

Original Research

Received 28 May 2026

Revised 30 June 2026

Accepted 15 July 2026

Natural Resources for Human
Health 2026, Vol. 6 (12s): 751–757

KEYWORDS:

physician stress, job satisfaction,
private practice, perceived stress,
work–life balance, specialist
physicians.

Psychosocial Stress and Job Satisfaction among Specialist Physicians in Private Practice

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ABSTRACT:

Background: Physician stress and job satisfaction are important components of occupational and professional health. Private practitioners may face substantial workload, time pressure, financial demands and interpersonal responsibilities. This study assessed perceived stress and multiple domains of job satisfaction among specialist physicians in private practice in Surat, India.

Methods: A cross-sectional survey was conducted during 2019–2020 among 244 postgraduate-qualified allopathic physicians engaged in private practice. Demographic information was collected using a semi-structured questionnaire. Perceived stress was assessed with the 10-item Perceived Stress Scale (PSS-10), and job satisfaction was assessed using the Indian Physician Job Satisfaction Scale (IPJSS). Descriptive statistics and analysis of variance were used to examine differences across demographic groups.

Results: Of 244 participants, 173 (70.9%) were men and 71 (29.1%) were women; 149 (61.1%) held MD degrees and 95 (38.9%) held MS degrees. Most participants (83.6%) reported working more than 8 hours per day or more than 48 hours per week, and 84.0% reported spending less than 6 hours per day with family. The mean PSS-10 score was 21.60, corresponding to moderate perceived stress. Overall job satisfaction did not differ significantly by sex. Significant differences in job satisfaction were reported across age, income and duration-of-practice groups, while personal-time satisfaction differed by sex, specialty and working hours. Physicians with more than 15 years of practice reported higher job satisfaction than those with shorter experience.

Conclusion: Specialist physicians in private practice experienced moderate perceived stress and relatively limited satisfaction with available personal time. Income and professional experience were associated with job satisfaction, highlighting the importance of workload management and work–life balance in physician health.

1. INTRODUCTION

Physician well-being is closely related to the demands and organisation of medical work. Medical practice involves responsibility for patients' health and life, continuous decision-making, professional updating and interaction with patients, families, colleagues and staff. These demands may contribute to psychological stress and may influence satisfaction with professional life. The source study notes that workplace stress can affect productivity, concentration, learning and work performance.

The expansion of private healthcare in India has occurred alongside increasing expectations regarding cost-effectiveness, quality and access to medical technology. Private medical practice also involves coordination with other practitioners and staff and requires adaptation to changing professional environments. Such changes may have beneficial or adverse effects on psychological and physiological well-being.

Job satisfaction is multidimensional. The Indian Physician Job Satisfaction Scale (IPJSS) assesses domains including autonomy, relationships with co-workers, staff, patients and the community, delivery of care, resources, earnings, personal time, job satisfaction and career satisfaction. Perceived stress can be assessed using the Perceived Stress Scale (PSS), which measures the degree to which individuals perceive their lives as unpredictable, uncontrollable or overloaded.

The present study therefore examined perceived stress and multiple dimensions of job satisfaction among specialist physicians engaged in private practice in Surat, India, with particular attention to demographic, professional and workload-related characteristics.

2. MATERIALS AND METHODS

2.1 Study design and setting

This was a cross-sectional survey study conducted in Surat, South Gujarat, India, during the academic period 2019–2020. The study duration was 15 months. A total of 244 specialist private practitioners from various clinical branches were included.

2.2 Participants

Physicians were eligible if they were postgraduate-qualified allopathic doctors practicing privately in Surat and provided valid informed consent. Physicians working in government hospitals or only in corporate hospitals, practitioners of non-allopathic systems of medicine, and individuals who did not provide valid informed consent were excluded.

2.3 Measures

A semi-structured questionnaire was used to collect demographic and professional information. Perceived stress was assessed using the 10-item Perceived Stress Scale (PSS-10), developed by Cohen, Kamarck and Mermelstein. In the source study, scores of 0–13, 14–26 and 27–40 were interpreted as mild, moderate and severe stress, respectively. Job satisfaction was assessed using the Indian Physician Job Satisfaction Scale (IPJSS), developed by Mehta and Kiran. The IPJSS contains 80 items covering 14 factors, including facets of satisfaction and global measures, rated on a five-point scale.

