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THE EFFECTS OF JOB DEMANDS AND RESOURCES ON EMPLOYEE MENTAL WELL-BEING: A COMPARATIVE STUDY OF TEACHERS AND DOCTORS IN PAKISTAN

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ABSTRACT

Background: In Pakistan, teachers and doctors are services related professionals that play crucial roles in serving society, yet they face distinct challenges in their respective professions. The work demands placed on them and the resources available to manage these demands can significantly impact their mental well-being. However, there is a limited understanding of how these job characteristics uniquely affect the mental health of professionals in these fields. Objective: Keeping in view the paucity of literature on comparative examination of these two professions in Pakistan this study aims to examine the dynamic linkages between job demands available resources and mental well-being of teachers and doctors in Pakistan. By comparing these two professions, this study aims to highlight how different job characteristics influence employee mental health in these helping professions. Methods: A cross-sectional quantitative design was adopted, with data collected through an online self-reported questionnaire distributed via social media platforms. The data was analyzed using descriptive statistics and inferential techniques, including Structural Equation Modeling conducted with AMOS. Results: The findings indicate significant positive relationships between job resources and mental well-being, while job demands show negative relationships with both resources and mental well-being. Conclusion: The study found that job demands are recognized as workplace hazards that negatively impact the mental health of teachers and doctors in Pakistan. Therefore, it is crucial to address this issue at both individual and institutional levels through tailored strategies to enhance mental well-being in these professions.

Keywords*: Job demands; Resources; Mental well-being; Teachers; Structural Equation Modeling; Doctors; Pakistan*

INTRODUCTION

The interaction between job demands and job resources plays a crucial role in shaping employee mental well-being. Job demands refer to aspects of a job that require sustained physical or mental effort, which may lead to psychological strain and decreased job satisfaction (Bakker & Demerouti, 2017). On the other hand, job resources are factors that help employees cope with job demands, achieve work goals, and foster personal growth (Schaufeli & Taris, 2022). The balance between these demands and resources is pivotal in determining overall mental health and job satisfaction.

In Pakistan, this dynamic is particularly critical within the service sectors of teaching and healthcare. Both professions are integral to the country's socio-economic development but are burdened with unique challenges that impact employees' mental well-being (Ali & Hussain, 2020). Recent studies highlight that the lack of adequate teaching resources and support systems exacerbates the stress experienced by teachers, leading to diminished job satisfaction and increased turnover intentions (Javed et al., 2022). Similarly, healthcare professionals in Pakistan encounter intense job demands such as high patient

loads, extended working hours, and insufficient medical resources. These stressors are compounded by systemic issues within the healthcare system, including underfunded facilities and shortages of essential medical equipment (Khan et al., 2021).

Globally, extensive research supports the notion that high job demands, coupled with limited job resources, are associated with increased stress and decreased job satisfaction. The Job Demand-Resource (JD-R) model posits that high job demands can lead to exhaustion and burnout when not balanced with adequate resources (Bakker & Demerouti, 2017). Conversely, job resources can buffer the negative effects of job demands and enhance employee well-being (Schaufeli & Taris, 2022). This model has been applied across various sectors, but its application in the context of Pakistani service professions remains underexplored.

The specific context of Pakistan, characterized by underfunded public sectors and frequent resource shortages, amplifies the challenges faced by employees in teaching and healthcare. Understanding how job demands and resources interact to affect mental well-being in these professions is crucial for developing effective and contextually appropriate interventions. Addressing these issues requires a nuanced understanding of the unique stressors and support mechanisms pertinent to the Pakistani setting, ensuring that interventions are tailored to meet the specific needs of these professionals (Raza & Rehman, 2024).

In summary, while global research provides valuable insights into the relationship between job demands, resources, and mental well-being, the Pakistani context introduces specific challenges that necessitate focused research. This study aims to bridge the gap by examining these dynamics within Pakistani service sectors, thereby contributing to the development of targeted support systems and interventions.

