Working Conditions for Junior Doctors in Tunisia : A Priority for the Public Health Sector

Loujain Dalhoumi

Policy Issue

Every year, an increasing number of junior doctors leave Tunisia. This exodus reveals core systemic issues that result in difficult working conditions, ambiguous professional status, low wage and inadequate compensations for transfers, and a lack of grievance reporting and protection mechanisms. If left unaddressed, this rapid depletion of Tunisia's healthcare junior workforce threatens the very quality and sustainability of the country's healthcare system.

Key recommendations

Formally recognize interns and residents as public healthcare workers

Raise base salaries and on-call compensation to reflect actual role and living costs,

Enforce strict limits on working hours in line with international labor standards,

Establish institutional mechanisms to incorporate junior doctors' feedback into health

policy decisions.

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Introduction

The Tunisian healthcare system has been facing a crisis for years, fueled in large part by the increasing exodus of healthcare workers. This phenomenon regards more particularly junior doctors, who form the backbone of the public healthcare system. As a reference, in 2021, the number of public health doctors stood at 5,911, while the estimated count of interns and residents reached nearly 6,000.[1] The Secretary General of the Tunisian Medical Council, Nizar Ladhari, had already sounded the alarm by announcing in his interview in the National Radio in February 2025 that 1,400 doctors had left the country in the year 2024 . Between 2020 and 2023, nearly 4,000 doctors emigrated, 80% of whom were young practitioners.[2] Beyond workforce depletion, the crisis threatens the very quality of healthcare. On one hand, overtime the dearth of junior doctors in Tunisia has an adverse impact on the density of healthcare workers, which was estimated at just 1.3 physicians per 1,000 inhabitants, well below the global average.[3] Such a low availability of healthcare workers decreases the country's ability to meet one of its population's most basic needs, and it threatens the sustainability of the entire healthcare system. On the other hand, studies correlate staff morale and safety with clinical outcomes; therefore, deteriorating working conditions directly harm patient care and affect the efficiency of the healthcare system .[4]

[1] Institut National de la Statistique. (2023). Statistiques du secteur de la santé – Répartition des médecins par secteur. Ministère de la Santé, République Tunisienne.

https://santetunisie.rns.tn/images/statdep/DMOGRAPHIES-2019.pdf

[2] Tunisia's brain drain crisis or opportunity. (n.d.). Alestiklal. https://www.alestiklal.net/en/article/tunisia-s-brain-drain-crisis-or-opportunity

[3] World Bank. (2023). Tunisia health sector overview. https://documents.worldbank.org/en/publication/documents-reports/documentdetail/592671468120536211

[4] Ben Zid, R., et al. (2022). Burnout among psychiatry residents in Tunisia. European Psychiatry.

https://www.sciencedirect.com/science/article/abs/pii/S0013700617301252

Context and Root Cause Analysis

Public healthcare systems worldwide heavily rely on junior doctors, who constitute a significant portion of the medical workforce and often play an important role in the functioning of hospitals by significantly increasing the productivity and clinical efficiency of attending physicians[5] . Understanding the root causes of young doctors' working conditions requires examining the intersection of medical education, labor law, and health financing.

For context, Tunisia's medical education is a rigorous process spanning about 10–12 years, from university entry to specialization. After six years of medical school , graduates receive one-year basic medical training as interns, followed by postgraduate residency to specialize and practice independently. During these training phases, Junior Doctors work in hospitals under supervision of senior doctors. Traditionally, residents and interns receive a nominal stipend from the State and are simultaneously considered students and government trainees. They rotate through public hospitals where they effectively function as junior doctors.

Labor Law : Legal and Institutional Gaps

The Civil Service Statute[6] does not list residents or interns as a recognized category, and the Labor Code(Loi n° 66-27 du 10 mai 1966, portant promulgation du Code de travail) excludes "students in training,". Their roles are solely governed by specific decrees, notably the Government Decree No. 2018-230 of March 8, 2018[7], which outlines the status of medical interns and residents. However, this legal framework contains several ambiguities, particularly concerning the criteria for validating training periods, and the periodic reevaluation of compensation. Furthermore, even where regulations are explicit—such as those stipulating maximum working hours, mandatory rest periods following night shifts, and compensation for night duties—these provisions are reportedly frequently not followed in practice. This discrepancy between the legal framework and its implementation, combined with the confusion surrounding the status of young doctors, has led to the exploitation of junior doctors under the guise of training.

