

**Study of factors influencing Job Satisfaction among healthcare professionals -  
a quantitative explanation**

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## **ABSTRACT**

Job satisfaction among healthcare professionals is a critical factor influencing not only individual well-being but also organizational efficiency, patient care quality, and overall healthcare outcomes. This quantitative study aims to investigate the key factors influencing job satisfaction among healthcare professionals, including doctors, nurses, and allied healthcare staff. Using a structured survey method, data was collected from 250 healthcare professionals working in both public and private healthcare settings. The survey instrument incorporated validated scales to measure various determinants such as work environment, compensation, professional growth opportunities, leadership support, work-life balance, and interpersonal relationships at the workplace.

The collected data were analyzed using descriptive statistics, correlation analysis, and multiple regression models to identify the most significant predictors of job satisfaction. The findings reveal that work environment and leadership support have a strong positive correlation with job satisfaction, while factors such as excessive workload and lack of professional development opportunities negatively influence job satisfaction levels. Interestingly, intrinsic factors such as personal accomplishment and recognition were found to have a more profound impact compared to extrinsic factors like salary.

This study underscores the importance for healthcare administrators and policymakers to foster supportive work environments, ensure fair workload distribution, and create opportunities for continuous professional development to enhance job satisfaction among healthcare professionals.

Addressing these areas not only aids in reducing turnover rates but also contributes to improved patient outcomes and organizational sustainability. The study concludes by recommending strategies for healthcare organizations to enhance job satisfaction, thus ensuring a motivated and efficient healthcare workforce.

## **CHAPTER I - INTRODUCTION**

### **1.1 Introduction to the chapter**

Employees are key assets of any business as they bring in their intellectual capital, skill, and expertise with them to the workplace and help the organisations to remain competitive in the market. Today human resource challenge is not only about attracting and retaining talented individuals and increasing their organisational commitment, but to engage their hearts and minds fully at every phase in the work (Kaye & Jordan-Evans, 2003). To successfully engage the individuals, it needs more than just formulating a policy. Employee engagement and employee retention are critical for success in business. It is not only the engaged workers who would prefer to have a long-term association with their organisations, but the organisations also make sincere efforts to retain their engaged employees (Singh & Shukla, 2012).

Many researchers tend to agree that satisfied workers prove beneficial for employers, as job satisfaction results in higher performance, increased productivity, commitment and creativity (Chiboiwa et al., 2011). Because of job satisfaction's relevance to workplace and its relationship with productivity, it is one of the "best-researched concepts in work and organisational psychology" (Dormann & Zapf, 2001). The satisfaction and dissatisfaction of employees not only rely upon the nature of the work, but it additionally relies upon their expectations from the work roles (Ramamurthi et al., 2016). With the increase in job satisfaction, organisations can attract and retain the key employees more effectively. The performance of employees within an organisation is influenced by the level of their satisfaction as satisfied employees generally exhibit more commitment and increased performance which ultimately helps an organisation to accomplish its goals.

Healthcare sector in India is a major sector in respect of employment generation and its contribution to country's GDP. The healthcare sector is day by day becoming bigger & significant with the aging population, resulting in more healthcare demands and a relative shortage of healthcare services. The sustaining of workforce in healthcare sector to cater the growing demands is a serious challenge (Skinner & Chapman, 2013).

The job satisfaction of healthcare professionals is essential while focusing on the healthcare quality. The disquietude of healthcare workers can result in subpar performance and decreased productivity in their duties. Unfortunately, no conclusive evidence supports the notion that job satisfaction is directly linked to favourable patient outcomes. In India,

specifically, satisfactory levels of job contentment among healthcare practitioners are determined by various factors, including patient care, professional growth, accountability, and colleague relationships. These elements have a considerable impact on job satisfaction within the healthcare sector (Srivastava et al., 2019). Strengthening relevant human resources policies is necessary, improving working conditions and compensation. As such, more attention should be given to researching the influential factors of job satisfaction in healthcare, which can foster better relationships between management and employees and give rise to more positive decision-making, with a beneficial effect on the quality of healthcare services and individual and organizational performance.

Hence, focusing on continuous job satisfaction factors, who set patients' safety as their top priority, this research identifies the direct relationship between sustainable leadership, stress management and employee retention and Job satisfaction level in the healthcare sector for better performance quality, introduced in this chapter briefly.

## **1.2 Background of the study**

This section explains the concepts related to the investigation topic and the research context in an elaborate manner.

### ***Concept of Job Satisfaction***

The concept of job satisfaction is widely studied in psychology and continues to be a critical aspect of work life. A job serves as a social expectation and a way to gain status and connect with society. Job design aims to enhance both job performance and satisfaction, with the work environment playing a vital role in meeting employees' needs for job satisfaction. The saying "Discover joy in your work, or you will never truly experience joy" underscores the significance of assessing employees' job satisfaction. Hence happiness is considered as sense of satisfaction. It also comprises with willingness, dedication, concentration and interest (Schmidt, 2007).

In certain cases, the environment or tasks may create complexity, but if the happiness in job remains then it can result to success in job. Instead, if the job environment is miserable and doesn't create happiness then the result will be failure. Job satisfaction is the positive attitude that an individual has towards their job. Several research studies have identified the elements

that add to an individual's job satisfaction. It has been found that job satisfaction is the result of various interconnected factors (Waltz et al., 2020).

Job satisfaction concept is associated with job involvement. Employees' job satisfaction can be differentiated according to their occupational levels. The notion of job satisfaction pertains to the emotional and attitudinal state of an individual towards their work, encompassing both the social and physical aspects of their work milieu. This state can either be positive or negative. As per Arnold and Feldman, job satisfaction denotes the overall affirmative influence an employee experiences in relation to their job (Jegan & Gnanadhas, 2011). According to Locke's definition, job satisfaction refers to a positive emotional state that arises as a result of an individual's job appraisal or experience (Locke, 1969). As indicated by (Newstrom and Davis, 1986), job satisfaction encompasses the blend of positive and negative emotions that employees associate with their work. It's worth noting that an individual's perception also influences their job satisfaction. Individuals with a more positive outlook generally experience greater job satisfaction (Jegan & Gnanadhas, 2011).

Job satisfaction refers to an individual's overall sentiment towards their job, shaped by their personal preferences and dislikes. It is influenced by a myriad of factors that impact an employee's attitude towards their work. Essentially, it is a measure of how much an employee finds enjoyment in their job, and it is heavily linked to the expectations they hold for their position. Job satisfaction is a multifaceted process encompassing several crucial factors, such as work ethics, attitudes towards work, professional growth, and psychological concepts. Job satisfaction is the emotional fulfilment an employee experiences when their job expectations are met. Additionally, an employee's well-being is influenced by the work environment in which they operate (Cucina et al., 2018).

The notion of job satisfaction is multifaceted and typically regarded as a person's emotional reaction to their work. While it cannot be directly measured, it can be deduced through several indicators, such as an individual's attitude towards their job. Employees' job satisfaction is greatly influenced by whether their expectations are met or exceeded by outcomes. Moreover, it is frequently linked to five job dimensions: promotion opportunities, supervision, relationships with colleagues, the nature of the work itself, and prospects for career advancement (Munir & Rahman, 2016).

*"Happy workers are productive workers".*



The above statement is usually true and this idea of the above statement is developed in 1930s and 1940s, which are leads from Hawthorne studies (Gale, 2004). Supervisors and managers must create a positive work environment promoting productivity and employee happiness. Although a 1980s review found no notable link between job satisfaction and performance, recent studies suggest that happy workers are often productive. In other words, productivity can be a catalyst for job satisfaction. When individuals excel in their work and derive a sense of personal fulfilment, it often results in amplified productivity, heightened remuneration, career advancement, and acknowledgement. Contented employees tend to be more dedicated and efficient in their respective roles.

### ***Job satisfaction in healthcare industry***

In the healthcare industry, a palpable correlation exists between patient satisfaction and staff contentment (Chang et al., 2017). Job satisfaction can be resulted from perception of employees on how well their job provides certain things like work associated attitudes are seen as significant. Attitudes include feelings, intentions, and thoughts to perform. A sense of positivity in the workplace often stems from an employee's heightened level of job satisfaction. This refers to an individual's emotional reaction towards various aspects of their job, such as work environment and fair compensation. It's feasible for someone to feel content with one aspect, like their salary, while feeling discontent with another, like their management (Wright, 2006).

Significantly, job dissatisfaction resulted to negative publicity, absenteeism, and labour turnover of the organisation. In an organisation, unsatisfied workers can prove to be an asset, but productive workers are said to be happy and satisfied workers. In healthcare sector, job dissatisfaction is greatly related with employees' intention in resigning, poor clinical outcomes, suboptimal healthcare delivery, lower patient satisfaction and decreased patient adherence due to adverse events (Platis et al., 2015).

It is noteworthy that healthcare professionals who experience lower levels of job satisfaction may be at a higher risk of burnout and stress. Multiple investigations have demonstrated an optimistic correlation between career implementation and job fulfilment, indicating that those in the medical field who experience higher levels of job satisfaction are more likely to provide satisfactory services, resulting in a more therapeutic impact than their less satisfied counterparts. Healthcare organizations must prioritize measures to ensure job satisfaction

among their workforces. Hospital staff's greater job satisfaction leads to greater patient satisfaction and lessens the medical expenses, making the healthcare sector highly competitive. Hence satisfaction can result to greater performance levels for certain people whereas for others greater performance is said to be satisfactory. An individual seeks satisfaction in their day-to-day life. Elaborately, it can be said that unless the worker derives job satisfaction it won't be done. It is crucial to prioritize the satisfaction of individuals if we wish to elicit improved performance from their emotions, attitudes, sentiments, motives, and feelings. These elements converge to influence a particular pattern of conduct from a person or their team, known as job satisfaction for employees or groups (Scanlan et al., 2021).

The basic economic, technological, social, political changes taking place recently influence inevitably the two major groups of people's attitudes such as with whom a sector deals with like employees and customers. Both are demanding a lot in recent days. Initially the customer demands and needs won't show an ending point, since their expectations are always higher standard like quantity and quality with reasonable costs and individual care. The customers are the patients only since every human being is born to enjoy a healthy life and is bounded with numerous resources. However, the human being is the cause of all ecological disturbances giving rise to different diseases. Despite unlimited knowledge by a man the permanent remedy for a healthy and less sick-prone life is not possible. Therefore, there is no doubt the demand for nurses and doctors' services is increasing. Hence their services are inevitable, need more patience to attend the patients. Significantly the poor and illiterate patients are mostly coming to Government hospitals. Except for certain tests like MRI and CT scan they are not paying any fees. However, they need kind and quality services and special attention from nurses and doctors. In recent days, salary of an employee is good, leading to decent living, but for personal satisfaction the working experience quality is important (Kitsios & Kamariotou, 2021).

Through the effective work environment an employee gets a satisfaction, and the appreciation can be rewarded by supervisors or colleagues through the job satisfaction. Hence, employee satisfaction refers to the level of contentment workers experience with their jobs and working conditions. Judge et al. (1998) defined the job satisfaction as, "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences." Hence job satisfaction is associated with work environment perceptions and the factors which influence the job satisfaction. According to (Griffin et al., 1999), job satisfaction can be impacted through different factors including relationship quality with colleagues and superiors, degree of

fulfilment and promotion prospects. Satisfied employees were more creative and productive. On the other hand, (Clark et al., 1996), stated that job satisfaction has motivated by difficult bundle of features includes fringe advantages, effort requirements, promotion chance, earnings, intrinsic benefits from real work performed and supervisors and co-workers quality.

Nowadays, healthcare sectors were challenging as highly competitive and considered as scarce resources. To attain the goals efficiently, they were highly challenged by internal and external environment. In determining the cost and quality of healthcare, employees play major role. They showed the potential as part of solutions in healthcare models. The job satisfaction of an employee is identified to influence performance of hospital and productivity. In any healthcare system hospitals are said to be the major element. Healthcare is a service of every person requires later or sooner. Healthcare sectors are varied for any manufacturing counterparts. For instance, healthcare sector is not considered as assembly line oriented and shows different barriers to successful implementation of customer requirement.

One of the primary difficulties encountered by hospital administrations is that physicians and nurses are not staff members of the hospital but rather clients who utilize their services. Hospitals are specialized hubs for medical care and advanced technology, boasting extensive cross-functional teams that offer an array of specialized services. Hospitals not only provide healthcare services but also play a crucial role in biomedical research and the training of healthcare professionals. Furthermore, they significantly impact health promotion, environmental concerns, social human resources, and the development of patient-centred services. Given their multifaceted role, hospitals remain an essential institution at the forefront of healthcare delivery and research.

The success of any organization relies on its employees. Organizations have the responsibility of keeping their workforce satisfied to maintain market share. In today's world, employees expect a decent standard of living and job satisfaction. The level of personal satisfaction an employee experiences in their life is directly linked to the satisfaction they receive from their job. In today's fast-paced business world, stressed employees can hinder job performance, resulting in increased employee turnover and job dissatisfaction. These two factors can severely impact a company's competitiveness. It's clear that any enterprise's success hinges on its workforce's contentment. A dissatisfied team can create immediate challenges for the business. If problems are not dealt with, they can spread and harm other businesses, industries, and even regions. This can become a serious threat to the growing

economy over time. It's essential to address issues promptly to prevent them from becoming bigger problems.

Studies have consistently shown that employees who are content with their jobs tend to be more productive and dedicated to their work. Conversely, dissatisfied employees are more likely to be absent, file complaints, and quit their jobs, especially in the medical industry. Furthermore, there is a positive correlation between job satisfaction and other factors, such as patient satisfaction and quality of care. Therefore, it would be wise to conduct extensive research in Hospital Management and share innovative ideas with hospital employees to improve job satisfaction and foster a better work environment.

Saravanabavan et al. (2019) performed research in analysing the prevalence of stress and burnout among the healthcare professionals in ICU unit. Cross sectional survey performed among clinical pharmacists, physiotherapists, doctors, respiratory therapists, and nurses in south India multi-specialty hospitals. Well accepted tools used for survey like Maslach burnout inventory–human service survey, job satisfaction and perceived stress scales. The research depicted that there exists correlation between the level of burnout and satisfaction. The important correlation exists among the Maslach burnout inventory's depersonalization domains, stress level and emotional exhaustion. Institutional committees and critical care environments must take certain steps in order to draft benchmarks and policies to curb the stress causes, increase job satisfaction and burnout reduction. Suprpto et al.(2023) performed quantitative study based analytical observational method which was performed in hospitals with 136 samples of nurses. Probability sampling procedure adopted. Human resource- HR development factor is also impacting the nurses' job satisfaction showing that specialized HR training ensures more satisfaction compared with lesser training for nurses. The hospitals' healthcare providers and professionals require optimizing their skills and abilities for improving their nursing care standards. The directors are also important in establishing, recruiting, and analysing nursing skills. From the discussed studies, it has identified that the job satisfaction in healthcare must be improved for healthcare professionals since the improvement will reduce the stress, burnout and the employees' skills and abilities can optimized in near future.

### **1.3 Importance of Sustainable leadership in healthcare industry**

Normal goodness "with a higher reason for our general public and planet" is the rationale

behind the maintainability (Abid & Contreras, 2022), which is figured out inside the economical formative objectives (SDG) of Joined Countries (Assembly, 2015). Adapting to the fantastic difficulties of the 21st hundred years (Aust et al., 2020; Elahi et al., 2022) ,like worldwide environmental change, pandemics and imbalance of abundance, practical techniques, and administration (Hallinger & Suriyankietkaew, 2018) are at present expected for driving each association to accomplish feasible execution (Iqbal, Ahmad, & Halim, 2020; Javed et al., 2021). For instance, the intensity waves that influence the world in view of the temperature increment are influencing chiefly those thickly populated locales as of now hot spots (Xu et al., 2020) estimate the basic need to have a medical services framework to take care of their necessities (Bavel et al., 2020).

Subsequently, clinics' staff not just needed to work at the breaking point during the Coronavirus pandemic — that perseveres — yet could go on in the crisis status sooner rather than later. This present circumstance shows the requirement for researchers to concentrate on the prosperity of wellbeing staff as really important issue to address (Ilyas et al., 2022, 2023; Qaiser & Abid, 2022). In the medical services setting, workers' prosperity procured extraordinary significance because of its relationship with execution. During the significant weight due of the pandemic, the main role of the mindful calling and medical services associations was to save patients' life by constantly improving their prosperity (De Kock et al., 2021; Ilyas et al., 2022, 2023) .In any case, in addition to the fact that the patients require consideration, yet the wellbeing staff likewise needs it. Digby et al.(2021) as of late assessed clinic representatives and recognized an elevated degree of expectant uneasiness because of changed working circumstances, confinement, and vulnerability brought about by the pandemic. There is proof that elements like authoritative help, satisfactory information, and flexibility safeguards the nursers against antagonistic emotional well-being conditions and backing the staff's mental prosperity.

In the highly demanding work environment dealing with common goodness like people's health (Abid et al., 2023), an empowering and supportive leadership behaviour toward the employees is crucial for enhancing staff's wellbeing. This leadership is called sustainable leadership. Sustainable leadership aims to strike a balance between an organization's human resources, profitability, and the planet over its lifecycle (McCann & Holt, 2010). According to (Choi, 2021), sustainable leadership behaviour is an umbrella framework involving servant, authentic and ethical leadership characteristics that have in common an empowering

and supportive behaviour toward the employees. Sustainable leadership is highly effective in environmental challenges because it emphasizes environmental diversity, sustained learning, efficient stakeholder management, development of resources, long-lasting success, amicable relationships with the workforce, and social, ethical, and responsible behaviour. Considering the paucity of empirical studies about the significance of sustainable leadership and its relation to wellbeing, there is little research in healthcare settings and environmental considerations confronting Asia. Thus, framed in the AMO theory of (Appelbaum, 2000), who consider the opportunity for participation as a core element, we propose that sustainable leadership exerts influence on employees' wellbeing. The AMO theory involves two other components: ability and motivation, which will be addressed with the other variables included in the proposed model.

During times of high stress, professional teams can benefit from sustainable leadership, encouragement to participate, and knowledge sharing, especially when it comes to procedural knowledge. By sharing this type of knowledge, teams can ensure they are doing things correctly and efficiently, ultimately improving their performance (Akgün et al., 2008). In the realm of knowledge management, procedural knowledge pertains to a series of sequential actions, procedures, and steps that are implemented through automated techniques, with the objective of resolving problems systematically (Aydın & Özgeldi, 2019; Wuryaningrum et al., 2020).

Feasible initiative is another area of powerful authority, which has been laid out as of late to adapt to issues connected with economical turn of events (Iqbal & Ahmad, 2021). Long haul viewpoints, fundamental advancement, labour force improvement, and quality are the groundworks of reasonable initiative practices. To represent how maintainable administration is still operationalized, we summed up various examinations: On one hand, (Avery & Bergsteiner, 2011) characterized an expansive extent of maintainable initiative practices by including the corporate social obligation (CSR) idea from an essential administration viewpoint. Further, (Lee, 2017) incorporates inward CSR and maintainable human asset the board (HRM) components into feasible initiative with variety the executives, representative turn of events, hierarchical equity, progress advancement and balance between fun and serious activities influence fulfilment, inspiration, and execution. On the other hand, (Choi, 2021) operationalized supportable initiative as concrete conduct rehearses connected with worker, valid and moral administration styles.

Moreover, (Suriyankietkaew & Hallinger, 2018) considered the establishment for supportable authority in "Rhineland approach free enterprise in Germany" zeroing in on friendly consideration, featuring the obligation regarding representatives and society. In light of their survey, the accompanying elements are summed up in a calculated structure: manageable initiative connections the drawn-out vision and authoritative objectives to the general public's government assistance, moral way of behaving, social obligation of pioneers and the association, partner commitment to such vision, and development limit with respect to an open framework. Manageable administration and its related qualities, joined with information and experience, increment the result of the CSR's triple main concern execution, or at least, social, biological, and financial execution (Hallinger & Suriyankietkaew, 2018; van Veldhoven & Peccei, 2014).

There is some proof with respect to the effect of economical authority on practical execution (Iqbal, Ahmad, Nasim, et al., 2020), also, worker fulfilment (predominantly affected by esteeming representatives, moral way of behaving, and shared vision;(Suriyankietkaew & Avery, 2014) Individualized thought "fills in as a carrot" to fulfil worker's very own necessities. Recently, (Choi, 2021) showed that directors' supportable authority essentially influences worker prosperity, particularly when it is situated to worker and real initiative practices. Likewise, idealistic administration conduct, which is connected to reasonable initiative by its moral methodology, has shown its impact on business related prosperity (influence, work fulfilment, and work commitment), while trust in the pioneer filled in as a middle person (Hendriks et al., 2020). Practical authority endeavours to work on the existences of all partners while producing benefits for the now and future. It underscores the essential worth of supportability at the individual, corporate, and cultural levels.

Wong et al.(2020) examined the impact of leader or manager's authentic leadership in work life areas and evaluated the job satisfaction and emotional exhaustion of 1410 registered nurses in Canada. The hypothesized model was tested using Hayes Process macro for mediation tests in SPSS. The result shows that the authentic leadership directly predicted job satisfaction and indirectly the emotional exhaustion of an employee in healthcare work life. Hence leadership is important in recruiting and retaining the nurses to maintain patient care. Long term care nurses are important, their job satisfaction is essential since the increased aged care demand is generating challenges in assuring the sustainable and sufficient nursing workforce.

Moldovan et al.(2022) established reference context for sustainable development and quality in healthcare sector. Better sustainability practices evaluation is performed which allows the prediction of sanitary quality frameworks like environmental, social, institutional, quality, economic in healthcare. The findings explored that the framework of innovative methods ensures the sustainable approach development endorsed through performance indicators and the outcomes are helpful in creating sustainable reference level and policies.

#### **1.4 Role of Stress management in healthcare industry**

This section elucidates the definition of stress, the impacts of stress in the healthcare industry, and the role of stress management in the healthcare sector.

##### ***Stress***

The term pressure as per (Selye, 1976) characterized pressure as "a vague reaction of the body to any interest for change" various creators have characterized the term pressure in more than one way as a programmed actual reaction to any Boosts that expect you to conform to change"; as a condition of mental or close to home strain or pressure coming about because of unfriendly or requesting conditions; as a condition of pressure one encounters when one's side of adapting are lacking as a unique condition in which an individual is stood up to with an open door, requirement or request connected with which the person wanted and for which result is seen to be both questionable and significant (Robbins & DeCenzo, 2008). Stress most consequently results from an irregularity between requests being made upon an individual and the assets accessible to assist that singular adapt to the requests, this tricking us to the meaning of pressure as "any condition where there is an undeniable inconsistency between requests put on labourer's ability or seen ability to answer"(Mann et al., 2008).

##### ***Stress in healthcare industry***

The healthcare industry is characterized by constant change, which can place significant stress on healthcare professionals. Despite their expertise, these individuals may need more support between the demands placed on them and the resources available to help them cope. As such, it is important to remain cognizant of the challenges encountered by healthcare experts and work to equip them with the necessary support and resources to thrive in their roles. When an individual perceives an overwhelming demand to perform a task that exceeds their capacity or resources, it can become a stressor. This, in turn, can trigger mental and



physical stress (Mann et al., 2008). Even the most resilient healthcare professionals can find their work environment's emotional and physical demands to be challenging.

Many healthcare professionals experience frequent stress due to the demands of their work environment. This form of stress is commonly referred to as occupational or work-related stress, which can be triggered by a range of factors known as stressors. Work-related stressors are circumstances at work that are perceived as challenging and may threaten an individual's ability to manage them effectively (AbuAlRub & AL-ZARU, 2008). Healthcare professionals face a range of stressors in their workplace, including long working hours, excessive workloads, negotiating with extinction and passing, interpersonal disputes with other staff, patient's expectations, and the threat of malpractice litigation. These stressors can be classified into three categories: organizational stressors, task characteristics, and social factors. This classification was made to understand better the types of stressors that healthcare professionals commonly encounter in their work environment (Sardiwalla et al., 2007).

Organization stressors as noted by (Sardiwalla et al., 2007) incorporate correspondence issues among laborers and higher specialists, issues with group labourer, job vestige and authoritative component. Relational struggle with other staff in the medical care climate, jobs of experts may not be as expected explained particularly where order is noticed. In the event that orders are not as expected is seen there might be correspondence issues and consequently stress circumstances might emerge (Sardiwalla et al., 2007). Since medical care proficient arrangement with death and passing on, subsequently has turned into a quality of their occupation, this leads to task qualities. Medical services experts generally foster a nervousness that could influence their uplifting outlooks towards their patients, bringing about unfortunate consideration and social factors as a rule emerge from climate of multidisciplinary groups, where one piece of the group feels better than the other or contrasts emerging from one medical care proficient inclination that their job is a higher priority than the other in the endurance of their association such contrasts might add to pressure (Sardiwalla et al., 2007).

### ***Impact of stress in healthcare sector***

Healthcare professionals who are exposed to the stressors mentioned above are likely to experience burnout if these stressors are not addressed properly. Burnout is a work-related

syndrome that occurs due to protracted exposure to high grades of anxiety, and it is characterized by a stress reaction, role stress, and behavioural rejection of one's job (Mann et al., 2008). American mental affiliation (Odigie, 2016) portrays work burnout as "a lengthy period where somebody encounters depletion and an absence of interests in things, bringing about a decrease in their Work execution". A great deal of burnouts truly has to do with encountering ongoing pressure. In those circumstances, the requests being put on you surpass the assets you have accessible to manage stressors. Left unrestrained burnout can unleash destruction in your wellbeing satisfaction, connections, and occupation execution.

### ***Role of stress management in job satisfaction of healthcare sector***

Burnout is a prevalent issue that many individuals encounter. According to David Ballard's 2009 study, there are ten indications that someone is experiencing burnout. These signs encompass physical, emotional, or mental exhaustion. Additionally, a lack of motivation may indicate burnout, where individuals may lose their passion for work or daily activities. Commonly, people experiencing burnout may feel frustrated and cynical, leading them to believe their efforts are in vain. Burnout can also cause cognitive difficulties, making it challenging to pay attention or concentrate. Moreover, slipping job performance is another symptom of burnout, which may result in conflicts with others or withdrawal (Odigie, 2016). Taking care of yourself is essential, especially when dealing with burnout. Some people resort to unhealthy coping strategies, such as alcohol consumption, smoking, being too inactive, overeating or under-eating, or not getting enough sleep. If you're constantly preoccupied with work, even when you're not working, your ability to recover from daily stress is compromised. Therefore, it's important to ensure that you're not expending mental energy worrying about your job, as this can interfere with your ability to unwind and recharge. Experiencing stress over a long period can lead to reduced satisfaction, causing individuals to feel less content with their career and home life. This can result in various health issues, including digestive problems, heart disease, depression, and obesity (Odigie, 2016). To manage stress effectively, it's vital to grasp its impact on our performance. Self-awareness and recognition of stress symptoms enable us to channel it productively and fend off its adverse effects. Moreover, it's advantageous to identify when stress reaches an unhealthy and unproductive level in individuals.

Di Giuseppe et al.(2021) validated the COVID-19 impact on healthcare employees, analysed their emotional effect, and emphasized the significant part of defence appliances as protective

factor in contrast to the burnout and stress. During the epidemic, it is significant to inhibit and alleviate the psychological distress of healthcare professionals. When the emergency period extends like when the global vaccine campaign started, the psychological distress was not appropriately addressed. The recommendation includes proper psychosocial support, counselling, informal support groups, stress management programs and telemedicine for healthcare workers who were the most valuable resources in pandemic period. Said & El-Shafei(2021) evaluate the nurses' job satisfaction, stress and turnover intention focusing on covid-19 patients. Cross sectional survey has performed on 210 nurses in emergency care at Zagazig Fever Hospital in Egypt. Evaluation has been performed based on McCloskey/Mueller Satisfaction Scale and Expanded Nursing Stress Scale. The stress factors, according to pareto analysis, have been associated with workload, demands and fears, stigma, strict biosecurity measures, and dealing with emergency with highest priority exposure to risks of infection.

### **1.5 Employee retention in healthcare sector**

Various industries, including healthcare, are concerned about employee retention. However, achieving long-term employee retention in healthcare takes time and effort. It requires a well-defined strategy with actionable steps that organizations can implement to improve gradually. High turnover in healthcare has numerous disadvantages. According to NSI Nursing Solutions, Inc.'s 2022 survey on healthcare retention, the national average hospital turnover rate in 2021 was 25.9%, higher than 18.2% four years prior. The survey also found that a bedside RN's intermediate turnover price is \$46,141. The healthcare sector is grappling with financial strains owing to dwindling reimbursement rates and other obstacles. Therefore, employee retention has emerged as a critical concern. Hospitals, on average, incur losses of nearly \$7 million annually due to RN turnover costs alone. Hospitals can expect to save or expend an additional \$262,289 with each incremental percentage point of RN turnover. Bolstering employee retention curtails expenses alleviates stress, improves the patient experience, and elevates the morale of your organization. To effectively attract and keep the best talent, employers must do more than offer a competitive salary. A comprehensive package of benefits, a supportive workplace culture, opportunities for growth and development, and ongoing education all contribute to job satisfaction and the likelihood of retaining staff. While it may be difficult to prioritize job satisfaction in recruitment efforts, prioritizing these key factors can yield significant long-term benefits. Employers must move

beyond filling vacancies and strive to provide compelling reasons for employees to remain in their roles.

Providing sufficient staffing and implementing well-planned scheduling practices are of utmost importance for maintaining employee retention in the healthcare industry. Various long-term nursing studies have indicated that nurse-to-patient ratios in the ICU directly impact the quality of care provided. When faced with high patient loads, nurses can experience burnout, leading to employee turnover. The COVID-19 pandemic has greatly influenced the healthcare industry, and certain regions in the United States are facing a shortage of healthcare professionals, which has resulted in staffing fluctuations in many healthcare facilities (Di Giuseppe et al., 2021).

Medical care suppliers who need to plan staff to sufficiently address patient issues can utilize various systems. For example:

**Flexible scheduling:** Staggered start times, covering movements, and occupation sharing are a few prospects. These adaptable choices enjoy the benefit of addressing the requirements of medical caretakers and other wellbeing experts who are adjusting work and family or different requests.

**Self-scheduling:** Giving laborers independence in planning their movements prompts more prominent work fulfilment. This gives medical attendants and other medical care laborers command over when they work and how much extra time they take on.

**Data analytics:** Labour force arranging applications can assist supervisors with anticipating request utilizing information investigation. These applications utilize man-made reasoning and AI to assist with recognizing likely floods sought after.

### ***Strategies for addressing burnout in healthcare industries***

Burnout is a negative state caused by excessive work and stress, affecting physical, emotional, and mental well-being. It can lead to reduced motivation, subpar job performance, heightened negativity, and decreased quality of care. Overexertion and fatigue can also result in medical errors.

A 2021 examination by the Mayo Centre found that one of every five medical services experts said they planned to limiting work timing or quit the calling in two years, due to burnout, apprehension about contamination, nervousness, or a high weight.

Tactics for addressing burnout include:

*Adequate staffing and scheduling:* Exhaust is one of the essential drivers of burnout. Recruiting transitory and super durable staff and planning properly can assist with lightening exhaust.

*Prepare staff for risk of burnout:* Beginning when they are understudies and novices to the calling, workers ought to be educated about the signs and side effects regarding burnout and given the apparatuses to assist with forestalling it.

*Focus on patient care, not paperwork:* Diminishing managerial errands permits clinicians to zero in on what they specialize in — really focusing on patients.

