctors. Furthermore medical profession is poor in giving mutual support and teamwork skills are not encouraged much thus poor support leads to inability to cope with stress.¹⁴

Recently media has also been pretty hostile towards doctors, and negative media coverage and perceived loss of trust has not helped medical profession. Relationship between doctors, patients and community is also changing, traditional roles of authoritative doctors are changing with patients now being considered partners in care, which is unsettling for some professionals.¹

Identification and then practical steps to tackle stress among doctors is very important because increased stress leads to increased risk of medical errors and high costs to healthcare delivery system by increase in absenteeism and poor quality of care provided to patients.¹⁵

High proportion of doctors (55%) intending to leave Pakistan is likely to be a cause of concern for the health services but reflects similar wider societal trends. Stress at workplace, economic instability, greater financial demands, security issues being some of the factors responsible for this trend of brain drain from Pakistan.^{16,17}

Unlike some other factors, improving the workplace environment, encouragement of support network among doctors, better financial packages are potential policy interventions which can help in reversing this trend and overall improve the wellbeing of doctors.

Limitations of the study: Various limitations of the study needs to be considered. The use of convenience sampling is not ideal. Secondly we relied on a self-reporting questionnaire as did many previous studies, which may have led to selection bias. In addition although we have no reason to believe that our sample was not representative of doctors in General public hospitals in Lahore but generalizability of results to other provinces may be weak.

What is now needed is a systematic approach to the problem. We need to accept the causes and take steps to address the issues. At organizational level, good incentives, proper job structure, and reasonable working hours will not only help medical profession but will indirectly help organizations by decreasing medical errors, & absenteeism. Leadership training and team work encouragement at organization levels will further decrease stress. At individual level stress management workshops, career counseling, setting up of confidential helpline for doctors, free

counseling and psychotherapy services etc are some of the other steps that can help in increasing the morale and job satisfaction among doctors. Stress is here to stay, the sooner we accept it, the sooner we will tackle it and better it will be in improving the lives of doctors in Pakistan.

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