



**PERCEPTIONS OF JOB STRESS, JOB SATISFACTION, AND WORK PERFORMANCE AMONG HOSPITAL STAFF IN PUBLIC-PRIVATE PARTNERSHIP-OPERATED FACILITIES IN BAJAUR TRIBAL DISTRICT, PAKISTAN**

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**ABSTRACT**

**Background:** Healthcare workers in Public-Private Partnership (PPP)-operated hospitals in Bajaur Tribal District, Pakistan, face unique challenges due to the hybrid healthcare model, characterized by high stress levels, resource scarcity, and systemic barriers. Understanding the relationships between job stress, job satisfaction, and work performance in these settings is crucial for improving healthcare delivery and worker well-being.

**Objective:** This study aimed to explore the lived experiences of healthcare workers in PPP hospitals, focusing on the impact of job stress on job satisfaction and work performance, and identifying the coping mechanisms that healthcare workers rely on to manage stress and sustain their performance in this challenging context.

**Methods:** A qualitative phenomenological design was employed, utilizing Interpretative Phenomenological Analysis (IPA) to analyze data collected through semi-structured interviews with 20 healthcare workers, including doctors, nurses, paramedics, support staff, and administrative personnel. The data were transcribed verbatim, and thematic coding was conducted manually using Microsoft Word and Excel to identify emergent themes related to job stress, satisfaction, coping mechanisms, and performance.

**Results:** The analysis revealed five key themes. Operational overload and stress emerged as a major source of strain, with healthcare workers facing high patient loads, resource shortages, and staff deficiencies, leading to significant stress and burnout. Additionally, systemic barriers in the PPP context, including delayed salaries, lack of specialists, and unclear administrative structures, exacerbated stress levels. Despite these challenges, job satisfaction acted as a buffer, with healthcare workers reporting fulfillment from helping patients, team support, and professional development. Coping mechanisms such as peer support, religious practices, and physical breaks were crucial in maintaining emotional and physical resilience. Finally,

job stress negatively impacted work performance, causing delays in patient care, reduced focus, and errors. However, job satisfaction and effective coping strategies moderated these effects, helping healthcare workers maintain performance despite the stressors they faced.

**Conclusions:** This study highlights the significant role of job satisfaction and coping mechanisms in mitigating the adverse effects of job stress on work performance in PPP hospitals. The systemic barriers and operational overload faced by healthcare workers in resource-scarce settings call for urgent policy interventions to address staffing shortages, improve resource allocation, and provide emotional and social support. Enhancing job satisfaction and support systems will be crucial in improving healthcare delivery and the well-being of healthcare workers in these environments.

## INTRODUCTION

Healthcare workers' psychological well-being, job satisfaction, and Job Performance are all obstructed by job-related stress, which is an acknowledged worldwide issue (WHO, 2020). The matter is more glaring in underserved and vulnerable areas, such as the Tribal Areas of Khyber Pakhtunkhwa, Pakistan, which include Bajaur, because of insecure environments, a lack of resources, substantial workloads, and small administrative autonomy (Awan et al., 2023; Hasbrouck & Waddimba, 2017).

Many people consider that Job Satisfaction acts as a mediator between Job Performance and Job Stress. According to Inuwa (2016) and Gunawan & Sondakh (2019), satisfied workers are more involved, useful, and less likely to exhibit burnout or turnover behaviors. Meanwhile, Job Performance is critical to reaching healthcare delivery objectives, mostly in Public-Private Partnership settings where productivity and accountability are predicted to be greater (Marghany, 2015; Atatsi et al., 2019).

Although quantitative research has found statistical relationships between Job stress, Job Satisfaction, and work performance (Sohail Jan, 2024), little is known about the individual experiences and understandings of healthcare professionals in PPP hospitals. Exploring these personalized, situation-specific understandings entails a phenomenological approach.

This study emphasized Public-Private Partnership-based hospitals in Bajaur Tribal District, which aid populations affected by years of conflict, poverty, and inadequate infrastructure. Understanding the lived experiences of healthcare workers can benefit the design of more effective support systems, stress-easing policies, and performance improvement frameworks.

### Objectives

To explore the lived experiences of job-related stress among healthcare workers in PPP model hospitals in Bajaur Tribal District.

