

The Catalytic Influence of Government Support on the Job Satisfaction of Physicians

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ABSTRACT

Purpose - This study aims to provide valuable insights into the challenges faced by medical doctors/physicians in Pakistan, particularly concerning socio-economic crises such as high inflation and unemployment, lengthy and continuous working conditions, and limited job opportunities. Recognizing the importance of addressing these issues is imperative for maintaining a resilient healthcare system in the country.

Study Design/Methodology/Approach- Based on Public choice theory and principal-agent theory, we aim to achieve our objectives by employing ordered logit and ordered probit modeling techniques on data collected through online interviews and questionnaires conducted from 2020 to 2023. Our focus was on investigating the causal relationship of government support on enhancing the satisfaction levels of physicians. The sample size was determined through a systematic approach, employing both random and stratified sampling techniques, and cleaned data on 98 out of 148 participants were retained for analysis. In terms of selection criteria, participants were chosen based on specific qualifications deemed pertinent to the research objectives.

Findings - The main finding of our study indicates the significant role of government support in improving the satisfaction of physicians in Pakistan. Our research implies that the government can be a catalyst for positive change in the medical sector by addressing the identified systemic issues for doctors. Policies focusing on fair compensation and anti-corruption measures can substantially contribute to the overall satisfaction and retention of physicians in Pakistan. However, the limitations of this study are generalizability due to sample selection, Online methods may introduce response bias, and causation inference limitations in government support impact.

Research Limitations- The limitations of this study are generalizability due to sample selection; Online methods may introduce response bias and causation inference limitations in government support impact.

Originality/Novelty- Unlike previous research works, our research distinctly focuses on the interplay of financial pressures, suboptimal working conditions, and limited job opportunities within the unique context of the Pakistani healthcare system in the current scenario. One notable aspect of novelty lies in our exploration of the potentially transformative impact of government support on physician satisfaction.

Keywords: Age-earnings profiles, job satisfaction, wages, economy, Logistic Regression

JEL Classification: J28, J30, M1

1 | INTRODUCTION

The core problem in the healthcare sector of Pakistan is inadequate governance with a lack of strategic healthcare planning and policies for healthcare professionals by the government ([Tahir, Kauser, & Tahir, 2011](#)). This has resulted in an imbalance between the number of doctors trained and available job opportunities, prompting many doctors to seek employment abroad, and undermining trust in local government. Financial pressures have pushed some doctors to switch careers, worsening the crisis ([Clemens & Gottlieb, 2014](#)). Immediate government intervention is necessary to reinstate merit and value in the medical profession. The issue of brain drain among Pakistani doctors, in other words, doctors seeking opportunities abroad has emerged as a disconcerting trend in the country ([Imran, Haider, & Bhatti, 2011](#)). The doctors' flight abroad for earnings is much better because of better pay packages and better workplace environments with high incentives for growth abroad. The inclusive growth of any country is highly dependent on human capital, which has two main elements education and health ([Zulfiqar, Chaudhary, & Aslam, 2016](#)). Unfortunately, along with the education sector, our health sectors suffer a great deal too ([Ahmed et al., 2020](#)). The issues within the healthcare sector stem from the providers of the healthcare sector, i.e. doctors. The satisfaction level of these health service providers plays a vital role in promising better health care for patients and the public ([Atif et al., 2016](#)). Much fortunately, the medical education sector in Pakistan has witnessed substantial growth, with approximately 114 medical colleges producing around 16,000 graduates annually by 2019. However, the trajectory of these freshly minted doctors diverges sharply from what might be expected. The crux of the matter lies in the limited avenues for employment that fail to match the aspirations and financial investments of medical graduates. The issue is further fueled by the allure of greener pastures abroad, where remuneration or incentives given to doctors align more closely with the substantial financial commitments made during the pursuit of their medical education. Moreover, the systemic challenges being faced by medical doctors extend beyond financial concerns/crises, linked with the issues of corruption and mismanagement within the healthcare sector ([Raza & Aslam, 2020](#)). It is claimed that as the government allocates seats in public sector universities, a mismatch often arises between the increasing number of medical graduates and the available opportunities for them in the public sector. This demand and supply mismatch of medical doctors not only leads to lower levels of job satisfaction/career satisfaction but also prompts qualified professional physicians to seek earning alternatives abroad, where their skills are better recognized and rewarded.

