

Original Research Article

Doctors' Aggression: A Possibility of Health Crisis and Instability

Mubassar Hassan Jafri

Abstract

Research Scholar, Center for
International Peace and Stability
(CIPS) NUST

Email:
mubassar289pcips@nipcons.nust
.edu.pk

Extensive literature exists on aggression as a precursor for frustrations among human beings. Scholars such as Dollard et. al. also argue that aggression can result into harming others directly, indirectly, through active and passive means. In Pakistan young doctors' have developed the tendency of aggression because of job frustration. This aggression, over the years, has resulted in wide ranging and repeated strikes, protests and job absenteeism, causing serious shortfall in health attendance. This research elucidates the results of such protests and its ill-effects is shape of health crisis. Drawing from the Frustration – Aggression Theory by Dollard et al., this paper tries to understand the impact of Pakistani young doctors' anger on society and government. Through a survey of 1000 (one thousand) young doctors, the research questionnaire aspires to draw a relationship between 'aggression – frustration' and health crisis focusing on young Pakistani doctors, suggesting some remedial measures.

Keywords: Aggression, Frustration, Health Crisis, Pakistani Young Doctors

INTRODUCTION

Aggression is an act or series of acts which intends to harm other organisms. It has averse stimulations of intense and subtle act to injure others. It can be termed as a negative behavior enacted with the intention to harm another individual who tries to avoid that harm (Baron and Richardson, 1994; Bushman and Huesmann, 2010; Warburton and Anderson, 2015, p. 373). Aggression is mainly produced by frustrations and unpleasant experiences which give rise to rudimentary feeling of anger and negativity (Berkowitz, 1990; Berkowitz, 1989). Aggression can be divided into hostile and instrumental aggression. Hostile aggression is viewed as unplanned, thoughtless and driven by anger. It usually occurs in reaction to a perceived provocation, having the ultimate purpose to inflict harm or injure the target. Hostile aggression is also conceived as reactive, impulsive and affective aggression. Instrumental aggression is considered as preplanned and premeditated source to

obtain some goals from the target rather to inflict harm. It is more proactive than reactive. Both hostile and instrumental aggressions have same intentions to inflict harm to its target. However, hostile aggression includes physical assault in its primary goal, whereas instrumental aggression intends to get profit like robbery rather to inflict physical injury (Anderson and Bushman, 2002, p. 29; Berkowitz, 1993; Bushman and Anderson, 2001; Geen, 2001; Munoz, Frick, Kimonis, and Aucoin, 2007).

Aggression of young doctors in Pakistan is mainly because of frustration which has developed over the past few years. Young doctors are frustrated over multiple issues; such as low salaries, long working hours, work overload, absence of service and pay structure, lack of security for doctors, unpleasant experiences at working places, getting less than expectation, underdeveloped health sector and governmental delay in fulfilling their legitimate demands (Khan, 2011; Haider, 2017; Kazi,

2017). Young doctors in Pakistan are suffering a lot because of long duty hours. They have to work for several hours. Sometimes they have to work for more than twenty hours on special occasions like Eids and emergencies. Doctors complain that their prolonged working hours are not rewarded by any extra wages or allowance. Doctors assert that long working hours can produce mental fatigue and tiredness. Mental tiredness increases the chances of surgical injuries and medical mistakes which can put many patients' lives in danger (Chatterjee, 2015). They feel frustrated when other government employees get more facilities, reward and better opportunities of promotions even with less qualification, pointing to the Ted Gurr's 'Relative Deprivation' (1971) Hypothesis (Gurr, 1971). These sufferings, deficiencies and deprivations have created significant feelings of frustration among young doctors. These feeling of frustrations have resulted into aggressive behavior. This aggressive behavior in young doctors can trigger averse stimulations to harm others. Aggressive behavior of doctors can be termed as instrumental aggression which aims to achieve proper rights and economic benefits for doctors (Imran, 2014; Waheed, 2016).

Frustration and Aggression – Theoretical and literary Underpinnings

The theory of frustration and aggression was presented by Dollard, Doob, Miller, Mowrer and Sears in 1939 (Dollard, et al., 1939). This theory enhances understanding frustration among human behavior, and tends to give sound justification for aggressive behavior in human. The theory of frustration and aggression can be applied to understand young doctors' aggressive behavior. Writers of the theory observed that all acts of aggression in human behavior are the result of previous frustrations and such frustrations often lead towards aggression. They were convinced that the consequences of frustrations would be aggression. They postulated that when individuals identify hindrance in achieving their goals, frustration develops, which often leads to aggression. They put forward their view that frustration mainly occurs in human from perceived resistance in achieving expected or desired future goals. It also arises when individuals are ignored, humiliated and interfered. Authors of frustration and aggression theory presumed that aggression may be a covert movement against those who frustrate a plan about revenge or a violent act against innocent abject and even against self like suicide or martyrdom (Dollard, et al., 1939, pp. 1-20).

Young doctors' aggression working in Pakistani hospitals is visible in regular protests, strikes and boycotting duties from hospitals. This aggression in doctors because of frustrations is primarily against the institutions which have remained unable to grant doctors,

mostly legitimate, demands. These regular street protests, strikes and boycotting duties from hospitals, however, have also damaged public interests. Regular street protests and strikes on major roads have cost many human lives and economic loss (Malik, 2016; Ullah, 2018; Shah, 2015; Siddiqui, 2017). Young doctors' aggression can keep hundreds of patients away from getting cheap medical facilities if they continue to persistently boycotting duties from hospitals. Doctors' regular protests, strikes and boycotting duties from hospitals results in severe shortage of doctors in government hospitals. Pakistan is among those countries which has existing shortfall in number of qualified doctors (Ali, 2016). Doctors' aggression in terms of protests and strikes would keep them absent from hospitals. Presence of doctors in protests and strikes and absence in hospitals has the possibility of a health crisis (Ali, Punjab suffers doctor shortage in rural areas, 2016; Maqbool, 2017; Abid, 2012; Subhan, 2017).

