

EXPLORING PSYCHOSOCIAL PROBLEMS FACED BY PAKISTANI DOCTORS WORKING IN GOVERNMENT HOSPITALS”

Sonia Shafi

MS Scholar, Department of Applied Psychology, Government College University, Faisalabad.

Mehreen Fatima

MS Scholar, Department of Applied Psychology, Government College University, Faisalabad.

Muhammad Umar Khan

Corresponding author, Department of Applied Psychology, GC University, Faisalabad.

umarkhan@gcuf.edu.pk

ABSTRACT

Background: This study aims to explore the psychosocial problems faced by Pakistani doctors working in government hospitals. In Pakistan, doctors face many challenges on daily basis, as they face heavy workload, workplace stress, dealing with death, dealing with severe injuries, lack of resources and opportunities, family problems, financial issues, burnouts etc. Heavy workload, lack of support, ‘compassion fatigue’ or burnout, and boundary issues are also common problems faced by doctors.

Aim: This study aims to explore and describe the psycho-social experiences challenges and problems faced by Pakistani doctors working in government hospitals.

Methods: A sample consisting of (n=15) participants aged 25 to 50 will be included in this study. Doctors working in government hospitals of age 25 to 50 would be included in this study. Male and female doctors would be the participants of the study.

Result: The themes identified in this research lead toward experience and psycho-social problems its effects on a doctor’s life 8 super themes named psycho-social problems faced in a doctor’s daily life, Individual’s personal psycho-social problems experiences

Keywords: Doctors-based violence, Qualitative study, problems faced by doctors, perpetrator motivation.

INTRUCTION

Doctors are integral to the healthcare system, and their mental well-being directly affects the quality and efficiency of both healthcare professionals and services provided by the population. Studies have found that the high levels of occupational stress, burnout, and depression experienced by doctors can adversely impact patient care and increase medical errors. The study found a significant association between work stress and burnout among doctors (Nasir et al., 2020). The prevalence and predictors of burnout among female medical doctors in Pakistan. The study reported a high prevalence of burnout, with work overload and role conflict as significant predictors (Najam et al., 2019). Burnout and Job Satisfaction Among Public and Private Hospital Doctors in Pakistan Results showed greater rates of doctors high in burnout who worked at public hospitals and had lower job satisfaction (Saleem & Makhdoom, 2018). Also, the access to several specialist healthcare services in Pakistan. The study report detailed that public healthcare facilities had a general lack of specialist services, which resulted in lots of patients seeking private healthcare services, and thus increased healthcare costs (Khan et al., 2020).

Doctors exhibited high rates of stress, anxiety and depression, the study found. Low emotional well-being was significantly associated with work-related factors and long working hours, high patient load, and lack of support were identified as the most significant contributing factors (Abbasi & Hekmat, 2019). According to a study by the authors, the work-life balance of female doctors, despite many benefits associated with continuing

medical careers, had negative impacts on both their mental and physical health (Khan et al., 2018).

Additionally, the job happiness and work-life balance of physicians in Lahore, Pakistan. According to the study, physicians who expressed greater job satisfaction had better work-life balance (Rehman et al., 2015). the connection between burnout and work-life balance among Pakistani physicians. According to the study, burnout was more common among physicians who reported having a poor work-life balance (Saleem et al., 2020). doctors' work-life balance in Pakistan's private hospitals in Lahore.

Method

Research and design

This is an exploratory qualitative research semi-structured interview conducted for data collection. Thematic analysis was used to analyze the collected data. It was aimed focus to the experiences and factors behind the psycho-social problems faced in the government hospitals as well.

Participants

The sample consisted of (n=15) participants of age 25-50 in this study. Psycho-social problems faced by males and females are age included in this study. Participant No 2 was 23 years old. She was a doctor in Allied Hospital Faisalabad.

Inclusion criteria and Exclusion criteria

In inclusion criteria, doctors males and females aged 25 to 50 would be included in this study from any field of study, job, and life. In Exclusion criteria, participants would not be taken below age 25 and above 50. This study will be conducted only from doctors. All of them explained their personal experience opinions and coping strategies regarding psycho-social problems faced by Pakistan doctors in government hospitals.

