Research Article

Investigating Workplace Issues Faced by Junior Doctors and Their Influence on Performance: A Qualitative Exploratory Analysis in Private Medical Colleges

Noman Bashir[1], Quart ul Ain[2], Bushra Anwar,[3] Areej Khan Asghar,[4] Dr. Muhammad Farooq[5]

[1]National University of Medical Sciences (NUMS), Rawalpindi, Pakistan,

[2,4,5]HITEC-Institute of Meical Sciences, Taxila Cantt, [3]Director Health Research, BMY Health (PK)

Abstract

Background: Lack of experience, lack of support from co-worker and delayed decision-making regarding patient care objectives raise vulnerability to psychological distress among junior doctors. While some seniors might use teaching as a way of emasculating others, this book outlines that seniors are also capable of using teaching constructively as a way of challenging and criticizing others.However, in other countries especially in Pakistan, the observation reveals that the most common bullies are consultants. This study set out to investigate the challenges facing junior doctors and early career members of the medical faculty in private medical colleges and understand the impact of these challenges on their self-perceived performance in the workplace.

Objectives: This study explored workplace issues experienced by junior doctors and early-career medical faculty in private medical colleges and examined how these issues influenced their perceived professional performance.

Methods: An exploratory descriptive qualitative study was conducted in selected PM&DC-recognised private medical colleges and affiliated hospitals in Taxila and Rawalpindi from January to April 2023 Participants were enrolled through purposive sampling. Semi-structured interviews were conducted with 24 doctors, including medical officers, registrars, lecturers, and assistant professors who had worked for at least three months in the selected institutions. Interviews were conducted in Urdu, audio-recorded, transcribed, translated into English, and checked for accuracy. Data collection continued until saturation was achieved. Transcripts were imported into NVivo software for thematic data analysis. Initial codes were generated, grouped into subthemes, and consolidated into final themes.

Results: Five major themes were identified: job satisfaction and workload-related fatigue; senior-junior relationships and workplace hierarchy; autonomy and decision-making; bias, favouritism, and professional growth; and communication, feedback, and psychological well-being. Participants reported that supportive supervision, structured schedules, respectful communication, and fair opportunities improved motivation and perceived performance. In contrast, excessive workload, limited decision-making power, unclear feedback, favouritism, and psychological stress negatively affected confidence, morale, and work-life balance.

Conclusion: Workplace experiences shaped participants' motivation, decision-making confidence, psychological well-being, and perceived performance. The findings highlight the importance of fair supervision, transparent communication, structured feedback, and equitable professional development in private medical college workplaces.

Keywords: Physicians,Workplace, Job Satisfaction, Burnout, Qualitative Research.

Corresponding Authors: Noman Bashir **Email:**

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Introduction

Lack of experience, lack of support from co-worker and delayed decision-making regarding patient care objectives raise vulnerability to psychological distress among junior doctors[1]. Medical education system represents a highly authoritarian and stressful environment where knowledge differentials often lead to subjugation[2]. Research from the UK has shown that medical students learn about hierarchical structures through the hidden curriculum[3]. Multiple stressors may arise during residency, which can manifest as intimidation, harassment, or discrimination (IHD) toward other residents[4]. Workplace bullying is very common in health care organizations/medical institutions. A Cross-sectional study from Pakistan revealed that 80 % of psychiatry trainees included in that study were bullied

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in the last 12 months[5]. Stress can also result from low wages, poor leadership, and unfavourable working environments as doctors transition from students to practicing professionals[6]. In essence, increased pressure stemming from work demands concurrently with low job decision latitude and unfavourable work-related social support all reduce the subjective work state. Data reveal interns have higher rate of mood disorders than the general community and rates spiral up during the intern year[7]. Previous studies have also reported on studies that shown research findings on burnout among junior doctors using Maslach Burnout Inventory[8]. superimposing it, Senior House Officers and registrars have expressed higher burnt out than the senior registrars or consultants. Furthermore, we also found significant correlation between identity threat and medical burnout[9]. Being estranged from the pack or perceiving a threat in some way from our own clan are classic identity threats[10]. Houston and Allt (1997) report a significant increase in the number and prevalence of the errors in everyday life respondent(s) of the audit[11]. Depressed residents themselves were reported to be 6.4 times as likely to make a medication error than non-depressed residents[12]. Several factors have been identified that has contributed to increased vulnerability to occupational stressors among junior doctors: age, gender, marital status, level of healthcare, the type of shift working,and the number of times on duty with increase number of burnout.[13] In medical education settings, the major abusers have been identified as consultants, supervisors and instructors as well as, physicians, colleagues, nurses, allied health personnel and even patients. While some seniors might use teaching as a way of emasculating others, this book outlines that seniors are also capable of using teaching constructively as a way of challenging and criticizing others. However, in other countries especially in Pakistan, the observation reveals that the most common bullies are consultants.[14] This study set out to investigate the challenges facing junior doctors and early career members of the medical faculty in private medical colleges and understand the impact of these challenges on their self-perceived performance in the workplace. The research question for the study was: What are the work problems faced by junior doctors and young medical faculty in private medical colleges; what are the consequences on their self-assessment of performance?