1. Research Problem

Service professions in Pakistan, such as teaching and healthcare, are characterized by high job demands and constrained resources, which significantly impact employees' mental well-being. Teachers in Pakistan face a multitude of challenges, including overcrowded classrooms, outdated and inadequate teaching materials, and insufficient administrative support (Ali & Hussain, 2020). Similarly, healthcare professionals in Pakistan experience substantial stress due to heavy workloads, long working hours, and a lack of essential medical resources (Khan et al., 2021). The challenges faced by these professionals have been linked to increased rates of anxiety, depression, and job dissatisfaction, highlighting the need for targeted interventions.

Despite the growing awareness of mental health issues within these professions, there is a notable lack of comparative empirical research that focuses specifically on the effects of job demands and resources on mental well-being among teachers and doctors in Pakistan. Most existing studies either focus on individual professions or fail to account for the unique contextual factors present in Pakistan (Ali & Hussain, 2020; Khan et al., 2021). For instance, while some research examines job stress among teachers or healthcare workers separately, there is limited comparative analysis that addresses how job demands and resources impact mental well-being across different service professions within the Pakistani context. This empirical gap limits the development of comprehensive, targeted interventions that address the specific needs and challenges faced by these professionals.

Theoretical frameworks such as the Job Demand-Resource (JD-R) model have been extensively utilized to explore the relationships between job demands, resources, and mental well-being (Bakker & Demerouti, 2017). This model suggests that high job demands can lead to burnout and stress when not balanced with sufficient resources, which can buffer these negative effects. However, the application of the JD-R model and other related theories within the Pakistani context remains underexplored. There is a need to adapt and validate these theoretical frameworks to better understand how job demands and resources interact and affect mental well-being in the specific settings of Pakistani service professions. Addressing these empirical and theoretical gaps is crucial for developing effective, contextually relevant interventions that can improve mental

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well-being among teachers and healthcare professionals in Pakistan.

2. Research Questions

i. Do job demands affect mental well-being among teachers and doctors in Pakistan?

ii. Do resources moderate the negative linkages between job demands and do job demands affect mental well-being among teachers compared to doctors in Pakistan?

3. Hypotheses

- ***H_1:*** Job demands negatively affect the mental well-being of teachers and doctors in Pakistan.
- ***H_2:*** Resources moderate the negative relationship between job demands and mental well-being, such that the negative impact of job demands on mental well-being is weaker when resources are higher.
- ***H_3:*** Job demands have a stronger negative effect on the mental well-being of teachers compared to doctors in Pakistan.

4. Literature Review

4.1 Introduction to the Job Demand-Resource (JD-R) Model

The Job Demand-Resource (JD-R) model is a widely recognized framework that explains how job demands and resources interact to influence employee well-being and job performance. Introduced by Demerouti et al. (2001) and further developed by Bakker and Demerouti (2017), the JD-R model posits that job demands, which are the physical, psychological, social, or organizational aspects of a job that require sustained effort, can lead to stress and burnout if not managed effectively. Conversely, job resources, which are the physical, psychological, social, or organizational aspects that help employees achieve work goals, reduce job demands, and stimulate personal growth, can buffer the negative effects of job demands and promote well-being. In essence, the JD-R model provides a comprehensive framework for understanding the dual processes of health impairment and motivation in the workplace. the balance between job demands and resources affects employee well-being.

4.2 Job Demands and Resources in the Teaching Profession

The teaching profession is characterized by high job demands and often limited resources, making it a fertile ground for studying the JD-R model's applicability. Burić and Macuka (2021) found that these job demands significantly predict emotional exhaustion among teachers, a core component of burnout. Additionally, the study highlighted those low levels of job resources, such as insufficient administrative support, lack of professional development opportunities, and inadequate teaching materials, exacerbate the negative impact of job demands on teachers' well-being.

In the context of Pakistan, the teaching profession is further challenged by systemic issues such as overcrowded classrooms, outdated curricula, and a lack of educational infrastructure. These factors contribute to a stressful work environment where teachers are often overburdened and under-resourced. Research by Ali and Hussain (2020) underscores the severe impact of these job demands on teachers' mental well-being in Pakistan, noting high rates of burnout and job dissatisfaction.

