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Job Satisfaction, Psychological Distress and Coping Among Medical Doctors

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The current study examined the relationship between job satisfaction, psychological distress, and coping with the mediating role of coping among medical doctors. The Purposive sampling technique was used to obtain sample doctors working in both private and government hospitals. A total of 150 doctors participated in the study. All participants were medical practitioners actively working in clinical settings. The assessment tools used for the data collection included the Job Satisfaction Survey (JSS; Spector, 1985), the Depression, Anxiety and Stress Scale (DASS; Lovibond & Lovibond, 1995), and the Brief Responsive Coping Scale (BRCS; Sinclair & Wallston, 2004). All the analysis was performed using SPSS version 20. Statistical analysis included correlation, regression, mediation, and ANOVA. The study revealed significant relationships between job satisfaction, psychological distress, and coping. Job satisfaction significantly predicted psychological distress among doctors. However, coping was not found to mediate the relationship between job satisfaction and psychological distress. Moreover, no significant differences were found between male and female doctors in terms of job satisfaction, coping, and psychological distress.

Keywords. Psychological distress, job satisfaction, coping, doctors

Job satisfaction and psychological distress among healthcare professionals have become critical concerns in modern societies. Doctors, who play an iconic role in saving lives and managing public health, are often regarded as one of the most desirable professions, yet

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they are frequently exposed to immense stress due to the high-stakes nature of their work (Groopman & Mifflin, 2007). Globally, healthcare workers report high levels of anxiety and distress owing to unique workplace pressures such as life-or-death decision-making, patient complaints, and moral dilemmas (Afulani et al., 2021). These demands place doctors at particular risk for psychological problems, threatening not only their well-being but also the quality of care delivered to patients.

Job satisfaction has long been recognized as a central factor influencing performance, motivation, and organizational outcomes (Aziri, 2011). It refers to an individual's positive or negative evaluation of their job, colleagues, supervisors, and workplace policies. Research shows that dissatisfaction at work reduces motivation, increases errors, and contributes to stress and burnout (Fahed-Sreih, 2020). Various determinants of job satisfaction include salary, workload, promotion opportunities, work conditions, and supervisory support (Pushpakumari, 2008). For medical professionals, dissatisfaction with these factors often translates into lower productivity, increased absenteeism, and higher turnover. Studies have revealed that doctors who balance their professional and personal responsibilities—such as adequate sleep, family interaction, and patient contact—report greater job satisfaction and lower burnout. Other demographic variables such as age, gender, marital status, and years of service have also been linked with differences in satisfaction and performance (Atif et al., 2015).

Psychological distress, defined as a state of emotional suffering characterized by symptoms of anxiety, depression, and stress, is another significant outcome of occupational stress in doctors (Borysenko, 2007; Bovier & Perneger, 2003). Several studies highlight the high prevalence of distress and burnout among medical professionals, with younger doctors, interns, and trainees reporting particularly severe outcomes due to workload and professional pressures. In Pakistan, doctors face additional stressors such as heavy patient loads, limited medical resources, long working hours, and systemic inefficiencies, which further contribute to their psychological burden (Khuwaja et al., 2004). These stressors not only impair mental health but also lead to defensive medical practices, strained doctor-patient relationships, and sometimes early career exits.

Coping, defined as the cognitive and behavioral efforts employed to manage stress and demands, has emerged as an important construct in understanding doctors' mental health (Skinner & Gembeck, 2016). Active coping strategies, such as problem-solving and seeking social support, are linked with resilience, while passive coping strategies, such

as avoidance, are associated with greater distress (Chen et al., 2018). In Pakistan, common coping strategies among doctors include problem-focused coping, emotional regulation, religious coping, and seeking social support (Jamal & Farooqi, 2016). However, evidence also suggests that female doctors report higher levels of anxiety and depression compared to males, indicating possible gender differences in coping effectiveness (Salman et al., 2020). Studies further show that personal strengths and interpersonal resources, such as character strengths or supportive relationships, act as buffers, reducing the negative impact of stress and enhancing job satisfaction (Harzer & Ruch, 2015).

Previous research establishes strong connections between job satisfaction, psychological distress, and coping. Job dissatisfaction has been found to significantly predict burnout and psychological distress in doctors (Xiao et al., 2014; Baba, 2012). At the same time, coping strategies have been identified as protective factors that can alleviate the negative consequences of job dissatisfaction (Harzer & Ruch, 2015). Despite this evidence, research in Pakistan has largely focused on job satisfaction and distress separately, while the mediating role of coping remains understudied.