*Improve technology:* Innovation ought to work on understanding consideration, not disrupt everything.

*Treat burnout:* Burnout some of the time conveys a disgrace. Managers ought to ensure representatives get care on a case-by-case basis.

Improving employee retention in medical services is urgent for all medical care associations. Medical care pioneers who comprehend the reason why representatives leave can construct a workspace that supports staff individuals and tells them they're esteemed.

Aman-Ullah et al.(2022) investigated the employee retention and safety of workplace in Jammu and Kashmir. Furthermore, employee loyalty and job satisfaction-based mediation relationships have verified. Purposive sampling has used, and the data were collected from 300 doctors. The influence of work accomplishment on job features and employee retention is being examined by a study (Vui-Yee & Paggy, 2020). Regarding the self-determination theory, the job features are segregated into task features and knowledge. The JS of a worker is the leading research area for any institution(Vui-Yee & Paggy, 2020). Specific people wish to work and discover one's work as an essential part of life. But some people did not contend with one's job. Therefore, JS is the primary factor that conveys how many individuals are happy with one's job. Within the context of industries, the behaviours

organization is the most researched factor. This factor impacts both the employee and organization (Anwar & Qadir, 2017). From the employee viewpoint, it is evident that everyone is assumed to be treated alike. When an employee felt appreciated and pleased in one's work thus, it is an indication of fair and equal treatment. From the perspective of organization, the rational JS in work will lead to the excellent performance of an organization and employee (Smith et al., 2020). Considerably, employee satisfaction is generally regarded as the motivation factor of employee retention and productivity.

According to (Sija, 2022), major key factors for employee retention are work environment, rewards and benefits, employee recognition, job satisfaction and work life balance in healthcare sectors. The stronger influence on employee retention is job satisfaction and recognition compared with work-life balance, working environment and rewards and benefits. Further other factors were also identified like fairness, leadership skills, training and development which are crucial for attaining the management attention in assuring the employee retention in healthcare. Long term employee relationship with immense credibility has essential in healthcare for patient care.

## **1.6 Motivation of the study**

Healthcare is an extremely mass-centric sector. In healthcare organizations, the patients not only consume services to their physical body but also almost every technique is administered by individuals. While in many industries such as food, finance, and retailing, the major role is played by workers in creating and delivering value, one of the interests is the healthcare sector. For instance, the healthcare sector of USA represents 17% of its gross domestic production as the healthcare is expanding and becoming more significant with the aging population. The healthcare organizations which perform better have focused and deeply involved workers and the workplace is intended to enhance the growth and usage of people-capacity necessary for the accomplishment of organization, customers, and society.

The employees determine the performance of their organization through their interactions with their customers. Of all the personnel in healthcare, nurses are mainly viewed as caring, dedicated, committed, resilient and loyal to patients. "Nursing as a career is considered to be inherently stressful". Nurses face demise, sorrow, pain, and torment on a regular basis, simultaneously performing monotonous and tiresome assignments. Generally, nurses have been related with excessive workload, inadequate resources, dissatisfaction, unfamiliar

situations, work-life imbalance, and disengagement. It has been observed that the nurses' turnover relates to heavy burdens of work, increased rate of burnout and the high level of dissatisfaction. Healthcare managers often face the intricate urgency of interrelationships among enrollment and withholding of medicinal service experts, and the quality care and satisfaction of patients. This state is intense especially for nurses where worldwide nursing deficiency prevails and uncovered a shortage of adherence towards nursing profession in healthcare settings.

According to the global literature of nursing, the nursing shortage for the next twenty years has been clearly documented. Researcher explained that the shortage of nursing in many countries is serious because of its prospective results on healthcare services as healthcare workforce in common and nurses are of utmost importance to healthcare sector. To encounter the lack of nurses in hospitals, the healthcare organizations should focus on their retention. Further studies in healthcare have revealed that the increase in satisfaction of employees and their stay in the organization leads to better customer experiences. Accordingly, it is very important to know that how healthcare settings determine the level of engagement of the employees and what impact it has on their satisfaction and how the employee engagement and job satisfaction relates to intention to stay. Previous studies have concluded that the increase in rate of turnover and the absence of loyalty among healthcare employees have negative impact on patient care which consequently affects the growth and prosperity of healthcare organizations.

Job satisfaction of employees can impact not only one's job but also career relations, decision making and individual welfare (Specchia et al., 2021). For those in higher occupations, specifically in health sectors, it is unpredictable to the uncertainty feelings in certain cases and leads to decreased JS. Healthcare providers' job satisfaction is integral in assuring quality of caring within the background of healthcare. Job dissatisfaction healthcare professionals renders less efficient and poor quality as there is not highly noticeable proof of a positive correlation between the patient and job satisfaction. Also, the sensible level of JS among the healthcare providers with certain influential aspects like responsibility, staff relations, patient care, and development are influencing the job satisfaction in India. Prior research recommends JS has a strong correlation with job performance. It is necessary to reinforce appropriate human resources policies, refining working environments and compensation. As such, more attention should be given to researching the influential factors of job satisfaction

in healthcare, which can foster better relationships between management and employees and give rise to more positive decision-making, with a beneficial effect on the quality of healthcare services and individual and organizational performance.

Considering the above aspects and factors, this research plans to decide the sustainable leadership behaviors on JS and stress management of employees and staffs in the healthcare sector. Being comparative and analytical, this research is planning to evaluate the factors such as sustainable leadership behaviors, job satisfaction, stress management, employee retention, training, and improvement. It can also continue by comparing the employees' perception of leadership behaviors, staffs' productivity, and satisfaction towards one's work in private and public clinics. Hence in focusing on employees' motivation on continuous basis, setting the patients' protection as their top main concern, the research leads to identifying the direct relationship between superior leadership and employee satisfaction in the healthcare sector for better performance quality.

### **1.7 Problem identification**

Single center studies like focusing only on specific area should be extended to multi centric research like focusing on different areas in healthcare from various parts of nation. For instance, greater ratios of nurses are compared in many studies compared with other health professionals(Niskala et al., 2020). Thus, the complexity in finding all categories; thus, the complexity in finding all categories prevails since the nursing population is influenced predominantly. Hence multi center should focused, according to (Garza & Taliaferro, 2021; Ozdoba et al., 2022; Saravanabavan et al., 2019).

To operate the healthcare effectively, skills are required to handle the organization concerning human resources sustainably, and proper funding are said to be the most vital factors. It is significant to raising the nurse's employment accomplishment in hospitals since it can enhance the patient care once the treatment was received and is ensure sufficient nursing care is ensured. The job satisfaction predictors and indirect connections have a part to detailed understanding of job satisfaction phenomenon which in turn may focus on development of effective methods in addressing the shortage of nurses and other healthcare professionals and increase the patient care quality (Suprpto et al., 2023).



For quality management development, healthcare providers are participating in considerable resources' investment in hospitals. Alternatively, to these determinations, the number of tools which allows the analysis of implementation efforts and the results of their security, sustainability and quality is mostly limited in recent studies (Moldovan et al., 2022). Similarly, job satisfaction and occupational stress are considered important factors influencing the productivity of workforce important factors influencing workforce. Higher level of JS preserving amid healthcare experts is crucial in attaining the higher quality medical service (Kabbash et al., 2020; Semachew et al., 2017). Recent research shows that recent trends in working environment may have adverse impacts on JS. Job satisfaction is said to be affective orientation in which the worker has towards ONE'S work comprised of positive and negative affectivity. Enthusiasm, higher energy, and enjoyable involvement represented positive affectivity whereas unenjoyably involvement, distress and edginess show negative affectivity. According to (Hoboubi et al., 2017), occupational stress plays a major role since if it performs as motivator, it can contribute to satisfaction and creativity and finally removes boredom. But it may result in lower job satisfaction and aggression if it performs as negative factor. Instead, job satisfaction can safeguard the employees and acts as stress regulating factor.

Occupational stress has important primary and secondary impacts on employee intention in leaving the present sector. The secondary impacts which can be address by the officials and however the primary or major impacts can be address through other leadership management with proper decision making. Intention in leaving the sector may leads to leave the profession also. The sustainable leadership management and policy makers must put certain retention strategies among the healthcare professionals in concentrating on generating stress adaptation, less stressful work environment, increasing JS and reducing depression mood (Liu & Lo, 2018).

From the above discussed research, there are relevant findings of higher impact in job satisfaction and its strategies on stress management but there exist no more studies which analyze both factors like stress management and job satisfaction and identify the association between these variables. Further analysis must require in evaluate the job satisfaction, and burnout or stress management strategies which enable the creation of proper enhancement methods (Adamopoulos & Syrou, 2022).

## **1.8 Need and problem statement of the Study**

Single centre studies like focusing only on specific area should be extended to multi centric research like focusing on different areas in healthcare from various parts of nation. For instance, greater ratios of nurses are compared in many studies compared with other health professionals(Niskala et al., 2020). Thus, the complexity in finding all categories; prevails since the nursing population is influenced predominantly. Hence multi centre should be focused, according to (Garza & Taliaferro, 2021; Ozdoba et al., 2022; Saravanabavan et al., 2019).

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Recent research shows that recent patterns in workspace might antagonistically affect JS. Work fulfilment is supposed to be full of feeling direction in which the labourer has towards ONE'S work contained good and pessimistic affectivity. Enthusiasm, higher energy, and enjoyable involvement represented positive affectivity whereas unenjoyably involvement, distress and edginess show negative affectivity. According to (Hoboubi et al., 2017), occupational stress plays a major role since if it performs as motivator, it can contribute to satisfaction and creativity and finally removes boredom. But it may result in lower job

satisfaction and aggression if it performs as negative factor. Instead, job satisfaction can safeguard the employees and acts as stress regulating factor.

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From the above discussed research, there are relevant findings of higher impact in job satisfaction and its strategies on stress management but there exist no more studies which analyse both factors like stress management and job satisfaction and identify the association between these variables. Further analysis must require in evaluate the job satisfaction, and burnout or stress management strategies which enable the creation of proper enhancement methods (Adamopoulos & Syrou, 2022).

From the above related works it has been identified that no more studies are focused on major factors which influences the job satisfaction of all type of employees like doctors, nurses, pharamacists and other staffs in healthcare sector in India specifically and also the factors like sustainable leadership, stress management, and employee retention and other dimensions related with service quality are entirely analysed in related with job satisfaction of employees in healthcare sector in India.

## **1.9 Research questions**

The study attempts to Study of factors influencing job satisfaction among healthcare professionals - a quantitative explanation. To move ahead on this path, it needs to figure out answers the following questions:

The following research questions are considered in this study,

- What are all the major factors influencing job satisfaction of all type of employees like doctors, nurses, pharamacists and other staffs among healthcare professionals in India?
- Is there an association between sustainable leadership behaviours and job satisfaction of all type of employees like doctors, nurses, pharamacists and other staffs among healthcare professionals in India?
- Is there an association between stress management and job satisfaction of all type of employees like doctors, nurses, pharamacists and other staffs among healthcare professionals in India?
- Is there an association between employee retention and job satisfaction of all type of employees like doctors, nurses, pharamacists and other staffs among healthcare professionals in India?
- Is there an association between various dimensions of service quality namely job satisfaction, training and development, patient care, responsibility, employee retention among healthcare professionals in India

### **1.10 Research Objectives**

The major contribution of this research involves,

- To determine the elements prompting job satisfaction among healthcare providers in like doctors, nurses, pharamacists and other staffs among healthcare professionals in India.
- To identify the association among sustainable leadership behaviours and Job satisfaction among healthcare providers like doctors, nurses, pharamacists and other staffs among healthcare professionals in India.
- To analyse the association between stress management and Job satisfaction among healthcare providers like doctors, nurses, pharamacists and other staffs among healthcare professionals in India.
- To identify the association among employee retention and Job satisfaction among healthcare providers like doctors, nurses, pharamacists and other staffs among healthcare professionals in India.
- To evaluate the association between various dimensions of s quality namely job satisfaction, training and development, patient care, responsibility, employee retention

among healthcare professionals like doctors, nurses, pharamacists and other staffs among healthcare professionals in India.

### **1.11 Scope of the study**

The increasing awareness among employees regarding job satisfaction and the working environment underscores the importance of organizations comprehending and maintaining optimal levels of job satisfaction to sustain growth. Employees who are satisfied with their work are valuable to any organization. Moreover, in addition to fulfilling their academic requirements, the researcher expresses a profound interest in conducting a comprehensive global study on job satisfaction among healthcare employees. Businesses and academic institutions must acknowledge the significance of job satisfaction to cultivate a productive and motivated workforce.

Healthcare professionals' job satisfaction is integral in assuring quality of caring in the setting of healthcare. Job dissatisfaction healthcare professionals renders less efficient and poor quality as there is not highly noticeable proof of a positive correlation between the patient and job satisfaction. Responsibility, staff relations, patient care, and career development influence moderate job satisfaction among healthcare professionals in India. Research shows that job satisfaction correlates positively with job performance. Therefore, human resource policies, working conditions, and compensation must be improved to enhance job satisfaction among healthcare professionals. As such, more attention should be given to researching the influential factors of job satisfaction in healthcare, which can foster better relationships between management and employees and give rise to more positive decision-making, with a beneficial effect on the quality of healthcare services and individual and organizational performance.

In considering the above aspects and factors, this research is planning to determine the sustainable leadership behaviors on job satisfaction and stress management of an employees and staffs in healthcare sector. This research aims to comprehensively evaluate sustainable leadership behaviors, stress management, job satisfaction, employee retention, training, and development. The study also intends to compare the perceptions of staff on leadership behaviors, productivity, and satisfaction between private and public healthcare facilities. Through this analysis, the research endeavors to promote employee motivation towards prioritizing patient safety, thereby establishing a correlation between exceptional leadership

and employee contentment in the healthcare sector. Ultimately, this will result in enhanced performance quality.

### **1.12 Research Methodology and design**

The research design is an essential part of the research. The study is carried out by adopting an exploratory, descriptive and diagnostics.

- Exploratory Design: To discover the ideas and insights
- Descriptive Design: To describe the characteristics (or), certain groups
- Diagnostics Design: To set the hypothesis and analyze the problem

### **1.13 Sampling Techniques**

Testing configuration is to characterize set of articles, called the universe plainly. The examining configuration utilized in the review is likelihood testing. The examining procedure is "Helpful inspecting" strategy.

### **1.14 Method of data collection**

Quantitative research using a questionnaire-based survey was determined to be the most appropriate for this study. This study was conducted through main data collection. Data collection was also done by online survey platform. Questionnaire with open ended questions were directly issued to technical and non-technical employees in healthcare globally. The main data for this study was obtained using a structured questionnaire with optional and Likert's five-point scale questions. The questionnaire was distributed to several participants, who were also informed about the aim of the study to ensure they provided accurate and appropriate responses.

### **1.15 Statistical data analysis**

The data collected through the questionnaire were investigated using the Statistical Package for Social Sciences (SPSS) computer package with the primary focus on applying various statistical tools such as Percentage Analysis, Mean and Rank Analysis, Independent Sample

Test, One-way analysis of variance (ANOVA), Correlation Analysis, Regression Analysis, and Structural Equation Model.

### **1.16 Thesis organization**

The present study has been organized into following five broad chapters:

**Chapter 1: Introduction** The study begins with the conceptualization of employee engagement, job satisfaction and intention to stay in general and the existing linkage between them in the health sector with special reference to both technical and non-technical employees. It covers among other issues; a brief outline of the job satisfaction, sustainable leadership, stress management and employee retention, entails the rationale of the study and puts forth the objectives of the present study. The chapter also presents the research design used in the present study.

**Chapter 2: Review of Literature** the available research work on the subject in India and abroad has been critically reviewed in this chapter to gain insights and develop hypotheses for the present study. It also contains information on concept mapping to identify the research gaps, to be filled in the current study. Based on previous research, a conceptual model for current study has been formulated.

**Chapter 3: Research Methodology** The chapter provides the context within which the current study has been conducted with a view to explore the job satisfaction in hospitals and its relationship with intention to stay through job satisfaction. This chapter begins with a brief overview of statement of the problem and describes the methodology used in the current study. It also explains research design and sampling technique of the study, data collection methods and a detailed outline of the statistical tools adopted during the study.

**Chapter 4: Data Analysis, Results and Discussion** This chapter is the core of the dissertation, and it presents the analysis of data and its interpretation in the context of research objectives. It provides an insight into the descriptive aspects of the present study and highlights the factors that determine the results of the survey. In addition, this chapter focuses on empirical results associated with the hypotheses. It also discusses the linkage with previous research work for a critical understanding of the standpoint of healthcare sector and helps to understand whether the research has been aligned with the objectives of the current

study in relation to understanding the mediating role of job satisfaction and their intention to stay.

**Chapter 5: Summary of Findings, Suggestions, and Implications** this chapter summarizes the key findings and presents the conclusion of the present study. It also presents the workable suggestions and the future research agenda. The implications emerging from the present analysis for various stakeholders have also been highlighted. Furthermore, the chapter presents certain limitations of the current research.

### **1.17 Conclusion**

This chapter provides a complete overview of the study. It discusses the concepts associated with the research topic, such as job satisfaction, sustainable leadership, stress management and employee retention in the Healthcare sector. Besides, it reveals that burnout reduces the Job satisfaction of healthcare employees. Also, this chapter describes the importance of sustainable leadership and stress management in the job satisfaction of healthcare employees. Moreover, this chapter puts forward the research objectives and scope. Also, this chapter explains the research methods to be followed in this study. Subsequently, the sampling, data collection, and analysis techniques are described. Finally, this chapter ends with a summary section.



## **CHAPTER II - LITERATURE REVIEW**

### **2.1. Introduction**

For any service sector, an employee's skills and knowledge are said to be an intangible asset, in which employee satisfaction has become an important issue. The work experience and job of an employee's evaluation can highlight the employee's positive or negative emotional state, stated (Locke, 1976). The Job satisfaction concept was initially introduced by Hoppock in 1935 and explained that it is the employees' subjective feelings or reflections regarding their working environment (Aziri, 2011). Subsequently, several investigators have identified that contented staff or workers are a significant resource to any business (Swamy et al., 2015). Though the prominence of satisfaction towards a job is evaluated, supplementary and current evaluations of job satisfaction intensities are required as per societal values, exterior and interior conditions are changing continuously (Arvey et al., 1989). Hence job satisfaction plays major role in the functions and performances of any kind of organization.

An important requirement for long-term success and performance in any sector is said to be the utilization of employees' skills and knowledge and the working environment improvement (Noble, 2009). The amount of satisfaction towards work is the entire satisfaction stage based on various dimensions of the job and impacts the employees' behavior which in turn affects the organizational performance (Nanjundeswaraswamy & Sandhya, 2016). According to a study (Swamy et al., 2015), satisfied employees are intangible assets of any organization. Hence specifically for non-profit public organizations like hospitals job satisfaction is said to be highly significant, and it is needed for improving health care sectors' provisions.

In considering the above aspects and factors, this research is planning to determine the sustainable leadership behaviors on job satisfaction and stress management of employees and staff in the healthcare sector based on job satisfaction. Being comparative and analytical, this research is planning to evaluate factors such as sustainable leadership behaviors, job satisfaction, stress management, employee retention, training, and development. It can also continue by establishing a comparison between the employees' perception of leadership behaviors, staff satisfaction, and productivity in both private and public hospitals.

## **2.2. Theory of Job satisfaction, Sustainable leadership, Stress management and Retention of employees**

This section discussed the existing studies related to job satisfaction importance, its associated theories, sustainable leadership, stress management, and employee retention.

### **2.2.1. Importance of job satisfaction among hospital employees**

Previous studies have predicted the relationship between patient contentment based on healthcare facilities and job fulfilment of healthcare (Janicijevic et al., 2013). In addition, there exists a positive correlation between the quality of care and job satisfaction increase (Shin & Lee, 2016). On the other hand, decreased job satisfaction generated negative behaviors like higher levels of stress, low morality, extended wait times, emotional distress, absenteeism, turnover, grievances, enlarged medical errors, exhaustion, and worse patient-provider ratios (Tzeng, 2002). Hospital executives have everyday jobs concerning staff and employees. It has been suggested that to increase job efficiency and productivity, the nature of work should be understandable, which is pivotal for job satisfaction among healthcare providers (Janicijevic et al., 2013). Likewise, another investigation (Choi et al., 2016) examined the causal relationship between empowerment, job satisfaction and transformational leadership among medical assistants and nurses in two selected public and private hospitals in Malaysia. The mediating effect has been explored among job satisfaction and transformational leadership. 200 nursing staff participated in the survey; results show that the empowerment arbitrated the impact of transformational leadership on work satisfaction. Hence important policy is offered to increase satisfaction towards job in between the nursing staff.

In another case, one of the research intends to inform the policymakers on job satisfaction and its implications (Singh et al., 2019). It has recommended that the job responsibilities must be modified, or else dullness prevails and results in loss of interest. It is required to encourage the policies associated with healthcare providers and their working environment constantly. The interventions have been directed at enhancing the different facets which show a positive impact on job satisfaction. Encouraging working conditions with an ambitious and satisfied workforce leads to a positive influence on the evolving health system of the nation.

Furthermore, (Dai & Akey-Torku, 2020) focused in recognizing the job autonomy effect on healthcare staffs with positive psychology leads to fulfillment of job satisfaction. 385 healthcare professionals from the public sector were selected for evaluation. The consequences display that there exists an indirect association between work autonomy and a direct and indirect constructive relationship between job satisfaction and hope. The optimism factor highly impacts the job autonomy of healthcare employees. Job autonomy minimally impacts job satisfaction. Hence healthcare professionals deserve certain basic psychological needs in regarding job autonomy which stimulates a positive work ethic.

However, the association between the WLB- work-life balance and QWL- the quality of work-life is analyzed in an inquiry (Aruldoss et al., 2021). 445 participants have participated in the southern part of India for evaluation. The results show that the regression analysis pointed out that the stress in a job is negatively associated with WLB, job commitment and work satisfaction are positively associated with WLB, and QWL is positively linked with work commitment and job satisfaction and unfavorably linked with work stress. Hence all employers should be aware of the importance of work-life balance and quality of work life related to work satisfaction and job assurance which is useful for organization value.

Similarly, another research (Ng et al., 2021) examined the arbitrating effect of job engagement between organizational citizenship behaviour and work satisfaction among Malaysian healthcare employees. 279 participants have been tested and the consequences show that job satisfaction is positively associated with organizational citizenship behavior and work engagement. However, work engagement partially arbitrated the association between work satisfaction and organizational citizenship conduct. Therefore, effective steps are needed to enhance work satisfaction and work commitment between healthcare professionals.

Within the context of Greek public hospitals, one of the studies (Goula et al., 2022) analyzes the internal quality level of health services and analyses whether there is an association between satisfaction towards the job of health care specialists and internal quality. This study embraces the cross-sectional investigation, and it is performed in 6 public clinics. The tools utilized in this study for collecting the data are the SERVQUAL questionnaire which is formulated to determine service quality using 5 dimensions and the Satisfaction of Job survey questionnaire which is intended to determine the job satisfaction of workers. This investigation embraces the convenience sampling approach. The outcomes of the study reveal

that the internal quality service level is very low concerning the empathy, assurance, reliability, and responsiveness dimensions meanwhile, the tangible dimensions is the only one that was evaluated as possessing a reasonable internal quality level. The outcomes also displayed a significant association among the dimensions of quality and work satisfaction subscales. As per the outcomes, creating a sense of understanding and trust among health professionals and management using transparent assessment, efficient communication and reward is crucial to improving and facilitating internal quality values in a hospital background.

Qaralleh et al.(2023) aims to investigate how job resources affect a hospital physician's performance, as well as the role of job satisfaction in mediating these relationships. The key idea behind this research will be the focus on job demands-resources theory (JD-R). However, a lack of studies that explore the JDR, and job performance in the Jordan context. The information was gathered through a questionnaire of 346 physicians who work at Jordan's Ministry of Health. In this paper, structural equation modelling (SEM) was used to assess and evaluate the offered hypotheses. The study found that five core elements of job resources (skill variety, task identity, performance feedback, autonomy, and job security) have a significant positive correlation with job satisfaction, while one core element (task significance) was insignificant. Furthermore, job resources were shown to have a significant indirect relationship with job performance, with job satisfaction acting as a mediator.

Chain pharmacologists stated lesser work satisfaction when compared to practicing pharmacists in further settings. It is also revealed that an in-depth analysis of several extrinsic and intrinsic facets of work satisfaction in several work sceneries will be valuable for workers to execute directed interferences to enhance one's worker's satisfaction and as a result, retention. The main path to attain this will be by engaging mixed methods techniques that include quantitative and qualitative analyses to recognize the unique casual factors which impact pharmacy job satisfaction. To recruit new persons to the field, satisfaction must be enhanced to develop efforts to increase the job satisfaction of pharmacy workers (Radwan et al., 2022).

Hu et al.(2022) explored the relationship among the hope, turnover intention, job satisfaction, career identity of 500 nurses and analyze the mediating role on the career identity and hope relations with turnover intention from five tertiary hospitals. Descriptive cross-sectional study has followed, and data collected using convenience sampling. The data

analyzed using the SEM model, Pearson correlation and multiple linear regression. Satisfaction can mediate the hope and career identity associations with turnover intention. Suitable measures should be followed to improve career identity and hope of nurses for improving job satisfaction and further decrease the turnover intention.

### **2.2.2. Job satisfaction- theoretical perspectives**

A prevalent exploration topic for investigators in systematizing and maintaining organizational behaviour research is work satisfaction. It occurs because the organizations and industries directly relate satisfaction of Job intending to attain goals, efficacy, enhanced teamwork and collaboration inside an organism or firm and improved commitment. A distinctive feature associated with the satisfaction of a job is the main idea behind the motivation. The theories involving work satisfaction are fundamentally segregated into 2 primary kinds (Adamopoulos, 2022).

As per the scholarly work (Celi, 2011), those theories are,

- Content or Ontological theories: These theories emphasize the motivation content and attempt to recognize the content, the kind of requirements and the elements which fulfil the person.
- Procedural or Mechanistic Theories: The motivation process is emphasized by these theories in related with conditions and behaviors and investigates the categories and kinds of variables which leads or not leads to performance and job satisfaction(Celi, 2011).

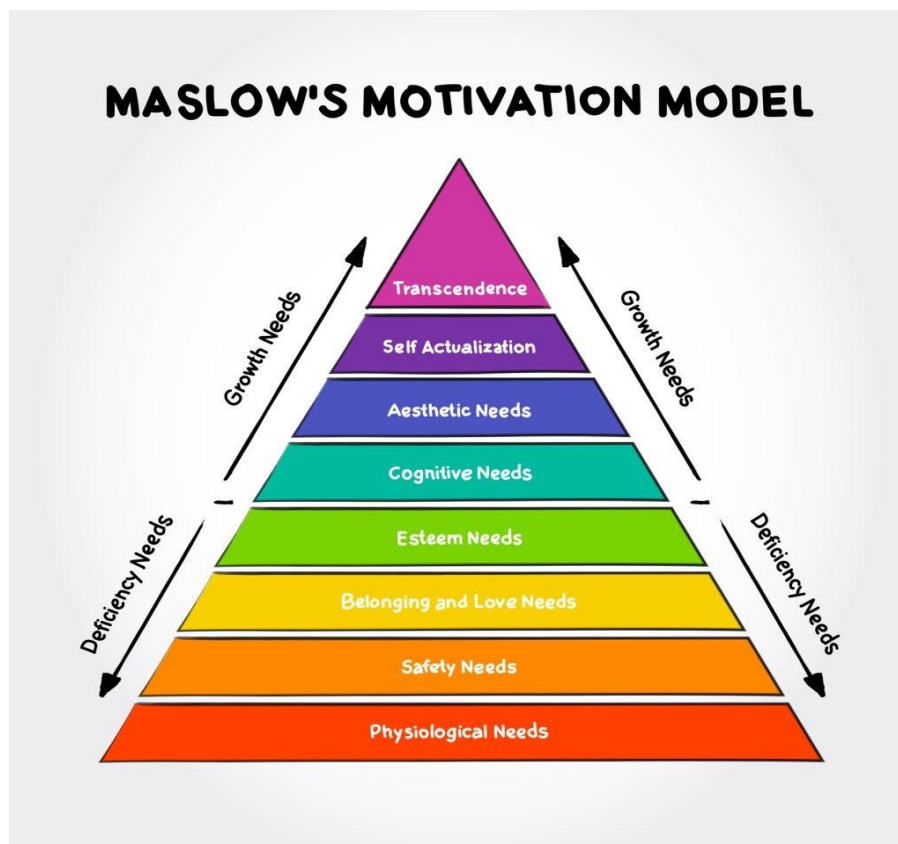
#### ***2.2.2.1. ONTOLOGICAL OR CONTENT THEORIES***

As stated above, the theories of this classification attempt to analyze what supports the individual which means that those factors are inspirations for negative or positive behavior.

#### ***Maslow's Theory of the Hierarchy of Needs***

The theory of motivation's major inspirer is Psychologist Abraham Maslow, and the theory is based on hierarchical model of needs which comprised with 5 fundamental categories,

which is initiating from below to above levels with the arrangements described below(Maslow & Lewis, 1987).



**Fig.2.1. Maslow theory of motivation (McLeod, 2007)**

*Physiological needs:*

It represents the biological needs of human being, and it is considered as the background for the expression of any higher necessities like a requirement for clothing, food, water, oxygen and so on. These requirements are the main priority of a human being.

*Security needs*

This is the requirement for an individual to sense the security feeling which originates from one's feelings and the self-preservation feeling. These requirements are associated with the procurement of housing, permanent jobs, and the endowment of one's everyday necessities.

*Social needs*

This is the requirement of an individual to fit into 1 or several social communities, to feel embraced, to establish friendships to perceive affection, love, and sympathy.

#### *Needs of respect and appreciation*

These are the requirements of a human being which are associated with self-confidence, self-esteem, appreciation by other people and identification of one's job.

#### *Needs of self-realization*

These are the necessities of a human being associated with what one requires to organize, the fulfilment of his dreams and demands to attain the perfect model for oneself. On the other side, the query arises as to whether the self-realization needed by a person is fulfilled and the real implication behind it based on philosophy. It is a stable desire and chase for several people hence, it is regarded as a continuous motivator (McLeod, 2007). From this time now, it must be highlighted, following (Mitchell et al., 1987), that Maslow's theory is the chief accurate formulation of the requirement to transfer workers from meeting only the lowest level of workers requirements and it is denoted collectively to hours, wages and promotion and to the fulfilment of higher-level requirements like creativity, responsibility and autonomy (McLeod, 2007).

#### ***Alderfer Clayton Theory–Existential, Relatedness, Growth***

This Alderfer Clayton theory is an alteration of Maslow's theory and an extension lead of Maslow's theory where there are 5 kinds of requirements restricted to 3 (Alderfer, 1969).

Relationship needs: It relates to the social environment that descent beneath the corresponding Maslow's social needs.

Existential needs: These involve the security and normal requirements.

Growth needs: self-realization and self-esteem are the two highest kind of needs represented by Maslow.

#### ***The Hygiene Theory–Motivation or the Theory of the Two Factors of Herzberg***

A wide-ranging motivation theory based on the work satisfaction concept that means the worker's satisfaction with one's work is presented by Herzberg. Initially, this investigation

was performed with the aid of interviews and this sample involved 2 hundred accountants and engineers who were requested to describe their work-life incidents through which they perceived a surge or decrease in satisfaction with their job (Alshmemri et al., 2017).