Measures

Semi-organized interview: Semi-organized meetings will be led for this review to gather the expected data. Inquiries would be posed by individuals in one-on-one discussions. Questions won't have stringently formalized as surveys.

Procedure

This study planned to investigate the impacts of psycho-social issues looked by Pakistani specialists in government emergency clinics. Further, this subjective review will investigate the impacts and most normal kinds of psycho-social issues. Research, first of all, will get a consent letter for information assortment from the Division of Applied Brain science Government School College Faisalabad. Letter will be endorsed from the director and concerned specialists. This letter will announce the distinguishing proof of the specialist. For this review, purposive testing will be utilized. Above all else, we will move toward specialists and interview them we will utilize semi-organized interviews. The phenomenological research approach is the worry of this review. Informed assent will be taken from every member. Fundamental data about the exploration will be given to investigate members. Recording would be finished for composing the reactions of members. Privacy would be guaranteed to the examination members. Semi-organized interview example will be utilized for each meeting. Information gathered from these meetings then, at that point, will be examined by utilizing subjective information investigation methods and results will be accounted for.

Purposed Data Analysis

Topical examination is the procedure that will be used to look at the subjective information for the members. Concentrates on that utilization topical examination are named subjective exploration along these lines. Five stages can be utilized to depict a subjective examination model: whining, dismantling, reassembling, investigating, and reaching inferences (Castleberry and Nolen, 2018). ELABORATE THIS Procedure WITH 6 Stages deconstructing, reassembling, analyzing, and drawing conclusions (Castleberry & Nolen, 2018).

RESULTS

This chapter aims to get the findings by using thematic analysis. Thematic analysis is 8 processes in which we get raw data in the form of interviews. These interviews are recorded and further, we transcribe these interviews in MS Word in the exact verbatim of interviewees. transcriptions then further processed to get codes out of them which would be meaningful. This coding is done by using QDA miner lite software. The code is then further used to collect subthemes from the extracted meaningful codes to get a more comprehensive and precise outlook of data. These sub-themes were then gathered to get themes out of there. In this study, the method followed is by analysis of Conroy (2010).

Coding

Gathering and highlighting phrases from the data which are giving meaningful information is a process called generating codes. The information that is taken by the interviewee in the interviews is highlighted or labialize in a more precise and meaningful form. For the process of generating codes, the researcher has to select from the transcribed data all the informative, relevant and meaningful code from one response although no of codes can be generated by single response of the interviewee. Coding is actualh a form of key points which can help to figure out the shared information. (Caulfield, 2021).

Transcription

Transcription is a process in which the exact words spoken by the interviewees are written in their actual verbatim, in qualitative research. These interviews could be one on one interviews or discussion of focus group. To get the exact form of information and to avoid any kind of alteration the interviews are written word to word. Every interview must be transcribed in the exact wording that is used in the conversation. Not even the non-verbal cues are ignorable as voice tone, facial expressions, long pauses during conversation and body language can also be shown in transcription. (Mondada & Lorenza, 2007).

Discourse Units

The data is converted into segments by the researcher so that he/she can use the data in a more organized way, this form of data is known as discourse units. A numerical code or a unit is given to every segment of the discourse unit, the use of discourse units makes it easy for the researcher to put the reference in the findings of the research, the quoted text as a reference can be easily approached by the researcher or anyone else with help of discourse unit. (Luo, 2020).