Methods

This study employed an exploratory descriptive qualitative design. In the present study, purposive sampling technique was applied to select participants from few PM&DC recognized private medical colleges in Taxila and Rawalpindi. Junior doctors and early-career faculty currently working for more than three months in the selected institute or in the affiliated hospital were considered for this study and comprised of 24 junior doctors. We chose these individuals based on specific criteria and their willingness to share their experiences. The interviews were detailed and aimed to provide insight into their experiences. The participants who were interviewed practice in various basic sciences and clinical departments. Every participant who was recruited for the study gave informed consent to be interviewed by two researchers between January and April 2023 using a semi-structured interview guide. The semi-structured interview guide was developed based on existing literature and reviewed by two medical education experts for content validity. It was pilot tested with two junior doctors who were not included in the study to ensure clarity and appropriateness of questions. The interviews were in Urdu while translated into English by professional translators assisted by the researchers. The interviews were face to face and each interviewer took about 30-45 mins to complete the process. During the interview no other person was included apart from the participants and/or the researchers and the privacy of the participants was as well protected. It was decided that data saturation was reached and the interviews were ceased after twenty-four participants. To facilitate easy analysis of the interviews, all the interviews were conducted while being recorded on audiotape and then transcribed. The work of breaking down the data was manual in nature. The data analysis was done in a stepwise manner after which they involved going through the transcripts several times, coming up with from phrases and sentences producing codes, categorizing these into subthemes before merging them to form the themes. The study was guided by Braun and Clarke's thematic analysis framework and received a go-ahead from the Institute's Institutional Review Board on 23rd, January 2023 HITEC-IRB-24-2023. Full blinding of the participant's profile was achieved.

Results

The demographic characteristics of the participants are presented in the Table-1.

Table 1: *Demographics*

Demographic	Frequency	Percentage
Gender		
Male	12	50%
Female	12	50%
Age		
29-31	10	41.70%
32-33	9	37.50%
34-35	5	20.80%

Medical Officer	6	25%
Registrar	6	25%
Lecturer	6	25%
Assistant Professor	6	25%
Total	24	100%

Eight themes emerged from the thematic analysis done for the transcripts investigating workplace issues.

1. Job Satisfaction and Energy Levels

This theme explores junior doctors' levels of satisfaction with their job roles, influenced by factors such as workload, expectations, and the work environment. It also investigates fluctuations in energy levels throughout the day and their impact on job performance.

Sub-Themes:

Levels of Satisfaction:

- "I'm fully satisfied." (Participant 21)
- "According to this job description, I'm very satisfied as I'm provided with the proper schedule." (Participant 13)
- "I'm not satisfied at all!" (Participant 14)
- "80% satisfied; dissatisfaction is due to the working environment." (Participant 23)
- "Compared to my previous job, I'm very satisfied." (Participant 22)
- "I feel demotivated now because I'm assigned clerical work." (Participant 14)

Energy Dynamics Throughout the Day:

- "Energy is high in the morning but drains out by evening." (Participant 06)
- "Energy rarely decreases, and sometimes it's low in the morning but improves gradually." (Participant 23)
- "My energy level remains good throughout the day." (Participant 21)
- "Energy increases as the day progresses." (Participant 22)

2. Interpersonal Relationships

Interpersonal dynamics, especially between juniors and seniors, play a crucial role in shaping workplace experiences. This theme highlights how respect, guidance, and communication impact junior doctors' relationships with seniors.

