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ORIGINAL ARTICLE

Understanding the reluctance of young Indian doctors to enter the government health sector: implications for policy actions

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Abstract

The Indian government health system faces numerous structural challenges, including inadequate infrastructure, a low patient-to-doctor ratio, high work pressure, and an unsafe work environment. This study investigates young Indian doctors' perspectives on pursuing a career in government hospitals. It highlights key concerns in the government health sector and recommends urgent policy reforms. Using a mixed methodology, both exploratory and empirical analyses were conducted. Focus group discussions with senior and young doctors in government hospitals helped identify career perceptions of young Indian doctors, concerns about working conditions, and safety issues in the Indian government health sector. Subsequently, a sample size of 206 young doctors was chosen using a simple random sampling method. A semi-structured questionnaire was developed to gather data, which included a hypothetical policy to elicit young doctors preferences for changes in the government health system. The data were analysed and interpreted using the tables and graphs representing descriptive statistics. The findings highlight the high social costs associated with the reluctance of young doctors to join the Indian government's health sector. It is revealed that 42.7% of young doctors are inclined to migrate abroad for better career prospects. Additionally, concerns about unsafe working conditions outweigh salary considerations for many doctors. 93% of the respondents indicated that they would be willing to work in the government sector if the proposed policy changes were implemented. The major policy recommendations highlighted from this study are the enactment of a new law to safeguard the security of medical professionals, increasing the recruitment of doctors, and increasing the salary of doctors.

Keywords Government health system · Unsafe working conditions · Indian medical professionals · Medical brain drain

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Introduction

Healthcare services are essential for a nation's well-being, as they facilitate the prevention, treatment, and management of diseases and health conditions. An effective healthcare system enhances a nation's overall quality of life, economic productivity, and social stability (World Health Organization 2010). Access to quality healthcare is essential for decreasing mortality rates, enhancing life expectancy, and mitigating health disparities. Healthcare professionals, particularly physicians, are pivotal to the provision of these services, and their safety and working conditions directly influence the quality of care received by the patients (Humphries et al. 2020). Within this group, young Indian doctors play a crucial role as the emerging backbone of the nation's healthcare system, yet they often face unique challenges such as heavy workloads, inadequate institutional support, and exposure to occupational risks.

Like many countries across the world, India's healthcare system is divided into two sectors: public and private. While the private healthcare sector is known for its superior infrastructure and services, it is often inaccessible to low-income individuals due to high costs. On the other hand, the government healthcare sector, while more affordable, faces challenges such as underfunding, overcrowding, and an insufficient workforce. The patient-to-doctor ratio in India remains below the World Health Organization's (WHO) recommended levels, resulting in overworked doctors, longer patient wait times, and subpar care quality (KPMG 2022). These issues highlight the critical need for improvements in both the infrastructure and workforce of India's healthcare system.

India's medical professionals, particularly those employed by government hospitals, deal with a variety of difficulties, such as long hours, heavy caseloads, and little funding. Furthermore, more physicians are reporting incidents of verbal and physical abuse from patients and their families, raising serious concerns about workplace violence and harassment (Jain et al. 2023). India saw a total of 220 reported violence against healthcare workers from 2016 to 2022, contributing to 3.4% of the global incidents, though India contributes to less than 1% of the global healthcare workers (Nair and Zadey 2022). Workplace violence and harassment have become burning issues in India's healthcare sector, threatening the safety and morale of medical professionals. Recent incidents underscore the gravity of the situation — the rape and murder of a 31-year-old female doctor in Kolkata, West Bengal, on August 9, 2024; the killing of a female doctor by a patient in Kerala on May 10, 2023; and the stabbing of an oncologist by a patient's son in Tamil Nadu on November 13, 2024, are just a few distressing examples. Such incidents contribute to growing dissatisfaction, burnout, and attrition among healthcare professionals, as many leave the field seeking safer and more supportive working environments. (Dhingra and Dhingra 2021). Maintaining talent and enhancing healthcare delivery in the nation depends heavily on investments in healthcare infrastructure (Purohit and Bandyopadhyay 2014). According to Luxon (2015), these adjustments are necessary to ensure the well-being of medical professionals in India, retain talent, and enhance healthcare delivery. Safeguarding physicians not only guarantees their health but also improves the general effectiveness and standard of care provided by the Indian healthcare system.

Unsafe working conditions in the government health sector and violence against medical professionals are not unique to India. Some studies have explored the unsafe working environment and violence against medical professionals in other countries as well. Daniyal et al. (2025) state that in Pakistan, 77.6% of doctors experienced violence in the past 10 months, with verbal abuse being the most common (70.7%). In 87% of cases, the perpetrators were patients' attendants. These incidents caused emotional distress for 87.7% of respondents, while 6.3% suffered physical injuries and 6.0% considered resigning. Key contributors to violence included poor communication, inadequate facilities, and insufficient patient care. Ciobanu et al. (2025) have conducted a cross-sectional survey of 189 healthcare workers from six hospitals in Moldova. In the study, 43.1% of respondents had been victims of workplace violence. Physical assault and verbal threats were strongly correlated before and during the pandemic, though the change was not statistically significant. Female staff and those with over 11 years of experience reported fewer incidents, while workers with 2–5 years of experience had a higher risk. The study concludes that workplace violence remained widespread during the pandemic, underscoring the need for sustained prevention strategies.

Zhang et al. (2023) evaluated the worldwide incidence and contributing factors of workplace violence against healthcare workers during the COVID-19 pandemic through a thorough systematic review and meta-analysis. Based on 38 studies with 63,672 healthcare workers, the authors found that almost half of the workforce had been victims of violence. The most common types of violence were verbal abuse (48%) and emotional violence (26%), while physical assaults accounted for 9%. Leźnicka and Zielińska-Więczkowska (2024) provide an in-depth review of workplace violence against healthcare professionals, highlighting how it is becoming increasingly recognized as a serious public health issue. Based on 83 studies released between 2010 and 2022, the authors emphasize that chronic stress, understaffing, and an excessive workload all lead to burnout and heightened susceptibility to aggression in medical professionals. According to their analysis, the most common types of violence are verbal abuse, physical assault, bullying, sexual harassment, and racial harassment, and these are usually committed by patients, family members, coworkers, or superiors. Caruso et al. (2022) draw attention to workplace violence against doctors as a rapidly growing worldwide issue, pointing out that while there are decent number of studies on violence against nurses, there are still relatively few studies that concentrate exclusively on doctors. Accordingly, it is imperative to examine the perspectives of medical professionals regarding the challenges they face in the Indian government health system, particularly concerning unsafe working conditions. To the best of our knowledge, no research has been conducted on a comparative analysis of various issues within the Indian government health system based on the opinions of medical professionals.

