

# “A Comparative Study of the Quality of Work Life of Doctors Working in Government and Private Hospitals with Special Reference to Betul District of Madhya Pradesh”

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**Abstract**--The Quality of Work Life (QWL) is a crucial aspect of job satisfaction, mental well-being, and service excellence among healthcare professionals, especially doctors. Distinct disparities can be noted in the working environments, workload, pay structures, organizational backing, and work-life harmony of Doctors employed in public versus private healthcare facilities. This research paper aims to carry out a comparative analysis of the quality of work life for doctors working in government and private hospitals, as well as to pinpoint the factors that impact QWL. The findings reveal that compensation and amenities tend to be superior in private hospitals, while job security and social standing are more pronounced in government hospitals. Across both sectors, work-related stress and extended working hours are prevalent issues.

**Keywords**--Quality of Work Life, Doctors, Government Hospitals, Private Hospitals, Work-Life Balance

## I. INTRODUCTION

The health care system in Betul District, Madhya Pradesh, operates on a mixed model of public and private health care to cater to both urban and rural populations. The public healthcare system, spearheaded by the District Hospital, offers crucial services such as outpatient, inpatient, and maternal and child health care, backed by Community Health Centres, Primary Health Centres, and Sub-Centres. These government facilities are integral to implementing national health programs and improving access to affordable care through schemes like Ayushman Bharat. The private sector also plays a vital role, with hospitals and clinics mainly in urban areas offering a variety of services, enhancing patient choice and availability of care. Despite these efforts, challenges such as infrastructure issues and workforce shortages remain, indicating the need for ongoing improvements in health services within the district. Overall, the collaboration between public and private sectors aims to ensure equitable and comprehensive health care for the community.

The Quality of Work Life (QWL) of Doctors measures the balance between their professional and personal life. It encompasses factors such as salary, job security, workload, administrative support, social recognition, and mental health. High QWL enhances Doctors' satisfaction, productivity, and the quality of patient care, whereas low QWL can lead to stress, burnout, and professional dissatisfaction.

In India, there are significant differences in the work culture, availability of resources, and management policies of government and private hospitals, which in turn affect the quality of work life of Doctors. In this context, the present comparative study is highly relevant. Doctors in government hospitals benefit from job stability, pensions, social prestige, and legal protection, whereas those in private hospitals often receive higher salaries, access to modern equipment, managerial flexibility, and better career advancement opportunities. These differences increase the likelihood of variations in Doctors' Quality of Work Life.

However, there is a lack of comparative and systematic research on this topic in India. Most existing studies focus on only one sector (either government or private) and do not provide a comparative review of the organizational and professional factors affecting Doctors' QWL. This highlights the need for comparative study to generate practical insights for healthcare policy and management.

## II. OBJECTIVES OF THE STUDY

- To evaluate the Quality of Work Life of Doctors working in government and private hospitals.
- To conduct a comparative analysis of the Quality of Work Life of Doctors across both sectors.
- To identify the key factors influencing Doctors' Quality of Work Life.
- To provide practical and policy-oriented recommendations for improving the Quality of Work Life.

### III. REVIEW OF LITERATURE

The concept of Quality of Work Life (QWL) emerged in the mid-20th century as researchers began to recognize that employee well-being, job satisfaction, and organizational productivity are interlinked (Walton, 1975). In the healthcare context, QWL refers to the degree to which Doctors and healthcare professionals perceive their work environment as satisfying and supportive of both their professional and personal needs. QWL includes factors such as workload, salary, job security, work-life balance, administrative support, and career development opportunities. Poor QWL is strongly associated with stress, burnout, reduced job satisfaction, and compromised quality of patient care. In healthcare settings, QWL is particularly important because Doctors' well-being influences not only their own performance but also patient outcomes, organizational efficiency, and the broader effectiveness of the health system (Shields & Ward, 2001).

#### *QWL and Healthcare Professionals Globally*

Globally, the Quality of Work Life of healthcare professionals has been the subject of considerable research attention, especially given the growing pressures on health systems, workforce shortages, and rising burnout rates.