Health crisis

Crisis creates an unsafe situation which presents threats, loss and panic to a society (Poal, 1990, pp. 122-123). Regular protests by young doctors have the possibility to bring health crisis in the country. Crisis has various types like financial crisis, natural crisis, financial crisis, identity crisis, malice crisis and health crisis etc. Crisis is a situation of chaos where one has not an immediate answer or solution. It is a period of tension in which a person or organization makes several attempts for solution. Crisis is perceived as an upset in a steady system. It is inability of a system to cope up and respond immediately. Crisis occurs when equilibrium of an organism is threatened or upset by the outside environment. Health crisis is a situation which mainly occurs after war, social unrest, civil conflict, natural disaster or epidemics etc. Health crisis is a series of events which threatens or challenges welfare of majority of people. It can happen due to extreme poverty, social injustices, heightened inequality and inaccessibility to hospitalization and health services (Politaki, 2013). In a health crisis humans suffer extreme threat to their life and health. These threats and challenges usually appear due to the inability of government to respond farsightedly and prudently (Kikwete, 2016).

England faced health crisis due to shortage and protest of doctors' in 2016. Red Cross claimed that England might get engulfed in a humanitarian crisis because of junior doctors' strikes and protests. Doctors' strikes caused panic, confusion and anxiety in hospitals. England faced this crisis' owing to doctors' refusal and not attending hospitals (Donnelly, 2016; Weaver, 2016; El-Gingihy, 2016; Holden, 2016). Percentage of doctors per patient is much higher in England as compared to Pakistan. Even though England's health system is well

equipped and is prepared for such eventualities, still it experienced a health crisis because of shortage of doctors.

Pakistan is amongst those countries which has a severe shortage of doctors and para medical staff (The Nation, 2015). According to international standards, there should be two physicians per 1,000 population, one dentist per 1,000 population, four nurses to one doctor and one pharmacist to six doctors. (Abdullah, Mukhtar, and Mukhtar, 2014). "The population of Pakistan should be looked after by 340,000 dentist and 13 Lakh, 60 thousand nurses. Currently, in accordance with the population level, around 194,201 doctors, 159, 307 dentist and 1.4 million nurses are required in Pakistan to meet international standards" (The Nation, 2015). Pakistan lags behind these international standards. There are eighty five doctors for every 100,000 persons in Pakistan. Doctors have to do extra work due to shortage of doctors and hospitals in the country (Abbas, 2016). Bad working conditions, insecurity, less developed health sectors and low salaries have forced a large number of doctors to go to foreign countries for better salaries and perks. Brain drain of doctors from Pakistan is a great loss for the country. About 25 percent of its medical doctors have migrated to different countries for better economic incentives (Kirby, 2017; Tahir, Kauser, and Tahir, 2011; Manan, 2010; Tahir, Kauser, and Tahir, 2011). On average 4000 medical doctors are produced every year in Pakistan and out of these almost 50% migrate to advanced countries of the world (Afridi, Baloch, and Baloch, 2016). Almost "12,813 doctors are working in the four High Income Countries (HICs) and around 3000 in Arabic-speaking nations (ASNs) with Saudi Arabia asking for 20,000 more or as many physicians as possible" (Hossain, Shah, Shah, and Lateef, 2016). In United States of America, there are about 12000 Pakistani doctors working in different states of America. Pakistani doctors make about 5 percent of all foreign doctors practicing in United States of America. Similarly hundreds of Pakistani doctors aim to settle in United Kingdom for higher salaries. According to Higher Education Commission of Pakistan around 15,000 doctors leave the country every year (Abbas, 2013; Qureshi, 2014). Although these doctors get satisfactory benefits abroad, but thousands of patients suffer due to their departure. Doctors' vacant seats remain unfilled for most of the time (Abbasi, 2018).

Young doctors' aggression of protests and strikes has the possibility to create health panic in the country. Regular protests and strikes can create severe shortage of doctors in hospitals. Young doctors' protests and strikes if continue up to months or more, it will put hospitals in a precarious situation (Bashir, 2016; Imran, 2014). Moreover, if young doctors start protests and strikes all across the country it would lead to a 'doctoral shortage epidemic' in hospitals. Shortage of doctors in hospitals due to prolong protests and strikes can

endanger the lives of hundreds of patients admitted in public sector hospitals. There is already shortage of doctors in Pakistan. Working doctors' abandonment of duties and participation in protest would further reduce doctors' presence in hospitals and can result in health panic. Young doctors participation in protests, strikes and refusal to attend hospitals on regular basis might lead to an alarmist situation in hospitals. Humanitarian crisis can also occur when peoples' welfare and comfort is threatened (Politaki, 2013). Young doctors' absence in hospitals due to protests, strikes and boycotting duties from hospitals would endanger safety and lives of majority of people. Doctors' unavailability in hospitals and participation in protests have created problem for thousands of outdoor patients. A majority of these outdoor patients belongs to poor families. They cannot afford treatments from private hospitals. On every striking day these patients remain unchecked due to doctors' participation in protests. Unavailability of doctors in hospitals and presence in protests has created adverse situations in different hospitals. Doctors' strike caused the death of 22 people in 2011 (The Express Tribune, 2011). In Punjab 11 people suffered death due to doctors' strike and unavailability in hospital in 2012 (The News, 2012). In 2017 nearly eighty people died due to doctors' absence in hospitals (Subhan, 2017; Siddiqui, 2017). These sufferings might increase if doctors' tend to continue their protests, strikes and boycotting duties from hospitals. Inaccessibility of health services can also provoke common people against government. People would blame government for not providing health care facilities to common people. Common people might stand with young doctors if government remained unable to resolve the issues. A combined protest by young doctors and bulk of common people would create more difficulties for the government. Situation could further deteriorate if government remains unable to respond farsightedly. Along with the health panic, these regular street protests, strikes and boycotting duties from hospitals can lead to a state of instability.

Instability

Chances of instability increase with growing protests and strikes. Instability can be of political, economic and social. Instability of any kind creates threatening problems and hinders the developing of a country if government remains unable to control it. Generally political instability can be measured by number of mass uprisings against government and state failure to ensure law and order in a country. Economic instability is a consequence of such events which reduce economic growth. These events could be strikes, protests and political instability. Political and economic instability both have link with protests and strikes. Political instability and protests are detrimental to economic stability. Political instability in terms of protests

