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EXPLORING WORK CONDITIONS OF POSTGRADUATE RESIDENT DOCTORS: A QUALITATIVE CASE STUDY OF TERTIARY CARE HOSPITALS OF PAKISTAN

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ABSTRACT

This study focused on exploring the complex relationships between work conditions, achievement motivation, work-life balance, burnout and quality of healthcare (both doctors' and patients' perspective). The study aimed at exploring the negative impacts of unfavorable working conditions on healthcare service delivery, job satisfaction, and overall residency program of the postgraduate resident doctors, offering guidance for strategies of improvement. The difficulties postgraduate resident doctors face, such as unfavorable working conditions, a communication gap, low motivation for performance, burnout, and problems with work-life balance, have an effect on their personal, social and professional life. Improvement of healthcare delivery and safeguarding the health of patients and medical personnel depends on addressing these issues. Psychological safety in the workplace encourages candid dialogue and teamwork, enabling staff members to openly exchange creative ideas and settle disputes amicably. The study employed mixed-method approach using survey questionnaire for quantitative and interviews and Focus Group Discussions for qualitative analysis. The results of the study showed significant impact of achievement motivation, burnout on working condition and quality of healthcare. In order to improve patient outcomes, the guidelines place a strong emphasis on favorable work conditions and good communication skills.

Key words: Psychological safety, burnout, work life balance, healthcare, disputes

INTRODUCTION

Adverse working conditions, such as high workload and long working hours, are the arguments against a career in medicine repeatedly reported by junior doctors. Specifically, during residency training junior doctors experience a double load: they work in a highly demanding job while being an apprentice in this profession at the same time. This double load may further exacerbate intention to leave clinical practice if unfavorable training and adverse working conditions come together. Furthermore, junior doctors complain about low income compared to hours worked and poor work-life balance (Freeman et al., 2020). Although Pakistani doctors during and even more after residency belong to high-income classes, specialized doctors can often earn more and find better working conditions in the medical-related industry (e.g., pharmaceutical companies, public administration, or health insurances).

Healthcare professions are among the first six most stressful ones. Not all health professionals develop the same level of stress, and not all of them develop signs of professional burn-out either. According to several studies, Intensive Care Unit medical/nursing staff report that dealing with death is their first source of stress, compared to nurses who work in Internal Medicine or Surgical Departments. For those professionals, workload and adequate manning is their most important stress source. According to other studies, surgical nurses assess the emotional aspect as less important compared to their colleagues in oncology and hematology departments (Humberto, 2019). In general, healthcare professionals are more prone to stress and professional burn-out, because they are responsible for human lives and their actions – or lack of action – can have a serious impact on their patients (Clock, 2017).

Working Conditions

Healthcare professionals throughout the world have expressed serious concerns about working conditions at public and teaching hospitals as they attempt to deliver quality medical care (Yusefzadeh & Nabilou, 2020). This is due to the fact that workers see their working conditions as crucial components of their job happiness. Consequently, Llop Gironés et al. (2021) assert that an organization's workforce's total productivity and performance are directly related to the type of working conditions they are subjected to. Because of this, employees naturally work with less regard for their wellbeing in environments with favorable working conditions; yet, in situations where the opposite is true, employee productivity cannot be assured (Edem et al., 2017; Okpa, 2022).

Working conditions at teaching hospitals have recently come under fire in the media and in medical publications. A number of issues, including understaffing, an excessive workload, a lack of supervision or support, long work hours, a lack of necessary equipment, and a shortage of consumables, have been identified as factors that impair medical staff performance at teaching hospitals across the globe (Bataineh, 2019; Korang-Yeboah & Buobi, 2021). The hospital's medical staff attrition rate is significant as a result of this unsettling situation. Due to a lack of supplies, medications, and supportive administrative frameworks, medical professionals in the majority of teaching hospitals worldwide are unable to carry out their responsibilities to a satisfactory standard (Alfayad & Arif, 2017; Aliyu et al., 2018).