The 2 categories of factors associated with satisfaction with a job were recognized by the study findings (Alshmemri et al., 2017) and those are as follows,

*Motivation factors:*

This category involves the 5 sub-factors that aid in producing positive approaches towards satisfaction. These job-associated factors improve employee motivation and result in satisfaction towards the job. Those sub-factors are the probability of promotion, work nature, responsibility, project recognition and achievement. Since these factors inspire the individual to achieve better.

*Maintenance or Hygiene factors:*

This subsequent category involves factors associated with the organization or company's environment and in specific, work dissatisfaction among those factors was stated more often in storylines related to satisfaction's positive feelings. It is also associated with the institution's policy or the firm and how it is maintained, interpersonal associations, remuneration, supervision and lastly the working environment. It is also identified that the reduction of factors contributing to job dissatisfaction does not return the satisfaction feeling towards the job yet, just the dissatisfaction feelings can be evaded.

This denotes that the management should have 2 distinct incentive schemes. The first scheme intends to produce a satisfying feeling using work expansion and enrichment in a manner which captivates the worker and provides an opportunity for personal development, achievement, and recognition. Followed by it, the next scheme will be executed to avoid dissatisfaction employing maintaining the policy, relations, pay and management of an organization or a company (Adamopoulos, 2022).

***McGregor's Theory X and Y***

This bipolar theory was formulated by social psychologist McGregor in the year 1960.

*Theory X*



Following theory X, human beings' nature is to dislike work and behave in a manner to escape from work. Individuals who fit into this category sense a safe feeling and contend only if they are allowed to avoid initiatives and responsibilities meanwhile, their characteristic attribute is the devoid of ambition. Every organization's management is accountable for identifying ways to encourage these workforces mainly utilizing disciplinary implications that surge one's efficiency.

### *Theory Y*

The theory Y is alternative to above theory; here people are described by intense creativity and autonomy. If trust ensures in the work environment, then people can consider this is a chance to develop their skills and line up their ambitions in accordance with organization goals. When the threats and rules do not repress workforces, then one will take inventiveness with self-control and responsibility. This in turn surges one's efficiency and blends with the organization's objectives. The main motivation for an employee for improved development and effort is job satisfaction. (McGregor, 1960) recommends the executives to following theory Y for attaining the organization goals and assure the effective satisfaction of an employee.

### ***McClelland's Theory of Achievement or Needs***

The attained human rights are debated by (McClelland, 2013) , developing inside a social environment of a person. As per this theory, the fundamental rights are 3 and it requires to be fulfilled using an employee's work,

#### *Need for affiliation:*

it is developed and cultivated in man as a tendency for understanding the significant

#### *Achievements and goals.*

#### *Need for power:*

This requirement involves the probability of impact and also the discrimination possibility. The discrepancy among the various requirements which an individual may display at the time of one's career also represents the job factors which measure one's satisfaction towards a job. McClelland debates that the requirements evaluated above

can be imparted through education and acclimatizing human beings to the suitable work type.

*Need for achievement:*

This requirement is imparted and improved in human beings as the inclination for recognizing significant achievements and goals.

### ***The Theory of Job Characteristics***

This theory was developed by (Hackman & Oldham, 1976) and it denotes the existence of particular job characteristics which influence worker attitudes and behavior in various manners. It is formulated on the concept where the job itself is the significant element to encourage the workforce. Particularly, monotonous, and tedious task activities behave as a constraint to workforces attempting to attain the goals set by an organization or industry. Meanwhile, a challenging task build up the motivation to attain them. The devoid of objectivity is emphasized mainly, regarding that the work characteristics are described through subjective criteria (O'brien, 1982).

#### **2.2.2.2. MECHANISTIC OR PROCEDURAL THEORIES**

Vroom(1964) develops the expectancy theory. It does not attempt to define what encourages workforces similarly to the Herzberg and Maslow's theories act, yet the motivation process is explained. An individual can perform in a specific way, if it is based on expectations, then the actions resulted to certain goals or results, leads to the achievement or attractive rewards, assumed by theory of expectation (Van Eerde & Thierry, 1996). Also, the 3 variables which play a significant part in the worker's path to work satisfaction are presented by (Vroom, 1964) and it can be accredited to the significant association :

$$\textit{Motivation} = \textit{Valence} \times \textit{Expectation} \times \textit{Instrumentality}$$

It is revealed that the individual will prefer the suitable behavior form as per the (Vroom, 1964) theory model that will result in significant forecasted outcomes concerning satisfaction of job. Also, the main driving element for the workforce to attempt is motivation. Moreover, performance is found to be the merger of the ability and effort which a workforce invests in attaining training, education, and skills. The workforce attains outcomes through acquiring

performance. Sometimes, these consequences are probable for the workforce to implement yet, do not attain the forecasted desired outcomes and this outcomes in the workforce initiating the expectation procedure from the start. Every workforce copes to acquire one's work satisfaction while going through every model phase (Van Eerde & Thierry, 1996).

### ***Porter and Lawler's Process Theory Model***

Lawler III & Porter(1967) depends profoundly on the expectation theory to build an entire motivation model and have used for executive research. This theory's main idea revolves around the performance, motivation and satisfaction concepts which are taken as the 3 independent constructs which are associated with each other. However, this sometimes produces the employee motivation concept as a convoluted case.

### ***Locke's Goal-Setting Theory***

As per the targeting theory, the goals target can be pursued according to the personality, values, and motivations of an individual. This theory formulation is grounded on the outlook that the content of the motivation is the objectives. Based on findings it shows that all human action must be focused on a specific purpose. Irrespective of the difficulties in attaining them, what encourages an individual to be lively are the main motives since, those goals are specific, clear, and not imprecise in common. Additionally, the effective goals relates to the satisfaction with increased performance while compared to easy motives (Lunenburg, 2011).

The targeting theory sets a specific focus on the own commitment to a motive since, the factor which supports goal attainment. As per the (Locke & Latham, 2006), human beings well-known for the above features possess certain qualities,

1. A feeling of purpose concerning wider mission of the company
2. The teams' significant values are considered when the people clarifying their choices and making decisions.
3. They are keenly observing for prospects to satisfy the mission of a team.

### ***The Theory of Equality and Justice Adams***

An employees followed fair and similar attitudes in their work, according to this theory (Adams, 1965). Equality concept is similar with satisfaction and dissimilar with

dissatisfaction (Clay-Warner et al., 2005). Within the social psychology field, the two main theories are the theory of exchange and the theory of equality which is associated with the consistency theory (theory of cognitive coherence) (Fatimah et al., 2011).

As per the cognitive dissonance theory, which is the most well-known cognitive coherence theory, the beliefs of individuals are in concord with one another. Due to a few reasons, the belief that an individual does not possess harmony, continuity and consistency with one another and the concerned person reaches the psychological tension state where one attempts to decrease with a certain energy to acquire the mental balance one requires usually (Fatimah et al., 2011).

Social exchange theories are created on the fact that there are communications among the economic and social behavior of an individual. At the time of creating these social associations, individuals create few investments from which one predicts few gains. Those individuals produce some potential and correlate one's involvement and the gains acquired with consistent ones of new people with the social contacts are maintained (Clay-Warner et al., 2005).

The equality theory fits into the social exchange theories category and is composed of elements from the cognitive cohesion theories. Within the work environment, this Equality theory can be smeared to investigation and associations are interpreted which occur in the work environment. Hence, when workforce correlates his personal effort, recognition and wages to those of his subordinates and the ratio of personal offer: personal reward = one, then there is an equality between what he proposes and what one adores from one's job and hence, it pursues to be fair (Nadiri & Tanova, 2010)

This function is smeared not only on an individual level but, also to associates, correlating the personal offers or rewards delivered with those of further people. When the causes are equivalent, then there will be a balance among one's salaries while compared to one's coworkers. When the reasons vary from one another, it is determined that one is rewarded higher or lower than others (Fatimah et al., 2011).

When there is an inconsistency among the above-mentioned causes, in accordance with the cognitive discrepancy theory, then an individual is able to (Adams, 1965) as follows,

- Create a behavioral change that can be any quantitative, increase or decrease in work time, or qualitative alteration like work quality obtained.
- To display the cognitive alteration which is altering how an individual considers oneself, one's job and other people.

As discussed before, job satisfaction can impact the employees' behaviour and affect the organizational operation. Singh et al.(2019) discussed the ERG- Existence Relatedness Growth theory which mentioned that humans have three basic requirements: existence, relatedness, and growth. If the priority of needs is not successful, then the individual will focus on their demands, resulting in dissatisfaction and frustration due to the lower priority. Hence work satisfaction is the psychological health or emotional well-being proxy indicator. It is inversely related with turnover, absenteeism, stress level and frustration, improving productivity. Healthcare service quality can be connected to motivation, employee satisfaction and skills(Mosadeghrad, 2014). As per WHO, global concern exists as human resource or sustainable leadership scarcities in health care(Sidibé & Campbell, 2015).

Conversely job dissatisfaction is a consistent and significant predictor of intention to leave job and healthcare workers migration apart from other causes. Managers or leaders who observe the importance of determinants which impact employee satisfaction is highly gaining improved performance. Hence the research should focus on the job satisfaction measure among various groups of healthcare providers in India and determine the factors which impact the job satisfaction.

Alrawahi et al.(2020) focused on a two-factor theory of motivation by Herzberg. Job satisfaction-related theories have been discussed within the motivation context. To recognize the job satisfaction among the employees in an organization, Herzberg's theoretical method is followed. In regards to Herzberg theory applied to workplace, there exist two motivating factor types (Ewen et al., 1966; Herzberg, 1966).

So how this list of theories is linked to the study's objectives and more particularly hypotheses? Where is the hypotheses discussion?

***Critical analysis of the application of theories on job satisfaction in the Indian Healthcare sector***

The foundation of the affective commitment concept relies upon the social exchange theory. In association with this, a conventional study (Sharma & Dhar, 2016) analyses the factors that impact the affective commitment of Indian nursing personnel and their influence on one's job performance. Based on Adam's equity theory, distributive and procedural Justice are the two main elements of organisational Justice. While compared with distributive Justice, procedural Justice is essential because the workers will feel more satisfied when they recognise fair managerial procedures. Also, perceived organisational support is a significant organisational approach that substantially affects job outcomes like job satisfaction, skipping, performance, and intent to leave. Therefore, the existing study focuses on procedural Justice and perceived organisational support as they impact the nursing personnel's commitment level.

Job demand-resources theory has been extensively utilised in theory to learn the associations of work-family life linkages. Likewise, Another study (Rashmi & Kataria, 2023) analyses the mediating impact of work-life balance in association with the three essential job resources such as co-worker support, supervisor support and job autonomy and job satisfaction perceived by frontline nursing staff in an Indian context utilising the job demands-resources theory at the time of COVID-19. The job demands nurses meet during the chaotic period can be managed with the aid of job resources to attain outcomes like job satisfaction.

### **2.2.3. Sustainable leadership behaviours on job satisfaction**

In any organization single leadership style is impractical to be implemented. Successful leaders frequently associate management style with their leadership. Hence sustainability in leadership can be the supplementary value for the human resource management based on leadership in companies (Cahyadi et al., 2022). The improvement in sustainable leadership is more matters based on endurance in making things last (Hargreaves & Fink, 2004). Consequently, (Jain, 2016) analyzing the vertical trust impact on distributed leadership performance mediated through the job satisfaction of employees. The participation of employees in distributed leadership has been examined, which has been viewed as extra-role behavior that is not directly linked with job description(Jain, 2016). Job satisfaction has positively affected job performance, mediating the association among the distributed leadership. It can motivate the healthcare sector to introduce specific measures for educating leaders or managers.

Matta & Chammas(2022) identify the leadership behaviour impact on the productivity and satisfaction of an employee in investigating the association among demography variables and work satisfaction. A comparative study has been made based on leadership development's behaviour like coaching, development, communication and delegation (Matta & Chammas, 2022). It has grasped a comparison between the perception of an employee and leadership behaviour on 96 nurses in private and public hospitals. There exists direct relationship among the superior leadership and nurse's satisfaction. Hence to setting the safety and care for patients as higher priority, the employees in healthcare must be motivated frequently and encourages to collaborate each other to obtain better performance quality.

Suriyankietkaew & Kungwanpongpun(2022) focused on identify the important management and strategic leadership factors which emphasized on sustainability in healthcare. Sustainability performance outcomes factors have examined based on United Nations Sustainable Development Goals. 543 employees in Thailand health sector and pharmaceutical companies have surveyed and revealed strategic leadership and management factors of 20 unit-dimensional sustainability factors like social responsibility, resource development and management, quality, environment, stakeholder considerations and ethics and others. Hence to improve health care sectors improvement, important strategic leadership and management policies can be adopted.

Suprpto et al.(2022) measure the indirect and direct impact of leadership style, compensation on employee's performance by means of work satisfaction on Fatimah Islamic Hospital workforces. This hospital is in Banyuwangi. This investigation embraces the quantitative approach, and it employs the questionnaire as the data collection tool. The sample size of the investigation is one hundred and nine participants. Based on empirical outcomes of study, it is revealed that (Amoah et al., 2022) assessed the job satisfaction and ethical leadership causal association from 617 healthcare workers such as pharmacists, physicians, doctors, lab workers, nurses and assistants from Ghana provides the recent grief and strikes against workers' attitudes. From the regression and correlation analysis it has identified that job satisfaction and ethical leadership positively influences the organisation commitment.

Ehtisham(2022) explored the Relationship between Leadership Styles and Practices with Subordinates' Job Satisfaction and Intention to Leave a Community Hospital. Lorber & Dobnik(2022) evaluates the mental health and psychological well-being of nursing workforce

and measures workforce elements which impact them. The sustainable workload and well-being are the significant for the work-life quality. This research is a cross-sectional investigation that considers nursing employees as the samples of the investigation. This study is performed in Slovenian hospitals. The study findings revealed that more than half the count of workforces is happy or very happy in one's work and with one's lead's encouragement, however, on the other hand, these workforces experience stress sometimes. The stress management, work-life balance, and Quality of work life at the work environment impact the mental health and psychological well-being of nursing workers. Administration must recognize the significance of observing and enhancing the work environment factors which can impact the workers. On the other hand, employees must be conscious regarding the significance of sustainable growth of nursing workforces at the national and local levels to enhance the work life quality and conditions for improved mental health and psychological well-being for work forces.

Abolnasser et al.(2023) analysed the direct impact of transformational leadership on psychological wellbeing of an employee and assessed the impacts and potential independent of employee engagement and job satisfaction on relationship of psychological wellbeing and transformational leadership after the pandemic. The data were collected from 403 frontline workers in Saudi Arabia. JD-R demands resources theory followed and identified that there is a positive impact of transformational leadership on psychological well-being of workers. Job satisfaction and employee engagement shows significant partial meditational impact on relationship among the psychological well-being and transformational leadership. In addition, employee engagement shows greater impact on psychological well-being and transformational leadership as a mediating variable compared with job satisfaction.

In an environmentally specific servant leadership context, (Peng et al., 2022) enhances the healthcare employees' energy specific pro environmental behaviour. Significantly, the data collected from 316 hospital employees, Pakistan. Green perceived organisational support and Green self-efficacy mediating impact has been assessed. The outcomes support the healthcare to enhance the efforts with respect to de-carbonization in enhancing the employees' energy consumption behaviour.

Phillips et al.(2022) focused on exploring governance and leadership from stakeholders and clinicians across pacific areas during pandemic period. The data collected from 116 pacific region respondents through focus groups, online support forums and in-depth interviews. A



phenomenological approach can shape the deductive and inductive data analysis within the pacific region. The politics can deeply impact the effectiveness of pandemic response. Experienced medical practitioners can authoritatively talk with decision makers in concentrating on quality, services, and safety. Systems-thinking, past surge event experience, Rapid adaptability, and team-focus allowed ethical leadership. Transparent collaboration, trust, communication, and mutual respect developed unity among the top-level administrators and frontline clinicians.

#### **2.2.4. Stress management and employee retention in healthcare**

According to (Kriakous et al., 2021) , health care providers are exposed to stressful and emotionally challenging situations in work place specifically during the work related pressures and increased clinical productivity demand. Burnout and occupational stress are common in various health care sectors for physicians, nurses, psychologists, and other staff(Kriakous et al., 2021). Stress can be defined as association among an environment and an individual in which the individual can be theoretically strong threatening to their wellbeing (Lazarus & Folkman, 1984). Consequently, the health sector is focusing on sustainable adequate work force in terms of quality like increasing the clinical resilience in giving safety to a greater number of patients during challenging situations and quantity in adequate numbers.

Similarly, (Odigie, 2016) has analysed stress management researches and identified that stress factor in healthcare surroundings can negatively affect healthcare professionals and resulted to different health related issues, specifically mental ill health, physical problems and reduced quality of life and poor performance in organization. Hence healthcare professionals may require support in handling the various stresses in their work and recommended stress management to address, prevent and lower the stress level among them. It will further focus on optimizing the job demand by representing the job resource type. In case of job resources like job control, power, accessing information, autonomy, organization support and empowerment, an improvement of healthcare professionals to address the top job demands. It can further enable them to redesign their work environment to address the modification issues, reducing the impacts of stress and workload. Hence health care managers or leadership management must employ management intervention programs which can promote

the strategies and work place environment with stress free and limited work load pressure (Heponiemi, Kouvonen, et al., 2008).

Moreover, the hospital managers must develop strategies and practices to handle and enhance the health care professionals' working environment's quality, according to (Pekurinen et al., 2019). To learn effective coping practices and skills the stress management education must be provided to health care professionals with newer technologies which resulted in improving the psychological health and clinical practices of hospital staffs and health care professionals. Further they give importance to workers' personal expectations, workload, and job satisfaction. The intervention programs must also focus on transformational leadership and sustainable leadership which is related with improved task performance, job satisfaction, well-being and greater social support and lower level of stress at work environment (Heponiemi, Elovainio, et al., 2008; Pekurinen et al., 2019). Therefore, it is suggested that the studies must focus on stress management and empirical studies are necessary to access healthcare professional's views about their work environment. Significantly, (Rangachari & L. Woods, 2020) emphasized on the situation that if there is a limited number of workers during the emergency situations and broader emotional distress can occur and it affect the organization resilience, staff retention and patient safety and care.

Subramaniam et al.(2020) has determined that the recognition of an employee significantly impacted an employee's willingness to stay with their employer. Chew et al.(2020) also concluded the similar suggestion and identifies that for reducing the nurses' turnover rates, better leadership strategies should be essential by recognizing their contribution and consider them as assets or valuable which resulted in enhancing their wellbeing and job satisfaction. In supporting this, (Sija, 2022) referred the "Trendicators Best Practice Report, 2020" based on trends of employee recognition. According to this report, 89 percent emphasized that they received recognition for performance and hence their engagement in job is increases. Also, 85 percent say that the recognition makes them more valuable and 67 percent staffs confirmed that the recognition or praising towards their job during their onboarding in work environment is highly important.

As discussed about Maslow theory before, which stated that every individual requires recognition and acknowledgement from their superiors and peers, and which also be potential factor in employee retention in healthcare sector. Further mechanisms can also be suggested to improve the staff and health care professionals' retention in health care. Therefore, it can

be postulated that recognition of an employee, managing stress in work environment plays significant role in enhancing employee performance, engagement, and retention. Therefore, several studies have been performed regarding stress management, sustainable leadership and employee retention and its relationship with job satisfaction. The studies have specified certain dissatisfaction factors like mental ill, anxiety and stress, generates the desire to quit from any organization. Certain studies are ensuring about relationship between job satisfaction with employee retention, as discussed before. Job satisfaction is thus an imperative factor for employee retention, and stress management. Employees with positive perception in their jobs can leads to employee retention and turnover rates increased when negative perception increases(Salman et al., 2016).

Hebles et al.(2022) focused on the mechanisms which decrease the severe cognitive stress impacts on the turnover intentions specifically the employee's role seeming to be psychological safety. The psychological safety facilitates the relationship among the turnover intentions and cognitive stress, while the support from supervisor can moderates the relationship among the psychological safety and cognitive stress. Two public health care organisations focused for data collection in Chile, 146 sample respondents have observed. The outcome based on multilevel model identified that psychological safety prevented the cognitive stress' harmful impacts on the turnover intentions of an employee. It further focused on evaluate the psychological safety and stress and suggests the healthcare practitioners on how to deal with stress in the pandemic time which in turn brought new normality.

Lai et al.(2022) stated that motivational measures and supportive company policies must be made to reduce the stress, since it affects the staff's behaviour who observes job satisfaction in the management. These kinds of measures can provided through proper counselling, suggestions integrating towards employees, better communication, caring about employee well-being and line up the employee goal with company goals. It can accomplish by HR and personnel department with supportive assurances and hence the enterprise ideals and employee deeds can be consistent which assures of consistent flow in satisfied and trained workers in upcoming days.

Mercado et al.(2022) evaluate the interrelations among the work-related, contextual factors, personnel and three results like burnout, turnover intention, and stress at severe stage in pandemic. 985 healthcare workers in United States were focused who serving economically

and socially to the marginalised communities. The outcomes show that more health issues have related with burnout and stress related symptoms. Higher turnover intention and burnout symptoms occur due to work life with lower quality. In covid-19 pandemic period, the negative effects on well-being are also related with burnout and stress. The hypothesis testing also stated that self-care, and political climate were not related with turnover intention, stress, and burnout. But racism can lead to higher stress but lower burnout. Through equitable company practices and policies with suitable leadership can address the workers' well-being in healthcare systems.

In describing the turnover intention of medical social workers' formation mechanism, it has identified that job stress played major role (Li et al., 2022). Job satisfaction is reduced due to the job-related stress, and it also arise the job burnout and turnover intention. Hence job satisfaction plays mediating impact among the turnover intention and job burnout of healthcare workers. Job autonomy and social support provided from social work agencies shows restricted impacts on reducing the turnover intention of healthcare workers.

Al Mualala et al. (2022) determined how employee silence, bullying in workplace and organisational justice impact the turnover intention. Workplace bullying and employee silence plays mediating variables, however stress in work play as moderator among the turnover intention, employee silence and bullying in workplace. 370 nurses from healthcare hospitals in Jordan were used for data collection. The results show that organisational justice has been highly affected due to turnover intention. Organisational justice has shown close association with bullying in workplace and employee silence. Also, workplace stress plays mediator among the turnover intention and bullying in workplace. This study can suggest Jordanian decision makers for assessing the critical aspects which impacts the turnover intention and provides useful guidance for healthcare sectors.

Park et al.(2022) investigated on e-healthcare involvements which enhance the other mental health factors and burnout for nurses. There exists certain proof that mental health outcomes can improve including burnouts in nurses through e-healthcare involvements. Because of wider heterogeneity of involvements and poor methodological quality and results reliable conclusions could not draw. Higher quality clinical trials should be made.

### **2.3. Determinants/ factors**

The job satisfaction measure which are widely and valuably used are considered as job satisfaction survey- JSS, initially developed by Spector (Karaferis et al., 2022). Job satisfaction validated scale is used and it is considered as multidimensional instrument considered as frequently used JSS scale. For the non-commercial purposes use, JSS can ensure validity and reliability for the researchers. The different job satisfaction dimensions are,

Karaferis et al.(2022) used quantitative approaches for determining the factors affecting the job satisfaction. It's important with respect to specific factors determination which should be considered as organisational engagement, higher performance, job satisfaction and managerial success within healthcare sector. Karaferis et al.(2022) performed 20 item studies for medical workers in Athens, Greece, which can support the hospitals to monitor the employee satisfaction across all kinds of levels without overloading workers and analysts with non-comparable research method.

The outcomes recommended that manager support or employees' supervision, effective communication will decrease conflicts and stress in workplace. Moreover, advantages to workers, patient care with quality, and healthcare sector can show better results due to promotional opportunities, employee empowerment and training, hospital staff evaluation and teamwork collaboration. Subsequently, the job satisfaction is improved significantly from management empowerment, evaluation, promotion, and achievement (Cunningham et al., 2023). This research showed that the obtained factors are line up with outcomes of previous studies.

### **2.4. Research Gaps**

The literature review indicates that, there are many factors which contribute to the job satisfaction of hospital employees. According to literature review not only salary, incentives, working conditions are important predictors but also other intrinsic factors such as achievement, recognition, responsibility, opportunity for personal growth are also important for job satisfaction. These factors resemble to Herzberg's motivators in two factor theory and Maslow's esteem and self-actualization needs in the hierarchy of needs. From the past literature it is evident that job satisfaction leads to job performance and organizational

commitment and which in turn leads to low turnover of employees. Specifically, in hospitals where patient experience is related to employee's satisfaction, organizations should focus on hospital employees needs and should create an environment which will improve job satisfaction and commitment. There were lot of gaps in the literature in relation to sample size, population and tools used to assess these factors affecting job satisfaction. So some more large-scale uniform studies are needed in this area to explore job satisfaction in hospitals specifically in teaching hospitals where employee has the dual responsibility of teaching and taking care of patients.

The job satisfaction of an employee has been considered as one of the significant determinants that work in handling the productivity in an organization. However, in the case of health care professionals, they deserve certain basic psychological need level of satisfaction in their job autonomy. The health care employees attaining job satisfaction and job autonomy have been researched in very few research studies which mainly focus on role of psychology in health care(Adamopoulos, 2022; Gulzar et al., 2022). Job satisfaction can impact the daily motivation in the work environment and social relationships between colleagues, peers, and superiors. If the workplace is extremely demand then it resulted in lower self-esteem, fear about future career goals and uncertainty. It is suggested leading to higher stress between the employees apart from stress generated due to limited number of workers during emergency situations(Kuo et al., 2020).

Specifically, leadership plays an important role in exhibiting efficient and effective care which leads to positive impact for patients, professionals, and workplace. Hence it is important to identify and address the present gaps in leadership skills and management which can positively impact job satisfaction of health care professionals and consequently enhance the healthcare quality indicators. In order to know the different leadership styles impact like sustainable leadership, this allows recognition and greater organizational achievement through the specific leadership styles which advantageous to organization and employees(Specchia et al., 2021).

Job satisfaction among the employees specifically to nurses in healthcare resigning their jobs can lead to increase in demand of nurses and increases the workload of present nurses resulted in job dissatisfaction. All kind of health care sectors are fighting in retains the efficient skills of their health care professionals and staffs. Therefore, every health sector's manager or HR with sustainable leadership focusing on employee retention which providing

job satisfaction and decreases the stress level. Hence the future research must investigate the reasons for health care professional's turnover rates and seeks to evaluate the factors of leadership policies and practices. The sample collected for analysis must be higher to identify the determinants of job satisfaction and retention among health care employees. In addition a comparative study is also suggested in future for both private and government hospitals(Sija, 2022).

In this research the main theory can be focused on Herzberg theory. Since it concerns towards job satisfaction and its association factors as discussed before. The study is planning to focus on quantitative research with primary data collection, and plan to conduct a survey of job satisfaction and its associated factors like sustainable leadership, employee retention and stress management with healthcare professionals in India.

The job satisfaction of an employee has been considered as one of the significant determinants that work in handling the productivity in an organization. However, in the case of health care professionals, they deserve certain basic psychological need level of satisfaction in their job autonomy. The health care employees attaining job satisfaction and job autonomy have been researched in very few research studies which mainly focus on role of psychology in health care(Adamopoulos, 2022; Gulzar et al., 2022). Job satisfaction can impact the daily motivation in the work environment and social relationships between colleagues, peers, and superiors. If the workplace is extremely demand then it resulted in lower self-esteem, fear about future career goals and uncertainty. It is suggested leading to higher stress between the employees apart from stress generated due to limited number of workers during emergency situations(Kuo et al., 2020).

Specifically, leadership plays an important role in exhibiting efficient and effective care which leads to positive impact for patients, professionals, and workplace. Hence it is important to identify and address the present gaps in leadership skills and management which can positively impact job satisfaction of health care professionals and consequently enhance the healthcare quality indicators. In order to know the different leadership styles impact like sustainable leadership, this allows recognition and greater organizational achievement through the specific leadership styles which advantageous to organization and employees(Specchia et al., 2021).

Job satisfaction among the employees specifically to nurses in healthcare resigning their jobs leads to increase in demand of nurses and increases the workload of present nurses resulted in job dissatisfaction. All kind of health care sectors are fighting in retains the efficient skills of their health care professionals and staffs. Therefore, every health sector's manager or HR with sustainable leadership focusing on employee retention which providing job satisfaction and decreases the stress level. Hence the future research must investigate the reasons for health care professional's turnover rates and seeks to evaluate the factors of leadership policies and practices. The sample collected for analysis must be higher to identify the determinants of job satisfaction and retention among health care employees. In addition a comparative study is also suggested in future for both private and government hospitals(Sija, 2022).

In this research the main theory can be focused on Herzberg theory. Since it concerns towards job satisfaction and its association factors as discussed before. We have discussed several theories which is related with job satisfaction and other factors also. However, Maslow's theory suggests that people have a hierarchy of needs that must be met in a specific order, while Herzberg's theory identifies hygiene factors and motivators as the key factors that contribute to job satisfaction and dissatisfaction. Hygiene issues, such as salary and supervision, decrease employees' dissatisfaction with the work environment. Motivators, such as recognition and achievement, make workers more productive, creative and committed (Bsharat et al., 2024; Liu et al., 2023; Meeusen et al., 2024; Owolabi et al., 2024). In accordance with that the factors are all selected like stress management, employee retention dn sustainable leadership to improve the productivity and hygiene and it influences job satisfaction of all healthcare professionals also. In order to evaluate this in detail, the study is planning to focus on quantitative research with primary data collection, and plan to conduct a survey of job satisfaction and its associated factors like sustainable leadership, employee retention and stress management with healthcare professionals in India.

## **2.5. Research Hypothesis and Conceptual Framework**

This study set the research hypothesis and establishes the conceptual framework in accordance with the objectives of the study.



### **2.5.1 Research Hypothesis**

The hypothesis is a tentative statement regarding the elucidation of any given problem that requires to be verified on some logical base. The present study on — “Study of factors influencing job satisfaction among healthcare professionals” is undertaken to test the following hypothesis:

#### ***Research Hypothesis 1:***

H1: There exists significant influence on job satisfaction factors among healthcare professionals in India.

H0: There exists no significant influence on job satisfaction factors among healthcare professionals in India.

#### ***Research Hypothesis 2:***

H2: There exists positive association between sustainable leadership behaviours and job satisfaction among healthcare professionals in India.

H0: There exists negative association between sustainable leadership behaviours and job satisfaction among healthcare professionals in India.

#### ***Research Hypothesis 3:***

H3: There exists an association between stress management and job satisfaction among healthcare professionals like doctors, nurses, pharmacists, and other medical staffs in India.

H0: There exists no association between stress management and job satisfaction among healthcare professionals like doctors, nurses, pharmacists, and other medical staffs in India.

#### ***Research Hypothesis 4:***

H4: There exists an association between employee retention and job satisfaction among healthcare professionals like doctors, nurses, pharmacists, and other medical staffs in India.

H0: There exists no association between employee retention and job satisfaction among healthcare professionals like doctors, nurses, pharmacists, and other medical staffs in India.

### **2.5.2 Conceptual Framework**

Healthcare is a highly mass-sector organization. WHO-World health organization (Organization, 2020) explains the healthcare workforce as ‘entire people have involved in actions and their major intention is to improve the health’. Human resource has relating to healthcare describes different medical and para-medical workers handle public and individual health intervention. Both private and public sectors have been included and various areas are covered like preventive care, non-personal and personal public health interventions, curative, health promotion services, management, support and research services and disease prevention. For all departments, both men and women employees are employed other than nurses and physicians. They are public health workers, educators, clerical staff, scientists, policy makers and pharmacists. Health services are composed of one-third with health management and support workers and two-third with global health workforce (Boniol et al., 2022).