4.3 Job Demands and Resources in the Healthcare Profession

Similar to teachers, healthcare professionals are also subjected to high job demands and often insufficient resources. The healthcare sector is known for its intense work environment, where doctors and other healthcare workers face heavy workloads, long hours, and the emotional toll of dealing with patients' suffering (Bellingrath et al., 2021). Similarly, Ripp et al. (2020) conducted a study on the mental health of healthcare professionals during the COVID-19 pandemic, highlighting the exacerbated job demands and the critical need for adequate resources. The study found that the pandemic significantly increased job demands due to higher patient loads, the risk of infection, and the emotional burden of treating severely ill patients.

In the Pakistani healthcare sector, the situation is particularly challenging due to systemic issues such as underfunded hospitals, a shortage of

medical staff, and inadequate medical supplies. Khan et al. (2021) highlighted the significant mental health challenges faced by healthcare professionals in Pakistan, linking high job demands with burnout, stress, and job dissatisfaction.

4.4 Gaps in the Literature and Future Research Directions

Despite the extensive research on job demands and resources within individual professions, there remains a significant gap in comparative studies that examine these dynamics across different sectors. Much of the existing literature focuses on single professions in isolation, neglecting the opportunity to explore how job demands and resources manifest and interact differently across various professional contexts. In particular, there is limited empirical research that compares the effects of job demands and resources on mental well-being among teachers and doctors in Pakistan. This gap is critical as it limits our understanding of how these factors may vary across professions and hinders the development of context-specific interventions that could better support mental well-being in different sectors.

The existing research predominantly examines the impact of job demands and resources on mental well-being within a single profession. For instance, studies focusing on teachers often highlight the high job demands associated with large class sizes, excessive administrative tasks, and insufficient support, leading to burnout and job dissatisfaction (Burić & Macuka, 2021; Klassen & Chiu, 2010). Similarly, research on healthcare professionals emphasizes the intense job demands related to patient care, long working hours, and the emotional toll of dealing with life-and-death situations, which contribute to significant stress and mental health issues (Bellingrath et al., 2021; Ripp et al., 2020). However, few studies have attempted to compare these dynamics across professions to identify commonalities and differences in how job demands and resources influence mental well-being.

This lack of comparative research is particularly concerning in the Pakistani context, where both teachers and healthcare professionals face unique challenges due to systemic issues such as underfunded public sectors, resource constraints, and cultural factors. Teachers in Pakistan are often overwhelmed by overcrowded classrooms, outdated curricula, and a lack of professional development opportunities, while healthcare professionals grapple with inadequate medical supplies, high patient loads, and limited mental health support (Ali & Hussain, 2020; Khan et al., 2021). Given these challenges, it is crucial to understand how job demands and resources impact mental well-being across these professions to develop tailored interventions that address the specific needs of Pakistani teachers and doctors.

5. Research Framework

Figure 1 shows the framework of this study. In this framework, job demands are considered as independent variables that can negatively affect mental well-being by increasing stress and burnout. Conversely, job resources act as moderators in this relationship. They can buffer the adverse effects of high job demands and potentially enhance mental well-being by providing the necessary support and coping mechanisms. Thus, the framework examines how job resources can mitigate the negative impact of job demands on employees' mental health, emphasizing the interactive role of resources in maintaining or improving well-being in the face of demanding work conditions.