Given the demanding nature of doctors' work, their psychological well-being directly influences patient care and healthcare systems. Understanding how job satisfaction and coping interplay to affect psychological distress is crucial, particularly in Pakistan's socio-cultural and healthcare context, where doctors face unique stressors. Thus, the current study aims to examine the relationship between job satisfaction, psychological distress, and coping among doctors, with a specific focus on the mediating role of coping. This study will contribute to filling the gap in local research by providing empirical evidence to help healthcare organizations and policymakers design interventions that support doctors' mental health and professional effectiveness.

The purpose of the current study was to evaluate job satisfaction, psychological distress, and coping in medical doctors. The research's hypotheses were as follows:

1. There is likely to be relationship between job satisfaction, psychological distress and coping in medical doctors.
2. There is likely to be a difference in psychological distress, coping and job satisfaction between male and female medical doctors.

3. Coping is likely to mediate the relationship between job satisfaction and psychological distress in medical doctors.
4. There is likely to be a difference in psychological distress, coping mechanisms, and job satisfaction between doctors working in government and private hospitals
5. There is likely to be a variation in stress, anxiety, and depression among doctors with different areas of specialization.

Method

Correlation research design was used for this study. Purposive sampling strategy was used for collecting data.

Sample

Sample was collected from public and private hospitals after receiving authorization from the respective university and the corresponding hospitals. The survey involved 150 doctors in all. Doctors were chosen from all the departments, including surgery, cardiology, neurology, gynecology, etc. House officers and doctors of various specialties were involved in the study.

Information was gathered from doctors whose ages ranged from 22 to 62. Both governmental and private hospitals' medical staff. From all the departments, including surgery, cardiology, neurology, gynecology, etc., doctors were chosen. House officers and doctors of various specialties were involved in the study. Medically, psychologically, or physically impaired doctors and healthcare professionals were not included in the study.

The study surveyed doctors from both genders, with a majority (95.3%) aged 23-32, with a diverse range of specializations. The majority (46.0%) had no specialization, while the remaining doctors were from Obstetrics and Gynecology, Pediatrics, Anesthesia, Medicine, Physiotherapists, Surgeons, Orthopedics, ENT, Diabetes, Dentists, and Cardiologists. The study also included different designated doctors, such as house officers, PG-1, PG-2, PG-3, PG-4, Medical officers, consultants, and senior registrars. The doctors had different birth orders, family systems, marital statuses, and children. They worked in both private and government hospitals, with 47.3% working in government hospitals and 52.7% in private hospitals. The doctors had varying salary packages, with 14.7% working with no

salary; 60% earning between 10,000 and 100,000; 22% earning 100, 000 – 200, 000; 1.3% earning between 200, 000 – 300, 000; and 2% earning between 300,000 – 400, 000. Majority of doctors lived in Urban areas while the remaining participants resided in rural areas.

Measures

The following instruments were used:

Depression, Anxiety, and Stress Scale

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) consists of three self-report scales that measure depression, anxiety, and stress through seven items each. The depression scale evaluates dysphoria, hopelessness, lack of interest, etc. The anxiety scale measures autonomic arousal and situational anxiety, while the stress scale assesses chronic arousal levels and irritability. The rating employs a Likert scale from 0 - 4, leading to cut-off scores for categorizing severity. Total scores range from 0 to 120, with subscales ranging from 0 to 42. The tool exhibits high reliability, with Cronbach's alpha values of .91 for depression, .84 for anxiety, and .90 for stress (Lovibond & Lovibond, 1995).

Brief Resilience Coping Scale

The Brief Resilient Coping Scale assesses a person's ability to cope with stress in an adaptive manner. The measure focuses on the proclivity to employ coping mechanisms effectively in flexible, committed ways to actively solve problems despite stressful situations. It is made up of four parts. A 5-point Likert scale answer is created, with 1 representing "*Does Not Describe Me At All*" and 5 representing "*Describes Me Very Well*". Scores for the total sum vary from 4 to 20. Low resilient coping is indicated by a score of 4-13, medium resilient coping by a score of 14-16, and high resilient coping by a score of 17-20. BRCS value of Cronbach's alpha is .59 (Sinclair & Wallston, 2004)

Job Satisfaction Survey

The Job Satisfaction Survey (JSS) is a reputable questionnaire assessing nine aspects of job satisfaction related to overall wellbeing. Participants respond to 36 items across nine subscales, using a 6-point