We employed a comprehensive methodology to facilitate a corrective response based on evidence-driven analysis. Figure 1 presents a flowchart illustrating the methodology undertaken. The study followed a two-stage hierarchy. Firstly, we adopted qualitative methods, followed by quantitative techniques at the second stage. Focus group discussions (FGDs) were held with medical professionals to obtain qualitative views and acquire insight into their issues and experiences. Accordingly,

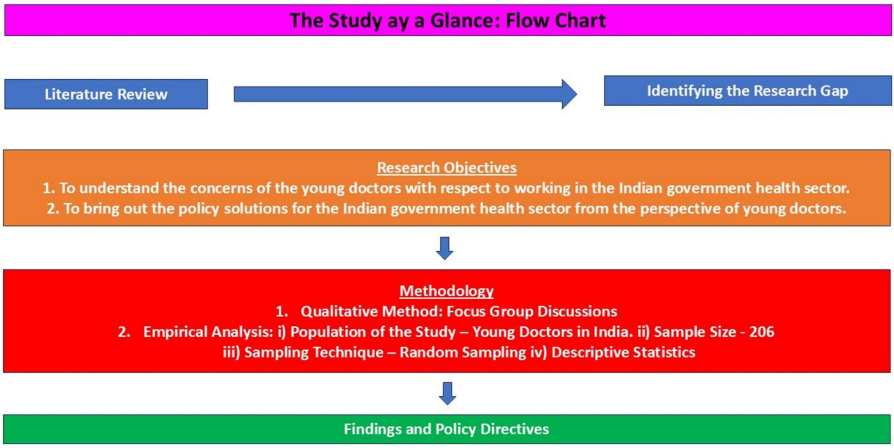


Fig. 1 Methodology flow-chart

we have explored the career aspirations of young doctors, work pressure, problems, and safety concerns in the government health sector. Based on the insights derived from the FGDs, we have framed a semi-structured questionnaire for the empirical analysis. Inside the questionnaire, in order to formulate viable policy options and evaluate their potential efficacy in addressing the highlighted problems, we made hypothetical policy options, and the preferences of the respondents were elicited. We have employed sufficient descriptive statistics for the empirical analysis. This study offers practical policy recommendations to enhance workplace safety and address the concerns of medical professionals in India's government health sector.

Work pressure of doctors in India

Globally, medical education is renowned for its rigorous and demanding curriculum, and the MBBS students in India are no exception. They experience a great deal of stress. Stressors associated with academics have been found to cause the most stress (2.19 ± 0.85) (Saharia and Hazarika 2024). This study's findings are consistent with research done prior to the development of the competency-based medical education (CBME) curriculum. According to Paudel et al. (2022), 55% of Nepalese medical students reported having similar experiences. The main causes of stress were exams, in addition to a lack of study time, poor grades, a ton of reading material, and pressure to perform well on tests. The demanding curriculum and the expectation to master both theoretical and practical aspects of medicine significantly add to their stress levels.

In India, the workload for house surgeons is exceptionally high, as they are required to manage both clinical and academic duties. Studies show that younger doctors and residents are particularly vulnerable. According to Galaiya et al. (2020), there is a correlation between younger surgeons and increased levels of burnout. Burnout levels were higher among advanced residents than among senior doctors. As stated by Deshmukh and Vithalani (2022), 39.24% of respondents, who were, on

average, 28 years old and 48.8% of those who worked between 41 and 60 h a week had total burnout scores. Ratnakaran et al. (2016) also underlined that over one-third of the study's participants had burnout in one or more of the Copenhagen Burnout Inventory's dimensions (personal, work, and patient-related). This contributes to house surgeons frequently encountering emotional exhaustion. Senior residents in super-specialization were less likely to experience burnout than junior residents, but personal burnout was more common in surgical specialty residents (57.92%), and patient-related burnout was more common in medical specialty residents (27.13%). Additionally, the study found that the number of years of residency decreases the likelihood of burnout (Ratnakaran et al. 2016).

The workload of doctors in government hospitals

Due to a shortage of staff and high patient volumes, doctors in Indian government hospitals are overworked. In government hospitals, the average patient-to-doctor ratio is 1:1445, significantly lower than the WHO-recommended ratio of 1:1000 (Central Bureau of Health Intelligence, 2021). With a ratio of 0.74 doctors for every 1,000 people, meaning roughly one doctor for every 1,350 people in a population of 1.4 billion, India's doctor-patient ratio is still extremely low (Kumari, 2022). This imbalance puts a great deal of pressure on medical professionals to see a lot of patients in a short amount of time, which lowers the standard of care they can offer. Additionally, the respondents' time was heavily consumed by clerical and administrative tasks. Ghiya et al. (2023) found that complaints about delays resulting from hospital administrative procedures and policies ($n=141/164$; 85.9%) and understaffing ($n=139/164$; 84.8%) were the most common causes of complaints. In the end, a lot of doctors experience anxiety, despair, and burnout because of their heavy workload.

Physicians noted several difficulties in delivering primary care, including insufficient funding, irrelevant top-down program implementations, a lack of organizational support, and disengaged professionals. Due to these limitations, many physicians developed routine care routines and became risk-averse and resigned. Public sector physicians frequently experienced a loss of professional identity, which they accepted as a necessary part of the work, which had a detrimental effect on the standard of primary care (Ramani et al. 2020).

Mismatch between demand and supply of doctors in the Indian government sector

There is a stark discrepancy between the supply and demand for doctors, particularly in rural areas. It is not even close to meeting the WHO's 2008 benchmark of 25 healthcare professionals per 10,000 people (Potnuru 2020). Indian Public Health Standards (IPHS) provide population coverage norms at each level of the primary healthcare system. The Community Healthcare Centres (CHCs) are required to have four specialists: a surgeon, a physician, an obstetrician, and a pediatrician. However, as per NITI Aayog (2021), only 10% of CHCs have all four, with 72% of hospital beds in urban areas (PRS India 2024). In India, there is only one government doctor

for every 11,528 people (Bhardwaj 2020). In rural India, there is only one doctor for every 10,000 residents, which exacerbates the shortage (George 2023).

Issues of patient-to-doctor ratio

According to the findings of Karan et al. (2021), the National Health Workforce Account (NHWA) 2018 projected a total of 5.76 million healthcare workers, comprising allopathic doctors (1.16 million), nurses/midwives (2.34 million), pharmacists (1.20 million), dentists (0.27 million), and traditional medical practitioners (AYUSH 0.79 million). In contrast, the National Social Security Organization (NSSO) 2017–2018 estimated a significantly lower number of 3.12 million, with estimates for allopathic doctors and nurses/midwives being 0.80 million and 1.40 million, respectively. According to the NHWA, the stock density — meaning the number of medical professionals available per 10,000 people — is 8.8 for doctors and 17.7 for nurses. Nonetheless, the NSSO estimates that the density of doctors and nurses among active health workers is 6.1 and 10.6, respectively.

