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Comparative Study of Work-Life Balance among Government and Private Sector Medical Practitioners in Rajasthan

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Abstract: *The increasing demands of healthcare job, workload, and emotional stress have made work-life balance a big problem for healthcare personnel. Public health relies on health practitioners, yet these individuals also have challenges in juggling their personal and family lives with their work. In Rajasthan, public and private healthcare providers have very different working conditions in terms of, among other things, workload, job security, pay, administrative burden, and opportunities for advancement. Because of these differences, it is more difficult for them to strike a good work-life balance. Job stability, regular hours, pension benefits, and institutional support are some of the perks that government medical practitioners typically enjoy. However, they frequently encounter issues such as insufficient staff, an excessive number of patients, patients residing in outlying locations, administrative constraints, and so on. Practitioners in the private sector may have better infrastructure, more chances for advancement, and greater salaries, but they may also be subject to more work pressure, shorter hours, and less job security. The comparison study shows that several things impact work-life balance, including company culture, task management, family responsibilities, financial stability, and psychological well-being. Although private practitioners may earn more money, they often endure more occupational stress. In contrast, public sector practitioners often have more stability and more predictable work schedules. Policies that promote healthcare professionals' work-life balance, like flexible scheduling, mental health services, and adequate staffing, are emphasised by the results.*

Introduction

As the demands of both work and personal life continue to grow in complexity in today's society, the idea of work-life balance (WLB) has grown in prominence as a field of study. Keeping a healthy work-life balance is becoming increasingly difficult for people in all walks of life as a result of increased

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employment responsibilities, shifting family dynamics, and new technologies. This is an especially big concern in the healthcare industry, especially for doctors and nurses, because their jobs need them to put in long hours, deal with emotional labour on the job, and be under continual pressure to provide patients with excellent treatment. These factors require a thorough comprehension of how medical professionals in Rajasthan, a culturally varied and geographically expansive state, handle their work-life balance.[1]

As protectors and rescuers, medical professionals play an essential role in our society. This includes surgeons, general practitioners, and specialists in the medical field. Their employment extends beyond the typical nine to five, putting them in emotionally difficult situations and requiring them to work irregular hours. Particularly in public health facilities, the continual demand for their services, together with understaffing and patient overload, puts tremendous strain on their physical and mental well-being. Relationships, parenting, and leisure time can all take a hit when people are under constant pressure at work. The study of medical professionals' work-life balance in Rajasthan sheds light on the specific difficulties encountered by healthcare workers and emphasises the necessity of systemic and institutional assistance.[2]

Rajasthan, the largest state in India by area, presents a varied healthcare landscape ranging from advanced urban medical facilities to rural primary health centers. The vast disparity in medical infrastructure and availability of healthcare personnel across different regions of the state contributes to uneven workloads for medical practitioners. Rural doctors, in particular, often have to serve large populations with limited resources and minimal support staff, making it difficult to maintain any semblance of work-life balance. These geographic and infrastructural disparities make Rajasthan a particularly compelling setting for studying how environmental and institutional factors influence WLB among medical professionals.

Rajasthan, the largest state in India by area, presents a varied healthcare landscape ranging from advanced urban medical facilities to rural primary health centers. The vast disparity in medical infrastructure and availability of healthcare personnel across different regions of the state contributes to uneven workloads for medical practitioners. Rural doctors, in particular, often have to serve large populations with limited resources and minimal support staff, making it difficult to maintain any semblance of work-life balance. These geographic and infrastructural disparities make Rajasthan a particularly compelling setting for studying how environmental and institutional factors influence WLB among medical professionals.

When considering the work-life balance of healthcare workers, gender is an important factor to consider. Traditional expectations of caregiving and household management may place further stress on female Rajasthani doctors already struggling to find a work-life balance. A "double burden" is often experienced by women in professional roles due to cultural standards, societal expectations, and a lack of institutional assistance. Examining gender variations in work-life balance, this study seeks to determine if female practitioners in Rajasthan face more challenges in reaching equilibrium than male practitioners, and if so, how they deal.[3]

Maintaining a healthy work-life balance is a challenge for both individuals and businesses. If healthcare facilities like hospitals and clinics don't take care of their employees, they run the danger of having high turnover rates, burnout, and subpar patient care. Recognising the dynamics of work-life balance among medical professionals is of the utmost importance in Rajasthan, as the state's public and private healthcare systems aim to grow and evolve. This study looks at how different healthcare organisations' policies, management styles, and workplace cultures affect or help doctors deal with WLB issues.[4]

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[1]"Lavanya, P. B., & Durga, A. K. (2024, February). A Comparative Analysis of Factors Influencing Work Life Balance Among Nurses Working in Government and Private Hospitals-An Empirical Study in the State of Andhra Pradesh. In 3rd International Conference on Reinventing Business Practices, Start-ups and Sustainability (ICRBSS 2023) (pp. 669-679). Atlantis Press."