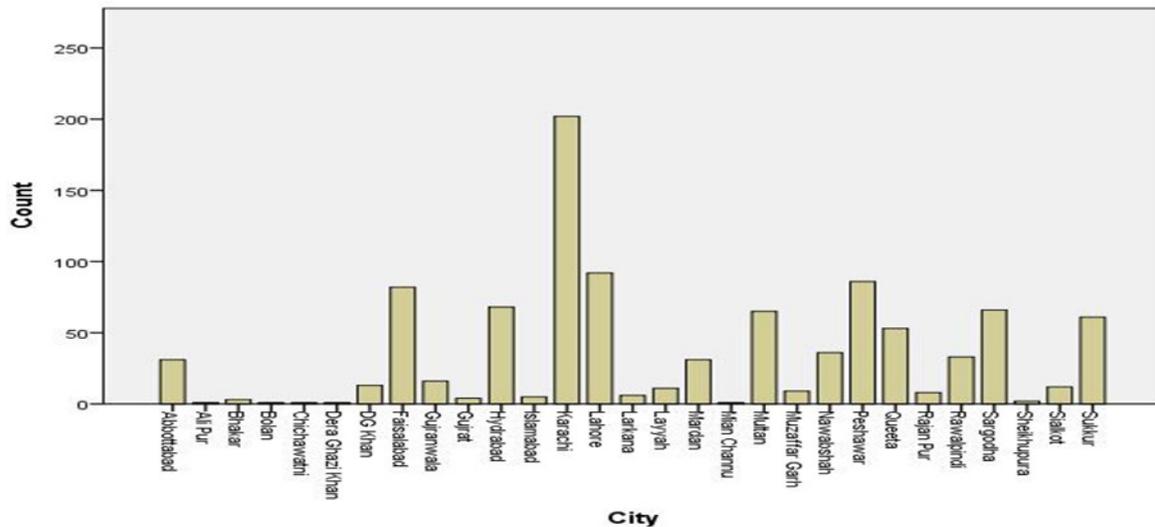


Figure 1. List of cities where participants for the research sample have been selected

and strikes have negative impact on the economic growth of a country (Aisen and Veiga, 2011, p. 1). Social instability can be described as events which changes the regular pattern or order of society. These events may involve protests and strikes by organized or unorganized groups (Hsiang and Burke, 2013, p. 2)

Instability is a state of unrest, uncertainty, unreliability and insecurity. Instability denotes to a scenario leading to an adverse situation which is mainly caused by protests or series of protests. There are chances that violence might spread due to state of instability. It is a phenomenon that has deep and complex implications for a social system. Instability is a situation where events become less manageable and unpredictable. It is a condition where a system remains unable to respond perturbations (Berthélemy, Kauffmann, Renard, and Wegner, 2002, pp. 1-4; Eyeruroma and Allison, 2013, p. 200). In instability people feels powerless, helpless and unsatisfied with state policies. They lose hope in state institutions and only prefer their personal interest (Memon, Memon, Shaikh, and Memon, 2015, p. 32). It is often associated with protests which can be both peaceful and violent. The intensity of instability increases with the growing number of protests, strikes and riots (Schroeter, Renn, and Jovanovic, 2014, p. 126). Instability has the potential to inflict harm. Harm can be loss of property, health and life (Renn, Jovanovic, and Schröter, 2011, p. 1).

As instability is caused by protests and strikes. Doctors' protests, strikes and boycotting duties from hospitals in Pakistan lead to a state of instability or uncertainty. Instability has linkage with both violent and nonviolent protest. Doctors' protests on regular basis might generate a condition of lawlessness and insecurity where doctors as well as common people could lose trust in state institutions. Markets, shops and roads remain

close on protests and strikes, which can cost millions of rupees. People hesitate to open shops and markets on days of protest to avoid unnecessary loss of life and property. They fear that protesting people can damage their properties. Multiple such instances have occurred in the past where protesting people have damaged public and government properties (Sayeed, 2014; Haider, Cost of protests, 2016). Increase in instability is directly proportional to the number of protests. Doctors' growing protests can also be exploited by terrorists. If terrorist organizations succeed to penetrate in doctors' protests, it would cause colossal damage to lives and property for masses. Instability created by doctors' protests would probably lead to a situation where people feel insecure and find government on the failing end of fulfilling its obligations. These circumstances would generally affect the wellbeing of larger group of people. If government remains unable to understand and implement young doctors' demands, overall life and safety of many individuals would become vulnerable and uncertain.

METHODOLOGY

A questionnaire based survey was conducted during May 2016 to March 2017 on young doctors working in different government hospitals in the cities of Lahore, Rawalpindi, Islamabad, Abbottabad, Peshawar, Faisalabad, Karachi, Hyderabad, Quetta, Multan and some other major cities of Pakistan. This is the list of cities where participants for the research sample have been selected. Figure 1

As this research is about young doctors' hence only young doctors' of ages about 20 to 36 are selected. Below is a graph of ages of selected participant. (Figure 2)

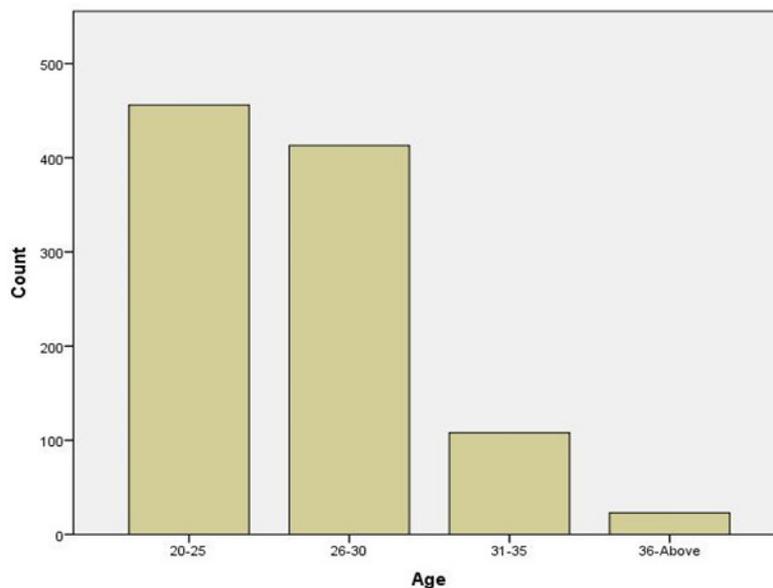


Figure 2. Graph of ages of selected participant

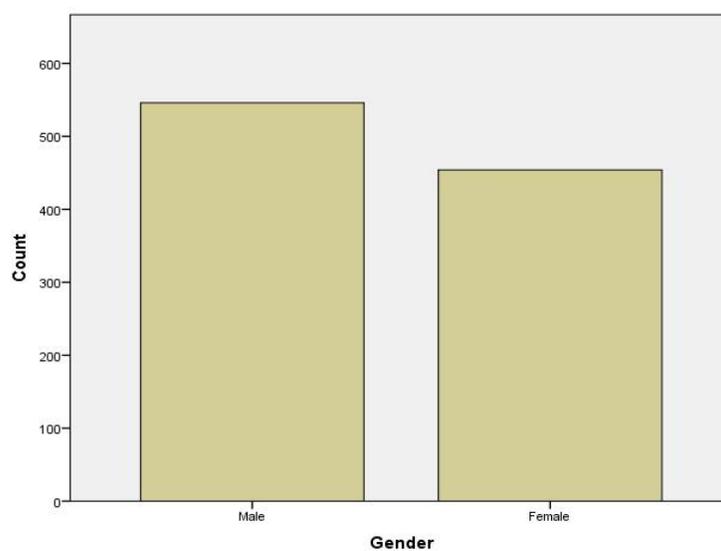


Figure 3. Ratio of selected male and female participants

Questionnaire includes 1000 male and female doctors. 540 male and 460 female participants were selected through random sampling. Below is the ratio of selected male and female participants. Figure 3