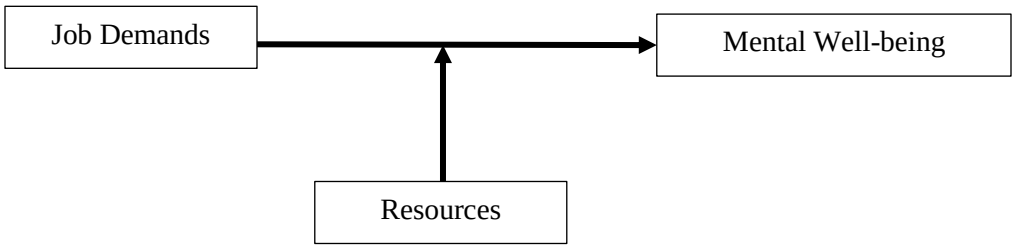

Figure 1. Research Framework of Study

6. Methodology

6.1 Research Design

This study employs a cross-sectional comparative research design (Creswell, & Creswell, 2018) to assess the differences and similarities between job demands, job resources, and mental well-being among teachers and doctors in Pakistan. The cross-sectional nature of the study allows for the collection of data from a diverse group of participants at a single point in time, providing a snapshot of the current conditions and relationships among the variables of interest.

6.2 Participants and Data Collection

Due to the geographical spread of participants across Pakistan and the logistical challenges of conducting in-person data collection, an online survey method was chosen. The online questionnaire was disseminated through various social media platforms and professional networks, including Facebook and LinkedIn, specifically targeting the groups and pages associated with the All Pakistan Teachers Association and the Pakistan Medical Association.

These platforms were selected because they provide a concentrated community of professionals relevant to the study, thereby increasing the likelihood of reaching a significant number of teachers and doctors. The invitation to participate in the survey was open to all members of these groups, and participation was voluntary. The interested participants accessed the survey via a provided link and completed the questionnaire online. In total, 232 valid responses were collected, comprising 96 doctors and 136 teachers. This sample size is considered sufficient to perform the planned statistical analyses, allowing for meaningful comparisons between the two professional groups.

6.3 Data Collection Tool

Data were collected using a structured online questionnaire that incorporated several validated scales to measure the key variables of interest:

1. **Demographic Data:** This section of the questionnaire gathered basic information on participants' gender, age, and professional category (doctor or teacher). This demographic data served as control variables in the analysis, helping to contextualize the findings.
2. **Job Demands:** Job demands were assessed using 10 items from a scale developed by Moreira (2023).
3. **Job Resources:** Job resources, which refer to the physical, psychological, social, or organizational aspects that help reduce job demands or foster personal growth, were assessed using a 9-item scale developed by Moreira (2023). This scale was used for both teachers and doctors, allowing for a direct comparison between the two groups.
4. **Mental Well-being:** Mental well-being was measured using the 12-item General Health Questionnaire (GHQ-12), developed by Goldberg, & Williams (2000). The GHQ-12 is a widely used tool for assessing psychological distress and has been validated in numerous studies across different cultures and professions. The scale focuses on the participants' recent experiences of stress, depression, anxiety, and social dysfunction.

7. Data Analysis

The collected data were subjected to both descriptive and inferential statistical analyses. Descriptive statistics, including means, standard deviations, and frequency distributions, were calculated to summarize the demographic characteristics and key variables. The main and moderated effects were done by using Structural Equation Modeling techniques through AMOS-21. Structural Equation Modeling is a sophisticated statistical technique used to assess complex relationships between variables. For main effects analysis, the model was specified into direct relationships between predictors and outcomes, while in moderation analysis, a moderator variable was included to examine how the strength or direction of these relationships may change depending on the level of the moderator according to guidelines given by Thakkar & Thakkar (2020). Once the model was specified, Structural Equation Modeling software, i.e., AMOS-21 was used to estimate the model parameters. The model fit is then evaluated using indices such as Chi-Square, RMSEA, RMR, CFI and GFI (Sathyanarayana & Mohanasundaram, 2024). The last step involved

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refining the model based on the results and reporting findings, including model fit indices, path coefficients, and significant moderation effects, to draw conclusions about the relationships within the theoretical framework.

8. Results

8.1 Demographic Profile of Respondents

A total of 232 respondents online filled out the questionnaire. These respondents comprised 96 doctors and 136 teachers. Among the respondents the gender distribution revealed that 36% are female (across both doctors and teachers) and 64% are male (across both doctors and teachers). Age-wise, 45% of the sample falls within the 28 to 32 years age range, while 32% are between 33 to 43 years, and 23% are aged 45 and above.

