

Examining Absenteeism and Deviant Work Behavior as the Outcomes of PTSD Caused by Exposure to Terrorism on Medical Professionals in Pakistan

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Abstract

Terrorism is one the most severe challenges faced by Pakistan from last couple of years. The present study investigates the outcomes of post-traumatic stress disorder (PTSD) caused by terrorism resulting in employee absenteeism and counter work behavior. Respondents in the present study consist of employees working in hospitals including doctors and their assistant staff. These hospitals include Pakistan Institute of Medical Sciences (PIMS), Benazir Bhutto Hospital, Poly Clinic Hospital and Military Hospital located in the twin cities that are Rawalpindi and Islamabad, Pakistan. A total of 314 respondents were selected for present research. Results of this study determine that PTSD has significant positive impact on absenteeism and counter work-behavior of medical professionals. Findings of the present research can be utilized to help deal with PTSD via therapies resulting in an increase in the attendance and productivity of medical professionals working in Pakistan.

Key Words: Post Traumatic Stress Disorder (PTSD), Terrorism, Absenteeism, Deviant/Counter Work Behavior, Medical Professionals.

Introduction

Even though consideration to terrorism has amplified sharply in recent years however in no way it is a new phenomenon. Most of the researchers such as Hobfoll, (1989); Diener & Fujita, (1995); Hobfoll, Tracy & Galeahave, (2006) espoused theory of conservation of resources to comprehend how people are pretentious by terrorism. Stress as being the psychological squeal, is first and foremost result of threat or real loss of resources (Hobfoll, 1989; Norris & Kaniasty, 1996; Hobfoll, Nisim, Johnson, Palmieri, Varley, Galea, 2008). These resources consist of material as well as psychosocial resources. A foremost psychological resource that is upshot of terrorism is post-traumatic stress disorder (PTSD) or battle fatigue or shell shock (Gidron, Kaplan, Velt, & Shalem, 2004; Shalev & Freedman, 2005).

Subsequent studies have documented PTSD due to terrorism such as Tuchner, Meiner, Parush, & Maeir, (2014) demonstrated the effects of PTSD in war survivors. Bleich, Gelkof & Solomon (2003) examined the prevalence of PTSD due to terrorism of nationally representative sample of Israel, Schneier, Neria, Pavlicova, Hembree, Suh, Amsel, Marshall, (2012) focused on the adult survivors of 9/11 with PTSD. Likewise, Koren et al. (2009) focused on the “helping professionals” working under the direct impact of trauma and on their stress reactions.

Terrorism in Pakistan can be allied to outrageous attacks of 9/11 (Khan, 2013; Daraz et al. 2012; Michael, 2007). Since then Pakistan has hanged about as a combat zone of the war on terror and has taken its levy not on the natives but also on state, society, and economy. The augmented statistics of the terrorist assails in Pakistan that are incomparable to elsewhere in the globe

articulate the extent of the terrorism and the confrontation that Pakistan deal with when carrying out armed operation in opposition to the terrorists. Among the top victims of this terrorism are the medical professionals working in Pakistan.

Terrorists attack on innocent civilians, medical professionals, schools, security personnel, religious scholars and hospitals in Pakistan got serious intention during the last few years. According to the report of intelligence agencies presented to Supreme Court of Pakistan on March 27, 2013 Pakistan has lost 49,000 lives since 2001. Stipulate the terrorism acts targeting medical professionals in Pakistan, various cases such as killing of three nurses in Taxila chapel (2002), hospital bombing in Dera Ismail Khan (2008), killing of doctor Lt Gen Mushtaq Baig in Rawalpindi (2008), Rawalpindi bus bombing on the medical students (2008), blast outside emergency ward of Jinnah hospital Lahore (2010), shooting of a doctor in Quetta (2011), death of two polio vaccination doctors in Waziristan Blast (2013) and many others are reported by the State media. These statistics clearly state that medical professionals are not only at hit list of terrorists but are also subject to stress being the foremost dealers of victims. PTSD symptoms become unremitting resulting in counter work behavior and absenteeism. During the past few years studies have been conducted worldwide to study the outcomes of PTSD in different individuals. However, few researches have been conducted to study these outcomes in medical professions especially in a country like Pakistan. Due to little attention and less researches, past literature is slightly unable to effectively elaborate the extend and direction of PTSD outcomes in medical professionals of Pakistan. Therefore, to help practitioners in getting comprehensive