The performance of medical personnel has also been found to be impacted by a number of other factors, including academic isolation, bureaucratic issues, inadequate clinical facilities, inadequate pay, inadequate career structures, poor housing, and limited opportunities for children to receive

an education (Ousman & Worku,2022).
The full-time medical officers considered the excessive workload, especially the after-hours duties and handling a large volume of primary healthcare issues, violence, and trauma, to be problems (Igbe et al., 2017; Carbajal et al., 2020). Ghana's health sector faces several challenges in delivering effective and efficient healthcare services to its clients, including understaffing hospitals, unequal HR distribution, demotivated staff, and inadequate infrastructure for the delivery of healthcare (Zhang et al., 2020).
Akinwale and George (2020) state that the most frequently cited factors contributing to a poor work environment in Malawi include low pay, little opportunities for additional training and education, a lack of social and retirement advantages, a shortage of suitable equipment and poor Management.

Communication Barriers

The process of communication is complex, dynamic, and incorporates a wide range of elements. There is a strong correlation between it and the setting in which people share their stories.
Effective doctor-patient communication is a critical clinical function and a fundamental aspect of delivering healthcare, and it is the heart and art of medicine (Arora, 2003). The three main goals of contemporary doctor-patient communication, according to Platt and Keating (2007), are promoting healthy interpersonal relationships, promoting information exchange, and including individuals in decision-making. A doctor's "bedside manner" is regarded by patients as a crucial indicator of their general competency and as a factor that impacts how well they communicate with each other.
A more patient-centered contact results in higher levels of satisfaction for both patients and physicians (Little et al., 2001). According to Brinkman et al. (2007), satisfied patients are less likely to file formal complaints or malpractice lawsuits. Satisfied patients assist doctors by increasing job satisfaction, reducing work-related stress, and preventing burnout (Bredart et al., 2005).
Effective communication is a prerequisite for providing high-quality treatment, which helps lessen suffering, shame, worry, and sickness symptoms. They can also enhance the patient's functional and physiological status and increase cooperation, acceptance, compliance, and patient happiness. Their influence on the patient's training is also noteworthy (Aghabarari, Mohammadi, & Varvani, 2009).
Communication errors affect 5–10% of the general population and more than 15% of hospital admissions (Bartlett, Blais, Tamblyn, Clermont, & MacGibbon, 2008). Patients of all ages commonly experience complex communication demands throughout their hospital stay, including language barriers as well as those relating to mobility, sensory-related, and cognitive needs (Downey & Happ, 2013).

Achievement Motivation

Achievement motivation is a significant type of motivation. Motivation is defined as an intrinsic drive that propels individuals to engage in specific activities. A person's motivation determines how successful they are (Vu et al., 2022). Within the framework of the knowledge economy, motivation is a crucial psychological component that holds a prominent place among non-intellectual components and has a major impact on it (Li et al., 2023). The self-motivating force that outstanding people create in the struggle for survival of the fittest is known as

achievement motivation. People are motivated to strive to be better than others and to engage in challenging and meaningful activities.

The Achievement Motivation Theory states that a person's well-being improves when he or she succeeds in achieving personal goals, overcomes obstacles, and feels good about themselves. According to Dong et al. (2023), people who exhibit strong achievement motivation are typically more driven and focused on achieving their goals, place a higher value on their own accomplishments, and are more likely to be satisfied with their lives and to feel well overall.

One of the key organizational behaviors that affects work performance is achievement motivation. Studies indicate that an increase in motivation intensity within a certain range improves labor efficiency (Corbett, 2015). The importance of achievement-motivation in work performance has been supported by numerous academics (Yi et al., 2015). Furthermore, a public administration meta-analysis revealed that intrinsic motivation had a favorable impact on both job performance and job satisfaction (Cantarelli et al., 2016). It's interesting to note that, unlike other businesses, doctors have clear career goals and undergo rigorous training in the medical field. They desire to do their task in their hospitals precisely and on time.

Research Questions

1. What are the working conditions of the healthcare hospitals?
2. What problems do doctors face in the working environment?
3. How quality of healthcare be improved in the healthcare centers?

