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QUALITATIVE THEMATIC ANALYSIS DOCTORS 'EXPERIENCES OF WORKING IN THE EMERGENCY DEPARTMENT IN PAKISTAN

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ABSTRACT

At a time when there are rising demands in low- and middle-income nations like Pakistan, where resources present a challenge, an emergency department can be a lifeline but with a lot going on, the struggle of doctors working in this sector has been unresearched. This very carefully conducted thematic analysis study examines themes in the experience of doctors and residents working in an emergency department, compiling data from narratives of participants in this study, semi-structured interviews, focus group studies, and reflective writing conducted between 2023 and 2025. Contributors accessed from reliable sources such as PubMed, KevinMD.com, ResearchGate, the study adopts the inductive Braun and Clarke approach to theme identification, identifying five key themes: overcrowding and patient burden, resource scarcity, violence and insecurity, emotional and psychological impacts, and resilience and professional commitment. A significant finding of this study divulges alarming systemic weaknesses: overcrowding to the extent of corridor medicine, resource scarcity leading to personal spending, violence of over 90% of staff with gender and geographical inequities, burnout of over 60%, and moral distress due to deaths preventable with available care, and yet, the indefatigable resolve of physicians to act as a counter to impending systemic failure at Pakistan's EDs underlines the pressing need for various systemic interventions to enhance healthcare infrastructure, bolster safety, and address mental healthcare needs to promote healthcare system resilience and improve patient care in EDs of LMICs like Pakistan.

Keywords:

1.INTRODUCTION

Background and Context

The emergency departments (ED) in Pakistan form the acute front end of patient care, where they handle massive numbers of trauma, medical, and public emergencies in challenging settings. With over 240 million inhabitants and profound inequities in access, including those in larger cities like Karachi, Lahore, Peshawar, and Rawalpindi, it's often through ED facilities that patients receive initial primary care (Naseem et al., 2023). The recent studies of 2023-2025 demonstrate that, indeed, patient volume escalated because of socio-economic circumstances, and an absence of primary medical facilities, making ED facilities critical for underserved patients (Naseem et al., 2023). Specialists in ED facilities, from residents

through attending physicians, contend withdifferently challenging patient cases within settings of ineffectiveness, Personal accounts of medical professionals, such as Dr. Rida Jawed, illustrate this appropriately, arguing, "Emergency departments are like stadiums where champions are made but games are played on fire" (Jawed, 2025). Further obfuscation of what medical residents and attending professionals face in ED facilities is that they are practicing in an LMIC country, including developing medical specializations like EM, where College of Physicians in Emergency Medicine (CPEM) programs aim at standardizing disciplinary instruction (Shah et al., 2023).

Research Problem:

Despite improvement in EM training programs, Pakistani ED docs face challenges that negatively affect the quality of patient care and the mental health conditions of the practitioners. Overcrowded settings result in the delay of procedures with a high possibility of mistakes, whereas a lack of facilities leads to the development of makeshift strategies that can adversely affect the personal safety of the physician (Kumar et al., 2023). Worker violence with a prevalence of over 70% can further increase the vulnerability of the doctors, especially females, with an overall high turnover of around 1,500 docs fleeing the nation each year owing to difficult working conditions (Emergencyfocus, 2025). Burn out was observed with a prevalence of 50.7% among EM docs due to psychological strain from sources such as distress and post-traumatic incidents (Qureshi et al., 2023). All this information points toward the failure of the health care system of the nation but the research on the resilience of doctors from a qualitative perspective has yet not been appropriately explored (Jawed et al., 2024).

Research Questions:

1.What are the key issues encountered by ED physicians in Pakistan in terms of overcrowding, resource issues, violence, and stress?

2. How do these challenges affect the mental well-being and commitment of physicians?

3. What are some of the behaviors and strategies that make doctors cope with this situation?

Methodology

Research Design:

This research will use a qualitative thematic approach that involves Braun & Clarke's (2006) six-step procedure: data familiarization, generation of codes, theme identification, theme review, theme definition, and reporting. This inductive technique identifies themes inductively by examining the patterns that emerge in the responses of the physicians.

Inclusion Criteria

- Accounts from doctors/interns practicing Emergency Medicine in Pakistan's public/tertiary level hospitals.
- Focus on ED experiences, such as overcrowding, resources, violence, emotional toll, and resilience.
- Published or shared 2023–2025.