Participants are selected from provinces according to Pakistan Medical and Dental Council statistics. There are 188619 numbers of doctors exist in Pakistan. Punjab has almost 80730 numbers of doctors. 80730 numbers of doctors are nearly 40 percent of Pakistan's total numbers of doctors. In Sindh province there are 69140 numbers of doctors. 69140 numbers of doctors count for 37 percent of total numbers of doctors. Khyber Pakhtunkhwa has 24012 numbers of doctors which account for the 13

percent of total numbers of doctors. Balochistan has about 5272 numbers of doctors. It is 3 percent of total numbers of doctors. Table 1

Majority of doctors' are in Punjab province so 42.50 percent of research sample is based on young doctors from Punjab. 425 out of one thousand participants are included from Punjab province. 425 participants are nearly 42 percent of research sample. After Punjab province, Sindh province has the second majority of doctors. 37.50 percent of participants are included from Sindh province. 375 out of one thousand participants are included in research sample from this province. 375 participants hold almost 37 percent of research sample.

Table 1. Statistics
 Total Number of Doctors' / Dental Surgeons (G.P's with basic degree only)
 REGISTERED UP TO 30th November, 2017

Province	M.B.B.S.			B.D.S.			L.S.M.F.		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Punjab/Federal Area	35807	37026	72833	2537	5360	7897	511	54	565
Sindh	30177	32106	62283	2003	4854	6857	284	22	306
K.P.K	13752	7372	21124	1165	1723	2888	52	2	54
Balochistan	2792	1947	4739	255	279	534	44	11	55
A.J.K.	1906	1709	3615	166	194	360	3	1	4
Foreign Nationals	2888	1009	3897	363	139	502	98	8	106
Total	87322	81169	168491	6489	12549	19038	992	98	1090
			RMP			RDP			LSMF/LDS

Total = 168491+19038+1090= 188619
 Source: <http://www.pmdc.org.pk/Statistics/tabid/103/Default.aspx>.

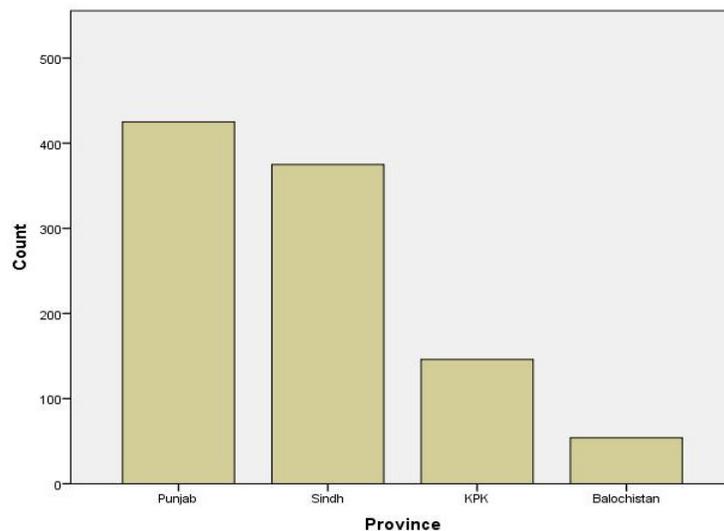


Figure 4. Ratio of selected participants from each province

Khyber Pakhtunkhwa province has the third majority of doctors. Research sample includes 14.60 percent of participants from Khyber Pakhtunkhwa. 14.60 percent means 146 out of one thousand participants in research sample are from Khyber Pakhtunkhwa. Fourth majority of doctors lies in Balochistan province. 5.40 percent of participants are included from Baluchistan province. 54 out of one thousand participants are included from Baluchistan province. 54 participants account for 5 percent of research sample. This percentage of 42.50, 37.50, 14.60 and 5.60 of Punjab, Sindh, Khyber Pakhtukhwa and Baluchistan respectively is taken in research sample according to Pakistan Medical and Dental Council's statistics about doctors. Below is ratio of selected participants from each province. Figure 4

Simple random sampling technique is used as it gives equal chance of participation to every member of larger population. The survey was conducted by asking closed ended questionnaire using Likert Scale. Questionnaire particularly seeks to measure the presence of frustration among young doctor, which could possibly lead to aggressive behavior. The next section explicates the results of the discussion.

RESULTS AND DISCUSSION

According to results of survey, 68.10 percent of selected participants strongly agreed that frustrations in young doctors can lead to aggressive behavior. It means 681

