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Research Article

An Empirical Study on the Quality of Work Life of Doctors: With Reference to Private Hospital in Rajasthan

[1]Ms Abhilasha Singh, [2]Dr. Bharti Sharma
[1]Research Scholar
International School of Informatics & Management, Jaipur
Rajasthan Technical University, Kota
Mail - abhilashasahay30@gmail.com
[2]Associate Professor
International School of Informatics & Management, Jaipur
Mail - Drbhartisharma25@gmail.com

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ABSTRACT

Purpose: The purpose of the study is to assess doctors' Quality of Work Life (QWL) in Rajasthani private hospitals. The study examines important aspects of QWL, including work-life balance, job security, compensation, managerial support, and the effect of the COVID-19 epidemic on doctors' professional well-being.

Methodology: An empirical approach using a structured questionnaire to collect primary data from 410 doctors from different private hospitals in Rajasthan is used. The study used stratified random sampling, which helps to ensure that there is proper representation across the different specialties. Statistical tools, including factor analysis and t-tests, were applied for data analysis.

Findings: The findings reveal that heavy workload, poor infrastructure, and inadequate mental health services have a negative impact on QWL, causing stress and burnout. Women doctors face more difficulties in juggling work and personal responsibilities. Job satisfaction and retention are significantly influenced by managerial support, fair compensation, and flexible work policies.

Limitations: This study only covered private hospitals of Rajasthan, so generalization cannot be drawn for other areas. This study is limited to doctors from specific private hospitals in Rajasthan, excluding a broader representation of different medical fields.

Future Study Suggestions: Future studies should look at QWL in the public and private healthcare sectors in various geographical areas, assess the function of digital healthcare solutions, and more thoroughly look at issues unique to gender.

Keywords: Doctors, Healthcare, Job Satisfaction, Private Hospitals, Quality of Work Life.

Introduction

The healthcare sector in Rajasthan has witnessed immense growth in recent years, mainly in e-health initiatives. Under the National Health Mission, several programs have been initiated by the state government to improve healthcare delivery and management (Joshi et al., 2021). These efforts include telemedicine, doctor-on-phone services, and AI-powered solutions, particularly in rural regions (Soni et al., 2022). PCTS is another example of such endeavors where the system helped reduce the percentages of maternal and neonatal deaths. Despite these efforts, problems still include inadequate infrastructure, lack of trained employees, and technical problems (Sharma, 2020). The state government is expected to increase healthcare spending to 2-3% of GDP. The focus has been on developing state-of-the-art facilities that would make the service quality improve and possibly boost

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medical tourism. Generally, the adoption of technology has impacted healthcare delivery and monitoring in Rajasthan, and particularly rural populations benefit.

Moreover, Quality of work life (QWL) is also very important in doctors' job satisfaction and retention in private hospitals. QWL has a negative association with job burnout and a positive association with job satisfaction among Indian doctors (Srivastava et al., 2019). The major determinants of QWL are work context, work design, and work-life balance. The partial mediation role of employee commitment in the QWL-intention-to-stay relationship emphasizes the significance of QWL for staff retention (Agus & Selvaraj, 2020). The study on clinical doctors in Delhi found that supervisory relationships, monetary benefits, and self-respect are highly predictive factors in job satisfaction. Maintaining a satisfactory work-life balance is considered to be the most daunting task for doctors. Women doctors find themselves under tremendous stress due to the demanding hours of work, night shifts, and intense pressure (Vardhini & Reddy, 2024). Some of the key factors related to work-life balance are personal or demographic, dependents, and domestic responsibilities; conversely, environmental, cultural, and working-hour factors at the workplace also form an essential list (Kumar & Murthy, 2020).

