



**RESEARCH PAPER**

**Relative Deprivation: A Case Study of Pakistani Young Doctor's Movement**

Mubashar Hasan Jafri

Ph. D Scholar, Center for International Peace & Stability (CIPS), National University of Sciences and Technology (NUST), Islamabad, Pakistan

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**Corresponding Author:**

mubasshar289pci  
ps@nipcons.nust.  
edu.pk

**ABSTRACT**

This article exclusively discusses how institutional lacks of farsighted policies have deprived doctors of their genuine rights and privileges. Explicating the applicability of theory of Relative Deprivation by Robert Ted Gurr, this research finds how deprivations have strengthened young doctors' activism leading to street protests. Study includes a close ended questionnaire based survey. This survey was conducted on young doctors working in different hospitals across Pakistan during May 2018 to March 2019. 1000 participants were selected by snowball sampling from different cities. Results of survey showed that the young doctors participating in protests and strikes are suffering deprivation. It was also observed by the survey team young that doctors are frustrated by government's visionary health sector policies. It is important for the government to address young doctors' feeling of deprivation and frustration. It is necessary for the government to solve the issue by prudent health policies.

**Introduction**

Young doctors in Pakistan experience several difficulties in their work (Abid, 2012). Their complaints range between bad working condition, insufficient security in hospitals for doctors, work overload, shortage of doctors, poor pay/service structure, low salaries, fewer opportunities of scale up-gradation and lesser number of doctors and hospitals to accommodate increasing number of patients (Kazi, 2017). The frustration of young doctors also includes neglected health sectors and exceptional challenges after years of hard work and academic dedication. Disparity between young doctors' status and other government employees has irked young doctors. They are unsatisfied with the institutional indifference and low interest level in resolving their problems. All these discrepancies and shortfalls have created feeling of frustration and deprivation in young doctors. Below are the exclusive details of young doctors' problems.

### **Absence of Proper Rights, Privileges, Service/Pay Structure and Low Salaries**

Young Doctors see other government employees, who are academically less qualified but are drawing high salaries, getting better service structure, working conditions, not to mention other facilities, perks and privileges. They usually compare their economic status with the perks and privileges of Central Superior Services (CSS) officers, police, army officers and other government employees. Employees of these government departments have proper pay and service structure. Pays and scales of these government departments' increase after a particular time period. On the other hand, young doctors lack of both service and pay structure. They are demanding an increase in salaries, requisite economic incentives, implementation of proper service/pay structure and proper security at working places etc(Jafferi, 2019). Doctors' maintain that after getting one of the toughest educations in the country, they have not been able to get reasonable salaries. They want to be promoted as other government employees from different departments. Doctors blame concerned institutions for not providing and granting them their genuine promotional rights and privileges. They perceive that government's institutions have failed to grant proper facilities and privileges to employees of health department, which other government employees get with ease. Along with government reluctance to grant doctors proper pay scale rights and privileges, harassment on doctors also frustrates doctors to organize regular protests and strikes.

### **Bad Working Conditions**

Young doctors are protesting over bad working conditions in government sector hospitals. They have to work in unhygienic conditions. Most of the hospitals lack of proper infrastructure of cleanliness. Majority of the hospitals do not have pure and clean water. Doctors complain of insufficient and improper equipment for major operations. Doctors often face shortage of necessary items, injections, surgical instruments, hand gloves and blades. Sometimes doctors are injured during operation because of expired and outdated equipment (Ali, Zuberi, Rasheed, & Shaikh, 2019).

### **Shortage of Doctors and Long Duty Hours**

There is a severe shortage of doctors in public sector hospitals in Pakistan. According to international standards, "it is an obligation that around two doctors, a dentist and eight nurses should be taking care of 1,000 people. The official documents disclosed that around 222,221 doctors, 23,295 dentists and only 144,600 nurses have been registered in the country against the whooping population of more than 200 million" (Hussain S. , 2019). It requires more than 0.4 million doctors, 0.2 million dentists and 1.6 million nurses to meet global standards (Hussain S. , 2019). Government needs to increase medical teaching schools, colleges, medical officers and house officers in hospitals according to growing population. This increase is necessary as existing number of doctors and government hospitals in Pakistan are not enough to meet the demands of huge population. Both young and senior doctors also complain of

long duty hours. Doctors have to work more than usual hours because of shortage of doctors in the country.

