

PERCEPTION OF HEALTHCARE SYSTEM AMONG DOCTORS, A CROSS-SECTIONAL STUDY

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Abstract

Background: Doctors' perceptions of the healthcare system are influenced by workload, staffing, availability of resources, administrative support, remuneration, referral mechanisms, and opportunities for professional development.

Objective: To assess doctors' perceptions of the healthcare system and determine their association with selected professional characteristics.

Methods: This cross-sectional study was conducted at The Children's Hospital, Lahore, from January 2025 to April 2025. A total of 384 doctors were enrolled using consecutive sampling. Data were collected through a structured questionnaire assessing demographic characteristics, professional experience, workplace conditions, resources, administrative support, referral systems, compensation, and overall perception of the healthcare system.

Results: The mean age of participants was 32.8 ± 6.7 years, and mean professional experience was 6.4 ± 5.1 years. Overall, 142 (37.0%) doctors had a positive perception of the healthcare system, 97 (25.3%) had a neutral perception, and 145 (37.8%) had a negative perception. The greatest dissatisfaction was reported regarding salary and compensation (59.4%), staffing levels (57.0%), and workload (56.8%). In contrast, 53.6% reported a positive perception of overall patient care quality, while 46.4% were satisfied with professional training opportunities.

Conclusion: Doctors demonstrated mixed perceptions of the healthcare system, with major concerns related to compensation, staffing shortages, workload, resource availability, and administrative support.

Introduction

A healthcare system (HCS) is considered the cornerstone of its support, and it is none other than doctors. Given that doctors are at the frontline of patient care, it is crucial to comprehend their opinion of their respective

HCS. Policies tend to lack a focus on the implementers of healthcare services, their practical needs and priorities. Although doctors play an important role in healthcare delivery, studies about their perspective on Pakistan's healthcare system are limited; one of the reasons

for the 'brain drain' of doctors from Pakistan is the lack of representation of doctors in major decisions [1]. The quantitative study on healthcare system of Pakistan has revealed that the lack of interest of the stakeholders in primary healthcare and lack of finance from the government is one of the obstacles to healthcare [2]. Pakistan is experiencing exponential population growth, but the resources provided by the government are decreasing instead of increasing in each fiscal year [3,4]. Pakistan was one of the initial countries who signed the Alma-Ata Declaration in 1978. But the first policy explicitly aimed at public health and health promotion was implemented in 2004 [5]. The combined effect of increasing population and decreasing or stagnant public healthcare funding continues to put a strain on the already over stretched healthcare system in Pakistan [6].

The healthcare system in Pakistan has been organized into three-tiered healthcare system, known as Beveridge Model, which includes primary, secondary and tertiary care [7]. Primary healthcare was proposed during the Alma Ata Conference of 1978 for improving health system worldwide; however, lack of funding, dependence on external assistance, lack of community participation, and political commitments issues have made it difficult to implement in developing countries such as Pakistan [8]. Accessibility and affordability of medicine are important issues in the present situation of HCS, and one of the main constraints related to the accessibility of medicine is its rational use, due to the absence of pharmacists at the pharmacies. However, other key services such as palliative care are still under-resourced. Palliative care is a critical component of patient care, and is not extensively taught in medical schools, nor is it well-resourced [9]. Technological solutions, in this instance, Telehealth, are especially promising and cost-effective ways of alleviating patient strain on health care facilities [4].

Doctors have been considered the backbone of any health care system (HCS) and play an important role as a bridge between health care policies and patient care. They are at the frontline and have valuable reflections on the functionality, efficiency and responsiveness of the health system [10]. However, problems in

medicine affordability, administrative problems and policy restrictions obstruct the successful implementation of a programme like the Sehat Sahulat Card [11]. Effective implementation of primary healthcare (PHC) and the allocation of sufficient resources and engagement of private sector are the key to improving healthcare in Pakistan especially for the growing population of the country [12]. The aim of this study is to find out the common problems and the satisfaction level of doctors regarding existing policies in healthcare sector.

Objectives:

1. To find out the perception of the existing health care system with respect to the perception of doctors in Pakistan.
2. To obtain physicians' perspectives on the ideal healthcare context (primary or tertiary) in which to manage chronic diseases and their perceptions of the most effective approaches to improve chronic disease care.

Methodology:

The cross-sectional study was carried out at The Children's Hospital Lahore from January 2025 to April 2025. A non-probability consecutive sampling technique was used. The doctors who were eligible and available during the study period and who met the inclusion criteria were approached in a consecutive fashion until the required sample size was attained. The Pakistan Medical and Dental Council (PMDC) showed that total number of registered doctors in Pakistan was 274,994. A sample size was determined using a 95% confidence level, a 5% margin of error, and a 50% assumed response rate. The sample size was at least 384 doctors. The doctors working in tertiary care hospitals and primary or secondary care hospitals were eligible for participation. Those who were not willing to participate and had less than 1 year of experience were excluded. Fewer than one year of professional practice and those who refused to participate were not eligible.