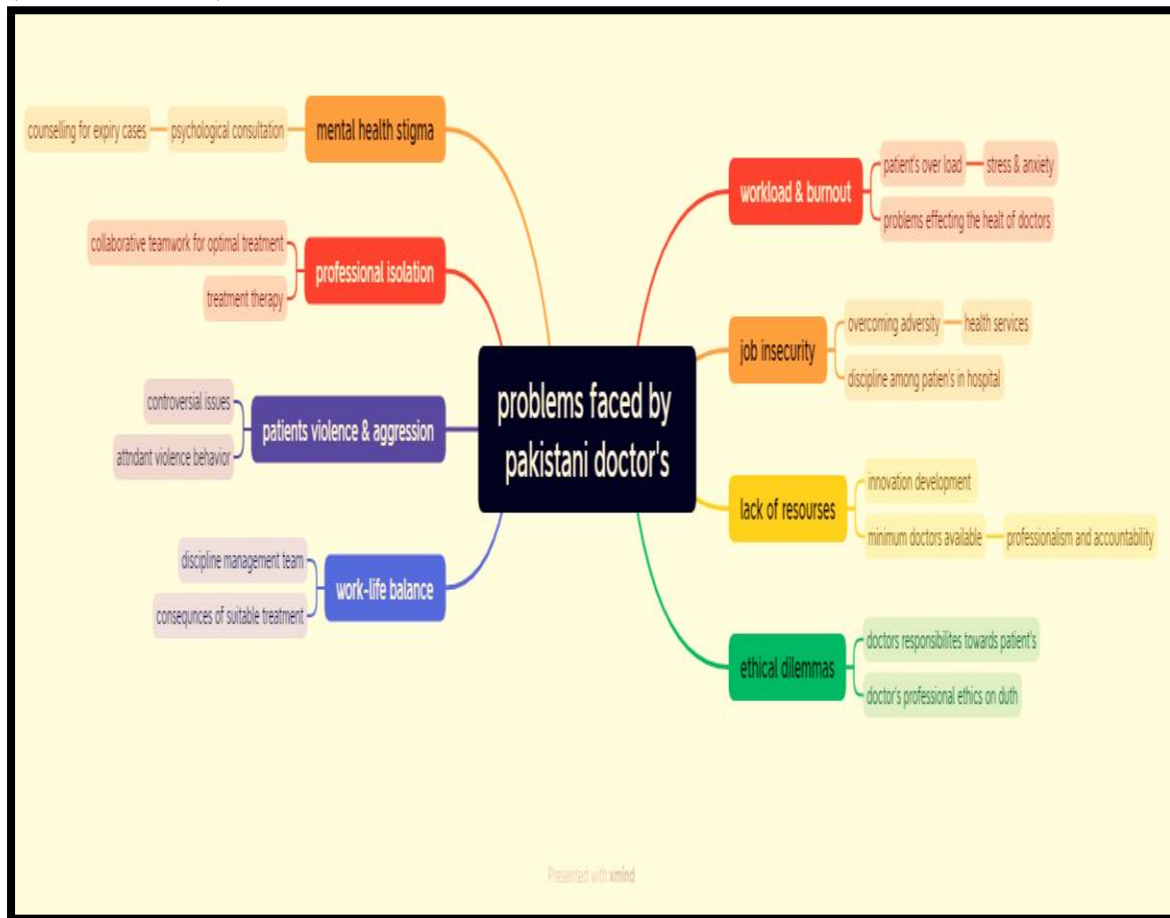
Themes

Generated codes which are having similar meanings further combined to make themes. A broader term of themes can be of a single word or a phrase short in length is merged by the combination of codes (Caulfield. 2021)

Super themes

Then these subthemes can further have combined to form themes, which are more comprehensive and precise form of the data. For the formation of themes one or more than. one theme can be combined to the purpose of generating codes. Generating possible compressible themes in important for the researcher to give the findings of research study

(Caulfield, 2021).



This includes the discussion regarding workload and burnout doctors often face; they face excessive workload, long hours, and high patient-to-doctor ratios, leading to burnout and emotional exhaustion. Workload refers to the amount of work or tasks that an individual or a team is expected to complete within a given period. It encompasses the quantity and complexity of tasks, as well as the time and effort required to fulfill them. Workloads can vary significantly based on job roles, responsibilities, and organizational demands.

This can have detrimental effects on both mental and physical health. *Prolonged stress and anxiety can contribute to burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. (P15, DU68).* When healthcare providers are overwhelmed with too many patients, it becomes difficult to provide each patient with the level of attention and care they need *Government hospitals often have limited staff, equipment, and infrastructure, making it challenging to meet the demands of a growing population. (P12, DU16)*

Doctors frequently put in long and erratic hours, which can wear them out mentally and physically. This may lead to exhaustion, problems sleeping, and a higher risk of accidents.

Job insecurity in this context means that doctors may not always have a guaranteed or stable job, and they might need to adapt to changing circumstances in their profession.