The study highlights the personal and professional factors that have an impact on work-life balance in women doctors who experience stress due to their demanding schedules, night shifts, and work pressures. With the evolution of the medical profession, it has become increasingly hard for doctors to balance their professional commitments with their personal and family commitments (Rao & V.T., 2021). The study by exploring strategies regarding work-life balance, particularly time management, and mentorship combined with employee-friendly policies, aims to add the most valuable knowledge to enhance job satisfaction and retention levels in the healthcare sector. The purpose of the study is to evaluate the QWL among doctors practicing in private hospitals and key determinants influencing work-life experience. Such variables as work hours, stress experienced, organizational culture, and responsibilities outside the institution are some that the study aimed to consider comprehensively to have an understanding of the difficulties involved in achieving adequate QWL in doctors.

The study will try to recommend possible strategies for private hospitals concerning the improvement of QWL regarding time management, support systems, and organizational policies regarding the well-being and job satisfaction of the employees. This study focuses on the evaluation of QWL of doctors working in private hospitals in Rajasthan. This includes doctors belonging to a diverse range of specializations, making it possible to conduct an exhaustive analysis of the various work-related factors that affect the well-being and job satisfaction of doctors. By covering several private healthcare institutions, the study gives insights into the various challenges faced by health professionals within different settings: work pressure, long hours, and stress levels. This includes personal factors like demographics and family responsibilities, and work-related aspects such as the culture of the hospital, the environment, and the support systems in place. It will help broaden the scope so that patterns and variations in QWL can be seen across different specialties and hospital environments.

The current study examines QWL among physicians working in private hospitals in the state of Rajasthan. The introductory section provides background for the study by establishing the significance of the work in light of the problems related to doctors in balancing professional and personal well-being. A review of existing literature on QWL will identify the gaps, as well as direction to this current study. The methodology will provide information about research design data collection and data analysis methods, focusing on primary care doctors with specialties. Results will be presented in both tabular and graphical formats so that findings can be understood more clearly. Discussion of these results in the light of research questions and hypotheses is essential. In conclusion, a summary of key findings and their implications and study limitations, as well as suggestions for further research on ways to improve the work life of doctors in private healthcare sectors, are presented.

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1. Literature Review

1.1 Overview of Quality of Work-Life

Quality of Work Life (QWL) has been widely explored to understand definitions, frameworks, and implications of QWL. Bhende et al., (2020) discussed QWL as a multi-dimensional construct with professional satisfaction as well as work-life balance dimensions, focusing more on its application in human value and well-being enhancement. Muhacheva & Muhacheva, (2019) considered QWL from the structural perspective of defining its strong base foundations like job satisfaction, emotional security, and dynamics of management that are vital for overcoming the difficulties in the workplace. Ruževičius and Ivanova (2019) highlighted the QWL concept is well-based, and focused on employee well-being, where the organization bears the responsibility to create an ambiance of growth for personal and professional development. In essence, Gosetti (2020) analyzed the QWL and its dimensions; for instance, job autonomy and career development or participatory management, which essentially form the fundamental aspects of quality working conditions improvements.

According to Barpanda and Saraswathy (2023), the immediate effects of COVID-19 caused increased levels of fatigue, and sleeping disorders, as well as lowering QWL amid healthcare workers arising from increased pressure at work in addition to experiencing emotional stress at work. According to Duracinsky et al., (2022) in identifying QWL amongst the night-shift workers of Parisian public hospitals during the pandemic phase, social and professional recognition stood to be the highest significance factors while the main objective stood to be achieving recognition and aid in stress conditions. Dhanabhakyam and M (2023) discussed the QWL among fishermen in the state of Kerala, finding critical social, economic, and environmental factors to impact their occupational productivity and satisfaction. Nayak et al., (2018) associated workplace empowerment with QWL and employee commitment and found that participative decision-making and autonomy in the Indian healthcare sector positively affected the levels of commitment.