To understand how job satisfaction is perceived and experienced by healthcare workers within the hospitals operationalized under Public-Private Partnership.

To examine how healthcare workers understand the Impact of Job Stress and Job Satisfaction on their Job performance and the quality of service delivery.

To identify individual managing mechanisms and organizational support systems that healthcare staff rely on to manage stress and endure performance in a fragile and high-pressure environment.

## METHODOLOGY

**Research Design:** Using a qualitative phenomenological research design, this study examined healthcare workers' lived experiences with Job Stress, Job Satisfaction, and Job Performance through the use of Interpretative Phenomenological Analysis

(IPA). In the setting of their work in a subtle and resource-scarce healthcare environment, the phenomenological approach enabled in-depth interviews of participants' subjective realities.

IPA (Interpretative Phenomenological Analysis) is a qualitative research method focused on understanding how individuals make sense of their lived experiences, particularly in complex and challenging environments. The small, purposive sample size supports in-depth exploration of personal descriptions, as is standard in IPA research.

**Study Setting:** This research was conducted in Public-Private Partnership (PPP) model hospitals located in the Bajaur Tribal District, Khyber Pakhtunkhwa, Pakistan. These hospitals provide services to remote and underserved communities under contractual agreements between the Government and Private/NGO operators. Their hybrid operative model and challenging working environments make them a significant framework for exploring workplace experiences of healthcare professionals.

**Study Population:** Participants included doctors, nurses, paramedics, and administrative/support staff with at least six months of experience in the relevant health facility.

#### **Sampling Strategy**

- Purposive sampling was used to select 20 participants.
- Sampling was continued until data saturation was achieved and when no new significant themes arise.

#### **Inclusion criteria:**

- At least six months of experience in a Public-Private Partnership hospital.
- Willingness of the employee to participate
- Ability to understand and respond in Urdu or English
- Informed consent provided

**Data Collection:** Data was collected using semi-structured interviews based on an

interview guide associated with the research questions. Questions were offered in Urdu, English, or Pashto to accommodate participants' language preferences. Interviews were conducted in person or via phone/video calls, depending on participant convenience. Each interview was last approximately 45 to 60 minutes and was audio-recorded with their consent. In cases where face-to-face interviews were not possible, open-ended responses were also being collected via Google Forms. To ensure the credibility and validity of the findings, the study employed data validation measures such as member checking, where participants were invited to review the transcriptions for accuracy, and peer debriefing, where colleagues provided feedback on the interpretation of the data.

**Data Analysis:** All interview recordings were transcribed verbatim. The data was analyzed using the Interpretative Phenomenological Analysis (IPA) approach (Smith, Flowers, & Larkin, 2009), which includes: Reading and re-reading transcripts to become immersed in the data, Making descriptive and conceptual notes, Identifying emergent themes, Mapping interconnections between themes across participants, Manual thematic coding was conducted using Microsoft Word or Excel, based on recurring words, phrases, patterns, and meanings in the text. To ensure coding reliability, the primary researcher performed iterative rounds of coding, which were cross-checked by a second researcher to ensure consistency and inter-rater reliability. The analysis was focused on understanding how participants make sense of their experiences of stress, satisfaction, and performance in the PPP hospital context.

**Ethical Considerations:** Ethical permission was acquired from hospital management. Participants were provided with a written consent form, clearly affirming the purpose, voluntary nature, and privacy of the study. All data was anonymized, securely stored, and used firmly for academic and research

purposes. Participants were held the right to withdraw from the study at any point without concern.

## RESULTS

The analysis of the interview data led to the identification of several key emergent themes, each representing different aspects of healthcare workers' lived experiences in Public-Private Partnership (PPP) hospitals in Bajaur Tribal District, Pakistan. These themes reflect the complex interplay between job stress, job satisfaction, and work performance in a high-pressure healthcare environment. The following sections present the detailed findings for each theme, along with illustrative quotes from participants to provide insight into their perspectives.