The government's role in addressing these job issues becomes paramount important. The lack of channels for training and integration within the system perpetuates the cycle of job dissatisfaction among medical doctors, especially those who are in their early stages of careers. Pay disparities, unfair remunerations, corruption, weak institutional structures, and the need for bribes to secure training slots further erode the morale of medical graduates. The government's intervention is crucial to improve this institutional structure ([Aslam, 2020](#); [Aslam, Naveed, & Shabbir, 2021](#); [Aslam, Sultana, & Yasin, 2017](#); [Farooq et al., 2019](#); [Ghouse, Aslam, & Bhatti, 2022b](#); [Qamar, Ashraf, et al., 2020](#); [Qamar, Aslam, & Chaudhary, 2020](#)). Pakistan needs institutional forms that are much like those characterized by elements of open-access social order. In addition to the above, the gender imbalance within the medical field, both in education and services, particularly in lower Punjab and rural areas, poses an additional hurdle towards demand and supply mismatches. It is seen that despite the increasing numbers of women pursuing

medical education, social norms, and discouragement often limit their participation in the medical field ([Mohsin & Syed, 2020](#)).

In light of these multifaceted challenges posed in the discussion above, it becomes evident that government support is not merely desirable but essential for solving critical issues within the field of medical sciences ([Jalil, Mahmood, & Fischer, 2020](#)). The government must play a pivotal role in addressing the above issues, backed by research findings, to create a conducive environment for medical doctors to be more satisfied with their work. This will also ensure that the healthcare system can not only retain and utilize the necessary skills of its homegrown medical talent but also attract from abroad. Only through comprehensive governmental support can Pakistan hope to stem the tide of its doctors' seeking opportunities beyond its borders. Considering the issue, we aim to embark on a comprehensive exploration of the influence of government support on the mental well-being of healthcare professionals (measured by their satisfaction levels) amid the growing challenges bedeviling the healthcare sector in Pakistan. This study extends from a sample collected in three years from 2020 to 2023, a post-covid 19 period marked by mounting economic pressures such as high inflation rate and high unemployment and resource limitations ([Tahir et al., 2011](#); [Yasin & Jauhar, 2018](#)), and exclusive institutional structure. The research outcomes unequivocally affirm the pivotal role that should be played by the government to support in enhance the overall well-being of healthcare workers especially doctors, operating within the demanding healthcare landscape of Pakistan. This study makes a novel contribution by accentuating the necessity for comprehensive healthcare policy reforms from the government side. In essence, we bridge the divide between the existing challenges and prospective solutions, thus providing invaluable insights for healthcare policymakers and stakeholders.

2 | LITERATURE REVIEW

A strong primary healthcare system is widely regarded as one of the best approaches to attaining a higher level of human capital, which is one of the primary factors of inclusive economic growth ([Aslam & Farooq, 2019](#); [Aslam et al., 2021](#); [Aslam & Shabbir, 2019](#); [Aslam & Zulfiqar, 2016](#); [Ghouse, Aslam, & Bhatti, 2022a](#); [Ghouse et al., 2022b](#); [Zulfiqar et al., 2016](#)). Attaining the main goal of offering the highest quality of health services and the best health outcomes possible depends on the availability and accessibility of health workers as well as how satisfied they are with their profession. It has become increasingly important given the current demand shift after covid-19, the rapid rise of non-communicable diseases (NCDs), persistent problems with communicable diseases, poverty, hunger, environmental degradation, or aging population that will bring an influx of people into the primary care system ([Alsan, Garrick, & Graziani, 2019](#); [Arrow, 1968](#); [Card, Dobkin, & Maestas, 2008](#); [Case, Lubotsky, & Paxson, 2002](#); [Chen, 2021](#); [Clemens & Gottlieb, 2014](#); [Currie & Stabile, 2003](#)). This creates an increase in demand for primary care services while the issue of the medical workforce (especially well-qualified doctors) shortage prevails in Pakistan. Therefore, keeping the physicians satisfied and motivated is essential as it helps the entire health system to work smoothly and effectively.

