



RESEARCH PAPER

Frustration-Aggression Leading to Health Crisis: Case of Pakistani Young Doctors' Movement

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ABSTRACT

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This paper elucidates the theoretical relationship between the Frustration-Aggression as hypothesized by Dollard et al and the health crises in Pakistan. This research explains the theory of social movements, and posits that manifestation of aggression in Pakistan has been a result of conscious decisions by young doctors to participate in protests, strikes and absenteeism, organized YDM. A closed ended questionnaire survey containing 21 items was conducted across Pakistan during May 2018 to March 2019. It was observed that the young doctors participating in protests made conscious decision to show aggression through these protests. A realization was also observed, among the participating subjects that these protests will have a direct impact on the health system of Pakistan, which is already under crises. To bring the national health system out of crises, it is important for YDM and policy circles to negotiate and find the mutually agreeable premise

Introduction

Welfare states around the world spend significant amount of money, time and efforts to ensure that their population stays healthy and there is a consistency in provision of health services. Health care spending has increased rapidly across the world. Countries are spending an enormous amount of Grand Domestic Product (GDP) on health sector. However, Pakistan presents an opposite approach in health care spending and doctors' safety. Statistics reveal that Pakistan is amongst those countries which spend least in health care facilities. Pakistan's

spending in health sector is less than World Health Organization benchmark of at least 6 per cent of GDP (Basharat, 2017). Arguably, in Pakistan the health sector is under considerable stress because of its low spending, inability to meet per-capita requirement of doctors and allied medical staff, and suffers from “workforce crises” (WHO, 2006). According to international standards, there is a need to have two physicians one dentist for population of 1000, four nurses to one doctor and one pharmacist to six doctors (Abdullah, et al., 2014). Pakistan is amongst those countries which spend lowest of its GDP in health care and facilitating doctors. In South Asia, Pakistan spends least in health care. Pakistan just spends 0.5 to 0.8 percent of its GDP on the betterment of health sector and its paramedical staff (Malkani, 2016).

Such low spending in health sector has resulted in huge migration of doctors to other countries. Unpleasant work environment, delayed promotions, underdeveloped health sector and governmental indifference in heeding to their demands have led a large number of doctors for the flight mode and migrate abroad. This brain-drain in health sector adds to the existing crises in Pakistan. Many studies have revealed that almost 25% of Pakistani medical doctors have migrated to different countries for better economic incentives (Tahir, Kauser, & Tahir, 2011; Manan, 2010). Resultantly, almost 12,813 doctors are working in the four high income countries (HICs) and around 3000 in Arabic-speaking nations, with Saudi Arabia asking for 20,000 more or as many physicians as possible. Admittedly these doctors get better benefits abroad; however, unfortunately thousands of domestic patients suffer due to their flight. The supply side of the qualified doctors is unable to meet the demand trajectory; therefore, hundreds of positions remain vacant longing for qualified doctors. This factor also critiques against the face of the profession which is considered solemn occupation by many ethical standards.

Adding to the already existing systemic stress, since 2008, the young doctors’ regular protests and strikes in Pakistan have turned into a movement called Young Doctors’ Movement (YDM), demanding certain rights and privileges from the government. As a precursor to YDM, the Young Doctors Association of Pakistan (YDAP) organized similar movement in Lahore same year, demanding increased salaries, resultantly their demands were addressed to a great extent through a policy change (Saad, 2011). True to the nature of social movements, a wide variety of demands were subsequently added to the lists coming from all over the country, consequently the government got swayed and started to ignore the YDM’s ever-increasing demands. However, with the passage of time YDM has become more organized and their demands have been focusing on unaddressed and converging issues. With this backdrop, this research hypothesizes that unaddressed demands, coupled with the protraction in the life span of YDM, have frustrated the young doctors. This frustration leads to aggression which consequently adds to the stress on national health system, thereby exacerbating health crises.

Theoretical Framework and Explanation of Relevant Concepts

Social Movements and Protests

The theoretical literature explaining social movements is vast and growing. Such movements can have *Universal* orientation, such as movements for human rights or environmental issues etc. or they could be of *Particularistic* nature, focusing on specific and localized issues. YDM falls in the latter category and the movement can generally be seen making claims, expressing grievances and harping arguments that are primarily focused on the interest of their own base. The movement exists in all geographical regions and provinces of Pakistan and operates at macro/national level.