understanding of the PTSD outcomes caused by terrorism there is a need to investigate its outcomes in medical professionals. Results of the study will provide evidence to the concerned authorities that signify the need of therapies and other treatments of PTSD that will increase productivity in medical professionals of Pakistan.

Literature Review

Terrorism

21st century is gazed at as the “Age of Terrorism”. Since from the 9/11 incident, the threats allied with terrorism inundate basically every talk of global economic forecasts and considerable resources are used up to counter this threat (Crain & Crain, 2006). Terrorism has worn down both the individual and the community level though there is no legal binding on the definition of terrorism. Arriving at a non-controversial definition of terrorism is an easier said than done task (Lizardo, 2008). Most universally accepted explanation of terrorism is “the use of violence to create fear (i.e., terror; psychic fear) for political, religious, or ideological reasons” on purpose targets or take no notice of the safety of civilians, and are committed by non-government agencies (Merari, 1993; Krieger & Meierrieks, 2011; Ismail & Amjad, 2014). Based on the objectives terrorism can be political, religious or ideological.

Political Terrorism

Within the political framework of terrorism, a global rule against ‘terrorism’ is that there is no granted definition of it for practical purposes. The practical problem is that one government’s ‘terrorist’ is another’s ‘freedom fighter’. As a result, ‘terrorism’ is a derogatory and politically colored expression devoid of authorized significance (Suter, 2006 & Lentini, 2008). Terrorism may attain

political ends by either mobilizing forces compassionate to make use of terrorists or by immobilizing the forces of in office authorities (Wardlaw, 1998). Therefore, the definition of political terrorism can be narrowed down in certain respects by adding in a reference to the idea that the attacks are inevitable to bring into political results by creating fear, and can be widen, by adding in noncombatant belongings as a target where it is extensively related to life and security (Coady, 2001). Therefore, terrorism which can be implicit in political terms is subject to political remedies.

Religious Terrorism

Today faith-related bloodshed surpasses all other manifestation. The term “religious terrorists” is often used for Islamic groups. However, there are extremist elements within each society about whom the world should be more cautious (Jinying, 2006). Terrorism today puts on view categorically religious beliefs (Masters, 2008). The ultimate aims of “Holy terrorism” are religiously formulated; the instant objectives are almost purely political swaing mass addresses (Sedgwick, 2004; Hoffman, 1993; and Niskanen, 2006). Although, religious dissimilarity is an important factor in stirring suicide terrorist conduct, but not adequate in itself to report for suicide terrorist campaigns (Masters, 2008). Gunning & Jackson (2011) argue that the difference in general drawn between ‘religious’ and ‘secular’ terrorism are problematical, both conceptually and empirically, and that the expression is misleading in its typical suppositions about the motives, reasons and conduct of groups categorized as ‘religious terrorist’. Moreover, secular and religious terrorism, in quest of making one modern and the other traditional world, fall back upon the rhetorical strategies to give reason for

females engaging in political violence (Ness, 2005). Religious terrorism therefore, elevates the concern of how it is possible for religion to play the tasks of both villain and hero in national and international associations.