The health sector is accelerating major development of all countries. According to (Dhillon, 2020), every sector's growth is based on job satisfaction of an employee and their retention which is said to be the potential signal. For the employees' job satisfaction and their retention, the organizations considered various efforts and steps. Hence, the research is required to analyse the factors considered for skilled and talented employees regarding job satisfaction, retention, sustainable leadership, recognition and rewards, working environment, performance appraisal, organization culture and practices, motivation and working environment (Karaferis, Aletras, & Niakas, 2022). The major covariant is job satisfaction which is said to be the significant term for improvement of any organization with respect to their employees (Karaferis et al., 2022). Job satisfaction and its influential factors associated and anticipated with the behaviour of an employee in the work environment. Prakash(2022) identified that the job satisfaction of staffs or employees exhibits broad concern in different organizations like businesses, IT, healthcare, and others with global perspective. For training an individual in every sector's time and money investment with sustainable leadership is necessary for retaining the employees with job satisfaction(Prakash, 2022). For maintaining the talented and skilful employees, sustainable leadership is required(Prakash, 2022) .

Human Resource management- HRM based sustainable leadership is required for evaluating the job satisfaction of an employee in all kinds of sectors, specifically in healthcare, since it

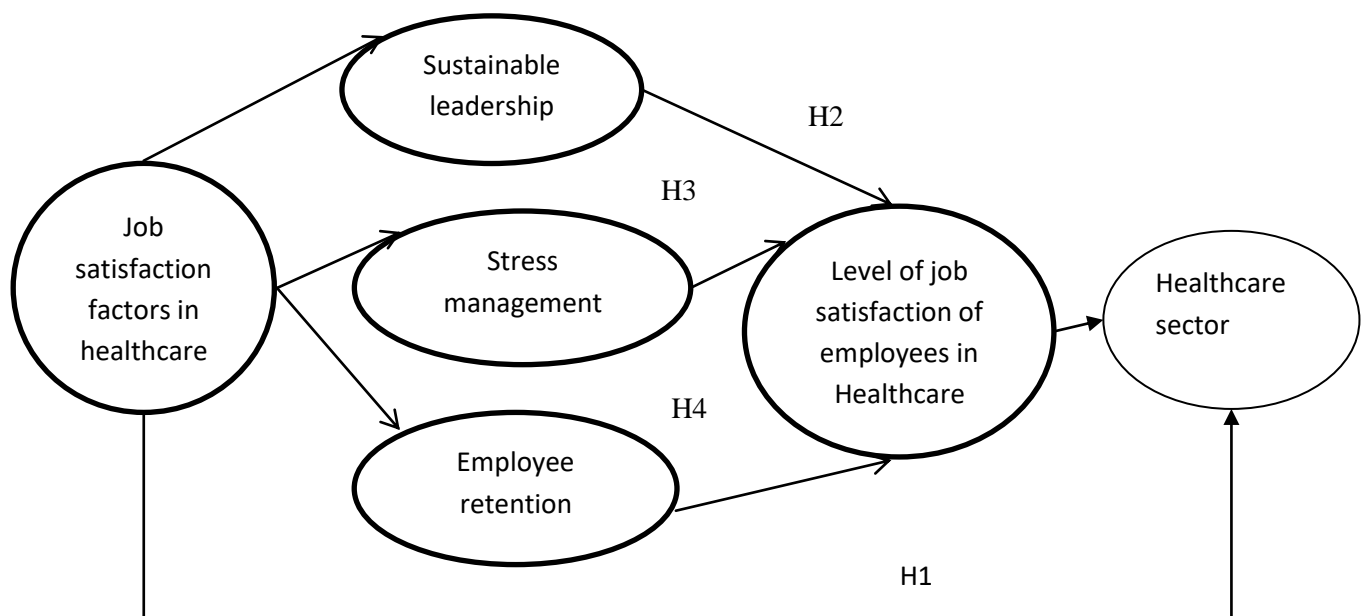
focuses on all similar tasks concerning with efficient utilization of different resources in organization(Lee, 2019). Nowadays, in the health sector, targeting and maintaining the efficient employees is the major challenge and thus HRM with sustainable leadership is highly supportive and needed(Abid, Contreras, Rank, & Ilyas, 2023). Any kind of health sector which is inefficient in maintaining their employees, are not said to be successful inside and outside(Gallo, Mihalcova, Vegsoova, Dzurov-Vargova, & Busova, 2019). Stress management is also another term associated with job satisfaction, another important factor to be maintained for acquiring employee retention in many sectors. Better methods are required to address the employees' job dissatisfaction and workplace environment concerns. Lesser involvement and commitment should be analysed properly (Ramli & Soelton, 2019). Hence sustainable leadership with strategic decision making skills and stress management by HRM work force in healthcare is necessary and it should be investigated properly (Deal & Levenson, 2016).

Accordingly, it is very important to know that how healthcare settings determine the level of engagement of the employees and what impact it has on their satisfaction and how the employee engagement and job satisfaction relates to intention to stay(Strömgren, Eriksson, Bergman, & Dellve, 2016). Therefore, one would expect that by building employee engagement from the outset engenders a sense of satisfaction in employees which may prove beneficial for healthcare organizations, leading them to stay in the organizations which would cause enhanced care and satisfaction of patients (Strömgren et al., 2016). The empowering practices and policies in healthcare settings provides a better workplace for employees, resulting in their job satisfaction and retention in the organizations, which improves the ability of delivering quality care services to the patients. Therefore, the healthcare organizations that crave to increase the satisfaction of patients should understand the internal issues associated with satisfaction of employees and view their workers as clients, too.

Finally, job satisfaction of employees can not only impact on work but also in the career relationships, decision making and individual well-being. Those who are in higher profession specifically in health sectors, it is unpredictable to the uncertainty feelings in certain cases and leads to decreased job satisfaction. Healthcare professionals' job satisfaction is integral in assuring quality of caring in the setting of healthcare. Job dissatisfaction healthcare professionals renders less efficient and poor quality as there is not highly noticeable proof of a positive correlation between the patient and job satisfaction. Also, moderate level of job

satisfaction among the healthcare professionals with certain influential factors like responsibility, staff relations, patient care, and development are influencing the job satisfaction in India. Prior research suggests work fulfilment has areas of strength for a with work execution. Strengthening relevant human resources policies, enhancing working conditions, and increasing compensation are all necessary. As such, more attention should be given to researching the influential factors of job satisfaction in healthcare, which can foster better relationships between management and employees and give rise to more positive decision-making, with a beneficial effect on the quality of healthcare services and individual and organizational performance.

In considering the above aspects and factors, this research is planning to determine the sustainable leadership behaviours on job satisfaction and stress management of an employees and staffs in healthcare sector. Being comparative and analytical, this research is planning to evaluate the factors such as sustainable leadership behaviours, job satisfaction, stress management, employee retention, training, and development. It can also continue with establishing a comparison between the employees' perception on leadership behaviours, staffs' satisfaction and productivity in both private and public hospitals. Hence in focusing on employees' motivation on continuous basis, who setting the patients' safety as their top priority, the research leads to identify the direct relationship between superior leadership and employee's satisfaction in healthcare sector for better performance quality



Source: Created by Author

Figure 3.4: Conceptual Framework

As worker information and abilities are elusive resources of any help association, representative fulfilment has turned into an issue of most extreme significance. The positive emotional state that results from evaluating one's work or work experience has been defined as it. Hoppock (Hoppock, 1935) was the first person to popularize the term "job satisfaction," which he defined as "the representatives' emotional reflections or abstract sentiments about their functioning circumstances and work space." Since then, a lot of researchers have realized that happy employees are a company's most asset. While the significance of occupation fulfilment is for the most part perceived, extra and continuous examinations of fulfilment levels are important as outside conditions and cultural qualities are continually evolving. Consequently, job satisfaction has a significant impact on an organization's operation and performance.

A fundamental essential for the turn of events and long-haul progress of an association is as a matter of fact the use of representative's capacities and the improvement of their functioning circumstances. The level of occupation fulfilment is really the general degree of fulfilment on various elements of work and influences the way of behaving of representatives that, thus, influences upon authoritative working. Swamy et al. (Swamy, Nanjundeswaraswamy, & Rashmi, 2015) stated that contented employees are an organization's most valuable asset. In this way, the issue of occupation fulfilment is vital particularly for non-benefit public associations like emergency clinics, which are fundamental for a nation's arrangement of medical care administrations and the actual populace.

Representative fulfilment additionally influences patient fulfilment. Employees and patients are the organization's internal and external customers, respectively, and they create the current work environment and are willing to collaborate with the community to accomplish organizational objectives. Patient satisfaction with the kind of health care services provided in health care facilities and job satisfaction in the health workforce have been linked in previous studies. Besides, there appears to exist a positive connection between the expansion in work fulfilment and nature of care. Then again, non-appearance, grievances, elevated degrees of stress, turnover, weariness, low ethical quality, more terrible patient-supplier proportions, and longer stand by times, mental trouble, and an expansion in clinical mistakes would all outcome from an absence of occupation fulfilment.

Emergency clinic chiefs have liabilities to the two patients and staff. It has been suggested that healthcare providers should understand the work areas that are crucial to their job satisfaction if they want to increase productivity and efficiency. To get representatives satisfied with their work; the hidden elements that impact work fulfilment in that specific office should be analysed to direct appropriate administrative activity.

Because of its significance, a great many instruments have been intended to evaluate and conceptualize work fulfilment during the previous many years. They were created to catch the sum of different parts of occupation fulfilment be it individual, social, ecological, hierarchical, and the idea of the actual gig. An important and generally utilized proportion of occupation fulfilment is the Work Fulfilment Overview (JSS) that was initially evolved by Spector. JSS gives adequate dependability and legitimacy and is accessible for specialists for nothing for use for non-business purposes. The instrument contains 36 things communicated on a Likert scale estimating nine components of occupation fulfilment, as referenced underneath:

Pay incorporates compensations and wages. Unreasonable dispersion can adversely influence representatives' feelings and consequently their conduct in the association. Advancement is a significant part of a worker's vocation. It alludes to movement to a higher situation with additional difficulties, authority, and obligations. Just a meritocratic advancement framework with assessment conditions realized ahead of time can prompt fulfilment.

Incidental advantages can be monetary or non-monetary remunerations. Monetary remunerations comprise of direct (for example rewards) and roundabout pay (for example retirement plans). The job itself (such as autonomy), the workplace (such as working conditions), and workplace flexibility (such as part-time work) are all examples of non-financial compensation. Contingent Prizes are alluded to as commitments and trades of remunerations and acknowledgment for good work. Is an important device for rousing workers since they need to be compensated fairly for the gig, they perform both for their confidence and as valuable method professionally.

Oversight is characterized as the view of representatives with respect to the help got from bosses in an association other than colleagues. When they are supported in achieving their objectives, employees typically feel satisfied.

An operating procedure is a set of steps that must be followed to complete a task in accordance with regulations, provincial laws, policies, procedures, and standards. Deficiency of hardware and assets, lighting, ventilation, and neatness can bring about an unpleasant workplace that prompts work disappointment among representatives. Colleagues are alluded as individuals working in an association (other than bosses). Workers with similar qualities, perspectives and ways of thinking can further develop fulfilment in an association. Support from associates can upgrade work fulfilment and diminishing position pressure and burnout.

Nature of Work is characterized as the changeability of the given work. It alludes to the everyday and non-day to day undertakings completed as a feature of the gig scope and incorporates work difficulties, criticism, independence, and expertise assortment. Further, this can build the persuasive degree of representatives which will at last raise their inward bliss of workers, and the inner joy will cause fulfilment. Correspondence is alluded as illuminating the ongoing representatives. Correspondence between bosses or the administrative level with workers reliably empowers directors to know regardless of whether their staff is fulfilled and content with its business. There is a positive relationship among correspondence and occupation fulfilment. Successful correspondence at work is fundamental in guaranteeing authoritative goals, social help (Karaferis et al., 2022).

### ***Job satisfaction: definitions, facets, and importance***

Schermerhorn characterize work fulfilment as how much people have a positive or pessimistic outlook on their positions. It is a demeanour or close to home reaction to one's errands as well with respect to the physical and social states of the work environment. Positive workplace relationships and high levels of individual job performance are both fuelled by job satisfaction.

As per Locke and Hanne, the definition could be 'the charming close to home state which streams from somebody understanding their thought processes (values) in the work'. 'Simply put, job satisfaction is how people feel about their jobs and various aspects of them. It is the degree to which individuals like (fulfilment) or aversion (disappointment) their work. As it is by and large surveyed, work fulfilment is an attitudinal variable'.

Work fulfilment can be considered as a worldwide inclination about the gig or as a connected star grouping of mentalities about different perspectives or features of the gig. The worldwide methodology and the feature approach can be utilized to get a total image of representatives'

work fulfilment. Werner says that there are five aspects to job satisfaction, which can be put together to measure a job descriptive index (JDI) as follows:

The characteristics of work typically fall into two broad categories, according to research: extraneous factors and characteristic factors. In 1957, Herzberg et al. (Herzberg, Mausnes, Peterson, & Capwell, 1957) made the qualification between the inborn awards from the gig and the extraneous compensations from the gig. The natural elements allude to a task's innate highlights - individuals' full of feeling responses to highlights necessary to the actual work. The outward work factors centre around issues that are outside to the actual gig, like compensation. The qualification among natural and outward work factors, rewards, thought processes, needs, and so forth., stays to be a helpful device in investigations of numerous specialists.

There are significant justifications for why the specialist ought to be worried about work fulfilment. The first is that individuals should be dealt with decently and with deference. Work fulfilment is somewhat an impression of good treatment. It can likewise be considered as a sign of profound prosperity or physiological wellbeing. The subsequent explanation is that work fulfilment can prompt way of behaving of representatives that influences hierarchical working. Moreover, work fulfilment can be an impression of hierarchical working. Contrasts among hierarchical units in work fulfilment can be symptomatic of potential pain points. Disappointed specialists are bound to offer second rate types of assistance, and the physical and mental status and the social working of these laborers can be impacted significantly by the level of their work fulfilment.

However, as Schermerhorn points out, individual work performance is not consistently predicted by job satisfaction alone. If their own needs aren't met, hospital staff have trouble meeting the needs of their patients; As a result, managers of hospitals are accountable to both staff and patients. As per the writing, position fulfilment in medical services associations relates to many variables: ideal work courses of action; the likelihood to partake effectively in the dynamic cycle; efficient communication between supervisors and employees; also, to have the option to offer openly one's viewpoint. Employee contentment is also influenced by management's attitude and collective problem-solving skills.



Work fulfilment can be expanded by taking care of inspiring elements, for example, making work seriously fascinating, requiring more drive, imagination, and arranging. This is especially true when pay and benefit increases are constrained by budgetary constraints.

Supervisors who handle the significance of elements influencing the prosperity of staff are bound to acquire further developed execution from the different gatherings of medical clinic staff. Incorporating employee input into decision-making and problem-solving processes is of the utmost importance. This will further develop fulfilment among the representatives and cause them to feel that they are essential for the association (Bhatnagar & Srivastava, 2012).

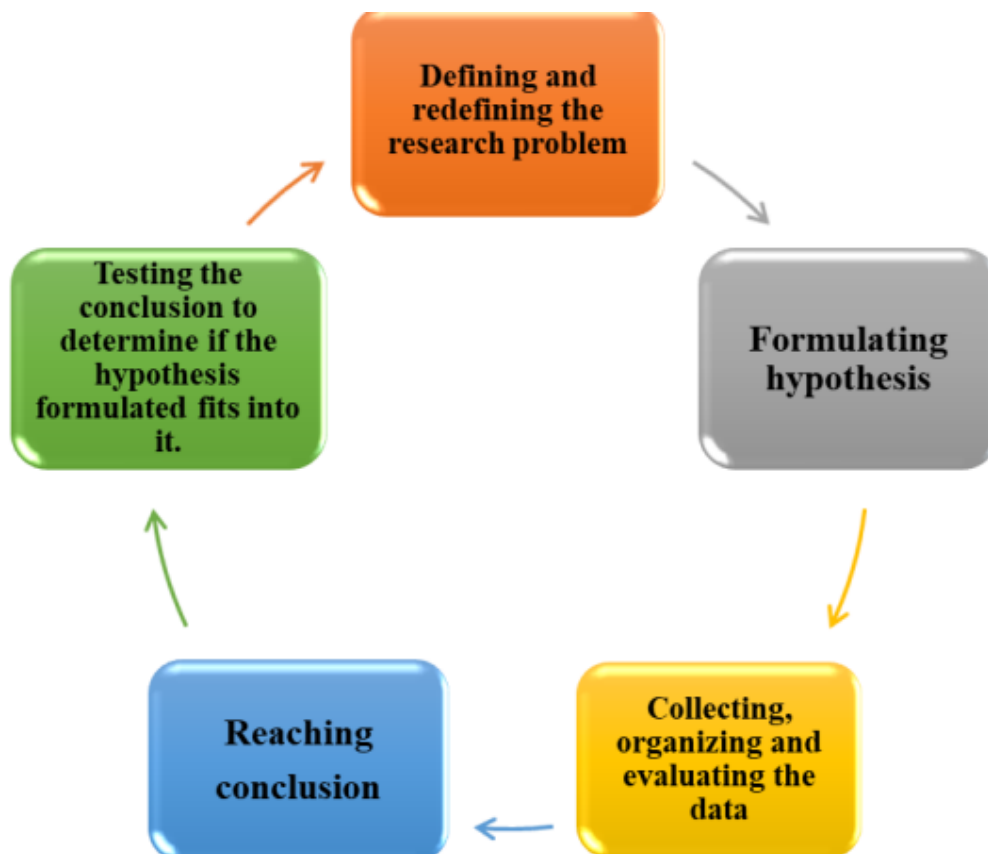
## **2.6 Conclusion**

This chapter starts with an outline of the study. The theoretical perspectives of job satisfaction, sustainable leadership, employee retention, and stress management are being discussed, followed by it. Subsequently, an analysis of the application of theories in the Indian healthcare sector is being elucidated. This literature review reveals that numerous theories have been applied to assess job satisfaction in the healthcare sector. This extensive literature review shows that Social exchange theory and Job–demand resource theory are used in the Indian healthcare sector. Also, the determinants of Job satisfaction are revealed through this analysis. Finally, the research gaps recognised in these existing studies are being discussed.

## CHAPTER III - RESEARCH METHODOLOGY

### 3.1 Introduction

The research methodology chapter states the methodology which is adopted for the specific study by the researcher (Galle et al., 1996). The methodology consists of research objectives, research design to help in deciding the sampling methods, methods for data collection, and data analysis tools.



Source: (Flick, 2015). Introducing Research Methodology

Figure 3.1: Steps of Research Methodology

Research methodology is a systematic and scientific pursuit for attaining relevant answers to any problem area. Research is conducted for scientific inquiry into a subject and for the search of knowledge. Research begins with problem recognition, a compilation of data, facts with a review of the real facts and analysis. The purpose of the research is to answer the

queries and formulate hypotheses through scientific methods. Broadly defined, research is the search for knowledge with an aim to capture measurable data, compiling the same with the secondary data through the already existing sources, for the benefit of masses in one or the other way (Malhotra et al., 2006)

Other researchers defined research methodology as

|  |
|--|
| <p><b>Kothari &amp; George J. Mouly (2012)</b></p> <ul style="list-style-type: none"> <li>• The methodical application with a solution based on local and scientific study to the problems identified in several fields.</li> </ul>                                  |
| <p><b>C.C. Crawford (2011)</b></p> <ul style="list-style-type: none"> <li>• Defined research as “systematic and refined technique of thinking, employing specialized tools, instruments, and procedures to obtain a more adequate solution of a problem”.</li> </ul> |
| <p><b>Singh Y.K. (2006)</b></p> <ul style="list-style-type: none"> <li>• The research process includes observations with data collection and drawing out the conclusions.</li> </ul>   |

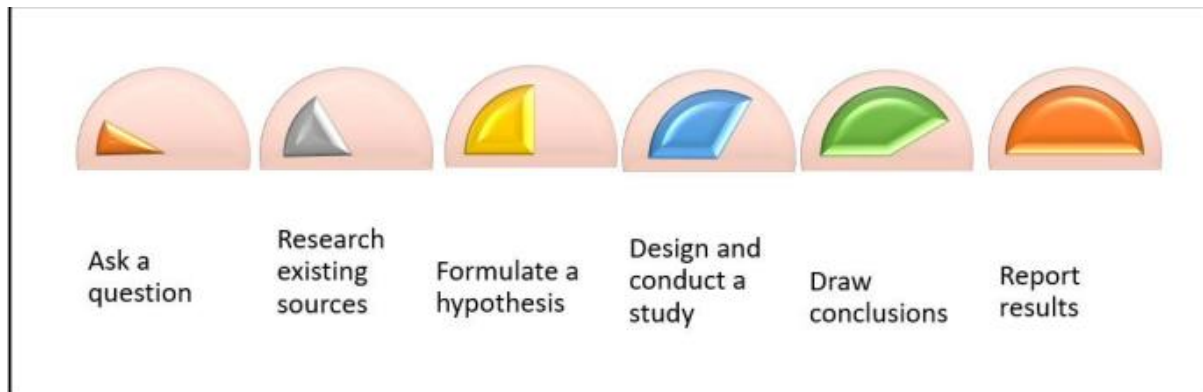
Source: Created by Author

Figure 3.2: Definitions to Research Methodology

The research has been undertaken to study the factors influencing Job satisfaction among healthcare professionals. Clifford Woody gave the following steps of research methodology (Roxburgh et al., 2015)

### 3.2 Research Methodology

This research aims to examine the sustainable leadership behaviours on job satisfaction and stress management of employees and staff in the healthcare sector. Being comparative and analytical, this research will evaluate factors such as sustainable leadership behaviours, job satisfaction, stress management, employee retention, training, and development. It also compares the employees’ perception of leadership behaviours, staffs’ satisfaction, and productivity in private and public hospitals. Hence in focusing on employees’ motivation on continuous basis, setting the patients’ safety as their top priority, the research leads to identify the direct relationship between superior leadership and employee’s satisfaction in healthcare sector for better performance quality.



Source: Created by Author

Figure 3.3: Flow chart depicting the flow of the research.

The methodology section of the research report provides a researcher with a room for critical evaluation of the study's overall validity and reliability. The research methodology is the theoretical investigation of the methods applied in the field of research (Festinger, 2005) .

### 3.3 Research Design

The word 'Design' refers to an outline or guide on the proceedings and work accomplished for completing a research study. A research design is the blueprint of the work to be done, to map with the objective and guidelines of the research project. This is a broad map that elaborates on the purpose of the study. In simpler words, the research design is the blueprint for conducting a research plan. It is the declaration of necessary elements of research that offers the fundamental structure of performing the research. The main role of the research design is to make certain that the facts collected helps the researcher to solve the research gap efficiently and explicitly in the best way possible. While conducting the research, acquiring proof about the research gap normally requires a detailed study of the research, to assess a program and to precisely illustrate the process. However, the findings can be started by the researchers at an early stage, before even thinking vitally about the information required to respond to the research questions of the study. This fails to adequately address the complete research gap. Not framing the research designs in advance have a risk of drawing unconvincing and weak conclusions. (Peffer et al., 2007). The research design is a broad structure that explains the process of carrying out a research project.

Following are the 3 types of research designs:

1. Exploratory research design
2. Experimental research design
3. Descriptive research design.

The type of research design selected to be used in the research is based on the type of problem to be researched.

### **3.3.1 Method of Research**

The present study intends to analyse the factors influencing Job satisfaction among Indian Healthcare professionals using descriptive and exploratory research design.

#### ***Exploratory Research Design***

The exploratory research design is carried out in a research problem, where there is no research being carried out in the past. The primary aim is on understanding the details and knowledge for exploring the problem statement. This research design is developed to explore the ideas and knowledge of generating probable justifications. It supports in finding out the situation or the shortcomings. The exploratory research design is particularly highlighted to break the hypothetical problem statement into small divisions or sub-problems that help in the formulation of hypotheses. The hypothesis is an imaginary report of the connection between the variables identified for the research. At the beginning of the research, ample knowledge of the problem to design a particular hypothesis is missing. Therefore, Exploratory Research design is implied to enhance the acquaintance of the researcher with the research problem to be analysed. This is particularly applicable when the analyst is fresh in the field, or when the research problem is of a particular kind (Cabrera, 2011).

The aim of exploratory research is planned to generate the following probable knowledge:

1. An acquaintance of fundamental information, situation, and problems.
2. Proper understanding of the condition that has been created.
3. Creation of innovative plans and suppositions, creation of approximate hypothesis assumption.

4. Checking feasibility of the research for the upcoming times.
5. Problem gets more advanced for better-organized research and the creation of new questions for research.
6. The development of potential studies and process gets a direction.

### **3.3.2. Descriptive Research Design**

Descriptive Research Design is generally related to explaining the concern and providing its answers. The perfectly defined research problem should be identified before framing out the Descriptive Research Design. The design is based on one or more than one hypothesis. Descriptive design is rigid, unlike the exploratory design. This is focused to resolve these concerns. The descriptive design is required to attain the information regarding the present position of an event and to explain the existence of variables and setting in an environment (Lambert & Lambert, 2012).

Benefits of Descriptive Research Design: The Descriptive Research Design is observed on a subject that is introduced to fully real and unaffected surroundings.

The real experiments during researching data, affect the real nature of the subject.

1. The Descriptive design is generally used as an originator to quantitative designs of research.
2. The design can be effectively used as a helpful instrument in planning purposeful research.
3. Descriptive Research design can procure perfect data which results in significant guidance.
4. The design gathers a huge quantity of information for thorough analysis.

### **3.3.3 Reliability and validity**

Cronbach's alpha is a measure of internal consistency, which is the extent to which the items in a scale measure the same construct. It is calculated by averaging the covariances between all pairs of items in a scale. A high Cronbach's alpha indicates that the items are highly correlated with each other, and therefore measure the same construct. Cronbach's alpha is

used to test the reliability of questionnaires, surveys, and other instruments that measure multiple items. It is also used to assess the reliability of scales that are used to measure constructs such as personality, intelligence, and attitudes.

The acceptable value of Cronbach's alpha depends on the number of items in the scale and the field of study. In general, a Cronbach's alpha of 0.7 or higher is considered to be acceptable. However, in some fields, such as psychology, a higher alpha is typically required. In addition to Cronbach's alpha, there are other measures of reliability, such as test-retest reliability and inter-rater reliability. Test-retest reliability measures the consistency of scores over time, while inter-rater reliability measures the consistency of ratings between two or more ratters.

Validity is the extent to which an instrument measures what it is supposed to measure. There are different types of validity, such as content validity, criterion validity, and construct validity. Cronbach's alpha cannot be used to assess the validity of an instrument. However, it can be used to assess the reliability of an instrument, which is a necessary condition for validity. In summary, Cronbach's alpha is a measure of internal consistency that is used to test the reliability of questionnaires, surveys, and other instruments that measure multiple items. A high Cronbach's alpha indicates that the items are highly correlated with each other, and therefore measure the same construct.

The reliability and validity of the tool has been documented worldwide in a variety of settings. Reliability coefficients of prior and current research are presented in below Table. The measures whose Cronbach's Alpha exceeds 0.6 are considered to be the reliable ones and indicates an acceptable level of reliability as discussed before. Schmitt(1996) has suggested that there is no general level (such as 0.7) where alpha becomes acceptable. In reality, a key feature of the alpha coefficient is that it is highly dependent on the number of items involved. Thus, if we wish to reduce the items in our survey, because of this, a small number of well-correlated items may have a fairly low alpha coefficient. Conversely, since there are more items, the value of alpha can be quite high despite the low correlation between many of these items. First of all, one facet of job satisfaction had Cronbach's alpha value as 0.905, HRM policies with Cronback alpha value obtained as 0.834 and Stress management with cronback alpha obtained as 0.926.

Based on the above table it is noted that the value of Cronbach alpha is 0.834 for the variable HRM policies, also it is noted that the alpha value is 0.926 and 0.905 for stress management

and satisfaction respectively, this shows that the items in the scale are moderately correlated with each other, and therefore measure the same construct to a moderate degree. Therefore, it can be concluded that the data is reliable and valid.

### 3.3.4 Sampling Design

A sample design is a definite plan for obtaining a sample from a given population. It refers to the technique or the procedure to be adopted in selecting items for the sample to be used for conducting the research work.

Research design describes the research problem structure like organization i.e. healthcare sector, framework and relationship configuration among the study variables and analysis plan used to achieve the empirical evidence on the given relationships(Blumberg et al., 2014). This research aims in analyse the influence of factors influencing job satisfaction among healthcare professionals. The independent variables are job satisfaction factors like sustainable leadership, stress management, and training and development the dependent variables are level of job satisfaction and employee retention. A cross sectional survey is planning to use to determine the factors and its association among the healthcare professionals in India. The following figure 3.5 shows the research model of this study.

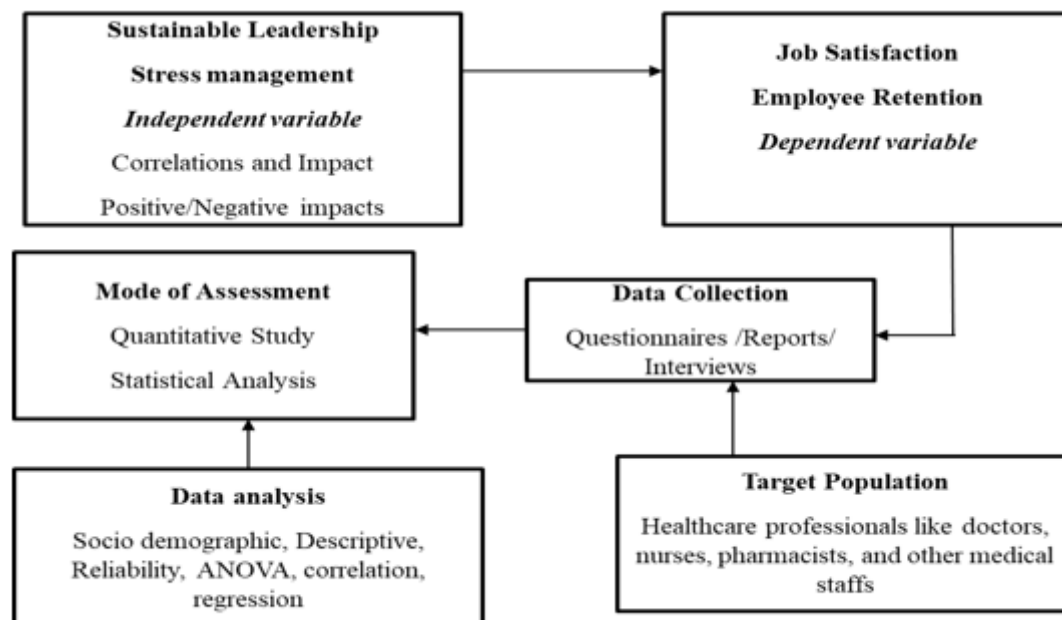


Figure 3.4. Research Model



### ***Data collection:***

- **Research Method:** the research method is Quantitative approach. The primary data collection is followed in this research to ensure the research to be more valuable.
- **Study site:** the study is planning to conduct at different public and private hospitals in India.
- **Study population:** the target respondents of healthcare employees are nearly 250 participants like doctors, nurses, staffs, supporting staffs, pharmaceutical staffs, and other employees in healthcare sector. The participants are invited to complete the self-administered questionnaire, contacted from researcher.