According to KPMG (2022), India had projected 9 doctors per 10,000 people in 2022, which is less than the WHO's recommended density of 10 doctors per 10,000 people, or 137,559 fewer doctors than needed. An estimated 425,000 healthcare professionals are expected to enter the pool, with 70% of them being nurses or midwives. If the current healthcare workforce remains available, India will surpass the suggested threshold only by 2040, which is ten years after the target year of 2030. As a result, doctors have to work for longer periods of time. This delay could have serious implications, including increased strain on existing medical staff, reduced quality of care, and limited access to essential health services for millions of people.

Career perceptions of young Indian doctors

According to Purohit et al. (2021), motivation is primarily influenced by job security, societal respect, and recognition. Nonetheless, many young doctors in India are choosing to work either in the private sector or abroad, attracted by better pay, improved working conditions, and greater career growth opportunities. According to a survey by KPMG (2022), nearly 40% of medical graduates expressed a desire to leave India, citing poor work conditions and low job security in government hospitals as major factors. Supporting this trend, the Organization for Economic Co-operation and Development (OECD) has stated that there were 68,000 doctors from India working in the UK, US, Canada, and Australia in 2016 (KPGM, 2022). India ranks second after the Philippines for the number of doctors working abroad, owing to better employment opportunities, additional salaries, and benefits. The primary reasons physicians migrate from Asian countries are a lack of high-quality education in their native country and a desire for a higher standard of living, which includes higher education (Botezat and Ramos 2020). Humphries et al. (2020) found that hospital doctors, regardless of seniority, are primarily concerned with two issues: work-life imbalance and work overload. For healthcare workers, stress and discontent

increase when emergency duties prevent them from having flexible working hours. The burden of diseases, the country's growing population, rising living standards, a lack of primary healthcare facilities, and a shortage of qualified physicians in public hospitals are the major variables that derail the work-life balance of healthcare workers (Dhingra and Dhingra 2021). Further, managing VIP patients and having too much responsibility were identified as the two biggest sources of stress for healthcare workers (Amte et al. 2015). Miguel Giménez Lozano et al. (2021) found a strong link between physical aggression at work and burnout symptoms. Their study also revealed that organizational and structural risk factors such as long working hours, authoritarian leadership, poor working conditions, and lack of social support significantly contribute to burnout. Safety concerns have also become more common, especially in government hospitals, where doctors often face the risk of violence from patients' relatives.

Health sector allocations fall short of policy targets

The government must streamline budget allocation and enhance the ministry's working environment to address challenges and enhance service delivery. The National Health Policy (NHP), 2017, recommends that government health expenditure be 2.5% of GDP. This share rose from 1.8% in 2014-15 to 2.4% in 2017-18. However, it has dwindled since then (PRS India 2024). In 2019–2020, government health expenditure was estimated to be 1.4% and 2% in 2022-23, and Rs. 90,659 crore (2%) in 2023-24, significantly less than that of countries mentioned in Fig. 2 (Union Budget, 2024).

The primary healthcare infrastructure is still deficient due to inadequate allocations that fall short of policy targets for all financial years. NHP, 2017 recommends a bed capacity of two beds per 1000 persons (National Health Policy 2017). Nonetheless, as of 2021, India has 0.6 beds per 1000 persons (Annual Report 2021–2022, Ministry of Health and Family Welfare, Government of India, 2022). In 2021-22, 74% of Primary Health Centres (PHCs) had at least four beds, meeting IPHS mandates of having four to six beds, but states like Odisha, Assam, and Bihar fell short. The Ministry's 2005 target of 50% of PHCs open 24 h by 2010 fell short of the target, with only 45% open in 2021-22 (PRS India 2024).

The NHP and National Health Mission have set targets for health outcomes to be achieved by 2019–2025. These include reducing maternal, infant, and neonatal mortality, blindness, and communicable and non-communicable diseases. However, it was found that the Maternal Mortality Rate (MMR) has increased in states like Haryana, Punjab, and West Bengal since 2016-18, with Assam and Madhya Pradesh having significantly higher MMR than the national average. Similarly, the Infant Mortality Rate (IMR) in 2020 was 28, higher in rural areas, with Chhattisgarh, Uttar Pradesh, Assam, and Odisha having higher IMRs than the national average (PRS India 2024). Since the government cannot provide basic health services, citizens are compelled to depend on the private healthcare industry. As per the report of India's National Statistical Office (INSO) in (PRS India 2024), private hospitals account for

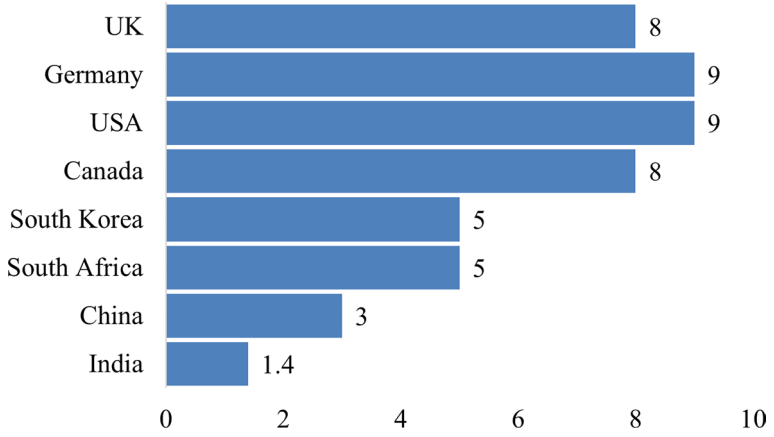


Fig. 2 Share of health expenditure in certain major nations (as a % of GDP): 2019. Source: General government health expenditure % of GDP, World Bank; PRS as cited in Demand for Grants 2024-25 Analysis: Health and Family Welfare, 2024

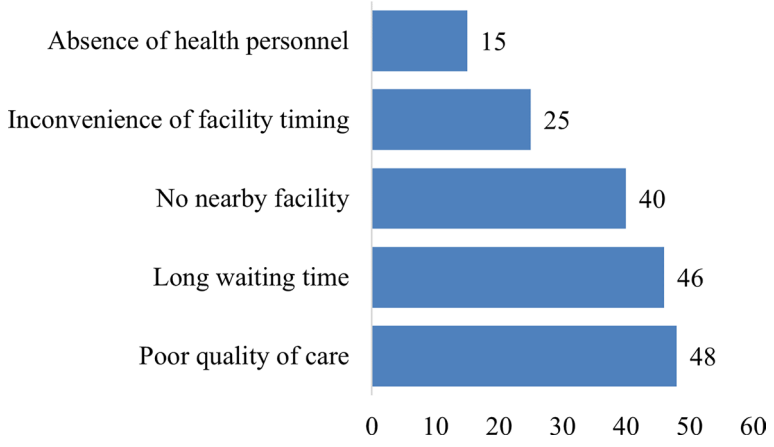


Fig. 3 Percentage of respondents citing reasons for not availing government health facilities. Source: National Family Health Survey-5 (2019-21); PRS as cited in Demand for Grants 2024-25 Analysis : Health and Family Welfare, 2024

55% of hospitalization cases, with government hospitals accounting for 42%. The share of private hospitals and clinics in cases is even higher, with 66% providing consultation and treatment to non-hospitalized individuals. The report by NFHS-5 (2019-21) in (PRS India 2024) revealed that 50% of respondents do not typically use a government health facility due to issues like poor care, long waiting times, and lack of nearby facilities (Fig. 3).