Pakistan, a lower middle-income country, has a dichotomous healthcare system spread between the hardly government-subsidized public sector and the fee-for-service private sector. The public tier delivers comprehensive, affordable care to the citizens through a system of community-based primary healthcare facilities linked to secondary and tertiary hospitals offering more specialized in- and outpatient services. However, the

quality is a question ([Imran et al., 2010](#); [IMRAN, ASLAM, & CHAUDHARY, 2020](#); [Jalil et al., 2020](#); [Malik, Saleem, & Ahmad, 2010](#)). The doctors are unsatisfied due to workplace facilities, low pay, workplace environments, risks, and job security fears ([Mohsin & Syed, 2020](#); [Qamar, Aslam, et al., 2020](#); [Tahir et al., 2011](#)). The private tier parallels in many ways the public system, tending to service better elements of society who can afford the out-of-pocket payment of higher fees. However, despite this, the healthcare providers in both sets are facing almost similar crises and worries. This translates into ever ongoing issue of brain drain ([Imran, Azeem, et al., 2011](#); [Mullan, 2005](#); [Nadir, Sardar, & Ahmad, 2023](#)). Although tangible accessibility is guaranteed through the mixed public-private health system, the effective workforce in Pakistan healthcare is considered low compared to its healthcare needs and human assets ([Chen, 2021](#)). Pakistan stands as the fourth most populous country in the world. Currently, Pakistan has 1.1179 physicians per 1,000 people, as per data from the World Bank's compilation of development indicators sourced from officially recognized outlets. Besides, the literature shows that there is a considerable variation across public and private sectors in terms of organization, financing, governance, delivery of services, and patient and provider profiles. Private clinics are concentrated in urban, affluent areas and cities whereas public clinics' coverage is wider including those in rural areas. Although there are more healthcare clinics in the private sector compared to the public sector, higher patient visits were recorded in public clinics, resulting in an overload of patients, and clogging up the clinics' capacity. This further creates job burdens on doctors, which may lead to overwork and less job satisfaction. In a broader context, the difference in the public and private sectors may create potential disparities in job-related attitudes among physicians. For instance, in a study by [Tahir et al. \(2011\)](#) dissatisfaction with the work condition was cited as the main reason for physicians to migrate from Pakistan.

Assessment of physicians' job satisfaction is one of the approaches to looking into existing healthcare situations and possible problems. Physicians' mental well-being and job satisfaction impact health service quality; thus, it is regarded as one of the outcomes of healthcare and has become an increasingly important subject during health reforms. Job satisfaction of physicians impacts productivity, aspects of quality of care, and patient satisfaction with care ([Currie & Stabile, 2003](#); [Feldstein, 1971](#); [Grennan, 2013](#); [Hatfield & Milgrom, 2005](#); [Ho, 2009](#); [Ma & McGuire, 1997](#); [Okeke, 2023](#); [Pauly & Redisch, 1973](#)). These studies converge on critical challenges in Pakistan's healthcare. Healthcare facilities, low-paid jobs, job insecurity such as in the private sector, and workplace harassment by seniors and patients collectively strain doctors, impacting service quality and eroding the healthcare system. More importantly, job satisfaction has been identified as an important determinant of physician turnover and retention, too. Survey results in other countries showed that physicians were dissatisfied with aspects related to working hours and administrative tasks while rewards, recognition, and remuneration also influenced their work satisfaction ([Clemens & Gottlieb, 2014](#)). Prior studies also revealed that physicians' job satisfaction is health system dependent while a number of factors such as individual, organizational, and work factors may also be associated with the degree of job satisfaction ([Imran, Haider, et al., 2011](#)). However, most of these studies have come out of high and middle-income country settings, and they might not apply to lower-middle-income country healthcare systems because the nature of the systems is different. By understanding if the government can play any role to mitigate the issue faced by physicians, it is hoped that a process can be developed to address them.