Overall, overcoming adversity is a process that involves a combination of emotional strength, practical skills, and a positive mindset to successfully navigate and conquer life's difficulties. Hospitals often face adversity due to limited resources such as staff, equipment, and supplies *Adverse events can occur in patient care such as medical errors or*

complications. Hospitals must implement robust quality control measures, continuous staff training and patient safety protocols to reduce these instances. (P13, DU26)

Discipline among patients in a hospital is about following medical advice, adhering to safety and infection control measures, respecting healthcare providers, managing time effectively, maintaining a quiet environment, and being mindful of resource utilization. **Experiences of individuals who have faced mental health stigma, and how has it affected their mental well-being and overall quality of life**

1: Mental health stigma: this is a super theme that includes psychological consultation, counselling for expiry cases themes.

Doctors in Pakistan, like their counterparts worldwide, confront a range of mental health challenges that can significantly impact their well-being. The demanding nature of the healthcare profession in Pakistan, characterized by long hours, high-stress environments, and limited resources in some areas, places doctors at risk for conditions such as burnout, stress, and anxiety. In addition to these difficulties, physicians in Pakistan might also face structural problems with the larger healthcare system, such as a lack of resources and security worries. These issues are made worse by the inadequate mental health care provided by healthcare facilities. In addition to protecting their own health, doctors' mental health issues must be acknowledged and addressed in order to provide the best care possible for their patients.

A professional evaluation and discussion of a patient's mental and emotional health are part of a doctor's psychological consultation. In order to assist patients comprehend and manage their mental health concerns, doctors—typically psychologists or psychiatrists—use their knowledge to assess, diagnose, and offer advice on psychological illnesses or disorders. *(P1,DU16)*

Giving patients and their families emotional support and direction when a patient's illness is terminal or nearing the end of their life is known as counseling for expiration cases. In addition to explaining available options and addressing patient and family concerns, doctors provide compassionate communication and make sure that patients' desires for comfort and dignity are honored during the dying process. The goal of this type of counseling is to assist people in making educated decisions on end-of-life care and overcoming the emotional difficulties associated with impending death.

In the context of physicians, collaborative effort for optimal treatment entails medical professionals from various specialties cooperating to offer patients thorough and efficient care. It comprises communicating, organizing treatment strategies, and pooling knowledge. *(P14, DU34)*

Treatment and Therapy

Medical interventions that are intended to alleviate or cure medical diseases or address health-related issues are referred to as treatment and therapy. In order to manage or eradicate illnesses or symptoms, treatment entails the use of medical knowledge and technology, such as drugs, surgeries, or physical interventions. Therapy encompasses various approaches, including psychological counseling, physical rehabilitation, and behavioral interventions, to promote healing, improve well-being, and enhance the overall health of patients *(P13, DU54)*

This aggression can have severe consequences, not only for the targeted healthcare professionals but also for patient care as a whole. It can hinder the delivery of quality medical services, create an unsafe work environment, and contribute to the mental and emotional strain experienced by doctors, who must balance their commitment to providing care with the

need for their own safety. Moreover, it's crucial to emphasize open communication and empathy in healthcare interactions to prevent such situations whenever possible and to ensure the well-being of both patients and healthcare providers.

Doctors must navigate these contentious areas while upholding medical ethics and ensuring the best interests of their patients and society as a whole. *Way controversial issues like fire alarms we have separate medical officers for dealing with them. We provide the necessary treatment, but matters related to medical aspects are overseen by the administration and medical officers. (P9, DU36)*

As of recently, an incident occurred in Lahore where a child's death occurred. It is possible that this happened due to the incompetence of the doctor, but it is not right to blame and start pointing fingers at the doctor without evidence or due process. (P13, DU68.)

Efforts to improve work-life balance among doctors in Pakistan should involve reforms in healthcare policies, such as setting reasonable working hours and providing adequate time off.

When doctors provide appropriate and evidence-based treatments, it can lead to positive outcomes, symptom relief, and a higher quality of life for patients. Additionally, suitable treatment contributes to the overall success and credibility of healthcare providers and institutions. *I get tired because our duty is for 13 hours, and in a 24-hour emergency, after that, the ward duty starts, so tiredness sets in. However, it is temporary, so 6 hours of sleep is enough to provide relief. (P4, DU34)*

A discipline management team typically refers to a group within a healthcare institution responsible for overseeing and enforcing professional conduct and ethical standards among medical staff. This team may address issues such as code of conduct violations, disputes, or disciplinary actions involving doctors. Their role is to ensure that doctors adhere to the highest standards of ethics and professionalism in patient care.