Defining the nature of the social movements, Bebbington posits that when scattered protests and campaigns are oriented towards making similar demands and arguments, the phenomenon is referred as a "social movement" (Bebbington, 2010). Similarly Tarrow (2011) in his 1998 treatise reserved the term *social movement* "for those sequences of contentious politics that are based on underlying social networks and resonant collective action frames and which develop capacity to maintain sustained challenges against powerful opponents" (Tarrow, 2011). It is also pertinent to note that rarely, if ever, these movements emerge around the issue of poverty per se, however the drivers of poverty may well be the reasons for social movements. Two of the major areas of concern for the YDM include relatively lesser salaries, and job insecurity, which could be considered as the drivers of poverty. These grievances of YDM are also based upon the comparative salary structure and working conditions, which could affect their "white collar" status as a collective identity. Escobar (Escobar & Alvarez, 1992) argued that social movements could emerge because of sense of grievance around the issues of identity and adverse social relationship, resultantly, YDM has attained the status of a *Social Movement*.

Their anger has been manifesting in shape of the absenteeism, strikes and street protests. The act of *Protest* has been theorized by scholars to include elements such as: grievances; a conviction of wrong or injustice; protesters' failure to correct the situation through their own efforts; drawing attention; provoking of ameliorative steps by the target; and finally the protesters depend upon some combination of sympathy and fear to move the target group in their behalf (Turner, 1969). YDM has been protesting and displaying most of these elements, resulting from frustration as an antecedent, and as an outcome of their aggression. These protests cost financial loss to the businesses and property, besides loss of valuable work hours for the protesting doctors. An overview of the total number of protests is shown in Table 1 below:

Table 1
Protests and strikes by YDA

Year	No of Protests	Cities
2011	16	Lahore, Faisalabad, Rawalpindi, Quetta, Karachi, Multan
2012	18	Peshawar, Gujranwala, Lahore, Karachi, Quetta, Okara
2013	18	Lahore, Rawalpindi, Multan, Quetta, Hyderabad, Karachi
2014	17	Dera Ghazi Khan, Sargodha, Bahawalpur, Quetta, Hyderabad, Karachi
2015	17	Sargodha, Lahore, Multan, Rawalpindi, Peshawar, Karachi
2016	18	Karachi, Peshawar, Lahore, Rawalpindi, Sargodha
2017	19	Karachi, Rawalpindi, Lahore, Faisalabad, Multan, Quetta, Hyderabad

Table 1 above shows that the YDM has been involved in more than one protests per month between 2011 and 2017. Taking into account their professional commitments and a health system which is in severe crises, these protests have had a serious impact on the national health system and individuals, besides raising serious questions regarding the professional ethics of the doctors.

Frustration - Aggression Hypothesis and the YDM

The relationship between frustration and aggression in human behaviour was initially hypothesized by Dollard et al back in 1939 (Dollard, Doob, Miller, Mowrer, & Richardson, 1939). They observed that when individuals identify hindrance in achieving their desired goals and face resistance, frustration develops, which often leads to aggression. They explained the role of ignorance, humiliation and interference as additional factors which could also lead to aggression. Although a wide variety of literature emerged, both in favour and as a critique to this hypothesis, the argument has retained its validity to date.

In this vein Bandura (1973) argued that frustration arouses certain specific feelings and beyond that it is individual's learning that determines if the individual will respond with aggression or will not be aggressively assertive in pursuing the desired goals (Bandura, 1973). Similarly, Baron (1977) argues that "frustration is indeed one of the social antecedents of aggression, but not a very common or important one, and is probably far less crucial in this respect" (Baron, 1977, pp. 91-92). He further adds verbal/physical attack and direct provocation as additional antecedents to aggression. Supporting the hypothesis, Berkowitz (1989) contends that "frustration properly defined, can lead to human aggression under some conditions" (Berkowitz, 1989). His arguments in favour of the *frustration - aggression hypothesis* maintains that thwarting the response to the demands, (for example in this case demands made by the YDM in Pakistan) acts as an instigator.

Depending upon intensity of the instigators, frustration arousal becomes an antecedent to aggression. In the presence of vast variety of similar studies in favour of the hypothesis, this paper ascribes to the original hypothesis by Dollard et al (Dollard, Doob, Miller, Mowrer, & Richardson, 1939).