Ideological Terrorism

Hassan & Pereire (2006) illustrates that terrorism takes place when opportunity, motivation driven by ideology and capability meet. Ideology and ideological differences plays an essential role in the targeting prototypes of the terrorists groups (Drake, 1998). An understanding of the motivation of terrorists and their basis for deciding on certain modes and targets of attack assist perking up the decisions to allocate resources in the war against terrorism (Keeney & Winterfeldt, 2009). Perhaps terrorists' convention to unlike behavioral tendencies exhibits various psychological subtypes. Different types of terrorism undeservedly exert a pull on folks with unequivocal characters it is plausible but yet to be verified (Victoroff, 2005). The explanation of a new terrorism evidently advocates that terrorism today is qualitatively distinct from prior episodes of terrorism.

Post-traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) is a well identified psychiatric disorder that can arise after a major traumatic event (Stein, Walker, Hazen & Forde, 1997). PTSD is an arousing infirmity that is classified as an anxiety diagnosis and usually develops due to awfully terrifying, life-threatening, or highly hazardous experience. Nevertheless PTSD gives over trauma patients who have particular indications that may grasp from months to several years in a psychiatric verdict. The relentlessness, interval, and nature of specific

symptoms distinguish it from a usual trauma reaction (Meisenhelder, 2002). "Response to traumatic stress varies widely, ranging from momentary trouble of performance to the persistent clinical condition known as posttraumatic stress disorder (PTSD)" (Ozer & Weiss, 2004). PTSD is most ruthless in populations exposed to extreme hostile environment, e.g., prisoners of war, concentration camp inmates, and crime victims (Meisenhelder, 2002). The diagnosis of PTSD has become increasingly omnipresent. Consistent exposure of traumatic events for at least one month is characterized symptom of PTSD (Brady, Back & Coffey, 2004). According to many researches faith and an optimistic spiritual focus are sturdily associated with mental health, but pessimistic spiritual focus-in which an individual might reside on thoughts of punishment is linked with depression, fret and increased PTSD symptom (Meisenhelder, 2002).

The disorder is not only among returning combat veterans and victims of violent assault, though listeners of such incidents (Ceci, 2003). Symptoms consist of re-experiencing phenomena such as nightmares and repeated upsetting thoughts of the event, evasion and numbing of common responsiveness, experiencing objectivity and separation from other people, hyper arousal symptoms include sleep interruption, increased petulance and hyper alertness (Bisson & Andrew, 2007). Insomnia (sleeplessness) is a measure of PTSD and major depression (Chen, et. al., 2007). In some way PTSD sufferers re-experience the distressing events, lean to pass up places, people, or other things that hark back them of the event, and are hyper arousal. Individuals got major depression and PTSD in case of not bearing the contribution from detractors (Chen, et. al., 2007). The employees who suffered by distressing event of 9/11 are supposed to be absent

after the terrorist attack (Byron & Peterson, 2002). In fact, their obscurity to evoke niceties of the past may trigger their complexity to envisage the future, as embodied in the hallmark PTSD symptom of foreshortened future (McNally, 1997).

Standardized investigations have been established that trauma survivors are at risk for developing posttraumatic psychiatric disturbances and enduring functional destruction (Zatzick, et. al., 2001). The most characteristic symptom is reliving aspects of the traumatic event in a dramatic and distressing way, including flashbacks, nightmares, and repetitive and distressing invasive images or other sensory impressions from the event (Mayor, 2005). The recent study signifies two measures of psychology strain i.e., strain related with event measures stress by specific situation and displeasure of job measures stress at workplace (Byron & Peterson, 2002). Many people came through the practices with or without the benefits of psychiatric therapy, sometimes stronger than before when hopelessness, apprehension and developed PTSD were not uncommon (Halligan, 2009).

The trait of PTSD is spontaneous, disturbing remembrance of distressing incidents. Clinicians have normally relied on meditative self-reports as confirming the incidence of this indication (McNally, 2003). Those with post-traumatic stress disorder (PTSD) relive horrendous experiences repeatedly in the form of persistent thoughts, nightmares and flashbacks (McNally, 1997). The perceptions of war provoking PTSD persist regardless the shifting nature of warfare (Holm, 1995). First time, PTSD was diagnosed in the American Psychiatric Association's (APA) third edition of its analytic and

arithmetical Manual of Mental Disorders, DSM-III, in 1980 (Scott, 1990).