1.2 Factors Influencing QWL in Healthcare

The Quality of Work Life in Rajasthan's Health Sector was shaped by multiple, interrelated work environments, compensations, balance between work-life, and satisfaction with the jobs. According to S and A (2024), such conditions as access to adequate resources and a favorable managerial support system have been named among the primary factors that might enhance the working-life quality of healthcare personnel. Jayaraman et al., (2023) identified job security and collegiality as critical moderators. Mediating QWL into enhanced work-life balance was a function of job satisfaction. Yadav and Shree (2024) argued that the job satisfaction of the health workers was due to fair remuneration, well-defined roles, and scope for career growth that had improved the commitment and performance of healthcare workers. Aruldoss et al., (2020) examined the QWL and work-life balance relationship that showed lower job stress, greater job satisfaction, and higher job commitment significantly contributed to a better balance. Poulose and Sudarsan (2017) emphasized work-life balance aspects such as flexibility of working hours, workload management, and the level of organizational support as critical variables that had direct impacts on QWL among the nurses. Zaman et al., (2021) explored job satisfaction from the perspectives of work-life enablers, such as supportive leadership and organizational culture.

1.3 Challenges in the Private Healthcare Sector in Rajasthan

Private health services in Rajasthan are not exempted from several setbacks, including during the period of the COVID-19 pandemic and concerning systemic problems. Ali and Kumar (2023), health workers experience high workload pressures, limited availability of resources, and psychological strain, for which coping strategies can be implemented. Closser and Shekhawat (2021) found that the burdens on Accredited Social Health Activists (ASHAs) and Anganwadi workers, who commonly managed both professional and domestic work in rural areas, were increased by gender and familial responsibilities. Amin et al., (2020) explained that the challenges which primary healthcare nurses have experienced in giving tribal and rural communities comprehensive care lie in a lack of infrastructure, low training

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levels, and few resources. According to Dutta et al., (2020), gender and intersectionality exacerbated the challenges facing vulnerable healthcare providers, as more women bore a significant burden of caring responsibilities outside work.

Table 1: Challenges Faced by Doctors in Private Hospitals in Maintaining High QWL

Challenges	Details	Source
Compensation and Work Pressure	Doctors face high work pressure with inadequate financial compensation, leading to dissatisfaction and burnout.	Parmar (2014); Ali & Kumar (2023)
Work Environment & Institutional Support	Lack of proper managerial support, inefficient policies, and resource constraints affect working conditions.	Parmar (2014); Meena et al. (2020)
Emotional Well-being	High workload, patient responsibilities, and systemic inefficiencies contribute to psychological strain and stress.	Ali & Kumar (2023)
Welfare Facilities	Limited access to essential welfare measures, including rest periods, mental health support, and protective benefits.	Chowdhury & Goli (2024)
Gender and Familial Responsibilities	Female doctors experience additional burdens due to caregiving duties at home, impacting their professional efficiency.	Closser & Shekhawat (2021); Dutta et al. (2020)
Training and Skill Gaps	Insufficient training opportunities affect doctors' ability to handle complex medical cases effectively.	Amin et al. (2020)
Logistical and Infrastructure Bottlenecks	Lack of personal protective equipment (PPE), inadequate infrastructure, and mobility constraints hinder performance.	Meena et al. (2020)

Source: Self-prepared by author

1.4 Gaps in Existing Research

Despite extensive studies on QWL across diverse sectors, numerous gaps still prevail, especially in health care in the private sector of Rajasthan. Existing research primarily focused on generalized dimensions of QWL, including job satisfaction, work-life balance, and organizational support. This lack of exploration of the intersection between systemic challenges uniquely to this sector and QWL arguably further dilutes the existing knowledge and understanding. Lastly, while studies examining the impact that QWL is having on various organizational outcomes, there is now a need for more profound thoughts on its relevance to mental well-being, resilience, and eventual retention of practicing healthcare professionals over some time. Such evolutions in the work environment are also underrepresented, such as post-pandemic shifts in increasing digitalization and telemedicine. Addressing the gaps through broad, localized, and multi-dimensional studies will help create targeted strategies aimed at improving the quality of work-life and workforce sustainability in Rajasthan's private healthcare sectors.

2. Objectives of the Study

Obj1 "To evaluate key factors that enhance the quality of work life (QWL) among doctors in private hospitals in Rajasthan."

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Obj2 "To examine the differences in work-life balance and QWL perceptions among doctors in private hospitals in Rajasthan."