Relatedly, aggression itself is an act or series of hostile stimulations and actions intended to harm others (Baron, 1977; Warburton & Anderson, 2015). As mentioned above, scholars also argue that aggression can be a product of frustration, and it can be divided into two categories: *Hostile Aggression*; and *Instrumental Aggression* (Anderson & Bushman, 2002; Berkowitz, 1993; Geen, 2001). Although this division has not been without criticism and Bushman & Anderson (Bushman & Anderson, 2001), argued that in order to advance the knowledge addressing the aggressive behaviour, its causes and remedial measures, it is time to “pull the plug” on the *Hostile* and *Instrumental* divisions of aggression and allow these constructs to die a “dignified death”. However, in subsequent studies this categorization continues to exist (Munoz, Frick, Kimonis, & Aucoin, 2008), and has been found appropriate for this research and in understanding the motivations behind the aggressive behaviour by the YDM in Pakistan.

Hostile Aggression is viewed as unplanned, instantaneous cognitive response to a specific situation, which is generally thoughtless and driven by anger. It usually occurs as a reaction to a perceived provocation, having the ultimate purpose to inflict harm or injure the target. Such aggression is also conceived as reactive, impulsive and affective. *Instrumental Aggression*, on the other hand, is considered as premeditated and well-planned series of actions to obtain some goals from the target rather than to inflict harm as a primary aim. Contrary to the *Hostile Aggression*, *Instrumental Aggression* is more proactive rather than reactive in nature. Both kinds of aggression have same inciting precursor - frustration. However, *Hostile Aggression* includes physical assault as its primary goal, whereas *Instrumental Aggression* anticipates to get profit (for example enhanced privileges, and salary etc.) instead of inflicting physical injury. Implications of this division will be elaborated in the discussion section of this research.

It is important to note that the entire discussion of the *Frustration - Aggression Hypothesis* deals with the aggression at micro/individual's cognitive level. The large social movements such as YDM are viewed as a macro level phenomenon in social sciences. By applying this and other micro level theories this research explains a macro level phenomenon.

Health System under Stress

“Stress” and “crises” are often used interchangeably. The term “stress” is used to denote three different sets of phenomena: stress is equated with the stressful event or situation; 2) it is related to the individual or organization showing symptoms of stress; 3) stress also refers to the relation of stressful stimulus, reaction to it, and the ensuing events as an outcome (Rapoport, 1962). Pakistan along with many other

low and middle income countries (LMICs), has a health system which is stressed, because of absence of basic facilities, lesser number of doctors/specialists, severe shortage of qualified paramedical staff and government inadequate preparedness for treating pandemics (Hussain, 2019). The swelling population of over 200 million in Pakistan, is currently being looked after by 222,221 doctors, 23,295 dentists and 144,600 registered nurses. Consequently, the health system is stressed-out due to shortage of almost 0.2 million doctors, 0.18 million dentists and over 1.4 million qualified nurses (Hussain, 2019). An overview of the registered doctors is in Table 2 below (PMDC, 2019):

Table 1
Region-wise Total Number of Doctors in Pakistan

Province	M.B.B.S.			B.D.S.			L.S.M.F.		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Punjab/Federal Area	39893	43619	83512	2943	6790	9733	511	54	565
Sindh	30912	35122	66034	2259	6205	8464	284	22	306
K.P.K	15759	8765	24524	1507	2242	3749	52	2	54
Balochistan	3083	2246	5329	281	335	616	44	11	55
A.J.K.	2180	2221	4401	181	265	446	3	1	4
Foreign Nationals	3072	1098	4170	405	155	560	98	8	106
Total	94899	93071	187970	7576	15992	23568	992	98	1090
	RMP			RDP			LSME/LDS		

Table 2 above shows the gender and regional distribution of doctors in Pakistan. Among the existing number of doctors in Pakistan, Punjab has nearly 40%, Sindh province accounts for 37%, Khyber Pakhtunkhwa has almost 13% and Balochistan has almost 3% doctors. Punjab, which is the most populated province, has almost half of the total registered doctors. However, and more alarmingly Balochistan which is geographically the largest province and the population is spread in far flung regions, faces a health system that can best be described as distressed. Similarly, a recent outbreak of HIV cases among children in Sindh province, is a testimony to the health system which has reached at the brink of collapse (Gul, 2019). As mentioned above, the country is facing an acute shortage of the qualified doctors. The stress on the health system necessitates, besides other measures, doctors to work professionally for long hours as the government tries to fathom the enormity of the challenges and possible solutions for the health system.