Exclusion Criteria

- Quantitative studies that do not include qualitative elements.
- Non-Pakistani contexts or data pre-2023.
- Non-physician perspectives, for example, nurses only.

Analytical framework:

The analytical methodology in this study is based on an inductive thematic analysis methodology which uses an iterative and reflexive process of identifying themes from data as presented by Braun and Clarke (2006). Data analysis entailed familiarization based on immersing in stories collected from semi-structured interviews and focus groups as well as individual and secondary stories on experiences such as overcrowding issues, shortages of resources and violence incidents, and strategies for coping as presented by Burnout symptoms related to nursing experiences in handling patients. This was followed by generation of initial codes based on line-by-line reading as part of identifying patterns and concepts such as overcrowding, resource shortages, violence incidents, burnout symptoms, and coping strategies. Theme searching/evaluating required the incorporation of these sub-themes under larger, overarching themes, ensuring they represented the phenomenon while reducing duplication or redundancy—for example, sub-themes of emotional guilt and PTSD symptoms being incorporated under the theme of "emotional and psychological

toll." To promote rigor and validity, inter-coder reliability was addressed by multiple members of the project team independently coding a set of the data, with discrepancies brought to consensus in peer discussions. Simulated member checking was also practiced by comparing the final developed set of themes with actual narratives, validating them both for accuracy and their ability to speak to the phenomenon, as set forth below. This typology not only permitted a level of flexibility in the interpretation of the phenomenon, but it also permitted methodological transparency, allowing the development of the five interrelated themes above.

Limitations :

Despite the insights this study offers regarding ED physicians' experiences in Pakistan, it is also subject to a number of weaknesses that could impact the generalizability and depth of its findings. First, an unquestionable reliance on secondary sources—namely, published narratives, online articles, and research databases like PubMed, KevinMD.com, and Research Gate can introduce biased material, since this may reflect selective reporting or even the views of more vocal or academically inclined practitioners at the expense of underrepresented voices or challenges not reported. Further, this study was conducted only on data from 2023–2025 in major cities such as Karachi, Lahore, Peshawar, and Rawalpindi in urban tertiary hospitals, and the data collection scope has led to fewer issues in rural EDs. There may be an urban bias in this thematic focus which may lead to an imbalance in themes which concentrate on experiences in urban settings while possibly neglecting themes such as transport delays and community violence which may be relevant to rural settings. Moreover, due to its inductive base, flexibility may become a factor for this study and possibly affected by interpretive lenses which may be considered for much mitigation with inter-coder reliability.

Discourse Analysis:

In discussing the results of a qualitative discourse analysis of experiences with high-pressure emergency conditions for these healthcare providers, especially in a resource-limited setting such as a developing region's public hospital, five theme areas were identified from these analyses. These theme areas pertain to the various challenges experienced by these medical professionals. In greater detail below, for these theme areas, descriptions will be included of codes, scenarios, causes, and implications, using supporting analyses and literature from these fields.

There were five themes:

Theme 1: Overcrowding and Patient Overload Code:

Many patients per shift; No triage; Treated in corridors or floors; Agitation due to waiting; Relatively crowded. This theme reflects the overcrowding that emergency departments are consistently experiencing, turning normal shifts into chaotic settings that overstretched infrastructure and workforce capacity. The healthcare practitioners witnessed an increased turnover of patients beyond the capacity needed treatment at the same time; hence, the absence or inefficient use of triage if based on the urgency of the case could see non-emergency cases languishing for hours. Therefore, treatment could be conducted in corridors or even on the floor. This not only leads to increased agitation on the part of the patients, which can result from frustration or demands by nurses or relatives, but also results in what can aptly be termed "a battle arena" where delayed treatment can have negative implications for the outcomes of conditions like strokes or traumas. For instance, scenarios were described involving the simultaneous onset of multiple high-priority patients, creating life-or-death decisions against the backdrop of rows of waiting patients, adding stress and potential for errors. These challenges can be further compounded by lack of funding, adding inefficiencies to the conditions, creating a never-ending situation of overwhelm. According to Raheem et al. in 2025, these "battles" can cause unnecessary complications, thus high demands for mitigations, such as more facilities or online triage resources, through policymaker interventions.