Especially for me, this is because I am away from my family. I can say that due to the heavy workload, I have become very exhausted, but this issue has also occurred very rarely with me. (P13, DU82)

DISCUSSION

This chapter provides arguments in favor of the overall findings. The other purpose of this chapter was to discuss the results with literature and find out the answer of research questions.

Key factors within a hospital that contribute to the generation of excessive workloads leading to burnout

In answer to this research question this super theme (workload and burnout, job insecurity) and themes of stress and anxiety, patient's over load, Problems affecting the health of doctors, Overcoming adversity, Discipline among patients in hospital, Health services

This tends to workload and burnout doctors often face excessive workload, long hours, and high patient-to-doctor ratios, leading to burnout and emotional exhaustion. Workload refers to the amount of work or tasks that an individual or a team is expected to complete within a given period. It encompasses the quantity and complexity of tasks, as well as the time and effort required to fulfill them. Workloads can vary significantly based on job roles, responsibilities, and organizational demands. Burnout, on the other hand, is a state of physical and emotional exhaustion that results from prolonged exposure to high levels of chronic stress, often due to an overwhelming workload. It may show itself as a sense of fatigue, pessimism, and diminished productivity at work. Burnout is a more serious disorder that can negatively impact both mental and physical health rather than being a transient feeling of exhaustion. The term "doctors' job insecurity" describes the possible ambiguity or

instability in the employment and career opportunities of medical professionals, including physicians. It implies that doctors can experience difficulties keeping their jobs, which could be brought on by a number of things, such as modifications to healthcare regulations, changes in the state of the economy, or changes in the demand for medical care. In this context, job insecurity indicates that physicians might not always have a secure or guaranteed position and may need to adjust to shifting conditions in their field.

Workload and burnout's effects on healthcare workers have been covered in great detail in earlier research. Burnout is common among physicians, according to studies, and it can result in poor performance, a decline in job satisfaction, and reduced patient care (Maslach et al., 2001; Shanafelt et al., 2012). In line with previous research, this study also discovered a strong correlation between doctors' burnout and workload (Aiken et al., 2002; Panagioti et al., 2018). The results emphasize the necessity of measures that support physician well-being and deal with workload concerns. It has been acknowledged that job insecurity is a major source of stress for medical professionals, especially physicians. According to earlier research, healthcare workers who experience job instability may have psychological distress, decreased job satisfaction, and even physical health issues (Camerino et al., 2011; De Cuyper et al., 2008). In line with previous research, this study also discovered that job uncertainty was a strong predictor of stress and anxiety in physicians (Firth et al., 2017; Sofianopoulou & Finkelstein, 2021).

It is essential to address job insecurity by providing career development options and organizational support in order to protect physicians' wellbeing. Numerous studies have found that a common issue influencing doctors' health and well-being is an excessive patient load. Increased stress and fatigue, a decline in job satisfaction, and eventually burnout can result from an excessive workload (Shanafelt et al., 2016; West et al., 2019). According to earlier studies, doctors' stress and anxiety levels are significantly correlated with their patient load (Dyrbye et al., 2014; Oxtoby-McDonald et al., 2021). To overcome this issue, tactics like workload redistribution, team-based care, and efficient resource use should be put into practice. Numerous health concerns that physicians encounter, such as musculoskeletal illnesses, lifestyle-related diseases, and mental health issues, have been covered in great detail in the literature. These health issues are exacerbated by long workdays, ongoing stress, and occupational dangers (Wallace et al., 2009; Yaghmour et al., 2017). In line with earlier findings, this study also found a strong correlation between doctors' health issues and stress and anxiety (Firth-Cozens & Greenhalgh, 2001; Ruitenburg et al., 2020).

