

ISSN 0974-763X

UGC-CARE Listed Journal

SOUTH ASIAN JOURNAL OF MANAGEMENT RESEARCH (SAJMR)

Listed in UGC-CARE
Special Issue

Volume 14, No.4

November, 2024



**Chhatrapati Shahu Institute of Business
Education & Research (CSIBER)**

(An Autonomous Institute)

University Road, Kolhapur - 416004, Maharashtra State, India.

website : www.siberindia.edu.in

E-mail : editorsajmr@siberindia.edu.in

**Chhatrapati Shahu Institute of Business
Education and Research (CSIBER)**

**South Asian Journal of Management Research
(SAJMR)
Special Issue**

Volume 14, No. 4, November 2024

Editor: Dr. Pooja M. Patil

Publisher

CSIBER Press

Central Library

Chhatrapati Shahu Institute of
Business Education & Research (CSIBER)
University Road, Kolhapur – 416004, Maharashtra, India.
Phone: 91-231-2535706/07, Fax: 91-231-2535708,
Website: www.siberindia.edu.in
Email: csiberpress@siberindia.edu.in
Editor Email: editorsajmr@siberindia.edu.in

Copyright © 2024 Authors
All rights reserved.

Address:

CSIBER Press

Central Library Building

Chhatrapati Shahu Institute of Business Education and Research (CSIBER),
University Road Kolhapur, Maharashtra - 416004, India.

All Commercial rights are reserved by CSIBER Press. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in form or by any means, Electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the publisher.

The views expressed in this journal are entirely those of the authors. The printer/publisher and distributors of this book are not in any way responsible for the views expressed by the author in this journal. All disputes are subject to arbitration; legal actions if any are subject to the jurisdictions of the courts of Kolhapur, Maharashtra, India.

ISSN: 0974-763X

Price: INR ₹ 1,200/-

Editor: Dr. Pooja M. Patil

Distributed By

CSIBER Press

Central Library

Chhatrapati Shahu Institute of
Business Education & Research (CSIBER)
University Road, Kolhapur – 416004, Maharashtra, India.
Phone: 91-231-2535706/07, Fax: 91-231-2535708,
Website: www.siberindia.edu.in
Email: csiberpress@siberindia.edu.in

**South Asian Journal of Management Research
(SAJMR)**

Special Issue

Volume 14, No. 4

November, 2024

C O N T E N T S

Sr. No	Title Author	Page No
1	Assessing the Impact of the COVID-19 Pandemic on Employment Legislation and Workers' Rights in Mauritius Dr. Viraj Fulena Lecturer in Law, University of Technology, Mauritius Miss. Oorvashi Dewdane Independent Researcher, University of Technology, Mauritius	01-12
2	Standard Operating Procedures for Corruption Risk Assessment (CRA) Studies of Selected Global Public Agencies Dr. Najimaldin Mohammedhussen Sado Advisor, Anti Corruption and Ethical Commision, Addis Ababa, Ethiopia Prof. Dr. Siba Prasad Rath, Director, CSIBER, India	13-22
3	Revisiting Financial Inclusion through Geographic and Demographic Penetration: A Cross Sectional District Level Study of Assam Dr. Nitashree Barman Assistant Professor, Department of Accountancy, Pandit Deendayal Upadhyaya Adarsha Mahavidyalaya, Tulungia, Bongaigaon, Assam, India.	23-32
4	Design and Study of Integrated Desiccant Dehumidification and Vapour Compression for Energy-Efficient Air Conditioning System Mr. Siddharth Rath Ph. D. Research Scholar, Department of Chemical Engineering, Indian Institute of Technology, Bombay (IIT – B), India	33-60
5	Exploring the Role of Staff Education in Enhancing Job Satisfaction: Insights from Universities and Institutions in Uttarakhand, India Dr. H. M. Azad Associate Professor, Department. of Management studies, Graphic Era University, Dehradun, India Dr. Smriti Tandon Associate Professor, Department of Management studies, Graphic Era University, Dehradun, India Dr. Surendra Kumar Associate Professor, Department of Business Management, HN BG Central University, Srinagar (Garhwal), Uttarakhand, India	61-81
6	Crisis at One End, Opportunity on the other: Sri Lankan Crisis A Surge for Indian Tea and Textile Exports Dr. Deepika Kumari Assistant Professor, Department of Economics, Shyamlal College, University of Delhi, India.	82-96

7	<p>Market Reactions to Green Bond Issuances in India: Insights from the BSE 200 Index</p> <p>Miss. Megha Rani Patel Research Scholar, Department of Commerce and Financial Studies, Central University of Jharkhand, Ranchi, India</p> <p>Dr. Bateshwar Singh Associate Professor, Department of Commerce and Financial Studies, Central University of Jharkhand, Ranchi, India</p> <p>Dr. Ajay Pratap Yadav Assistant Professor, Department of Commerce and Financial Studies, Central University of Jharkhand, Ranchi, India</p>	97-114
8	<p>The Influence of Knowledge Management Enablers on Knowledge Sharing: An Empirical Analysis of Hospitality Sector</p> <p>Dr. Jitender Kaur Assistant Professor, Department of Commerce and Management, Khalsa College Patiala, Punjab, India</p> <p>Dr. Parminder Singh Dhillon Head and Assistant Professor, Department of Tourism Hospitality and Hotel Management, Punjab University Patiala, Punjab, India</p>	115-132
9	<p>Exploring the Impact of Psychological Determinants and Financial Literacy on Retirement Planning in Tribal Communities with Reference to Bodoland Territorial Region, Assam.</p> <p>Miss. Rosy Basumatary Research Scholar, Department of Management Studies, Bodoland University, Kokrajhar, Assam, India</p> <p>Dr. Nayanjyoti Bhattacharjee Assistant Professor, Department of Management Studies, Bodoland University, Kokrajhar, Assam, India</p>	133-144
10	<p>The Role of Leadership Behavior and Emotional Intelligence in School Principals' Effectiveness During the COVID-19 Pandemic: A Study of Adaptive Strategies and Outcomes.</p> <p>Ms. Sujatha Koshy Research Scholar, Psychology, Amity Institute of Psychology and Allied Sciences, Amity University, Noida, Uttar Pradesh, India</p> <p>Dr. Mamata Mahapatra Professor, Amity Institute of Psychology and Allied Sciences, Amity University, Noida, Uttar Pradesh, India</p> <p>Dr. Shadab Ahamad Ansari Professor, Psychology in School of Liberal Allied Science Education, Galgotias University, Noida, Uttar Pradesh, India</p>	145-163