[5] Perez-Villadóniga MJ, Rodriguez-Alvarez A, Roibas D. The contribution of resident physicians to hospital productivity. Eur J Health Econ. 2022 Mar;23(2):301-312. doi: 10.1007/s10198-021-01368-z. Epub 2021 Aug 21. PMID: 34417903; PMCID: PMC8882103 .
https://pmc.ncbi.nlm.nih.gov/articles/PMC8882103/#CR12

[6] Law No. 83-112 of December12,1983 https://legislation-securite.tn/latest-laws/loi-n-83-112-du-12-decembre-1983-portant-statut-general-des-personnels-de-letat-des-collectivites-publiques-locales-et-des-etablissements-publics-a-caractere-administratif/

[7] https://www.pist.tn/jort/2024/2024F/Jo1272024.pdf

Another manifestation of the ambiguity between the student condition and that of the worker is the unofficial presence of a large number of residents during night shifts: a situation that traps junior residents in a dilemma. On the one hand, the need to practice medicine to learn, but the constraint of doing so outside the legal framework (as defined in the Medical Code of Ethics article 64). On the other hand, the ethical drive to oppose a wrong, and face retaliation for refusing to comply with the system in place (the non-validation of the whole clerkship) . According to the CNOM, that is the National Council of the Order of Physicians, no doctor is permitted to practice medicine outside a strictly regulated structure. In hospitals, for example, this is reflected in the pre-established number of residents assigned to each department during night shifts. The residents that don't get paid for their night shift work are those who don't hold an official position during that time, meaning they are not legally authorized to practice medicine in that place and time but have to in order to avoid academic retaliations. This situation is becoming more and more frequent as expressed by the President of the OTJM (Tunisian Organisation of Junior Doctors) ; In two thirds of hospitals , Junior doctors don't get paid for the night shifts . This undeclared work situation is very alarming not only for the absence of social or medical insurance but also for the violation of the Deontological Code of Medicine, a breach that exposes them to legal and professional consequences while perpetuating systemic exploitation. This situation is perpetuated by an absence of formal grievance reporting mechanisms and protection, neither the 2018 decree nor the internal faculty regulations provide clear channels for residents to report issues like harassment overwork or the illegal demand for unpaid work. This nominative gap means that the residents are compelled to violate the very rules that protect them (working hours limit , post nightshift rest) to avoid retaliations. As a result this legal ambiguity not only facilitates and normalises their exploitation , but also systematically silences them .

Health financing Underfunding of Public Hospitals and austerity

Compensations for night shifts of medical personnel are systematically paid months later. Through negotiations and meetings with directors of public health structures, the OTJM found that these delayed payments result from inadequate public financial management of hospitals.

Hospitals start each year with a fixed and limited budget, which leaves little incentive and leeway to allocate funds dynamically. Under this outdated financing model, hospital managers lack autonomy, flexibility, and accountability. This rigid underfunding of hospitals usually results in poor human resource planning, and the scapegoat is often compensation of junior doctors. This rigid hospital financing model is itself a product of a broader root . Tunisia is confronted with an increasing national debt and pressure from foreign lenders, which imposes drastic constraints on public expenditure. As a result, the health

sector competes with other sectors for limited financial resources. In the aftermath of the 2011 uprising, IMF conditionality on aid led to the prioritization of short-term fiscal targets over long-term capacity building[8]. Public wage and hiring freeze can help stabilize the budget in the short term, but they erode the quality of public services. Decision-makers often consider the healthcare sector as a major source of costs to trim, rather than a strategic investment. This lack of vision results in underfunding and neglect.

Medical Education : Precarious Living and working conditions and the call for brain drain

All along their training period, which can last up to six years, junior doctors must endure a nomadic life dictated by mandatory rotations every 3-12 months. Notwithstanding its need and value, this training model imposes protracted discomfort and additional costs to junior doctors during the most vulnerable years of their career. A 2025 survey conducted by OTJM on 882 interns and residents reveals the severe economic cost of these rotations (Annexe1). They can be summarized as follows:

- Housing: 78% of respondents maintain year-round rentals, with 71% paying over 300 DT/month, while government subsidies cover just 20 DT/month, which represents only 6.7% of the average cost of rent. In addition, respondents indicate an average cost of moving of 2163 DT per year.
- Food: Trainees spend over 200 DT/month on food, but they receive only 45 DT/month in subsidies, which represents less than 23% of this cost.
- Night Shifts: for 80.5% of responders out of pocket spending goes beyond 20 DT/shift for meals/transport, yet gross pay is as low as 1–3 DT/hour.
- Dependence & Debt: 85% of respondent's insufficient salaries, with 92.4% relying on families, 6.6% working part-time, and 13.3% in debt for basics.