Literature Review

Literature review and pertinent research articles were thoroughly reviewed step by step for guidance. Important themes and points were isolated and specific questions were developed in a manner to ensure maximum responses. Intenal (2010) suggests using simple and clearly stated questions with special caution to wording might influence answers. These points were kept in mind while finalizing the questions for interviews (Appendix –A) (Appendix-C).

The focus group discussions were conducted with PGT doctors. The focus group guide was prepared in light of previous researches to explore the problems related to work conditions of PGT doctors (Appendix-B). Participants in each focus group shared some common characteristics such as age, sex, educational background, religion and career.

Interview and FGD guides were finalized after the suggestions incorporated by the supervisor. Interview guide questions for the patients were designed in urdu language as it was convenient for the participants to comprehend it.

Consent form

Participants were made sure that data collected from them will be kept confidential and will be used for research purpose only.

Demographic sheet

Demographic data sheet was devised to gather the basic information about the participants including their name, age, gender, marital status, number of children, family structure, area of specialization, work hours per day, calls per week and sleep hours per day.

Ethical Considerations

Ethical guidelines given by American Psychological Association (2012) were followed throughout the study. Participants were taken consent for their participation in the study. They were included in the study by their willingness and motivation. Those individuals who refused to become the part of the study were not included in the study**.** The information provided by the participants was held confidential and they were guaranteed that their responses will be kept confidential and will only be used only for the research purposes. Maximum efforts were done by the researchers to avoid any physical or psychological harm to the participants.

Numerous scholars contend that the primary barrier to enhancing healthcare performance is either poor governance or mismanagement (Porter et al., 2006). Many nations are experiencing job instability due to a lack of a well-defined HR management plan, which might potentially bring down the healthcare system (Dussault and Dubois, 2003). A serious global issue is the lack of medical personnel, particularly nurses and doctors (Szpakowski et al., 2016). The role and capabilities of hospital administration in this instance cannot be emphasized; nonetheless, effective job motivation on the part of the medical personnel may be crucial for improving healthcare performance as a whole (Chambers, 2011). The simple rule is this: if leaders take the time to attend to their basic workplace needs, healthcare personnel will care more about their institution's credibility and be more likely to recognize and fulfill patient expectations (Krot, 2021).

Medical staff members are more cognizant of the significance of work motivation than other public servants. Treating patients that require additional care and attention is one thing that all doctors have in common. This implies a high degree of commitment and dedication as well as the ability to withstand the mental strain of managing challenging patient circumstances (Arnetz, 2001). The motivation of healthcare professionals is the main factor that determines the quality of healthcare services, according to the World Health Organization (2006). Doctors who are more committed to their work achieve more personal and patient satisfaction than those who lack this motivation.

There is less information available on the factors influencing medical staff commitment compared to nursing staff because there is a dearth of literature on this topic (Demir et al., 2009). According to a significant study, compensation, collaboration, and work qualities are the next most important factors motivating medical physicians, after achievements (meaning of work, respect, and interpersonal relations) (Lambrou et al.,2010)

It is important to note that people who decide to become doctors are mostly motivated by their desire to motivate others and are very focused on achieving professional success. For instance, they're interested in their performance level (Dobre, 2013).

Hospitals should provide additional medical staff training and development opportunities in order to obtain a competitive edge (Hermanowski, et al., 2013). For medical professionals in particular, performance reviews are crucial. The core principles of this profession are knowledge and skills supported by clinical experience (Armstrong et al., 2016). Professional development planning begins with performance feedback. It also improves overall organizational performance and makes reasonable use of the medical staff's capability.

Burnout among doctors has serious negative consequences for the healthcare system. According to Fahrenkopf et al. (2008), West et al. (2009), and other studies, it seems to raise the probability of medical errors made by residents and their elders. It also seems to lower doctor professionalism (Ariely et al., 2015) and productivity (sick leave, availability at work). Hospitals

and communities thus bear heavy expenses as a result (Shanafelt et al., 2015). Even while doctors are more likely than the general population to experience depression and be involved in road accidents, there can be serious consequences that increase their risk of suicide (West et al., 2012).