Likert scale from "*Strongly Disagree*" to "*Strongly Agree.*" The subscales include: Pay Satisfaction, Promotion Satisfaction, Supervision Satisfaction, Benefits Satisfaction, Contingent Rewards Satisfaction, Operating Procedure Satisfaction, Co-Workers Satisfaction, Nature of Work Satisfaction, and Communication Satisfaction. Scores of 4 or higher indicate satisfaction, while scores of 3 or less indicate dissatisfaction. Ambivalence scores range from 3 to 4. For subscales, scores from 4 to 12 reflect discontent, 16 to 24 indicate contentment, and 12 to 16 convey ambivalence. For the total score, values range from 36 to 216, with dissatisfaction scores of 36 to 108, satisfaction scores of 144 to 216, and ambivalence between 108 and 144.

Procedure

The scales utilized were publicly available, and the research was presented to the panel for approval. Letter was issued from the concerned university to start the study. Hospitals were contacted, and access to the sample was granted with their consent. The participants were initially told of the study's aim and purpose, and informed consent forms were signed. The sample was given a briefing on the research and all relevant criteria and was free to ask any questions concerning the research. They were required to complete demographic questionnaires and forms, and the scales were administered and scored in accordance with the instructions in each manual.

Results

Examining doctor job satisfaction, psychological discomfort, and coping skills was the goal of the study. The process of data analysis included: To examine the relationship between coping, psychological distress, and job satisfaction, Pearson Product Moment correlation was applied. To investigate the differences in psychological distress and job satisfaction between male and female doctors, an independent sample *t*-test was used. Regression analysis was used to test the effect of coping as a mediator between work satisfaction and psychological distress

Table 1: *Pearson Correlation Analysis Indicating the Relationship Between Job Satisfaction, Psychological Distress and Coping In Medical Doctors (N = 150)*

Variables	*M*	*SD*	1	2	3	4	5	6
1. Job Satisfaction	126.2	17.23	-	.24**	-.26**	-.18**	-.21**	-.23**
2. Coping	13.50	3.04		-	-.40**	-.42**	-.38**	-.44**
3. Stress	18.30	8.20			-	.76**	.76**	.92**
4. Anxiety	16.69	8.45				-	.72**	.90**
5. Depression	17.74	9.07					-	.91**
6. Psychological distress	52.74	23.42						-

** $p < .01$.

The findings indicate a significant relationship between coping, psychological distress, and job satisfaction. As increase in job satisfaction will decrease the psychological and increase the coping abilities whereas decrease in job satisfaction will increase in psychological distress and decrease the coping abilities. The level of stress, anxiety and depression indicates a high level of significance value between job satisfaction and coping. There is negative relation of stress with job satisfaction which means that the high job satisfaction will decrease the stress and likewise is the case with depression and anxiety which have negative relation with job satisfaction. High level of job satisfaction shows low level of anxiety and depression. The relationship of coping with stress, anxiety and depression is negative which means that high coping will decrease the level of stress, anxiety and depression. The study found no significant difference between job satisfaction and psychological distress, but job stressors such as job demands, patient expectations, practice administration, role stress, and social support were key predictors of lack of psychological distress, according to the Pearson Product moment ($p < .05$).

Table 2: *Correlation Analysis Showing Relationship Between Subscales of Job Satisfaction Psychological Distress and Coping (N = 150)*

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Pay	-	.36**	.04	.39**	.32**	.19**	.15**	.08	.18*	.10	-.09	.03	.17*	.07
Promotion		-	.17*	.35**	.26**	-.14	.22**	.18*	.30**	.07	.17*	.03	.10	.06
Supervision			-	.18*	.15	-.26**	.52**	.46**	.28**	-.30	.30**	-.24**	-.34**	-.24**
Fringe benefits				-	.31**	.18*	.03	-.10	.10	.15	-.02	.06	.21**	.14
Contingent Rewards					-	.24**	.27**	.10	.34**	-.13	.07	-.19*	.04	.12
Operating Conditions						-	.10	-.04	.08	.07	-.22**	.04	.15	.04
Coworkers							-	.59**	.46**	.24**	.20*	-.20*	-.26**	-.20*
Nature Of Work								-	.34**	-.44**	.51**	-.37**	-.44**	-.39**
Communication									-	-.21**	.19*	-.14	-.22**	-.20*
Psychological Distress										-	-.43**	.91**	.90**	.91**
Coping											-	-.40**	-.41**	-.38**
Stress												-	.75**	.75**
Anxiety													-	.72**
Depression														-

Note. Job satisfaction dimensions showed mean scores ranging from 2.80 to 4.38; Coping (M = 3.04, SD = 13.5); Psychological Distress having the highest mean (23.42) and SD (52.7).
$^{*}p < .05$; $^{**}p < .01$.