2.4 Data collection and statistical analysis

Only completely filled questionnaires were included. Data were entered into Microsoft Excel and analysed using SPSS version 21. The reported analysis included descriptive statistics and analysis of variance (ANOVA) to examine differences in job-satisfaction domains according to age, sex, specialty, income, working hours and duration of practice. Statistical significance was interpreted at $p < 0.05$. The source document also mentions binary logistic regression and factor analysis in its methodology; because corresponding results are not presented in the available report, these analyses are not reported as completed analyses in this manuscript.

2.5 Ethical considerations

The source document states that participants received a participant information sheet and provided valid informed consent. However, an institutional ethics committee name and approval/reference number are not provided in the source document. These details must be added before submission if ethics approval was obtained. The manuscript should not be submitted until the authors verify and document the applicable ethical approval or exemption.

3. RESULTS AND DISCUSSION

3.1 Participant characteristics

The study included 244 specialist physicians. Most participants were men (173, 70.9%), while 71 (29.1%) were women. Most were aged over 45 years (147, 60.0%). MD-qualified physicians accounted for 149 (61.1%) participants and MS-qualified physicians for 95 (38.9%). More than half (124, 51.0%) had been in practice for more than 15 years. Nearly all participants were married (237, 97.1%) and belonged to nuclear families (236, 96.7%).

Annual income was greater than INR 30 lakh for 182 (74.6%) physicians, INR 10–30 lakh for 54 (22.1%), and less than INR 10 lakh for 8 (3.3%). Most physicians (204, 83.6%) reported working more than 8 hours per day or more than 48 hours per week. Only 39 (16.0%) reported spending more than 6 hours per day or more than 48 hours per week with family. A personal or past history of psychiatric illness was reported by 23 (9.4%) participants, while 18 (7.4%) reported a family history of psychiatric illness.

Table 1. Demographic and professional characteristics of participants

Characteristic	n	%
Male	173	70.9
Female	71	29.1
Age 25–34 years	23	10.0
Age 35–44 years	74	30.0
Age >45 years	147	60.0
MD	149	61.1
MS	95	38.9
Practice <8 years	67	27.0
Practice 8–15 years	53	22.0
Practice >15 years	124	51.0
Married	237	97.1
Unmarried	7	2.9
Nuclear family	236	96.7
Joint family	8	3.3
Income <INR 10 lakh/year	8	3.3
INR 10–30 lakh/year	54	22.1
>INR 30 lakh/year	182	74.6
Working <8 h/day or <48 h/week	40	16.4
Working >8 h/day or >48 h/week	204	83.6
Family time >6 h/day or >48 h/week	39	16.0
Family time <6 h/day or <48 h/week	205	84.0
Personal/past psychiatric illness: Yes	23	9.4
No	221	90.6
Family history of psychiatric illness: Yes	18	7.4
No	226	92.6

3.2 Job-satisfaction domains

Across demographic and professional categories, physicians were moderately satisfied with autonomy, relationships with co-workers, relationships with staff and relationships with patients. The source study reported good satisfaction with delivery of

care and with relationships with the community. Satisfaction with personal time was comparatively limited, with reported mean scores ranging from 10.15 to 12.85 across categories. The source report also indicates that physicians with shorter experience and lower income had less favourable satisfaction with earnings, while physicians with more than 15 years of experience reported greater satisfaction with earnings and overall job satisfaction.

The reported ANOVA showed significant differences in employee-earnings satisfaction and overall job satisfaction across age groups, income groups and duration-of-practice groups. Personal-time satisfaction differed significantly by sex, specialty and working hours. The overall pattern suggests that the organisation and economic context of private practice may be more important for some dimensions of satisfaction than sex alone.