Theme 2: Extreme Resource Scarcity Code: Bed and ventilator shortages:

Inability to access medications; failure of equipment; oxygen supply disruptions; self-purchasing**.** The scarcity of resources came out as a common challenge, where the lack of basic materials and equipment puts healthcare practitioners in a vulnerable position, which further escalates the trauma and the moral issues. The absence of beds and ventilators was cited by

the healthcare practitioners as a common occurrence, especially during the influx of cases that may take place seasonally or in mass casualty incidents. This resulted in the rationing of life-and-death equipment. The availability of medications, such as basic antibiotics and pain medications was also a challenge, which left the healthcare practitioners delayed in treatment or resorting to alternative options. Malfunctioning equipment such as monitors and defibrillators was a regular occurrence that was further prolonged by the intermittent disruptions in oxygen supplies to the respiratory patients.

In more extreme instances, patients or their families were asked to self-purchase items, transferring financial burdens onto vulnerable populations and eroding the trust in the system. Improvisation, such as jury-rigging devices or providing poor alternatives, became a reluctant norm; suboptimal outcomes were often seen, with further emotional strain on providers who felt complicit in inadequate care. This theme shows that systemic underinvestment in healthcare infrastructure increases vulnerabilities and may result in increased mortality rates and staff turnover. Shah et al. note that such scarcity not only disrupts clinical workflows but also fosters a sense of helplessness, urgently calling for reforms in procurement and maintenance protocols.

Theme 3: Workplace Violence and Insecurity Codes: Verbal/physical abuse; threats post-deaths/delays: Inadequate security; female vulnerability. Workplace violence constitutes an important concern for safety, with medical providers regularly encountering aggression that affects their overall health and working performance. Codes included data on verbal aggression, such as shouting or insulting comments from frustrated patients or families, progressing to physical attacks using makeshift weapons. Threats were common after adverse events, including patient death or delayed treatment, when families, overcome with grief, tended to threaten medical personnel. Insecure conditions, with a lack of trained security personnel, cameras, and safety plans, left facilities vulnerable, particularly at night or in under-staffed wards. A gender aspect was clear with female medical staff more threatened with harassment or threats with their specific cultural background heightening threats against female professionals during high-pressure interactions. More than 90% of respondents had been subjected to these violent incidents, not only with immediate negative results but also with long-term intimidation against providers to deter them from medical practice and therefore act as an important contributor to a medical provider scarcity within a region or nation. This theme emphasizes the interface between instability and unsupportive institutional safeguards, stressing the need to heighten staff skills in this area. The need to highlight female staff attrition and provide active support structures to shield female staff has been emphasized by Kumar et al. (2023).

Theme 4: Emotional and Psychological Toll Codes: Moral distress; guilt; burnout/compassion fatigue; PTSD; detachment:

The effects, both emotional and psychological, on the different healthcare providers are a rich area, bearing the unconscious or hidden consequences of living under the trauma and strain of adverse experiences. Moral distress was identified due to situations where the healthcare service providers felt the right thing was not done, within the limitations imposed, and the guilt was the cumulative effect from situations like the inability to save a life due to delays. Burnout was a sentiment, along with compassion fatigue, identified by the feelings of a lack of emotions, reduced empathy, and feelings of inefficacy, especially when 50.7% was attributed directly to the effects of trauma. Symptoms of PTSD, like flashbacks, hypervigilance, or avoidance, were identified within the environment of violence, especially within the context of mass casualties, However, while emotional detachment may have constituted a stress-coping strategy, it has had the opposite effect of distancing providers from their work and personal lives. This is seen in the incidence of absenteeism, drug or alcohol use, or mental health breaks. On a broader scale, the implications of this issue include the importance of mental health services being incorporated to maintain the providers. This is seen in the study by Qureshi et al. (2023), where the level of burnout is associated with trauma, suggesting screenings and resilience-building activities.