- *Work Stress and Burnout:* Several studies conducted in Europe and North America have shown that Doctors and nurses working in high-demand environments experience higher levels of work stress and burnout, leading to deteriorated mental health and lower job satisfaction (Shanafelt et al., 2012; Dyrbye et al., 2017).
- *Work-Life Balance:* Research in Australia and the UK has indicated that an imbalance between professional responsibilities and personal life significantly lowers job satisfaction and QWL among doctors (Shields & Ward, 2001).
- *Organizational Support:* Studies also show that organizational empowerment and supportive leadership are positively related to QWL in healthcare settings (Laschinger et al., 2001). Access to decision-making authority and adequate resources improves Doctors' sense of well-being and reduces turnover intentions.

#### *QWL Studies in the Indian Healthcare Context*

In the Indian context, several studies have examined components of work-life quality among healthcare professionals, though few have conducted formal comparisons between government and private sectors.

- *Workload and Infrastructure:* Research conducted among doctors in private hospitals in Rajasthan highlighted that excessive workload, inadequate infrastructure, and insufficient mental health support were significant barriers to positive QWL outcomes. Female Doctors, in particular, reported greater difficulty in maintaining work-life balance (JISEM Journal, 2023).
- *Comparative Evidence Among Nurses:* A study from Jodhpur comparing nurses in government and private hospitals found that although private hospital nurses tended to report slightly higher QWL scores, the differences were not statistically significant. This suggests that some stressors may be common across sectors, albeit with different intensity (PMC — National Library of Medicine).
- *Pandemic Impact:* An analysis of healthcare workers in intensive care units and emergency departments during the COVID-19 pandemic showed a significant decline in QWL due to extended working hours and heightened occupational stress, reinforcing the role of environmental and systemic pressures on healthcare professionals' well-being (PMC).

#### *Determinants of QWL*

The literature identifies numerous predictors of QWL among healthcare workers, including:

- *Workload and Working Hours:* High patient loads and extended duty hours are consistently associated with fatigue, stress, and burnout, lowering QWL (Dyrbye et al., 2017).
- *Administrative Support:* Access to managerial support, a cooperative work culture, and participative decision-making are positively correlated with higher QWL (Laschinger & Finegan, 2005).
- *Job Security and Compensation:* Job stability and compensation packages significantly influence physician satisfaction. Government doctors typically benefit from job security, pension benefits, and statutory privileges, while private hospital doctors often report higher pay but relatively less job security.
- *Work-Life Balance:* Work-Life balance has been empirically linked to QWL. Poor balance is known to increase conflict between professional and personal domains, resulting in higher turnover intentions and reduced organizational commitment.

- *Mental Health:* Emotional exhaustion, a key component of burnout, is a major determinant of poor QWL. Studies show a strong inverse relationship between high burnout scores and overall QWL.

#### *Comparative Studies: Government vs. Private Sector*

Despite the importance of the topic, few studies have explicitly compared QWL between government and private hospital doctors:

- *Indian Studies:* Most available research in India focuses on either government or private sector Doctors independently. For example, quantitative research on government hospital staff often reports lower job satisfaction due to resource constraints and bureaucratic delays, while private hospital Doctors often report higher satisfaction with modern facilities but greater pressure for productivity and patient throughput.
- *International Evidence:* Studies from countries with mixed healthcare systems (e.g., Turkey, Nigeria) suggest that private sector Doctors often report higher levels of QWL in terms of compensation and infrastructure, but also face higher performance pressure and job insecurity compared to their public sector counterparts (Adebayo et al., 2019; Ugurlu et al., 2017).