### **Young Doctors and Officers' of 17 Scale Pay Difference**

The issues of pay scales and job structure have always remained unresolved for young doctors. "Doctors after completing education of five years in college and one-year house job are usually inducted in BPS-17, and spends his/her life in an attempt to get a promotion due to non-availability of job structure" (Waheed, 2016). Young doctors working in government hospitals receive very minimal salaries. In 2006 the house officer's pay was Rs 6000, it rose to Rs 12,000 in 2008, and Rs 18,000 in 2009. In 2018 house officers pay rose to Rs 28,000 (Ghani, 2016; Chaudhry, 2019; Malik, 2011). Although there is some increase in young doctors pays, however, they are still without a proper service structure (Yasin, 2019). On the other side an army officer of grade 17 earns almost Rs 70,000 per month (Farooq M. , 2017). A 17 grade CSS officer receives over Rs 60,000 per month (Butt, 2017). Education department also gives more than Rs 52,000 to a 17-grade teacher.

### **Theory of Relative Deprivation**

Relative deprivation is a theory mainly proposed by Gurr (1970) in his book *Why Men Rebel*. The theory helps us to understand different attitudes, feelings and concepts like anger, frustration, deprivation and protests. Gurr (1970) defines relative deprivation that when individuals perceive difference between expectations and receiving, frustration develops which leads to aggression (Gurr, 1970). Gurr (1969) documents that a gap between what people have and have not, is people deprivation. Greater the gap or deprivation greater would be aggression and violence (Gurr, 1969). Gurr's relative deprivation theory claims that when individuals lose hope of attaining their desired goals, there are greater chances of revolt (Gurr, 1969). He maintains that violence produced by any kind of deprivation is often against the political regime. He notes that anger or frustration which emerges from deprivation does not always generate aggression; however, it increases the tendency of aggression to occur (Gurr, 1970). Feelings of deprivations have strong association with injustices, discrimination and inequalities. It can develop when an individual's outcome does not match with the outcome of other individual whom he/she compares. Outcome includes job, income and workplace satisfaction (Gurr, 1969; Gurr, 1968). Relative deprivation is a feeling of dissatisfaction which has a close linkage with negative comparisons. It may develop due to lack of access to equal opportunities in employment. Negative comparisons are perceived at both group and individual level. Negative comparison exists when people or groups believe that they do not have what they deserve. It develops when people consider themselves inferior to others whom they compare. More the intensity of inferiority complex in a group more would be the intensity of collective action/violence (Gurr, 1970; Christie, Wagner, & Winter, 2007; Gurr, 1968).

## **Impact and Implication of Relative Deprivation Theory on Young Doctors' Protests and Strikes**

### **Getting Less than Expectations**

Theory of relative deprivation points that feeling of deprivation occurs when an individual outcome does not resemble with outcome of others whom he/she compares (Morrison & Steeves, 1967; Morrison, 1971). Young doctors expect to get high salaries, satisfactory professional identity, requisite economic incentives, better opportunities of promotions and proper security in hospitals in reward for their services. However, there is a visible gap between what Pakistani young doctors expect in term of their services and what they gain. They expect that their high education would yield a better reward for them in terms of salary and other privileges. They also expect that government would grant them proper facilities and perks as it gives to other departments like army, police and Central Superior Services (CSS) officers. Young doctors' inability to meet their expectations is creating a sense of deprivation.

### **Negative Comparisons**

Theory of relative deprivation states that feeling of deprivation in people or group of people emerges from negative comparisons. Negative comparison develops in individuals when they think that others are getting more and in better position (Runciman, 1968; Cook, Crosby, & Hennigan, 1977). Young doctors in Pakistan make comparison of their group (health department) with other government's departments of the country. They see government's employees from other departments have better facilities, more economic opportunities, good working conditions and proper service structure. Young doctors across the country working in the government sector believe that they lack of these facilities. They notice that government is discriminating health sector by granting insufficient grants. Young doctors remark that they have been deprived of their genuine rights and privileges. They have been deprived of many privileges and facilities which other government employees get easily. Lack of facilities in health department has led young doctors to believe underprivileged as compare to others.