Table 2. Mean (SD) job-satisfaction domain scores by selected characteristics

Group	AT	RCO	RS	RP	DOC	RC	R	ER	PT	JS
Practice <8 y	14.09 (1.44)	5.73 (0.67)	6.39 (0.49)	9.06 (1.40)	16.21 (2.67)	5.78 (1.23)	22.24 (3.12)	17.04 (2.11)	12.57 (1.26)	8.97 (2.19)
Practice 8–15 y	14.42 (1.38)	5.68 (0.73)	6.45 (0.50)	9.43 (1.49)	15.57 (2.39)	5.91 (1.11)	22.34 (3.41)	12.96 (2.06)	12.28 (1.35)	7.62 (2.20)
Practice >15 y	14.30 (1.32)	5.74 (0.67)	6.41 (0.49)	9.05 (1.44)	16.48 (2.39)	5.56 (1.20)	22.07 (3.29)	10.70 (2.01)	12.31 (1.31)	6.48 (1.69)
Age 25–34 y	14.09 (1.68)	5.78 (0.67)	6.48 (0.51)	9.00 (1.48)	16.48 (2.39)	6.17 (1.30)	22.83 (3.00)	17.39 (2.54)	12.57 (1.41)	10.09 (1.47)
Age 35–44 y	14.26 (1.35)	5.62 (0.66)	6.39 (0.49)	9.26 (1.44)	15.72 (2.65)	5.70 (1.19)	21.92 (3.34)	15.27 (2.76)	12.36 (1.29)	8.23 (2.32)
Age >45 y	14.36 (1.24)	5.77 (0.69)	6.41 (0.49)	8.95 (1.42)	16.27 (2.42)	5.61 (1.17)	22.03 (3.33)	11.06 (2.17)	12.35 (1.30)	6.59 (1.73)
Working <8 h/day	14.29 (1.37)	5.88 (0.71)	6.44 (0.50)	8.83 (1.28)	16.49 (2.31)	5.51 (1.08)	21.44 (3.36)	12.54 (3.30)	10.15 (0.36)	7.63 (2.28)
Working >8 h/day	14.31 (1.31)	5.69 (0.67)	6.41 (0.49)	9.09 (1.46)	16.04 (2.53)	5.73 (1.22)	22.20 (3.27)	13.01 (3.39)	12.82 (0.90)	7.37 (2.21)
Income <10 lakh	14.13 (1.25)	5.75 (0.71)	6.38 (0.52)	9.50 (1.77)	17.13 (2.23)	6.38 (1.30)	23.00 (3.21)	17.75 (0.89)	11.87 (1.73)	10.63 (0.52)
Income 10–30 lakh	14.22 (1.37)	5.76 (0.69)	6.33 (0.47)	9.22 (1.44)	16.58 (2.47)	5.71 (1.28)	22.42 (3.44)	13.53 (3.54)	12.51 (1.20)	7.47 (2.19)
Income >30 lakh	14.34 (1.31)	5.71 (0.68)	6.44 (0.50)	8.97 (1.42)	15.93 (2.50)	5.66 (1.17)	21.93 (3.25)	12.54 (3.20)	12.35 (1.32)	7.25 (2.17)
Female	14.52 (1.30)	5.83 (0.80)	6.47 (0.50)	9.21 (1.36)	15.84 (2.54)	5.75 (1.22)	21.92 (3.24)	12.81 (3.21)	12.03 (1.37)	7.68 (2.23)
Male	14.21 (1.32)	5.68 (0.62)	6.39 (0.49)	8.97 (1.47)	16.24 (2.47)	5.67 (1.22)	22.19 (3.32)	12.99 (3.45)	12.53 (1.25)	7.30 (2.21)
MD	14.31 (1.31)	5.74 (0.68)	6.41 (0.68)	9.11 (1.49)	16.09 (2.54)	5.71 (1.22)	21.98 (3.32)	12.71 (3.26)	12.07 (1.44)	7.34 (2.24)
MS	14.29 (1.34)	5.71 (0.68)	6.42 (0.68)	8.95 (1.42)	16.17 (2.43)	5.66 (1.15)	22.22 (3.25)	13.28 (3.52)	12.85 (0.86)	7.54 (2.19)

Abbreviations: AT, autonomy; RCO, relationship with co-workers; RS, relationship with staff; RP, relationship with patients; DOC, delivery of care; RC, relationship with community; R, resources; ER, employee earnings; PT, personal time; JS, job satisfaction.

3.3 Differences in job satisfaction across demographic and professional groups

ANOVA demonstrated statistically significant differences in employee-earnings satisfaction across age groups ($F=119.969$, $p<0.001$), income groups ($F=11.105$, $p<0.001$) and duration of practice ($F=209.097$, $p<0.001$). Overall job satisfaction also differed across age groups ($F=43.145$, $p<0.001$), income groups ($F=9.512$, $p<0.001$) and duration of practice ($F=35.551$, $p<0.001$). Personal-time satisfaction differed significantly by sex ($F=7.854$, $p=0.005$), specialty ($F=22.961$, $p<0.001$) and working hours ($F=350.404$, $p<0.001$).