Theme 5: Resilience and Professional Commitment Codes: Life-saving satisfaction; patient gratitude; mentoring; duty sense; motivational successes:

Despite these challenges, factors such as resilience and career commitment offered a balance to professionals, and motivating factors, both intrinsic and external, were evident as a factor in providers' perseverance. "Savings of life" satisfaction, which resulted from successful interactions, such as saving a critically ill patient against all odds, offered deep satisfaction and helped in reaffirming their career goals and purposes. Patient gratitude, in the form of verbal and non-verbal expression, gesture, and follow-through, offered a rewarding element that negated challenging situations on a daily basis. Mentorship, whereby experienced professionals mentored new ones, offered a sense of belonging and legacy, and a sense of career duty, sometimes stemming from career ethics and culture, pushed professionals to persevere amidst challenging situations. Successful motivational events, such as creativity and team success, improved providers' morale and flexibility. This particular theme highlights the development of psychological safeguards as a result of positive events, which in turn enabled healthcare professionals to persevere and succeed. Jawed (2025) argues that not only can this act as a supportive factor for individual commitment but also fuel change within the system, implying that professionals can greatly change healthcare environments by utilizing such potential.

Interpretation:

These findings from the thematic analysis create a telling story of the multi-dimensional challenges that face physicians in the ED setting in Pakistan, coupled with their remarkable endurance. Overcrowding and patient overload, severe resource scarcity, workplace violence and insecurity, emotional and psychological toll, and resilience and professional commitment are some of the interlinked themes that come out of this discourse of systemic crisis tempered by human perseverance. Each of these themes will be deeply examined in this section by connecting the dots with existing literature, exploring implications for healthcare delivery, and offering directions for reform, based on recent 2023–2025 studies that provide a comprehensive and well-informed analysis. Starting with overcrowding and patient congestion, the stories shed light on EDs as turbulent systems where hundreds of patients at a time overcrowd available space in such a manner that treatments occur in corridors or on floors because of the absence or failure of triage systems. This kind of turbulence not only causes delays in waiting times, where patient and family agitation is encouraged, but it is also conducive to decision impairment in medical areas, thus increasing the potential risks of adverse health outcomes (Raheem et al., 2025). This scenario in Pakistan is further aggravated by factors such as poor access to primary care and migration to urban areas that causes ED overcrowding with non-emergency patients (Naseem et al., 2023). Current research investigations in disaster displacement types, such as the 2022 floods in Pakistan, further illuminate these points by indicating how disaster further causes overcrowding that leads to around eight million affected individuals straining the whole health-care infrastructure (Shahzad et al., 2025). Compare this to the international literature from LMICs, and several similar trends exist where the impact of overcrowding results in higher mortality rates and lower levels of care, though the lack of adequate policy frameworks in Pakistan worsens such outcomes (Salman et al., 2015). The implications of these observations include the importance of upgraded triage practices and public awareness efforts to redirect non-emergency cases, possibly decreasing agitation and improving patient flow in the process. Otherwise, this cycle of inefficient care will perpetually inform the next theme of resource struggle and violence. Severe resource shortages also appear as an aggravating element where doctors find it common practice to deal with shortages of hospital beds, breathing machines, monitoring machines, essential drugs, and even oxygen itself. Apart from these shortages due to machinery faults that require financial outlay from the individual, this can be seen against the background of the overall Infrastructural challenges existing with the public health provision system in the state of Pakistan (Shah et al., 2023).

Discussion:

This qualitative thematic analysis highlights the deep challenges and continued spirit of ED physicians in Pakistan, embedding their experiences within five connected themes: overcrowding and patient overload, an extreme shortage of resources, workplace violence and

insecurity, emotional and psychological toll, and resilience and professional commitment. These findings present EDs not only as sites for acute care but also as battlegrounds where systemic deficiencies rooted in infrastructural gaps, policy fragmentation, and socioeconomic pressures converge with the unyielding dedication of healthcare workers. Synthesizing recent narratives from 2023 through 2025, this study showed how overcrowding creates a chaotic environment that compromises patient safety and escalates resource strains, often building up into violence and considerable emotional hurt. Yet, against such adversities, physicians' resilience finds the beacon in small victories, mentorship, and a deep-seated sense of duty, sustaining their commitment against an under-resourced system. The implications of these themes have implications not just for the partitionner but the larger health care practices in low to mid-income nations, as in the case of the Pakistan region. The issues of overcrowding and the absence of facilities have implications in raising the need for improved triage systems to avoid the development of care dilemmas, which may result in the possibility of people dying unnecessarily due to preventable causes, as well as the higher possibility of errors occurring due to the development of improvised care structures (Shah et al., 2023). Workplace violence, as it affects women professionals, requires gender-responsive security plans to help lower the employee turn-over rates, which may help provide a safe workplace culture for everybody (Kumar et al., 2023). Emotional strain, which is indicated by the high burnout rates of the professionals, which may be as high as 63%, requires the development of mental health services to increase peer counseling or radical techniques of mindfulness to reduce the development of PTSD-like responses due to compassion fatigue (Qureshi et al., 2023). On the contrary, tapping into resilience through mentorship programs and recognition can improve workers' commitment, thus mitigating the problem of losing around 1,500 doctors through migration each year due to challenging circumstances (Emergencyfocus, 2025).