American Psychiatric Association brought out and endows with an ordinary language and customary criteria for the classification of cerebral disorders "The Diagnostic and Statistical Manual of Mental Disorders (DSM)". Clinicians, researchers, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies, and policy makers use it not only in the United States but also in differing levels around the world.

Employee Absenteeism

Absenteeism is a routine model of withdrawal behavior from a job or commitment (Muchinsky, 1977). Habitually, absenteeism has been viewed as a gauge of poor individual performance. "Absenteeism refers to the tendency on the part of a worker to abstain from his scheduled work" (Sharma, 1969). In other words it acts as a breach of an inherent contract between employee and employer and as an indicator of psychological, remedial, or social modification to work. Studies found that due to great shock the sanguinity and communal support might not put a negative impact on employee's acuity of event (Byron & Peterson, 2002). There is not a convincing gauge of commitment to reasoning absenteeism as various researchers have used their own definitions (Srivastava, 1977). Thus, a business organization sees absenteeism as a pathological trait which hinders its level operations and man power arrangement and thereby affects the eminence of developed association (Sharma, 1969). However, Sagie (1998) proves that the intention to quit is not significantly related voluntary or involuntary absence.

When measuring absenteeism, it is the need to make a distinction between the absenteeism of vigorous employees and inactive employees (Frankel, 1921). The incidence of absenteeism can be reduced by focusing on the basis of academic and managerial attention (Gardiner, 1992). Effectual absence information systems underpins and improves persuade of policy and management upon turnout behavior (Gardiner, 1992). Thus, new research approaches are needed to illuminate the affiliation between stress and absenteeism within the organizational surroundings (Hendrix, Spencer & Gibson, 1994). PTSD maturity is likely an intricate and complex process in adolescence involving many factors working in tandem to produce strong warning signs (Kearney, Wechsler, Kaur & Miller, 2010). Thus, an absence could be sanctioned or unconstitutional, stubborn or caused by state of affairs beyond one's control (Sharma, 1969).

Workers' reward covers hardship of work employment, ignores mistakes of either the employee or the workplace, and provides limited but reasonable benefits for the employee to bring him in positive frame of mind (DeFrank & Ivancevich, 1998). Hence, their attendance is affected due to growth in stress leading to health disorders (Hendrix, Spencer & Gibson, 1994). Women are practicing higher work stress, inferior comfort, and elevated absenteeism (Hendrix, Spencer & Gibson, 1994). The convolution of human conduct makes it tremendously complicated to catalog all the achievable factors that intrude upon a person's measures in different situations (Sharma, 1969). Keeping balance between tasks of job and family has never been easy but current trend have made this lodging yet more tough (DeFrank & Ivancevich, 1998).

The expectation of layoffs among employees can produce a significant increase in nervousness and a spontaneous decrease in performance (DeFrank & Ivancevich, 1998). The two kinds of social support different by sources are embattled social support's source which is the organization and the global social support's source is coworker (Byron & Peterson, 2002). In turn, job stress affects the hypothesized outcomes of emotional tiredness, hopelessness, somatic symptoms, cold/flu occurrence, and lastly absenteeism rates (Hendrix, Spencer & Gibson, 1994). However, improving the quality of care for any unrelieved disease has affirmative impact on productivity and absenteeism (Rost, Smith & Dickinson, 2004).