There is a wealth of scientific material available on this topic. Numerous narrative and systematic reviews, as well as meta-analyses, have been produced by this quantitative literature. These have allowed for the description of the correlates of doctor burnout across regions and specialties (Lee et al., 2013) and its effect on their productivity, the enumeration of internal and external factors that may contribute to this burnout, and the evaluation of the efficacy of various interventions that are aimed at the individual or the organization (West et al., 2016). Young doctors, women, and those with more solitary practices so seem to be more vulnerable to burnout.

In a similar vein, common traits of doctors that contributed to their academic success—perfectionism, compulsiveness, guilt, and self-denial—as well as recent changes in hospital administration and healthcare environments may put them at risk for burnout by generating significant external pressures.

Research Design

The exploratory sequential mixed method approach was used; the quantitative phase of data collection and analysis followed the qualitative phase of data collection and analysis. The study was conducted in two parts.

Part I. The part I of the study comprised of two phases. The Phase-I of the study dealt with the identification of factors through focus groups and in-depth interviews and phase –II consisted of finalization of instruments on the basis of the results of focus groups and in-depth interviews.

Part II. Part II was main study. The specific objectives were to explore the problems and challenges faced by postgraduate trainee doctors in provision of quality healthcare services due to work conditions. It also explored the role of physical and psychological factors in professional competence of residents. Furthermore, in current study relationship between these variables with demographic variables was also explored.

Sample

To gather qualitative data ten in depth interviews and six focus group discussions were conducted with postgraduate resident doctors. For the focus group discussions resident doctors (N=42) (M=18, F=9) from dentistry, gynecology, cardiology, pediatrics, surgery and medicine were approached. After focus group discussions in order to have more detailed and complete information about the work conditions and associated professional and psychosocial issues, the in depth interviews were conducted with trainee doctors (N=16) (M=7 ,F=9) from department of gynecology and obstetrics ,cardiac surgery, cardiac medicine, general medicine, general surgery , pediatric medicine, neurology and histopathology .The participants aged 24 to 37 years.

To gain an insight into how the patients perceive quality of healthcare and what improvement they want in services provided at hospitals; 15 in-depth interviews were conducted with patients(N=15)(M=8, F=7).The participants aged 20 to 50 years. Those patients were

selected who were receiving treatment from the Postgraduate Resident Doctors with whom interviews and focus group discussions were conducted. The sample both doctors and patients were taken from the public and private sector Tertiary care hospitals of Rawalpindi and Islamabad.

Inclusion criteria

Postgraduate trainee doctors who have completed one year of residency program were the part of study .Only FCPS residents (2^{nd}, 3rd, 4th and 5^{th} year) were approached for the study. PGT doctors who were willing to participate in the study were included.

Patients who were receiving treatment from the postgraduate resident doctors who participated in study were included in study. Patients from outpatient and inpatient units were included in the study.

Exclusion criteria

MCPS residents were not approached for the study. The FCPS residents who were doing double specialty were excluded from the study.

Patients who were critical were not included in the study. Patients who were unable to respond due to weakness and lethargy were excluded from the study.

Data Analysis and Interpretation

This study explored problems faced by postgraduate trainees due to work conditions in provision of quality healthcare services. Many themes emerged from initial coding in data analysis that lead to the development of six core themes The sub themes are also listed along with core themes in table 2 given below

Table 1

Thematic analysis of *Work Conditions and associated Professional and Psychosocial Factors of postgraduate resident doctors (N=42)*

Initial codes	Sub-theme	Core theme
Extensive/hectec duty hours	Duty hours	Work conditions
Undefined duty hours		
Minimize/limit working hours		
Unscheduled calls	Calls	
Not enough leaves	Leaves	
Revision of salary packages	Salary	
Overburdened	Workload	
Lack of rest	Break	
Uncomfortable Environment	Workplace Environment	

New government hospitals	Infrastructure	
Meeting International standards		
Not enough time for studies	Study	Academics
Case presentations	Cases	
Research less focused	Research	
Research weak		
Health issues	Physical health	Health
Sleep deprivation	Sleep	
Depressive effects on life	Mental health	
No time for personal life		
Psychological issues		
Lack of guidance	Guidance	Mentoring
Non-supervised training	Supervision	
Not satisfactory learning	Learning	Professional skill training
Non-productive work	Quality of work	
No professional growth	Professional competence	
Vigilance compromised	Efficiency	
Inappropriate behavior of seniors	Relationship with seniors	Relational wellbeing
Non-cooperation of seniors		
Less time for family	Family life	
Family is ignored		
No /less time for friends	Social life	

Validation of the themes was done by the 3 qualitative experts including research supervisor.