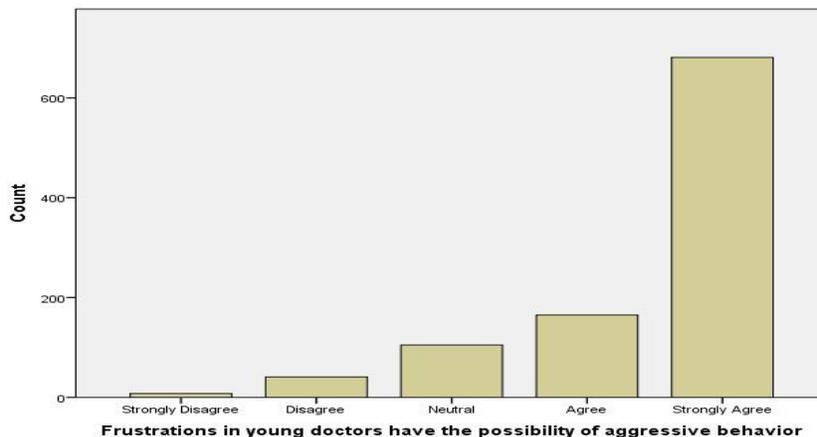


Figure 5. Frustration in young doctors can create aggression in their behavior

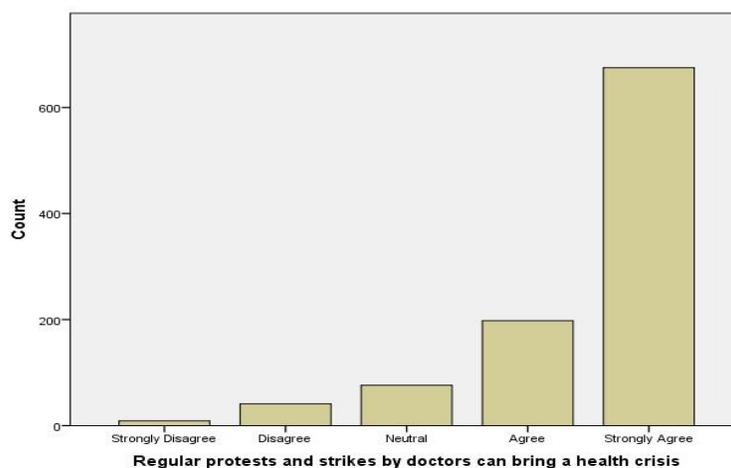


Figure 6. Regular doctors' protests and strikes can bring a health crisis

out of 1000 participants strongly believe that frustrations in young doctors can generate aggressive behavior. 16.50 percent of selected participants replied in agree that frustrations in young doctors can lead them to aggressive behavior. 16.50 percent means that 165 out of 1000 participants are agreed with this view that frustration in young doctors can be a possibility of aggressive behavior. 10.50 percent of participants remained neutral that frustrations in young doctors can produce aggressive behavior. It indicates, 105 out of 1000 selected participants showed neutrality that frustration in young doctors can be a source of aggression. Participants who disagree that frustration in young doctors can lead towards aggression were only 4.10 percent. This percentage shows, 41 out of 1000 participants are against this concept. Out of 1000 participants only 8 participants strongly disagreed that frustration in young doctors can be a possibility of

aggressive behavior. 8 participants means that 0.80 percent of participants are strongly against this notion. Results illustrate that majority of selected participants are convinced that young doctors can behave aggressively because of frustrations. Results also indicate that fewer numbers of participants are against this opinion that frustration in young doctors can be a possibility of aggressive behavior. Above discussion shows that frustration in young doctors can create aggression in their behavior. Below is a graph of above explanation. Figure 5 Survey also indicates that regular protests and strikes by young doctors can bring a health crisis. According to results 67.30 percent of selected participants are strongly agreed that young doctors' protests and strikes on regular basis can bring a health crisis. It shows 673 out of 1000 participants are strongly convinced that young doctors' strike and protests on regular basis can become a reason of health crisis. Participants who have replied in

agree about this opinion, are 20.40 percent. It indicates 204 out of 1000 participants are agreed that young doctors' strike and protests on regular basis can be a reason of health crisis. 78 out of 1000 participants have remained neutral about young doctors' strike and protests on regular basis can become a reason of health crisis. 1.30 percent of selected participants disagreed about this opinion. It means 13 out of 1000 participants have shown disbelieve about young doctors' strike and protests on regular basis can be a reason of health crisis. Only 1 out of 1000 participants has strongly disagreed that young doctors' strike and protests on regular basis can be a reason of health crisis. Results indicate that majority of participants are convinced that young doctors' strike and protests on regular basis can be a reason of health crisis. A few number of participants has shown disbelieve that young doctors' strike and protests on regular basis can be a reason of health crisis. Above results clearly illustrate that regular doctors' protests and strikes can bring a health crisis. Below is the graph of above results. Figure 6

RECOMMENDATIONS

- Doctors' aggression via protests, strikes and boycotting duties from hospitals has cost many lives. This aggression would keep on damaging public and government interests if government fails to satisfy young doctors' frustration immediately. This satisfaction can only be achieved if concerned institutions sincerely remove young doctors feeling of frustration and implement their legitimate demands without any further delay.
- Doctors' regular protests and boycotting duties from hospitals have the possibility of creating health panic in government hospitals. To avoid such health panic, government needs to ensure doctors presence in hospitals at every cost. New doctors should be recruited on the pledge that they would not participate or organize any protest. If, however, they participate in protests and strikes, they would be immediately terminated from job. This step would certainly forbade young doctors to participate in protests and strikes. By implementing these steps there would be lesser number of protests and strikes and lesser chances of health crisis.
- Protests of any kind increase the chances of instability in a country. Instability halts country progress and damages public and government interests. Growing young doctors' protests and strikes have halted economic activities on a number of occasions. On every protesting and striking day, businessmen, transporters and even common man have to suffer economic loss. There have been many occasions when doctors across the country organized protests on roads in different cities. There would be colossal damages if such protests prolong to months or so. Government needs to stop doctors' protests and strikes to avoid such economic halt. This can only be avoided by discouraging young doctors' protests and strikes on roads. Government should not allow doctors to organize protests and strikes on major roads. Doctors protesting on roads should be arrested and punished for their misconduct.
- Doctors should also avoid organizing protests and strikes on major roads. If, however, protests and strikes are necessary for the achievement of their goals and demands, they should organize protests and strike on vacant spaces like grounds etc. Doctors should gather at vacant places to demand for their rights. Protests and strikes organized at vacant places would not threat any human loss. Doctors' protests and strikes organized at vacant places would not halt any economic and social activity. This will create a good impression of doctors' protests and strikes on government. Media would also support doctors positively. It will also show that doctors are concerned about people wellbeing. In this way, people would be less effected by doctors' strike and protests.
- Only those doctors should participate in protests who are free from their duties. Doctors' participation in protests and strikes instead of going to hospital creates lot of problems. Protests organized by the doctors free from duties in hospitals, would not create shortage of doctors in hospitals. These intensions would not affect thousands of patients who come for treatment in hospitals. People would tend to respect doctors more if they prefer to serve humans instead of getting perks and privileges.
- Government needs to provide medical facilities to thousands of patients who come to public sector hospitals. However, these patients don't receive medical treatment because of doctors' strike, protests and boycotting of duties from hospitals. On every doctors' strike thousands of patients from middle and lower middle class have to pay a huge cost for their treatment in private hospitals. Treatment in these private hospitals is too expensive for the patients belonging from poor and middle class families. For the treatment of these poor patients, government should solve young doctors' puzzle immediately. These patients belonging from middle and lower middle class would continue to suffer on every striking and protesting day. Government also needs to arrange doctors from private sector to treat patients in government hospitals on every protesting and striking day. In this way, thousands of patients who come to government hospital for treatment would not be effected by doctors' absence from hospitals. Arrangement of doctors from private sectors would be a difficult task for the government as no doctor from private sector would like to come to government hospitals for a day or two. The only answer to this predicament is to accept young doctors' demands immediately.
- Government needs to enact laws for granting facilities like proper pay structure, pay structure, better working

conditions to doctors. As doctors' protests and strikes are increasing with every passing year, government needs to provide these facilities to doctors as soon as possible. Further delay in granting doctors' their legitimate demands would make them more aggressive. This would add to country's instability and insecurity. To avoid instability and insecurity government should enact laws and regulations of granting proper facilities to all neglected government departments particularly the health department, without any delay. If government enacts laws and regulation of granting proper facilities to all its neglected department, it will certainly increase employees' performance.