Sub-Themes:

Senior-Junior Dynamics:

- "Seniors guide us positively on how to perform our job." (Participant 21)
- "I don't feel controlled in my department." (Participant 16)
- "My seniors are supportive and reachable." (Participant 17)
- "Seniors often delegate extra work, which affects my routine." (Participant 18)
- "It depends on the HOD's mood; sometimes it becomes intolerable." (Participant 14)

Self-Respect and Threat Perception:

- "I never felt that my self-respect was being threatened here." (Participant 23)
- "Sometimes seniors' behaviour is insulting." (Participant 08)
- "Many times, seniors point out issues without valid reasons." (Participant 18)
- "I try to maintain respect and not escalate conflicts." (Participant 13)

Favouritism:

- "Favouritism occurs when juniors excessively compliment seniors." (Participant 21)
- "Favouritism is based on personal preferences, not qualifications." (Participant 18)

3. Workplace Control and Decision-Making

Explanation: Explores how much autonomy juniors feel they have and their involvement in decision-making processes.

Sub-Themes:

Levels of Autonomy:

- "I feel 50% control from seniors; they guide us." (Participant 21)
- "I can make patient-related decisions independently, but departmental decisions are beyond my control." (Participant 18)
- "Seniors control positively, sharing their experience." (Participant 23)
- "I feel no controlling in my department." (Participant 16)

Influence of Seniors:

- "Sometimes seniors influence my job duties, which adds to my workload." (Participant 15)
- "Extra duties are delegated without discussion, disrupting routines." (Participant 18)

4. Discrimination and Bias

Explanation: Investigates whether junior doctors face discrimination based on gender, age, or qualifications and its impact on workplace dynamics.

Sub-Themes:

Gender Bias:

- "No gender bias is felt in my department." (Participant 21)
- "Females are given more considerations than men when they have problems." (Participant 22)
- "I haven't noticed gender discrimination in my department." (Participant 13)

Age Discrimination:

- "Age doesn't directly impact opportunities, but responsibilities can." (Participant 23)

- "Experienced people are often given more privileges." (Participant 16)
- "Age doesn't influence opportunities here." (Participant 21)

5. Emotional and Psychological Well-Being

Explanation: Captures the emotional and psychological challenges faced by junior doctors due to workplace stress.

Sub-Themes:

Emotional Stress:

- "Conflicts and communication gaps cause temporary stress." (Participant 22)
- "I feel emotionally weak when controlled all the time." (Participant 03)
- "I remain mentally stressed due to workload." (Participant 06)

Impact on Personal Life:

- "Workplace fatigue affects family expectations, and I often feel tired at home." (Participant 23)
- "My personal life is unaffected." (Participant 21)

6. Communication and Feedback

Explanation: Analyses communication effectiveness and the presence of feedback mechanisms.

Sub-Themes:

Ease of Communication:

- "I can easily communicate with seniors because there's no differentiation." (Participant 21)
- "I hesitate to approach higher authorities due to fear of miscommunication." (Participant 23)
- "Communication with seniors is easy, and I feel heard." (Participant 17)

Feedback Mechanisms:

- "Feedback is often miscommunicated to higher authorities." (Participant 23)
- "I can report challenges directly to the admin." (Participant 21)

7. Professional Growth and Opportunities

Explanation: Investigates perceptions of youth empowerment and leadership opportunities in private medical colleges.

Sub-Themes:

Youth Empowerment:

- "Youth empowerment is encouraged in our department." (Participant 23)
- "No youth empowerment is observed in my department." (Participant 22)
- "Seniors are often given more opportunities than juniors." (Participant 13)

Opportunities for Leadership:

- "Opportunities are distributed equitably." (Participant 21)
- "Seniors often have a more significant say in leadership roles." (Participant 18)

8. Suggestions for Improvement

Explanation: Gathers actionable recommendations for enhancing workplace conditions.