**Table 1, Themes and Representative Quotes**

Theme	Representative Quote
<b>Operational Overload and Stress</b>	"The situation that stresses me out the most is the large patient load." (Interview 1)
<b>Systemic Barriers in the PPP Context</b>	"The delayed release of funding from the government creates financial insecurity." (Interview 6)
<b>Job Satisfaction as a Buffer</b>	"Helping mothers and newborns is what makes me happy at work." (Interview 7)
<b>Coping Mechanisms and Resilience</b>	"I talk to coworkers or take breaks for prayer." (Interview 1)
<b>Impact on Work Performance</b>	"Stress makes me less patient with patients or coworkers." (Interview 1)

### 1. Operational Overload and Stress

High patient loads and insufficient resources contributed to significant stress and burnout. One of the most significant and prominent themes emerging from the data was the

operational overload and stress experienced by healthcare workers in PPP hospitals. This theme captured the strain caused by an overwhelming patient load, resource shortages, and insufficient staffing, leading to both physical and emotional exhaustion. Healthcare workers described the demands of their work as being excessive and often unmanageable, with high patient volumes contributing significantly to their stress levels. A consistent issue raised by multiple participants was the high patient load. Doctors, nurses, and paramedics reported feeling overwhelmed by the number of patients they were expected to handle during their shifts. One doctor explained, "The situation that stresses me out the most is the large patient load." (Interview 1) Similarly, a nurse stated, "When medicines aren't available, we feel helpless." (Interview 2) This statement reflects the additional stress caused by the lack of resources, which was a recurring issue in the PPP setting.

In addition to high patient loads, staff shortages exacerbated the stress experienced by healthcare workers. Many participants, particularly those working night shifts or in the emergency department, mentioned that they often found themselves working with minimal support. A paramedic shared, "At 3am we are still running with the same energy—until we can't." (Interview 3) This highlights the exhaustion that results from long hours and understaffing, contributing to emotional fatigue and physical burnout.

The lack of resources and inadequate staffing created a stressful work environment that led to operational inefficiencies. Several participants expressed frustration with the lack of specialized equipment and medical supplies, which further hindered their ability to provide optimal care. A nurse commented, "We get our salaries quite late due to late funding." (Interview 2) Delays in financial resources also contributed to stress, as workers struggled to cope with insufficient

equipment and medicines necessary for patient care.

## **2. Systemic Barriers in the PPP Context**

Delays in funding and unclear administrative structures exacerbated stress levels. The PPP model in Bajaur, though designed to improve healthcare access, also created several systemic barriers that contributed to job-related stress. These barriers included delayed funding, lack of staff and specialists, poor infrastructure, and unclear administrative structures. Many participants expressed frustration with the bureaucratic hurdles and organizational inefficiencies they faced on a daily basis.

A common theme among participants was the delayed salaries and funding issues. Many healthcare workers cited delays in receiving their wages, which created financial insecurity and heightened stress levels. One doctor noted, "The delayed release of funding from the Government causes financial insecurity." (Interview 6) This financial uncertainty was a significant stressor for workers, particularly those in lower-paying roles like nurses and support staff, who struggled to meet their personal financial obligations.

Another issue raised was the lack of specialists and understaffing in certain areas of the hospital, such as the emergency department and intensive care unit (ICU). A doctor explained, "Politics sometimes block clinical priorities." (Interview 6), suggesting that external political pressures sometimes led to suboptimal staffing decisions, which in turn affected the quality of care.

Participants also noted the lack of clear standard operating procedures (SOPs) and administrative support in the PPP setting. The confusion surrounding the roles of healthcare workers, the dual reporting lines (government and private), and the lack of clear guidance from management led to inefficiencies. One administrative staff member shared,

"Reporting to many bosses is confusing." (Interview 10) This ambiguity contributed to stress, as employees felt uncertain about their responsibilities and priorities.

## **3. Job Satisfaction as a Buffer**

Positive patient outcomes and team support helped reduce stress. Despite the significant stressors identified, job satisfaction emerged as an important buffer against stress. Healthcare workers found meaning in their work, particularly through positive patient outcomes, team support, and professional development opportunities. Many participants expressed a sense of fulfillment and purpose derived from helping patients, which acted as a source of resilience in a challenging work environment.

A nurse described, "Helping mothers and newborns is what makes me happy at work." (Interview 7) Similarly, a paramedic shared, "Saving lives in emergencies is what gives me the most satisfaction." (Interview 3) These statements underscore the intrinsic satisfaction participants derived from their roles, despite the challenges they faced.