- Doctors go to foreign countries mainly because of low salaries, less developed health sector and insufficient transfer of resources to health department. Doctors can only prefer to stay in the country if government provides all basic facilities to young doctors. They would even return from foreign countries if government assured them to grant all the benefits which they receive in foreign countries. Improvement in salaries, assurance of service structure, proper security and better working conditions of government sector hospitals would certainly limit doctors to go in foreign countries.

- Doctors in every society receive lot of respect and esteem because of their profession. This profession has also been regarded as one of the sacred profession all over the world. Majority of people regard doctors the most valuable personalities in their societies. This is only due to sacrifices, doctors have render to this profession. However, protests, strikes and boycotting duties from hospitals can put doctors' respectable status at risk. People might start hating doctors. Doctors' absence in hospitals due to participation of protest, strikes and boycotting duties from hospitals would result hate against doctors. This would be a serious setback to doctors' status. Doctors need to resolve their issues through proper ways. They need to solve their problems through negotiations and talks. Protests, strikes and boycotting duties from hospitals can create problems for them. Government can terminate them because of their regular protests, strikes and boycotting of duties from hospitals. Moreover, government and people would consider them responsible for every human loss because of their protests, strikes and boycotting duties from hospital. Protests, strikes and boycotting duties from hospitals would further raise government anger against doctors. To avoid this anger doctors need to focus on negotiations and talks instead of regular protests, strikes and boycotting duties from hospitals.

- There is a visible reduction in number of doctors' protests and strikes in Khyber Pakhtunkhwa province. Number of protests and strikes has reduced because higher authorities have negotiated and satisfied young doctors in the province. Higher authorities of the province have tried to satisfy young doctors' frustrations. Provincial government has improved working conditions and

security in government sector hospitals. Provincial government has assured doctors to implement proper service and service structure. Provincial government has satisfied young doctors by raising doctors' salaries to a satisfactory level. Provincial government has accepted a large number of doctors' demands. All these efforts by provincial government has contributed to the satisfaction of doctors working in different hospitals of Khyber Pakhtukha province. Other provinces and federal government should also pursue Khyber Pakhtunkhwa like steps. By following the steps of Khyber Pakhtunkhwa province, other province of the country can also satisfy doctors.

- Existing salary or remuneration packages in health sector is causing doctors' brain drain from Pakistan. It is recommended that existing pay packages should be improved so that qualified and experienced doctors may retain in the country.

- It is a government responsibility to ensure equality among all its departments. Government first priority should be to transfer equal amount of funds to all its departments. Discrimination in transfer of funds can generate the feeling of deprivation. Employees of health sector consider that government grants health sector insufficient funds as compared to other departments like army, police and CSS officers. Government needs to transfer equal amount of funds to all its department. Government should not discriminate any of its department. Every department should be treated equally in terms of transferring funds. Government needs to enhance funds for health sector. By increasing health sector funds, doctors will perceive that they are also government priority. It will win doctors confidence and they will stop participating in strikes and protest. A sufficient transfer of funds would enable health sector to improve the infrastructure of public sector hospitals. With larger amount of funds, health department would be able to give proper facilities to its employees. It would also enable health sector to improve working conditions of hospitals. All such efforts would overall improve the performance of health sector.

- Most of the doctors in the country prefer to go abroad for better opportunities. Doctors are leavening to foreign countries because of bad working condition, long duty hours, absence of security for doctors, low salaries and no proper service and pay structure. Doctors are also leaving the country due to insufficient transfer of funds to health sector. They see health department way behind from other government departments in terms of receiving requisite economic benefits, perks and privileges. Large number doctors in search for a better future have left the country. Foreign countries also welcome well educated doctors from Pakistan. This brain drain of doctors is rising with every passing year. Emigration of well-trained doctors from Pakistan to other countries is a great loss to the nation. Government failure to stop brain drain of doctors would leave Pakistan with shortage of skillful and

talented doctors. Government needs to stop this brain drain of doctors. Government should provide all the facilities which doctors seek in foreign countries. Government should grant proper service structure and pay structure to doctors so doctors prefer to live in the country. Government needs to ensure and implement such perks and privileges which even entice foreigner doctors to work in Pakistan. A better and well established health department can bring Pakistani doctors working in different countries back to Pakistan. This can only happen if government sincerely solves all doctors' problems like bad working conditions, low salaries, absence of security and work overload etc. Such efforts from government would boost doctors' confidence and eagerness to work in Pakistan.

CONCLUSION

Young doctors' aggression has resulted from deep rooted frustration. These frustrations have developed in young doctors mainly because of absence of proper service structure, pay structure and some economic benefits which other government employ avail easily. As frustrations always produce some kind of aggression. This aggression can be peaceful and violent as well. Young doctors have also shown their aggression. These protests and strikes are a sign of young doctors' aggression. Government has faced problems in maintaining law and order in the country because of doctors' protests and boycotting duties from hospitals. Questionnaire also reveals that a majority of young doctors would behave aggressively if they remain frustrated. This aggression in terms of protests and strikes have caused serious problems for the common people. A nationwide doctors' protest would endanger thousands of patients admitted in government hospitals. A nationwide protest for a month or two might trigger a situation of health crisis and state of instability. A country like Pakistan which has limited health resources and doctors, would not recover easily from such crisis and instability. This situation could pose an inaccessible damage to entire society.