Counter Work Behavior (CWB)

CWB is an employee behavioral strain response (Fox, Spector & Miles, 2001) that contrary to the goals of an organization (Muafi, 2011) threatening the interests of employees and the organization itself (Bolin & Heatherly, 2001; Chrisha & Mahapa, 2012). These behaviors can be intentional or unintentional and result from a wide range of established causes and motivations. Conversely, for firms hiring untrained, dependent, and less expensive staff, so the productivity payback of work-life plans may be insignificant (Konrad & Mangel, 2000). It has been proposed that a person-by-environment interaction can be utilized to explain a variety of counter-productive behaviors. Another view is, counterproductive work behaviors are a type of protest in which organizational members put across dissatisfaction with or attempt to resolve injustice inside the organization (Kelloway, Francis, Prosser & Cameron, 2012). Individuals when torment from more or less severe disorders, when they considered themselves in pitiable cerebral health, experienced

many enduring life hardships, or had lost days of fruitful doings due to mutilation, were more likely to see a practitioner either readily or reluctantly (Thoits, 2005). The telos of person perception might thus be elucidated as an innate claim for the adequate and apposite functioning through and amalgamation of one's practices (Larrabee, 1995).

After a bioterrorist events treatment of these chaos might also be difficult by keepsakes of the trauma, the consistent stress related with the chance of expected attacks and any concerned economic disturbance. (Stein, et. al., 2004). To a certain extent, the role of holy coping in the stress-distress relation appears to be more composite and multi determined, and the effectiveness of picky coping activities seems to diverge according to the situation of the stressor. Thus, homicide survivors are in need of guidance from clergy as to what types of religious coping activities will be beneficial to their mental health (Thompson & Vardaman, 1997). Significantly, the most of new believes are diverse in the sense of not summarizing followers and not restraining their involvement in conservative instructive and occupational schedule (Robbins & Anthony, 1979).

Some occupational standard and work schedules edge boost the threat for and be considerably exaggerated by sleep problems (Manocchia, Keller & Ware, 2001). Even if chief hopelessness only influenced the mental feature and not the physical feature of life quality, PTSD prejudiced the mostly the mental feature and only partially the physical aspect of life worth (Chen et. al, 2007). Sleep interruption has been become main reason to commence and to persist depression, suicide possibilities, PTSD, anxiety, mental and physical health and trouble infirmity as well (Manocchia, Keller &

Ware 2001). The trauma-strain relationship, at both high and low levels of interaction, was also found to deteriorate because of off-putting interactions with a boss about work (Stephens & Long, 2000). Probably, persons who regularly make these assessments would be preferentially manipulated by the managements (Mitchell & Kovera, 2006). Personality traits (Mount, Ilies & Johnson, 2006), mental work load can influence an individual's well life form, job fulfillment, and work routine. Psychological work stress can anguish a person's interests, profession gratification, and task appearance (Bertram, Hershey, Opila & Quirin, 1990; Aftab & Javeed, 2012).

Individual behavior is imprecise and vague by default, which makes service and employee effort difficult to assess, and task purposes often mystifying and conflicting (Levinson, 2005). Business associations have various alternatives to diminish professional and personal differences (Marchese, Bassham & Rayan, 2002). Biased and deviant behavior is assumed a slight appearance of indistinctly heading for corporate staff e.g., nepotism, chatting, and misstatement about colleagues. Job holder perceives organization by its environment as it for worker welfare. It involves that institutes that promote a pampered environment for each staff member is rare to practice predicaments concerned with fantasy (Peterson, 2002). Advocates and reviewers of assign task recognize that females in the staff characteristically always accountable for professional and personal responsibilities (Osnowitz, 2005). Current boss interested to see extra ordinary stages of job assessments as compared to workers contractual assigned tasks (Li, Liu & Wan, 2008). Moreover, Fatima, Atif, Saqib & Haider (2012) prove that there is a considerable

negative relationship between job satisfaction and counterproductive work behaviors.