A survey scale and Likert scale is used. Survey scale shows set of closed ended questions with reply to options like verbal or numeric which covers the topic. Likert scale uses 5- or 7-point scale refer as satisfaction scale ranges from one extreme attitude to another. Likert survey questions includes neutral option in its scale.

Statistical data analysis: after the data collection, statistical analysis is performing using SPSS package tool 20.0.0 which analyse the generated data. Descriptive, frequency, correlation, regression, reliability, one way ANOVA, and other tests were employed. The analysis results are summarized, and interpretation is discussed from graphic representation.

### ***Measuring Job Satisfaction***

There are many methods for measuring job satisfaction.

Overwhelmingly, the most notable technique for get-together data concerning work satisfaction is the Likert scale (named after Rensis Likert). The following are additional, less common methods for evaluating job satisfaction: Questions based on "yes" or "no," "true" or "false," point systems, checklists, and answers with forced choices are all options. This information is normally gathered utilizing an Undertaking Criticism The executives (EFM) framework.

The Job Descriptive Index (JDI), created by Smith, Kendall, & Hulin (1969)(Smith, 1969), is a particular survey of occupation fulfilment that has been generally utilized. It measures one's fulfilment in five aspects: pay, advancements and advancements potential open doors, associates, management, and the actual work. Participants respond either "yes," "no," or

"can't decide" on the straightforward scale. because of whether given articulations precisely portray one's work. The Work Overall Record is a general estimation of occupation fulfilment. It is an improvement to the Gig Illustrative File on the grounds that the JDI zeros in a lot on individual features and insufficient on work fulfilment overall.

Other overviews about work fulfilment include: the Minnesota Satisfaction Survey (MSQ), the Work Satisfaction Outline (JSS), and the Faces Scale. The MSQ estimates work satisfaction in 20 features and has two structures: a long structure with 100 questions (five from each feature) and a short structure with 20 questions (one from each feature). The Work Fulfilment Scale (JSS) is a 36-item study that actions nine parts of occupation fulfilment. Finally, one of the most widely used scales, the Faces Size of Job Satisfaction, estimates job satisfaction largely based on a single question that respondents select with a face.

### **3.4 Limitations of Research methodology**

Generally, descriptive investigation is beneficial for understanding the individualities of a sample or populace. On the other hand, this method has slight limitations, which do not affect the study outcomes. Also, constructing a quantitative research model needs more attention, and it is time-consuming, but it is worth enough. Even a slight mistake can invalidate the outcomes of the inquiry. The study conducts surveys instead of interviews, which, in turn, sometimes does not provide in-depth information regarding the research topic. Hence, the researcher carefully designed the survey questions.

### **3.5 Ethical Considerations**

The responses from healthcare employees supports data collection under the assumption that the information collected remains confidential and any published findings are anonymised.

- The participants are free to opt in or out of the study at any point in time.
- Participants know the purpose, benefits, risks, and funding behind the study before they agree or decline to join.
- Personally identifiable data is not collected.

- Physical, social, psychological and all other types of harm are kept to an absolute minimum.
- The research work is free of plagiarism or research misconduct, and the author accurately represent the results.

### **3.6 Conclusion**

This chapter includes methodological aspects related to the research conducted in this study. The chapter begins with developing the research framework, the research scales, the instrument model, and data collection; subsequently, the data analysis techniques are also mentioned. The study embraces the quantitative research methodology with a survey questionnaire. Then, the researcher evaluates the survey responses gathered from the target respondents of healthcare employees using SPSS software. The chapter concludes with the limitations of the research methodology.

## **CHAPTER IV - DATA ANALYSIS AND INTERPRETATION**

### **4.1 Introduction**

In the realm of contemporary healthcare management, understanding the multifaceted dimensions of job satisfaction among healthcare professionals is pivotal for enhancing organizational efficiency and employee well-being. This chapter delves into the rigorous data analysis and interpretation undertaken to explore the intricate relationships between various human resource management (HRM) policies, leadership behaviors, stress management practices, and employee retention strategies, and their consequent impacts on job satisfaction within the healthcare sector in India. To comprehensively test the hypotheses formulated for this study, a diverse array of statistical techniques has been employed. Percentage analysis has been utilized to provide a clear and concise depiction of the data, offering insights into the distribution and frequency of responses related to key variables. This preliminary step lays the foundation for more complex analyses by summarizing the characteristics of the sample population.

Regression analysis is then applied to ascertain the predictive power and strength of relationships between independent variables, such as HRM policies, leadership behaviors, and stress management practices, and the dependent variable of job satisfaction. This method enables the identification of significant predictors and the quantification of their impact, providing a nuanced understanding of how these factors interplay to influence job satisfaction among healthcare professionals. Chi-square analysis is employed to test the associations between categorical variables, particularly focusing on the relationship between employee retention and job satisfaction among different professional groups within the healthcare sector, including doctors, nurses, pharmacists, and other medical staff. This statistical test helps in determining whether observed frequencies differ significantly from expected frequencies, thereby revealing potential dependencies between variables.

Analysis of Variance (ANOVA) is used to compare means across multiple groups, facilitating the examination of whether significant differences exist in job satisfaction levels among healthcare professionals subjected to varying HRM policies, leadership behaviors, and stress management practices. ANOVA helps in understanding the variance within and between groups, providing critical insights into the effectiveness of different strategies in enhancing job satisfaction. The hypotheses guiding this study include: the significant

influence of HRM policies and job satisfaction factors among healthcare professionals; the positive association between sustainable leadership behaviors and job satisfaction; the significant influence of stress management on job satisfaction; and the association between employee retention and job satisfaction. Through meticulous application of the aforementioned statistical methods, this chapter aims to unravel the complexities of these relationships, thereby contributing valuable knowledge to the field of healthcare management in India.

## 4.2 Demographic analysis

### 4.1 AGE

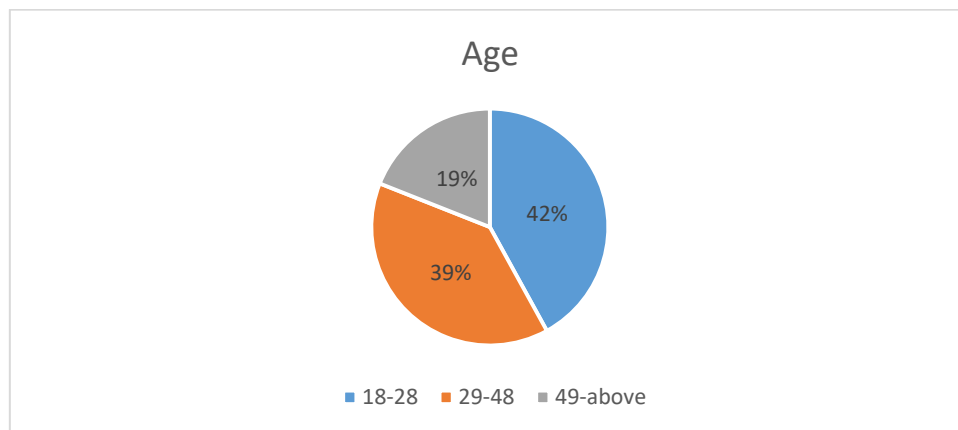
The following table shows the age details of the respondents.

**Table 1: Age**

| S. No. | Age      | No. of Respondents | % of Respondents |
|--------|----------|--------------------|------------------|
| 1      | 18-28    | 134                | 42               |
| 2      | 29-48    | 125                | 39               |
| 3      | 49-above | 61                 | 19               |
|        | Total    | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 1: Age**

## Interpretation

The above table shows the age details of the respondents. About 42% of the respondents are in the age between 18-28 years, about 39% of the respondents are in the age between 29-48 years and about 19% of the respondents are in the age of 49 years and above.

### 4.2 YEARS OF EXPERIENCE

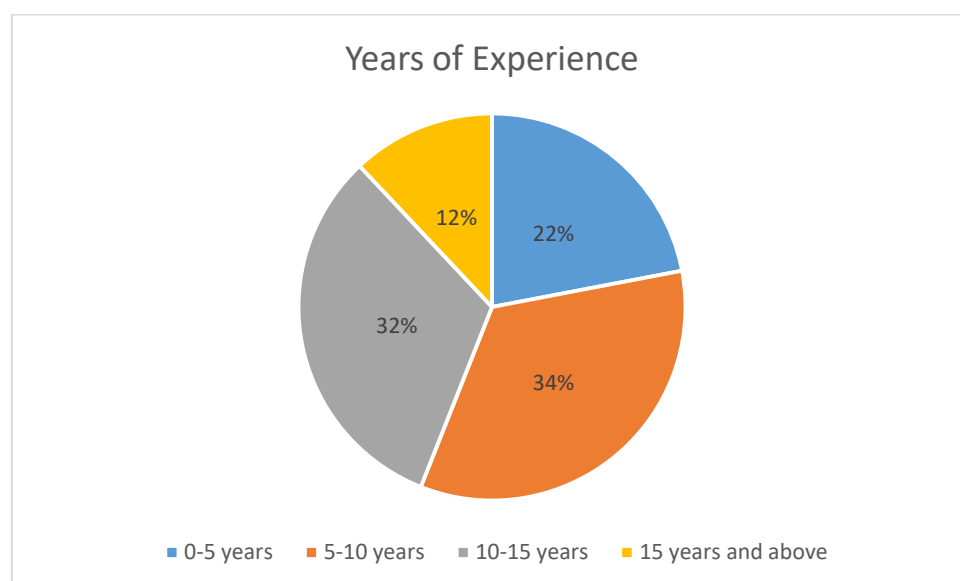
The following table shows the number of years of experience of the respondents.

**Table 2: Years of Experience**

| S. No. | Years of Experience | No. of Respondents | % of Respondents |
|--------|---------------------|--------------------|------------------|
| 1      | 0-5 years           | 70                 | 22               |
| 2      | 5-10 years          | 108                | 34               |
| 3      | 10-15 years         | 102                | 32               |
| 4      | 15 years and above  | 40                 | 12               |
|        | Total               | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 2: Years of Experience**

## Interpretation

The above table shows the number of years of experience of the respondents. It is inferred that about 22% of the respondents are having experience of 0-5 years, about 34% of the respondents are having experience of 5-10 years, about 32% of the respondents are having experience of 10-15 years and about 12% of the respondents are having experience of 15 years and above.

### 4.3 WORK STATUS

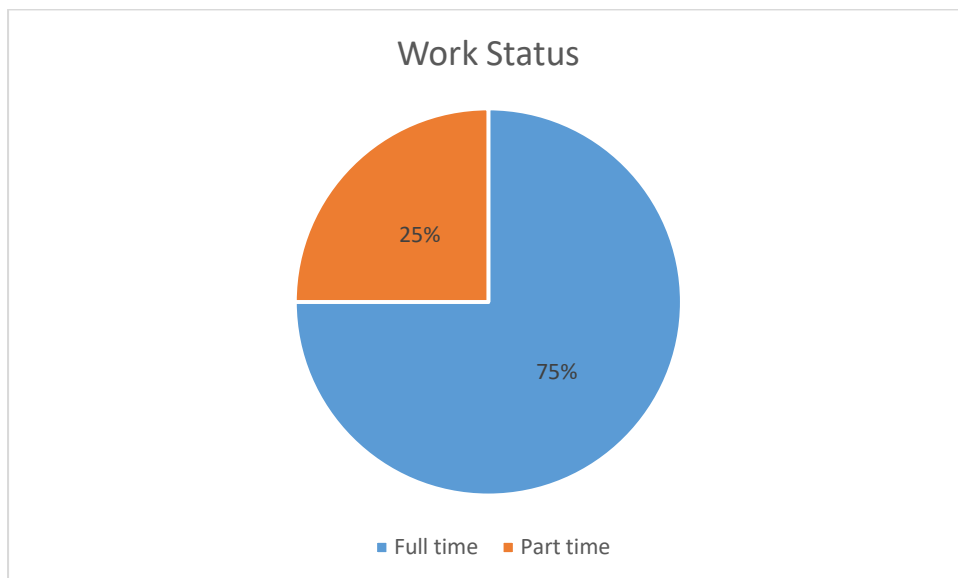
The following table shows the work status details of the respondents.

**Table 3: Work Status**

| S. No. | Work Status | No. of Respondents | % of Respondents |
|--------|-------------|--------------------|------------------|
| 1      | Full time   | 240                | 75               |
| 2      | Part time   | 80                 | 25               |
|        | Total       | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 3: Work Status**

## Interpretation

The above table shows the work status details of the respondents. It is inferred that about 75% of the respondents are having full time work and about 25% of the respondents are having part time work.

## 4.4 GENDER

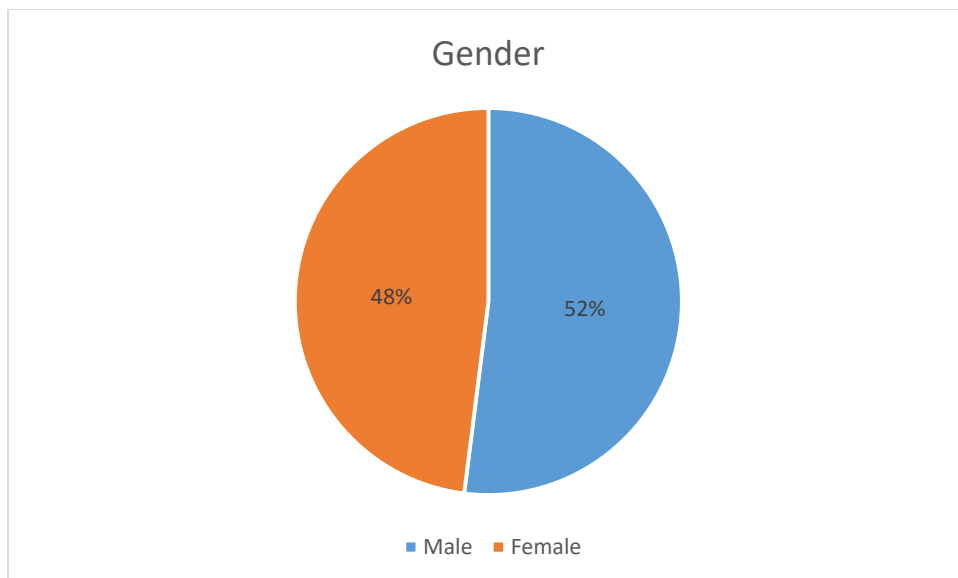
The following table shows the gender details of the respondents.

**Table 4: Gender**

| S. No. | Gender | No. of Respondents | % of Respondents |
|--------|--------|--------------------|------------------|
| 1      | Male   | 166                | 52               |
| 2      | Female | 154                | 48               |
|        | Total  | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 4: Gender**

## Interpretation



The above table shows the gender details of the respondents. It is inferred that about 52% of the respondents are male and about 48% of the respondents are female.

## **SUSTAINABLE LEADERSHIP/HRM PRACTICES IN YOUR HEALTHCARE ORGANISATION**

### **4.5 CHANGES IN COMMUNICATION ARE PROPERLY COMMUNICATED BY THE ORGANIZATION**

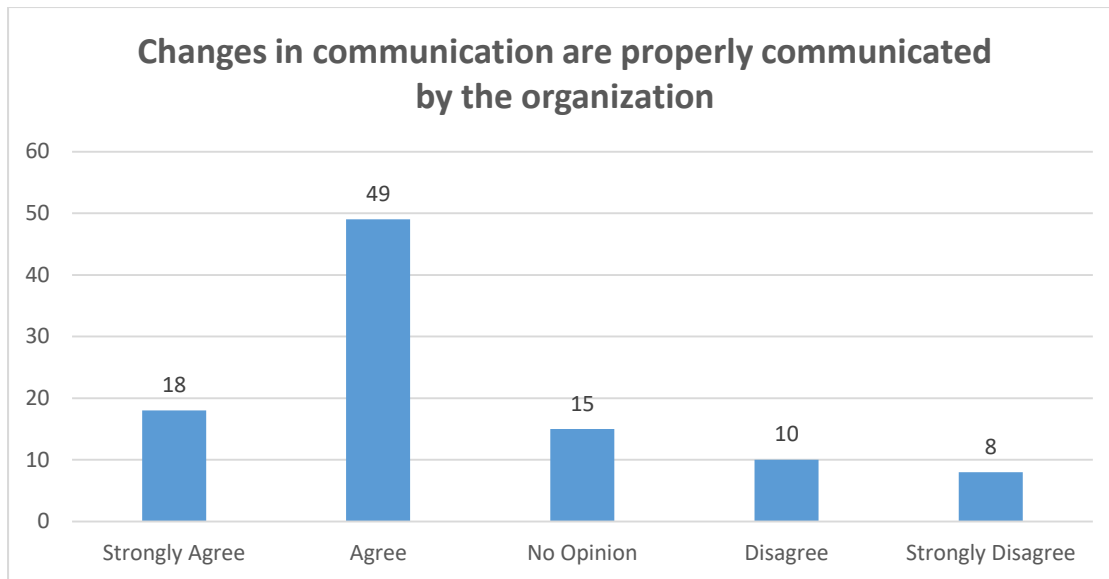
The following table shows the opinion of the respondents regarding changes in communication are properly communicated by the organization.

**Table 5: Changes in communication are properly communicated by the organization.**

| <b>S. No.</b> | <b>Changes in communication are properly communicated by the organization</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|---|---------------------------|-------------------------|
| 1             | Strongly Agree  | 58                        | 18                      |
| 2             | Agree   | 156                       | 49                      |
| 3             | No Opinion  | 47                        | 15                      |
| 4             | Disagree  | 33                        | 10                      |
| 5             | Strongly Disagree   | 26                        | 8                       |
|               | Total   | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data that obtained from the respondents in the pictorial format.



**Chart 5: Changes in communication are properly communicated by the organization.**

### **Interpretation**

The above table shows the opinion of the respondents regarding changes in communication are properly communicated by the organization. It is inferred that about 18% of the respondents strongly agree that changes in communication are properly communicated by the organization, about 49% of the respondents agree that changes in communication are properly communicated by the organization, about 15% of the respondents have no opinion regarding the statement that changes in communication are properly communicated by the organization, about 10% of the respondents disagree that changes in communication are properly communicated by the organization and about 8% of the respondents strongly disagree that changes in communication are properly communicated by the organization.

## **4.6 HEALTHCARE ORGANIZATION HAS A FORMAL SYSTEM OF HRM/ETHICAL LEADERSHIP MANAGEMENT**

The following table shows the opinion of the respondents regarding healthcare organization has a formal system of HRM/ Ethical leadership management.

**Table 6: Healthcare organization has a formal system of HRM/ Ethical leadership management.**

| S. No. | Healthcare organization has a formal system of HRM/ Ethical leadership management | No. of Respondents | % of Respondents |
|--------|---|--------------------|------------------|
|        |   |                    |                  |

|   |                   |     |     |
|---|-------------------|-----|-----|
| 1 | Strongly Agree    | 100 | 31  |
| 2 | Agree             | 126 | 39  |
| 3 | No Opinion        | 56  | 18  |
| 4 | Disagree          | 21  | 7   |
| 5 | Strongly Disagree | 17  | 5   |
|   | Total             | 320 | 100 |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 6: Healthcare organization has a formal system of HRM/ Ethical leadership management.**

### **Interpretation**

The above table shows the opinion of the respondents regarding healthcare organization has a formal system of HRM/ Ethical leadership management. It is inferred that about 31% of the respondents strongly agree that healthcare organization has a formal system of HRM/ Ethical

leadership management, about 39% of the respondents agree that healthcare organization has a formal system of HRM/ Ethical leadership management, about 18% of the respondents had no opinion that healthcare organization has a formal system of HRM/ Ethical leadership management, about 7% of the respondents disagree that healthcare organization has a formal system of HRM/ Ethical leadership management and about 5% of the respondents strongly disagree that healthcare organization has a formal system of HRM/ Ethical leadership management

#### **4.7 THE ORGANISATION HELPS STAFF, MEDICAL PRACTITIONERS, AND OTHER EMPLOYEES TO DEVELOP THE SKILLS THAT THEY NEED FOR THE SUCCESSFUL ACCOMPLISHMENT OF THE JOB**

The following table shows the opinion of the respondents regarding the organisation helps staffs, medical practitioners and other employees to develop their skills that they need for the successful accomplishment of the job.

**Table 7: The organisation helps staffs, medical practitioners and other employees to develop their skills that they need for the successful accomplishment of the job**

| <b>S. No.</b> | <b>The organisation helps staffs, medical practitioners and other employees to develop their skills that they need for the successful accomplishment of the job</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|---|---------------------------|-------------------------|
| 1             | Strongly Agree  | 67                        | 21                      |
| 2             | Agree   | 135                       | 42                      |
| 3             | No Opinion  | 70                        | 22                      |
| 4             | Disagree  | 27                        | 8                       |
| 5             | Strongly Disagree   | 21                        | 7                       |
|               | Total   | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 7: The organisation helps staffs, medical practitioners, and other employees to develop their skills that they need for the successful accomplishment of the job.**

### **Interpretation**

The above table shows the opinion of the respondents regarding the organisation helps staffs, medical practitioners, and other employees to develop their skills that they need for the successful accomplishment of the job. It is inferred that about 21% of the respondents strongly agree that the organisation helps staffs, medical practitioners and other employees to develop their skills that they need for the successful accomplishment of the job, about 42% of the respondents agree that the organisation helps staffs, medical practitioners and other employees to develop their skills that they need for the successful accomplishment of the job, about 22% of the respondents are of no opinion that the organisation helps staffs, medical practitioners and other employees to develop their skills that they need for the successful accomplishment of the job, about 8% of the respondents disagree that the organisation helps staffs, medical practitioners and other employees to develop their skills that they need for the

successful accomplishment of the job and about 7% of the respondents strongly disagree that the organisation helps staffs, medical practitioners and other employees to develop their skills that they need for the successful accomplishment of the job.

#### **4.8 COMMUNICATION CHANNELS AER PROPER FOR THE FLOW OF INFORMATION**

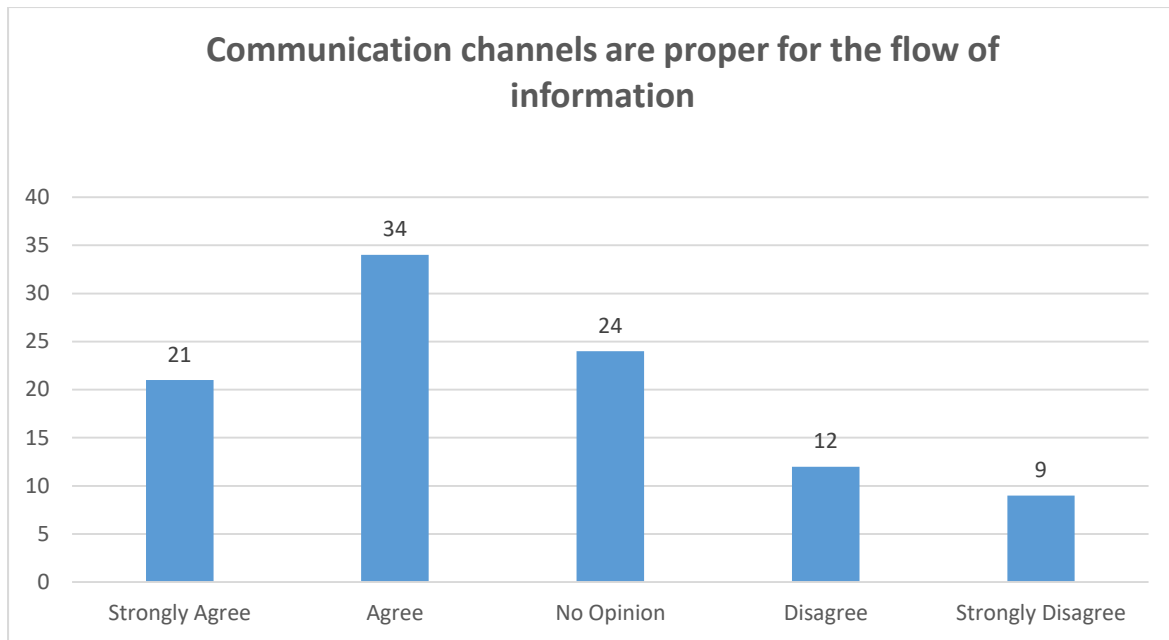
The following table shows the opinion of the respondents regarding that the communication channels are proper for the flow of information.

**Table 7: Communication channels are proper for the flow of information.**

| <b>S. No.</b> | <b>Communication channels are proper for the flow of information</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|--|---------------------------|-------------------------|
| 1             | Strongly Agree   | 67                        | 21                      |
| 2             | Agree  | 108                       | 34                      |
| 3             | No Opinion   | 76                        | 24                      |
| 4             | Disagree   | 40                        | 12                      |
| 5             | Strongly Disagree  | 40                        | 9                       |
|               | Total  | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 7: Communication channels are proper for the flow of information.**

### **Interpretation**

The above table shows the opinion of the respondents regarding that the communication channels are proper for the flow of information. It is inferred that about 21% of the respondents strongly agree regarding that the communication channels are proper for the flow of information, 34% of the respondents agree regarding that the communication channels are proper for the flow of information, 24% of the respondents are of no opinion regarding that the communication channels are proper for the flow of information, 12% of the respondents disagree regarding that the communication channels are proper for the flow of information and about 9% of the respondents strongly disagree that the communication channels are proper for the flow of information.

### **4.9 FLOW OF COMMUNICATION AND INFORMATION BETWEEN THE DEPARTMENTS IS SATISFACTORY**

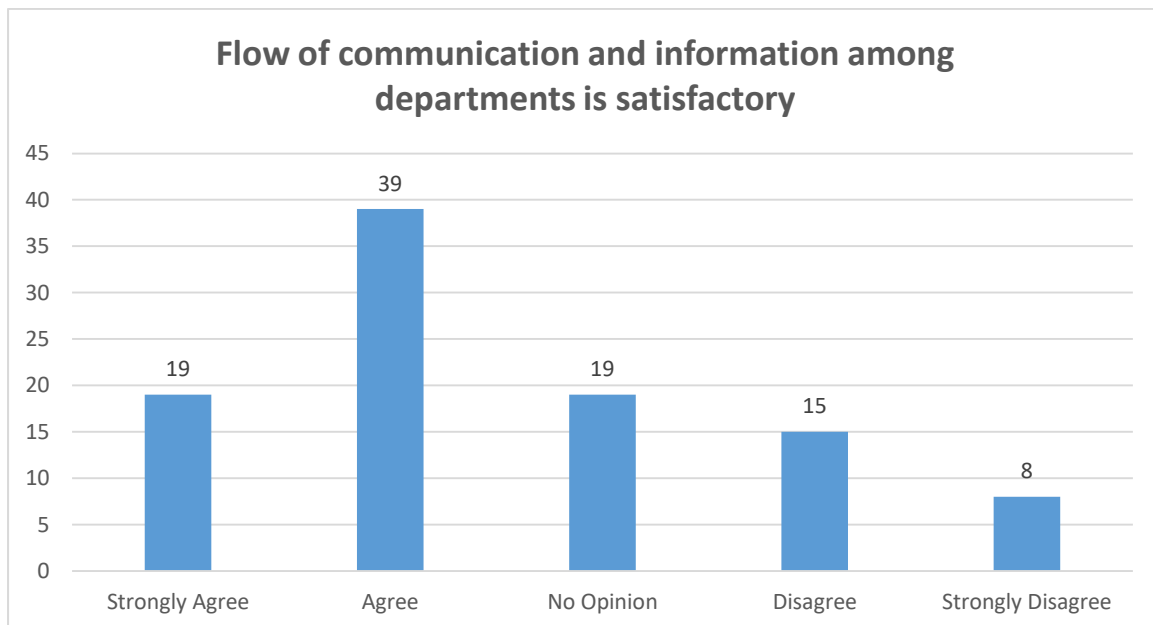
The following table shows the opinion of the respondents regarding that the flow of communication and information between the departments is satisfactory.

**Table 9: Flow of communication and information among departments is satisfactory.**

| S. No. | Flow of communication and information between the departments is satisfactory | No. of Respondents | % of Respondents |
|--------|---|--------------------|------------------|
| 1      | Strongly Agree  | 60                 | 19               |
| 2      | Agree   | 124                | 39               |
| 3      | No Opinion  | 61                 | 19               |
| 4      | Disagree  | 49                 | 15               |
| 5      | Strongly Disagree   | 26                 | 8                |
|        | Total   | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 9: Flow of communication and information among departments is satisfactory.**

### **Interpretation**

The above table shows the opinion of the respondents regarding that the flow of communication and information between the departments is satisfactory. It is inferred that



about 19% of the respondents strongly agree regarding that the flow of communication and information between the departments is satisfactory, 39% of the respondents agree regarding that the flow of communication and information between the departments is satisfactory, 19% of the respondents are of no opinion regarding that the flow of communication and information between the departments is satisfactory, 15% of the respondents disagree regarding that the flow of communication and information between the departments is satisfactory and about 8% of the respondents strongly disagree that the flow of communication and information between the departments is satisfactory.

#### **4.10 MANAGEMENT IS TRUSTWORTHY IN THE WORKPLACE**

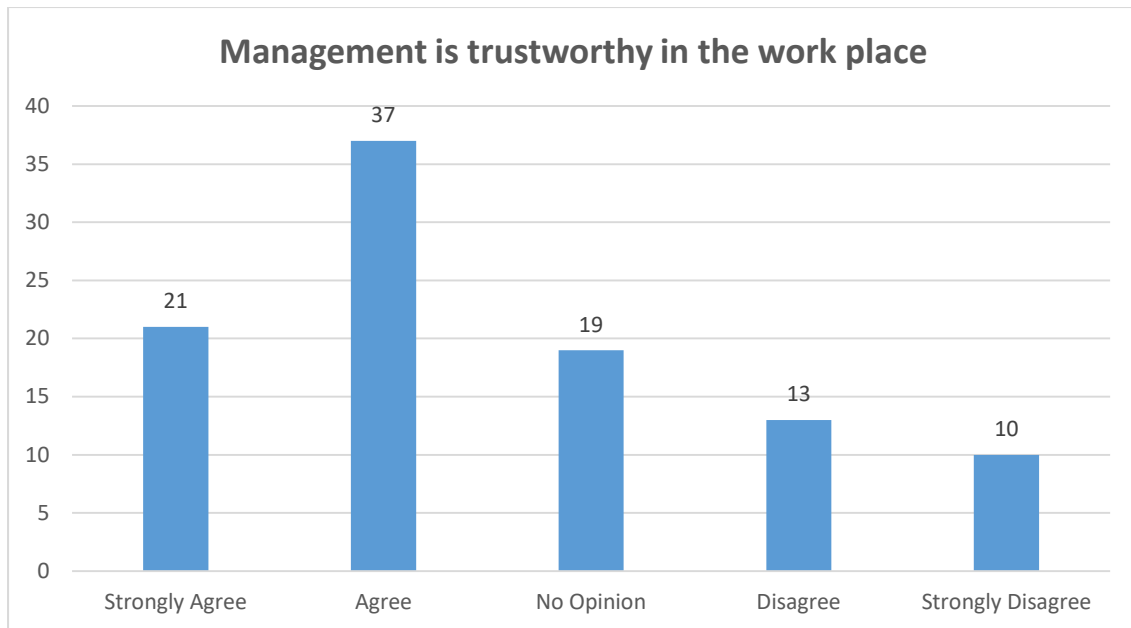
The following table shows the opinion of the respondents regarding that the management is trustworthy in the workplace.