REFERENCES

- Abbas (2013). Why doctors want to leave Pakistan. Retrieved August 5, 2018, from <https://blogs.tribune.com.pk/story/17045/why-doctors-want-to-leave-pakistan/>
- Abbas O (2018). CDA's hospital faces shortage of doctors, tech staff. Retrieved August 9, 2018, from <https://www.pakistantoday.com.pk/2018/05/14/cdas-hospital-faces-shortage-of-doctors-tech-staff/>
- Abdullah MA, Mukhtar F, Mukhtar F (2014). The Health Workforce Crisis in Pakistan: A Critical Review and the Way Forward. Retrieved August 6, 2018, from https://www.researchgate.net/publication/270706078_The_Health_Workforce_Crisis_in_Pakistan_A_Critical_Review_and_the_Way_Forward
- Abid AM (2012). Why are the doctors out on the streets? Retrieved August 12, 2018, from <https://www.dawn.com/news/730931>
- Afridi, F. K., Baloch, Q. B., and Baloch, V. Q. (2016). PREVENTING AND REVERSING PAKISTAN'S MEDICAL BRAIN Drain Through Diaspora Option And Diaspora Network. Retrieved August 9, 2018, from <http://www.jpmi.org.uk/index.php/jpmi/article/viewFile/1814/1696>
- Aisen A, Veiga FJ (2011). How Does Political Instability Affect Economic Growth? Retrieved August 5, 2018, from <https://www.imf.org/external/pubs/ft/wp/2011/wp1112.pdf>
- Alesina A, Ozler S, Roubini N, Swagel P (1996). Political instability and economic growth. *J. Econ.* 1(2), 189-211.
- Ali M (2016). Punjab suffers doctor shortage in rural areas. Retrieved August 7, 2018, from <https://pakobserver.net/punjab-suffers-doctor-shortage-in-rural-areas/>
- Ali M (2016). Punjab suffers doctors shortage in rural areas. Retrieved August 8, 2018, from <https://pakobserver.net/punjab-suffers-doctor-shortage-in-rural-areas/>
- Anderson CA, Bushman BJ (2002). Human Aggression. *Annual Review of Psychology*, 53, 27-51.
- Auvinen J (1997). Political conflict in less developed countries 1981-89. *Journal of Peace Research*, 34(2), 177-195.
- Baron R, Richardson D (1994). *Human Aggression*. New York: Plenum.
- Berkowitz, L. (1989). Frustration-aggression hypothesis: Examination and reformulation. *Psychological Bulletin*, 106(1), 59-73.
- Berkowitz L (1990). On the formation and regulation of anger and aggression. A cognitive-neoassociationistic analysis. *Social Cognition*, 45(4), 494-503.
- Berkowitz L (1993). Pain and aggression: Some findings and implications. *Motivation and Emotion*, 17, 277-93.
- Berthélemy, J.-C., Kauffmann, C., Renard, L., and Wegner, L. (2002). Political instability, political regimes and economic performance in African Countries. Retrieved August 6, 2018, from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.458.7484&rep=rep1&context=pdf>
- Boswell T, Dixon WJ (1993). Marx's theory of rebellion: A cross-national analysis of class exploitation, economic development, and violent revolt. *American Sociological Review*, 58(5), 681-702.
- Bushman B, Anderson C (2001). Is it time to pull the plug on the hostile versus instrumental aggression dichotomy? *Psychological Review*, 108, 273-79.
- Bushman B, Huesmann L (2010). Aggression. In S. Fiske, D. Gilbert, and G. Lindzey, *Handbook of Social Psychology* (pp. 833-866). NG: Hoboken.
- Bussmann M, Scheutle H, Schneider G (2006). Trade Liberalization and Political Instability in Developing Countries. Retrieved August 27, 2018, from https://kops.uni-konstanz.de/bitstream/handle/123456789/19423/Schneider_Trade%20liberalization.pdf?sequence=2%20website
- Chatterjee (2015). How inhumanly long work hours are killing young doctors, literally. Retrieved September 9, 2018, from <http://indianexpress.com/article/explained/how-inhumanly-long-work-hours-are-killing-young-doctors-literally-2/>
- Dollard J, Miller NE, Doob LW, Mowrer OH, Sears RR, Milner (1939). *Frustration and aggression*. New Haven, CT: Yale University Press.
- Donnelly L (2016). Shortage of 3,000 AandE doctors revealed amid warnings NHS faces 'toughest winter yet'. Retrieved September 8, 2018, from <https://www.telegraph.co.uk/news/2016/11/03/shortage-of-3000-ae-doctors-revealed-amid-warnings-nhs-faces-tou/>
- EI-Gingihy Y (2016). The health crisis is about more than junior doctors on strike. We need a public movement to save our NHS. Retrieved September 5, 2018, from <https://www.independent.co.uk/voices/health-crisis-junior-doctors-strike-jeremy-hunt-nhs-privatisation-public-movement-a6998786.html>
- Eyeruroma AI, Allison CJ (2013). Religious identity and social instability in Nigeria: Interrogating social identity theory. *Creative Artist: A J. Theatre and Media Studies*, 7(2), 195-223.
- Geen RG (2001). *Human Aggression*. Philadelphia: Open University Press.
- Gurr TR (1971). *Why Men Rebel*. New Jersey: Princeton University Press.
- Haider (2017). Young doctors fail negotiations, continue protests. Retrieved September 11, 2018, from <https://www.pakistan-today.com.pk/2017/08/04/young-doctors-fail-negotiations-con>