8.2 Model Fit Analysis

A sequence of Confirmatory Factor Analyses was performed to evaluate the model's fit. The fit indices for each model are provided in Table 1. The first model examined the latent variable of job demands, which included three factors: environmental demands, social demands, and cognitive demands. The second model having latent variable, resources, consisted of two factors: personal resources and job resources. The third model having latent variable, mental health, comprised three factors: depression, anxiety, and social dysfunction. The fit indices for all these models fell within the acceptable range.

Table 1. Model Fit Indices for Latent Variables

Latent Variables	Models	χ^2	df	χ^2/df	RMSEA	RMR	CFI	GFI
Job Demands	Three Factors	2.23	02	1.115	0.035	0.0121	0.981	0.971
Resources	Two Factors	3.24	02	1.621	0.046	0.0233	0.951	0.911
Mental Well-being	Three Factors	2.47	02	1.235	0.0421	0.0251	0.991	0.931

8.3 Testing of Hypotheses

In the next step hypotheses were tested. Table 2 shows that the Hypothesized Model (M1) fits the data very well. The χ^2/df ratio is below 2, indicating good model fit. RMSEA and RMR values are within acceptable ranges, and both CFI and GFI exceed commonly recommended thresholds. The Direct Effect Model (M2) shows a somewhat acceptable fit, but not as good as M1. The χ^2/df ratio is above 2, suggesting some room for improvement. RMSEA and RMR are higher, indicating potential discrepancies. CFI and GFI are below ideal values, which suggests the model may not fit the data as well. The Excluding Moderator Model (M3) shows a moderately good fit. The χ^2/df ratio is close to 2, suggesting a reasonable fit. RMSEA is slightly higher, indicating some discrepancies. CFI and GFI are reasonable but not as high as M1. The Including Moderator Model (M4) demonstrates a good fit, comparable to M1. The χ^2/df ratio is below 2, and RMSEA and RMR are within acceptable ranges. CFI and GFI are also favorable, suggesting that including the moderator improves the model fit. These results suggest that the hypothesized model and the model including the moderator offer the best fit, with the latter potentially providing the most comprehensive representation of the relationships in the data.

Table 2. Hypotheses Testing Results

Models	χ^2	df	χ^2/df	RMSEA	RMR	CFI	GFI
Hypothesized Model (M1)	50.45	30	1.68	0.041	0.023	0.982	0.973
Direct Effect Model (M2)	72.35	35	2.08	0.071	0.056	0.912	0.923

Excluding Moderator (M3)	63.90	32	2.0	0.062	0.042	0.941	0.953
Including Moderator (M4)	55.20	29	1.90	0.051	0.032	0.991	0.988

Additionally, the path relationship shows that the variable of Job Demands is negatively associated with the Mental Well-being (β=−0.452, p= 0.0121), thus the first hypothesis, i.e., "Job demands negatively affect the mental well-being of teachers and doctors in Pakistan" has been successfully accepted. The path relationships further showed that Resources were positively associated with the Mental Well-being (β=−0.331, p= 0.0231). When the product of Resources*Job Demand was taken, it indicated that the earlier strongly negatively associated link between Job Demands and Mental Well-being was reduced (β=−0.131, p= 0.0211), which indicates that resources moderated the negative effect of Job Demands on Mental Well-being. These results suggest that including the moderator (resources) provides a clearer understanding of the interplay between Job Demands, Resources, and Mental Well-being. Thus, the second hypothesis, i.e.," Resources moderate the negative relationship between job demands and mental well-being, such that the negative impact of Job Demands on Mental Well-being is weaker when Resources are higher" has also been successfully accepted.