The present study aims to address the abovementioned gaps. The Pakistani medical system, grappling with institutional crises, unfavorable working conditions, and limited growth opportunities, unfair or no compensation, faces a persistent ongoing challenge in retaining healthcare professionals, particularly medical doctors. We

carefully delve into the influence of government/Public support on the mental well-being and satisfaction levels of medical doctors in the above settings. Existing notable literature on physician job satisfaction in Pakistan remains limited, particularly in healthcare settings and the role of the public sector at large. We aim to carefully bridge this research gap by exploring the interplay of financial factors such as fair compensations, challenging workplace environments, and scarce future opportunities, and how government/public initiatives can potentially mitigate these stressors and enhance medical doctors' satisfaction. We employ a cross-sectional survey with ordered logit and ordered Probit models, to provide valuable insights for policymakers to strengthen the Pakistani healthcare system. Through in-depth surveys conducted, we took the opportunity to measure the job satisfaction of physicians in Pakistan according to their perceptions of several healthcare aspects, which they face during their work.

2.1 | Government Support and Healthcare Professional Well-being: Theoretical Pinning

Ensuring the well-being and economic, financial, and mental satisfaction of healthcare professionals is very important for delivering high-quality healthcare services to the public at large. In this context, the role of the public sector becomes crucial, a hope for citizens, particularly in resource-constrained settings like those of developing countries. Pakistan is a developing country, where doctors face challenges like prolonged working hours, inadequate workplace facilities, and limited career opportunities for future growth. This section elaborates on the major theoretical underpinnings of this critical relationship.

Public Choice Theory and Rational Decisions: We may analyze the impact of government support from the perspectives of Public Choice Theory. This framework views individuals, including healthcare professionals such as doctors, as rational actors who make decisions based on perceived costs and benefits associated with their decisions. Public policies like fair compensation/pay/incentives particularly monetary incentives, appreciations in the form of awards or scholarships, tax breaks/subsidies, or investments in medical infrastructure can influence doctors' career choices and overall satisfaction. A good example is that increased salaries could incentivize medical doctors to remain in the public sector, potentially improving service delivery and overall healthcare quality of citizens.

However, alone designing supportive policies (from the government) is not enough. Principal-agent theory highlights the complexities of implementing these public policies. Here, the government acts as the principal, while healthcare providers are the agents. Potential misalignments in interests may take birth, where public policies aimed at enhancing mental satisfaction (e.g., flexible work hours) encounter bottlenecks due to agency issues like bureaucratic inefficiencies, corruption, or simply the ignorance of government. Addressing these challenges through improved institutional changes such as transparency, accountability mechanisms, and targeted policy interventions is important for ensuring effective public policy implementation.

In Pakistan, particularly, there is a need for multifaceted interventions beyond fair compensation. Literature suggests that anti-corruption measures in the form of institutional reforms may address systemic challenges like inadequate infrastructure and gender imbalances in the healthcare sector. There is a hope that they may play a significant role in enhancing doctors' well-being and satisfaction. Moreover, Public Choice and Principal-Agent Theory offer valuable insights into the intricate relationship between government support and healthcare professional well-being.