For many healthcare workers, team support was another critical source of job satisfaction. A support staff member commented, "We laugh a lot—it keeps us going." (Interview 9) This sense of camaraderie and mutual support helped participants cope with the demanding nature of their work and maintained morale in a high-stress environment. The importance of working as a team was also emphasized by several participants, who found that shared goals and collaborative efforts were key to managing the pressures of the job.

Additionally, participants found learning opportunities to be a significant source of job satisfaction. For example, doctors and nurses mentioned that they valued the professional growth they experienced through mentorship and on-the-job learning. A nurse reflected, "When I see the progress I've made in my skills, it motivates me to continue working." (Interview 7) This emphasis on learning and

development provided a sense of accomplishment, which helped mitigate stress.

#### **4. Coping Mechanisms and Resilience**

Peer support and religious practices were crucial for maintaining resilience. Given the stressors identified, participants relied on various coping mechanisms to maintain their well-being and performance. These mechanisms were both individual and organizational and played a vital role in helping healthcare workers manage stress.

A common coping strategy was peer support. Participants frequently turned to their colleagues for emotional support, advice, and encouragement. One nurse explained, "I talk to coworkers or take breaks for prayer." (Interview 1) The importance of social support among colleagues was repeatedly highlighted as a key factor in managing stress. For many, peer discussions helped alleviate feelings of isolation and frustration.

Religious coping was another widely mentioned strategy. Many healthcare workers incorporated prayer or spiritual practices into their daily routines to find peace and balance amidst the pressures of their jobs. A paramedic stated, "Peer support and prayer helped me get through the night shift." (Interview 7) Religious coping provided a sense of comfort and emotional stability, which helped workers navigate difficult situations.

Additionally, physical coping strategies such as deep breathing, taking short naps, and exercise were commonly mentioned. A paramedic shared, "I take short naps during breaks to keep myself going." (Interview 3) These physical coping strategies helped healthcare workers maintain their energy levels and focus, even during long and demanding shifts.

#### **5. Impact on Work Performance**

Stress negatively impacted work performance, but job satisfaction acted as a buffer. Stress

had a direct impact on work performance, with many healthcare workers reporting delays in patient care, reduced focus, and errors due to exhaustion or emotional fatigue. Participants acknowledged that stress could compromise their ability to deliver quality care, leading to delays in rounds, slower response times, and sometimes, mistakes in patient care.

A doctor admitted, "Stress makes me less patient with patients or coworkers." (Interview 1) Similarly, a nurse commented, "Fatigue affects documentation and the quality of my work." (Interview 2) These statements reflect the negative impact of unmanaged stress on performance.

However, job satisfaction acted as a buffer to this negative impact. When job satisfaction was high, workers were better able to manage stress and perform their duties at a high standard. A paramedic remarked, "Witnessing patients recover is the most fulfilling aspect, and it keeps me going." (Interview 7) In these instances, positive experiences from patient outcomes and team support helped mitigate the negative effects of stress on work performance.

#### **DISCUSSION**

This study aimed to explore the lived experiences of healthcare workers in Public-Private Partnership (PPP)-operated hospitals in Bajaur Tribal District, Pakistan, focusing on the complex relationship between job stress, job satisfaction, and work performance. The analysis led to the identification of five emergent themes: Operational Overload and Stress, Systemic Barriers in the PPP Context, Job Satisfaction as a Buffer, Coping Mechanisms and Resilience, and Impact on Work Performance. These findings offer insights into the challenges faced by healthcare workers in a resource-scarce, high-pressure environment and provide a foundation for improving the work environment and quality of care. The

discussion below interprets these results and compares them with existing literature.

### **Operational Overload and Stress**

One of the most significant findings was that healthcare workers in PPP hospitals experienced high levels of stress due to operational overload, high patient loads, staff shortages, and insufficient resources. These factors are well documented in the literature. Studies from other regions have also found that workload and lack of resources are major sources of stress for healthcare professionals. For example, a study in Lahore found that nurses reported job stress due to long hours and excessive workload, which negatively impacted their ability to provide quality care (Awan et al., 2023). Similarly, doctors in a South Waziristan study reported being stressed by high patient volumes and limited resources, leading to burnout (Ahmed et al., 2020).

In this study, participants described operational overload as the primary source of stress. The high patient load was a significant contributor to stress, which mirrors findings from research in public hospitals in Lahore and Islamabad, where workload was identified as one of the key stressors leading to reduced performance and burnout (Sohail et al., 2020).