11	<p>Unlocking Micro Small and Medium Enterprises Potential: Addressing Financial Barriers through Government Initiatives</p> <p>Cs. Priya Chandak Research Scholar, Department of Accounting and Financial Management, Faculty of Commerce, The Maharaja Sayajirao University, Baroda Gujarat, India.</p> <p>Dr. Nidhi Upendra Argade Assistant Professor, Department of Accounting and Financial Management, Faculty of Commerce, The Maharaja Sayajirao University, Baroda, Gujarat, India</p>	164-178
12	<p>Influence of Personality Traits of Celebrity Endorsers on Buying Decisions of Gen-Z Girls: A Study</p> <p>Mr. Nandita Dey Ph.D. Research Scholar, Department of Commerce, Assam University, Silchar, Assam, India</p> <p>Dr. Kingshuk Adhikari Associate Professor, Department of Commerce, Assam University, Silchar, Assam, India</p> <p>Dr. Dinesh Kumar Pandiya Former Professor, Department of Commerce, Assam University, Silchar, Assam, India</p>	179-186
13	<p>Micro Celebrities as Influencers by Self Presentation on Social Media Online: Gaining Consumer Equilibrium</p> <p>Ms. Amla K.K Research Scholar, Jamal Mohammed College, Affiliated to Bharathidasan University, Tiruchirappalli, Tamilnadu, India</p> <p>Dr. A. Khaleelur Rahman Associate Professor, Jamal Mohammed College, Affiliated to Bharathidasan University, Tiruchirappalli, Tamilnadu, India</p>	187-196
14	<p>Technological Innovations in Indian Higher Education Institutions: A Regional Study of the Indian Subcontinent</p> <p>Ms. Rashmi Jain Research Scholar, Bharati Vidyapeeth (Deemed to be University), Pune, India.</p> <p>Prof. (Dr.) Broto Rauth Bhardwaj Professor, Bharati Vidyapeeth Institute of Management & Research, New Delhi, India</p>	197-202
15	<p>HR Analytics: A Quantitative Analysis of Employee Data and Business Outcomes in Private Sector Organizations in India</p> <p>Mr. Atul Chanodkar Research Scholar, Shri Vaishnav Vidyapeeth Vishwavidyalaya, Indore, M.P., India</p> <p>Dr. T. K. Mandal Professor, Shri Vaishnav Vidyapeeth Vishwavidyalaya, Indore, M.P., India</p>	203-211
16	<p>Empowering Institutions and Clients: Unleashing Financial Innovation”</p> <p>Dr. Vishal Goel Associate Professor, Head of the Department Department of Innovation and Entrepreneurship, Swarnim Startup & Innovation University, Gandhinagar, India.</p>	212-227

17	<p>Examining the Role of Big Five Personality Traits on Entrepreneurial Intention of Rural Youth in Haryana</p> <p>Ms. Kiran Research Scholar, Department of Management, Akal College of Economics, Commerce and Management Eternal University, Baru Sahib, Himachal Pradesh (173101), India</p> <p>Dr. Ankit Pathania Assistant Professor, Department of Management, Akal College of Economics, Commerce and Management Eternal University, Baru Sahib, Himachal Pradesh (173101), India</p> <p>Dr. Vikash Assistant Professor, Department of Food Business Management & Entrepreneurship Development, National Institute of Food Technology Entrepreneurship and Management, Kundli, Sonipat, Haryana (131028) India</p>	228-237
18	<p>A Method for Improvisation of Electronic Data Exchange in E-Commerce Applications</p> <p>Dr. Mohammed Shameer M C Assistant Professor, Dept. of Computer Science, Farook College(Autonomous), Kozhikode, India</p> <p>Miss. Mubeena V Assistant Professor, Dept. of Vocational Studies, Farook College, Kozhikode, India.</p>	238-246
19	<p>Exploring the Decades of Research on Earnings Management: A Longitudinal Bibliometric Analysis</p> <p>Manu Abraham Research Scholar, Cochin University of Science and Technology (CUSAT)- Kochi, Kerala, India</p> <p>Santhosh Kumar S Professor, Cochin University of Science and Technology (CUSAT)- Kochi, Kerala, India</p>	247-262
20	<p>Transforming Learning for Sustainable Progress: University of Technology Mauritius's Post-COVID Educational Strategy</p> <p>Dr. Havisha Vaghjee, Sr. Lecturer, School of Business Management & Finance, University of Technology Mauritius</p>	263-273
21	<p>Dynamics of Job Satisfaction and Organizational Citizenship Behaviour: An Analytical Study</p> <p>Miss. Neha Arora Ph.D Scholar, Arni School of Business Management & Commerce ARNI University, Kathgarh, Indora, Kangra, Himachal Pradesh, India.</p> <p>Dr. Jaiman Preet Kaur Professor, Arni School of Business Management & Commerce ARNI University, Kathgarh, Indora, Kangra, Himachal Pradesh, India.</p> <p>Dr. Roopali Sharma Professor, Amity Institute of Psychology & Allied Sciences Amity University, Sector-125, Noida, Uttar Pradesh, India.</p>	274-283
22	<p>Systematic Analysis of Online Review Credibility: A Bibliometric Study and Research Trajectory</p> <p>Miss. Serene Anna Sam Research Scholar, Post Graduate and Research Department of Commerce, Nirmala College, Muvattupuzha, Kerala & Assistant Professor, Department of Commerce, Mar Thoma College for Women, Perumbavoor, Kerala, India.</p> <p>Dr. Gireesh Kumar G. S Principal, Henry Baker College, Melukavu</p>	284-296

23	<p>Examining Party Autonomy and Voluntariness in Alternative Dispute Resolution Processes</p> <p>Dr. Viraj Fulena Lecturer in Law, University of Technology, Mauritius</p> <p>Mr. Gaël Henriette-Bolli Lecturer in Law, Open University of Mauritius</p>	297-309
24	<p>Health Care Scenario in India and Antecedents of Job Crafting of Doctors Working in Public and Private Sector in Kolhapur, India.</p> <p>Mrs. Madhura K. Mane, Assistant Professor, Chhatrapati Shahu Institute of Business Education and Research (CSIBER), Kolhapur, India</p> <p>Dr. Reshma Kabugade, Associate Professor, NBN Sinhgad School of Management Studies, Pune, India.</p>	310-323
25	<p>An Analysis of the Challenges Faced by Small and Medium Enterprises in Mauritius</p> <p>Dr. Y. Sunecher Senior Lecturer, University of Technology Mauritius</p> <p>Dr. N. Ramphul Associate Professor in Management, University of Technology Mauritius</p> <p>Dr. H. Chittoo Professor, University of Technology Mauritius</p> <p>Ms. F. Udhin University of Technology Mauritius</p>	324-335
26	<p>Identifying Barriers to the Glass Ceiling in the Indian Information Technology Sector: A Confirmatory Factor Analysis and Structure Equation Modelling Approach</p> <p>Ms. Swati Assistant Professor, Department of Commerce, Govt. College Hathin, Palwal, Haryana, India</p> <p>Dr. Manisha Arora Associate Professor, Department of Management Studies, Deenbandhu Chhotu Ram University of Science and Technology, Murthal, Haryana, India</p>	336-344
27	<p>A Study on Usage of Digital Financial Services in Odisha</p> <p>Ms. Nirmala Chandra Pattanayak Research Scholar, Department of Business Administration, Utkal University, India</p> <p>Dr. Rashmita Sahoo Asst. Professor, Department of Business Administration, Utkal University, India.</p>	345-354
28	<p>Global Perspectives in Agricultural Commodity Futures Research: A Comprehensive Literature review and Bibliometric Analysis</p> <p>Mrs Jenefer John Ph.D. Research Scholar, Alagappa Institute of Management, Alagappa University, Karaikudi, India.</p> <p>Dr. S. Rajamohan Senior Professor & Director, Alagappa Institute of Management, Alagappa University, Karaikudi, India.</p> <p>Mr Anand Bharathi Ph.D. Research Scholar, Alagappa Institute of Management, Alagappa University, Karaikudi, India.</p>	355-374