3 | METHODOLOGY & DESIGN

Between the years Jan 2020 till Dec 2023, a cross-sectional survey of doctors' job satisfaction was conducted through Google survey forms in Punjab. Using a random sampling technique, we selected doctors working in different hospitals in Punjab. Questionnaires were administered to 180 plus doctors in these hospitals. All participants were also chosen through random sampling. Of the 180 participants, 113 were willing to participate and the rest of the doctors were excluded from this study because of their unwillingness to participate. Of these, 98 respondent's data were retained after data cleaning (valid response rate=86.72%). During the data cleaning process, several steps were undertaken to ensure the robustness of the analysis. Firstly, missing data were carefully identified, considering the nature of the selected variables involved. Outliers were also detected and scrutinized to determine their impact on the overall dataset. Each variable was carefully examined with decisions made on whether to retain or remove them based on their relevance to the research objectives. Table 1 below shows the general statistics of our sample. On average, respondents rated their satisfaction at around 2.1 out of 5, indicating a moderate level of contentment. The mean score for perceived government support is approximately 1.84 out of 5, suggesting a perception of relatively low support among doctors. Doctors, on average, rated their perception of disease risk at 4.12 out of 5, indicating a high level of concern. Whereas the average score for the perceived risk of diseases affecting family members is 4.48 out of 5, suggesting heightened awareness and concern. The physician reported an average score of 3 out of 5 for anxiety increase, indicating a moderate level of anxiety, while they rated their job security at around 2.89 out of 5, on average, reflecting a moderate level of perceived job security, as well. The average experience level is 1.49 out of 2, indicating a relatively low level, possibly suggesting that the majority of respondents are in relatively mid-phase or later stages in their medical careers. Note that less than 40 hours are Category 1, exactly 40 hours are categorized as 2, 41-60 hours are taken into Category 3, and Above 60 hours are Category 4. On average, doctors reported working in category 3 i.e. 41-60 hours a week, implying a very high workload for the respondents.

Table 1

Summary Statistics

Variables	Obs.	Mean	Std. dev.	Min	Max	Categories
Satisfaction	98	2.122449	0.91116	1	5	1= unsatisfied, 5= highly satisfied
Government support	98	1.836735	0.938236	1	5	1= unsatisfied, 5= highly satisfied
Disease risk (Personal)	98	4.122449	0.97669	1	5	1= no risk, 5= high risk
Disease risk (Family)	98	4.479592	0.997208	1	5	1= no risk, 5= high risk
Anxiety	98	3	1.435916	1	5	1= no anxiety, 5= high anxiety
Job security	98	2.887755	1.512032	1	5	1= no job security, 5= high level of job security
Experience	98	1.489796	0.502466	1	2	1= early career 2= mid or late career
Hours worked in a week	97	2.443299	1.070135	1	4	Less than 40 hours are Category 1, exactly 40

hours are categorized as 2, 41-60 hours are taken into Category 3, and Above 60 hours are Category 4.

The dependent variable is satisfaction. Following are the details of the regression equation for both ordered logit and ordered probit modeling.

$$P(Y_i \leq j) = 1 / 1 + e^{-(\beta_0 + \beta_1 \times \text{Government support} + \beta_2 \times \text{Disease risk} + \beta_3 \times \text{Family disease risk} + \beta_4 \times \text{Anxiety increase} + \beta_5 \times \text{Job security} + \beta_6 \times \text{Experience} + \beta_7 \times \text{Hours worked in a week} + a_j)} \dots \dots \dots (1)$$

$$P(Y_i \leq j) = \Phi (\beta_0 + \beta_1 \times \text{Government support} + \beta_2 \times \text{Disease risk} + \beta_3 \times \text{Family disease risk} + \beta_4 \times \text{Anxiety increase} + \beta_5 \times \text{Job security} + \beta_6 \times \text{Experience} + \beta_7 \times \text{Hours worked in a week} + a_j) \dots \dots \dots (2)$$

Equation (1) shows the ordered logit model, while Equation (2) shows the ordered probit model. Y_i represents the dependent variable (Satisfaction) and has ordered categories from 1 to 5. The coefficients correspond to the effects of the independent variables: Government support (expected to be positively related to job satisfaction), Disease risk (expected to be negative), Family disease risk (expected to be negative), Anxiety increase (expected to be negative), Job security (expected to be positive), Experience (expected to be positive/negative both), and Hours worked in a week (expected to be positive/negative both), respectively. Where a_j is the error term in both equations.