Referring to the systemic crises, scholars have characterized crises as a catalyst that disturbs old habits, evokes new responses and becomes a major factor in charting new developments (Volkhart, 1951). The WHO 2006 Health Report declared that Pakistan faces a “workforce crises”, the situation has only gotten worse ever since this claim was made over a decade ago (WHO, 2006). The protests, job absenteeism and lack of professionalism from YDM has only added to the problems as the nation continues to face severe crises. Young doctors’ absence in hospitals can keep hundreds of patients away from getting cheap medical facilities if they continue to persistently boycotting duties of hospitals. Already, Pakistan is among those countries which has existing shortfall in number of qualified doctors.

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 (Abid, 2012). The magnitude and enormity of the health sector crises can easily be understood by comparing it to the 2016 strikes by the doctors in England (Holden, 2016). Red Cross claimed that England might get engulfed in a humanitarian crisis because of junior doctors' strikes and protests (Arab News, 2017). Per capita percentage of doctors in England is much higher as compared to Pakistan, and even though England's health system is well equipped and is prepared for such eventualities, yet the situation became dire very quickly. One can only imagine the enormity of challenges being faced by Pakistan in health sector.

Material and Methods

A questionnaire based survey was conducted during May 2018 to March 2019 focusing 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. Using snowball sampling, total of 1000 young doctors were surveyed. To maintain a healthy gender balance, 54.6% male and 45.4% female were chosen to participate. All of the surveys were conducted on the protest sites and only those subjects were chosen who took part in protest(s). The survey was conducted by asking 21 items closed ended questionnaire using Likert Scale. For the purpose of this paper, only two questions and total six items are being used. The first focal question sought to measure the presence of frustration among young doctor, which could possibly lead to aggressive behaviour, leading to protests. The second question particularly measured the effect of protests on the health crises in Pakistan. The correlation Shown in Table 3 below, was performed using the guidance of Prof Paul Jackson (Smith, Thorpe, & Jackson, 2015). The Data was found to be valid and reliable as Cronbach's Alpha based on all 21 standardized items including 15 questions is .913, which is more than .70.

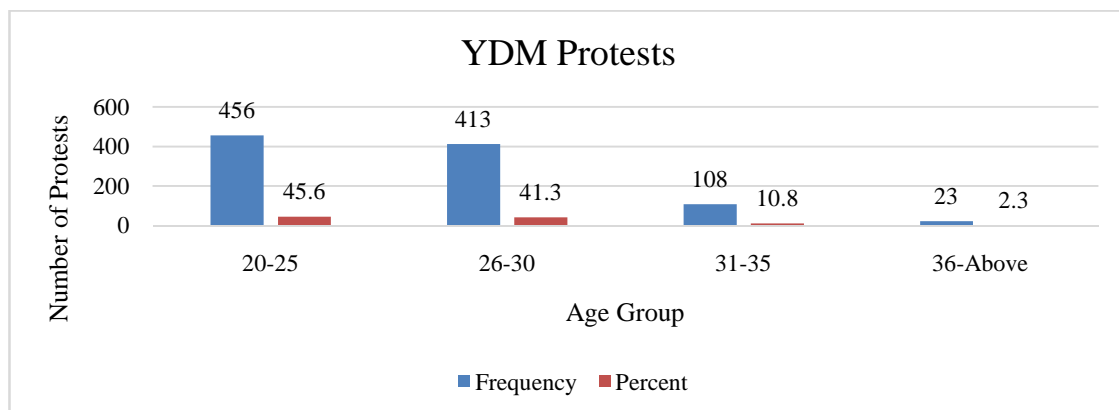
Table 3
Correlation

		Age	Gender	Province	Protests	Frustrations
Age	Pearson Correlation	1	.018	.079	-.086	-.049
	Sig.(2-tailed)		.561	.013	.006	.124
	N	1000	1000	1000	1000	1000
Gender	Pearson Correlation	-.018	1	.142	-.019	-.035
	Sig.(2-tailed)	.561		.000	.553	.275
	N	1000	1000	1000	1000	1000
Province	Pearson Correlation	.079	.142	1	.150	-.033

	Sig.(2-tailed)	.013	.000	.000	.292
	N	1000	1000	1000	1000
Protests	Pearson Correlation	-.086	-.019	-.150	1
	Sig.(2-tailed)	.006	.553	.000	.000
	N	1000	1000	1000	1000
	Pearson Correlation	-.049	-.035	-.033	.276
Frustrations	Sig.(2-tailed)	.124	.275	.292	.000
	N	1000	1000	1000	1000
	Pearson Correlation	-.049	-.035	-.033	.276
	Sig.(2-tailed)	.124	.275	.292	.000
	N	1000	1000	1000	1000