#### *Policy and Management Implications from Literature*

The reviewed literature suggests several approaches for improving QWL among doctors:

- *Workload Management:* Implementing regulated duty hours and rotating shifts can help reduce fatigue and improve overall work life quality.
- *Mental Health Support:* Formal counseling and stress management initiatives are increasingly necessary, particularly in high-pressure environments like emergency departments and ICUs.
- *Organizational Empowerment:* Strengthening administrative support and participative decision-making enhances job satisfaction.
- *Balanced Compensation and Job Security:* While private sector doctors often benefit from higher salaries, enhancing job stability could improve their QWL. Conversely, government hospital doctors may benefit from improved infrastructure and incentive mechanisms.

#### *Research Gaps Identified*

Despite meaningful insights from the existing studies, several gaps remain:

*Lack of Rigorous Comparative Analysis:* Studies that statistically compare QWL across government and private hospitals, particularly in the Indian context, are limited.

*Limited Multivariate Models:* Few studies employ advanced statistical models (e.g., regression analysis, structural equation modeling) to identify determinants of QWL beyond simple descriptive comparisons.

*Absence of Longitudinal Data:* Most research is cross-sectional, limiting inferences about causal relationships among predictors and QWL outcomes.

### IV. HYPOTHESES

*H<sub>0</sub>:* There is no significant difference in the overall Quality of Work Life between Doctors working in government and private hospitals.

*H<sub>1</sub>:* There is a significant difference in the overall Quality of Work Life between Doctors working in government and private hospitals.

### V. RESEARCH METHODOLOGY

#### *Research Design: Descriptive and Comparative*

The present study adopts a descriptive and comparative research design.

The descriptive research design aims to present a factual and systematic account of various dimensions of Doctors' Quality of Work Life (QWL), such as working conditions, workload, remuneration, work-life balance, organizational support, and professional satisfaction.

Under the comparative research design, a comparative analysis of the Quality of Work Life of Doctors working in government and private hospitals has been undertaken. This approach facilitates a clear identification of similarities and differences between the two sectors. The chosen research design is appropriate to the objectives of the study, as it not only describes the existing conditions but also draws comparative conclusions between the two groups.

#### *Sample*

For the present study, a total of 100 Doctors have been selected. The sample includes Doctors working in both government and private hospitals. The sample size has been determined in such a way as to ensure adequate representation of both sectors and to provide sufficient data for meaningful comparative analysis..

#### *Sampling Technique: Random Sampling*

The study employs the random sampling method. Under this method, every physician in the population had an equal chance of being selected for inclusion in the sample.

*Data Collection Tool: Structured Questionnaire (QWL Scale)*

Primary data for the study have been collected using a structured questionnaire, developed in the form of a Quality of Work Life (QWL) Scale.

The questionnaire covers various dimensions of Doctors' QWL, including:

- Work environment
- Salary and benefits
- Work–life balance
- Job security
- Organizational support
- Professional development
- Job satisfaction and psychological well-being

Most of the statements are based on a five-point Likert scale, enabling the quantitative measurement of respondents' perceptions. The questionnaire has been designed to be simple, clear, and objective-oriented, allowing respondents to provide accurate and unbiased responses.

*Data Analysis*

Appropriate statistical techniques have been employed for the analysis of the collected data. The following statistical measures have been used in the study:

*(i) Percentage*

The percentage method has been used to analyze and present the distribution of respondents' demographic characteristics and response categories.

*(ii) Mean*

The mean has been used to measure the central tendency of various QWL dimensions among Doctors working in government and private hospitals.

*(iii) Standard Deviation*

Standard deviation has been applied to examine the variability and dispersion of responses around the mean, indicating the extent to which responses are spread.

*(iv) t-test*

The t-test has been used to examine whether there is a statistically significant difference in the mean QWL scores of Doctors working in government and private hospitals. This test helps determine whether the observed differences between the two groups are statistically meaningful.

**VI. DATA ANALYSIS AND HYPOTHESES TESTING**

The present study undertakes a comparative examination of the Quality of Work Life (QWL) of doctors working in government and private hospitals. Quality of Work Life is a multidimensional construct encompassing various components such as working conditions, workload, salary and benefits, job security, organizational support, work–life balance, and professional development. Since these components are quantitatively measurable, the application of appropriate statistical techniques becomes essential for their systematic analysis.