Obj3 "To identify the challenges faced by doctors in maintaining a high QWL in private hospitals."

3. Hypothesis of the Study

H1: "There is a significant impact of Key factors on the quality of work life (QWL) of doctors in private hospitals in Rajasthan."

H2: "There is a significant difference in work-life balance and QWL perceptions among doctors in private hospitals in Rajasthan."

4. Research Methodology

4.1 Research Design

The study aims to examine quality of work-life among doctors through an empirical study in private hospitals in Rajasthan, thereby gathering real data through various analysis to comprehend various factors at play in regard to Quality of Work Life factors, besides detecting any relationship patterns that may otherwise have gone unknown.

4.2 Data Collection Methods

The primary data is collected by using structured questionnaires to gather standardized and comparable responses. Further, secondary data from the hospital records and academic literature has been used in the study for background information.

4.2 Target Population and Sampling

The target population consists of practicing doctors in private hospitals in Rajasthan. This study employs stratified random sampling to include diverse groups in different hospitals, specialties, and demographic groups of this sample. The study applied the Cochran formula to find an appropriate sample size of 385. A questionnaire was dispatched to 420 doctors working in private hospitals in Rajasthan to confirm the reliability of the sample. From the obtained 420 responses, 10 were either partially filled or wrongly filled. Thus, the final sample selected for this study is 410 doctors practicing in private hospitals in Rajasthan.

4.3 Research Instrument

The primary tool employed in this research is a format Likert-scale questionnaire, designed exclusively to be adapted to the usage in measuring critical QWL factors- work-life balance, job satisfaction, and organizational support.

4.4 Data Analysis Techniques

The study analyzed data using SPSS and MS Excel tools to process data accurately and efficiently. It also used statistical techniques, such as factor analysis and one-sample t-test, in order to probe deeper into the Quality of Work Life factors.

4.5 Ethical Considerations

The study involved participants who volunteered to participate ensuring confidentiality and right and privacy being protected for their respondents.

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5. Result

Table 2: The Respondents' Demographic Profile

Sr. No.	Demographic Characteristics	Category	N	%
1	Gender	Female	189	46.1 %
		Male	221	53.9 %
2	Age	30 years and below	124	30.2 %
		31-40 years	134	32.7 %
		41-50 years	91	22.2%
		51 years and above	61	14.9 %
3	Marital Status	Married	237	57.8 %
		Unmarried	173	42.2 %
4	Location	Rural	278	67.8%
		Urban	132	32.2 %
5	Educational Qualification	MBBS	174	42.4 %
		MD/MS	122	29.8 %
		Post Graduate Diploma	114	27.8 %
6	Years of Experience	0-5 years	139	33.9 %
		6-10 years	106	25.9 %
		11-15 years	97	23.7%
		16-20 years	68	16.6%
7	Medical Specialization	Physician	143	34.87%
		Surgeon	82	20%
		Cardiologist	61	14.87%
		Dermatologist	83	20.24%
		Other	41	10%

"The demographic data in Table 1 shows a slightly male majority (53.9%) and a significant number of females (46.1%). The majority of respondents are aged between 31-40 years, with 32.7% aged 30 years

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and below. Educational qualifications are mainly MBBS (42.4%), followed by MD/MS (29.8%) and Post Graduate Diploma (27.8%). The majority of respondents are from rural areas (67.8%) and urban areas (32.2%). Marital status is 57.8%, followed by unmarried (42.2%). Medical specialization is mainly physicians (34.87%), followed by dermatologists (20.24%) and surgeons (20%). Experience levels are diverse, with 33.9% having 0-5 years of experience, 25.9% having 6-10 years, 23.7% having 11-15 years, and a smaller group having 16-20 years. These factors significantly influence work pressure, career growth, and work-life balance."

H1: There is a significant impact of Key factors on the quality of work life (QWL) of doctors in private hospitals in Rajasthan.