While acknowledging the limitations of a smaller sample, we aimed to achieve specific objectives within a defined timeframe and resource constraint. Random sampling/stratified sampling techniques were implemented to ensure unbiased representation. Hospitals were randomly selected to avoid favoring specific healthcare settings, aiming for a diverse sample set for analysis. Within the chosen sample, doctors were randomly chosen to prevent selection bias such as gender bias, ensuring a comprehensive representation of the challenges faced by healthcare professionals across different settings and professional levels. The aim of doing so was to increase the external validity of sampling, allowing findings to be more broadly applicable to the broader healthcare policy frameworks. The sample retained after data cleaning was 98 doctors, whereas the target sample was 200 doctors. Many of them were unwilling to provide information, some in fear of their loss of jobs. However, to assess potential biases in the sample, we examined notable differences between participants and those unwilling to participate.

Moreover, in addressing our study's generalizability, we acknowledge that our sample set was carefully selected to represent a diverse cross-section. The ordered logit (ologit) and ordered probit (oprobit) models deal with ordinal dependent variables with ordered categories such as satisfaction of job among doctors in our case here. One of their primary advantages lies in their flexibility, accommodating situations where the categories possess a meaningful order but do not assume equal intervals between them. Both models retain the ordinal nature of the dependent variable, allowing for the interpretation of coefficients in terms of the likelihood of moving to a higher or lower category. By avoiding the assumption of equal intervals, they prove especially useful in scenarios where such uniformity cannot be guaranteed. These models handle Likert scale responses and other ordinal measures adeptly. Their robustness to non-normality, the ability to compare models, and their relevance in

preserving the inherent order of categorical responses make them the best technique for our analysis here. It is also important to mention that our study maintains ethical standards by securing informed consent from all participants, demonstrating that ethical integrity is upheld throughout the research process.

4 | RESULTS and ANALYSIS

The results in Table 2 show that government support significantly influences job satisfaction positively, with an ordered Logit coefficient of 1.453 and an ordered Probit coefficient of 0.813. This suggests a substantial impact at a significance level of 1 percent. Personal disease risk and family disease risk exhibit negative coefficients, indicating a potentially adverse effect on satisfaction, though only family disease risk reaches a statistical significance of 5 percent level. Anxiety significantly diminishes job satisfaction, supported by the negative coefficients and significance at the 1 percent level. Job security, experience, and hours worked per week show non-significant coefficients, implying these factors may not strongly affect job satisfaction based on the model.

Table 1

Regression Results

Dep variable: Satisfaction	Robust Ordered Logit	Robust Ordered Probit
Government support	1.453*** (0.276)	0.813*** (0.153)
Disease risk (Personal)	-0.161 (0.226)	-0.115 (0.127)
Disease risk (Family)	-0.485** (0.237)	-0.279** (0.131)
Anxiety	-0.435*** (0.158)	-0.245*** (0.0883)
Job security	0.159 (0.150)	0.0993 (0.0862)
Experience	0.269 (0.443)	0.192 (0.255)
Hours worked in a week	-0.448** (0.203)	-0.271** (0.120)
/cut1	-3.000* (1.559)	-1.808** (0.870)
/cut2	-0.935 (1.529)	-0.598 (0.855)
/cut3	3.260* (1.757)	1.650* (0.942)
/cut4	4.195** (1.882)	2.164** (1.024)
Constant		
Observations	97	97

Standard errors in parentheses

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

5 | DISCUSSION

In the Pakistani healthcare sector, marked by many challenges ([Imran, Haider, et al., 2011](#)), our study assumes particular significance as it elucidates the determinants impacting the satisfaction levels of physicians while taking a sample of approximately 100 doctors from Punjab, Pakistan. Given Pakistan's struggle with a weak economy characterized by high inflation ([Imran, Azeem, et al., 2011](#)) and unemployment rate ([IMRAN et al., 2020](#)), the positive association between government support and physician satisfaction becomes paramount, as the results show in Table 2 by both ordered Logit and ordered probit models. Directive governmental support has the potential to alleviate financial burdens on physicians, potentially stemming from the ever-increasing brain drain phenomenon witnessed in the country ([Okeke, 2013](#); [Sajjad, 2011](#); [Sohail & Habib, 2016](#)). With limited job opportunities prompting physicians to seek employment abroad, government support could serve as an incentive for them to remain and contribute to the local healthcare system ([Ali et al., 2022](#); [Amaan et al., 2020](#); [Khalid et al., 2021](#); [Malik et al., 2020](#)). Moreover, the risk of catching personal and familial disease risk on physician satisfaction may seem counterintuitive as shown by results from the ordered logit and ordered probit model. However, this underscores the systemic challenges physicians face, where personal and familial health concerns may be overshadowed by broader issues within the healthcare infrastructure.