### **Feeling of Injustices and Inequalities**

Theory of relative deprivation has close relation with feeling of injustices and inequalities (Walker I. , 1999; Walker & Mann, 1987). Lack of access of equal opportunities in employments like lesser chances of getting promotions and up gradation of scales have created the felling of deprivation in young doctors. This feeling of injustice and inequality is present at both individual and collective level. Individually every doctor perceives that he/she is at disadvantage for not receiving sufficient rights and privileges. Doctors dislike government attitude towards health sector. At group level they perceive that health sector is behind from other government departments in terms of facilities and salaries. As a group young doctors are protesting, striking and boycotting duties of hospitals in different cities to highlight their sufferings and injustices. So far as, government has remained unable to satisfy

young doctors which has further strengthened the feeling of deprivations, injustices and discriminations in young doctors.

### **Relative Deprivation and Young Doctors' Protests**

Relative deprivation is one of the main reasons behind a social movement, campaign, protests and strikes (Morrison, 1971; Gurr, 1968; Crawford & Naditch, 1970). Across the country young doctors have been protesting, striking and boycotting duties of hospitals to get better salaries, proper rights and privileges. These protests, strikes and boycotting duties of hospitals would keep on increasing with the increasing level of deprivations. Doctors' failure to get its value expectations might increase the chance of provocation and discomfort against the government. Denial of privileges and inability of government to grant proper rights would increase the feeling of deprivation and frustration which might result into violent clashes against the government. Relative deprivation among young doctors' might also result into civil disorder if they lose hope of attaining their expected goals. Such civil disorder can cause massive economic loss and requires proper planning, actions and policies to win doctors' confidence.

### **Public Policy**

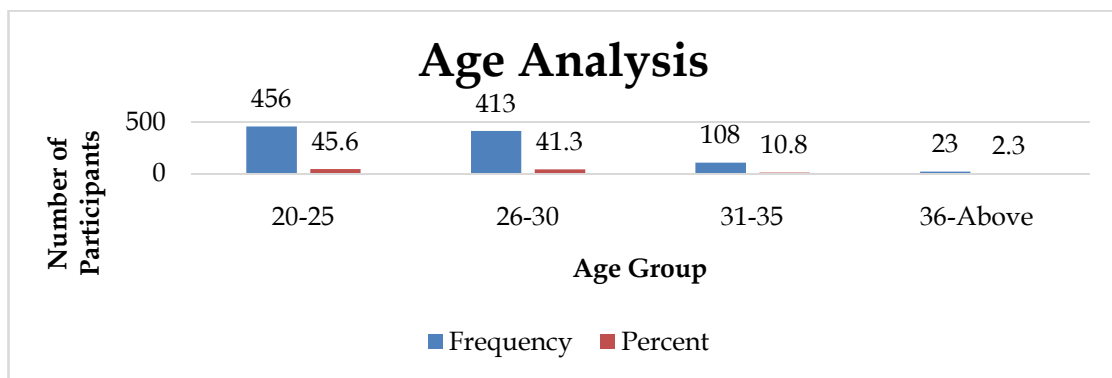
Policy is a strategy where government seeks to achieve objective regarding its population. Public policy is an inclusive framework which implies what government should do or neglect to do. Policies are actions, plans and intentions which government does to deal public concerns. Government tends to pursue public interests and wishes to avoid protests and mobilization (Dye, 1972; Mead, 2013, p. 390; Ozen & Ozen, 2010, p. 39; Young, 2013, p. 1). Policies are enacted and passed by government in response to demanding issues and problems. Policies have certain effect on public. It causes happiness, relief, pain, suffering, frustration, advantages and disadvantages. Governments tend to pursue or enact those policies which pursue public interests and try to avoid protests and demonstrations against any of its policies. Government policies can be positive and negative, it depends how public perceive these policies. A policy is considered positive if it achieves its goals, attracts no opposition and gains public support. A negative policy on the other hand fails to achieve its objectives, attracts huge opposition and has no public support in its favor. Failed or negative policies often provoke people for protests and demonstration in its opposition (McConnell, 2010, p. 351).

Young doctors in Pakistan have expressed their resentment and discomfort towards government's visionary and lack of farsighted policies. They consider it institutions' failure for not enacting proper laws, rules and regulations to uplift health sector. They believe that institutions have not enacted meaningful and influential policies which could improve doctors' socioeconomic status and transform health sector. Shortage of doctors and hospitals in the country, absence of a proper service structure, long duty hours, bad working conditions and spending less in health sector

are a reflection of institutions' lack of interest and farsighted policies towards doctors and health sector.