Overall, the above literature reviews suggest that job insecurity for doctors in the Indian government sector stems largely from excessive workloads, poor working conditions, and inadequate compensation. The pressure begins early during their edu-

cation and continues through various stages of their careers, making the government sector less attractive. Consequently, many young doctors are opting for the private sector or international opportunities, contributing to the brain drain and exacerbating the shortage of healthcare professionals in government hospitals.

Focus group discussions

As a part of qualitative analysis, we have undertaken focus group discussions (FGDs) with medical professionals, including senior government doctors, newly joined doctors, postgraduate student doctors, and senior and junior residents. The participants of the FGDs represent the states of Kerala, Tamil Nadu, Karnataka, West Bengal, Delhi National Capital Region, and Chandigarh. Accordingly, these states represent the south, east, and northern regions of India. The FGDs aimed to explore the challenges of unsafe workplaces for physicians and the factors contributing to their reluctance to work in government hospitals. The focus group discussions highlighted several critical issues faced by medical professionals in government hospitals. Key discussions highlighted three major areas of concern. First, **work pressure on doctors** emerged as a significant issue, with excessive workloads for MBBS students, house surgeons, and super-specialty students in government hospitals. This was attributed to a mismatch between the demand and supply of doctors, issues with patient-to-doctor ratios, and long working hours. Second, **career perceptions of young doctors** revealed that many prefer private sector jobs or opportunities abroad due to better salaries, working conditions, and career advancement prospects. Finally, **safety concerns** were emphasized, including low salaries, high work pressure, unsafe working environments, risks of attacks from patients or their relatives, lack of proper infrastructure, and the challenges posed by low doctor-patient ratios. These findings highlight the urgent need to make government hospitals safer and more supportive workplaces, especially for young doctors who are just starting their careers. Insights from these focus group discussions were also instrumental in shaping the design of the quantitative questionnaire presented in the next section, ensuring that the survey captured key issues such as workload, career perceptions, and workplace safety identified during the qualitative phase.

Methods and data analysis

The focus group discussions (FGDs) revealed that doctors perceive working in government hospitals as unsafe due to frequent incidents of violence, lack of adequate security, and poor working conditions. Additionally, excessive work pressure, stemming from a high patient load, long working hours, and an insufficient doctor-to-patient ratio, has contributed to a growing reluctance among doctors to work in government hospitals. Instead, many are seeking better opportunities in the private sector or abroad. To delve deeper into these findings, questionnaires were meticu-

lously designed to capture the perspectives of a broader sample of medical professionals. Using random sampling, data were collected to ensure a diverse and unbiased representation of experiences. The collected data were then subjected to empirical analysis to identify key factors influencing the dissatisfaction and reluctance among doctors. This analysis provided valuable insights into the systemic issues and possible policy interventions required to address these challenges effectively. A simple random sampling method was used to select participants for the survey, ensuring that every eligible respondent had an equal chance of being included in the study. This approach helped minimize selection bias and improve the representativeness of the sample. However, applying this method among Indian medical professionals presented certain challenges, such as uneven availability of respondents across regions, busy work schedules of doctors, and limited access to accurate contact lists of government hospital staff. However, we have tried to ensure balanced representation from different specialities across different Indian states. All participants were informed about the purpose of the research, and their participation was voluntary. Informed consent was obtained before each survey and focus group discussion, ensuring confidentiality and anonymity throughout the data collection process.

General classifications

Figure 4 presents the age distribution of the participants. The survey of medical professionals revealed an average age distribution of 26.7 years, indicating a predominantly young cohort. The oldest participant was 44, indicating a mid-career professional, while the youngest was 18, indicating a medical student.

Figure 5 illustrates the gender-wise distribution of respondents, indicating that out of 206 participants, 60 are male (29.1%) and 146 are female (70.9%). This breakdown highlights a higher representation of female respondents in the study sample.