The main themes and sub-themes of data are also given in table 3,4,5,6,7,8 along with the sample codes and frequency. The themes that emerged from the data have been presented in flow charts in figures (see figures 2, 3,4,5,6 and 7).The data transcriptions of FGDs with postgraduate resident doctors outlined the following six emerging themes that were common among study

participants including: work conditions, Academics, Health, professional skill training, mentoring and relational wellbeing.

Some themes and sub-themes emerged were relevant in context of Pakistani culture. Here is narrative account of experiences of postgraduate resident doctors in continuum with respect to themes and sub-themes emerged from the data.

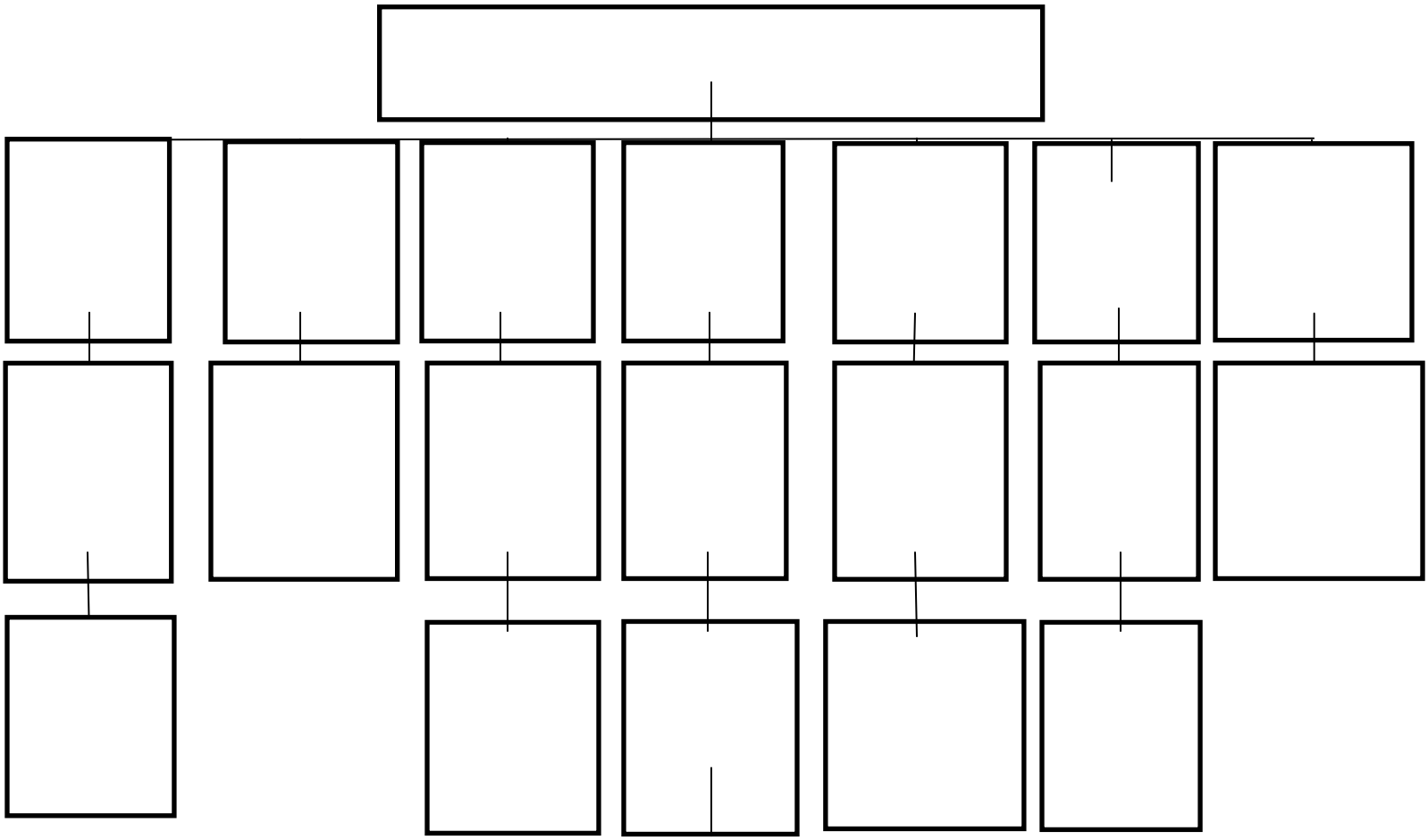
Theme 1

Table 2

Work conditions Described by Postgraduate Resident Doctors

Main Theme 1	**Sub Theme and Sample Quote**	**Frequency**
Work Conditions		
	Sub-theme 1 Work Conditions	
Extensive duty hours	"Due to long duty hours I am having pathetic training Experience."(Participant 22)	15
Hectic /tough schedule	"I am having hectic training experience; harder schedule no time to relax."	10
Minimize/limit working Hours	"There is a need to limit our working hours to 48 hours per week."	6
	Sub-Theme 2 Calls	
Unscheduled calls	"We have irregular call routine and there is no uniformity."	5
	Sub-Theme 3 Leaves	
Not enough leaves	"We don't get enough leaves."	4
Busy weekends	"Our weekends are also busy; Saturdays and Sundays are also our working days."	5
	Sub-Theme 4 Salary	
Improved salary packages	"Our salaries should be improved."	20
Revision of salary package	"There is a need to revise and reschedule our pays."	5
	Sub-Theme 5 Workload	
Overburdened	"We feel overburdened with the excessive patient flow."	12
	Sub-Theme 6 Breaks	

No breaks	"There is no down time for us to relax during work."	6
	Sub-Theme 7 Workplace Environment	
Uncomfortable environment	"Working environment should be comfortable for the Residents	4
	Sub-Theme New Government Hospitals	
New Government Hospitals	" Introducing new government hospitals will surely lessen the burden and will ultimately improve the quality of Healthcare."	2