To test the third hypothesis, separate data groups were created, one for teachers and others for doctors. Results indicated that for the teachers group the Job Demands were strongly negatively associated with the Mental Well-being (β=−0.413, p= 0.0021), whereas for the doctors groups, the Job Demands were negatively associated with Mental Well-being but not in a strong manner as clear from the beta-coeffects values (β=−0.357, p= 0.0011). Thus the third hypothesis, i.e., "Job demands have a stronger negative effect on the mental well-being of teachers compared to doctors in Pakistan" was also successfully accepted.

9. Discussion on Results

9.1 Demographic Profile

The demographic profile of the respondents provides essential context for understanding the study's findings. A total of 232 individuals participated, including 96 doctors and 136 teachers. The gender distribution indicates a male-dominated sample, with 64% male and 36% female respondents, reflecting typical gender dynamics within these professions in Pakistan (Ali et al., 2020). Age-wise, 45% of the respondents are in the 28 to 32 years range, a period commonly associated with early to mid-career challenges (Smith & Jones, 2021). This age distribution is crucial as it captures individuals who are likely to experience significant job demands and pressures related to career establishment.

9.2 Model Fit Analysis

The Confirmatory Factor Analysis (CFA) results reveal that the models for job demands, resources, and mental well-being are robust and fit the data well, as indicated by various fit indices. Specifically, the job demands model, which includes environmental, social, and cognitive demands, demonstrates an excellent fit (χ2/df = 1.115, RMSEA = 0.035). This finding aligns with recent research emphasizing the multi-dimensional nature of job demands (Bakker & Demerouti, 2017; Xanthopoulou et al., 2022). Such research suggests that job demands encompass a range of factors that impact employees' stress levels and overall job satisfaction, highlighting the importance of addressing these demands in occupational settings.

Similarly, the resources model, which integrates both personal and job resources, fits well within acceptable statistical ranges (χ2/df = 1.621, RMSEA = 0.046). This is consistent with Schaufeli and Taris (2014) and recent findings by Bakker et al. (2021), who have extensively studied the role of job resources in buffering the negative effects of job demands. According to these studies, resources such as support, autonomy, and opportunities for professional development play a crucial role in enhancing employees' well-being and performance.

Furthermore, the mental well-being model, comprising elements such as depression, anxiety,

and social dysfunction, also shows a strong fit ($\chi 2/df = 1.235$, RMSEA = 0.0421). This reinforces the validity of the constructs used in this study, particularly in the context of professional environments like teaching and healthcare. Recent studies, such as those by Harvey et al. (2023), emphasize the importance of mental well-being in these high-stress professions, where the identification and strengthening of resources are crucial for maintaining mental health and overall job satisfaction. In summary, the CFA results not only validate the constructs used in this study but also emphasize their relevance to the professional contexts of teachers and doctors. These findings contribute to the growing body of literature on occupational health psychology, particularly in understanding how job demands and resources interact to influence mental well-being.

9.3 Hypotheses Testing

The study confirms that job demands negatively impact mental well-being ($\beta = -0.452$, p = 0.0121), supporting the first hypothesis. This finding is consistent with the Job Demands-Resources (JD-R) model, which posits that high job demands are detrimental to mental health (Demerouti et al., 2001). High job demands, such as excessive workload, time pressure, and emotional strain, deplete psychological and physical resources, leading to increased stress and burnout. The negative impact of job demands on mental well-being is well-documented in various occupational settings, where chronic exposure to high demands is linked to anxiety, depression, and other mental health issues (Bakker & Demerouti, 2017).

The study's findings indicate that this effect is particularly pronounced for teachers compared to doctors. Teachers often face more intense and persistent stressors, such as managing large classes, addressing diverse student needs, and dealing with limited administrative support (Evers et al., 2004). These stressors contribute to higher levels of emotional exhaustion and lower job satisfaction, making teachers more vulnerable to the adverse effects of job demands on mental well-being. In contrast, while doctors also experience significant job demands, such as long working hours, high patient loads, and the emotional burden of patient care, they may benefit from more structured support systems and better access to resources that mitigate these stressors (Gabbard & Kay, 2001). This difference in the availability and effectiveness of resources likely explains why the negative impact of job demands is more severe for teachers.