These working conditions are the fertile ground in which burnout develops , a cross-sectional study published in European Psychiatry in 2024 found that 32% of Tunisian medical residents reported working more than 40 hours per week (night shifts are not included) with 12% experiencing severe personal burnout and 16% reporting severe professional burnout.[9] The research identified several factors

[8]IMF Programs in Tunisia: Successes, Failures, and Ongoing Challenges/ AWC https://arabwatchcoalition.org/wp-content/uploads/2015/12/IMF-Programs-in-Tunisia_-Successes-Failures-and-Ongoing-Challenges_-AWC-1.pdf

[9] Zid, R., et al. (2024). Prevalence and Risk Factors of Burnout Among Medical Residents in Tunisia: A Cross-Sectional Study. European Psychiatry.

contributing to the high level of burnout, such as excessive workloads, inadequate rest periods, and exposure to physical and emotional abuse from patients. These conditions not only jeopardize the health of the doctors but also compromise patient care and the overall efficacy of the healthcare system.

The combination of unstable rotations, low income, and unclear career trajectories also leads increasing numbers of young doctors to search for better conditions abroad. A national study revealed that over one-third of young doctors intend to leave the country, with France as the preferred destination. Motivations include poor pay, lack of training opportunities, and degraded working conditions.[10] Additionally in 2025, the Tunisian Doctors Association in Germany issued a statement denouncing the Tunisian national system as "collapsing" and "undignified," urging institutional reform to prevent further brain drain.

Recommendations

1. Recognize Medical Trainees as Public Employees

Interns and residents should be formally classified as employees of the public healthcare system. This recognition would guarantee access to social security, compensation of overtime work, minimum rest periods, and legal protections against exploitation. Recognizing medical trainees as essential workers—not students—would significantly reduce unpaid labor and improve workplace safety.

2. Create a Dedicated National Training Budget

Trainee compensation should be financed from a dedicated national budget, distinct from hospital operational funds. This budget should be jointly managed by the Ministry of Health and that of Higher Education. This mechanism would help ensure stable and predictable salaries and support strategic planning for future healthcare staffing needs. It would also increase accountability and transparency in the allocation of public resources.

https://www.sciencedirect.com/science/article/abs/pii/S0013700617301252

[10] Tabib, F., et al. "Emigration intentionality among Tunisian interns and residents in medicine." European Psychiatry 65.S1 (2022): S217.

https://www.researchgate.net/publication/363221972_Emigration_intentionality_among_Tunisian_interns_and_residents_in_medicine

3. Improve Compensation and Living Conditions

Junior doctors face financial strain due to low pay and frequent relocations. The government should introduce a standardized hourly rate for on-call shifts, replacing the symbolic 1.3 TND/hour. Furthermore, junior doctors should receive:

- Housing allowances covering at least 50% of local rental costs.
- Food and transportation allowances adjusted to the evolving cost of living
- Mobility allowances for the numerous relocations resulting from mandatory hospital rotations.
- Hazard pay aligned with that of permanent staff in high-risk environments.

These changes would reduce financial hardship, improve work-life balance, and promote retention.

4. Foster Inclusive Governance and Fair Salary Structures

The voices of interns and residents must be integrated into public health governance. Authorities should institutionalize the dialogue between junior doctors and the Conseil National de l'Ordre des Médecins. Junior doctors should also participate in national health strategy forums. Additionally, compensation scales should maintain equity by linking junior doctor pay to that of senior staff, acknowledging differences in responsibility.

5. Enforce Working Hour Regulations and Labor Rights

To protect patient safety and staff wellbeing, authorities should impose a legal maximum of 48 working hours per week and a limit of12 consecutive hours for shifts, followed by a minimum rest period of 11-hour after night duty. These standards align with ILO and EU guidelines and help reduce medical errors and burnout.[11] The Ministry of Health should enforce these regulations through regular audits and by sanctioning noncompliance. Healthcare centers should put in place anonymous feedback procedures and whistle-blower protection mechanisms. Medical training programs should educate young doctors on labor rights to equip them with the tools they will need to advocate for safe and fair conditions, and adopt them for those who will come after them.

[11] International Labour Organization (ILO). (2021). Decent Work for Health Workers: Safe Staffing Saves Lives – Jordan Country Profile.

https://webapps.ilo.org/public/libdoc/ilo/2013/484388.pdf

Rationale for the suggested action plan

The limitations of incremental approaches—including awareness campaigns and non-binding policy adjustments—are clear: they lack enforceability, succumb to institutional dilution, and fail to deliver sustainable change. Without concrete legal and budgetary commitments, these measures cannot resolve systemic flaws. While implementing structural reforms entails risks such as transitional disruptions, budgetary resistance, and inter-ministerial coordination challenges, these can be mitigated through phased implementation, robust oversight (e.g., a dedicated inter-ministerial task force), and transparent engagement with stakeholders like junior doctors.