In lawful relationships sentiments are reality of life, since it is an intrinsic component of a resolution for example, as medical report of injured party, as law has introduced obvious rules to make disturbing responses related to verdict (Rose, Nadler & Clark, 2006). Both occupational frustration and the rational state have a balanced rapport with the physical action (Raelin, 1984). Fighting with disease induce an array of hard feelings e.g., trepidation, annoyance, depression, mystification, and shame. Patients may believe devastated and unaided on the other hand ancestor may think feeble and defeat psychologically (Meyerstein, 2005). Generally, the association along with hyper spiritual and intimidation looks understandable (Iannaccone, 2006).

Although literature discuss the causes, symptoms and treatment of PTSD, but, there is a limitation i.e., these studies do not attempt to address the outcomes of PTSD caused by exposure to terrorism. Medical professionals being the vanguard resisters to the war of terror are selected for the study of outcomes of PTSD due to terrorism.

Methodology

The purpose of this research work is to determine the association among PTSD, employee absenteeism and counter work behavior. Two hypotheses are generated based on the literature review that are;

H₁: There is a significant impact of PTSD on employee absenteeism.

H₂: There is significant impact of PTSD on employee counter work behavior.

This adopted a casual research design and conducted in non-contrived setting, indicating extent of researcher interference is minimal. Unit of analysis is individual consisted of medical professionals working in Pakistan.

Respondents

Population for the present study is consisted of medical professionals working in health care sector of Pakistan. The respondents were selected from different hospitals located in two cities including Rawalpindi and Islamabad, Pakistan. These hospitals include Pakistan Institute of Medical Sciences (PIMS), Benazir Bhutto Hospital, Poly Clinic Hospital and Military Hospital. A total of 314 respondents were selected on convenience sampling basis from these mentioned hospitals. Table 1 defines the demographical aspects of the sample with respect to gender, age, qualification, job tenure and income level.

Measures and Procedure

Instrument used for data collection in present research study is 25-items structured questionnaire consisted of four sections. Section A consisted of 5-items for demographic information of the respondents including gender, academic qualification, age, job tenure and income level. Section B contains 10-items scale measuring PTSD. Section C and D of the questionnaire consisted of 4-items Absenteeism Scale and 6-items Counter/Deviant work behavior respectively. A five point Likert scale ranges from scales 1 for strongly disagree to 5 for strongly agree is utilized to record responses for each of the three PTSD, absenteeism and Counter work behavior. Cronbach's Alpha reliability for PTSD, Absenteeism and Counter work behavior scales are 0.725, 0.774 and 0.870

respectively. Questionnaires were distributed by utilizing drop-off method since health care is one of the busiest profession in Pakistan. Three hundred and fifty questionnaires were distributed from which three hundred and fourteen were received back, making 89.71 % response rate.

Table 1. *Demographics of Respondents (N=314)*

Demographics	Frequency	Percentage
Gender		
Male	253	80.57
Female	61	19.43
Age (years)		
20-25	32	10.19
26-30	147	46.81
31-35	53	16.87
36-40	67	21.33
40 & Above	15	4.77
Academic Qualification		
Intermediate	27	8.59
Graduation	31	9.87
Technical Education	22	7.00
MBBS/BDS	234	74.52
Job Tenure (years)		
1-5	28	8.91
6-10	154	49.04
11-15	69	21.97
16-20	37	11.78
20 & Above	26	8.28

Results

SPSS 16 version is utilized for the analysis of collected data. The results are presented on the basis of hypotheses formulated for this research study. Table 2 shows the correlation analysis for the study variables. It is determined that PTSD have moderate significant positive relationship with employee absenteeism ($r=0.695$, $p = 0.000$) and counter work behavior ($r=0.501$, $p = 0.000$).

Table 2. *Correlation Analysis of the Study Variables*

	PTSD	Absenteeism	DWB
PTSD	1		
Absenteeism	0.695**	1	
DWB/CWB	.501**	.539**	1

Table 3 presents the regression analysis for PTSD and employee absenteeism. The value of adjusted-R² square for the absenteeism dependent variable is 0.477 which indicates that PTSD accounts for 47.7% variation in the determination of employee absenteeism. B-value is 0.99 indicating the per unit change in dependent variable i.e., Absenteeism due to per unit change in PTSD. Overall regression analysis is significant as p = 0.00 which shows that H₁ is fully supported.