Sub-Themes:

Recommendations:

- "Reduce favouritism and provide equal growth platforms." (Participant 21)
- "Encourage open communication and involve juniors in decisions." (Participant 23)
- "Introduce mixed senior-junior teams for balanced discussions." (Participant 22)

Table 2: *Themes, Sub-themes, Codes Describing, and Verbatim Quotation of Workplace Issues of Junior Doctors*

Themes	Sub-themes	Codes	Verbatim Quotation
Job Satisfaction and Energy Levels	- Levels of satisfaction - Energy dynamics throughout the day	- Satisfaction levels range from highly satisfied to completely dissatisfied. - Dissatisfaction often stems from high workload, lack of breaks, and unmet expectations. - Energy is high in the morning but decreases due to workload and stress.	"Energy is high in the morning but drains out by evening." (Participant 06)
Interpersonal Relationships	- Senior-junior dynamics - Respect and favouritism	- While some juniors report supportive seniors, others experience overburdening delegation of work. - Favouritism based on personal affinities undermines meritocracy. - Relationships impact self-esteem and workplace morale.	"My seniors are supportive and reachable." (Participant 17)

Workplace Control and Decision-Making	- Levels of autonomy - Influence of seniors	- Limited decision-making autonomy for juniors; seniors dominate departmental decisions. - Unilateral delegation of tasks by seniors disrupts workflow and adds to the workload. - Some juniors feel guided, while others feel controlled.	"I can make patient-related decisions independently, but departmental decisions are beyond my control." (Participant 18)
Discrimination and Bias	- Gender bias - Age discrimination	- Gender bias is perceived differently across departments; women report more leniency for family-related concerns, but men feel overlooked. - Older employees or seniors are often prioritized for leadership roles and privileges.	"Favouritism is based on personal preferences, not qualifications." (Participant 18)
Emotional and Psychological Well-Being	- Emotional stress - Impact on personal life	- Stress arises from workload, conflicts, and lack of support. - Emotional fatigue spills over into personal life, reducing time and energy for family responsibilities. - Some participants report mental resilience despite these challenges.	"I hesitate to approach higher authorities due to fear of miscommunication." (Participant 23)
Communication and Feedback	- Ease of communication - Feedback mechanisms	- Juniors feel hesitant to communicate openly with seniors due to fear of repercussions. - Feedback mechanisms are either ineffective or mismanaged, leading to unresolved issues. - Positive feedback is rare and often inconsistent.	"Energy is high in the morning but drains out by evening." (Participant 06)
Professional Growth and Opportunities	- Youth empowerment - Leadership opportunities	- Empowerment of young doctors is rare in many departments; opportunities are often monopolized by seniors. - Juniors feel restricted in leadership roles, which impacts their long-term career development. - Leadership positions lack meritocracy.	"My seniors are supportive and reachable." (Participant 17)
Suggestions for Improvement	- Recommendations	- Reduce favouritism and introduce transparency in decision-making. - Establish open communication channels and involve juniors in significant decisions. - Provide equitable opportunities for growth and development across all staff levels.	"I can make patient-related decisions independently, but departmental decisions are beyond my control." (Participant 18)