**Table 10: Management is trustworthy in the workplace.**

| <b>S. No.</b> | <b>Management is trustworthy in the workplace</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|---|---------------------------|-------------------------|
| 1             | Strongly Agree                                    | 67                        | 21                      |
| 2             | Agree   | 119                       | 37                      |
| 3             | No Opinion  | 61                        | 19                      |
| 4             | Disagree  | 42                        | 13                      |
| 5             | Strongly Disagree                                 | 31                        | 10                      |
|               | Total   | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 10: Management is trustworthy in the workplace.**

### **Interpretation**

The above table shows the opinion of the respondents regarding that the management is trustworthy in the workplace. It is inferred that about 21% of the respondents strongly agree regarding that the management is trustworthy in the work place, 49% of the respondents agree regarding that the management is trustworthy in the work place, 18% of the respondents are of no opinion regarding that the management is trustworthy in the work place, 9% of the respondents disagree regarding that the management is trustworthy in the work place and about 3% of the respondents strongly disagree that the management is trustworthy in the work place.

### **4.11 LONG-TERM PERSPECTIVES, SYSTEMATIC INNOVATION, WORKFORCE DEVELOPMENT AND QUALITY**

The following table shows the opinions of the respondents regarding the long-term perspectives, systemic innovation, workforce development, and quality.

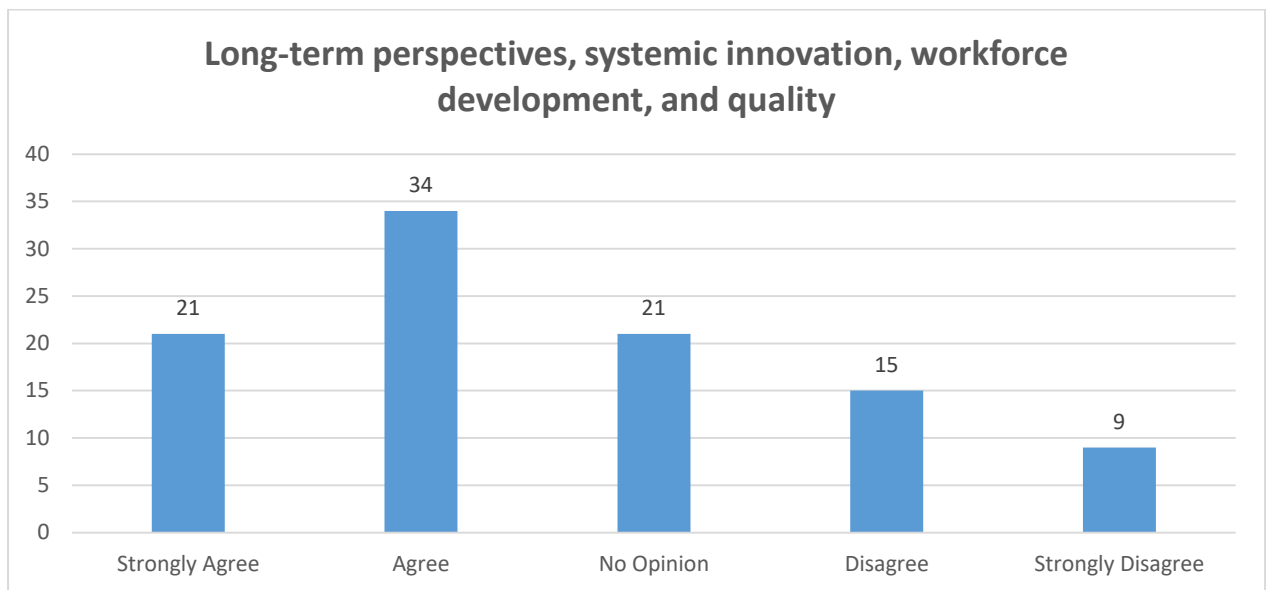
**Table 11: Long-term perspectives, systemic innovation, workforce development, and quality**

| S. No. | Long-term perspectives, systemic innovation, workforce development, and quality | No. of Respondents | % of Respondents |
|--------|---|--------------------|------------------|
|--------|---|--------------------|------------------|

|   |                   |     |     |
|---|-------------------|-----|-----|
| 1 | Strongly Agree    | 68  | 21  |
| 2 | Agree             | 108 | 34  |
| 3 | No Opinion        | 68  | 21  |
| 4 | Disagree          | 48  | 15  |
| 5 | Strongly Disagree | 28  | 9   |
|   | Total             | 320 | 100 |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 11: Long-term perspectives, systemic innovation, workforce development, and quality**

### **Interpretation**

The above table shows the opinion of the respondents regarding the long-term perspectives, systemic innovation, workforce development, and quality. It is inferred that about 22% of the respondents strongly agree that the long-term perspectives, systemic innovation, workforce development, and quality, about 43% of the respondents agree that the long-term perspectives, systemic innovation, workforce development, and quality, about 22% of the

respondents are of no opinion that the long-term perspectives, systemic innovation, workforce development, and quality, about 12% of the respondents disagree that the long-term perspectives, systemic innovation, workforce development, and quality and about 1% of the respondents strongly disagree that the long-term perspectives, systemic innovation, workforce development, and quality.

**The hypotheses should be examined with regression and not with frequencies. Each hypothesis should be analysed and a summary table of which hypothesis is accepted or rejected should be provided.**

#### **4.12 HR/SUSTAINABLE LEADERSHIP PLAYS A CRUCIAL ROLE IN DEVELOPING THE FEELING OF COMPASSION AND WELL-BEING AMONG HEALTHCARE WORKERS AND ENHANCING THEIR MOTIVATION AND OPPORTUNITIES**

The following table shows the opinion of the respondents regarding that the HR/ Sustainable leadership plays a crucial role in developing the feeling of compassion and well-being among healthcare workers and enhancing their motivation and opportunities.

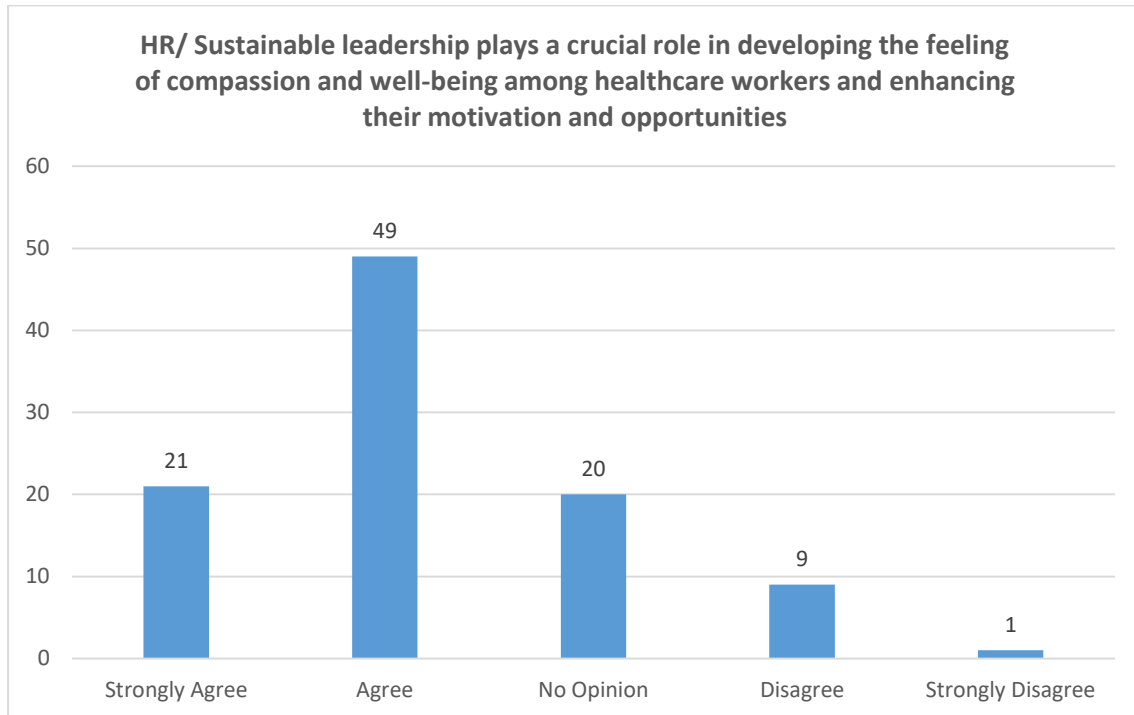
**Table 12: HR/ Sustainable leadership plays a crucial role in developing the feeling of compassion and well-being among healthcare workers and enhancing their motivation and opportunities.**

| <b>S. No.</b> | <b>HR/ Sustainable leadership plays a crucial role in developing the feeling of compassion and well-being among healthcare workers and enhancing their motivation and opportunities</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|---|---------------------------|-------------------------|
| 1             | Strongly Agree  | 65                        | 20                      |
| 2             | Agree   | 121                       | 38                      |
| 3             | No Opinion  | 64                        | 20                      |
| 4             | Disagree  | 43                        | 14                      |
| 5             | Strongly Disagree   | 27                        | 8                       |

|  |       |     |     |
|--|-------|-----|-----|
|  | Total | 320 | 100 |
|--|-------|-----|-----|

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 12: HR/ Sustainable leadership plays a crucial role in developing the feeling of compassion and well-being among healthcare workers and enhancing their motivation and opportunities.**

### **Interpretation**

The above table shows the opinion of the respondents regarding that the HR/ Sustainable leadership plays a crucial role in developing the feeling of compassion and well-being among healthcare workers and enhancing their motivation and opportunities. It is inferred that about 21% of the respondents strongly agree that the HR/ Sustainable leadership plays a crucial role in developing the feeling of compassion and well-being among healthcare workers and enhancing their motivation and opportunities, about 49% of the respondents agree that the HR/ Sustainable leadership plays a crucial role in developing the feeling of compassion and well-being among healthcare workers and enhancing their motivation and opportunities, about 20% of the respondents are of no opinion that the HR/ Sustainable leadership plays a crucial role in developing the feeling of compassion and well-being among healthcare

workers and enhancing their motivation and opportunities, about 9% of the respondents disagree that the HR/ Sustainable leadership plays a crucial role in developing the feeling of compassion and well-being among healthcare workers and enhancing their motivation and opportunities and about 1% of the respondents strongly disagree that the HR/ Sustainable leadership plays a crucial role in developing the feeling of compassion and well-being among healthcare workers and enhancing their motivation and opportunities.

#### **4.13 HEALTHCARE ORGANISATION PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES AND TO IMPROVE THE HEALTH OF THE MEMBERS AND THE COMMUNITIES**

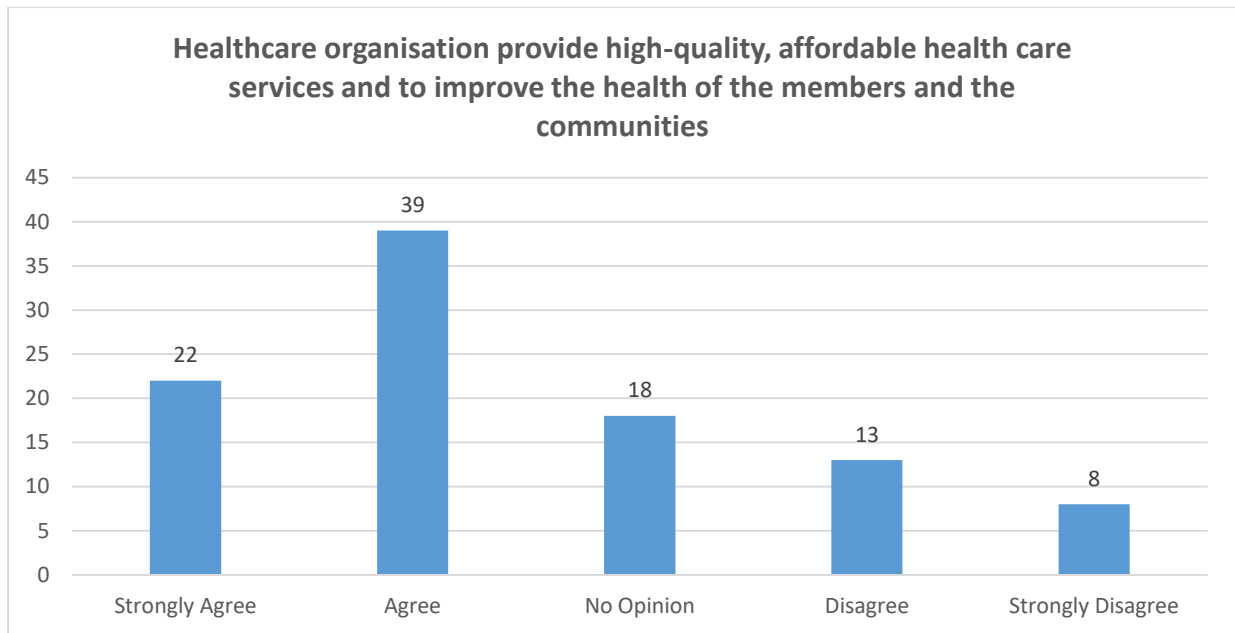
The following table shows the opinion of the respondents regarding that the healthcare organisation provide high-quality, affordable health care services and to improve the health of the members and the communities.

**Table 13: Healthcare organisation provide high-quality, affordable health care services and to improve the health of the members and the communities.**

| <b>S. No.</b> | <b>Healthcare organisations provide high-quality, affordable health care services and to improve the health of the members and the communities</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|--|---------------------------|-------------------------|
| 1             | Strongly Agree   | 69                        | 22                      |
| 2             | Agree  | 126                       | 39                      |
| 3             | No Opinion   | 57                        | 18                      |
| 4             | Disagree   | 42                        | 13                      |
| 5             | Strongly Disagree  | 26                        | 8                       |
|               | Total  | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 13: Healthcare organisation provide high-quality, affordable health care services and to improve the health of the members and the communities.**

### **Interpretation**

The above table shows the opinion of the respondents regarding that the healthcare organisation provide high-quality, affordable health care services and to improve the health of the members and the communities. It is inferred that about 22% of the respondents strongly agree that the healthcare organisation provide high-quality, affordable health care services and to improve the health of the members and the communities, about 39% of the respondents agree that the healthcare organisation provide high-quality, affordable health care services and to improve the health of the members and the communities, about 18% of the respondents are of no opinion that the healthcare organisation provide high-quality, affordable health care services and to improve the health of the members and the communities, about 13% of the respondents disagree that the healthcare organisation provide high-quality, affordable health care services and to improve the health of the members and the communities and about 8% of the respondents strongly disagree that the healthcare organisation provide high-quality, affordable health care services and to improve the health of the members and the communities.

### **4.14 FEAR OF ASSAULT DURING NIGHT VISITS**

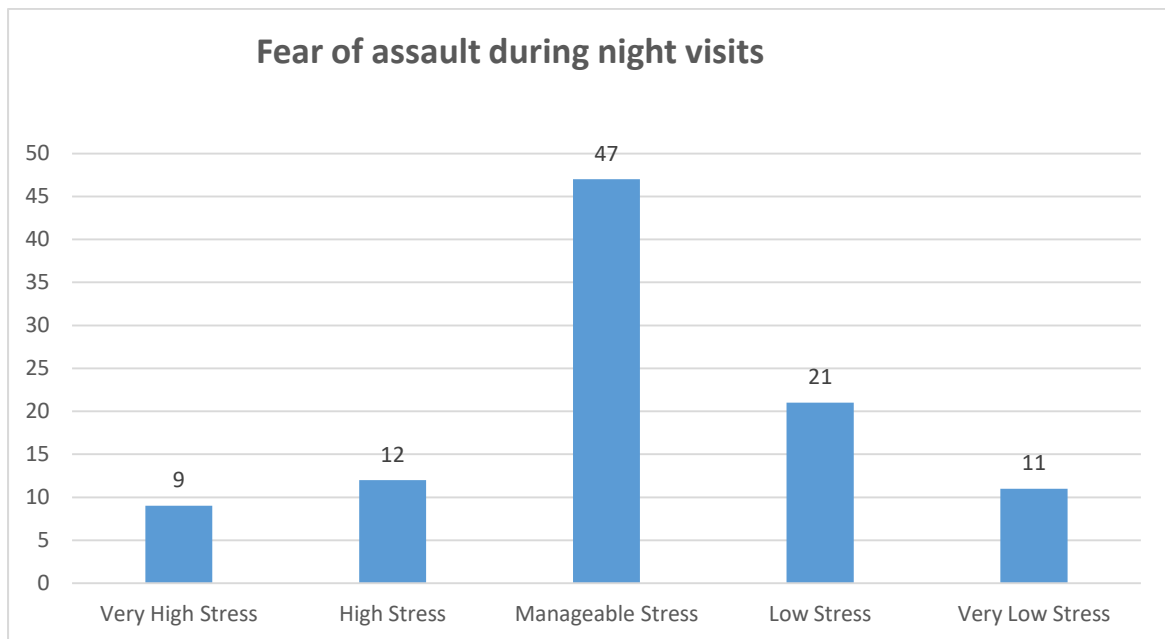
The following table shows the respondents' fear of assault during night visits.

**Table 14: Fear of assault during night visits-I don't remember this hypothesis.**

| S. No. | Fear of assault during night visits | No. of Respondents | % of Respondents |
|--------|-------------------------------------|--------------------|------------------|
| 1      | Very High Stress                    | 29                 | 9                |
| 2      | High Stress                         | 40                 | 12               |
| 3      | Manageable Stress                   | 150                | 47               |
| 4      | Low Stress                          | 67                 | 21               |
| 5      | Very Low Stress                     | 34                 | 11               |
|        | Total                               | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 14: Fear of assault during night visits**

### **Interpretation**

The above table shows the respondents' fear of assault during night visits. About 9% of the respondents feels very high stress regarding the fear of assault during night visits, 12% of the



respondents feels high stress regarding the fear of assault during night visits, 47% of the respondents feels manageable stress regarding the fear of assault during night visits, 21% of the respondents feels low stress regarding the fear of assault during night visits and about 11% of the respondents feels very low stress regarding the fear of assault during night visits.

#### **4.15 VISITING IN EXTREMELY ADVERSE WEATHER CONDITIONS-neither this is related to a particular hypothesis**

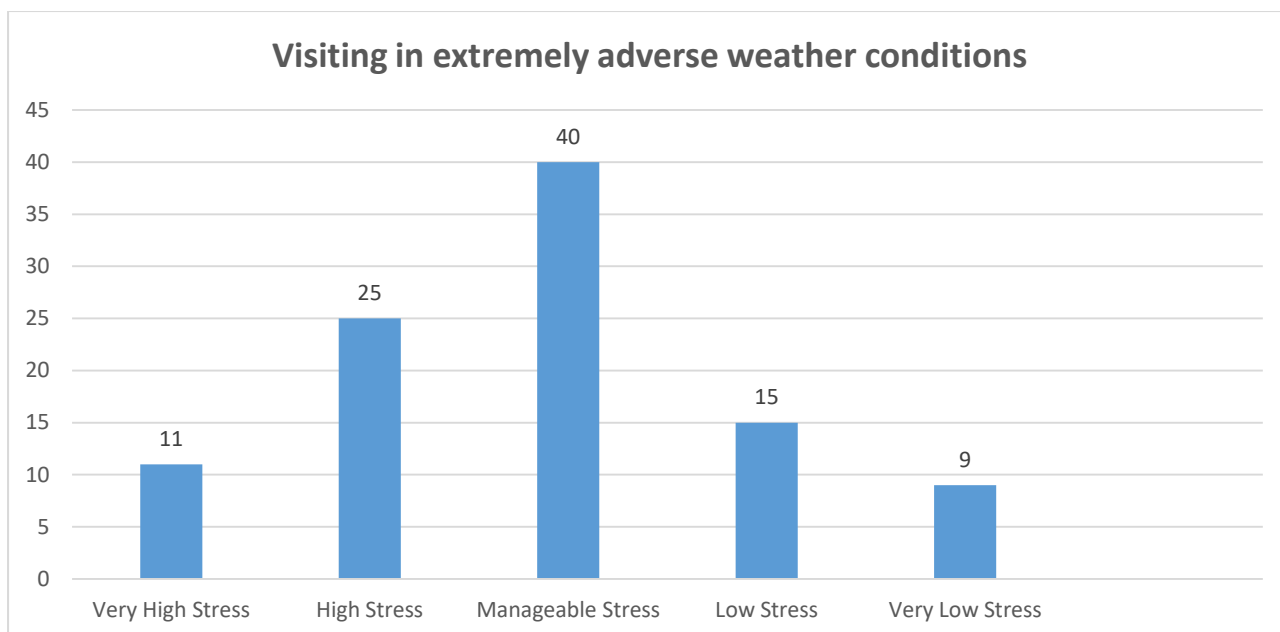
The following table shows the respondents' feel of visiting in extremely adverse weather conditions.

**Table 15: Visiting in extremely adverse weather conditions.**

| <b>S. No.</b> | <b>Visiting in extremely adverse weather conditions</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|---|---------------------------|-------------------------|
| 1             | Very High Stress  | 34                        | 11                      |
| 2             | High Stress   | 79                        | 25                      |
| 3             | Manageable Stress                                       | 130                       | 40                      |
| 4             | Low Stress  | 49                        | 15                      |
| 5             | Very Low Stress   | 28                        | 9                       |
|               | Total   | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 15: Visiting in extremely adverse weather conditions.**

### Interpretation

The above table shows the respondents' feel of visiting in extremely adverse weather conditions. About 11% of the respondents feels very high stress of visiting in extremely adverse weather conditions, 25% of the respondents feels high stress of visiting in extremely adverse weather conditions, 40% of the respondents feels manageable stress of visiting in extremely adverse weather conditions, 15% of the respondents feels low stress of visiting in extremely adverse weather conditions and about 9% of the respondents feels very low stress regarding visiting in extremely adverse weather conditions.

### 4.16 ADVERSE PUBLICITY BY MEDIA

The following table shows the respondents' feel regarding adverse publicity by the media.

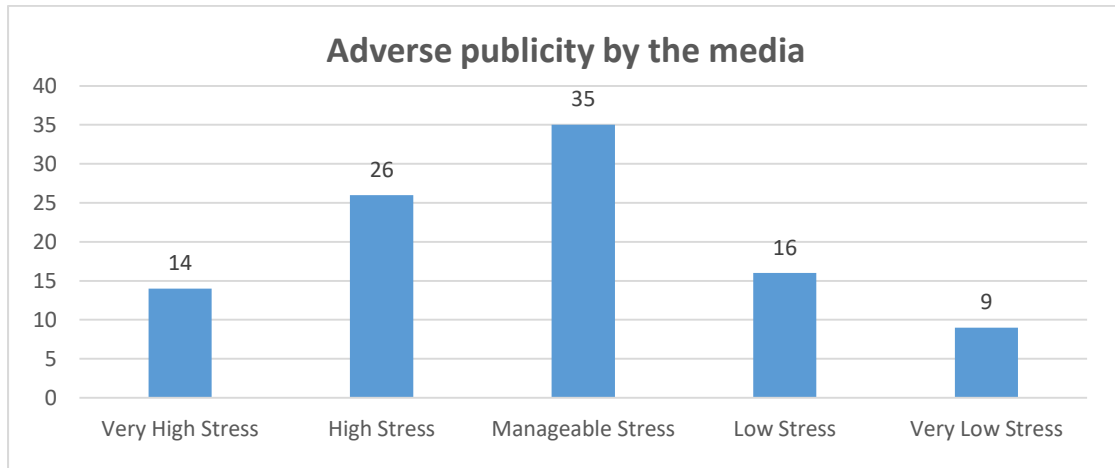
**Table 16: Adverse publicity by the media**

| S. No. | Adverse publicity by the media | No. of Respondents | % of Respondents |
|--------|--------------------------------|--------------------|------------------|
| 1      | Very High Stress               | 47                 | 14               |
| 2      | High Stress                    | 83                 | 26               |
| 3      | Manageable Stress              | 111                | 35               |

|   |                 |     |     |
|---|-----------------|-----|-----|
| 4 | Low Stress      | 50  | 16  |
| 5 | Very Low Stress | 29  | 9   |
|   | Total           | 320 | 100 |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 16: Adverse publicity by the media**

### **Interpretation**

The above table shows the respondents' feel regarding adverse publicity by the media. About 14% of the respondents feels very high stress regarding adverse publicity by the media, 26% of the respondents feels high stress regarding adverse publicity by the media, 35% of the respondents feels manageable stress regarding adverse publicity by the media, 16% of the respondents feels low stress regarding adverse publicity by the media and about 9% of the respondents feels very low stress regarding adverse publicity by the media.

## **4.17 INCREASED DEMAND BY PATIENTS AND RELATIVES FOR SECOND OPINION FROM HOSPITAL SPECIALISTS**

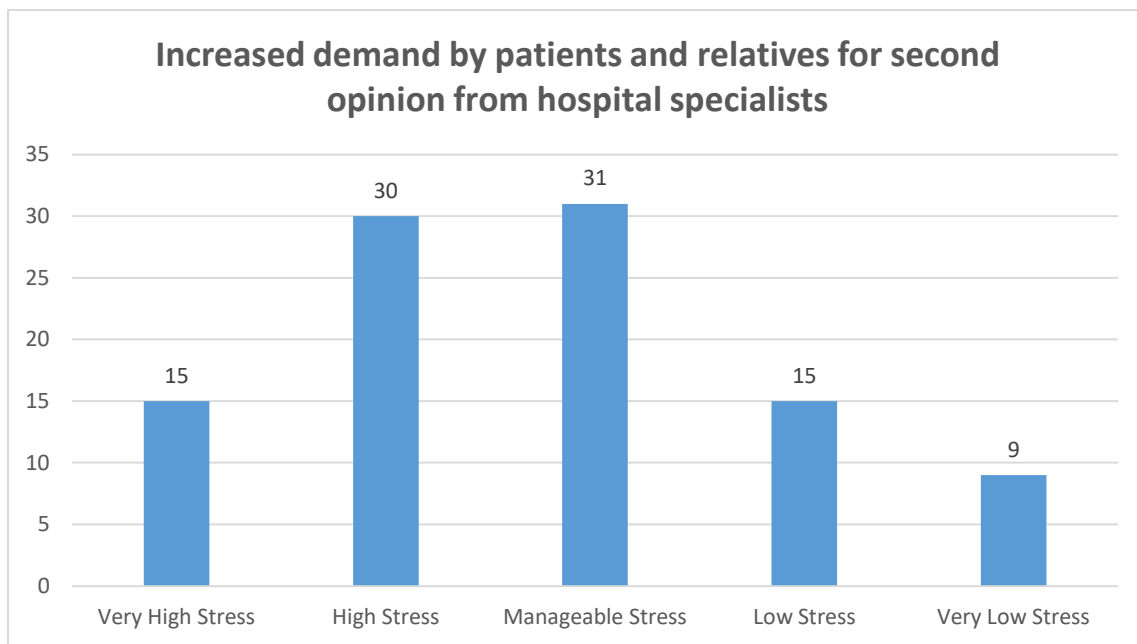
The following table shows the respondents' feel regarding increased demand by patients and relatives for second opinion from hospital specialists.

**Table 17: Increased demand by patients and relatives for second opinion from hospital specialists**

| S. No. | Increased demand by patients and relatives for second opinion from hospital specialists | No. of Respondents | % of Respondents |
|--------|---|--------------------|------------------|
| 1      | Very High Stress  | 47                 | 15               |
| 2      | High Stress   | 96                 | 30               |
| 3      | Manageable Stress   | 101                | 31               |
| 4      | Low Stress  | 48                 | 15               |
| 5      | Very Low Stress   | 28                 | 9                |
|        | Total   | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 17: Increased demand by patients and relatives for second opinion from hospital specialists**

### **Interpretation**

The above table shows the respondents' feel regarding increased demand by patients and relatives for second opinion from hospital specialists. About 15% of the respondents feels very high stress regarding increased demand by patients and relatives for second opinion

from hospital specialists, 30% of the respondents feels high stress regarding increased demand by patients and relatives for second opinion from hospital specialists, 31 % of the respondents feels manageable stress regarding increased demand by patients and relatives for second opinion from hospital specialists, 15% of the respondents feels low stress regarding increased demand by patients and relatives for second opinion from hospital specialists and about 9% of the respondents feels very low stress regarding increased demand by patients and relatives for second opinion from hospital specialists.

#### **4.18 NO APPRECIATION OF THE WORK BY PATIENTS**

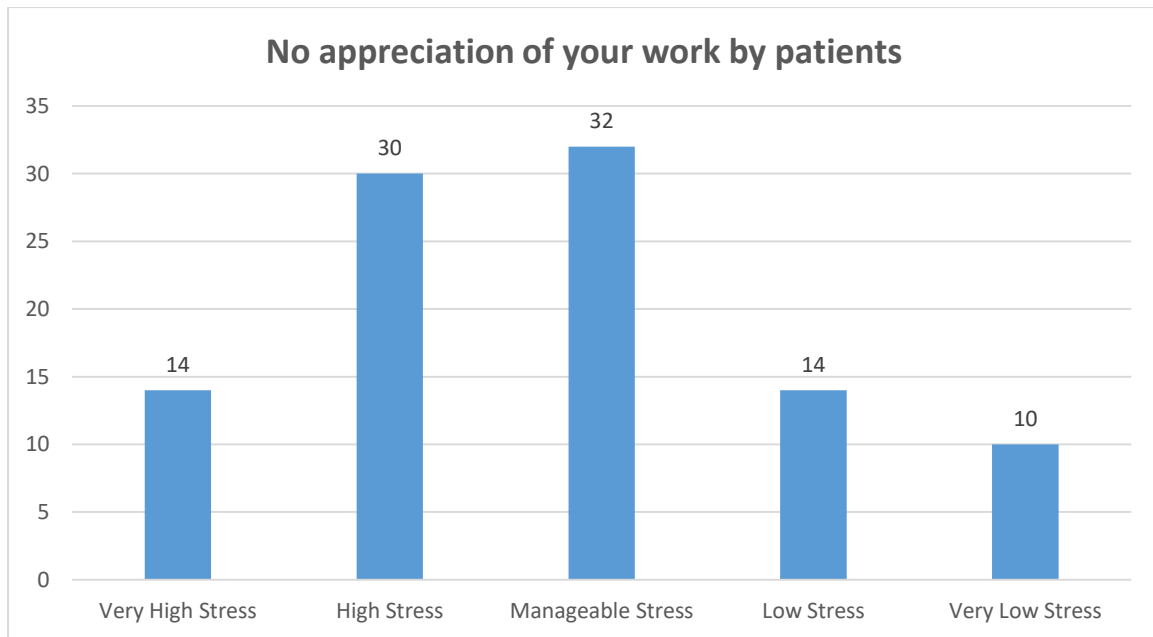
The following table shows the respondents' feel regarding no appreciation of the work by patients.