Data Collection

A structured questionnaire was used to gather data which examined doctors' perceptions of the health care system. The questionnaire was administered face-to-face with the principal

investigator, another doctor trained prior to data collection to ensure consistency in the administration of the questionnaire. Minimal interruption of routine clinical work was made by approaching participants in their departments or after work in the outpatient departments. The purpose of the study was explained to each participant before data collection. All willing participants gave verbal informed consent. The data collectors clarified any doubts which arose about the questionnaire during the data collection without affecting the respondents' responses. It was explained that it was a voluntary activity and that all information would be confidential. During the analysis and reporting of the data, no personally identifiable information was disclosed. Study was initiated with institutional approval.

Data Analysis

Data were first entered into the spreadsheet of Microsoft Excel and then analysed in IBM SPSS

Statistics version 27. Means $\pm$ SDs were used to summarize numerical variables and frequencies and percentages were used for categorical variables. The Chi-square test was used to determine if there were any association between categorical variables. The p values were considered statistically significant if <0.05 .

Results

The mean age of the 384 doctors was 32.8 ± 6.7 years, and the mean professional experience was 6.4 ± 5.1 years. Males constituted 210 (54.7%) participants and females 174 (45.3%). The major proportion of participants were medical officers/MBBS doctors (224, 58.3%) followed by postgraduate trainees (104, 27.1%) and specialist/consultant (56, 14.6%). Most (282, 73.4%) were in tertiary care hospitals, and 102 (26.6%) were in primary or secondary care hospitals.

Table 1. Demographic and Professional Characteristics of Doctors (N = 384)

Characteristic	n (%) / Mean $\pm$ SD
Age, years	32.8 ± 6.7
Professional experience, years	6.4 ± 5.1
Sex	
Male	210 (54.7)
Female	174 (45.3)
Professional status	
Medical officer/MBBS doctor	224 (58.3)
Postgraduate trainee	104 (27.1)
Specialist/Consultant	56 (14.6)
Practice setting	
Tertiary care hospital	282 (73.4)
Primary/secondary care hospital	102 (26.6)
Professional experience	
1-5 years	210 (54.7)
6-10 years	102 (26.6)
>10 years	72 (18.8)

The highest positive response was reported for overall quality of patient care, 206 (53.6%), followed by professional training opportunities, 178 (46.4%), and workplace safety, 160 (41.7%). In contrast, the greatest dissatisfaction was

related to salary and compensation, with 228 (59.4%) reporting a negative perception, followed by inadequate staffing levels, 219 (57.0%), and unmanageable workload, 218 (56.8%).

Table 2. Perception of Doctors Regarding Different Components of the Healthcare System

Healthcare system component	Positive, n (%)	Neutral, n (%)	Negative, n (%)
Availability of medicines and equipment	132 (34.4)	78 (20.3)	174 (45.3)
Adequacy of staffing levels	104 (27.1)	61 (15.9)	219 (57.0)
Manageable workload	96 (25.0)	70 (18.2)	218 (56.8)
Administrative support	126 (32.8)	92 (24.0)	166 (43.2)
Effectiveness of referral system	141 (36.7)	82 (21.4)	161 (41.9)
Professional training opportunities	178 (46.4)	83 (21.6)	123 (32.0)
Overall quality of patient care	206 (53.6)	92 (24.0)	86 (22.4)
Workplace safety	160 (41.7)	82 (21.4)	142 (37.0)
Salary/compensation	92 (24.0)	64 (16.7)	228 (59.4)
Responsiveness to doctors' concerns	134 (34.9)	90 (23.4)	160 (41.7)

A total of 142 (37.0%) doctors reported a positive perception, 97 (25.3%) had a neutral perception, and 145 (37.8%) expressed a negative perception.

Table 3. Overall Perception of the Healthcare System Among Doctors

Overall perception	n (%)
Positive	142 (37.0)
Neutral	97 (25.3)
Negative	145 (37.8)
Total	384 (100.0)

Among doctors working in tertiary care hospitals, 93 (33.0%) had a positive perception, 68 (24.1%) were neutral, and 121 (42.9%) had a negative perception, compared with 49 (48.0%), 29 (28.4%), and 24 (23.5%), respectively, among those working in primary or secondary care hospitals. This association was statistically significant ($\chi^2=12.60$, $p=0.002$). Perception also varied significantly with professional experience ($\chi^2=9.75$, $p=0.045$). Among doctors with 1–5

years of experience, 67 (31.9%) reported positive, 55 (26.2%) neutral, and 88 (41.9%) negative perceptions. In the 6–10-year group, these proportions were 38 (37.3%), 25 (24.5%), and 39 (38.2%), respectively, while among doctors with more than 10 years of experience, 37 (51.4%) had a positive perception, 17 (23.6%) were neutral, and 18 (25.0%) had a negative perception.