29	<p>An Impact of Service Quality Determinants on Passenger Satisfaction in Konkan Railway: The Moderating Role of Gender and Mediating Effect of Platform Services</p> <p>Mr. Neelesh Shashikant Morajkar Commerce Department, Sateri Pissani Education Society's, Shri Gopal Goankar Memorial, Goa Multi-Faculty College, Dharbandora – Goa, India</p> <p>Prof. (CA) Subrahmanya Bhat K.M Commerce Department, Vidhya Vikas Mandal's Shree Damodar College of Commerce & Economics, Margao -Goa, India</p>	375-387
30	<p>Hybrid Modelling Approach for Land Use Change Prediction and Land Management in the Coronie District of Suriname</p> <p>Ms. Tamara van Ommeren-Myslyva Anton de Kom University of Suriname, Paramaribo, Republic of Suriname</p> <p>Ms. Usha Satnarain Anton de Kom University of Suriname, Paramaribo, Republic of Suriname</p> <p>Ms. Femia Wesenhagen Ministry of Spatial Planning and Environment, Paramaribo, Republic of Suriname</p>	388-406
31	<p>Decoding Factors Influencing Third-Party Payment App growth in India.</p> <p>Mr. Shankar Singh Bhakuni Associate professor, BBD University, Lucknow, India</p>	407-415
32	<p>Empowering Women through AI: A Comparative Study of SHG and Micro Finance Institutions Frameworks in Rayagada, Odisha</p> <p>Mr. Karteek Madapana Research Scholar, School of Management Studies, GIET University, Gunupur, Odisha, India</p> <p>Dr.N.V.J. Rao Professor, School of Management Studies, GIET University, Gunupur, Odisha, India</p>	416-425
33	<p>An Empirical Study on Organisational Climate in Sugar Mills of Tamil Nadu</p> <p>Ms. R. CHITRA Ph. D Research Scholar Department of Commerce Bharathiyar Arts and Science College, India.</p> <p>Dr.D. Rajakumari Principal and HOD, Department of Commerce Bharathiyar Arts and Science College, India.</p>	426-435
34	<p>Enhancing Website Visibility and User Experience through Strategic On-Page Search Engine Optimization Practices</p> <p>Mr Anand Bharathi Ph.D. Research Scholar, Alagappa Institute of Management, Alagappa University, Karaikudi, Tamilnadu, India.</p> <p>Dr S Rajamohan Senior Professor and Director, Alagappa Institute of Management, Alagappa University, Karaikudi, Tamilnadu, India.</p>	436-446
35	<p>Work Life Balance and Its Effect on Job & Life Satisfaction of Female Employees in Higher Education</p> <p>Ms. Jyoti Dahinwal Research Scholar, Indira Gandhi University, Meerpur, UP, India.</p> <p>Dr. Jasvinder Singh Assistant Professor, Indira Gandhi University, Meerpur, UP, India.</p> <p>Ms. Neha Solanki Research Scholar, Indira Gandhi University, Meerpur, UP, India.</p>	447-458

36	<p>Impact of Visual Merchandising and Store Atmospherics on the Impulsive Buying of Customers in Salem District</p> <p>Mrs. P. Rajeswari Research Scholar, Sri Balamurugan Arts and Science College Sathappadi, Mecheri, Mettur, Salem, Tamil Nadu, India.</p> <p>Dr. T. Ragunathan Principal, Sri Balamurugan Arts and Science College, Sathappadi, Mecheri, Mettur, Salem, Tamil Nadu, India</p>	459-468
37	<p>The Role of Fintech in Enhancing MSMEs Growth and Economic Expansion in India</p> <p>Dr. Jasveen Kaur Senior Faculty, University Business School, (Gurunak Dev Univeristy), Amritsar, Punjab, India.</p> <p>Ms. Sarita Saini Junior Research Fellow, University Business School, (Gurunak Dev Univeristy), Amritsar, Punjab, India.</p>	469-475
38	<p>An Empirical Study of Service Quality, Customer Satisfaction, and Loyalty Dynamics among Visitors to South Indian Restaurants in Northern India</p> <p>Dr. Parminder Singh Dhillon Assistant Professor, Department of Tourism, Hospitality and Hotel Management, Punjabi University, Patiala, India.</p> <p>Dr. Anuradha Chakravarty Department of Tourism, Hospitality and Hotel Management, Punjabi University, Patiala, India.</p>	476-492
39	<p>Employee Well-Being in Optimising Performance at Workplace: A Bibliometric Perspective and Future Research Direction</p> <p>Dr. Vandana Sharma Assistant Professor, Department of Management Studies, Deenbandhu Chhotu Ram University of Science and Technology, Murthal, Haryana, India</p> <p>Ms. Vidhu Vats Research Scholar, Department of Management Studies, Deenbandhu Chhotu Ram University of Science and Technology, Murthal, Haryana, India</p> <p>Mr. Gourav Research Scholar, Department of Management Studies, Deenbandhu Chhotu Ram University of Science and Technology, Murthal, Haryana, India</p>	493-505

Health Care Scenario in India and Antecedents of Job Crafting of Doctors Working in Public and Private Sector in Kolhapur, India.

Mrs. Madhura K. Mane,
Assistant Professor, Chhatrapati Shahu
Institute of Business Education and
Research (CSIBER), Kolhapur, India

Dr. Reshma Kabugade,
Associate Professor, NBN Sinhgad School
of Management Studies, Pune, India

Abstract

Health care system that existing in any country is very vital for the well-being of its population. Before independence, the health care system in India was crippled. But after independence, the Governments realized the importance of availability of health care facilities to the citizens and since then taken various measures to build a robust health care system in the country. India is the most populated country in the world. Due to the vast population and changes in lifestyle, there is immense pressure on the health care system of India. The health care system of India consists of private and public sectors. Public sector consists of clinics and hospitals managed by Government while private sector is owned by private individuals. The most important constituent of health care machinery are doctors. It is well accepted that medical profession is one of the most stressful professions. Several reports have presented the challenges faced by doctors in their work life. Some of the challenges are faced by doctors working in public sector, while some are faced by doctors working in private sector. Past research studies have shown that doctors face a lot of pressure due to their demanding profession.

Studies have highlighted the high level of stress and burn-out among doctors which means that they will not be able to provide proper treatment to patients. It becomes necessary to think of interventions to mitigate the stress and burn out arising due to these work pressures, Job crafting is an employee-initiated action in which employees modify their jobs to better align it with their abilities, goals, motives and interests. Past research shows that Job crafting has positive impact on job attitudes and better work life balance. This in turn enhances the performance of individuals at work. As it is employee-initiated, proactive personality proves to be very important. Job characteristics may also influence the level of job crafting practiced by individuals. With positive outcomes of Job crafting, both private and public sector policy-makers can think of providing an environment to doctors that is conducive to job crafting of doctors.

Keywords: Health Care in India, Antecedents of Job Crafting, challenges of Doctors, Task Crafting, Relationship Crafting, Cognitive Crafting, Proactive Personality, Job Characteristics

Introduction

Healthcare is a crucial aspect that ensures the well-being of the population of a nation. India being the most populated country in the world with a total population of around 1.42 billion people; it is apparent that the responsibility and pressure on the health care machinery in India is immense. The health care system in India was crippled before independence. But after the independence of India, different Governments have made a conscious effort to formulate policies and take the necessary steps to ensure that there are adequate health care facilities for the citizens.

Some important health indicators in India like the life expectancy was approximately 69.7 years (WHO, 2021), while the Infant Mortality Rate (IMR) was 30 deaths per 1,000 live births (Sample Registration System, 2021). The Maternal Mortality Ratio (MMR) was 97 deaths per 100,000 live births (MoHFW, 2020). The Indian healthcare market was valued at approximately \$194 billion in 2020 and is projected to grow significantly in years to come (NITI Aayog, 2021).

Today, the health care system in India has evolved to be a complex system that is aimed at delivering health care to its vast and diverse population. The health care system can be divided into two sectors, public and private sector. Private sector of the health care system are all the establishments like clinics and hospitals that are privately owned and managed, while public sector includes the clinics and hospitals owned and managed by the Government.

Overview of Public and Private Health Care System in India:

The public health service in India is evolving, with significant investments and reforms aimed at addressing longstanding challenges. As far as the structure of public healthcare system is concerned, the Central Government's Ministry of Health and Family Welfare (MoHFW) is at the apex. The ministry is responsible to study the prevailing conditions in the country and formulate policies and design different programs to make the health care more robust in the entire country.