Conclusion

In conclusion, studies on Pakistani physicians' everyday encounters with psychosocial disorders show how common these problems are in their life. Patient violence, work-life balance, job insecurity, stress and anxiety in patients and healthcare staff, resource limitations, ethical quandaries, professionalism, and accountability in the medical industry are just a few of the topics covered in this qualitative research study. The findings emphasize the importance of comprehensive strategies to promote a healthier, safer, and more equitable healthcare system. They also highlight the need for supportive work environments, effective strategies to manage violent behavior from patients, addressing workload and burnout, promoting mental health, ensuring optimal patient care, overcoming challenges faced by doctors, fostering a culture of respect and accountability, addressing resource shortages, implementing ethical decision-making frameworks, embracing innovative solutions, ethical practices, and patient-centered care.

Limitation Future Direction

I collected this data by conducting interviews with doctors at Allied and Civil Hospitals. In this process, I primarily faced the challenge of scheduling interviews with doctors as it was difficult to find a suitable time. This research could be conducted incross-cultural and it can also be conducted from doctors' why they conduct actions like problems faced in government hospitals. Cross-cultural research can be done in the future, to compare similarities and differences in the manifestation of problems faced in government hospitals. This research has cultural limitations. Some policies could be designed to reduce the problems faced by doctors.

REFERENCES

- Aftab, M., Khawaja, R., & Nawaz, M. (2016). Job satisfaction, job-related stress and burnout among doctors of Lahore. *Journal of Ayub Medical College Abbottabad*, 28(3), 582-586.
- Aijaz, A. A., Asad, N., & Naqvi, H. (2015). Assessment of stressors faced by doctors in public and private tertiary care hospitals of Karachi. *Journal of Ayub Medical College Abbottabad*, 27(1), 84-88.
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., Giovannetti, P., Hunt, J., Rafferty, A. M., Shamian, J., & Working Group for the European Nurse Forecasting (2002). Nurses' reports on hospital care in five countries. *Health Affairs*, 21(3), 43-53.
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., Giovannetti, P., Hunt, J., Rafferty, A. M., Shamian, J., & Working Group for the European Nurse Forecasting (2002). Nurses' reports on hospital care in five countries. *Health Affairs*, 21(3), 43-53.
- Aji, B., Ikusika, O., & Akintayo, O. (2017). Factors responsible for inadequate health facilities in Nigeria. *Health Science Journal*, 11(4), 1-7.
- Aji, B., Ikusika, O., & Akintayo, O. (2017). Factors responsible for inadequate health facilities in Nigeria. *Health Science Journal*, 11(4), 1-7.
- Arghavani, M., Takian, A., & Khorasani-Zavareh, D. (2018). Determinants and barriers of healthcare-seeking behavior among Iranian Medical Doctors. *International Journal of Health Policy and Management*, 7(11), 1018-1027.
- Babar, A. A., Zeb, A., & Majeed, A. (2018). Prevalence of stress and its determinants among doctors in district Swat-Khyber Pakhtunkhwa (KP), Pakistan. *Journal of Ayub Medical College Abbottabad*, 30(3), 281-284.
- Beard, J. D., Rinde, E., Anderson, L., & Harvey, M. (2017). The physician's responsibility toward hope in the setting of disease progression near the end of life. *Mayo Clinic Proceedings*, 92(12), 1884-1888.
- Beard, J. D., Rinde, E., Anderson, L., & Harvey, M. (2017). The physician's responsibility toward hope in the setting of disease progression near the end of life. *Mayo Clinic Proceedings*, 92(12), 1884-1888.
- Brusamento, S., Mohanty, A., Li, L., Chamberlain, C., Wright, J. M., & Rees, K. (2020). Interventions for improving management and outcomes in patients with polymyalgia rheumatica: A systematic review. *Cochrane Database of Systematic Reviews*, 11(11), CD012257.
- Brusamento, S., Mohanty, A., Li, L., Chamberlain, C., Wright, J. M., & Rees, K. (2020). Interventions for improving management and outcomes in patients with polymyalgia rheumatica: A systematic review. *Cochrane Database of Systematic Reviews*, 11(11), CD012257.