Meeting International standards	"We are working like UK and USA residents facilities are standards provided of BHU and RHC level."	2



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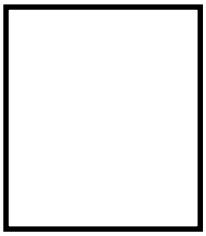

Work conditions refer to the working environment in which one works and these conditions are influenced by multiple factors. The most common factors reported by postgraduate resident doctors in FGDs were extensive duty hours, unscheduled calls, not enough leaves, less salaries, no breaks during work, excessive workload and uncomfortable environment. It was also evident from the common view of study participants in the FGDs that their life had significant impact due to these work conditions.

As it was reported by participant:

> Due to long duty hours I am having pathetic training experience. We work 80 hours/week. Due to extensive duty hours our quality of work for next day also gets affected. Our duty hours should be minimized. There is a need to limit our working hours to 48 hours/week. Reducing our duty hours can improve quality of healthcare. (Participant 12)

It is evident from the participants' statement that due to extensive duty hours postgraduate resident doctors get exhausted and their quality of work gets compromised .Moreover long hours of working have a detrimental effect on the overall quality of residency program for the PGT doctors. The PGT doctors suggest that a limit should be set for their working hours which should be exceeded in order to improve the quality of healthcare services delivery.

The other problem faced by PGT doctors related to their work were the unscheduled calls as reported by the 3rd year resident doctor of cardiology :

We have irregular call routine. I have a haphazard call schedule and there is no uniformity. Some departments have 1 in 4 calls, others have 1 in 6.The residents have clashes on call rosters as the personal biases are seen while preparing call rosters .The seniors give more importance and favors to the residents who are their favorites and the other residents have to do extra calls. There is no post call off we feel too exhausted and sleep deprived.