At the State level, there is a Health Department that implements public health initiatives on behalf of the State Government and also ensures proper implantation of Health programs developed by the MoHFW from time to time. At District level too, health care services are provided to the patients through a network of Unit Primary Health (UPHC), Primary Health Centers (PHCs), Rural Hospitals (RH), Sub-District Hospitals (SDH) and District Hospitals (DH).

The following table shows the number of UPHCs, PHCs, RH, SDHs and DHs in Kolhapur District:

Sr. No.	Type of Facility	No. in Kolhapur District
1	Unit Primary Health Centers	416
2	Primary Health Centers	74
3	Rural Hospitals	18
4	Sub-District Hospitals	4
5	Medical College, District Hospital	1

Source: Compiled by the researcher from <https://www.zpkolhapur.gov.in>, and <https://nrhm.maharashtra.gov.in/>

The Local administration bodies also play an important role in implementation of policies and programs of the Central and State Government by working at the grass root level. In Kolhapur, the Kolhapur Municipal Corporation manages 4 hospitals and 9 UPHCs and one Physiotherapy center in Kolhapur city. (Source: <https://web.kolhapurcorporation.gov.in/>)

Different programs are introduced by the Central and State Governments related to health care for the benefit of the people including the National Health Mission (NHM) that was launched in 2005. The NHM aimed at strengthening rural health infrastructure in the county that is to ensuring that healthcare services are available to all, especially in rural and underserved areas. Ayushman Bharat Scheme was another ambitious plan launched in 2018 to provide health insurance to low-income families. The scheme offers a health insurance cover of up to INR 5 lakh per family per year for secondary and tertiary care hospitalization. As of 2023, it has approximately 50 crores (500 million) beneficiaries, making it one of the world's largest health insurance schemes. The Integrated Child Development Services (ICDS) is a community-based program that focuses on health and of children health below 6 years of age and pregnant and nursing mothers. ICDS seeks to provide young children with an integrated package of services such as supplementary nutrition, health care and pre-school education. According to Government report, a population of the children covered by ICDS scheme in Maharashtra alone is about 86,31,910.

According to a report of the World Bank, the health sector in India has historically been underfunded, with health expenditure around 1.5% of GDP. The National Health Policy (NHP) 2017 aimed to increase public health expenditure to 2.5% of GDP by 2025. In the 2024 Union Budget of India, the Government allocated approximately INR 89,000 crores (about \$11 billion) for health and family welfare. To fulfill the health care demands of such a huge population is a herculean task. The most important element of the health care system is a doctor. As per reports of National Medical Council and Ministry of Health and Family Welfare in 2023, India has approximately 1.5 million registered doctors in India, including both allopathic and traditional medicine practitioners (such as Ayurveda and Homeopathy).

The Private Sector contributes significantly by augmenting the public sector in its mission of providing health care facilities to people. While it provides essential services and innovations, addressing challenges related to quality, affordability, and access remains crucial for achieving equitable healthcare for all citizens. The private sector includes hospitals, clinics, diagnostic centers, and pharmacies. It comprises both for-profit and not-for-profit organizations. These clinics and hospitals are privately owned and range from small nursing homes to large corporate hospitals. According to a report by NITI Aayog, the private sector accounts for about 74% of total healthcare expenditure in India. The private sector provides inpatient services as well as outpatient services. The private sector provides nearly 60% of all inpatient services and approximately 80% of outpatient consultations occur in the private sector. The private sector is also predominant in specialized care, including cardiology, orthopedics, and oncology. Moreover, reports show that nearly 60% of the hospital beds in India are

in the private sector (Source: National Health Systems Resource Centre). The growth of health insurance, especially with schemes like Ayushman Bharat, is increasing access to private healthcare.

As per the records of Kolhapur Municipal Corporation, there are 322 private hospitals functioning in Kolhapur city with total bed capacity of 6360 beds.

Literature Review:

It is universally accepted that medical profession is highly demanding and stressful. Maslach, C., & Leiter, M. P. (2016). Long working hours and high patient loads can lead to burnout and fatigue. Studies show that excessive workload is a significant contributor to stress among healthcare professionals. Lemaire, J. B., & Wallace, J. E. (2011). Doctors frequently deal with life-and-death situations, which can take an emotional toll. The pressure to make critical decisions can lead to heightened stress levels.

As per the study by Shanafelt, T. D., et al. (2016), increased bureaucracy and paperwork can detract from patient care time, contributing to feelings of frustration and stress among doctors. Dyrbye, L. N., et al. (2017) have concluded that balancing professional responsibilities with personal life can be challenging, leading to increased stress and decreased job satisfaction. A study by Shanafelt, T. D., et al. (2015) found that nearly 50% of physicians report feeling burned out, with high levels of stress impacting their mental health and job satisfaction. Research study conducted by Dyrbye, L. N., et al. (2014) indicates that emergency medicine and primary care physicians experience some of the highest levels of stress and burnout compared to other specialties.

Wrzesniewski, A., & Dutton, J. E. (2001). In their seminal paper "Crafting a Job: Revisioning Employees as Active Crafters of Their Work," the authors discuss how demographic factors such as age, gender, and work experience can influence job crafting behaviors. They suggest that individuals at different career stages or with varying life experiences may approach job crafting differently, highlighting the impact of demographic variables on how employees reshape their roles and responsibilities.

Berg, J. M., Dutton, J. E., & Wrzesniewski, A. (2013), in their study "What is Job Crafting?" have examined how demographic factors, including age and tenure, can influence job crafting behaviors. They argue that older employees or those with longer tenure may craft their jobs differently compared to younger or newer employees, as they may have more established roles and a clearer understanding of their work preferences. This review emphasizes the role of demographic characteristics in shaping the job crafting process.

Mane, M. and Kabugade, R. (2023) have conducted an extensive literature review to analyse the findings of past research work to know the relationship between demographic variables and Job Crafting behaviour. The authors have cited different papers and concluded that the findings of the studies on this topic are equivocal. Some studies have shown strong relationship between age, gender, experience while others have shown a weak relationship. Similarly, there have been examples of studies that have found that there is no relationship between demographic factors and Job Crafting.

Tims, M., Bakker, A. B., & Derks, D. (2013), in their study titled "The impact of personal resources on the job crafting process," discuss how proactive personality serves as a key personal resource that enhances individuals' ability to craft their jobs. They argue that individuals with a proactive personality are more likely to take initiative in modifying their work roles to improve job satisfaction and performance.

Bakker, A. B., & Demerouti, E. (2014), in their review "Job Crafting and Performance," highlight the role of proactive personality in job crafting behaviors. They discuss how employees with a proactive personality are more inclined to engage in job crafting, leading to improved work engagement and performance outcomes. Their work underscores the positive feedback loop between proactive personality traits and proactive job behaviors.

Berg, J. M., Dutton, J. E., & Wrzesniewski, A. (2008), in their conceptual paper "What is Job Crafting?" explore how job crafting behaviors can be influenced by personal characteristics, including proactive personality. They propose that individuals with a proactive disposition are more likely to reshape their job roles in meaningful ways, enhancing their work experience and satisfaction.

Petrou, P., Demerouti, E., & Schaufeli, W. B. (2016), in their article "Crafting the Change: The Role of Job Crafting in Organizational Change," explore various factors that influence job crafting behaviors during periods of organizational change. They suggest that while proactive personality might contribute to job crafting, other factors such as organizational support and change-related stressors can have a more pronounced effect on how employees engage in job crafting. This highlights that the relationship is not straightforward and may depend on situational factors.

Tims, M., Bakker, A. B., & Derks, D. (2013), in their article "The impact of job characteristics on job crafting," examine how specific job characteristics, such as autonomy, task variety, and feedback, influence employees' job crafting behaviors. They argue that when job characteristics are favorable, employees are more likely to engage in job crafting to enhance their work experience. The study highlights that job crafting is a proactive response to the job environment, enabling individuals to align their work with their strengths and interests.