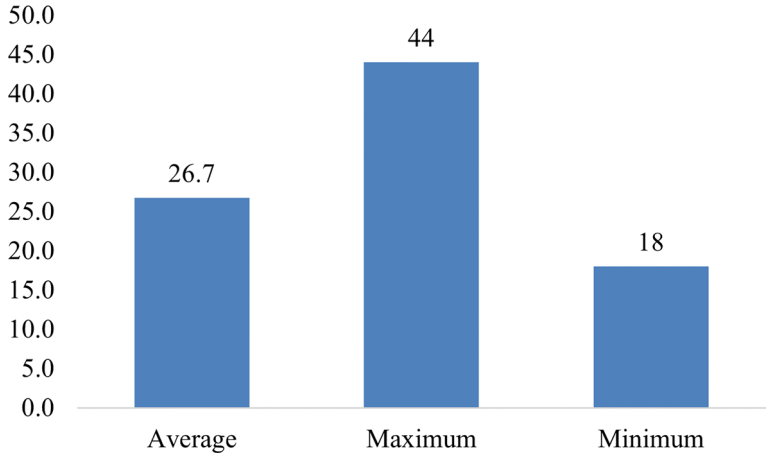


Fig. 4 Age distribution of the participants

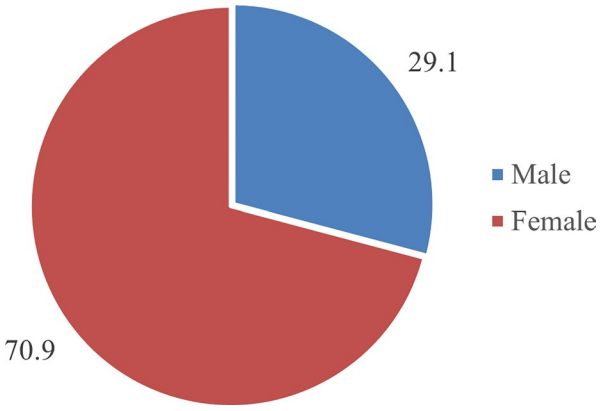


Fig. 5 Gender-wise classification of the participants

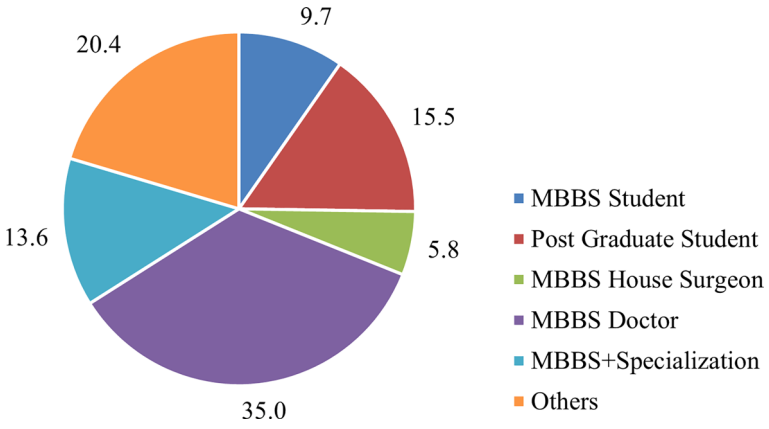


Fig. 6 Classification based on the stage of the medical profession

Figure 6 shows the classification of respondents based on their stage in the medical profession. The largest group consists of MBBS doctors (35%), followed by "Others" (20.4%), which includes doctors as well as students of ayurvedic and dental science, and research fellows. Postgraduate students make up 15.5%, while MBBS doctors with specialization account for 13.6%, and MBBS students represent 9.7% of the total respondents. This distribution highlights that the study sample includes participants across different stages of medical training and professional experience, providing a balanced perspective on the challenges faced within the sector.

Figure 7 shows the employment distribution of respondents, showing that 62.1% work in the government health sector, 33% in the private sector, and 4.85% in other settings. This indicates that the majority of participants are employed in government institutions, reflecting strong representation from the government healthcare workforce.

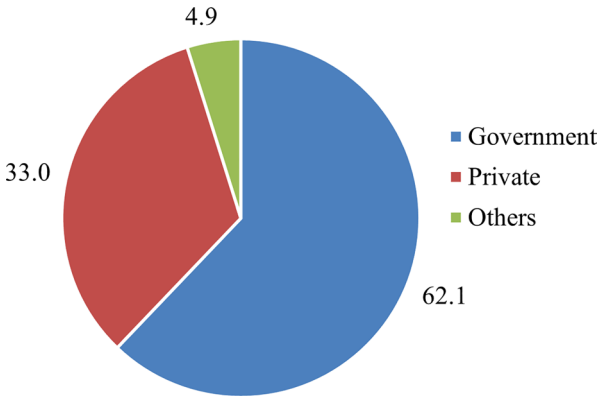


Fig. 7 Sectoral breakdown of surveyed doctors

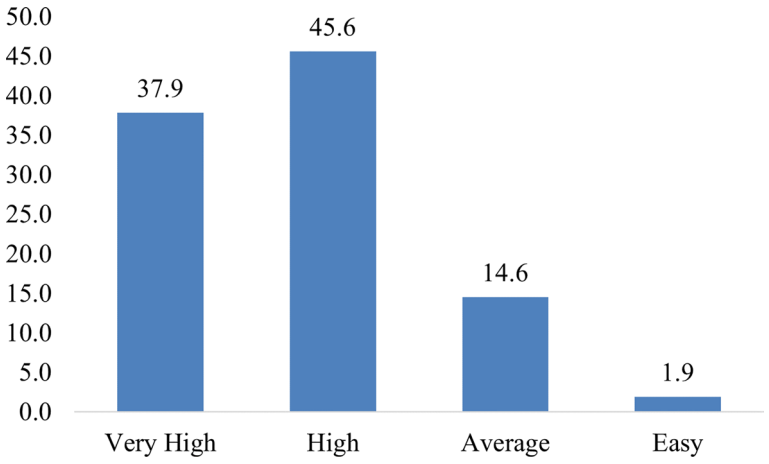


Fig. 8 Work pressure of doctors in India

Work pressure of Doctors in India

Figure 8 presents the distribution of perceived work pressure among doctors in India. Among the respondents, 45.6% reported experiencing high pressure, while 37.9% indicated very high pressure. In contrast, only 14.6% described their workload as average, and a mere 1.94% considered it easy. This clearly shows that the majority of medical professionals perceive their work environment as highly demanding, with minimal relief or balance in workload intensity.

Figure 9 illustrates physicians' views on the intensity of workload in Indian government hospitals. The data reveals that an overwhelming 91.3% of physicians report experiencing a heavy workload, while only 8.7% indicate otherwise. Given that the majority of doctors (91.3%) report having a heavy workload, it is likely that most doctors are under pressure to perform their jobs well.

Figure 10 presents the average working hours of doctors per day. Doctors in India typically work 10 h per day, exceeding the standard 8-hour workday. Some work

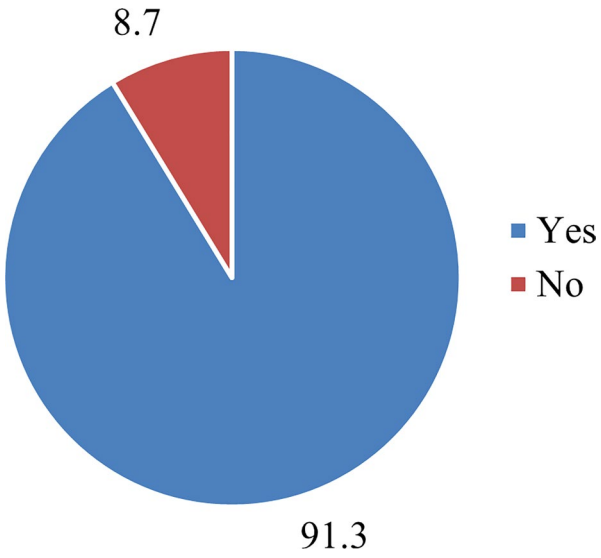


Fig. 9 Physicians' view on the intensity of workload in Indian government hospitals

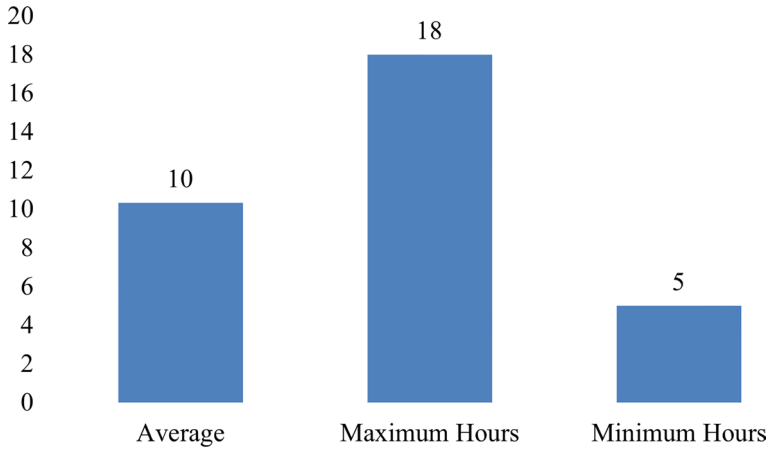


Fig. 10 Average working hours of doctors per day

up to 18 h, potentially due to emergencies or demanding schedules. Meanwhile, the minimum reported working time is 5 h per day.