The cost of inaction, however, is catastrophic. As seen in Jordan—where trainees work 80–115 hours/week without pay, pay exorbitant fees, and endure normalized exploitation—failure to act entrenches healthcare crises. This fuels mass emigration of professionals, deteriorates service quality, and widens regional disparities. Tunisia faces identical risks: the grassroots #DoctorsNotSlaves movement and physician exodus underscore a system collapsing under the weight of disenfranchised trainees and fleeing qualified staff.

Conversely, successful reform offers transformative potential: stabilizing Tunisia's healthcare system, restoring public trust, boosting professional morale, and affirming healthcare workers as pillars of national resilience. The choice is stark—endure a cycle of degradation or seize this opportunity to build an equitable, sustainable healthcare infrastructure through decisive, enforceable action.

"A doctor drained of rest and dignity cannot restore others to health, exhaustion is not a healing tool."

Annexe 1: Case study By the Organisation Tunisienne Des Jeunes Médecins

In Tunisia, young physicians play a crucial role in the healthcare system, whether in the public or private sector. However, their professional satisfaction—particularly regarding compensation—has become a growing concern. Testimonials and preliminary studies suggest that many young doctors express frustration with their salaries, which are often deemed insufficient given their workload and responsibilities. This study aims to thoroughly examine the perceptions of young Tunisian doctors regarding their remuneration.

Study Objectives

This study was conducted with the following objectives:

1. Assess satisfaction levels – Evaluate the degree of satisfaction among young Tunisian doctors regarding their salaries, identifying key factors contributing to satisfaction or dissatisfaction.
2. Contextualize earnings – Compare current salaries with profession-specific expenses (housing, food, healthcare, leisure, etc.) to determine whether compensation aligns with the cost of living and professional demands.
3. Cross-country comparison – Benchmark Tunisia's situation against other developing nations, analyzing disparities and similarities in salary, working conditions, and quality of life for young doctors.

Methodology

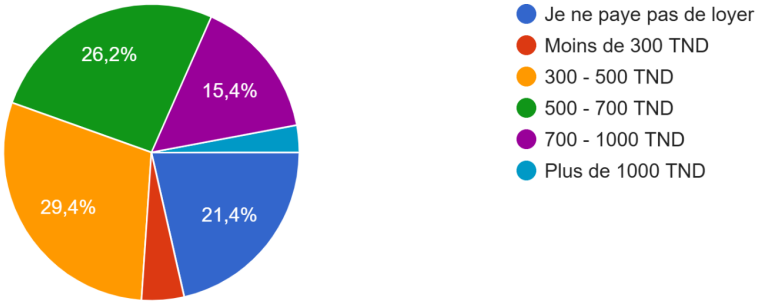
To conduct this study, an online survey was designed and distributed to young doctors practicing in Tunisia. The questionnaire included closed-ended questions (satisfaction scales, multiple-choice) and open-ended questions to collect detailed comments.

- Data collection period: january / february 2025
- Number of respondents: A total of 882 young doctors completed the questionnaire.
- Tool used: The form was created via Google Forms, and data were analyzed using Excel.

Key findings of this survey were used in this policy brief.

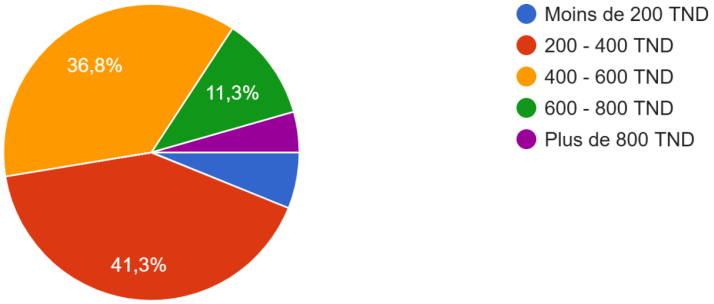
Combien payez-vous pour votre logement ?