Bakker, A. B., & Demerouti, E. (2007), in their comprehensive review "The Job Demands-Resources model: Challenges for future research," discuss how job characteristics serve as both demands and resources that influence job crafting behaviors. They posit that favorable job resources, such as social support and autonomy, encourage employees to actively craft their jobs to enhance their motivation and well-being. The Job Demands-Resources (JD-R) model underscores the importance of job characteristics in shaping proactive job behaviors.

Research studies uncovering the relationship between demographics, proactive personality and Job characteristics with Job Crafting were conducted in the past. But, the researcher did not come across any study based on doctors in India working in public and private sector. So, this research will address this gap and uncover relationship between demographics, proactive personality, job characteristics and Job Crafting of doctors in India.

Theoretical Underpinnings of Research:

Job Crafting is a comparatively new term coined in 2010 by Wrzesniewski and Dutton based on their research based on New York Hospital. Wrzesniewski & Dutton (2001) define Job crafting as "the physical and cognitive changes individuals make in their task or relational boundaries." This definition emphasizes the adjustments employees can make to their job tasks and relationships to create a more satisfying work experience. Bakker et al. (2012) defined Job crafting as "the self-initiated changes that employees make to their jobs to enhance their work engagement and job satisfaction." This definition highlights the voluntary aspect of job crafting as a means to boost engagement and satisfaction. Tims et al. (2013) defined job crafting as "the process by which employees modify their own jobs in order to improve their work experiences." This emphasizes the active role employees take in shaping their work environment.

Berg et al. (2010) define Job crafting as "the ways in which employees customize their work environments to meet their needs, which can lead to higher job satisfaction and performance."

This definition highlights the customization aspect of job crafting for personal fulfillment and effectiveness. Employees who are proactive try to align their interests, goals, abilities with their jobs by modifying certain aspects of their jobs. As per the original research by Wrzesniewski & Dutton (2001), employees can craft their jobs in three ways,

Task Crafting: Task crafting refers to the physical changes employees make to their job responsibilities and tasks. This could involve altering the nature, scope, or number of tasks in their job. The employees may add tasks like taking on additional responsibilities or projects that align with personal interests or strengths. Employees may modify tasks by changing the way tasks are performed to make them more engaging or manageable. In some cases, employees may craft their jobs by simply delegating tasks by shifting certain responsibilities to others to focus on more meaningful work. By modifying tasks, employees can enhance their job satisfaction and work engagement, leading to a more fulfilling work experience.

Relational Crafting: Relational crafting involves changes in the nature and quality of interactions with colleagues, clients, and supervisors. This type focuses on the social aspect of work. Employees may practice relationship crafting by building relationships by actively seeking to develop closer ties with coworkers or mentors. They may change the style of interaction at workplace by adjusting how one communicates or collaborates with others to create a more supportive environment. Relationship crafting also relates with networking initiatives taken by employees. It deals with how they engage with new stakeholders or communities to enrich one's professional relationships. Enhancing relationships at work can lead to greater support, improved teamwork, and a more positive work environment.

Cognitive Crafting: Cognitive crafting involves changing the way one perceives their job and its significance. This type focuses on mental adjustments and reframing how employees think about their work. Cognitive crafting includes reframing tasks by viewing tasks as opportunities for personal growth or contributions to a larger purpose. Employees find meaning in their work and identify how one's work positively impacts others or aligns with personal values. It also includes establishing personal objectives that add meaning to everyday tasks. By reshaping their perceptions, employees can cultivate a sense of purpose and motivation, leading to increased job satisfaction and resilience.

This, according to research has shown positive impact on job satisfaction, work engagement and organization commitment. All these positive effects further lead to enhancement of performance of employees at work place. There are different personality-related and contextual factors that impact the level of Job Crafting behavior among employees. Moreover, demographical factors like age, gender, experience also affect the Job Crafting behavior.

Research Design:

General Objective of the Research:

The aim of this research is to uncover the relationship between Job Crafting and demographical attributes like age, gender, experience, income, working sector, education, proactive personality and job characteristics of doctors working in private and public sector in Kolhapur.

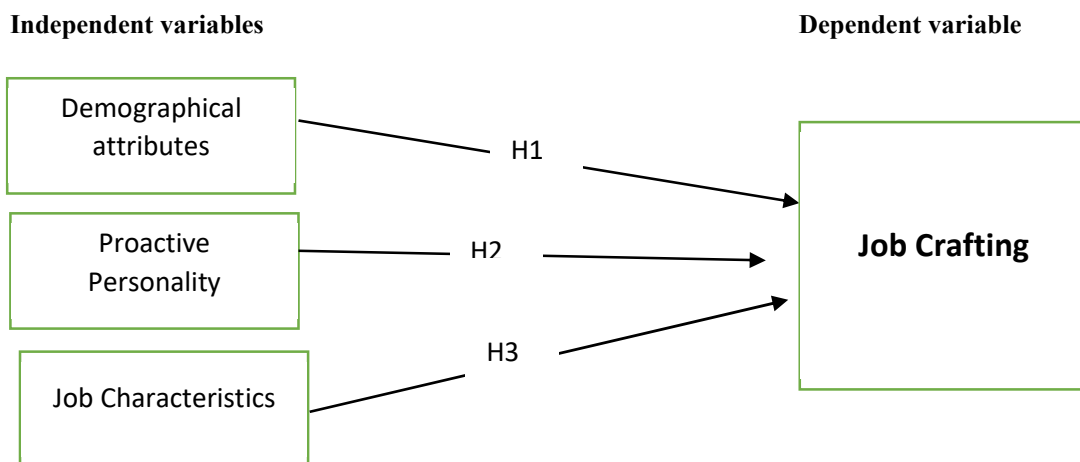
Research Questions:

1. *What are some of the highlights of health care scenario in India?*
2. *What are the challenges faced by doctors working in both public and private sectors in India?*
3. *Is there relationship between demographic factors and level of Job crafting of doctors?*
4. *Is there any relationship between proactive personality and Job Crafting of doctors working in private and public sector?*
5. *Is there relationship between Job characteristics like skill variety, task significance and task identity, autonomy and feedback (Hackman and Oldham's model) and Job Crafting of doctors?*

Research Objectives:

1. To study the indicators that shows the existing Health Care landscape in India.
2. To identify the challenges faced by doctors working in both, private and public sector.
3. To analyze the relationship between demographic attributes and Job Crafting of doctors.
4. To identify relationship between proactive personality and Job Crafting.
5. To identify if there is relationship between Job characteristics and Job Crafting.

Conceptual model:



Scope of the Study: The study is limited to doctors practicing in Kolhapur. The study focuses on the various factors that qualify as antecedents of Job Crafting.

Research Type: Mixed research type that is both quantitative and qualitative research design is used to accomplish the objectives of this study.

Sampling and Data Collection: As an updated and consolidated list of doctors practicing in Kolhapur is not available, the directory of members of Kolhapur Medical Association was used as reference to contact 150 doctors working in Public and Private sector in Kolhapur using convenience sampling method. A questionnaire was designed to collect demographic data, questions on proactive personality consisting of 17 items (Bateman, T. S., & Crant, J. M. (1993)) and Job characteristics scale consisting of 12 items (Suman & Srivastava, 2009). It was sent to 150 doctors, out of which 111 were returned. It was found that out of 111 responses, 07 responses were incomplete. Hence, 104 responses were considered for further analysis.