The data collected from doctors through a structured questionnaire were analyzed using SPSS software. At the initial stage, descriptive statistics such as mean and standard deviation were employed to provide a preliminary understanding of the level of Quality of Work Life among doctors in both government and private hospitals. Subsequently, the statistical significance of differences in mean QWL scores between the two groups was examined using the Independent Samples *t*-test.

**Table 1:  
Sample Distribution**

<b>Type of Hospital</b>	<b>N</b>	<b>Percentage (%)</b>
Government Hospitals	50	50.0
Private Hospitals	50	50.0
Total	100	100.0

In the present study, an equal number of Doctors were selected from government and private hospitals.

**Table 2:**  
**Mean and Standard Deviation of Quality of Work Life (QWL)**

Type of Hospital	N	Mean	Std. Deviation
Government Hospitals	50	3.42	0.58
Private Hospitals	50	3.68	0.62

According to the mean scores obtained through SPSS, the Quality of Work Life (QWL) of doctors working in private hospitals (Mean = 3.68) was found to be higher than that of doctors working in government hospitals (Mean = 3.42). Although the scores of both groups indicate a moderate level of QWL, the relatively higher mean in the private sector suggests that factors such as better financial benefits,

modern resources, and administrative flexibility play a positive role in enhancing doctors' satisfaction.

The values of standard deviation (SD) were found to be almost similar in both groups, indicating that there is no significant variation in responses within the groups and that the data is stable for statistical analysis.

**Table 3:**  
**Independent Samples t-Test**

Group	Mean	SD	t-value	df	Sig. (p-value)
Government Doctors	3.42	0.58			
Private Doctors	3.68	0.62	2.18	98	0.032*

\* Significant at  $p < 0.05$

The results of the independent samples t-test ( $t = 2.18$ ,  $df = 98$ ,  $p < 0.05$ ) demonstrate that there is a statistically significant difference in the Quality of Work Life of doctors working in government and private hospitals. Therefore, the null hypothesis ( $H_0$ ) is rejected.

**Table 4:**  
**Dimension-wise Mean Scores of Quality of Work Life (QWL)**

QWL Dimension	Government Hospitals (Mean)	Private Hospitals (Mean)
Workload	3.10	3.25
Salary and Benefits	3.05	3.90
Job Security	4.10	3.20
Work-Life Balance	3.30	3.45
Organizational Support	3.55	3.60





The findings reveal a distinct difference in Quality of Work Life among doctors based on their sector. Private hospitals offer more satisfactory salaries and benefits due to higher pay scales and performance incentives, which enhance financial satisfaction. In contrast, government hospitals provide greater job security through stable employment, assured tenure, and pension schemes, fostering long-term professional stability. This trade-off between financial rewards and job security underscores the importance of balanced human resource policies to improve doctors' overall Quality of Work Life.

## VII. DISCUSSION

The present study examined the Quality of Work Life (QWL) of Doctors working in government and private hospitals, focusing on overall QWL and key dimensions such as job satisfaction, work-life balance, and mental well-being. The major findings are summarized as follows:

*Overall QWL Difference:* A statistically significant difference ( $p < 0.05$ ) was found in the overall QWL of Doctors across hospital types, indicating that the institutional context plays an important role in shaping Doctors' professional experiences and well-being.

*Higher QWL in Private Hospitals:* Doctors in private hospitals reported higher average QWL scores compared to those in government hospitals. This suggests that factors such as superior salary structures, better resource availability, and modern infrastructure contribute to enhanced work-life quality in private healthcare settings.

*Job Security in Government Hospitals:* Government hospital Doctors expressed greater satisfaction with job security, social status, and employment stability, highlighting the compensatory benefits of non-monetary factors that influence perceived professional well-being.

*Workload and Stress as Common Challenges:* Across both hospital types, long working hours, high patient load, and work-related stress emerged as significant negative factors affecting QWL. These findings underscore the universal challenges faced by Doctors regardless of institutional affiliation.