882 réponses



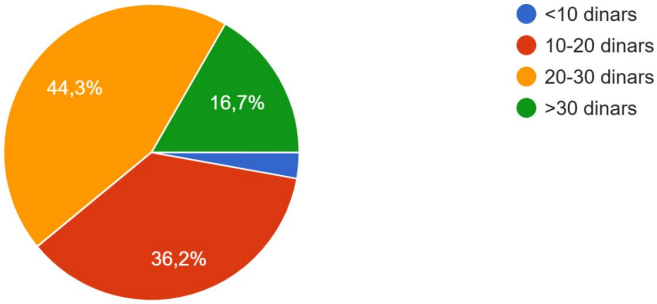
Combien dépensez-vous par mois pour l'alimentation ?

882 réponses



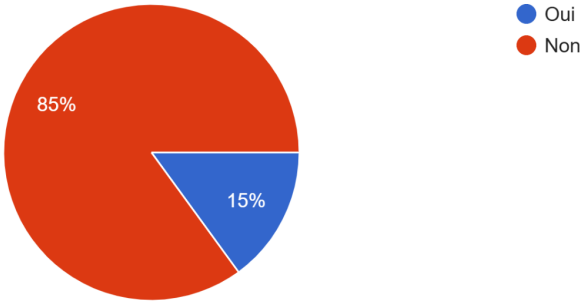
La fourchette de vos dépenses pendant la garde :

881 réponses



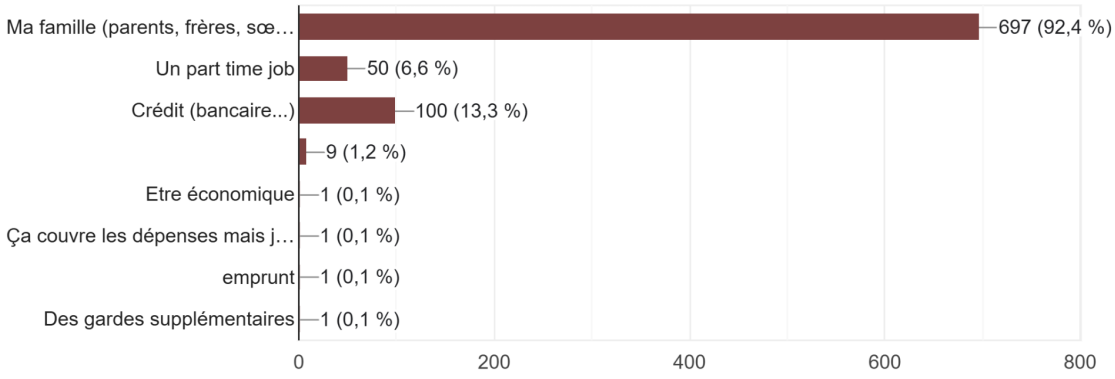
Est-ce que votre salaire est suffisant pour couvrir vos dépenses ?

882 réponses



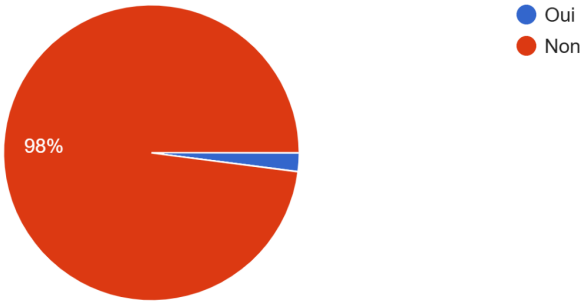
Si vous avez répondu par "Non" à la question précédente, comment couvrez vous le reste de vos dépenses ?

754 réponses



Est-ce que vous êtes satisfait(e)s de votre salaire ?

882 réponses



NOTE: This document reflects only the opinion of its authors and does not necessarily represent the positions of the North African Policy Initiative or Al Bawsala.

About the author:

Loujain Dalhoumi is a human rights activist and a resident doctor specializing in family medicine in Tunisia. She has been a member of the Tunisian Organisation of Junior Doctors, which advocates for equitable and socially-driven public healthcare policies, while defending the rights and working conditions of junior medical professionals. Within OTJM, she contributed to the development of advocacy strategies, collaborated with other civil society actors, and participated in the organisation of national syndical movements. Her work lies at the intersection of health and social justice, driven by a strong commitment to accessible care for all.

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About NAPI: The North African Policy Initiative (NAPI) is an independent, non-profit, and non-partisan NGO that aims to strengthen participatory governance in North Africa by focusing on youth.

About Al Bawsala: Al Bawsala is an independent Tunisian NGO founded in 2012. It works to promote and advocate for democracy and the rule of law. The organization defends human rights, transparency, social justice, and respect for the environment, while remaining free from any political, ideological, or religious influence.

For more information contact: contact@albawsala.com info@napipolicy.org

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