(Participant 16)

In house calls are the work hours beyond the normal work day when residents are required to be immediately available. The residents reported that there is no fixed routine of calls for them and they have to face the issue of unscheduled calls. Moreover they added that the residents have clashes on call rosters as they feel that while preparing call rosters all the residents are not assigned duties on the basis of equality. They are of the opinion that seniors give favors to their favorites and put burden of extra duties and calls on other residents. The residents also highlighted the need for post call off as they face difficulty in resuming their duties while they are exhausted and sleep deprived.

The Residents are of the view that they do not get enough leaves during their postgraduate training as reported by a 2nd year resident of surgery:

> We don't get enough leaves. Our weekends are also busy. Some days Sundays are also working days. Academics and mandatory workshops are also counted as our leaves otherwise they deduct our salary. (Participant 25)

The present study highlights that the residents in Pakistan are not satisfied with the number of leaves they are allowed to avail during their residency program. The reported that their weekends are busy and they have to work on Sundays as well. They added that residents are not allowed to study and to attend workshops which are also mandatory part of training during their working hours and in case they do so they are considered to be on leave. They told that even their salaries are deducted due to leaves.

Another problem faced during residency program is the pay package that is being offered as reported by the 4th year resident of gynecology and obstetrician:

> Our salaries should be improved. Federal should also increase pays like provinces. Government should revise and reschedule our pays. Handsome salary should be given to residents in order to improve healthcare system.(Participant 7)

The residents reported that they are not satisfied with the salaries they are getting and they feel that their salary should be increased. They want government to revise their pay packages. According to residents the healthcare system can be improved by giving handsome salaries to the residents.

Moreover the residents reported the problem of excessive workload and patient flow in OPDs reported by the 3rd year resident of medicine:

> We feel overburdened with the excessive patient flow. We deal 150 patients per day. We have to do excessive paper work .It become really tough for us to take detailed history from the patients due to excessive numbers and we sometimes miss the most important details that can help us in prompt diagnosis and treatment. There is a need to limit the OPDs of doctors to 30 patients per day so that they can give proper time to each patient.(Participant 40)

The residents feel overburdened with the large number of patients they deal with in OPDs on daily basis. They report that due to excessive workload they can't give proper time to patients and sometimes miss the important details of the patient. Residents suggest that each doctor should be allowed to treat a fixed number of patients per day in order to improve the quality of treatment being provided.

The residents highlighted the need for rest breaks during long duty hours as reported by 4th year Resident of Paediatrics:

> Breaks should be given during long duty hours to regain strength and energy to work again efficiently. 6 hours duty is fine but if the duty hours extend some rest time should be given. There is no down time for us to relax. (Participant 27)

PGT doctors reported that due to long duty hours they feel fatigued and exhausted and in order to regain energy they need breaks during work to work efficiently. The doctors are of the

opinion that after 6 hours of work there should be rest breaks. The doctors reported that they don't get any time to relax during their work which not only has negative effects on their health but also their quality of work is compromised.

Workplace environment is the setting, social features and physical conditions in which doctors perform their job. The resident doctors reported that they face issues related to their workplace environment as reported by2nd year resident of Dentistry:

> Working environment should be comfortable for the residents to improve quality of healthcare services delivery. Workplace environment every area needs attention.
>
> (Participant 2)

The study highlights that residents face issues such as uncomfortable workplace environment and feel that there is a need to pay attention to the physical aspects of workplace environment to make it comfortable for the residents.

The PGT doctors told that the less number of tertiary care hospitals is also one of the reasons behind excessive workload for doctors .According to 4th year resident of medicine:

> We as doctors are facing challenges due to workload and rushy OPDs. We feel really helpless when we can't admit patients due to unavailability of beds. Introducing new government hospitals will surely lessen the burden and will ultimately improve the quality of healthcare.(Participant 39)

The residents are of the view that introducing new government hospitals will lessen their workload. The doctors reported that they have to face the issues due to limited resources and can't facilitate the patients due to shortage of beds and space in hospitals. They believe that more tertiary care hospitals should be there to address the issue and improve the quality of healthcare services delivery.