**Methodology and Results**

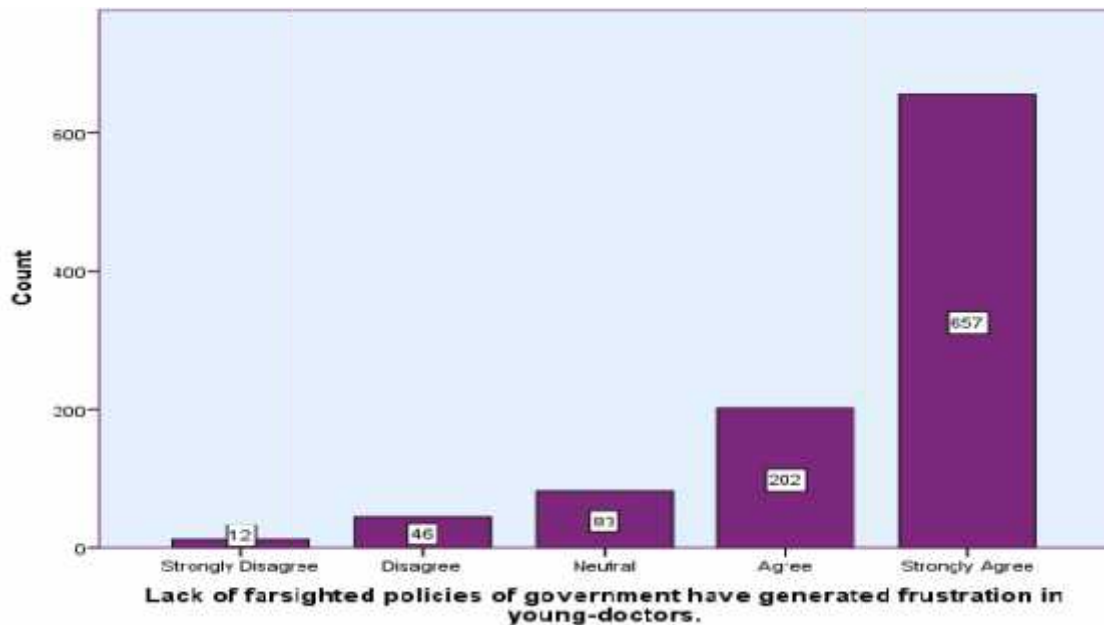
A questionnaire based survey was conducted on young doctors, working in different government hospitals during May 2018 to March 2019 in the cities of Lahore, Rawalpindi, Islamabad, Abbottabad, Karachi, Hyderabad, Quetta, Peshawar, Faisalabad, Multan and some other major cities of Pakistan. All the participants were selected by using snowball sampling. Exponential non-discriminative snowball sampling technique was used for the selection of participants. Snowball sampling technique is used as most of the target population was reluctant to participate in questionnaire. This technique was helpful in finding participants as one subject gives the researcher the name of another subject, who in turn provides the name of a third, and so on(Dragan & Maniu, 2013). Moreover, this method is cheap, simple and cost-efficient (Etikan, Alkassim, & Abubakar, 2015). A total of 1000 young doctors were surveyed. 1000 participants were surveyed as "a number of studies have suggested that large sample size studies are more reliable than smaller sample size studies, moreover, larger sample size does not lead to big errors" (Kaplan, Chambers, & Glasgow, 2014). Studies with more than1000 participants are vital to research because "it allows for comprehensive multivariable analysis and achieving high follow-up rates minimizes potential response bias(Tariq, Vega, Westermann, Jones, & P.Spindler, 2019, p. 243).All of the participants for the survey were selected on the protest sites. The survey was conducted by asking 21 items closed ended questionnaire using Likert Scale. The Likert scale is a five point scale which allow the participants to express how much they agree or disagree with a particular statement (McLeod, 2019; Hartley, 2013). For the purpose of this paper, only two questions are being used. The first focal question sought to measure the presence feeling of deprivation among young doctor. The second question particularly measured the feeling of frustration because of institutions' lack of farsighted policies. As the study was related to young doctors hence an 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 1 below.



Graph 1: Age Analysis of the participants

Graph 1 above shows the age-wise participation of participants in protests. Graph I indicates that nearly half of the total selected participants are fresh graduate. Almost 87% of selected participants are from 20-30 years. Incidentally, majority in this age group are employed as General Duty Medical Officers (GDMO) and are expected to work for long hours.