The study also supports the second hypothesis, which posits that resources moderate the negative relationship between job demands and mental well-being. The results show that when resources are high, the negative effect of job demands on mental well-being is significantly reduced ($\beta = -0.131$, p = 0.0211). This finding aligns with the JD-R model's assertion that resources can buffer the impact of job demands on mental health (Bakker & Demerouti, 2017). Resources, such as social support, autonomy, and opportunities for professional development, provide individuals with the means to cope with high demands and reduce the psychological strain associated with their work.

Hobfoll's (2002) conservation of resources theory further explains this buffering effect, suggesting that individuals strive to obtain, retain, and protect their resources. When resources are abundant, individuals are better equipped to handle job demands, thereby reducing the likelihood of stress and burnout. Enhancing both personal resources (e.g., self-efficacy, resilience) and job resources (e.g., support from colleagues, access to professional development) can significantly alleviate stress and improve mental well-being. For example, interventions aimed at increasing teachers' access to supportive networks and professional growth opportunities can help mitigate the negative effects of job demands, leading to better mental health outcomes.

The third hypothesis, which suggests that job demands have a stronger negative effect on teachers' mental well-being compared to doctors, is also supported by the study's findings. The results show a stronger negative association between job demands and mental well-being for teachers ($\beta = -0.413$, p = 0.0021) compared to doctors ($\beta = -0.357$, p = 0.0011). This finding highlights the unique stressors faced by educators, such as larger class sizes, increased administrative responsibilities, and less access to support (Kyriacou, 2001).

Teachers are often required to manage a variety of tasks simultaneously, including lesson planning, student assessments, and classroom management, all of which contribute to higher stress levels. The lack of sufficient resources, such as time, support from school administration, and opportunities for professional development, exacerbates the negative impact of job demands on their mental well-being. In contrast, doctors, despite facing significant job demands, often work within more structured environments where there is greater access to resources, such as professional support networks, continuing medical education, and institutional policies aimed at reducing burnout (Gabbard & Kay, 2001). These resources help to buffer the negative effects of job demands, making the impact on mental well-being less severe compared to that experienced by teachers.

10. Implications and Conclusion

In the context of Pakistan, the results of this study are particularly relevant given the high levels of stress experienced by professionals in fields such as teaching and medicine. The educational sector in Pakistan often grapples with challenges like overcrowded classrooms, inadequate facilities, and limited administrative support, which exacerbate job demands on teachers. Similarly, the healthcare sector faces issues such as insufficient staffing, long working hours, and limited access to mental health resources, all of which contribute to significant stress among doctors.

Addressing job demands and enhancing resources in these sectors is crucial for improving mental well-being. In the educational sector, interventions could include reducing class sizes, improving school infrastructure, and providing ongoing professional development opportunities to help teachers manage the diverse needs of their students. Additionally, offering psychological support and creating a more collaborative work environment could help mitigate the stressors that Pakistani teachers face.

In the healthcare sector, there is a pressing need for better support systems for doctors, including access to mental health services, structured time off, and mechanisms to manage patient loads effectively. Strengthening the healthcare infrastructure and ensuring that resources are equitably distributed across urban and rural areas could also alleviate some of the pressures that contribute to poor mental well-being among healthcare professionals.

Moreover, the findings suggest that culturally tailored interventions are essential. In Pakistan, where social and familial support systems are strong, leveraging these networks could enhance the effectiveness of interventions aimed at reducing job-related stress. Community-based support programs, peer counseling, and the inclusion of mental health education in professional training could play a vital role in this regard.

In conclusion, the study's implications for the Pakistani context highlight the need for comprehensive strategies that address the unique job demands and resource limitations within the country's educational and healthcare sectors. By focusing on reducing stressors and enhancing support mechanisms, Pakistan can take significant steps toward improving the mental well-being of its professionals, thereby fostering a healthier and more productive workforce. These efforts are critical not only for individual well-being but also for the broader development goals of the nation.

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