Figure 11 presents the optimum daily working hours aspired by doctors. The findings show that doctors ideally wish to work around eight hours per day, aligning with the internationally accepted standard for a full-time schedule. Some respondents are willing to work up to 13 h a day, reflecting their dedication to patient care during emergencies or peak workloads. Conversely, a few prefer shorter shifts of around six hours, highlighting the importance of flexibility and work-life balance. Comparing doctors' aspirational working hours (an average of eight hours per day) with their actual working hours (around ten hours on average) reveals a clear gap that contributes significantly to stress and burnout among physicians. This mismatch reflects the

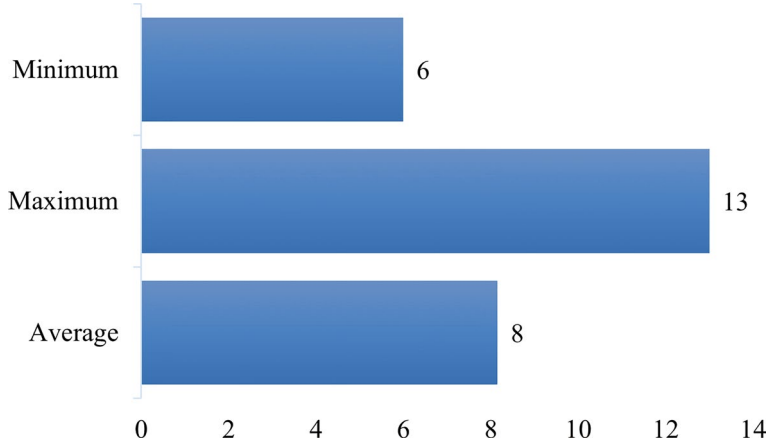


Fig. 11 The optimum daily working hours aspired by doctors

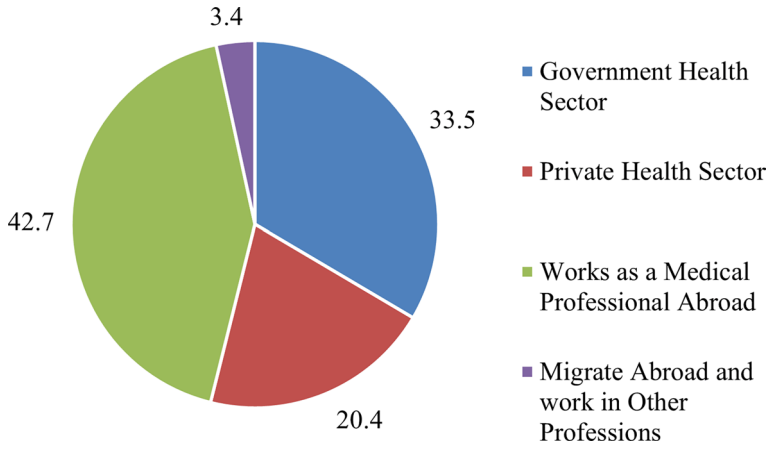


Fig. 12 Career ambitions of young Indian doctors

heavy workload and long duty hours commonly experienced in government hospitals, where staff shortages and high patient volumes leave doctors with little time for rest or personal life. Over time, this sustained imbalance can lead to fatigue, emotional exhaustion, and reduced job satisfaction, which will lead to major factors driving young Indian doctors away from government service.

Career aspirations of young Indian doctors

Figure 12 illustrates the career ambitions of young Indian doctors. The results show that a significant share of respondents of young Indian physicians (42.7%) strongly prefer working in the medical field overseas, suggesting a strong propensity for global opportunities. Meanwhile, 33.5% and 20.4% of respondents are still interested in working in India's public and private health sectors, respectively. Merely 3.4%

express interest in pursuing professions other than medicine when relocating overseas. This growing inclination to migrate for better prospects reflects a concerning brain drain in India's healthcare system, where talented young physicians, trained domestically at significant public expense, are increasingly choosing to apply their expertise in other countries. This trend not only weakens India's already stretched medical workforce but also underscores the urgent need to improve working conditions, pay, and career opportunities within the country's healthcare sector.

Concerns with respect to working in the government sector in India

As per Fig. 13, the majority of respondents (90.3%) express concerns about working in the government sector, while only 9.7% are unconcerned, indicating general scepticism about this career path.

Figure 14 shows the major concerns highlighted by the doctors regarding the government health sector in India. Among them, 37.5% reported an unsafe workplace, 33.5% reported excessive work pressure, and 29.0% reported inadequate salary as their first priority concern. These findings signal the necessity of governmental measures aimed at enhancing workplace safety, managing workloads, and guaranteeing equitable compensation.

Figure 15 presents doctors' satisfaction with their current salaries. According to the figure, only 29.1% of government physicians think their current pay is sufficient, showing that most of them (70.9%) are worried about their finances, which suggests that government healthcare compensation has to be increased.

Figure 16 illustrates respondents' perceptions of how India's low doctor-to-patient ratio negatively impacts treatment efficiency and overall care quality. As shown in Fig. 16, 79.6% of respondents ("Yes") believe that a low doctor-to-patient ratio negatively impacts treatment efficacy, while 20.4% ("No") disagree. This highlights the challenges of providing high-quality care when doctors are overworked. This sug-

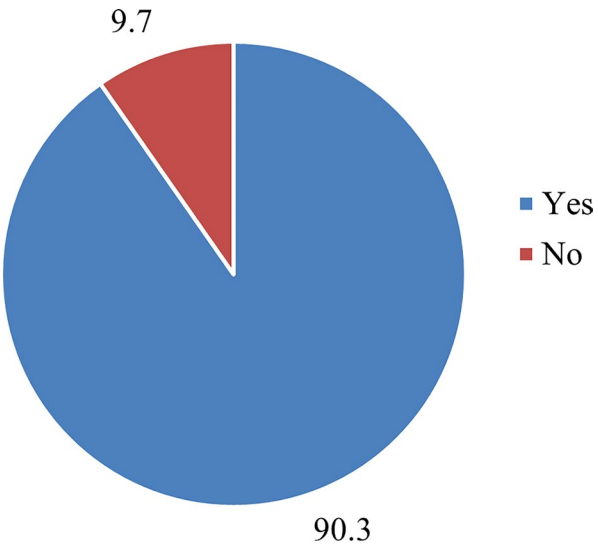


Fig. 13 Survey results on concerns about employment in the Indian government sector