The Survey and Subjects' - Geographic Span

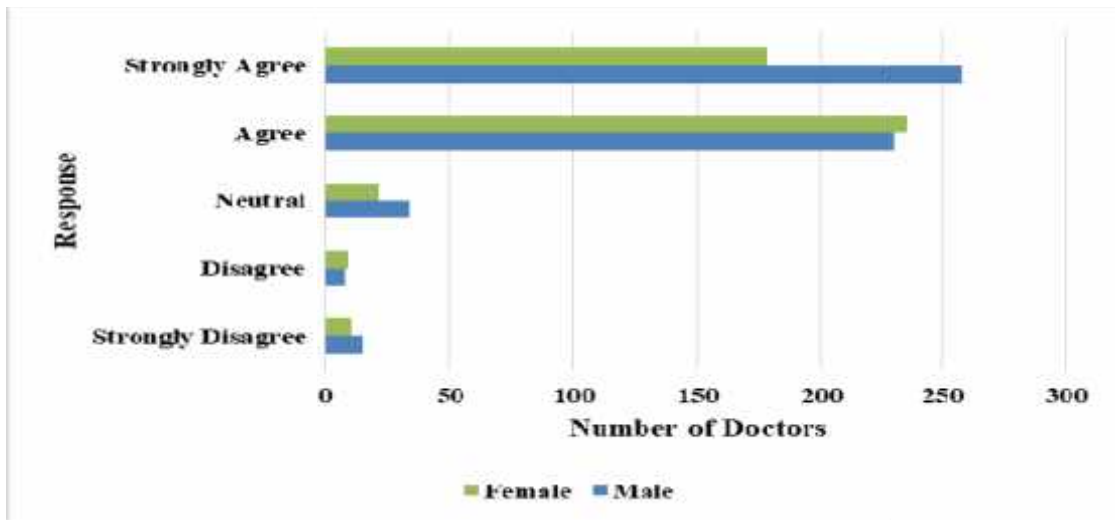
Out of a total of 1000 participants, 425 were from Punjab, 375 from Sindh, 146 from Khyber Pakhtunkhwa province and 54 from Baluchistan. YDM primarily focuses on young doctors, therefore effort was made to survey the doctors below the age of 40, and majority of the subjects constituted the ages between 20-30 years. Age analysis of the survey participants has been shown in the graph below.



Graph 1 Age Analysis of the YDM Protests

Graph 1 above shows the age-wise participation of YDM members in protests. As it can be noticed that little less than half of the total protests have fresh graduate participants. A vast majority, almost 87% are 20-30 years old. These young doctors lack professionalism and seem more inclined to achieving the unmet demand. Incidentally, majority in this age group are employed as General Duty Medical Officers (GDMO), and need to attend to the patients during odd hours and are expected to work for long hours. Instead of focusing on excelling in their profession they have transformed their energies towards protests, causing loss of life, property and valuable work hours.

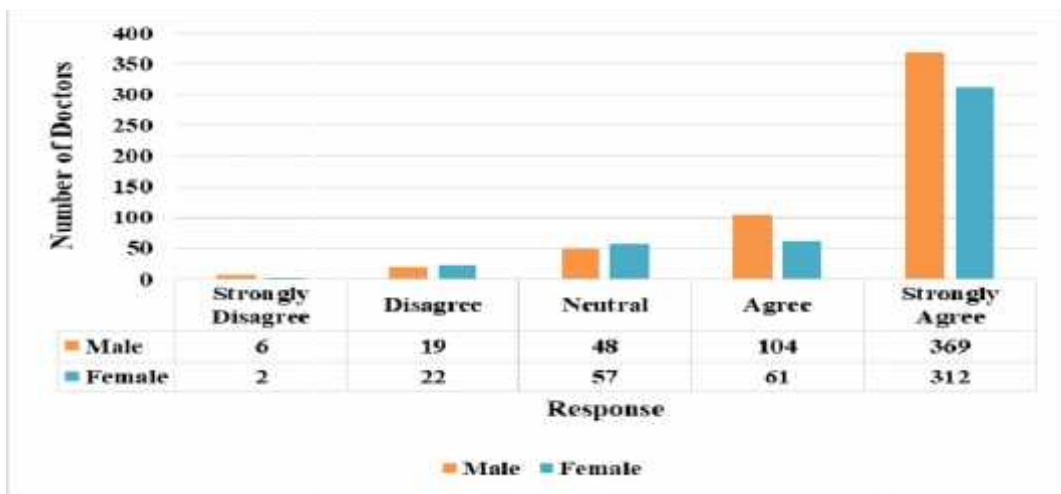
Frustration among Young Doctors Leads to Aggression



Graph 2 Response to Frustration leading to Aggression

Graph 2 above shows the response to dominant hypothesis in this research, which claims that frustration could lead to aggression. The survey results reveal that 436 participants, including 258 males and 178 female respondents strongly agree to the experience of feeling aggression as a result of frustration. Additionally, 467 participants agreed to the hypothesis, which includes 231 male and 236 female participants. A combined total of over 90% respondents among YDM ascribe to the feeling of aggression as a result of job-related frustration. This is a serious and worrying figure, which has been adding to the increasing stress on health system in Pakistan for years.