Data Analysis and Interpretation:

Challenges faced by doctors working in Public Sector in India:

- **Workforce shortages:** In many rural and semi-urban areas, there are insufficient doctors to meet the demands of the patients. This increases patient load on existing doctors.
- **Inadequate infrastructure:** Many public hospitals lack basic facilities such as adequate medical equipment, clean drinking water, and sanitation. According to data published on the Indian Public Health Standards (IPHS) dashboard, only approximately 20% of the assessed facilities achieved a score of 80% or higher, meeting the required benchmarks for infrastructure, human resources, drugs, diagnostics, and equipment.
- **Low Salaries and Compensation:** Many doctors in public service earn significantly less than their counterparts in the private sector. The average salary for a government doctor can be around INR 60,000-INR 80,000 per month, while private sector salaries can exceed INR 1 lakh easily, especially in urban areas. Low compensation can lead to dissatisfaction, prompting doctors to seek opportunities elsewhere or leave the profession.
- **High Work Pressure:** In public hospitals, doctors often work long hours, sometimes exceeding 60-80 hours a week. Reports indicate that doctors in government hospitals handle 30-50 patients per day.
- **Bureaucratic Challenges:** Doctors often face administrative hurdles in patient management due to bureaucratic processes. For instance, obtaining necessary approvals for medical procedures can be time-consuming and frustrating.
- **Limited Professional Development Opportunities:** Public sector doctors may have fewer opportunities for continuing education and professional development compared to their private sector counterparts. (NITI Aayog. (2021). World Health Organization (WHO). "Global Health Observatory Data.")

Challenges faced by doctors working in Private Sector in India:

- **High Workload and Long Hours:** Many private sector doctors work extended hours, often 60-80 hours a week, to manage patient loads and meet financial targets. For instance, a study published in the *Indian Journal of Community Medicine* noted that many specialists reported seeing 30-40 patients a day.
- **Financial Pressures:** Doctors often face pressures to meet revenue targets set by hospital management. This can lead to practices like unnecessary tests and treatments. Several research studies and newspapers have reported concerns about over-prescription in private hospitals due to financial incentives.
- **Regulatory Challenges:** The private healthcare sector is subject to complex regulations that can vary by state, making compliance difficult. For instance, the approval processes for new facilities or procedures can be cumbersome and time-consuming.
- **High Costs of Practice:** The cost of maintaining a private practice, including rent, equipment, and staff salaries, can be substantial. According to the *Economic Times* (February 2024), many doctors find it challenging to manage these costs effectively.
- **Competition and Market Saturation:** In urban areas, the density of healthcare providers leads to intense competition. For instance, a neighborhood might have multiple clinics and hospitals, making it challenging for individual practitioners to attract and retain patients.
- **Patient Expectations and Legal Risks:** Patients often have high expectations regarding outcomes and may resort to legal action if dissatisfied. A study in the *Indian Journal of Medical Ethics* pointed out the rising trend of litigation against doctors, leading to increased anxiety among practitioners.
- **Work-Life Balance:** The demands of private practice often result in poor work-life balance. Doctors may have to forgo personal time, impacting their mental health and family relationships.

All doctors face threat of violence and the safety of especially women doctors is a big concern.

Descriptive Statistics:

Gender of Respondent Doctors:

Gender wise distribution of the respondent doctors is presented in the following table

Gender	Frequency	Percent	Valid Percent	Cumulative %
Male	72	69.2	69.2	69.2
Female	32	30.8	30.8	100.0
Total	104	100.0	100.0	

The above shows the percentage of male and female respondents surveyed by the researcher. Here 72 (69.2%) were male respondent doctors and 32 (30.8%) were female respondent doctors. Women currently account for the majority of the workforce in the health sector. However, women continue to be underrepresented in highly skilled professions in the field of medicines when it comes to health personnel. The current collect data suggest male respondent doctors are more than double compare to the female respondent doctors.

Age-Wise Distribution Of Respondents:

Age wise distribution of the respondent doctors is presented in the following table

Age	Frequency	Percent	Valid Percent	Cumulative %
Below 20 years	7	6.7	6.7	6.7
20-30 years	62	59.6	59.6	66.3
30-40 years	27	26.0	26.0	92.3
Above 40 years	8	7.7	7.7	100.0
Total	104	100.0	100.0	

The above shows the age wise classification of respondents surveyed by the researcher. Here 62 (59.6%) respondent doctors are in the age group of 20 – 30 Years and 27 (26.0%) respondent doctors were in age group of 30 – 40 Years. Around 8 (7.7%) of the respondent doctors have age above 40 years. Most of the respondents were in age limit of 20 years to 40 years.

Marital Status of Respondents:

Marital Status	Frequency	Percent	Valid Percent	Cumulative %
Married	68	65.4	65.4	65.4
Unmarried	36	34.6	34.6	100.0
Total	104	100.0	100.0	

The above table depicts the marital status of respondent doctors. Total 68 (65.4%) respondent doctors were married and remaining 36 (34.6%) were unmarried.

Highest Qualification of respondents:

Qualification	Frequency	Percent	Valid Percent	Cumulative Percent
Bachelor of Medicine, Bachelor of Surgery (MBBS)	30	28.8	28.8	28.8
Bachelor of Dental Surgery (BDS)	11	10.6	10.6	39.4
Bachelor of Ayurvedic Medicine and Surgery (BAMS)	21	20.2	20.2	59.6
Bachelor of Homeopathic Medicine and Surgery (BHMS)	26	25.0	25.0	84.6
Doctor of Medicine (MD)	13	12.5	12.5	97.1
MS, DNB (specialist)	2	1.9	1.9	99.0
Others	1	1.0	1.0	100.0
Total	104	100.0	100.0	

In the above table, respondent doctors were asked about their highest qualification in the field of medicine. Out of total sample respondent doctors, around 30 (28.8%) respondent doctors have done Bachelor of Medicine, Bachelor of Surgery (MBBS), 26 (25.0%) have done Bachelor of Homeopathic Medicine and Surgery (BHMS), 21 (20.2%) have done Bachelor of Ayurvedic Medicine and Surgery (BAMS). Total 13 (12.5%) respondent doctors completed Doctor of Medicine (MD), 11 (10.6%) respondent doctors completed Bachelor of Dental Surgery (BDS), while total 3 (2.9%) have completed other courses including Gynecology, Oncology etc.. Majority of the doctors have Bachelor Degree.

Working Sector of Respondents:

Working Sector	Frequency	Percent	Valid Percent	Cumulative %
Private	63	60.6	60.6	60.6
Government	41	39.4	39.4	100.0
Total	104	100.0	100.0	

Above Table shows the division of respondent doctors as per their working sector. Total 63 (60.6%) respondent doctors were working in Private sector while total 41 (39.4%) respondent doctors were working in Government sector.

Income Per Month (Rs.) of Respondents:

Income Per Month Rs)	Frequency	Percent	Valid Percent	Cumulative %
Up To 25,000	7	6.7	6.7	6.7
25,001 To 50,000	8	7.7	7.7	14.4
50,001 To 75,000	29	27.9	27.9	42.3
75,001 To 1,00,000	58	55.8	55.8	98.1
More Than 1,00,000	2	1.9	1.9	100.0
Total	104	100.0	100.0	

Above table have shown the income of respondent doctors per month in rupees. Out of total respondent doctors, 58 (55.8%) doctors have their income in age of Rs.75,001 to Rs.1,00,000 per month. While total 29 (27.9%) doctors have their income in range of Rs.50,001 to Rs.75,000 per month. Total 7 (6.7%) doctors have their income up to Rs. 25,000 per month. Total 8 (7.7%) doctors have their income in range of Rs.25,001 to Rs.50,000 per month. only 2 (1.9%) of the doctors have income more than Rs.1,00,000 per month. Majority of the doctors are earning in the range of Rs. 50,001 to Rs. 1,00,000 per month.