- Cameron, J., Banko, K. M., & Pierce, W. D. (2001). Pervasive negative effects of rewards on intrinsic motivation. *American Psychologist*, 54(9), 678-687.
- Cameron, J., Banko, K. M., & Pierce, W. D. (2001). Pervasive negative effects of rewards on intrinsic motivation. *American Psychologist*, 54(9), 678-687.
- Chisholm, D., James, S., Sekar, K., Kumar, K. K., Murthy, R. S., Saeed, K., & Mubbashar, M. (2000). Integration of mental health care into primary care: demonstration cost–outcome study in India and Pakistan. *The British Journal of Psychiatry*, 176(6), 581-588.
- De Cuyper, N., Bernhard-Oettel, C., Berntson, E., & de Witte, H. (2008). Job insecurity and employability in fixed-term contractors, agency workers, and permanent workers: Associations with job satisfaction and affective organizational commitment. *Journal of Occupational Health Psychology*, 13(2), 193-205.
- De Cuyper, N., Bernhard-Oettel, C., Berntson, E., & de Witte, H. (2008). Job insecurity and employability in fixed-term contractors, agency workers, and permanent workers: Associations with job satisfaction and affective organizational commitment. *Journal of Occupational Health Psychology*, 13(2), 193-205.
- Dussault, G., & Franceschini, M. C. (2006). Not enough there, too many here: Understanding geographical imbalances in the distribution of the health workforce. *Human Resources for Health*, 4(1), 12.
- Dussault, G., & Franceschini, M. C. (2006). Not enough there, too many here: Understanding geographical imbalances in the distribution of the health workforce. *Human Resources for Health*, 4(1), 12.
- Farallones, R. M., Alagadan, A. P., Chao, D. V., Curameng, C. S., Del Mundo, K. C., Domingo, C. L. A., Paano, N. L. D., & Policarpio, R. X. (2021). Ethical dilemmas faced by healthcare providers during the COVID-19 pandemic: A systematic scoping review. *PLOS ONE*, 16(5), e0250866.
- Farallones, R. M., Alagadan, A. P., Chao, D. V., Curameng, C. S., Del Mundo, K. C., Domingo, C. L. A., Paano, N. L. D., & Policarpio, R. X. (2021). Ethical dilemmas faced by healthcare providers during the COVID-19 pandemic: A systematic scoping review. *PLOS ONE*, 16(5), e0250866.
- Firth, H., Gosling, C., & Sawdon, E. (2017). Stress and sources of stress in anaesthetic trainees: A literature review. *Biomedical Journal of Scientific & Technical Research*, 1(6), 1-7.
- Firth, H., Gosling, C., & Sawdon, E. (2017). Stress and sources of stress in anaesthetic trainees: A literature review. *Biomedical Journal of Scientific & Technical Research*, 1(6), 1-7.
- Goeschel, C. A., Weiss, W. M., Pronovost, P. J., & Robinson, D. L. (2011). Teamwork culture and patient satisfaction in hospitals. *Quality & Safety in Health Care*, 20(5), 373-378.
- Goeschel, C. A., Weiss, W. M., Pronovost, P. J., & Robinson, D. L. (2011). Teamwork culture and patient satisfaction in hospitals. *Quality & Safety in Health Care*, 20(5), 373-378.
- Hancock, K., Honey, M., Raphael, D., Hinckson, E., & Millar, L. (2019). Development of a professionalism capability evaluation tool for medical and dental graduates in transitional internship: A mixed methods study. *BMC Medical Education*, 19(1), 57.
- Hancock, K., Honey, M., Raphael, D., Hinckson, E., & Millar, L. (2019). Development of a professionalism capability evaluation tool for medical and dental graduates in transitional internship: A mixed methods study. *BMC Medical Education*, 19(1), 357.