No significant differences were reported for autonomy, relationships with co-workers, relationships with staff, relationships with patients, delivery of care or resources across the principal demographic and professional groupings in the reported ANOVA summary. The source report additionally describes significant differences in relationship-with-co-workers and relationship-with-community measures in a separate ANOVA table related to perceived stress; because the exact grouping structure of that table is not fully specified in the source document, these results should be verified against the original statistical output before submission.

3.4 Perceived stress

The mean PSS-10 score was 21.60, indicating moderate perceived stress according to the interpretation used in the source study. Mean scores were 22.39 in physicians aged 25–34 years, 21.82 in those aged 35–44 years and 21.37 in those aged over 45 years; the difference was not statistically significant ($F=1.066$, $p=0.346$). Mean scores were 21.59 among women and 21.62 among men ($F=0.004$, $p=0.953$).

Mean PSS-10 scores were 21.44 among MD physicians and 21.86 among MS physicians ($F=0.851$, $p=0.357$). Physicians working less than 8 hours per day had a mean score of 21.37 compared with 21.66 among those working more than 8 hours per day ($F=2.334$, $p=0.099$). Mean scores were 22.10, 21.60 and 21.34 among physicians with less than 8, 8–15 and more than 15 years of experience, respectively ($F=0.237$, $p=0.627$). Income and family-time categories also showed no statistically significant differences in PSS-10 scores. These findings indicate that perceived stress was moderate overall but was not significantly differentiated by the demographic variables examined in this sample.

3.5 Interpretation in relation to previous evidence

The study findings are broadly consistent with previous work cited in the source report indicating that physician job satisfaction is influenced by work environment, time pressure, earnings and career stage. The source study cites evidence that relationships with the community and delivery of care may contribute positively to professional satisfaction. In the present sample, satisfaction with delivery of care and community relationships was relatively favourable, whereas personal-time satisfaction was comparatively limited.

The association between longer professional experience and higher job satisfaction may reflect differences in professional adaptation, practice stability or career expectations, although the cross-sectional design does not allow causal conclusions. Similarly, the observed relationship between income and job satisfaction should not be interpreted as evidence that higher income causes greater satisfaction. Income may correlate with professional experience, practice structure or other unmeasured factors.

The moderate mean PSS-10 score indicates a substantial burden of perceived stress among these specialist physicians. However, the absence of significant differences across the measured demographic variables suggests that stress may be influenced by factors not captured by the study, including organisational characteristics, patient load, administrative burden, consultation intensity, medico-legal concerns and individual coping strategies. These variables were not comprehensively measured and should be examined in future studies.

4. LIMITATIONS

This study has several limitations. First, its cross-sectional design limits causal inference. Second, participants were recruited from private practice in a single Indian city, which limits generalisability to physicians in other settings and healthcare systems. Third, the sample was predominantly male, older and from higher-income categories, which may limit comparisons between

subgroups. Fourth, the study relied on self-reported measures and therefore may be affected by reporting and response biases. Fifth, the source document does not provide the sampling method, response rate, detailed recruitment process, or ethics approval/reference number. These details should be verified and added before submission. Finally, although binary logistic regression and factor analysis are mentioned in the original methodology, corresponding results are not presented; they have therefore not been represented as completed analyses in this manuscript.

5. CONCLUSIONS

Specialist physicians working in private practice in Surat reported moderate perceived stress, with a mean PSS-10 score of 21.60. Satisfaction with professional relationships and delivery of care was generally favourable, while satisfaction with available personal time was comparatively limited. Overall job satisfaction differed across age, income and duration-of-practice groups, and longer professional experience was associated with greater reported job satisfaction. Personal-time satisfaction differed according to sex, specialty and working hours. These findings support the need for approaches that address workload, time availability and the broader work environment of private-practice physicians.

6. DECLARATIONS

6.1 Ethics approval and informed consent

Participants provided valid informed consent.

6.2 Funding

No funding received.

6.3 Conflict of interest

No conflict of interest.

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