Total Experience of Respondents:

Total Experience	Frequency	Percent	Valid Percent	Cumulative %
Up To 5 Years	22	21.2	21.2	21.2
6 Years To 10 Years	59	56.7	56.7	77.9
11 Years To 15 Years	19	18.3	18.3	96.2
More Than 15 Years	4	3.8	3.8	100.0
Total	104	100.0	100.0	

Above table depicted the total experience of the respondent doctors in year. Research has asked respondents about their total experience in the field of medicine after completion of education. Out of total respondent doctors, 59 (56.7%) of the doctors have experience in range of 6 years to 10 years. While 22 (21.2%) of respondent doctors have experience up to 5 years. Total 19 (18.3%) respondent doctors have experience in range of 11 years to 15 years and only 4 (3.8%) respondents have experience more than 15 Years.

Total Experience of Respondents in Current Organization:

Total Experience in Current Organization	Frequency	Percent	Valid Percent	Cumulative %
1 Year	12	11.5	11.5	11.5
2 Years	12	11.5	11.5	23.1
3 Years	15	14.4	14.4	37.5
4 Years	18	17.3	17.3	54.8
5 Years	18	17.3	17.3	72.1
More Than 6 Years	29	27.9	27.9	100.0
Total	104	100.0	100.0	

Here respondent doctors were asked about their total experience in current working organization. Results have shown that around 29 (27.9%) of the respondent doctors has experience more than 6 years in current organization. Total 12 (11.5%) have experience of 1 year and same number of respondent doctors have experience of 2 years. Total 15 (14.4%) of respondent doctors have experience of 3 Years and total 36 (34.6%) of respondents doctors have experience around 4 to 5 years.

Reliability Analysis:

Factors affecting Job Crafting		
Sr. No.	Name of Scale	Cronbach Alpha
1	Proactive Personality	0.754
2	Demographic Factors	0.701
3	Job Characteristics	0.719
4	Job Crafting	0.755

The internal consistency of the tools used in research was assessed using Cronbach's alpha. A reliability test termed Cronbach Alpha is used in SPSS to evaluate the internal consistency, or dependability, of the measuring tool (questionnaire). It is most frequently used to assess whether or not the Likert scale is dependable when the questionnaire is constructed utilizing many Likert scale assertions. The internal consistencies obtained were at an acceptable level of above 0.7 for antecedents of Job Crafting (ranging from 0.722 to 0.755).

On the basis of the objectives, following hypothesis was formulated;

H₀: There is a significant relationship between demographic factors and job crafting of doctors working private hospital.

H₁: There is a significant relationship between demographic factors and job crafting of doctors working government hospital.

Table 1. Hypothesis Testing (Private Sector)

Null Hypothesis	Alternative Hypothesis	Spearman Correlation	Sig. Value	Result
There is no significant relationship between demographic factors and job crafting of doctors working private hospital.	There is a significant relationship between demographic factors and job crafting of doctors working private hospital.	0.781	0.021	Reject Null Hypothesis
There is no significant relationship between Age and job crafting of doctors working private hospital.	There is a significant relationship between Age and job crafting of doctors working private hospital..	0.694	0.001	Reject Null Hypothesis
There is no significant relationship between Gender and job crafting of doctors working private hospital.	There is a significant relationship between Gender and job crafting of doctors working private hospital..	0.720	0.000	Reject Null Hypothesis
Null Hypothesis	Alternative Hypothesis	Spearman	Sig.	Result

		Correlation	Value	
There is no significant relationship between Marital Status and job crafting of doctors working private hospital.	There is a significant relationship between Marital Status and job crafting of doctors working private hospital..	0.685	0.038	Reject Null Hypothesis
There is no significant relationship between working sector and job crafting of doctors working private hospital.	There is a significant relationship between working sector and job crafting of doctors working private hospital..	0.725	0.001	Reject Null Hypothesis
There is no significant relationship between qualification and job crafting of doctors working private hospital.	There is a significant relationship between qualification and job crafting of doctors working private hospital..	0.628	0.011	Reject Null Hypothesis
There is no significant relationship between total experience and job crafting of doctors working public hospital.	There is a significant relationship between total experience and job crafting of doctors working public hospital..	0.631	0.001	Reject Null Hypothesis
There is no significant relationship between total experience in current organization and job crafting of doctors working private hospital.	There is a significant relationship between experience in current organization and job crafting of doctors working private hospital..	0.728	0.000	Reject Null Hypothesis
There is no significant relationship between income per month and job crafting of doctors working private hospital.	There is a significant relationship between income per month and job crafting of doctors working private hospital..	0.597	0.042	Reject Null Hypothesis

Table 2. Hypothesis Testing (Public Sector)

Null Hypothesis	Alternative Hypothesis	Spearman Correlation	Sig. Value	Result
There is no significant relationship between demographic factors and job crafting of doctors working public hospital.	There is a significant relationship between demographic factors and job crafting of doctors working public hospital..	0.635	0.003	Reject Null Hypothesis
There is no significant relationship between Age and job crafting of doctors working public hospital.	There is a significant relationship between Age and job crafting of doctors working public hospital..	0.651	0.001	Reject Null Hypothesis
There is no significant relationship between Gender and job crafting of doctors working public hospital.	There is a significant relationship between Gender and job crafting of doctors working public hospital..	0.788	0.000	Reject Null Hypothesis
There is no significant relationship between Marital Status and job crafting of doctors working public hospital.	There is a significant relationship between Marital Status and job crafting of doctors working public hospital..	0.587	0.001	Reject Null Hypothesis
There is no significant relationship between working sector and job crafting of doctors working public hospital.	There is a significant relationship between working sector and job crafting of doctors working public hospital..	0.753	0.000	Reject Null Hypothesis

Null Hypothesis	Alternative Hypothesis	Spearman Correlation	Sig. Value	Result
There is no significant relationship between qualification and job crafting of doctors working public hospital.	There is a significant relationship between qualification and job crafting of doctors working public hospital..	0.655	0.001	Reject Null Hypothesis
There is no significant relationship between total experience and job crafting of doctors working public hospital.	There is a significant relationship between total experience and job crafting of doctors working public hospital..	0.630	0.001	Reject Null Hypothesis
There is no significant relationship between total experience in current organization and job crafting of doctors working public hospital.	There is a significant relationship between experience in current organization and job crafting of doctors working public hospital.	0.726	0.000	Reject Null Hypothesis
There is no significant relationship between income per month and job crafting of doctors working public hospital.	There is a significant relationship between income per month and job crafting of doctors working public hospital..	0.531	0.040	Reject Null Hypothesis

Above table shows the Spearman rank correlation between demographic factors and job crafting parameters of doctors in both private sector and the public sector. Results depict that there is strong correlation (0.781) in between demographic factors and job crafting of private hospital doctors at significance level less than 0.05. While there is a moderate correlation (0.635) in case of doctors working in the public sector at a significance level less than 0.05. Results have depicted that in case of private sector doctors, there is a strong correlation of gender (0.720) working sector (0.725) and experience in current organization (0.778) with job crafting factors. While, there is the moderate correlation of age (0.694), marital status (0.685), qualification (0.628), total experience (0.631) and income per month (0.597) with job crafting. Similarly, in case of public sector doctors, there is a strong correlation of gender (0.788) working sector (0.753) and experience in a current organization (0.726) with job crafting. While, there is a moderate correlation of age (0.651), marital status (0.587), qualification (0.655), total experience (0.630), and income per month (0.531) with job crafting. From this analysis, it can be concluded that there demographic factors have some association with job crafting, but it has more influence on doctors working private sector than doctors working public sector.