Table 4. Association of Overall Perception with Practice Setting and Professional Experience

Variable	Positive, n (%)	Neutral, n (%)	Negative, n (%)	χ^2	p-value
Practice setting					
Tertiary care hospital (n=282)	93 (33.0)	68 (24.1)	121 (42.9)	12.60	0.002
Primary/secondary care hospital (n=102)	49 (48.0)	29 (28.4)	24 (23.5)		
Professional experience					
1–5 years (n=210)	67 (31.9)	55 (26.2)	88 (41.9)	9.75	0.045
6–10 years (n=102)	38 (37.3)	25 (24.5)	39 (38.2)		
>10 years (n=72)	37 (51.4)	17 (23.6)	18 (25.0)		

Discussion

The present study investigated doctors' perceptions about the healthcare system, and concluded that there are some aspects which the doctors are satisfied, as well as some aspects which need attention with regard to working conditions and healthcare. Of the 384 doctors, 142 (37.0%) overall had a positive perception, 97 (25.3%) had a neutral perception, and 145 (37.8%) had a negative perception. The results show that the attitude of physicians toward the health care system is divided in a slight majority of physicians being dissatisfied with the health care system versus those who are satisfied. This dichotomy of views may be a product of the duality of acceptable patient care services and ongoing issues of workload, staffing, resources, remuneration and administrative support. The area that had the highest dissatisfaction was salary/compensation, with 228 (59.4%) doctors expressing a negative perception, and 92 (24.0%) being satisfied. In previous studies, financial dissatisfaction was also reported and was found to be related to decreased job satisfaction and increased intent to leave clinical practice among physicians. When human resource compensation is discussed, it may be especially crucial in developing healthcare systems, where physicians often work long hours with the pressure of high patient volumes and limited institutional resources. Rights to compensation and a clear career path can then help to increase professional motivation and retention rate [13].

Staffing levels and workload were also major areas of concern. Over half of the participants felt that staffing was inadequate (57.0%) and workload was too heavy (56.8%). Staff shortages and excessive workloads in the clinical environment have also been found to be significant factors that increase physician stress, burnout, and dissatisfaction, consistent with previous studies. A high workload can limit time devoted to individual patients, cause administrative pressure and impact communication and quality of care [14]. The results indicate that workforce planning, the correct doctor-to-patient ratio, redistribution of tasks, and better administrative support could be key areas for improvement in the healthcare system. 174 (45.3%) participants were negative about available medicines and equipment; 132

(34.4%) said it was adequate. Access to resources has a direct impact on the quality and timeliness of care a doctor can give, especially in a public healthcare facility where there is a shortage of medicines, diagnostic equipment, beds, etc., and therefore a lack of clinical resources. Research from resource-limited contexts found that poor infrastructure and insufficient access to required resources may lead to professional frustration and impact on perceived quality of care. Building up the procurement systems and making the clinical resources more available may then improve the service delivery and doctors' confidence in the healthcare system [15].

However, there were also some positive elements of the healthcare system. Over half of the doctors (206, 53.6%) had a positive view of the overall quality of patient care, and 178 (46.4%) were satisfied with opportunities for professional training [16]. The results suggest that physicians could still be considered strong in clinical care and professional development even when they are unhappy with the aspects of the system related to organizations and resources. Continuing medical education, postgraduate education, clinical supervision, and skill development and enhancement can help to maintain professional competency and can positively affect physicians' involvement with their institutions [17,18]. Another concern was the effectiveness of the referral system, with 161 (41.9%) doctors giving a negative response and 141 (36.7%) giving a positive response. Wet backs are inefficient referrals that can lead to multiple investigations, wasted time and effort, overcrowding of tertiary hospitals, and a lack of care continuity [19]. Appropriate distribution of patients and efficient use of specialized services is crucial if the referral pathway between primary, secondary and tertiary healthcare facilities is well organized. Supporting communication and referral links between levels of care can help to decongest tertiary hospitals and enhance the experience of doctors in the health system.

Limitations

There are several limitations with this study. First, the cross-sectional design makes it difficult to conclude causal relationships between workplace factors and overall perception of the

healthcare system, and to assess doctors' perception at one time. Secondly, the research was carried out in only a few health institutions, which might restrict the applicability of the results to the other doctors in the country of Pakistan. Thirdly, non-probability sampling can have led to selection bias. Fourth, the results are based on self-reports and may be influenced by recall bias, response bias and social desirability bias. Moreover, the specialty and designation of the participant as well as the workload and income may have contributed to the variation of the responses and were not adequately investigated. Further multi-centre research with probability sampling and a larger and more varied sample of physicians is suggested to gain a wider overview of doctors' attitudes toward the health care system.

Conclusion

Healthcare system perceptions were mixed, and included concerns for staff shortages, workload, inadequate compensation, limited resources, administrative support, and referral. Meanwhile, some good news emerged concerning the quality of overall care and training for professionals. There were also marked differences in perceptions by practice context and experience. Better workforce planning, access to resources, remuneration, administrative quick response, and referral practices can boost doctors' satisfaction and enhance healthcare provision.

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