[2]"Satpathy, I., Chandra, M. P., & Sasmita, J. (2014). A comparative study on work-life balance of nursing staff working in private and government hospitals. International Journal of Innovative Research in Science, Engineering and Technology, 3(1), 82654-88261."

[3]"Rao, A., & Shailashri, V. T. (2021). Work-Life balance of women medical professionals in the healthcare Sector-A systematic literature review. International Journal of Health Sciences and Pharmacy, 5(2), 54-79."

[4]"Adebayo, et al. (2019). Work-life balance and job satisfaction among health professionals: A comparative study. International Journal of Health Sciences, 7(2), 45– 56."

The theories of role conflict, the spillover model, and boundary theory are the theoretical foundations of work-life balance. According to these models, stress and decreased happiness result from demands from one area of life leaking into another. Medical professionals in Rajasthan deal with the challenges of balancing their personal and professional lives in this thesis, which uses these models to analyse their strategies for doing so. The research intends to assess the validity of existing theories in relation to the socio-cultural environment of healthcare professionals in Rajasthan by utilising empirical evidence and case studies.

There is a strong correlation between healthcare workers' lack of work-life balance and the epidemic of burnout that has recently gripped the industry.[1]Medical professionals' mental health and capacity to deliver effective and compassionate treatment are impacted by burnout, which is characterised by emotional weariness, depersonalisation, and diminished feeling of achievement. To safeguard and maintain the medical workforce in Rajasthan's healthcare ecosystem—where several doctors function under resource constraints—it is essential to comprehend the connection between burnout and WLB.

One factor that influences the results and expectations surrounding work-life balance is the generational split. There may be generational differences in how younger doctors see work-life balance, self-care, and family time, especially among millennials and Gen Zers just entering the profession. This thesis seeks to answer the questions of whether or not healthcare institutions in Rajasthan are adjusting (or not adjusting) to the changing demands of different generations and whether or not this translates into different levels of work-life satisfaction among practitioners.[2]

In rural parts of Rajasthan, the challenges of balancing work and life are amplified by infrastructural limitations and professional isolation. Doctors posted in rural primary health centers often lack access to basic amenities, supportive colleagues, and recreational outlets. These conditions not only affect their quality of life but also their ability to stay motivated and emotionally resilient. By including voices from rural practitioners, this study ensures a holistic view of WLB across diverse settings.

Work-life balance is deeply influenced by support systems, both at home and at work. In Rajasthan, where joint family systems are still prevalent, familial support can sometimes ease the burden of domestic responsibilities, especially for married doctors. Conversely, lack of spousal understanding or elder care duties can exacerbate stress. Similarly, institutional support in the form of flexible hours, mental health counseling, and predictable schedules can go a long way in enhancing WLB. This study explores how this support systems operate in the lives of Rajasthan’s medical practitioners.

Examining the impact of occupational stresses on mental health is crucial in light of the increasing focus on mental health in India. Due to the high expectations placed on them, doctors seldom seek assistance for their personal mental health issues. It is already difficult for mental health professionals to show vulnerability in Rajasthan due to the pervasive stigma that surrounds mental health issues. This study looks at the mental health needs of the population and how work-life imbalance affects them.

Despite its usefulness in healthcare and communication, technology has made it harder to distinguish between one's work life and one's personal life. Thanks to telemedicine and smartphone apps, many doctors are "on call" even when the facility is closed. While always being connected is great in an emergency, it also causes stress and makes it harder to keep track of time. This study investigates the effects of digital tools on work-life balance among Rajasthani healthcare providers working in the public and private sectors.

A comparative analysis between private and public healthcare institutions provides valuable insights into organizational factors influencing WLB. In Rajasthan, government doctors may enjoy job security and benefits but often face resource scarcity and patient overload. On the other hand, private practitioners may deal with commercial pressures, competition, and unpredictable hours. This study compares WLB experiences across these two sectors to identify best practices and systemic gaps.

[1]“Dyrbye, L. N., Shanafelt, T. D., & Sinsky, C. (2017). Burnout among health care professionals: A systematic review. Journal of Healthcare Quality, 39(4), 246–255.”
[2]“Shanafelt, T. D., Boone, S., Tan, L., Dyrbye, L. N., Sotile, W., Satele, D., West, C. P., Sloan, J., & Oreskovich, M. R. (2012). Burnout and satisfaction with work-life balance among US Doctors. Annals of Internal Medicine, 157(11), 793–803.”