The PGT doctors reported that they are not provided with facilities in the tertiary care hospitals of Pakistan. As the 3rd year resident of surgery reported:

> We work day and night but no facility is provided to us by the hospital and government. We are working like UK and USA residents but facilities are provided of BHU and RHC level. (Participant 32)

The residents are not satisfied with the government policies. They believe that their Services are not acknowledged by the government. The residents reported that they work like the residents of developed countries but they are not provided the facilities that meet international standards.

Findings and Discussion

In order to explore most commonly reported problems related to work conditions for postgraduate resident doctors six focus group discussions were carried out .Each focus group comprised of 6-9 members. For the focus group discussions 42 resident doctors (M=18) (F=24)were approached. PGTs of six different specialties (6 PGTs from dentistry, 9 PGTs from gynecology,6 PGTs from cardiology,8 PGTs from pediatrics, 6 PGTs from surgery and 7 PGTs

from medicine) were approached. After having their consent for participation post graduate trainees were included in the FGD. The participants aged between 23 -37 years. Residents who have completed one year of FCPS Residency program in public and private sector hospitals of Rawalpindi and Islamabad including Pak Emirates were included in the study.

This study explored problems faced by postgraduate trainees due to work conditions in provision of quality healthcare services.

The study's hypothesis was that burnout significantly affects healthcare quality. The study produced consistent findings, which were corroborated by earlier research.
Shanafelt et al. conducted a countrywide survey study that included 6880 US physicians (aged 35–60 years) from a variety of disciplines to assess the prevalence of stress in physicians. According to the survey's findings, the percentage of US physicians who reported having at least one burnout symptom increased from 45.5% in 2011 to 54.4% in 2014. Additionally, physicians' satisfaction with work-life balance decreased from 48.5% in 2011 to 40.9% in 2014 (Shanafelt et al., 2015). The most vulnerable to stress are doctors who practice in primary care disciplines such as family practice, neurology, emergency medicine, and general internal medicine.
These findings emphasize the significance of taking achievement motivation into account when determining how health professionals respond to their work environment and how that affects the quality of care.
Communication barriers as a moderator between working conditions and quality of healthcare was another hypothesis of the study. Findings of the study supported the hypothesis. The study's finding also supported by previous literature. According t previous studies, a number of factors, such as working circumstances and communication hurdles within healthcare settings, have an impact on the quality of healthcare delivery. According to research, corporate culture, personnel levels, and workload all have a big influence on how well healthcare is provided (Aiken et al., 2012). Communication difficulties, however, may mitigate the association between working conditions and the quality of health treatment. Communication obstacles can prevent healthcare personnel from exchanging information, which can result in misunderstandings and mistakes. Examples of these obstacles include language hurdles, hierarchical structures, and inadequate communication routes (Leonard et al., 2004). The association between working circumstances and health care quality may therefore be moderated by communication barriers, which could also increase or lessen the negative consequences of unfavorable working conditions on patient outcomes. By concurrently addressing work circumstances and communication issues, initiatives aiming at enhancing the quality of healthcare can be informed by an understanding of the moderating influence of these barriers.

Conclusion and Recommendations

To sum up, our research illuminates the intricate relationships among human characteristics, working situations, and healthcare quality. The results emphasize how crucial a role communication barrier, well-being, performance motivation, and burnout play in moderating or mediating the association between working circumstances and healthcare quality. Improving patient care and the delivery of healthcare as a whole depend on addressing these issues. Policies and hospital managers should give top priority to programs that improve employee well-being, create an inspiring work environment, and reduce obstacles to communication. Staff involvement

can be increased and burnout can be lessened with the use of strategies including task management, professional development opportunities, and efficient communication channels.
Better patient outcomes can also be achieved by funding educational initiatives that enhance healthcare teams' ability to collaborate and communicate. To further clarify these elements' impacts and efficacy in raising the standard of healthcare, longitudinal research and interventions are necessary. Healthcare companies may foster a positive work atmosphere that enables healthcare professionals to give high-quality treatment, which will eventually benefit patients and providers, by addressing five critical criteria.

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