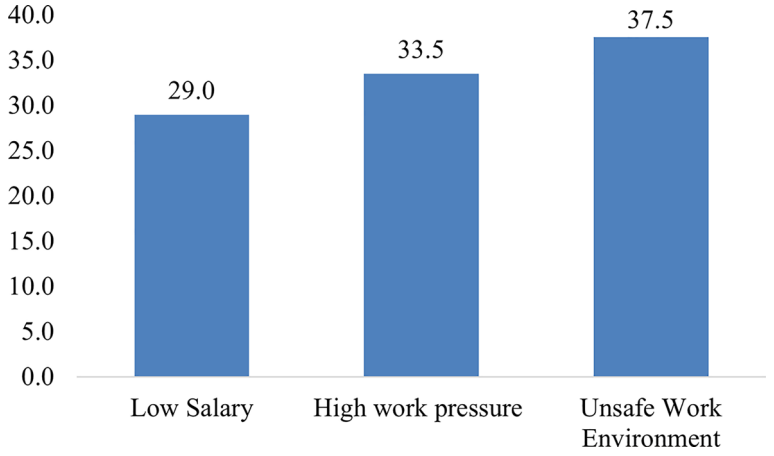
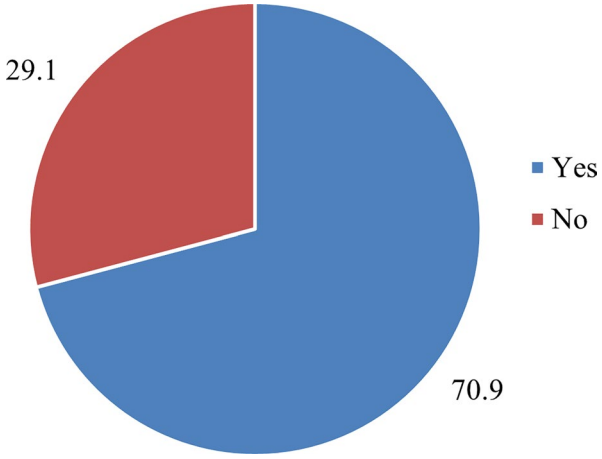


Fig. 14 Concerns regarding working in the government health sector in India

Fig. 15 Satisfaction with the current salary



gests that heavy workloads and staff shortages make it harder for doctors in government hospitals to provide quality care.

Safety concerns

Figure 17 presents the major safety concerns reported by medical professionals working in government hospitals. The distribution of the first priority safety concern by the doctors working in the government hospitals is 'chances of attacks by the patients' family members' (27.77%), 'infrastructure problems' (27.67%), 'low doctor–patient ratios' (25.44%), and 'direct attack from patient' (19.13%). To guarantee a safe and effective working environment for medical personnel, these issues must be addressed.

Table 1 provides insight into the gender-based classification of the major safety concerns faced by medical professionals in government hospitals. Based on the

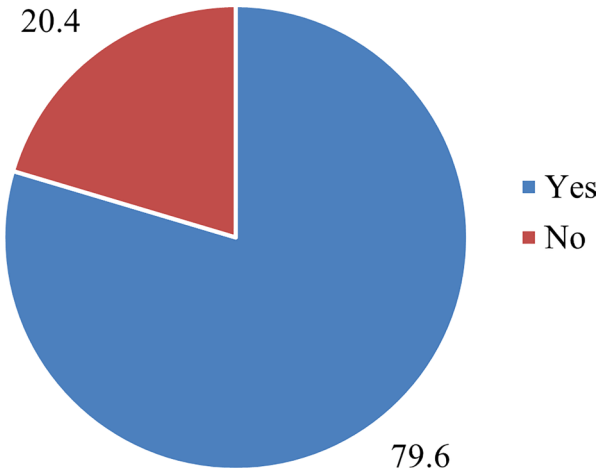


Fig. 16 Low 'doctor-patient ratio' in India: Is it a concern for reduced treatment efficiency?

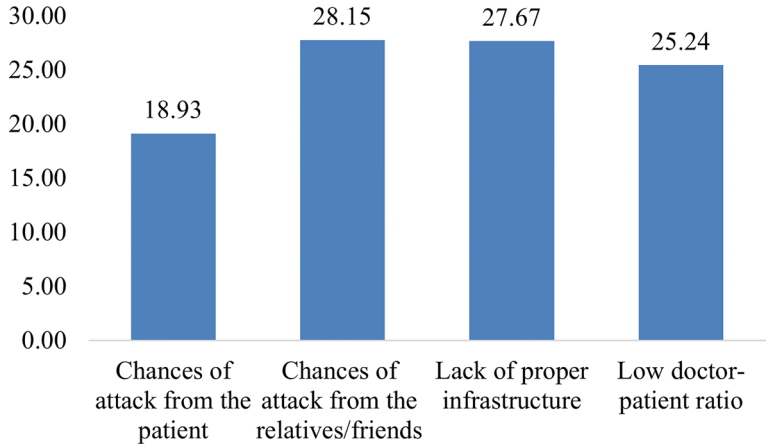


Fig. 17 Safety concerns of the medical professionals in government hospitals

Table 1 Gender based classification regarding safety concerns of the medical professionals in government hospitals

	Attack from the Patient	Attack from Relatives	Lack of Proper Infrastructure	Low Doctor-Patient Ratio	Total
Female	33 (84.6%)	44 (75.9%)	41 (71.9%)	28 (53.8%)	146 (70.9%)
Male	06 (15.4%)	14 (24.1%)	16 (28.1%)	24 (46.2%)	60 (29.1%)
Total	39	58	57	52	206

results from the FGDs, attack from the patient, attack from relatives, lack of proper infrastructure, and low doctor-patient ratio are identified as the major safety concerns. Subsequently, the respondents are asked to elicit their top priority among these concerns. The most notable finding is that most of the female doctors identify attacks by relatives and patients, and lack of proper infrastructure as the major safety concerns, whereas most male doctors consider a low doctor–patient ratio to be the major concern.

Figure 18 illustrates the willingness of medical professionals to work in government hospitals if the work environment is improved. A large majority (93.2%) of respondents expressed interest in working in government hospitals under better conditions, while only 6.8% indicated they would not. This strong preference underscores the potential to retain young doctors in India's government health sector by implementing policies that address the key workplace challenges they face.

Hypothetical policy options

During the focus group discussions, the doctors expressed their opinion about the major measures required to improve the working conditions in the Indian government health sector. Accordingly, the major measures pointed out during the focus group discussion are ***hiking doctors' salaries*** to align with market expectations, thereby providing financial incentives for retaining talent in the government healthcare sector. Additionally, ***appointing more doctors*** to improve the doctor-patient ratio was emphasized, as this would reduce workload and ensure a better work-life balance for medical professionals. The participants also suggested ***enacting a new law*** that imposes stringent punishments—such as mandatory imprisonment, heavy fines, and immediate suspension of licenses or services for offenders—in cases of violence against medical professionals. Such a legal framework would aim to deter attacks, ensure swift justice, and create a safer working environment for healthcare providers.