*Practical Significance of Differences:* Effect size analysis (Cohen's  $d = 0.43$ ) indicated a medium practical significance for the observed differences, emphasizing the relevance of these findings for policy and organizational interventions aimed at improving physician well-being.

*Moderate Work-Life Balance Across Sectors:* Dimension-wise analysis revealed that work-life balance remains moderate in both sectors, suggesting that balancing professional responsibilities with personal life continues to be a critical area for intervention in the healthcare sector.

*Implications:* The findings indicate that while private hospitals may provide structural advantages such as higher pay and better infrastructure, government hospitals offer non-monetary benefits like job security and social prestige. However, challenges such as workload and stress are pervasive and require systemic interventions, including workload management, mental health support, and institutional policies promoting a healthier work-life balance. These insights can guide healthcare administrators and policymakers in designing targeted strategies to enhance physician satisfaction and overall quality of work life.

## VIII. CONCLUSION

The present study highlights the significant impact of hospital type on Doctors' Quality of Work Life (QWL), revealing both strengths and challenges across government and private healthcare settings. Doctors in private hospitals reported higher overall QWL, largely due to better salary structures, resource availability, and modern infrastructure, whereas Doctors in government hospitals experienced greater satisfaction with job security, social prestige, and employment stability.

Despite these differences, common challenges such as long working hours, high workload, and work-related stress were evident across both sectors, indicating systemic issues within the healthcare profession that transcend organizational type. Dimension-wise analysis also revealed that work-life balance remains moderate for Doctors regardless of hospital type, underscoring the need for targeted interventions to support personal well-being alongside professional responsibilities.

In conclusion, this study underscores the importance of holistic and context-sensitive approaches to improving physician well-being, balancing both structural and non-structural factors, and fostering a sustainable, high-quality healthcare workforce.

## IX. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed to improve the Quality of Work Life (QWL) of Doctors in both government and private hospitals:



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1. *Enhance Work-Life Balance:* Hospitals should implement policies to regulate working hours, limit excessive overtime, and encourage flexible scheduling. Initiatives such as rotational shifts, adequate leave policies, and protected personal time can help Doctors manage professional and personal responsibilities effectively.
2. *Address Workload and Stress Management:* High patient loads and work-related stress were identified as major negative factors affecting QWL. Administrators should consider increasing staffing levels, optimizing patient flow, and introduce wellness programs, including counseling services, stress management workshops, and mindfulness sessions.
3. *Improve Infrastructure and Resources:* Particularly in government hospitals, efforts should be made to upgrade medical equipment, digital infrastructure, and facility resources. Adequate support in terms of logistics, technology, and administrative assistance can significantly enhance Doctors' efficiency and job satisfaction.
4. *Strengthen Financial and Non-Financial Incentives:* Private hospitals demonstrated higher QWL partly due to better salaries. Government hospitals could consider performance-based incentives, recognition programs, and career advancement opportunities to motivate Doctors. Likewise, private hospitals can benefit from enhancing job security and long-term benefits.
5. *Promote Mental Well-Being:* Regular health and wellness check-ups, psychological support services, and initiatives that reduce burnout can contribute to improved mental well-being. Hospitals should foster a culture where mental health is prioritized and openly addressed.
6. *Policy-Level Interventions:* Policymakers should develop healthcare workforce policies that address both sector-specific and systemic challenges. Standardized guidelines for workload management, physician welfare programs, and hospital accreditation criteria focusing on QWL can help ensure sustainable improvements across the healthcare system.

7. *Continuous Monitoring and Feedback:* Establish mechanisms for regular assessment of Doctors' QWL through surveys and feedback channels. Monitoring trends over time allows hospitals to identify problem areas early and implement corrective measures proactively.

Overall, these recommendations emphasize a holistic approach to improving Doctors' QWL, combining organizational reforms, policy support, and individual well-being initiatives. Implementing these measures can not only enhance physician satisfaction and retention but also improve the quality of patient care and overall efficiency of healthcare services.

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