**Table 18: No appreciation of the work by patients**

| <b>S. No.</b> | <b>No appreciation of the work by patients</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|--|---------------------------|-------------------------|
| 1             | Very High Stress                               | 46                        | 14                      |
| 2             | High Stress                                    | 95                        | 30                      |
| 3             | Manageable Stress                              | 103                       | 32                      |
| 4             | Low Stress                                     | 45                        | 14                      |
| 5             | Very Low Stress                                | 31                        | 10                      |
|               | Total  | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 18: No appreciation of the work by patients**

#### **Interpretation**

The above table shows the respondents' feel regarding no appreciation of the work by patients. About 14% of the respondents feels very high stress regarding no appreciation of the work by patients, 30% of the respondents feels high stress regarding no appreciation of the work by patients, 32% of the respondents feels manageable stress regarding no appreciation of the work by patients, 14% of the respondents feels low stress regarding no appreciation of the work by patients and about 10% of the respondents feels very low stress regarding no appreciation of the work by patients.

#### **4.19 WORRYING ABOUT PATIENT'S COMPLAINTS**

The following table shows the respondents' feel regarding worrying about patients' complaints.

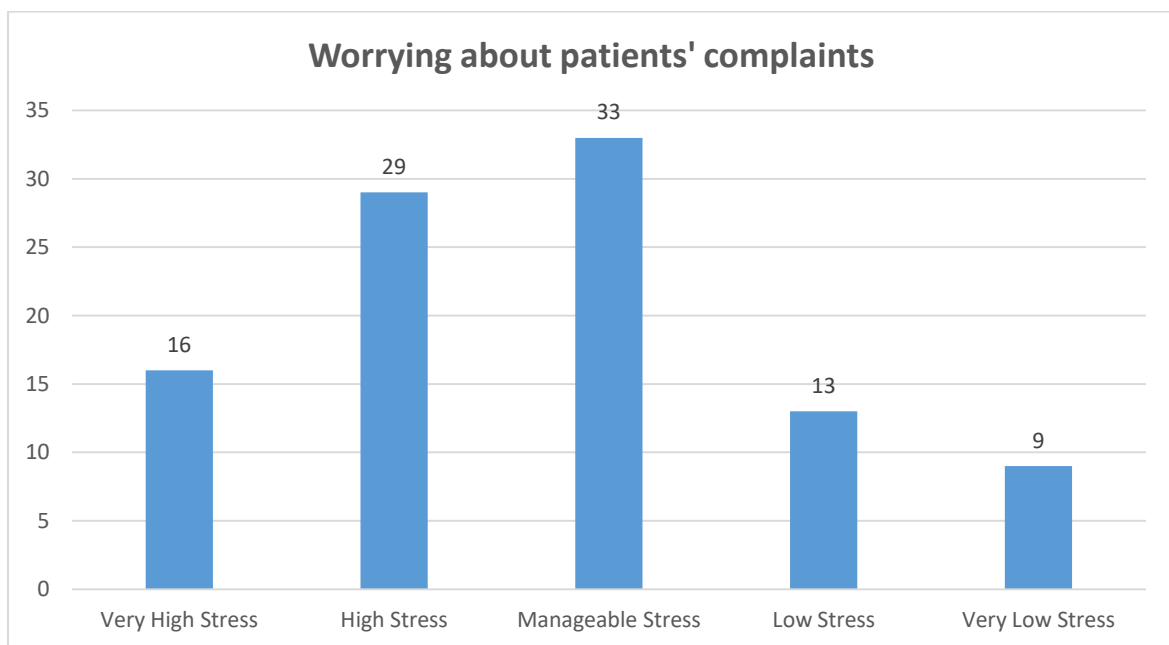
**Table 19: Worrying about patients' complaints.**

| S. No. | Worrying about patients' complaints | No. of Respondents | % of Respondents |
|--------|-------------------------------------|--------------------|------------------|
| 1      | Very High Stress                    | 52                 | 16               |

|   |                   |     |     |
|---|-------------------|-----|-----|
| 2 | High Stress       | 94  | 29  |
| 3 | Manageable Stress | 106 | 33  |
| 4 | Low Stress        | 40  | 13  |
| 5 | Very Low Stress   | 28  | 9   |
|   | Total             | 320 | 100 |

**Source: Primary data**

The following chart shows the data what has been obtained from the respondents in the pictorial format.



**Chart 19: Worrying about patients' complaints.**

### **Interpretation**

The above table shows the respondents' feel regarding patients' complaints. About 16% of the respondents feels very high stress regarding patients' complaints, 29% of the respondents feels high stress regarding patients' complaints, 33% of the respondents feels manageable stress regarding patients' complaints, 13% of the respondents feels low stress regarding patients' complaints and about 9% of the respondents feels very low stress regarding patients' complaints.

#### 4.20 FINDING A LOCUM

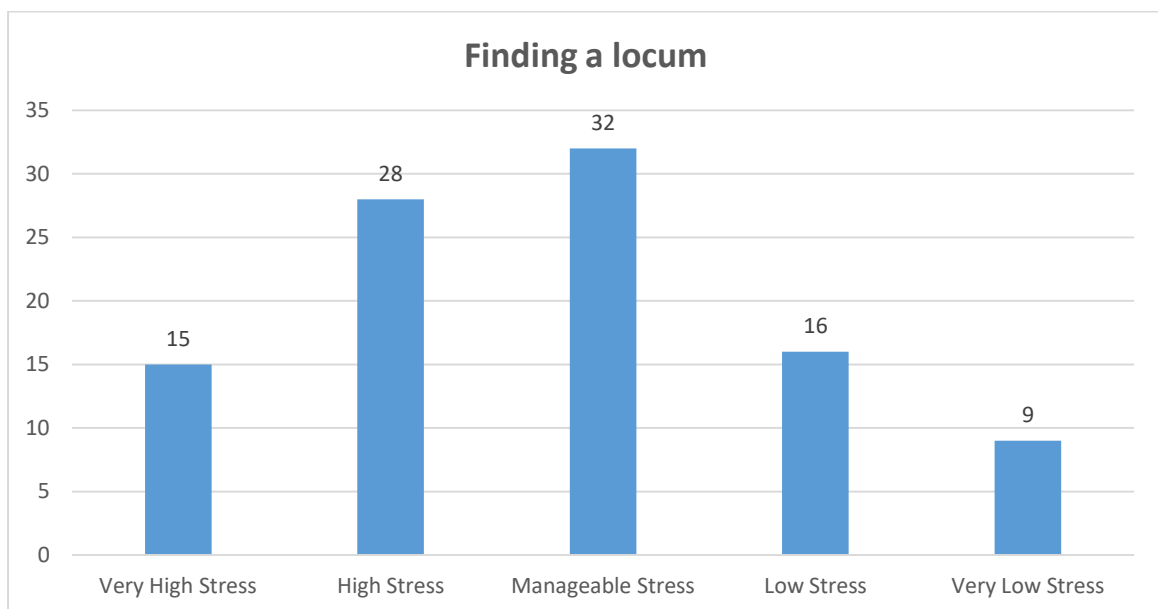
The following table shows the respondents' feel regarding finding a locum.

**Table 20: Finding a locum.**

| S. No. | Finding a locum   | No. of Respondents | % of Respondents |
|--------|-------------------|--------------------|------------------|
| 1      | Very High Stress  | 48                 | 15               |
| 2      | High Stress       | 91                 | 28               |
| 3      | Manageable Stress | 102                | 32               |
| 4      | Low Stress        | 50                 | 16               |
| 5      | Very Low Stress   | 29                 | 9                |
|        | Total             | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 20: Finding a locum.**



## Interpretation

The above table shows the respondents' feel regarding finding a locum. About 15% of the respondents feels very high stress regarding finding a locum, 28% of the respondents feels high stress regarding finding a locum, 32% of the respondents feels manageable stress regarding finding a locum, 16% of the respondents feels low stress regarding finding a locum and about 9% of the respondents feels very low stress regarding finding a locum.

### 4.21 24 HOUR RESPONSIBILITY FOR PATIENTS/LIVES

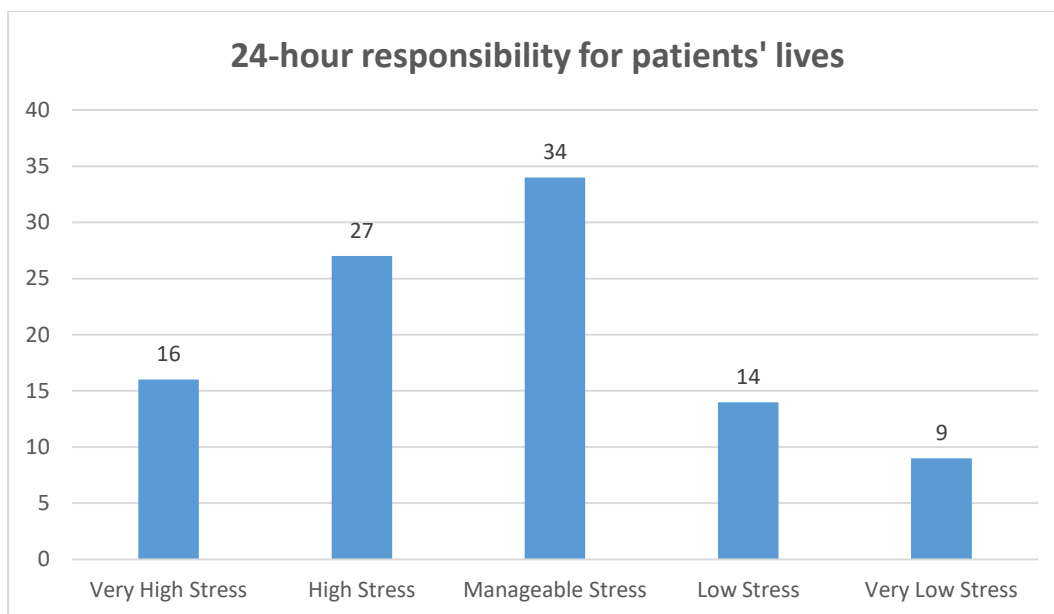
The following table shows the respondents' feel regarding 24-hour responsibility for patients' lives.

**Table 21: 24-hour responsibility for patients' lives**

| S. No. | 24-hour responsibility for patients' lives | No. of Respondents | % of Respondents |
|--------|--|--------------------|------------------|
| 1      | Very High Stress                           | 52                 | 16               |
| 2      | High Stress                                | 87                 | 27               |
| 3      | Manageable Stress                          | 109                | 34               |
| 4      | Low Stress                                 | 42                 | 14               |
| 5      | Very Low Stress                            | 30                 | 9                |
|        | Total                                      | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 21: 24-hour responsibility for patients' lives**

### Interpretation

The above table shows the respondents' feel regarding 24-hour responsibility for patients' lives. About 16% of the respondents feels very high stress regarding 24-hour responsibility for patients' lives, 27% of the respondents feels high stress regarding 24-hour responsibility for patients' lives, 34% of the respondents feels manageable stress regarding 24-hour responsibility for patients' lives, 14% of the respondents feels low stress regarding 24-hour responsibility for patients' lives and about 9% of the respondents feels very low stress regarding 24-hour responsibility for patients' live.

### 4.22 TAKING SEVERAL SAMPLES IN A SHORT TIME

The following table shows the respondents' feel regarding taking several samples in a short time.

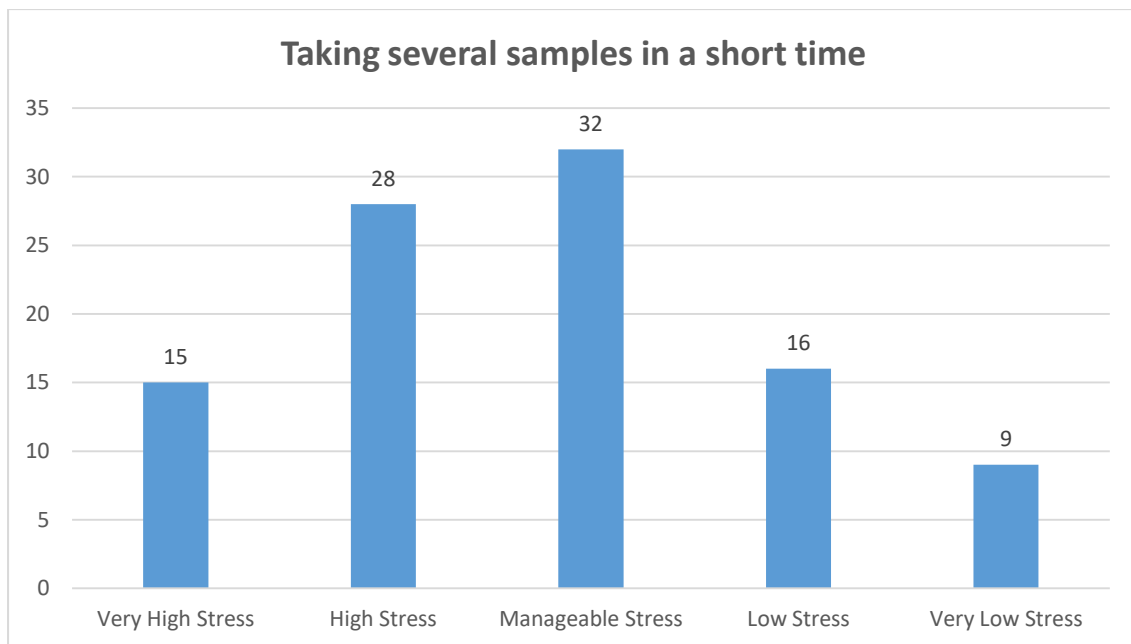
**Table 22: Taking several samples in a short time.**

| S. No. | Taking several samples in a short time | No. of Respondents | % of Respondents |
|--------|--|--------------------|------------------|
| 1      | Very High Stress                       | 47                 | 15               |
| 2      | High Stress                            | 90                 | 28               |

|   |                   |     |     |
|---|-------------------|-----|-----|
| 3 | Manageable Stress | 105 | 32  |
| 4 | Low Stress        | 50  | 16  |
| 5 | Very Low Stress   | 28  | 9   |
|   | Total             | 320 | 100 |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 22: Taking several samples in a short time.**

### **Interpretation**

The above table shows the respondents' feel regarding taking several samples in a short time. About 15% of the respondents feels very high stress regarding taking several samples in a short time, 28% of the respondents feels high stress regarding taking several samples in a short time, 32% of the respondents feels manageable stress regarding taking several samples in a short time, 16% of the respondents feels low stress regarding taking several samples in a short time and about 9% of the respondents feels very low stress regarding taking several samples in a short time.

#### 4.23 UNREALISTICALLY HIGH EXPECTATIONS BY OTHERS OF THE ROLE

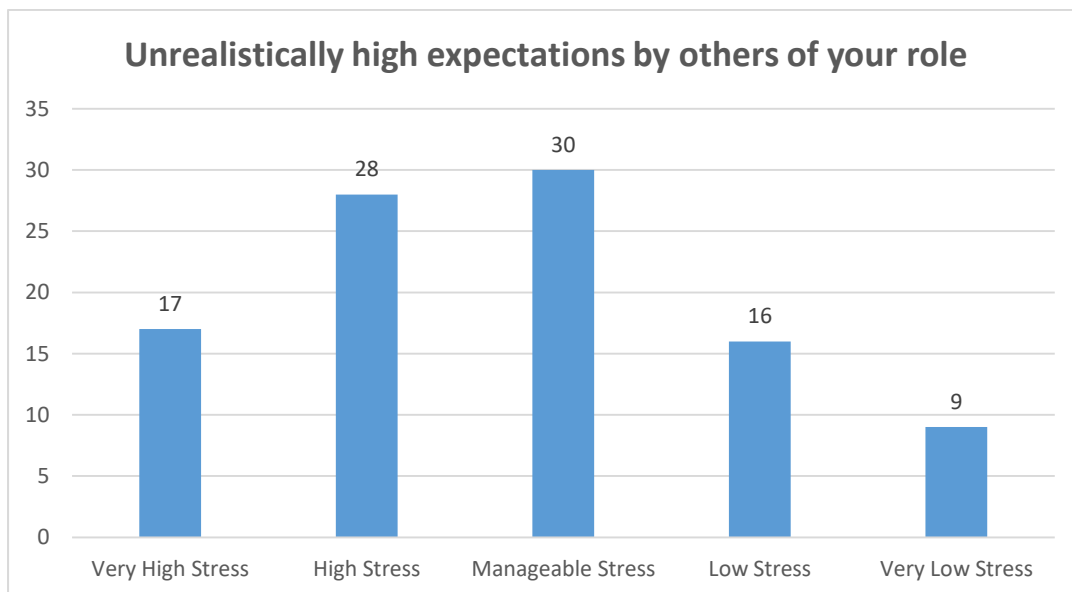
The following table shows the respondents' feel regarding unrealistically high expectations by others of the role.

**Table 23: Unrealistically high expectations by others of the role**

| S. No. | Unrealistically high expectations by others of the role | No. of Respondents | % of Respondents |
|--------|---|--------------------|------------------|
| 1      | Very High Stress  | 53                 | 17               |
| 2      | High Stress   | 93                 | 28               |
| 3      | Manageable Stress                                       | 94                 | 30               |
| 4      | Low Stress  | 50                 | 16               |
| 5      | Very Low Stress   | 30                 | 9                |
|        | Total   | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 23: Unrealistically high expectations by others of the role**

## Interpretation

The above table shows the respondents' feel regarding unrealistically high expectations by others of the role. About 17% of the respondents feels very high stress regarding unrealistically high expectations by others of the role, 28% of the respondents feels high stress regarding unrealistically high expectations by others of the role, 30% of the respondents feels manageable stress regarding unrealistically high expectations by others of the role, 16% of the respondents feels low stress regarding unrealistically high expectations by others of the role and about 9% of the respondents feels very low stress regarding unrealistically high expectations by others of the role.

### 4.24 COPING WITH PHONE CALLS DURING NIGHT AND EARLY MORNING

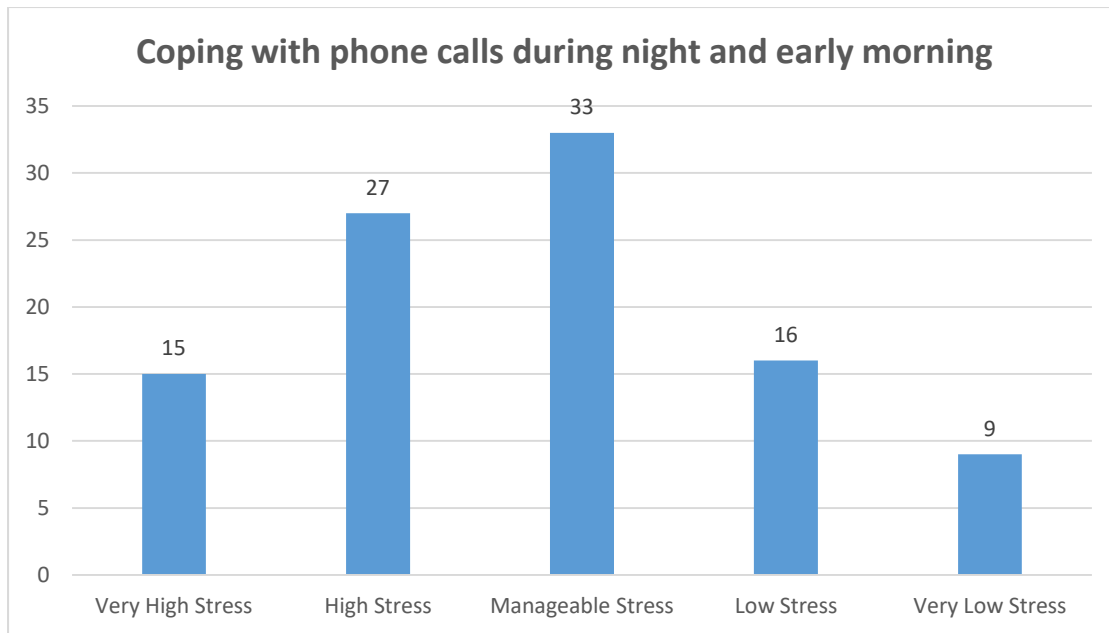
The following table shows the respondents' feel regarding coping with phone calls during the night early morning.

**Table 24: Coping with phone calls during the night and early morning.**

| S. No. | Coping with phone calls during the night and early morning | No. of Respondents | % of Respondents |
|--------|--|--------------------|------------------|
| 1      | Very High Stress   | 47                 | 15               |
| 2      | High Stress  | 85                 | 27               |
| 3      | Manageable Stress  | 107                | 33               |
| 4      | Low Stress   | 51                 | 16               |
| 5      | Very Low Stress  | 30                 | 9                |
|        | Total  | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 24: Coping with phone calls during the night and early morning.**

### Interpretation

The above table shows the respondents' feel regarding coping with phone calls during the night early morning. About 15% of the respondents feels very high stress regarding coping with phone calls during the night early morning, 27% of the respondents feels high stress regarding coping with phone calls during the night early morning, 33% of the respondents feels manageable stress regarding coping with phone calls during the night early morning, 16% of the respondents feels low stress regarding coping with phone calls during the night early morning and about 9% of the respondents feels very low stress regarding coping with phone calls during the night early morning.

### 4.25 EMERGENCY CALLS DURING SURGERY HOURS

The following table shows the respondents' feel regarding emergency calls during surgery hours.

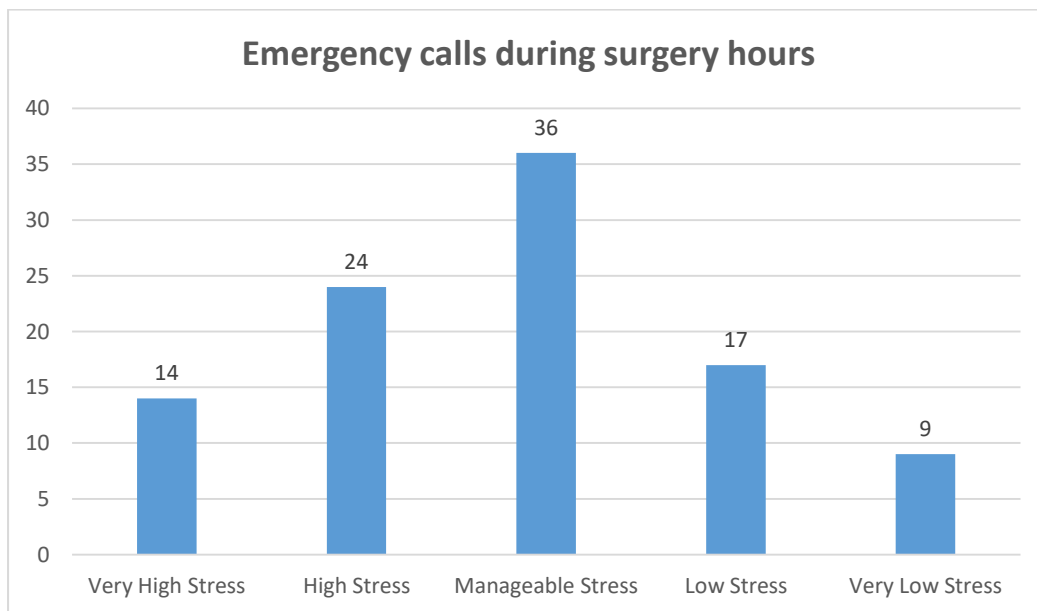
**Table 25: Emergency calls during surgery hours**

| S. No. | Emergency calls during surgery hours | No. of Respondents | % of Respondents |
|--------|--------------------------------------|--------------------|------------------|
| 1      | Very High Stress                     | 43                 | 14               |

|   |                   |     |     |
|---|-------------------|-----|-----|
| 2 | High Stress       | 79  | 24  |
| 3 | Manageable Stress | 115 | 36  |
| 4 | Low Stress        | 53  | 17  |
| 5 | Very Low Stress   | 30  | 9   |
|   | Total             | 320 | 100 |

**Source: Primary data**

The following chart shows the data what has been obtained from the respondents in the pictorial format.



**Chart 25: Emergency calls during surgery hours**

### **Interpretation**

The above table shows the respondents' feel regarding emergency calls during surgery hours. About 14% of the respondents feels very high stress regarding emergency calls during surgery hours, 24% of the respondents feels high stress regarding emergency calls during surgery hours, 36% of the respondents feels manageable stress regarding emergency calls during surgery hours, 17% of the respondents feels low stress regarding emergency calls during surgery hours and about 9% of the respondents feels very low stress regarding emergency calls during surgery hours.

#### 4.26 DEALING WITH PROBLEM PATIENTS

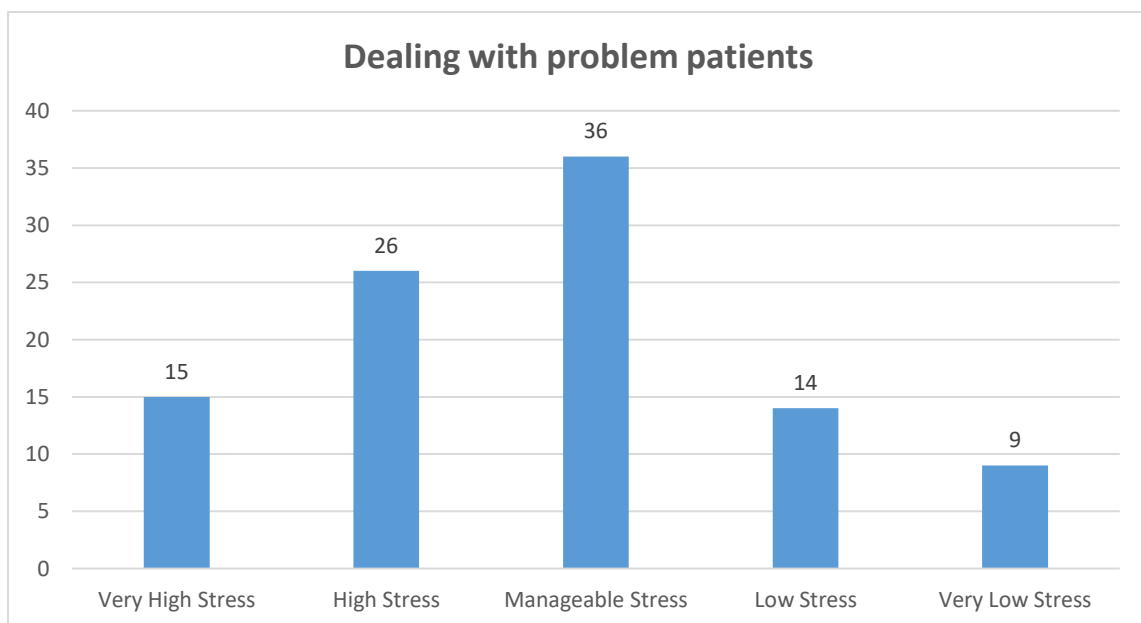
The following table shows the respondents' feel regarding dealing with problem patients.

**Table 26: Dealing with problem patients.**

| S. No. | Dealing with problem patients | No. of Respondents | % of Respondents |
|--------|-------------------------------|--------------------|------------------|
| 1      | Very High Stress              | 47                 | 15               |
| 2      | High Stress                   | 85                 | 26               |
| 3      | Manageable Stress             | 118                | 36               |
| 4      | Low Stress                    | 42                 | 14               |
| 5      | Very Low Stress               | 28                 | 9                |
|        | Total                         | 320                | 100              |

**Source: Primary data**

The following chart shows the data what has been obtained from the respondents in the pictorial format.



**Chart 26: Dealing with problem patients.**



## Interpretation

The above table shows the respondents' feel regarding dealing with problem patients. About 15% of the respondents feels very high stress regarding dealing with problem patients, 26% of the respondents feels high stress regarding dealing with problem patients, 36% of the respondents feels manageable stress regarding dealing with problem patients, 14% of the respondents feels low stress regarding dealing with problem patients and about 9% of the respondents feels very low stress regarding dealing with problem patients.

### 4.27 REMAINING ALERT WHEN ON CALL

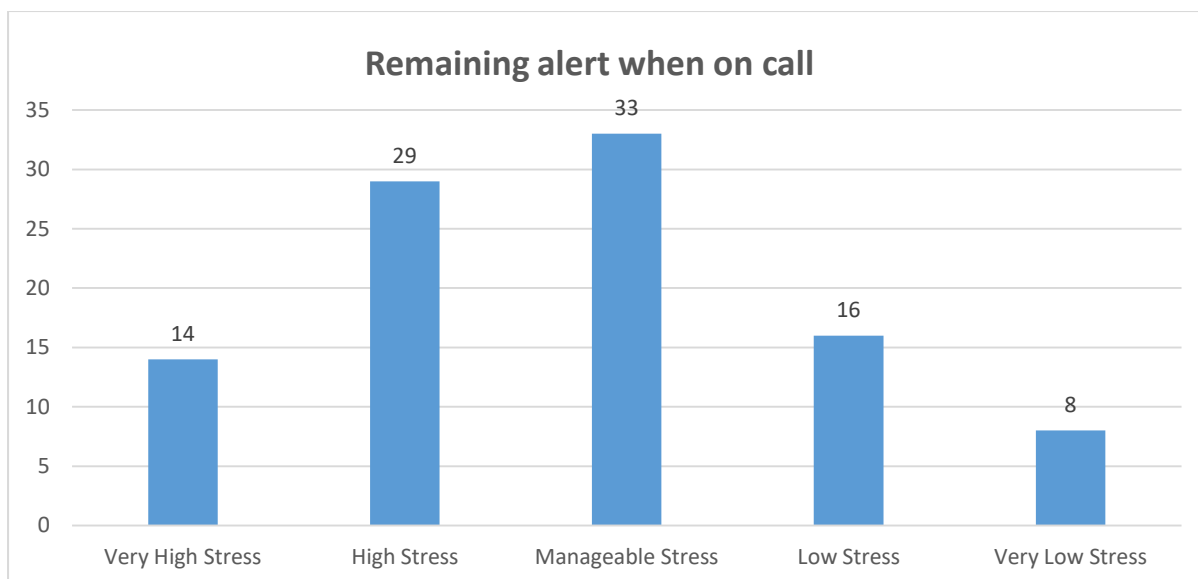
The following table shows the respondents' feel regarding remaining alert when on call.

**Table 27: Remaining alert when on call.**

| S. No. | Remaining alert when on call | No. of Respondents | % of Respondents |
|--------|------------------------------|--------------------|------------------|
| 1      | Very High Stress             | 14                 | 14               |
| 2      | High Stress                  | 94                 | 29               |
| 3      | Manageable Stress            | 104                | 33               |
| 4      | Low Stress                   | 50                 | 16               |
| 5      | Very Low Stress              | 27                 | 8                |
|        | Total                        | 320                | 100              |

**Source: Primary data**

The following chart shows the data what has been obtained from the respondents in the pictorial format.



**Chart 27: Remaining alert when on call.**

### Interpretation

The above table shows the respondents' feel regarding remaining alert when on call. About 14% of the respondents feels very high stress regarding remaining alert when on call, 29% of the respondents feels high stress regarding remaining alert when on call, 33% of the respondents feels manageable stress regarding remaining alert when on call, 16% of the respondents feels low stress regarding remaining alert when on call and about 8% of the respondents feels very low stress regarding remaining alert when on call.

## 4.28 HOSPITAL REFERRALS AND PAPERWORK

The following table shows the respondents' feel regarding hospital referrals and paperwork.