Table 3: *Independent Sample t-Test Indicating the Difference in Psychological Distress, Coping and Job Satisfaction Between Male and Female Doctors (N = 150)*

Variables	*Female (n=75)*		*Male (n=75)*				Cohen's
	M	*SD*	*M*	*SD*	*t(148)*	*p*	*d*
JS	125.28	17.11	127.12	17.42	-0.62	.51	0.10
Coping	13.84	2.86	13.17	3.18	1.34	.18	0.22
PD	53.38	23.42	52.10	23.57	0.33	.73	0.05
Stress	18.61	8.35	18.00	8.10	0.54	.64	0.07
Anxiety	16.56	7.99	16.82	8.93	-.19	.84	0.03
Depression	18.21	9.45	17.2	8.7	.62	.53	0.11

Note. M = Mean; *SD* = Standard Deviation; PD = Psychological distress; JS = Job satisfaction.
**p < .05.*

It was hypothesized that there is likely to be a difference in psychological distress, coping and job satisfaction between male and female doctors. Result indicated that there is no significant difference in job satisfaction, psychological distress among male and female doctors. Females have the same job satisfaction, psychological distress and coping capability as males.

Table 4: *Testing Mediation with Regression Analysis showing the mediating role of Coping in the relationship between Job satisfaction and Psychological distress (N = 150)*

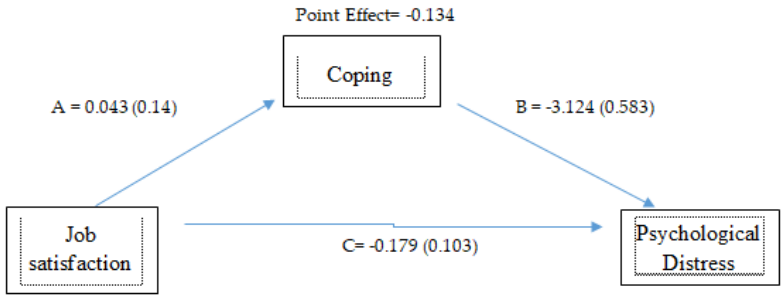
	Variables	B	95% *CI* for B		SEB	*β*	R^2	ΔR^2
			LL	*UL*				
Step 1	Constant	92.24	64.88	119.6	13.84		.05	.04
	Job Satisfaction	-.313	-.528	-.098	.10	-.23		
Step 2	Constant	117.5	90.76	144.3	13.56		.20	.19
	Job Satisfaction	-.179	-.383	.024	.10	-.13		
	Coping	-3.124	-4.276	-1.97	.58	-.40		

Note.; β = Standardized Co efficient; ΔR^2= R Square change; R^2= R Square; F for model 1 = 8.29, $p < .01$; F for model 2 19.26, $p > .00$.

It was hypothesized that Coping is likely to mediate the relationship between Job Satisfaction and psychological distress in medical doctors. Model 1 illuminated 4.7% change in Psychological distress [*F* change (1, 148) = 8.29, $p < .01$] that included job satisfaction is significant predictor of psychological distress. Model 2

reflected 19.7% change in variance of psychological distress [F change (2, 147) = 19.26, $p > .00$] that included job satisfaction and coping are non-significant predictor of psychological distress. Hence, the model indicates that as significance value for job satisfaction increase in second model in the presence of mediator. Therefore, we can conclude that the model did not show how coping affects psychological distress and job satisfaction. Also, the test statistics value from Sobel test is -0.306 which is significant at 75. This does not prove that coping has a mediating influence on the relationship between job satisfaction and psychological distress.

Figure 1*: Model Depicting Mediation Relationship Between Job Satisfaction and Psychological Distress*



A hypothesis was put up suggesting that there might be a relationship between medical doctors' job satisfaction, psychological distress, and coping.

Table 5: *Independent Sample t-Test indicating the difference in Job Satisfaction, Coping and Psychological Distress between government and private medical Doctors (N=150).*

	Government (n = 71)		Private (n = 79)				
Variables	*M*	*SD*	*M*	*SD*	*t(148)*	*p*	Cohen's *d*
JS	127.14	17.77	125.35	16.80	0.63	.52	0.10
Coping	13.33	3.48	13.65	2.59	-0.64	.52	0.10
PD	51.29	23.16	54.09	23.73	-0.71	.47	0.11
Stress	18.05	7.97	18.53	8.44	-0.35	.72	0.05
Anxiety	16.45	8.23	16.9	8.68	-0.33	.74	0.05
Depression	16.78	9.16	18.60	8.95	-1.22	.22	0.20

Note. *M* = Mean; *SD* = Standard Deviation; PD = Psychological Distress; JS = Job satisfaction.