Understanding the cultural ethos of Rajasthan is vital to comprehending work-life dynamics. Traditional values, social expectations, and community roles often shape how professionals view success, duty, and personal time. For instance, many doctors feel obligated to serve their communities beyond their official duties, particularly in small towns and rural areas. This cultural backdrop forms a crucial layer in understanding the personal-professional interface for medical practitioners in the state.

The doctors and nurses who make up Rajasthan's healthcare system are the focus of this important and long-overdue study. It seeks to offer practical insights for policymakers, hospital administrators, and practitioners by delving into the complex nature of work-life balance, which includes individual, organisational, and societal aspects. We want to create a healthier and more sustainable workplace that promotes personal well-being and professional achievement.

Literature Review

Narayanan, V. & Kumar, R. (2025) The RNs working in public and private healthcare institutions in the Madurai area will have their work-life balance and the challenges of their jobs examined in this study. Due to the demanding nature of the job, many nurses experience burnout, low job satisfaction, and high turnover rates. Results should show similarities and differences in working conditions, since different organisational structures and regulations impact nurses' professional and personal life. Legislators and hospital administrators can greatly benefit from this study's examination of the workload-to-staff ratio, emotional stresses, and support measures.[1]

Singh, Reeta et al. (2025) Both the academic and corporate communities are starting to use the term "work-life balance" (WLB) more often. This study's overarching goal is to learn more about WLB in India's healthcare system and assess the possible problems that have been found through failure mode effects analysis (FMEA). The study provides useful insights into health-care professionals' productivity by identifying the failure mode, potential effects, causes, and control strategies of each antecedent of WLB.[2]

Asadullah et al. (2024) Examined the relationship among healthcare workers' occupational habits, sleep cycles, and work-life harmony. Medical workers' health and work-life balance were negatively affected by chronic sleep loss and workaholism, according to research.[3]

Obina et al. (2024)examined health workers' perceptions of their own work-life balance. Excessive job demands negatively impacted employee well-being, in contrast to organisational support, moderate workloads, and strong workplace connections, which greatly improved perceived work-life balance.[4]

Soneye et al. (2023)analysed the literature on the topic of work-life balance from the perspective of young physicians. According to the review, doctors' capacity to keep a good work-life balance is negatively impacted by excessive working hours, personnel shortages, and professional demands.[5]

Shah R. (2015),As a result of the low level of gender parity in India, men and women view work-life balance very differently. The expanding body of research showing that work-life balance is not a gender-neutral notion is bolstered by this investigation. Work schedule, workload, job overload, and commuting had a bigger impact on women than on men, while advancement opportunities, prizes, and support from peers and superiors were more important to males. It is also commonly believed that men were more inclined to see the tangible and intangible ways in which their jobs improved the lives of their

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[1]"Narayanan, V., & Kumar, R. (2025). A comparative study of workload and work-life balance among nurses in government and private hospitals in Madurai. BODHI International Journal of Research in Humanities, Arts and Science, 10(SI2), 27–35. https://doi.org/10.64938/bijsi.v10si2.25.Dec086"

[2]"Singh, Reeta & Sharma, Monica & Nadeem, Rifa & Patidar, Akshay & Anchliya, Neha. (2025). Enhancing work–life balance in the Indian health-care sector: prioritizing failures and implementing corrective interventions through failure mode effects analysis (FMEA). International Journal of Organizational Analysis. 34. 10.1108/IJOA-08-2024-4702."

[3]"Asadullah, M. A., Aslam, M., Ul Haq, M. Z., Nazir, S., Khan, K. A., & Siddiquei, A. N. (2024). Integrating work and sleep to understand work-life balance among healthcare professionals: A conservation of resources perspective. Acta Psychologica, 251, 104514. https://doi.org/10.1016/j.actpsy.2024.104514"

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[5]"Soneye, O. Y., Ogundipe, H., Ayowole, D., Umar, S. S., et al. (2023). Systematic review of work-life balance among early career doctors. Ibom Medical Journal, 16(1), 1–13. https://doi.org/10.61386/imj.v16i1.285'

families. Workers' efficiency and competence were both boosted by the knowledge and skills that women brought to the table from their households.[1]