Relationship between Proactive Personality and Job Characteristics with Job Crafting:

Null Hypothesis	Alternative Hypothesis	Spearman Correlation	Sig. Value	Result
There is no significant relationship between proactive personality and job crafting of doctors working private hospital.	There is significant relationship between proactive personality and job crafting of doctors working private hospital.	0.758	0.034	Reject Null Hypothesis
There is no significant relationship between job characteristics and job crafting of doctors working private hospital.	There is significant relationship between job characteristics and job crafting of doctors working private hospital.	0.681	0.001	Reject Null Hypothesis
There is no significant relationship between proactive personality and job crafting of doctors working public hospital.	There is significant relationship between proactive personality and job crafting of doctors working public hospital.	0.655	0.001	Reject Null Hypothesis

Null Hypothesis	Alternative Hypothesis	Spearman Correlation	Sig. Value	Result
There is no significant relationship between job characteristics and job crafting of doctors working public hospital.	There is significant relationship between job characteristics and job crafting of doctors working public hospital.	0.608	0.001	Reject Null Hypothesis

As is seen from the above table, there is strong relationship between proactive personality and Job crafting and also Job characteristics and Job crafting of both public and private sector doctors.

Conclusion:

The concept of Job Crafting has rightfully garnered attention in recent years due to the positive outcomes of Job crafting on performance, satisfaction, engagement and work life balance of individuals. As medical profession is undoubtedly one of the most stressful professions, it is important for doctors to think of different interventions to lessen, if not completely prevent stress and burnout. Job Crafting can be one such intervention in which doctors can curate their jobs to better align it with their personal abilities, motives, interests and goals in life. This will enhance positive job attitudes, performance and better work life balance of doctors at work that is crucial for saving millions of lives in the world.

Scope for Further Study:

The role of medical practitioners or doctors is extremely important in any society. Continued focus on improving infrastructure, access, and quality of care will be essential for enhancing health outcomes across the country. Further in-depth analysis in to the antecedents of Job Crafting can be done to understand how a work environment that is conducive to Job Crafting can be provided to doctors to enable them to enhance their performance, satisfaction, engagement and commitment to their work. A comparative study of Job Crafting of doctors and its outcomes practicing different medical systems like allopath, homeopathy, Ayurveda, Unani etc. would be interesting. Studying opinions of patients of doctors practicing and not practicing Job Crafting will add new insights. As job Crafting is initiated by individuals and not the management, research can be done on what initiatives management or Government can take in public sector to introduce Job Crafting as an intervention to enable doctors to align their personal goals, interest and abilities with their jobs to leverage the positive outcomes of Job Crafting.

Recommendations:

Management of hospitals, public or private must seriously think of providing flexible work arrangements, like flexible timings, telemedicine and part-time work to empower doctors to use their time more effectively and craft jobs. More autonomy in decision-making should be provided to doctors to encourage them to craft their jobs and make them more fulfilling. Management of hospitals must cultivate a supportive culture where peers support each other and collaborate with each other on different projects and activities. The Government as well as management of private hospitals must provide professional development opportunities to doctors to enable them to explore new areas of interest within their field. Supporting their desire to learn and grow can enhance positive perception that is cognitive crafting as well as ignite their minds about how they can engage in task and relationship crafting. This in turn will lead to increased engagement, satisfaction, work life balance and hence performance of doctors.

References:

Bakker, A. B., & Demerouti, E. (2007). The Job Demands-Resources model: Challenges for future research. *Journal of Occupational Health Psychology*, 12(2), 100-112. DOI: 10.1037/1076-8998.12.2.100

Bakker, A. B., & Demerouti, E. (2014). Job crafting and performance. *Current Directions in Psychological Science*, 23(1), 12-16. DOI: 10.1177/0963721413501969

Bakker, A. B., Tims, M., & Derks, D. (2012). Proactive Personality and Job Crafting: The Role of Job Resources. *Journal of Managerial Psychology*, 27(3), 276-289.

Berg, J. M., Dutton, J. E., & Wrzesniewski, A. (2008). What is job crafting? *The Oxford Handbook of Positive Organizational Scholarship*. DOI: 10.1093/oxfordhb/9780199734610.013.0026

Berg, J. M., Dutton, J. E., & Wrzesniewski, A. (2010). What Is Job Crafting and Why Does It Matter? *The Handbook of Positive Organizational Scholarship*.

Berg, J. M., Dutton, J. E., & Wrzesniewski, A. (2013). What is job crafting? *The Oxford Handbook of Positive Organizational Scholarship*. DOI: 10.1093/oxfordhb/9780199734610.013.0026

Dyrbye, L. N., et al. (2014). Burnout and Satisfaction with Work-Life Balance Among US Physicians Relative to the General US Working Population. *Archives of Internal Medicine*, 172(18), 1377-1385.

Dyrbye, L. N., et al. (2017). Burnout and Satisfaction with Work-Life Integration Among US Physicians Relative to the General US Working Population. *Academic Medicine*, 92(9), 1214-1220.

Economic Times, "Private hospitals say standardising rates will be catastrophic for sector", published on 29 February 2024.

<https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=971&lid=154>

<https://nhsrcindia.org/search/node?keys=infrastructure>

Indian Journal of Community Medicine. (2019). "The Burden of Workload on Private Practitioners in India." [Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6884891/>]

Jindal, R.P., 2014. The truth about medical negligence. *Indian Journal of Medical Ethics*, 11(1), pp.42-46.

Lemaire, J. B., & Wallace, J. E. (2011). Burnout among Physicians: A Review. *CMAJ*, 183(3), E166-E173.

Maharashtra State Government Health Department. Statistics on healthcare professionals.

Mane M., Kabugade R. (2023) Relationship Between Demographics And Job Crafting Behaviour Of Individuals. , *Madhya Pradesh Journal of Social Sciences*, A biannually Journal of M. P. Institute of Social Science Research, Ujjain ISSN: 0973-855X (Vol 28 No. 2(vii), December 2023).

Maslach, C., & Leiter, M. P. (2016). *Burnout: A Guide to Identifying Burnout and Pathways to Recovery*. Harvard Business Review Press.

Ministry of Health and Family Welfare, Government of India. (2020). National Family Health Survey (NFHS-5) [Link: <http://rchiips.org/nfhs/nfhs-5.shtml>].

NITI Aayog. (2021). "Health Systems for a New India: Building Blocks." [Link: https://niti.gov.in/writereaddata/files/document_publication/Health%20System%20for%20a%20New%20India%20-%20Building%20Blocks.pdf].

Petrou, P., Demerouti, E., & Schaufeli, W. B. (2016). Crafting the change: The role of job crafting in organizational change. *Journal of Change Management*, 16(2), 140-157. DOI: 10.1080/14697017.2015.1101814

Shanafelt, T. D., et al. (2015). Association of Physician Burnout with Suicidal Ideation and Professional Ratings of Care Quality. *Archives of Internal Medicine*, 172(20), 1599-1606.

Shanafelt, T. D., et al. (2016). Changes in Burnout and Satisfaction with Work-Life Integration in Physicians. *Journal of the American Medical Association Internal Medicine*, 176(9), 1284-1290.

Subramani, S., (2017). Patient autonomy within real or valid consent: Samira Kohli's case. *Indian Journal of Medical Ethics*, 2(3), pp.184-189.

Tims, M., Bakker, A. B., & Derks, D. (2013). The Impact of Job Crafting on Job Demands and Job Resources. *Journal of Managerial Psychology*, 28(5), 510-527.

Tims, M., Bakker, A. B., & Derks, D. (2013). The impact of personal resources on the job crafting process. *Journal of Vocational Behavior*, 83(3), 460-470. DOI: 10.1016/j.jvb.2013.06.008.

World Bank. (2020). "Health expenditure, total (% of GDP)." [Link: <https://data.worldbank.org/indicator/SH.XPD.TOTL.ZS>].

World Health Organization. (2021). World Health Statistics 2021 [Link: <https://www.who.int/data/gho/publications/world-health-statistics>].

Wrzesniewski, A., & Dutton, J. E. (2001). Crafting a Job: Revisioning Employees as Active Crafters of Their Work. *Academy of Management Review*, 26(2), 179-201.