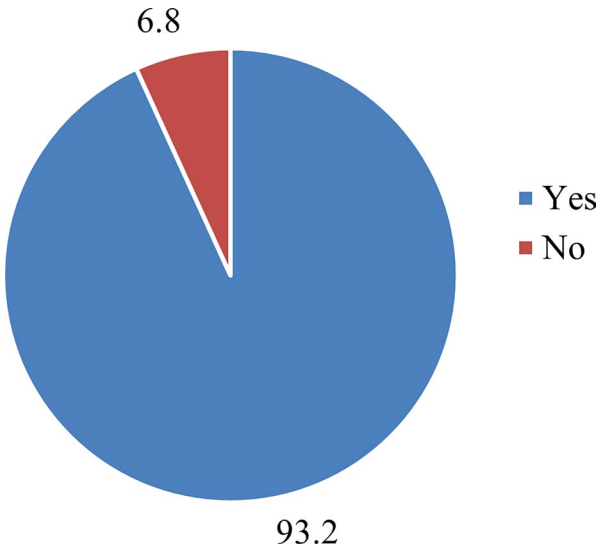


Fig. 18 Willingness to work in government hospitals if the environment is improved

Table 2 Perception of current career choices vs. willingness to work at a government hospital

Current Career Preference (current perception)		Willingness to work in a government hospital (Hypothetical Situation)	
Government Health Sector	33.50%	Hypothetical Situation	
Private Health Sector	20.40%	Yes	93.20%
Works as a Medical Professional Abroad	42.70%	No	6.80%
Migrate Abroad and work in Other Professions	3.40%		

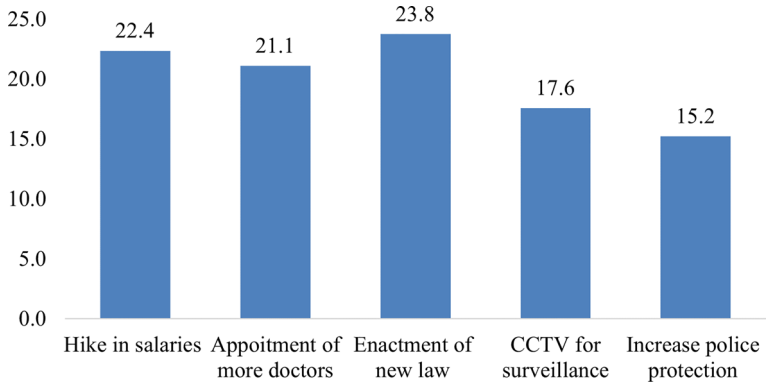


Fig. 19 Doctors' preferences for hypothetical policy initiatives to improve the government hospital environment

Furthermore, installing ***CCTV cameras*** in government hospitals for comprehensive surveillance and providing ***increased police protection*** were proposed as necessary steps to enhance workplace safety and deter violence. Subsequently, the respondents are asked to state their willingness to work in the government health sector if the above-mentioned policy measures are implemented. Besides, they are also asked to indicate their most preferred policy reform. The corresponding results are presented in Table 2; Fig. 19, respectively.

Analysis based on the hypothetical policy option

According to Table 2, at present, only 33.5% of physicians prefer to work in government hospitals, but this number could rise to 93.2% if working conditions improved. This sharp contrast highlights the urgent need for policy reforms and better infrastructure to retain medical professionals, curb brain drain, and strengthen the quality and accessibility of public healthcare.

Figure 19 shows doctors' primary preferences for various hypothetical policy initiatives aimed at improving the working environment in government hospitals. The figure shows that doctors strongly favor the enactment of a new law (23.8%) as the top policy priority, followed by a hike in salaries (22.4%), the appointment of more

doctors (21.1%), improved CCTV surveillance (17.6%), and increased police protection (15.2%). Greater preference for the enactment of a new law indicates the respondents' priority for workplace safety, while the preference for the hike in salary and appointment of new doctors highlights doctors' preference for a better work-life balance.

Findings, policy recommendations, and limitations

According to the survey of medical professionals, the cohort is primarily young, with an average age of 26.7 years, and ranges in age from 18 to 44. An overwhelming 45.6% of respondents reported high work pressure, with 37.9% experiencing very high levels. Post-graduation (31.1%) and house-surgery phases (29.1%) were identified as the most challenging stages of their careers. Heavy workloads were cited by 91.3% of doctors, with an average daily work time of 10 h, exceeding the desired 8-hour workday. It has also been found that the government doctors are facing financial dissatisfaction, with only 29.1% of respondents satisfied with their salaries, indicating a need for better pay and improved working conditions. Besides, 79.6% of the respondents opined that treatment effectiveness is jeopardized by low doctor-patient ratios. Concerns of systematic staffing issues in Indian hospitals are in line with this. These gaps highlight the critical challenges in our government health sector.

It should be noted that a sizable portion of medical professionals (40.8%) strongly desired to work in the medical field overseas, with government sector jobs (33.1%) coming in second, suggesting that government sector jobs were a secondary consideration. This reveals a significant brain drain that needs to be addressed. The pertinent question that arises is: what factors led 40.8% of the respondents to consider migrating abroad? Accordingly, let us examine the major concerns expressed by respondents regarding the government health sector in India. The unsafe working conditions (37.5%), heavy workloads (33.5%), and low compensation (29%) are among the main problems. Besides, the safety threats in government hospitals are multifaceted. Most of the respondents revealed that their major safety concern is the attack from the patient and relatives (47.08%), followed by lack of proper infrastructure (27.67%), and low doctor-patient ratio (25.24%). The interesting observation is that 93.2% of respondents said they would be willing to work in the government health sector, provided the system is improved.

Within this context, our study points out that low salary, rise in the doctor-to-patient ratio, enactment of new law against the violence over health workers, increased police protection, and proper CCTV surveillance could significantly reduce the intention of young medical professionals to migrate abroad. Resolving the structural issues within the Indian government health sector is essential for both enhancing healthcare delivery in India and the welfare of medical personnel. Our study recommends the above-mentioned policy measures. At the same time, it is important to assess the feasibility of implementing these measures. The policy initiatives of salary hike and increasing the doctor-to-patient ratio are long-term in nature, as they depend on the overall economic development of the country and the subsequent increase in the resource base of the government. On the other hand, the enactment of the law and

the enhanced CCTV surveillance are institutional changes that can be implemented in a short period.

The study has certain limitations that should also be considered. Firstly, field visits to government hospitals were not conducted. Instead, focus group discussions were held with senior and young doctors in the government sector. Secondly, we have undertaken a simple random sampling technique. The further sub-categorization of the population is not done. Thirdly, the sample exhibits a gender imbalance, with a higher proportion of female participants, which may have introduced bias in the responses. Lastly, the sample is not uniformly distributed across the different regions of the country. As India is a vast and heterogeneous nation with socio-economic, cultural, and geographic disparities, the quality of government hospitals varies between regions.

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Data availability Data will be made available on request.

Declarations

Conflict of interest The authors do not have any conflicts of interest to disclose.

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