Patnaik, et al. (2014) People are willing to put in more effort if it means they can achieve their goals in life. With time and expertise comes the need to compromise, and occasionally their ideas get muddled. Every minute of our available time is entirely up to us to decide how to use it. According to the experts, if we sleep for 8 hours every nite and we expect to live for 60 years (in theory), we will have wasted 20 years of our lives just sleeping. As a result, managing one's time well is crucial. The importance of setting priorities is crucial. The individual's social circle also contracts as they start to feel lonely and depressed. Those who are already well-established in their professions are more likely to experience work-life conflicts, according to the psychologist. Finding a balance between work and personal life is a challenge for nurses working in both public and private hospitals, and this essay will examine and contrast those challenges.[2]

Keeton (2007), surveyed doctors around the country to find out how burnout, job satisfaction, and work-life balance relate to one another. Finding out what factors most influence job satisfaction, burnout, and WLB (work-life balance) was the primary motivation for the research. While the study found that burnout is a predictor of physicians' job happiness, it found no correlation between physicians' work-life balance and their level of career satisfaction.[3]

Tankha, Geetika. (2006) These days, stress is the single most important factor determining how happy and productive an employee is on the work. Stress in the workplace is on the rise among nurses in this setting. One hundred twenty-two healthcare workers, including physicians and nurses, from public and commercial hospitals participated in this study to examine the consequences of role stress.[4]

Methodology

- **Research Design:** To find out how doctors in Rajasthan feel about their work-life balance right now, this study used a descriptive cross-sectional approach. Research on the connections between work-life balance, gender, location, institutional support, psychological health, and generational disparities can be facilitated by this study's appropriate design, which permits the collection and analysis of data from a statistically valid sample at a particular moment in time. Structured surveys and in-depth interviews are used to get thorough insights in this strategy, which blends quantitative and qualitative methods.
- **Study Population:** Demographic data will form the basis of the target population. Staff members from a variety of public, private, and semi-public healthcare facilities in rural and urban Rajasthan, including certified medical practitioners (MBBS, MD, MS, or equivalent), hospital nurses, compounders, and others, will make up this group. The demographic includes people of different sexes, ages, and professional backgrounds, ranging from junior residents to senior consultants.
- **Sampling Technique:** The study uses *multi-stage stratified random sampling* to ensure representativeness and diversity across region, gender, experience level, and healthcare sector:
  - Stage 1: Stratification by region– Urban (Jaipur, Jodhpur, Udaipur) and rural (Barmer, Dungarpur, Banswara, etc.)
  - Stage 2: Stratification by sector – Government hospitals, private hospitals, and primary health centers.
  - Stage 3: Random sampling within each stratum – From the official medical registries and hospital personnel listings, a random sample of practitioners will be chosen.

This approach ensures balanced representation of various groups relevant to the study's objectives.

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[1]"Reena A. Shah, Work-life Balance and Gender: A Study of Professionals in India, Review of Management, Vol. 5, No. 1/2, June 2015, pp5-18."
[2]"Patnaik, B. C., Satpathy, I., & Jena, S. (2014). A comparative study on work-life balance of nursing staff working in private and government hospitals. International Journal of Innovative Research in Science, Engineering and Technology, 3, 8254–8261."
[3]"Keeton, K., Fenner, D. E., Johnson, T. R., & Hayward, R. A. (2007). Predictors of physician career satisfaction, work–life balance, and burnout. Obstetrics & Gynecology, 109(4), 949-955"
[4]"Tankha, Geetika. (2006). A Comparative Study of Role Stress in Government and Private Hospital Nurses. Journal of Health Management. 08. 11-22. 10.1177/097206340500800102."

- **Sample Size:** In order to gather statistics, five cities will be considered: Jaipur, Kota, Ajmer, Alwar, and Bharatpur. For the sake of statistical validity and the ability to do subgroup analysis (based on factors such as gender, area, and career stage, for example), we aim to recruit at least 120 medical practitioners. An anticipated 50% variability in work-life balance satisfaction, a 5% margin of error, and a 95% confidence level are used to compute the sample size. Variations in response rates and saturation of data during qualitative interviews may cause the final figure to be altered.

Data Collection Methods

In order to get primary data from participants, the study uses a structured survey approach.

- **Primary Data**

A structured questionnaire will be administered to medical practitioners to collect information relating to:

- Demographic Profile (Age, Gender, Marital Status, Family Size, Number of Dependents)
- Professional Profile (Designation, Specialization, Years of Experience, Type of Healthcare Institution)
- Working Conditions (Daily Working Hours, Emergency Duties, On-call Responsibilities, Administrative Workload)
- Work-Life Balance Indicators
- Occupational Stress and Mental Well-being
- Job Satisfaction and Career Growth Opportunities
- Organizational Support and Workplace Environment
- Family and Social Life Satisfaction

A five-point Likert Scale, from "Strongly Agree" to "Strongly Disagree," will be used to measure responses.