Independent Sample *t*-test indicating the difference in Job Satisfaction, Coping and Psychological Distress between government and private medical Doctors. The analysis reveals no significant difference in job satisfaction, psychological distress, and coping levels between government and private hospital doctors due to their similar profession and routine, patient interactions, scenarios, and family expectations, resulting in similar coping levels.

Table 6: *Analysis of Variance of Specializations With Stress, Anxiety, Depression and Psychological Distress Among Medical Doctors (N = 150)*

Variables	*n*	*M*	*SD*	*F*	*α*
Stress					
No Specialization	69	19.07	8.43	1.836	.53
Obstetrics And Gynecology	16	18.00	8.06		
Pediatrician	12	19.66	6.59		
Anesthesia	7	22.28	2.92		
Medicine	25	15.28	8.52		
Physiotherapist	3	24.66	2.30		
Surgeon	4	23.50	9.57		
Orthopedic	2	21.00	9.89		
Ent	5	11.60	7.40		
Diabetes	1	14.00	-		
Dentist	1	30.00	-		
Cardiology	5	11.20	3.89		
Anxiety					
No Specialization	69	16.86	8.32	2.09	.03
Obstetrics And Gynecology	16	13.50	7.91		
Pediatrician	12	20.00	6.98		
Anesthesia	7	22.00	4.00		
Medicine	25	15.68	9.21		
Physiotherapist	3	24.66	1.15		
Surgeon	4	24.50	9.43		
Orthopedic	2	20.00	11.3		
Ent	3	10.00	8.60		
Diabetes	1	14.00	-		
Dentist	1	18.00	-		
Cardiology	5	08.00	5.21		
Depression					
No Specialization	69	18.98	8.87	1.60	.11
Obstetrics And Gynecology	16	17.00	8.94		
Pediatrician	12	18.00	8.48		
Anesthesia	7	22.85	4.29		
Medicine	25	14.80	10.4		
Physiotherapist	3	23.33	3.05		
Surgeon	4	19.50	11.3		

Continued…

Variables	*n*	*M*	*SD*	*f*	*p*
Orthopedic	2	20.00	5.65		
Ent	5	08.00	6.72		
Diabetes	1	28.00	-		
Dentist	1	20.00	-		
Cardiology	5	10.00	6.57		
Psychological Distress					
No Specialization	69	54.92	23.1	1.934	.40
Obstetrics And Gynecology	16	48.50	21.8		
Pediatrician	12	57.66	19.7		
Anesthesia	7	67.14	6.91		
Medicine	25	45.76	26.1		
Physiotherapist	3	72.66	5.77		
Surgeon	4	67.50	29.7		
Orthopedic	2	61.00	26.8		
Ent	5	30.40	22.0		
Diabetes	1	56.00	-		
Dentist	1	68.00	-		
Cardiology	5	30.00	13.5		

Note. *M* = Mean*; SD* = Standard deviation*; F* = Frequency.

The ANOVA analysis revealed no significant differences in stress, depression, or psychological distress levels among medical doctors across different specializations. However, there was a significant difference in anxiety levels. Doctors from all specialties work to satisfy patients, and their call-on duty cases are similar, resulting in no differences in job satisfaction, psychological discomfort, or coping.

Discussion

The results of the current study suggest that there is a significant positive relationship between job satisfaction and coping, while job satisfaction has a negative relationship with psychological distress among doctors. In other words, doctors who are more satisfied with their jobs report better coping abilities and lower levels of stress, anxiety, and depression, whereas dissatisfaction at work increases psychological distress and weakens coping strategies. A study conducted by Malik et al. (2010) supports these findings, showing that doctors who balance professional and personal duties effectively report reduced burnout, greater work satisfaction, and lower turnover. Similarly, Poursadeghiyan et al. (2016) found a negative correlation between work-related stress and psychological well-being, with higher job satisfaction reducing levels of anxiety and depression. These results highlight that satisfaction with income, workload, working hours, and supervisors plays a vital role in lowering psychological distress among doctors.