Table 3: KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.760
Bartlett's Test of Sphericity	Approx. Chi-Square	1982.946
	df	105
	Sig.	.000

"Table 2 represents the suitability of data for the factor analysis. The table represents the significant value of 0.000, representing the significant impact of Key factors on QWL. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy is .760, which is considered acceptable, suggesting that the sample is adequate for factor analysis. Bartlett's Test of Sphericity is significant (χ^2 = 1982.946, df = 105, p = 0.000), indicating that the correlation matrix is not an identity matrix, and that factor analysis is appropriate, supporting the validity of the underlying constructs related to the quality of work life (QWL) of doctors in private hospitals in Rajasthan."

Table 4: Communalities

Communalities		
	Initial	Extraction
WEIS1	1.000	.521
WEIS2	1.000	.708
WEIS3	1.000	.668
QWL1	1.000	.692
QWL2	1.000	.557

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QWL3	1.000	.612
QWL4	1.000	.697
QWL5	1.000	.710
CWP1	1.000	.751
CWP2	1.000	.607
CWP3	1.000	.569
EWB1	1.000	.507
EWB2	1.000	.620
EWB3	1.000	.591
EWB4	1.000	.590
Extraction Method: Principal Component Analysis		

"Table 3 of Communalities represents contributions for each variable under Principal Component Analysis (PCA) and ranges from an initial value of 1.000 for all variables, with extraction values based on any number of factors. Thus, the higher the extraction values-for instance, CWP1 (0.751), QWL5 (0.710), and WEIS2 (0.708) are more related to the underlying factors contributing substantially to QWL. On the other side is EWB1 (0.507), depicting low extraction values that indicate weak relationships with the factors developed. Overall, communalities express the fraction of variance shared between the variables and the factors."

Table 5: Total Variance Explained

Total Variance Explained									
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.483	23.223	23.223	3.483	23.223	23.223	3.284	21.897	21.897

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2	2.696	17.975	41.198	2.696	17.975	41.198	2.353	15.686	37.582
3	1.863	12.418	53.616	1.863	12.418	53.616	1.896	12.637	50.219
4	1.358	9.056	62.672	1.358	9.056	62.672	1.868	12.453	62.672
5	.826	5.509	68.181						
6	.732	4.882	73.063						
7	.646	4.305	77.369						
8	.599	3.995	81.364						
9	.547	3.645	85.009						
10	.493	3.285	88.293						
11	.439	2.928	91.222						
12	.394	2.630	93.852						
13	.356	2.376	96.228						
14	.316	2.106	98.334						
15	.250	1.666	100.000						
Extraction Method: Principal Component Analysis.									

"Table 4 indicates that the first four components together account for 62.67% of the total variance in the dataset. The first four components are statistically significant, with the first component accounting for 23.22% of the variance, followed by the second, third, and fourth components accounting for 17.97%, 12.41%, and 9.05%, respectively. Upon rotation, the variance is more equitably distributed among those four components (21.89%, 15.68%, 12.63%, and 12.45%), which does improve the clarity and interpretability of the factors. The eigenvalues of additional components drop below one and explain very little variance; hence, their contribution to the study is negligible. The table indicates four key factors that mostly represent the Quality of Work Life (QWL) of doctors at private hospitals in Rajasthan, presumably in relation to compensation and work pressure, work environment & institutional support, emotional well-being, and welfare facilities."

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Table 6: Rotated Component Matrix

Rotated Component Matrix[a]				
	Component			
	1	2	3	4
WEIS1				.705
WEIS2				.832
WEIS3				.814
QWL1	.831			
QWL2	.744			
QWL3	.781			
QWL4	.827			
QWL5	.840			
CWP1			.836	
CWP2			.773	
CWP3			.710	
EWB1		.683		
EWB2		.781		
EWB3		.757		
EWB4		.743		
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.				
a. Rotation converged in 5 iterations.				