Moreover, staff shortages and the resulting emotional fatigue were particularly stressful, especially for paramedics and nurses who worked long shifts with minimal support. This mirrors studies in both developed and developing countries that have shown how staffing shortages and excessive hours significantly increase stress and affect job satisfaction and performance (Inuwa et al., 2016).

### **Systemic Barriers in the PPP Context**

Another prominent theme was the systemic barriers healthcare workers face in the PPP model. These included delayed salary

payments, lack of specialists, inadequate infrastructure, and unclear administrative procedures. The PPP model, while designed to improve healthcare services, also presented unique challenges. These issues are consistent with findings from other studies that have highlighted how organizational complexity and bureaucratic delays can hinder efficiency and increase stress for healthcare workers (Khan et al., 2017).

Delayed funding and the lack of clear procedures were especially problematic in the PPP hospitals in Bajaur. These systemic barriers are a well-documented issue in both the public and private sectors. For example, a study in rural Pakistan also found that delayed salaries and lack of resources were associated with job dissatisfaction and low morale among healthcare workers (Suhail, 2021).

### **Job Satisfaction as a Buffer**

Despite the overwhelming stressors, job satisfaction emerged as a key buffer against the negative effects of stress. Many participants reported finding meaning in their work, particularly in helping patients and working within supportive teams. This finding is consistent with previous research that shows job satisfaction can mitigate stress and improve work performance. For instance, a study in Lahore highlighted that nurses who felt valued and had positive patient outcomes experienced less burnout (Yasin et al., 2018). Similarly, a study in Karachi found that satisfaction from helping patients and support from colleagues was a protective factor against stress (Mann et al., 2020).

Our study participants consistently highlighted helping patients as a primary source of job satisfaction. This aligns with existing research, which suggests that healthcare workers often find fulfillment in the intrinsic rewards of their work, even when faced with external challenges. Moreover, the supportive team environment was another significant factor, with participants noting that

mutual support helped them cope with the stresses of their roles.

### **Coping Mechanisms and Resilience**

Effective coping mechanisms played a central role in managing stress and maintaining resilience. Healthcare workers utilized social support, religious coping strategies (such as prayer), and physical coping mechanisms (such as taking breaks or exercising). These strategies are well-supported in the literature, which suggests that social support and spiritual coping are particularly effective in reducing emotional exhaustion and burnout (Gonzalez et al., 2020).

Our study found that peer support was one of the most commonly mentioned coping mechanisms. These findings are consistent with studies in the Middle East and South Asia, where religious coping has been shown to provide emotional stability in high-stress healthcare environments (Abu-Ghazaleh et al., 2020).

Physical coping strategies, such as deep breathing, were also common, especially for those working long shifts. This finding highlights the importance of providing opportunities for physical rest and recovery in high-stress healthcare settings.

### **Impact on Work Performance**

Finally, job stress was found to negatively affect work performance, with delayed rounds, slower response times, and reduced focus being common outcomes of stress. Participants frequently reported that stress made it difficult to perform tasks efficiently, leading to errors or missed steps in patient care. These findings are in line with existing research, which shows that job stress directly impairs work performance in healthcare settings (Baker et al., 2020). However, job satisfaction and coping mechanisms were found to buffer the negative effects of stress on performance. Participants who expressed satisfaction with their work and who engaged in effective coping strategies were better able to maintain their performance under pressure.

This suggests that satisfaction from positive outcomes, such as successful surgeries or patient recovery, can help mitigate the negative impact of stress on performance.

### **CONCLUSION**

This study highlights the significant role of job stress, job satisfaction, and work performance in shaping the lived experiences of healthcare workers in PPP hospitals in Bajaur Tribal District. The data reveals that operational overload, staff shortages, and systemic barriers contribute to high levels of stress among healthcare workers, but job satisfaction derived from patient recovery, teamwork, and professional development acts as a buffer against stress. Coping mechanisms, including peer support, religious coping, and physical strategies, are essential in maintaining resilience and work performance in a challenging healthcare environment.

### **RECOMMENDATIONS**

1. Improve staffing levels and resource allocation to reduce operational overload and stress.
2. Enhance job satisfaction by providing timely financial support, fostering professional development, and strengthening team cohesion.

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