Regular Protests and Strikes can lead to Health Crises



Graph 3 Protests and Strikes and influencing Health System

Graph 3 above shows the response to the realization among the YDM that repeated protests and strikes do contribute significantly to the already existing health crises. More than 68%, or 681 participants strongly agreed and had full cognition that their aggression leading to strikes will exacerbate the already worsening health sector. What is more alarming is that doctors are considered to be among the most educated and professional class in Pakistan, who are aware of the already stressed-out health system, yet they continue to participate in protests and strikes/absenteeism. If the numbers from those who agree to the surveyed question, is added to those who strongly agree, the result is almost 85%, or 846 respondents among 1000 participants, which is a majority demanding to be heard.

Results and Discussion

YDM's aggression by protesting, boycotting and absenteeism has caused multiple lives over the years (Siddiqui, 2017). Unfortunately, mostly those who die under such circumstances, belong to the poor and marginalized segment of society, since they are the ones who visit government hospitals and medical facilities. Elite hospitals charging exorbitant medical inspection and treatment fees are unaffordable for poor patients. Additionally, elite hospitals also pay better salaries and privileges to the doctors to ensure doctors' availability and on job retention, something which is absent at government hospitals.

As this research reveals, with the passage of time the movement has become protracted in nature. This prolonged anger and frustration in case of YDM is resulting into increasing aggression, which theoretically can be referred as *Instrumental Aggression*. However, the increasing number of deaths due to strikes and protests, show a clear association between the *Instrumental* and the *Hostile Aggression* in case of YDM. The distinct, solemn, and specialized nature of doctor's job demands saving lives, treating the sick and injured, helping the humanity and most importantly preventing negligent death. This uncanny interaction and intersection of *Instrumental* and *Hostile Aggression* has been observed to be explicit in case of YDM and all other similar movements involving doctors anywhere.

The response from government has been forthcoming during the initial phases of the problem. However, the demands from YDM increased as with the passage of time and the policy response has been sluggish at best. Government is aware of the economic, social, political and health loss as a result of protests, strikes and absenteeism, however, as mentioned above, since the issue has a direct impact on the poor and marginalized in the society, the policy responses have not been desirably commensurate. This has directly influenced the ongoing crises in health system around the country and the situation is deteriorating.

Conclusion

This study concludes that young doctors' aggression was preceded by deep rooted frustration. Also, as argued through theoretical evidence, that aggression could be instantaneous or *Hostile* and premeditated or *Instrumental*. In case of

YDM these two divisions of aggression have shown significant convergence. Aggression has been manifested by YDM through protests and strikes, resulting into creating pressure on national health system, which is already under considerable crises. The survey results are also consistent with the argument that the frustration leads to aggression. In this case the conscious decision by the young male as well as female doctors, to demonstrate aggression has caused loss the life, property and productive working hours. The sum total of all these factors is exerting considerable pressure on the already dwindling health sector in Pakistan.

Finally, this study has made contributions to the exiting knowledge in three ways:1) by substantiating and confirming the *Frustration - Aggression Hypothesis* by Dollard et al and linking it to the contemporary social movements such as YDM in Pakistan; 2) by explaining factors contributing to the emergence of social movements (in this case YDM) and how macro level phenomena could be understood through micro level theories; and 3) it is an interdisciplinary study explaining the validity of theories from psychology, feminism and sociology in order to understand and hypothesize *Social Movements*.

Recommendations

- There is an immediate need for YDM and the government to reconcile with the issues and formulate a health policy which addresses all reasonable demands made by YDM.
- Simultaneously it is incumbent upon the young doctors to abide by the sanctity and solemnity of the profession. They need to ponder upon the health and humanitarian cost of their protests and strikes, not to mention the economic burden of their aggression.
- Government needs to enhance funds for health sector. By increasing health sector funds, doctors will perceive that they are also government priority.
- 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.

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