"Table 5 reveals four key factors that affect the QWL of doctors in private hospitals in Rajasthan. Component 1 represents the strong relationship with QWL variables referring to aspects like work-life balance and job satisfaction. Component 2 correlated with Emotional Well-Being (EWB), reflecting mental health and welfare facilities. Component 3 explained compensation and work pressure (CWP), highlighting the importance of compensation. Lastly, Component 4 relates to Work Environment and Institutional Support (WEIS), emphasizing the other organizational and environmental factors that bear upon doctors' work lives. These four components yield different perspectives contributing to the overall QWL."

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H2: There is a significant difference in work-life balance and QWL perceptions among doctors in private hospitals in Rajasthan.

Table 7: One Sample Test Analysis

One-Sample Test	Mean	Standard deviation	t	Significance (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Work-life balance	18.1146	4.43745	82.659	0.000	18.11463	17.6838	18.5454
QWL perceptions	20.1244	2.37481	171.587	0.000	20.12439	19.8938	20.3549

"Table 6 represents the significant difference in work-life balance and QWL perceptions among doctors in private hospitals in Rajasthan. The Significance Value is 0.000 represents strong significance between these two variables. The scale of work-life balance means 18.1146 has a standard deviation of 4.43745, which indicates that the respondents showed a good deal of agreement among themselves. The mean difference reaches 95% confidence intervals between 17.6838 and 18.5454, which signifies that it is significantly above 0. For QWL perceptions, the mean is 20.1244 with a standard deviation of 2.37481. The 95% confidence intervals for mean difference range from 19.8938 to 20.3549, meaning these perceptions of quality of work life are strong."

6. Discussion

A study on doctors' Quality of Work Life (QWL) in private hospitals in Rajasthan brings crucial new knowledge on factors that shape personal and professional physician health. Professional autonomy, job stability, and work-life balance are important predictors for QWL. The four factors considered were compensation and work pressure, work environment and institutional support, emotional well-being, and welfare facilities, all of which have a direct impact on a doctor's job satisfaction, efficiency, and mental health. Addressing these issues is critical to increasing the Quality of Work Life (QWL) at private hospitals. Physicians who believe that the workplace culture is favorable, and they are paid appropriately and with support from managers perceive their jobs more positively. Long working hours, night shifts, and family responsibilities, however, uniquely strain the female physician. Furthermore, stresses such as job insecurity, emotional exhaustion, and overburden of tasks by the COVID-19 pandemic were worse, and immediate efforts must be undertaken to support healthcare professionals. The study depicts critical issues that must be addressed at once. With the fact that many physicians experience intense emotional pain and occupational exhaustion, mental health care should emerge as the priority issue. Hospitals should be encouraged to take on flexible work schedules and fewer shift working hours in terms of new work-life balance regulations. In addition, not enough infrastructure facilities and resources overload the work conditions, which results in direct harm to job satisfaction. Retaining doctors from this field of job due to extreme stress and work conditions necessitate strengthening retention mechanisms.

The findings of the study are in agreement with the existing literature on QWL in the healthcare industry. Srivastava et al. (2019) noted that there was a negative correlation between QWL and job

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burnout among Indian doctors, a finding supported by this study. Kumar & Murthy (2020) reported significant work-life balance problems for female doctors, which also found expression in this study. While existing studies highlight various challenges faced by doctors in private hospitals, they often focus on isolated issues rather than a comprehensive assessment of Quality of Work Life (QWL). The four selected factors—compensation and work pressure, work environment & institutional support, emotional well-being, and welfare facilities—are rarely examined together in a single study. Previous research has explored work pressure and financial stress (Parmar, 2014; Ali & Kumar, 2023), institutional inefficiencies (Meena et al., 2020), and emotional strain (Ali & Kumar, 2023), but there is limited analysis of how welfare facilities contribute to overall well-being (Chowdhury & Goli, 2024). Addressing these interrelated factors holistically will provide a clearer understanding of the systemic improvements needed to enhance doctors' QWL in private hospitals.