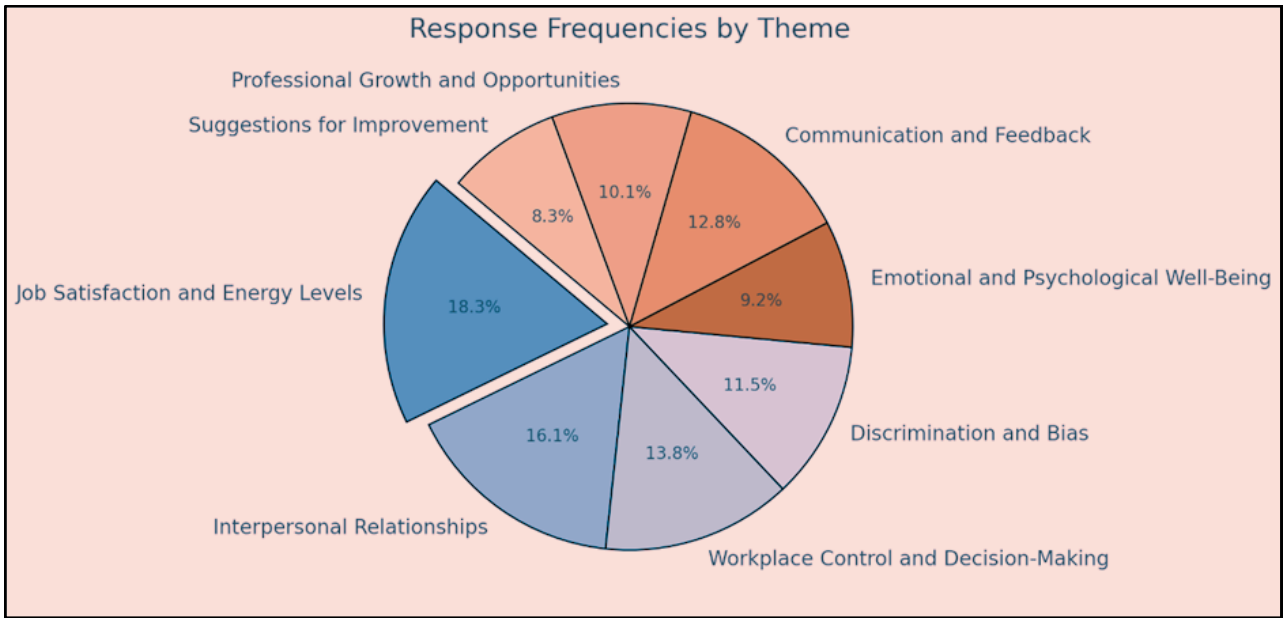

Figure 1:*Response frequencies by theme*

Discussion

The qualitative analysis identified that there are multiple issues at hand in the work environment of the junior doctors of private medical college that impact their performance, well-being and professional development. The level of job satisfaction was found to be different among the participants and affected by workload, supervisory support, and institutional policies. Other energy changes during the day also affected clinical decision making and perceived performance. The results align with previous studies on the impact of workload and professional development requirements on stress and burnout in early career physicians.[15] The interpersonal relationships particularly between senior and junior doctors was a major theme. Supportive mentorship improved motivation and confidence, but there were also reports of favouritism and hierarchical stress, resulting in demoralisation and diminished autonomy. Previous research also shows that hierarchical systems and negative supervision can have a negative impact on junior doctors' performance and health[16,17]. With good supervision and autonomy, there will be professional development with a lower psychological burden[18].

Participants also shared experiences of gender, age/seniority, and bias and discrimination that impacted access to leadership positions. Some felt some sympathy for women in the workforce with family duties, while others pointed out that there was a differential in promotions and decision making for senior and/or older workers. Such differences can negatively impact employee engagement and retention[19,20]. Emotional and psychological well-being was a major factor, as was workload and communication gap, leading to stress which frequently affected personal life. Structured organisational support, reflective practice and peer discussion groups were highlighted as protective factors to reduce stress and burnout[21,22]. These interventions are consistent with recent evidence that workplace environments that are supportive and interventions that build resilience can improve physician well-being and quality of patient care[23].

Communications and feedback between departments was inconsistent. There were some who found guidance and feedback to be very effective, others who stated miscommunication, fear of reprisal and lack of opportunities for discussion. There have been previous studies that highlight how inadequate communication in clinical teams can create more stress, less engagement, and impaired decision making[24,25]. Often, professional learning and leadership opportunities were seen as unequal. It was recommended that the promotion criteria and decision-making processes would be more transparent and inclusive, which would enhance morale and motivation. Equitable professional development and empowerment have been shown to be important factors in retaining and maintaining job satisfaction among healthcare professional[26,27] . Overall, the findings point to the complex nature of the experiences that junior doctors have in the workplace, involving workload, interpersonal relations, autonomy, bias, communication and professional development opportunities. Structured mentoring, reflective practice, feedback systems, and organizational policies can boost the psychological health, job satisfaction, and professional effectiveness of teachers[28]

Conclusion

The findings of this study show that the junior doctors in the private medical colleges are confronted with complex situations to impact on job satisfaction, autonomy, professional development and psychological health and well-being. Supportive supervision, structured feedback,

opportunities for the fair participation, and interventions that foster resilience reduced workplace stress and improved perceived workplace performance, as indicated in the participant narratives. On the other hand, favouritism, hierarchy, feedback that was sometimes inconsistent, and lack of autonomy led to decreased motivation and professional identity. The results highlight the need for evidence-led organizational approaches that promote reflective practice, professional learning, and mentoring. These interventions can boost employee morale, decrease stress, attract and keep employees, and lead to better patient outcomes.

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Authors' Contributions:
NB, QA, BA: Involved in conceptualization of study and writing original draft.
NB, BA: Involved in data curation, formal analysis and final review & editing
NB, QA,AK, MF: Involved in design of studyand final review &editing

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