- tinue-protests/
- Holden M (2016). English doctors strike for first time in 40 years. Retrieved September 6, 2018, from <https://www.reuters.com/article/us-health-britain-strike/english-doctors-strike-for-first-time-in-40-years-idUSKCN0UQOWE20160112>
- Hossain N, Shah N, Shah T, Lateef SB (2016). (2016). Physicians' Migration: Perceptions of Pakistani Medical Students. Retrieved August 7, 2018, from <https://www.jcpsp.pk/archive/2016/Aug2016/14.pdf>
- Hsiang SM, Burke M (2013). Climate, conflict, and social stability: what does the evidence say? Retrieved August 2018, 2018, from <http://web.stanford.edu/~mburke/papers/Hsiang%20and%20Burke%202013.pdf>
- Imran (2014). Protest of doctors: a basic human right or an ethical dilemma. Retrieved August 9, 2018, from <https://bmcomedethics.biomedcentral.com/articles/10.1186/1472-6939-15-24>
- Kazi M (2017). Poor working conditions: Nurses abandon hospitals, take to streets to demand better salaries. Retrieved August 12, 2018, from <https://tribune.com.pk/story/1319834/poor-working-conditions-nurses-abandon-hospitals-take-streets-demand-better-salaries/>
- Kikwete, J. M. (2016). Protecting Humanity from Future Health Crises. Retrieved September 8, 2018, from http://www.un.org/News/dh/infocus/HLP/2016-02-05_Final_Report_Global_Response_to_Health_Crises.pdf
- Kimenyi, M. S., and Mbaku, J. M. (1993). Rent-seeking and institutional stability in developing countries. *Public Choice*, 77, 385-405.
- Kirby W (2017). Hundreds of doctors from INDIA and PAKISTAN set to come to Britain as NHS faces AandE crisis. Retrieved September 6, 2018, from <https://www.express.co.uk/news/uk/753623/Doctors-India-Pakistan-NHS-Britain-A-E-crisis-staff-shortages-waiting-time>
- Malik A (2016). Young doctors hold protests in Lahore. Retrieved August 9, 2018, from *The News*: <https://www.thenews.com.pk/print/134759-Young-doctors-hold-protests-in-Lahore>
- Manan A (2010). 1,500 doctors interviewing everyday for 2,000 posts in Saudi Arabia. Retrieved August 6, 2018, from <https://tribune.com.pk/story/55917/1500-doctors-interviewing-everyday-for-2000-posts-in-saudi-arabia/>
- Maqbool, S. (2017). Protest at PIMS intensifies after govt's failed attempt to resolve crisis. Retrieved August 23, 2018, from <https://www.thenews.com.pk/print/234915-Protest-at-PIMS-intensifies-after-govts-failed-attempt-to-resolve-crisis>
- Memon AP, Memon KS, Shaikh S, Memon F (2015). Political Instability: A case study of Pakistan. *Journal of Political Studies*, 18(1), 31-43.
- Munoz LC, Frick PJ, Kimonis ER, Aucoin KJ (2007). Types of Aggression, Responsiveness to Provocation, and Callous-unemotional Traits in Detained Adolescents. Retrieved August 23, 2018, from http://labs.uno.edu/developmental-psychopathology/PCS/JACP2008-aggression_subtypes_in_detained_boys.pdf
- Poal P (1990). INTRODUCTION TO THE THEORY AND PRACTICE OF CRISIS INTERVENTION. *Quaderns de Psicologia*, 10, 121-140.
- Politaki A (2013). Greece is facing a humanitarian crisis. Retrieved September 7, 2018, from <https://www.theguardian.com/commentisfree/2013/feb/11/greece-humanitarian-crisis-eu>
- Qureshi AZ (2014). Number of Pakistani physicians working abroad; Do we really need to know? Retrieved September 9, 2018, from http://www.jpma.org.pk/full_article_text.php?article_id=7108
- Renn O, Jovanovic A, Schröter R (2011). Social unrest. Retrieved September 6, 2018, from <http://www.oecd.org/governance/risk/46890018.pdf>
- Schroeter, R., Renn, O., and Jovanovic, A. (2014). Social Unrest: A Systemic Risk Perspective. Retrieved September 6, 2018, from <https://planet-risk.org/index.php/pr/article/viewFile/36/85%20w> ebsite:
- Shah S (2015). Every single national holiday or strike costs over Rs82 bn. Retrieved August 23, 2018, from <https://www.thenews.com.pk/print/72220-every-single-national-holiday-or-strike-costs-over-rs82-bn>
- Siddiqui ZM (2017). Woman dies as young doctors observe strike in Lahore. Retrieved August 6, 2018, from <https://www.dawn.com/news/1349082>
- Subhan A (2017). Doctor's protest costs patient his life in Islamabad. Retrieved August 3, 2018, from <https://www.geo.tv/latest/163205-doctors-protest-costs-patient-his-life-in-islamabad>
- Tahir MW, Kauser R, Tahir MA (2011). Brain Drain of Doctors; Causes and Consequences in Pakistan. Retrieved August 8, 2018, from <https://waset.org/publications/476/brain-drain-of-doctors-causes-and-consequences-in-pakistan>
- Tahir MW, Kauser R, Tahir MA (2011). Brain Drain of Doctors; Causes and Consequences in Pakistan . Retrieved August 8, 2018, from <https://waset.org/publications/476/brain-drain-of-doctors-causes-and-consequences-in-pakistan>
- The Express Tribune. (2011). Doctors' strike: 22 patients die across Punjab. Retrieved August 23, 2018, from <https://tribune.com.pk/story/141906/doctors-strike-blood-is-on-shahbaz-sharifs-hands-says-riaz/>
- The Nation. (2015). Severe shortage of doctors in Pakistan. Retrieved August 9, 2018, from <https://nation.com.pk/28-Apr-2015/pakistan-facing-shortage-of-more-than-194-000-doctors>
- The News. (2012). 11 dead as Young Doctors Association strike continues. Retrieved August 27, 2018, from <https://www.thenews.com.pk/archive/print/623469-11-dead-as-young-doctors-association-strike-continues>
- Warburton WA, Anderson CA (2015). Social Psychology of Aggression. Retrieved August 26, 2018, from <https://public.psych.iastate.edu/c/aa/abstracts/2015-2019/15WA.pdf>
- Weaver M (2016). What you need to know about the junior doctors' strike. Retrieved September 9, 2018, from <https://www.theguardian.com/society/2016/sep/01/what-you-need-to-know-about-the-junior-doctors-strike>
- Waheed H (2016). Why young doctors protest. Retrieved August 4, 2018, from <https://dailytimes.com.pk/66362/why-young-doctors-protest/>
- Bashir J (2016). Young doctors' strike. Retrieved August 9, 2018, from <https://pakobserver.net/young-doctors-strike/>
- Haider (2016). Cost of protests. Retrieved September 7, 2018, from <https://www.thenews.com.pk/magazine/instep-today/161090-Cost-of-protests>
- Abbas (2016). An unhealthy health sector. Retrieved January, 12, 2017, from. Retrieved October 9, 2018, from <http://dailytimes.com.pk/opinion/22-May-16/an-unhealthy-health-sector>
- Khan S (2011). Pakistani Doctors Go on Strike. Retrieved August 3, 2018, from https://www.huffingtonpost.com/saad-khan/pakistani-doctors-strike_b_845470.html
- Ullah, A. (2018). Life savers or businessmen? Retrieved August 23, 2018, from <https://dailytimes.com.pk/286934/life-savers-or-businessmen/>
- Sayeed A (2014). Economic cost of protests. Retrieved September 12, 2018, from <https://www.dawn.com/news/1125543>