The findings are in line with previous studies done on QWL in the health sector. The negative relationship of QWL and job burnout among Indian doctors was highlighted by Srivastava et al. (2019), and this study's findings support such a relationship. Significant work-life balance challenges for female doctors have been reported by Kumar & Murthy (2020), echoing the gender-specific findings of the present study. This research also extends previous literature by mentioning the impact of the COVID-19 pandemic on the QWL of healthcare professionals. The existing literature is corroborated by Mahalakshmi (2023), as she emphasized the fact that direct policies and remuneration for hospitals affect the QWL of the employees and thus supports this study's outcome that managerial support and fair pay are essential factors.

Table 8: Top Studies Comparison with the present study

Title & Author	Findings	Research Gap	How This Study Fills the Gap
Srivastava et al. (2019)	QWL negatively affects job burnout and positively influences job satisfaction.	Did not analyze QWL in private hospitals.	This study focuses on private hospitals in Rajasthan to assess their unique challenges.
Kumar & Murthy (2020)	Work-life balance issues, particularly for women doctors.	Limited regional analysis, not Rajasthan-specific.	This study incorporates gender-specific findings in Rajasthan.
Mahalakshmi (2023)	Work-life balance depends on workplace policies and compensation.	No focus on private healthcare settings.	Identifies specific policy-driven factors affecting QWL in Rajasthan's private hospitals.
Barpanda & Saraswathy (2023)	COVID-19 increased workload stress, reducing QWL.	Examined only public healthcare workers.	Explores COVID-19's impact on private-sector doctors.
Silarova et al. (2022)	Urged for sector-specific QWL assessment frameworks.	No healthcare-specific QWL measurement tool.	Provides a private hospital-focused QWL evaluation.
Yadav & Shree (2024)	Job satisfaction influenced by fair pay and career growth.	Limited demographic focus.	Examines diverse specialties to ensure comprehensive insights.
Poulose & Sudarsan (2017)	Work-life balance improves with flexible work policies.	No empirical study on hospital doctors.	Offers primary data from 410 doctors in Rajasthan.
Negi et al. (2021)	QWL reduces turnover in private hospitals.	Focused only on nursing staff.	Expands the research to doctors across multiple specialties.

Source: Self-prepared by author

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7. Conclusion

The study investigates in depth the QWL of doctors working in private hospitals in Rajasthan. The analysis of the research shows that work-life balance, job security, management assistance, and salary were important factors that affected job satisfaction and professional well-being. Long working hours and family demands are the stresses that female physicians face, but the COVID-19 epidemic added more work demands, which had resulted in burnout and emotional exhaustion. On the other hand, the researchers found that poor QWL conditions are caused by high workload demand, lack of resources, and poor hospital infrastructures, calling for planned intervention for improvement. In addition, the study shows that the increase in QWL will significantly reduce staff turnover and improve health care service delivery standards generally. Private hospitals can improve work-life balance (QWL) by adopting flexible work rules, providing mental health support networks, improving hospital infrastructure, promoting job satisfaction, and implementing financial incentives. Employee engagement activities should focus on open communication between physicians and management, and participatory decision making. These strategies can lead to a more sustainable and healthy work environment for medical staff.

In spite of its contributions, the study has several limitations. The data-gathering procedure is a significant limitation as it depends on the self-reporting of answers from physicians, which may lead to response bias. This study is limited to doctors from specific private hospitals in Rajasthan, excluding a broader representation of different medical fields. It is not possible to cover doctors of every field in the study due to practical constraints such as the diversity of medical specialties, varying work environments, and the difficulty in accessing a representative sample from every field across a broad geographical area. Additionally, each specialty may have unique work-life dynamics, requiring a more focused approach to capturing meaningful insights, which would be challenging to achieve in a single study.

Future studies should look at QWL in healthcare sites across states, both public and private, to compare working conditions. The long-run effects of management practices in hospitals on retaining physicians and their well-being should also be considered in future research work. Furthermore, it is important to look into how digital healthcare technologies, including telemedicine and AI administrative assistant tools, might improve QWL. Research focusing on gender-specific concerns and ways to support female physicians who have to balance their personal and work responsibilities would be very insightful.

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