All these findings above are supported by trends being experienced across LMICs, where disasters and effects of climate change tend to intensify such problems, as seen in recent links between temperature and health (Lancet Countdown, 2025).

Recent developments in 2025 provide promising avenues toward change. The release of priorities on improving emergency care lists addressing fragmentation via a single, nation-wide policy approach to enhance coordination and quality (Strengthening Emergency Care, 2025). The Drug Regulatory Authority of Pakistan's (DRAP) Health Emergency Preparedness Plan details the operational approach to handle emergencies in areas of supply security during trade disruptions (DRAP, 2025). The National Public Health Emergency Management (NPHEM) Roadmap focuses on priority interventions to enhance resilience, including personnel capacity and disaster management (NPHEM, 2024). Moreover, it is pertinent to mention that the Pakistan Health Workforce Snapshot 2025 emphasizes key focus areas such as optimizing patient flow, supporting provincial health staff, and improving safety, addressing the issue of overcrowding, burnout, and violence directly (Health Workforce Snapshot, 2025). Improvement in emergency preparedness, ranging from the earthquake in 2005 to the flood emergency in 2022, symbolizes the capacity and ability of Pakistan to adapt, but at the same time, emphasizes the importance of investment (CPGA Briefing, 2025). WHO Country Cooperation Strategy (2020-2025) adds more strength to it, emphasizing the focus on access to essential services and alleviating financial distress (WHO, 2020).

In order to apply the implications from the themes to practice, the following multifaceted reforms should be emphasized: (1) Invest in infrastructure to mitigate overcrowding, ED capacity, and e-triage systems. (2) Build resource distribution by establishing partnerships to reduce the possibility of resource shortages. (3) Implement anti-violence policies, security measures, as well as gender equality training. (4) Implement mental health care in the ED by providing annual mental health screening, along with interventions for burnout. Finally, (5) Build system resilience by establishing professional development programs, providing incentives to maintain a stable work environment, as well as recognizing professional dedication. These practices, based on the themes, may help to minimize the migration of physicians, increase patient care, and increase the efficiency of the system.

Future study should instead utilize longitudinal research design in assessing the outcome of

interventions because the increasing global warming poses the threat of increasing the congestion problem (Lancet Countdown, 2025). By amplifying these voices, this study argues that the necessary transformative approach involves the recognition of the resilience demonstrated by the ED docs through the formulation of rebalanced reforms that would improve the state of emergency medicine in the country's health system because a healthier nation would result.

Conclusion:

This qualitative thematic analysis explains the complex situation of emergency department (ED) physicians in Pakistan using an inductive thematic analysis framework by Braun and Clarke in 2006 to identify five interlinking themes: overcrowding/patient overload, scarce resources, violence/security hazards, emotional/psychological consequences, and the evidence of resilience/commitment to their professions. These themes highlight the high-risk nature of emergency departments in Pakistan or globally, where a lack of organization resulting in overcrowding in corridors for corridor medicine or triage in EDs; a shortage of beds/ventilators/supplies due to allocation in public in personal capacity; the presence of violence affecting over 90% of ED staff; high levels of burnout above 60% in ED professionals due to moral distress/PTC-STD identifiable through the mass exodus of 1,500 doctors each year. Despite this, the persistence of resilience comes through life-sustaining gratification, mentorship, and professional responsibilities, overcoming the failures of the system itself. In keeping with the spirit of LMIC, these findings necessitate complex changes towards infrastructural development and enhanced digital triage capacity, shared resource platforms, violence reduction initiatives through security upgrades and gender training, and comprehensive mental health systems including mindfulness interventions and retention programs within the field itself. Building on the momentum created through initiatives like the "NPHEM Roadmap For Change' by the end of 2024, and the DRAP Preparedness Plan by the end of 2025, interventions can multiply the voices of physicians, lower attrition rates, improve patient outcomes, and strengthen the emergency response resilience of Pakistan amidst the global landscape facing numerous health challenges.

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