### Feeling of Frustration in Young Doctors



**Graph 2:** Response about feeling of frustration

Graph 2 above shows the response of feeling of frustration in respondents. Out of the 1000 participants who were selected for survey, 657 participants strongly agreed that feelings of frustration exit in them. Results indicate that a majority of participants which is about 85%, are frustrated by government lack of farsighted policies. Results also suggest that participants who did not believe that lack of farsighted policies have generated frustration were very small in numbers. These statistics clearly reveal that young doctors are frustrated by government lack of farsighted policies.

### Protests

Majority of protests are a result of feeling of grievance, injustice, relative deprivation and resentment about some issue and policy. People participate in protests to bring and achieve desired outcome. Grievance based protests emerge from comparison of one's situation, position and status with the situation, status and position of someone else. Moreover, when group's grievance or experience becomes one's own grievance and experience than intensity to participate in protests increases. Emotions are considered a key element in the success and failure of protests. Emotions

like anger, indignation, pride, and hope encourage people to participate in protests (Collier & Hoeffler, 2004, p. 2; Jacquelin & Bert, 2013; Opp, 1988, p. 853; Jasper J. , 1998).

Sociologists have suggested that political opportunities and availability of resources are other notable elements in protest mobilization (Jenkins, 1983; McCarthy & Zald, 1977, p. 1212). Collective identity, efficacy, and social embeddedness have also significant impact on individuals to participate in protests. Collective identity urges people to participate and organize protests. Strong belief or efficacy is an essential element for individuals to participate in protests. Weak efficacy to bring a change would restrict many people to join protests. Individuals' feeling of grievances transform into group grievance by strong and active engagement with each other. People tend to participate more who have close linkage with a social network. Individuals who do not have association with any social network often do not participate in protests (Bergstrand, 2014, p. 124; Polletta & Jasper, 2001, p. 283; Jacquelin & Bert, 2013).

Young doctors are collectively organizing protests, strikes and boycotting duties of hospitals to demonstrate their grievances and frustrations. Doctors are organizing protests and strikes on regular basis as because of having strong efficacy. They are sure that regular protests and strikes would yield them their proper rights, perks and privileges. Doctors' efficacy is attracting a large number of doctors in the country to participate in protests. In Pakistan, doctors are participating in protests because of having strong emotion (anger) against the institutions. These strong emotions are pushing doctors to participate in protests on regular basis. Young doctors are angered over institutions' lack of farsighted policies towards doctors' and health department. Doctors' protests, strikes and boycotting duties of hospitals are a sign of their anger against institutions' discriminating policies.

Doctors' growing protests would have grave implication for whole society. Young doctors' absence in hospitals due to protests, strikes and boycotting duties of hospitals would endanger safety and lives of majority of people. Doctors' strike caused the death of 22 people in 2011 (Editor, 2011). In Punjab 11 people suffered death due to doctors' strike and unavailability in hospital in 2012 (Editor, 2012). In 2017 nearly eighty people died due to doctors' absence in hospitals (Editor, 2017). 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. A country like Pakistan which has limited health resources and doctors, would not recover easily from such crisis. This situation could pose an inaccessible damage to entire society. If institutions remain unable to understand and implement young doctors' demands, overall life and safety of many individuals would become vulnerable and uncertain with growing protests and strikes.



**Conclusion**

As frustrations and deprivations lead to civil strife, disorder and conflict. Young doctors' frustrations and deprivations have irked doctors to protests and strikes on regular basis. Young doctors' protests and strikes on regular basis might trigger a violent clash or conflict against between the institutions. Aggressive reaction of doctors can damage government and public interests. This puzzle of protests and strikes can be solved by adopting farsighted policies. Assurance of institutions to regulate a system of doctors' duty hours would certainly satisfy doctors. A policy of reward for working extra duty would overall raise doctors' self-esteem, confidence, satisfaction and morale to work more enthusiastically. Implementation of pay and service structure policy would stop young doctors from organizing protests, strikes and boycotting duties of hospitals on regular basis. Young doctors in Pakistan want better and positive policies regarding health sector. They want such positive policies which improve health sector and make doctors' social and economic life better.

**Recommendations**

- Government guarantee to improve working condition, system of proper duty hours, assurance of proper service structure and high salaries would surely reduce doctors' frustration which leads them to protests and strikes.
- Regular protests and strikes of doctors can only be avoided by allocating and transferring sufficient amount of GDP to 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 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

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