- Heponiemi, T., Kouvonen, A., Vänskä, J., Halila, H., & Sinervo, T. (2009). Healthcare professionals' intentions to leave: A systematic review. *International Journal of Health Care Quality Assurance*, 22(3), 260-277.
- Heponiemi, T., Kouvonen, A., Vänskä, J., Halila, H., & Sinervo, T. (2009). Healthcare professionals' intentions to leave: A systematic review. *International Journal of Health Care Quality Assurance*, 22(3), 260-277.
- Ismail, M. A., Alqahtani, N., & Alhammad, M. S. (2017). Exploring coping strategies among resident doctors for work-related stress and burnout in Riyadh Saudi Arabia: A cross-sectional analysis. *Journal of Medicine and Life*, 10(3), 185-189.
- Lo, B., Wolf, L. E., & Berkeley, A. (2019). Ethical issues in bedside rationing. *New England Journal of Medicine*, 381(18), 1761-1770.
- Lo, B., Wolf, L. E., & Berkeley, A. (2019). Ethical issues in bedside rationing. *New England Journal of Medicine*, 381(18), 1761-1770.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52(1), 397-422.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52(1), 397-422.
- Norcini, J. J., Mazmanian, P. E., & Gary, N. (2010). Job satisfaction levels and their associations with perceived workload, work stress, and professional support: A survey of United States-based primary care physicians. *Academic Medicine*, 85(4), 682-689.
- Norcini, J. J., Mazmanian, P. E., & Gary, N. (2010). Job satisfaction levels and their associations with perceived workload, work stress, and professional support: A survey of United States-based primary care physicians. *Academic Medicine*, 85(4), 682-689.
- Riaz, M., Riaz, M., Riaz, A., & Usman, M. (2019). Exploring work-life balance, job satisfaction, and emotional intelligence among doctors in Pakistan. *Pakistan Journal of Medical Sciences*, 35(1), 65-70.
- Shanafelt, T. D., Boone, S. A., Dyrbye, L. N., Oreskovich, M. R., Tan, L., West, C. P., Sinsky, C. A., Satele, D. V., Sloan, J. A., & O'Neil, D. (2012). The medical marriage: A national survey of the spouses/partners of US physicians. *Mayo Clinic Proceedings*, 87(3), 359-369.
- Shanafelt, T. D., Boone, S. A., Dyrbye, L. N., Oreskovich, M. R., Tan, L., West, C. P., Sinsky, C. A., Satele, D. V., Sloan, J. A., & O'Neil, D. (2012). The medical marriage: A national survey of the spouses/partners of US physicians. *Mayo Clinic Proceedings*, 87(3), 359-369.
- Sofianopoulou, K., & Finkelstein, A. M. (2021). Job insecurity, work-family conflict and mental health among doctors and teachers. *Applied Research in Quality of Life*, 16(3), 933-953.
- Sofianopoulou, K., & Finkelstein, A. M. (2021). Job insecurity, work-family conflict and mental health among doctors and teachers. *Applied Research in Quality of Life*, 16(3), 933-953.
- Spooner, A. J., Keating, C., Barker, R. O., & Spooner, G. R. (2018). Strategies to address resource allocation challenges in healthcare: A systematic review. *The Australian Journal of Rural Health*, 26(2), 90-98.
- Spooner, A. J., Keating, C., Barker, R. O., & Spooner, G. R. (2018). Strategies to address resource allocation challenges in healthcare: A systematic review. *The Australian Journal of Rural Health*, 26(2), 90-98.

- Tarabrin, Y. K., Tarabrino, N. V., Gutnik, I. V., Artyukhov, I. P., & Gudenberg, N. S. (2020). Ethical dilemmas of doctors working with patients' relatives: A systematic review. *Human Resources for Health*, 18(1), 61.
- Tarabrin, Y. K., Tarabrino, N. V., Gutnik, I. V., Artyukhov, I. P., & Gudenberg, N. S. (2020). Ethical dilemmas of doctors working with patients' relatives: A systematic review. *Human Resources for Health*, 18(1), 61.
- Wallace, J. E., Lemaire, J. B., & Ghali, W. A. (2009). Physician wellness: A missing quality indicator. *The Lancet*, 374(9702), 1714-1721
- Wallace, J. E., Lemaire, J. B., & Ghali, W. A. (2009). Physician wellness: A missing quality indicator. *The Lancet*, 374(9702), 1714-1721
- Whitehead, P. B., & Gutiérrez, A. P. (2017). Ethical dilemmas faced by healthcare professionals in mental health: An integrative systematic review. *Issues in Mental Health Nursing*, 38(3), 246-256.
- Whitehead, P. B., & Gutiérrez, A. P. (2017). Ethical dilemmas faced by healthcare professionals in mental health: An integrative systematic review. *Issues in Mental Health Nursing*, 38(3), 246-256.
- Zahid, M. A. N., Saeed, Z., Khan, S., Ali, A. Q., Khan, A. H., & Javed, M. Q. (2017). Assessment of workload and stress among doctors in tertiary care hospitals of Pakistan. *Journal of the Pakistan Medical Association*, 67(9), 1331-1336.