The findings suggest that emergency physicians experienced high levels of psychological distress during the COVID-19 pandemic, with depression, anxiety, insomnia, and PTSD being common outcomes. Coping strategies played a critical role, as avoidant strategies such as disengagement and self-blame predicted poorer mental health, while humor and positive reframing were associated with reduced psychological distress (Rodriguez et al., 2022).

The findings of this study further revealed no significant differences between male and female doctors in terms of job satisfaction, coping strategies, and psychological distress. This shows that both male and female doctors face similar professional routines, working hours, and stressors that influence their mental health and coping. These results are consistent with Antoniou (2003), who found no gender differences in coping or psychological distress among junior hospital doctors. Wada et al. (2009) also reported that for both male and female doctors, job satisfaction was linked more to perceptions of income fairness than to gender. Thus, the lack of significant gender differences in the current research can be explained by the shared work environment, patient demands, and professional responsibilities that both male and female doctors equally experience.

Coping emerged as an important factor in the study, yet it was not found to mediate the relationship between job satisfaction and psychological distress. The findings revealed that while coping helps reduce stress, anxiety, and depression, it does not significantly act as a mediating mechanism between dissatisfaction and distress. These results are in line with Devereux et al. (2009), who found that practical coping did not mediate the relationship between job demands and emotional exhaustion, although wishful thinking partially mediated the relationship. Similarly, Manne and Glassman (2000) found that avoidance and coping efficacy mediated distress in cancer patients, but perceived control over emotions or the medical course did not. These findings suggest that coping is context-specific and varies according to job roles, departmental duties, and schedules, which may explain why coping did not emerge as a significant mediator in the present study.

Although coping did not function as a mediator, it remains an essential psychological process in doctors' lives. Skinner and Genbeck (2016) emphasize that individual coping behaviors often explain why some people develop burnout under stress while others remain resilient. However, maladaptive coping strategies, such as emotional isolation or avoidance, have been linked to higher psychological distress (Borysenko, 2007). Thus, while coping did not statistically mediate the relationship between job satisfaction and psychological distress in this

research, it still plays a crucial role in managing external and internal pressures.

The results revealed that care-related regrets are negatively associated with job satisfaction and positively related to turnover intention among novice healthcare professionals. Coping strategies partially mediated this relationship, with maladaptive emotion-focused coping reducing job satisfaction, while adaptive problem-focused coping increased satisfaction and reduced turnover intention (Cheval et al., 2019).

The study also explored institutional differences and found no significant differences between government and private hospital doctors in terms of job satisfaction, coping, or psychological distress. This indicates that despite variations in hospital management and facilities, doctors encounter similar workloads, patient interactions, and professional routines that shape their satisfaction and stress levels. These findings suggest that workplace stressors are consistent across different hospital settings in Pakistan, and therefore both government and private doctors share similar patterns of satisfaction and coping.

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The results revealed that work–family conflict was significantly associated with burnout among Chinese doctors, with higher conflict leading to greater emotional exhaustion and reduced sense of accomplishment. Coping styles mediated this relationship, where adaptive coping strategies acted as a protective factor against burnout, highlighting their importance in reducing the negative impact of work–family conflict (Chen et al., 2018).

The findings suggest that while demographic and work-related factors such as income, specialty, and working hours significantly influence job satisfaction and work-life balance among Chinese physicians, no significant gender differences were observed. This indicates that job satisfaction and work-life balance are more strongly shaped by professional and structural factors rather than by gender itself (Sun et al., 2020).

Limitations

The study had limitations, including a small sample size and a focus on MBBS doctors. A larger sample size would result in more significant relationships between variables. The study had a lower number of surgeons, which could improve outcomes. Future research should include surgeons to generalize the findings. Married and unmarried doctors have distinct daily routines, and future studies should focus on these. The study excluded emergency room doctors, as they experience higher stress levels due to their spontaneous decisions and 24/7 call-on-duty schedule. The data collected was specific to Lahore doctors, and future studies should gather data from different locations to generalize the population of doctors.

Conclusions

In the current study, medical professionals' job satisfaction, psychological distress, and coping strategies were examined because these factors have an impact on their careers and interpersonal relationships. It was crucial to look into why nobody has paid attention to the daily stress that doctor's experience, which affects both their personal and professional life. The results revealed a connection between doctors' coping, psychological distress, and job satisfaction. It demonstrates how a decrease in job satisfaction can cause psychological distress in doctors, an increase in stress and anxiety, and burnout. The levels of job satisfaction, stress anxiety, and depression were comparable among doctors of all specializations and genders.

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