The adverse effect of anxiety on physician satisfaction is particularly salient in the Pakistani context. Elevated inflation rates, coupled with the financial strain on physicians, along with the burdens of extended working hours ([Imran, Haider, et al., 2011](#)) and inadequate workplace facilities, contribute to heightened anxiety levels ([Connell, 2010](#)). Addressing these issues is not only imperative for the well-being of physicians but also critical for the effectiveness of the healthcare system as a whole. In Pakistan, where job opportunities for doctors are scarce. The substantial expenditures required to pursue a medical career, coupled with relatively low remuneration, may contribute to a pervasive sense of low satisfaction too. The positive but statistically insignificant relationship between job security and satisfaction presents a perplexing scenario. This may be affected by threats from patients or mistreatment from senior doctors ([Imran et al., 2010](#)). Even though there's a positive link, the lack of statistical significance implies uncertainty. Possible reasons include a small sample, measurement constraints, or the intricate nature of factors influencing doctors' job satisfaction. Policymakers need to contemplate measures that offer tangible job security and fair compensation to mitigate these concerns. In an environment where experienced physicians encounter similar challenges as their less-experienced counterparts, addressing broader structural issues within the healthcare system becomes imperative ([Yasin & Jauhar, 2018](#)). Lastly, the ordered Logit and ordered Probit results show the negative impact of extended working hours on physician satisfaction, which resonates strongly in the Pakistani context. With physicians frequently working prolonged hours (some duties/shifts lasting more than continuous 48 hours or more) and grappling with inadequate facilities, this finding underscores the urgent need for reforms in working conditions to enhance overall satisfaction and, consequently, the quality of healthcare services. Moreover, lower cut points may align with the challenges faced by physicians in a demanding environment, while higher cut points could signify potential improvements in satisfaction with targeted interventions, such as increased government support and enhanced working conditions.

6 | CONCLUSION

We show specific challenges being confronted by physicians in Pakistan, such as financial pressures, suboptimal working conditions, and restricted job opportunities. All of these contribute to a complex array of issues, which needs to be addressed if the government is prioritized to enhance the basic element of economic growth i.e. human capital. It is crucial for sustaining a resilient healthcare system in Pakistan and to discourage brain drain. Our major concern in this study was to look if government support can substantially improve the job satisfaction of physicians, which showed significant promising results for future policy directions. We suggest that the government should offer crucial support to doctors in Pakistan by addressing systemic issues, ensuring fair remuneration/incentives, combating corruption in all stages (encouraging merit-based hiring and admissions), and establishing proper channels for training and integration into the healthcare system. Additionally, we suggest that creating opportunities for career advancement and addressing gender imbalances will contribute to a more sustainable medical sector and retained/improved levels of human capital in the country.

5.1 | Limitations of the Study

While we elaborate on the critical challenges faced by doctors in Pakistan, focusing on financial pressures, unfavorable working conditions, and limited job opportunities, certain limitations we would like to acknowledge for future improvements. The study's scope is confined to the specific context of Punjab ([Riaz, Hunjra, & Sciences](#)) only, limiting the generalizability of findings to other healthcare systems in other regions. Furthermore, the study primarily relies on self-reported data, introducing potential bias and subjectivity. The sample size may also be enlarged to cover maximum variations in the future. However, despite these research limitations, our findings underscore the importance of government support in addressing systemic issues and fostering a more resilient healthcare system in Punjab, Pakistan in particular.

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