Table 3. *Regression Analysis of PTSD and Employee Absenteeism*

Model	B	R ²	Adjusted R ²	T	F	Sig
(Constant)	0.395					
PTSD	0.99	0.483	0.477	4.675	21.856	0.00

Regression analysis for PTSD and counter work behavior is presented in Table 4. It is clear from the provided regression finding that there is significant positive impact of PTSD on employee counter work behavior as p = 0.00 for the given regression analysis. Adjusted R² = 0.245 indicates that 24.5% variation in counter work behavior is caused by PTSD. Regression analysis provides full support to H₂.

Table 4. *Regression Analysis of PTSD and Counter Work Behavior*

Model	B	R ²	Adjusted R ²	T	F	Sig
(Constant)	0.39					
PTSD	0.44	0.251	0.245	6.288	39.541	0.00

Discussion

This paper illustrated that Pakistan is fighting against terrorism on both the borders; external as well as internal. Some causes of this terrorism are political deficiency, political isolation, sectarian friction, inflated economy, corruption leading to hopelessness, and sense of powerlessness, which then leads on to terrorist acts. Medical professionals in Pakistan not only confront the victims of terrorism across the country but are also direct target of terrorists. This study demonstrates that in this state of affairs a large number of medical professionals are facing a psychological loss, as stated by theory of conservation of resources. This actual or threat of loss has a psychological impact resulting in clear symptoms of PTSD in medical professionals working with their life at stake all time and facing continuous stress by dealing with casualties and injured .

Hypotheses of study address what are possible outcomes of PTSD on medical professionals of Pakistan. Analyses support H₁ (There is a significant impact of PTSD on employee absenteeism) to a large extent. Generally, doctors suffering from PTSD are more likely to take leave from his duty to comfort his-self by shunning the fear of terrorism at workplace, therefore, rate of absenteeism increases. These findings suggest that it is important to facilitate medical professionals with possible therapies to help them get rid of PTSD thus picking up the attendance at job.

It was also hypothesized (H₂: There is a significant impact of PTSD on employee counter work behavior) and found that the PTSD results in counter-work behavior of medical professionals. Medical professionals working in Pakistan are facing threat of terrorism

incessantly, this decreases their productivity. While knowing that treating fatalities of terrorism on daily basis also augment the PTSD, findings of this study indicate that these circumstances oblige a deviant work behavior in medical professionals.

Contributions

This study addresses the absenteeism and counter/deviant work behavior as the outcomes of PTSD. It focuses on medical professionals to study these outcomes. It is a pioneer work to study this theoretical model in Pakistan that is under the strong influence of terrorism. Therefore, this study claims an addition in the literature of PTSD. Moreover, this study has practical implications as it serves as a guide to authorities. Certain measures like therapies can be taken to increase the rate of attendance and productive work behavior in medical professionals of Pakistan.

Limitations and Areas of Future Research

This study takes into account the outcomes of PTSD i.e., absenteeism and counter work behavior, widely discussed in literature. There are certain other outcomes of PTSD like anti social behavior that need to be studied in medical professionals facing terrorism. Moreover, this study does not discern primary and secondary PTSD. Further studies can separately inquire primary and secondary PTSD and their outcomes.

Conclusion

Medical professionals in Pakistan are facing PTSD due to terrorism. There are certain outcomes attached with PTSD. Major outcomes include absenteeism and counter work behavior. Increasing terrorism activities in Pakistan are escalating the level of these outcomes. A complementary interpretation from an optimist

perspective is that the symptoms of PTSD usually end by itself soon after a few days of traumatic event. Consequently, it is expected that with the decrease in terrorism activities in Pakistan the negative outcomes of PTSD (absenteeism and counter work behavior) will also decrease.

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