- **Secondary Data**

Research will rely on secondary data gathered from:

- Research articles published in peer-reviewed journals
- Government reports and healthcare statistics
- National Medical Commission publications
- Ministry of Health and Family Welfare reports
- Publications pertaining to healthcare workers' work-life balance, such as books, dissertations, and proceedings from conferences.

Results

The research included 120 healthcare providers from various cities in Rajasthan; 60 worked for the government and 60 for private companies. Focusing on work-life balance, workload, occupational stress, and job satisfaction, the study compared the two groups.

Table 1: Comparison of Working Conditions among Government and Private Medical Practitioners

Variables	Government Practitioners (n=60)	Private Practitioners (n=60)
Weekly Working Hours (Mean)	51.2	60.5
Occupational Stress Score (Out of 5)	3.38	4.07
Job Satisfaction Score (Out of 5)	4.05	3.61
Work-Life Balance Score (Out of 5)	3.86	3.18

The findings show that medical professionals in the commercial sector put in noticeably more hours than those in the public sector. Private practitioners worked 60.5 hours a week on average, whereas government practitioners worked 51.2 hours. Private practitioners were likewise shown to have greater levels of occupational stress. Government practitioners, on the other side, claimed better work-life balance and greater job satisfaction as a result of established work schedules, institutional support, and job security.

Table 2: Factors Affecting Work-Life Balance among Medical Practitioners (Multiple options allowed)

Factors	Government (n=60)	Private (n=60)
Excessive Workload	43 (71.7%)	51 (85.0%)
Long Working Hours	36 (60.0%)	53 (88.3%)
Administrative Burden	46 (76.7%)	27 (45.0%)
Family Responsibilities	33 (55.0%)	35 (58.3%)
Occupational Stress	39 (65.0%)	50 (83.3%)
Job Insecurity	8 (13.3%)	43 (71.7%)

The results show that occupational stress and excessive workload are significant issues in both sectors. The main issues influencing work-life balance, according to government professionals, are administrative duties and patient overload. Conversely, private practitioners said that long work hours, performance expectations, and job insecurity were the most significant barriers to a work-life balance.

Table 3: Overall Satisfaction with Work-Life Balance

Satisfaction Level	Government (n=60)	Private (n=60)
Highly Satisfied	15 (25.0%)	7 (11.7%)
Satisfied	26 (43.3%)	18 (30.0%)
Neutral	11 (18.3%)	12 (20.0%)
Dissatisfied	6 (10.0%)	15 (25.0%)
Highly Dissatisfied	2 (3.4%)	8 (13.3%)
Total	60 (100%)	60 (100%)

The findings show that compared to private practitioners, government medical professionals have a comparatively better work-life balance. Compared to 41.7% of private practitioners, about 68.3% of government practitioners expressed satisfaction or high satisfaction with their work-life balance. The consequences of lengthy workdays, organisational pressure, and occupational stress were highlighted when 38.3% of private practitioners reported being dissatisfied or very unsatisfied with their work-life balance.

Discussion

The research shows that doctors in Rajasthan's public and private sectors have quite different views on work-life balance. Employment stability, pension benefits, regular work schedules, and institutional support all contributed to greater job satisfaction and work-life balance among government practitioners. Still, they're dealing with problems including a backlog of paperwork, understaffing, and an overwhelming number of patients.

Private practitioners, despite receiving higher remuneration and having access to better healthcare infrastructure, reported greater occupational stress and lower levels of work-life balance. Longer working hours, performance expectations, career competition, and concerns regarding job security emerged as major factors affecting their personal and family lives.

Results indicate that healthcare workers' mental health support services, increased staffing, more flexible scheduling, and workload management are crucial to their well-being. In order to improve healthcare service delivery and patient outcomes in Rajasthan, it is necessary to strengthen organisational support mechanisms that assist medical practitioners in striking a better balance between their personal and professional lives.

Conclusion

The healthcare industry plays a crucial role in people's daily lives. The goals of an effective healthcare system include improving people's health, providing them with medical treatment, and raising their standard of living. When choosing a career in healthcare, honesty and objectivity are the defining traits. The data analysis revealed that there are a few key elements that have a major impact on healthcare workers' day-to-day work. Healthcare workers, particularly nurses and paramedics, have high rates of stress.

They may lose interest if they have to work nite shifts or long hours. Regardless, they are content with their salary and working conditions. They were not adequately compensated with the festival

incentives and rewards. One of the main difficulties that healthcare workers face is working long hours and nite shifts. Their family ties suffer as a result of the difficulty in striking a healthy work-life balance.

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