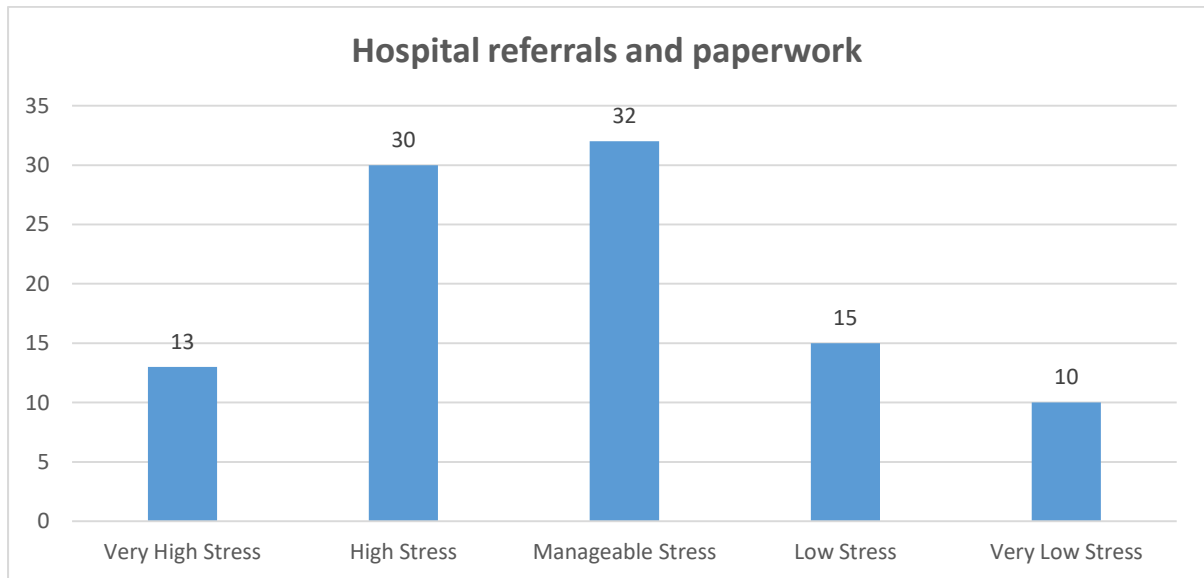
**Table 28: Hospital referrals and paperwork**

| S. No. | Hospital referrals and paperwork | No. of Respondents | % of Respondents |
|--------|----------------------------------|--------------------|------------------|
| 1      | Very High Stress                 | 42                 | 13               |
| 2      | High Stress                      | 95                 | 30               |
| 3      | Manageable Stress                | 105                | 32               |
| 4      | Low Stress                       | 47                 | 15               |

|   |                 |     |     |
|---|-----------------|-----|-----|
| 5 | Very Low Stress | 31  | 10  |
|   | Total           | 320 | 100 |

**Source: Primary data**

The following chart shows the data what has been obtained from the respondents in the pictorial format.



**Chart 28: Hospital referrals and paperwork**

### **Interpretation**

The above table shows the respondents' feel regarding hospital referrals and paperwork. About 13% of the respondents feels very high stress regarding hospital referrals and paperwork, 30% of the respondents feels high stress regarding hospital referrals and paperwork, 32% of the respondents feels manageable stress regarding hospital referrals and paperwork, 15% of the respondents feels low stress regarding hospital referrals and paperwork and about 10% of the respondents feels very low stress regarding hospital referrals and paperwork.

## **4.29 CONDUCTING SURGERY**

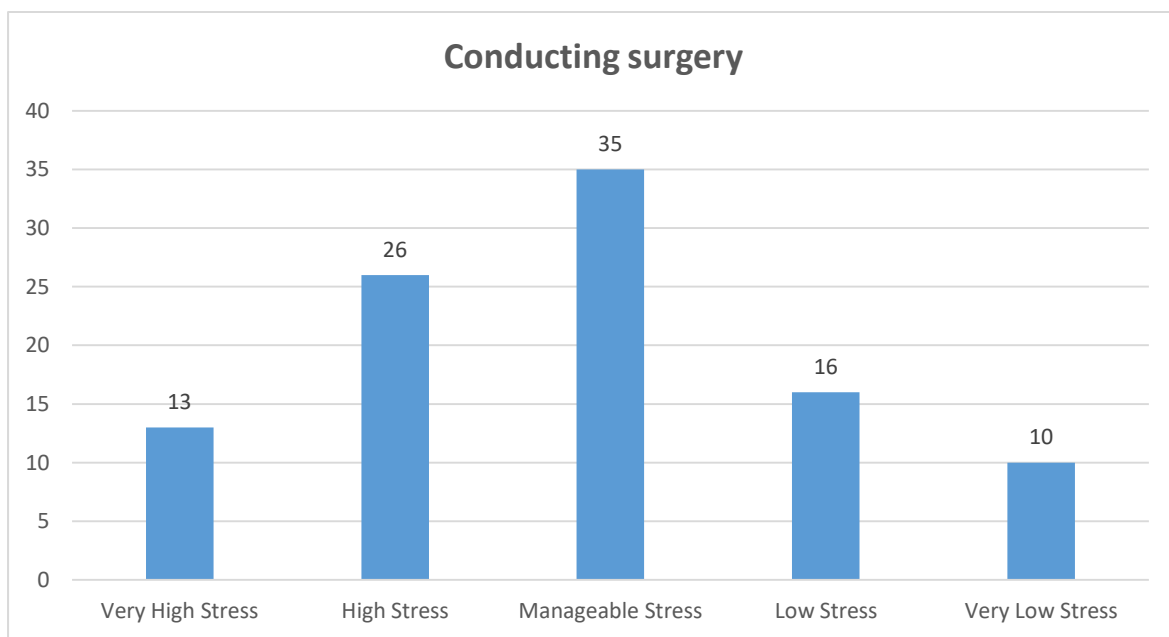
The following table shows the respondents' feel regarding conducting surgery.

**Table 29: Conducting surgery.**

| S. No. | Conducting surgery | No. of Respondents | % of Respondents |
|--------|--------------------|--------------------|------------------|
| 1      | Very High Stress   | 42                 | 13               |
| 2      | High Stress        | 83                 | 26               |
| 3      | Manageable Stress  | 112                | 35               |
| 4      | Low Stress         | 50                 | 16               |
| 5      | Very Low Stress    | 33                 | 10               |
|        | Total              | 320                | 100              |

**Source: Primary data**

The following chart shows the data what has been obtained from the respondents in the pictorial format.



**Chart 29: Conducting surgery.**

### **Interpretation**

The above table shows the respondents' feel regarding conducting surgery. About 13% of the respondents feels very high stress regarding conducting surgery, 26% of the respondents feels high stress regarding conducting surgery, 35% of the respondents feels manageable stress

regarding conducting surgery, 16% of the respondents feels low stress regarding conducting surgery and about 10% of the respondents feels very low stress regarding conducting surgery.

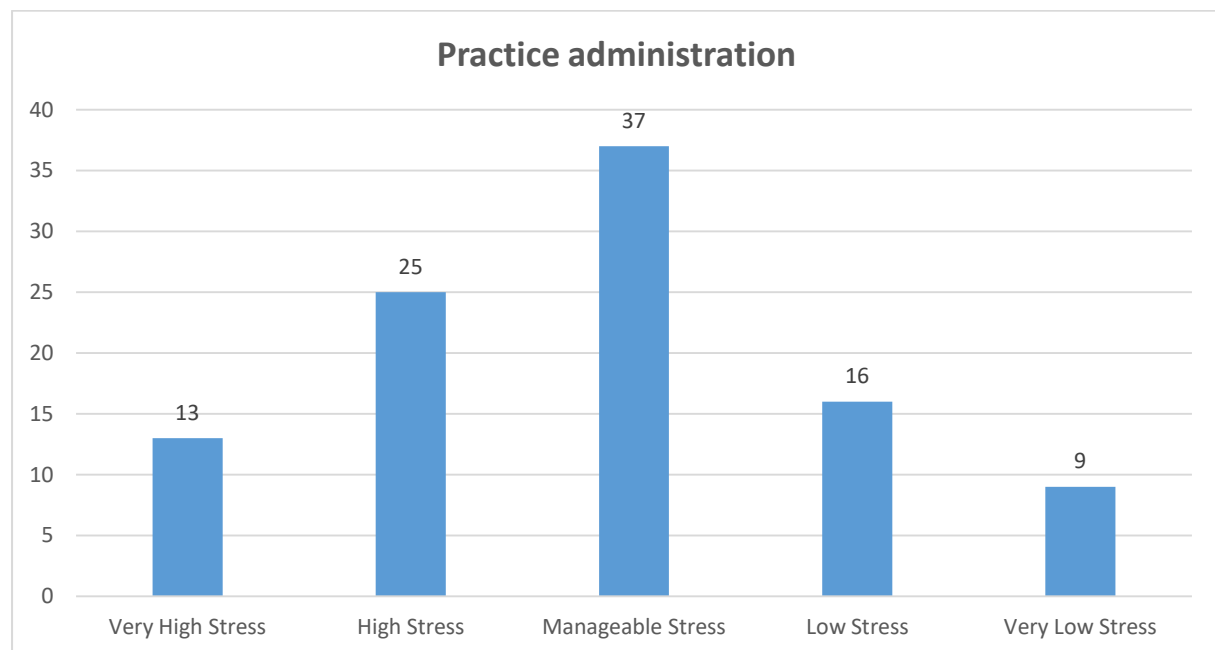
#### 4.30 PRACTICE ADMINISTRATION

The following table shows the respondents' feel regarding practice administration.

**Table 30: Practice administration**

| S. No. | Practice administration | No. of Respondents | % of Respondents |
|--------|-------------------------|--------------------|------------------|
| 1      | Very High Stress        | 42                 | 13               |
| 2      | High Stress             | 79                 | 25               |
| 3      | Manageable Stress       | 119                | 37               |
| 4      | Low Stress              | 51                 | 16               |
| 5      | Very Low Stress         | 29                 | 9                |
|        | Total                   | 320                | 100              |

**Source: Primary data**



The following chart shows the data obtained from the respondents in the pictorial format.

### Chart 30: Practice administration

#### Interpretation

The above table shows the respondents' feel regarding practice administration. About 13% of the respondents feels very high stress regarding practice administration, 25% of the respondents feels high stress regarding practice administration, 37% of the respondents feels manageable stress regarding practice administration, 16% of the respondents feels low stress regarding practice administration and about 9% of the respondents feels very low stress regarding practice administration.

### 4.31 ARRANGING ADMISSIONS

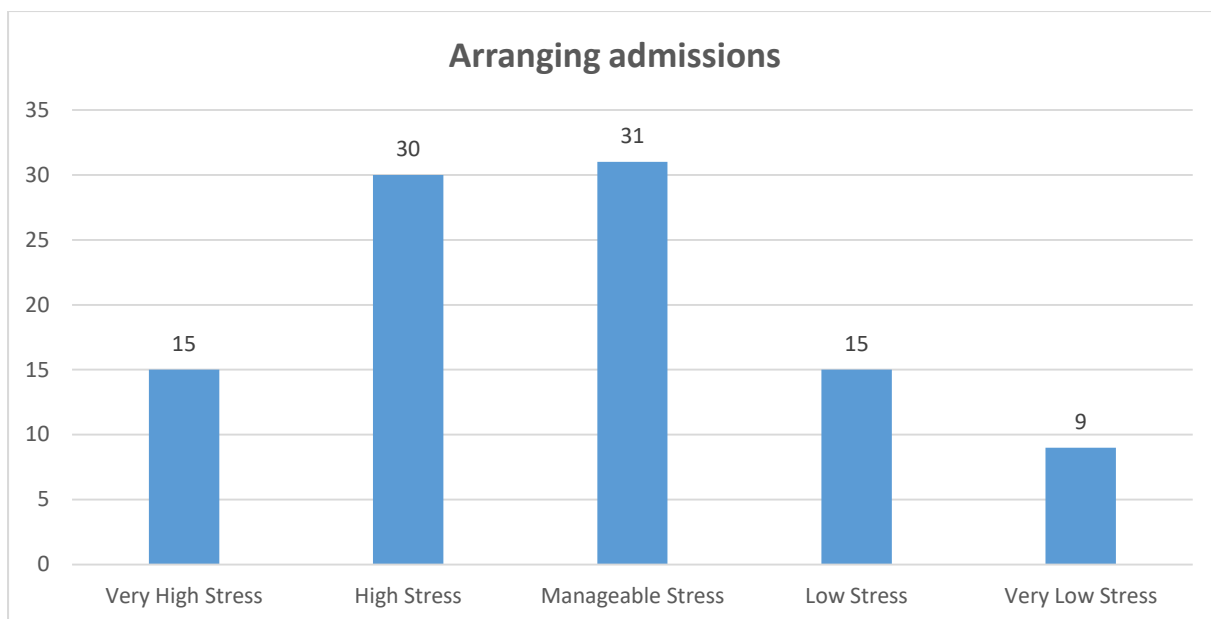
The following table shows the respondents' feel regarding arranging admissions.

**Table 31: Arranging admissions.**

| S. No. | Arranging admissions | No. of Respondents | % of Respondents |
|--------|----------------------|--------------------|------------------|
| 1      | Very High Stress     | 47                 | 15               |
| 2      | High Stress          | 97                 | 30               |
| 3      | Manageable Stress    | 99                 | 31               |
| 4      | Low Stress           | 48                 | 15               |
| 5      | Very Low Stress      | 29                 | 9                |
|        | Total                | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 31: Arranging admissions.**

### Interpretation

The above table shows the respondents' feel regarding arranging admissions. About 15% of the respondents feels very high stress regarding arranging admissions, 30% of the respondents feels high stress regarding arranging admissions, 31% of the respondents feels manageable stress regarding arranging admissions, 15% of the respondents feels low stress regarding arranging admissions and about 9% of the respondents feels very low stress regarding arranging admissions.

### 4.32 WORKING ENVIRONMENT (SURGERY SET UP)

The following table shows the respondents' feel regarding working environment (surgery set up)

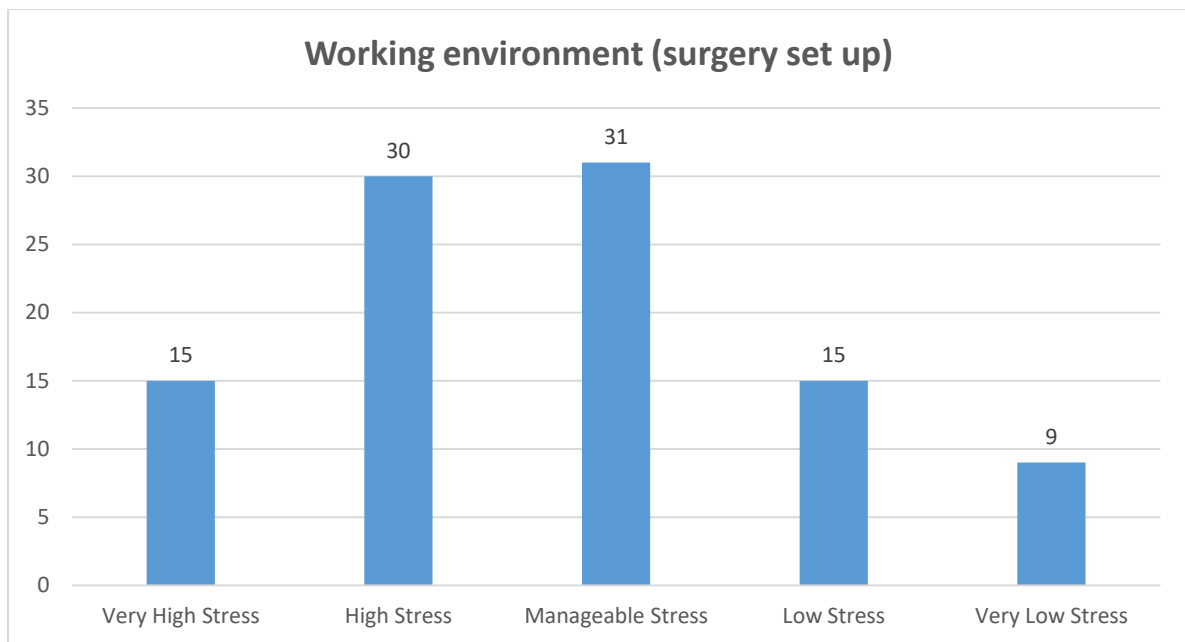
**Table 32: Working environment (surgery set up)**

| S. No. | Working environment (surgery set up) | No. of Respondents | % of Respondents |
|--------|--------------------------------------|--------------------|------------------|
| 1      | Very High Stress                     | 47                 | 15               |
| 2      | High Stress                          | 97                 | 30               |

|   |                   |     |     |
|---|-------------------|-----|-----|
| 3 | Manageable Stress | 99  | 31  |
| 4 | Low Stress        | 48  | 15  |
| 5 | Very Low Stress   | 29  | 9   |
|   | Total             | 320 | 100 |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 32: Working environment (surgery set up)**

### **Interpretation**

The above table shows the respondents' feel regarding working environment (surgery set up). About 15% of the respondents feels very high stress regarding working environment (surgery set up), 30% of the respondents feels high stress regarding working environment (surgery set up), 31% of the respondents feels manageable stress regarding working environment (surgery set up), 15% of the respondents feels low stress regarding working environment (surgery set up) and about 9% of the respondents feels very low stress regarding working environment (surgery set up).



### 4.33 TIME PRESSURE

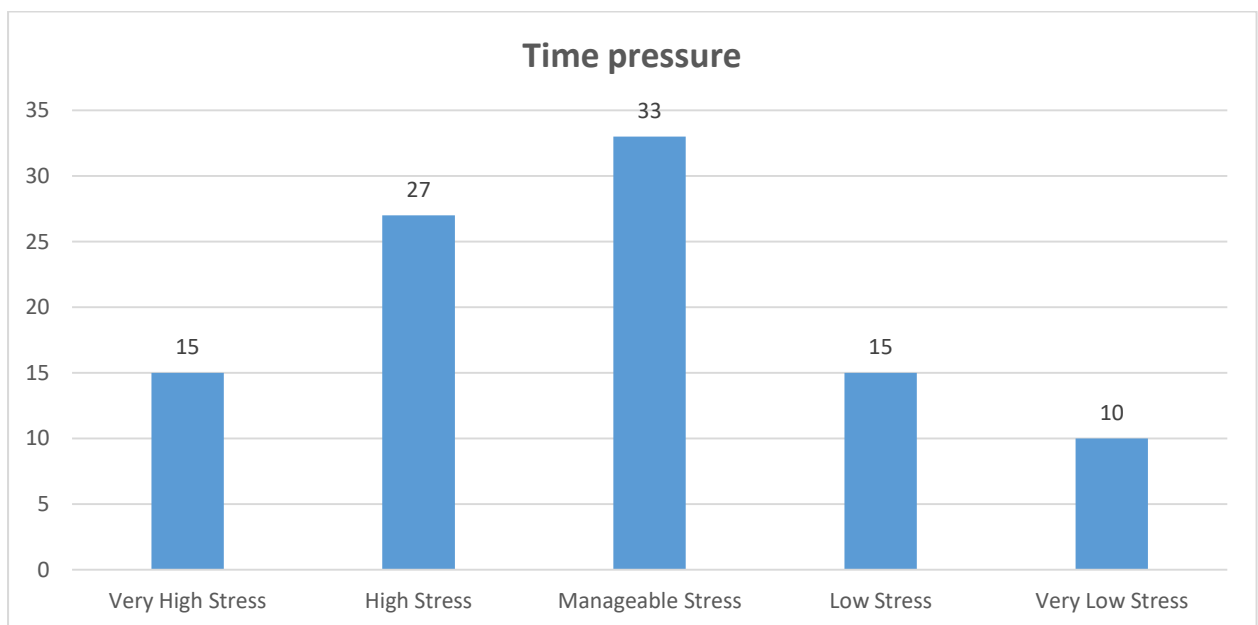
The following table shows the respondents' feel regarding time pressure.

**Table 33: Time pressure**

| S. No. | Time pressure     | No. of Respondents | % of Respondents |
|--------|-------------------|--------------------|------------------|
| 1      | Very High Stress  | 48                 | 15               |
| 2      | High Stress       | 87                 | 27               |
| 3      | Manageable Stress | 105                | 33               |
| 4      | Low Stress        | 47                 | 15               |
| 5      | Very Low Stress   | 33                 | 10               |
|        | Total             | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 33: Time pressure**

**Interpretation**

The above table shows the respondents' feel regarding time pressure. About 15% of the respondents feels very high stress regarding time pressure, 27% of the respondents feels high stress regarding time pressure, 33% of the respondents feels manageable stress regarding time pressure, 15% of the respondents feels low stress regarding time pressure and about 10% of the respondents feels very low stress regarding time pressure.

#### **4.34 DEMANDS OF THE JOB ON FAMILY LIFE**

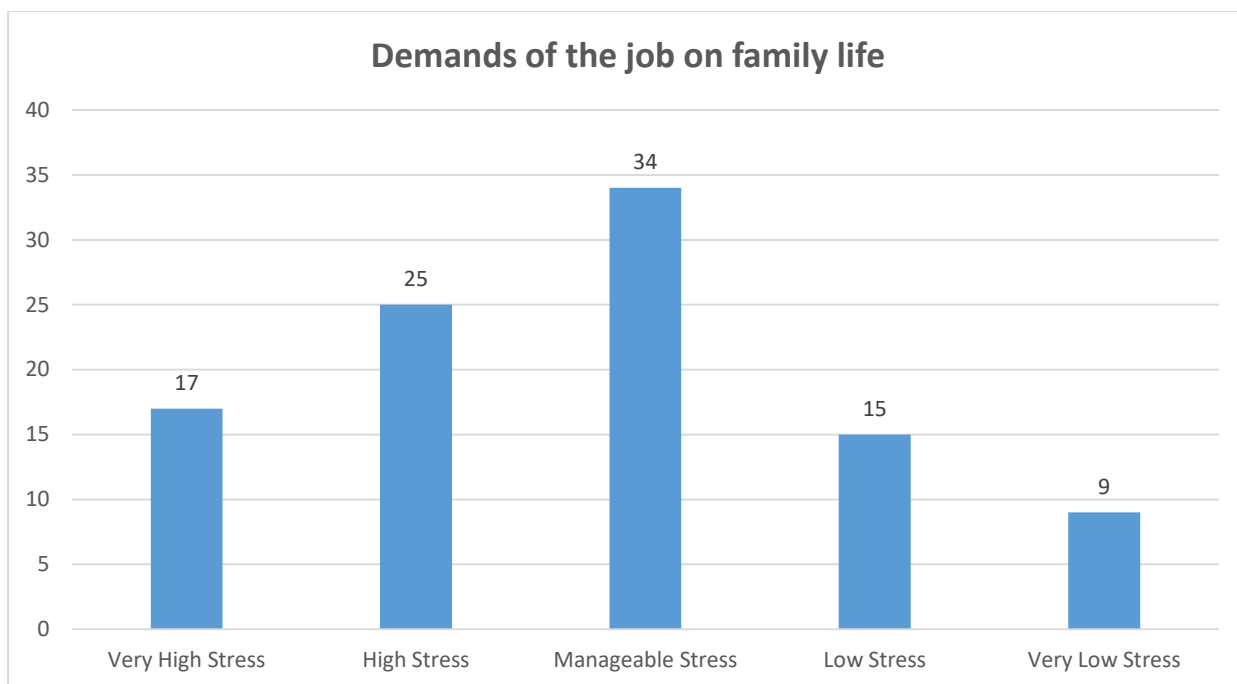
The following table shows the respondents' feel regarding demands of the job on family life.

**Table 34: Demands of the job on family life.**

| <b>S. No.</b> | <b>Demands of the job on family life</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|--|---------------------------|-------------------------|
| 1             | Very High Stress                         | 53                        | 17                      |
| 2             | High Stress                              | 81                        | 25                      |
| 3             | Manageable Stress                        | 109                       | 34                      |
| 4             | Low Stress                               | 48                        | 15                      |
| 5             | Very Low Stress                          | 29                        | 9                       |
|               | Total                                    | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 34: Demands of the job on family life.**

### Interpretation

The above table shows the respondents' feel regarding demands of the job on family life. About 17% of the respondents feels very high stress regarding demands of the job on family life, 25% of the respondents feels high stress regarding demands of the job on family life, 34% of the respondents feels manageable stress regarding demands of the job on family life, 15% of the respondents feels low stress regarding demands of the job on family life and about 9% of the respondents feels very low stress regarding demands of the job on family life.

### 4.35 LACK OF EMOTIONAL SUPPORT AT HOME, ESPECIALLY FROM SPOUSE

The following table shows the respondents' feel regarding lack of emotional support at home, especially from spouse.

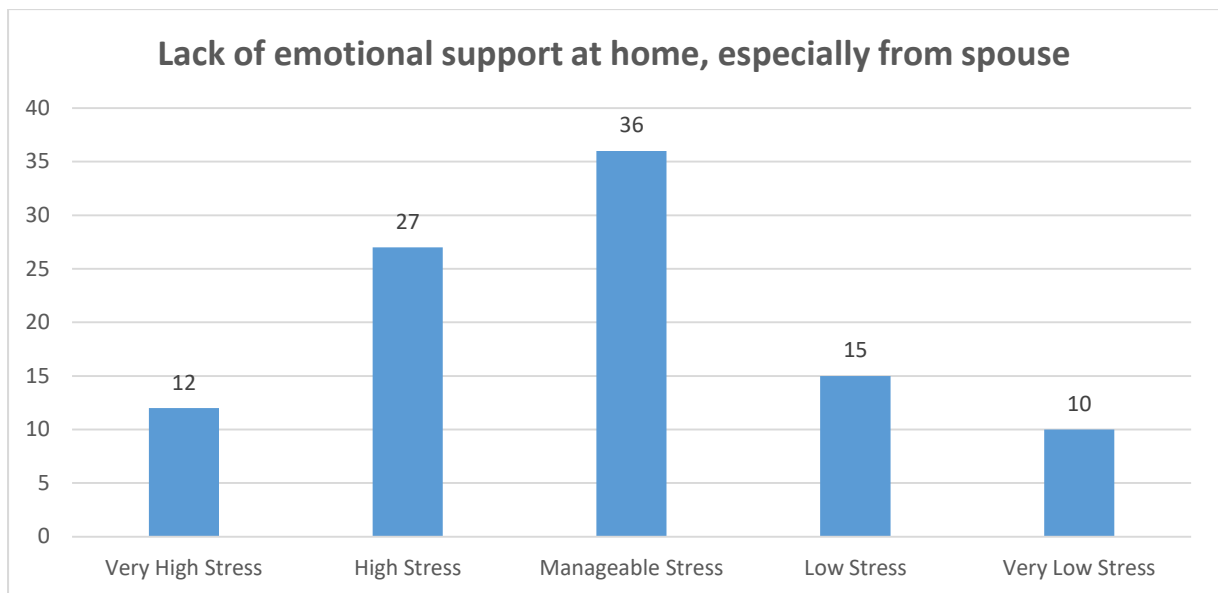
**Table 35: Lack of emotional support at home, especially from spouse**

| S. No. | Lack of emotional support at home, especially from spouse | No. of Respondents | % of Respondents |
|--------|---|--------------------|------------------|
| 1      | Very High Stress  | 39                 | 12               |
| 2      | High Stress   | 87                 | 27               |

|   |                   |     |     |
|---|-------------------|-----|-----|
| 3 | Manageable Stress | 114 | 36  |
| 4 | Low Stress        | 48  | 15  |
| 5 | Very Low Stress   | 32  | 10  |
|   | Total             | 320 | 100 |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 35: Lack of emotional support at home, especially from spouse**

### **Interpretation**

The above table shows the respondents' feel regarding lack of emotional support at home, especially from spouse. About 12% of the respondents feels very high stress regarding lack of emotional support at home, especially from spouse, 27% of the respondents feels high stress regarding lack of emotional support at home, especially from spouse, 36% of the respondents feels manageable stress regarding lack of emotional support at home, especially from spouse, 15% of the respondents feels low stress regarding lack of emotional support at home, especially from spouse and about 10% of the respondents feels very low stress regarding lack of emotional support at home, especially from spouse.

#### 4.36 DAILY CONTACT WITH DYING AND CHRONICALLY ILL PATIENTS

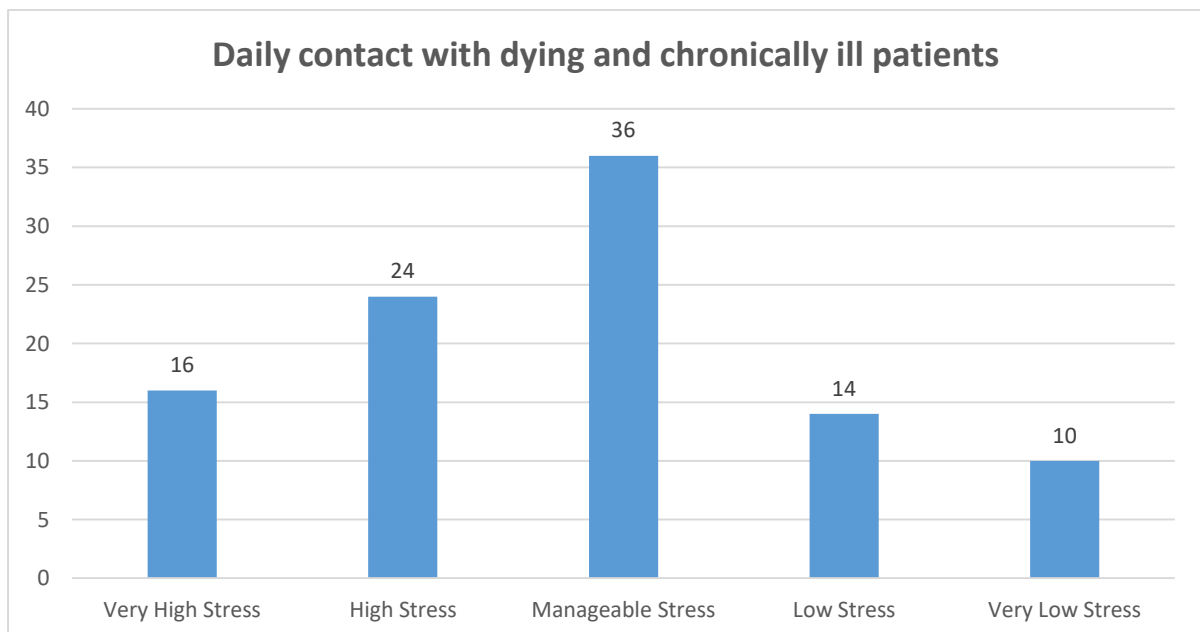
The following table shows the respondents' feel regarding daily contact with dying and chronically ill patients.

**Table 36: Daily contact with dying and chronically ill patients.**

| S. No. | Daily contact with dying and chronically ill patients | No. of Respondents | % of Respondents |
|--------|---|--------------------|------------------|
| 1      | Very High Stress                                      | 52                 | 16               |
| 2      | High Stress   | 77                 | 24               |
| 3      | Manageable Stress                                     | 115                | 36               |
| 4      | Low Stress  | 44                 | 14               |
| 5      | Very Low Stress                                       | 32                 | 10               |
|        | Total   | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 36: Daily contact with dying and chronically ill patients.**

## Interpretation

The above table shows the respondents' feel regarding daily contact with dying and chronically ill patients. About 16% of the respondents feels very high stress regarding daily contact with dying and chronically ill patients, 24% of the respondents feels high stress regarding daily contact with dying and chronically ill patients, 36% of the respondents feels manageable stress regarding daily contact with dying and chronically ill patients, 14% of the respondents feels low stress regarding daily contact with dying and chronically ill patients and about 10% of the respondents feels very low stress regarding daily contact with dying and chronically ill patients.

### 4.37 DEALING WITH THE TERMINALLY ILL AND THEIR RELATIVES

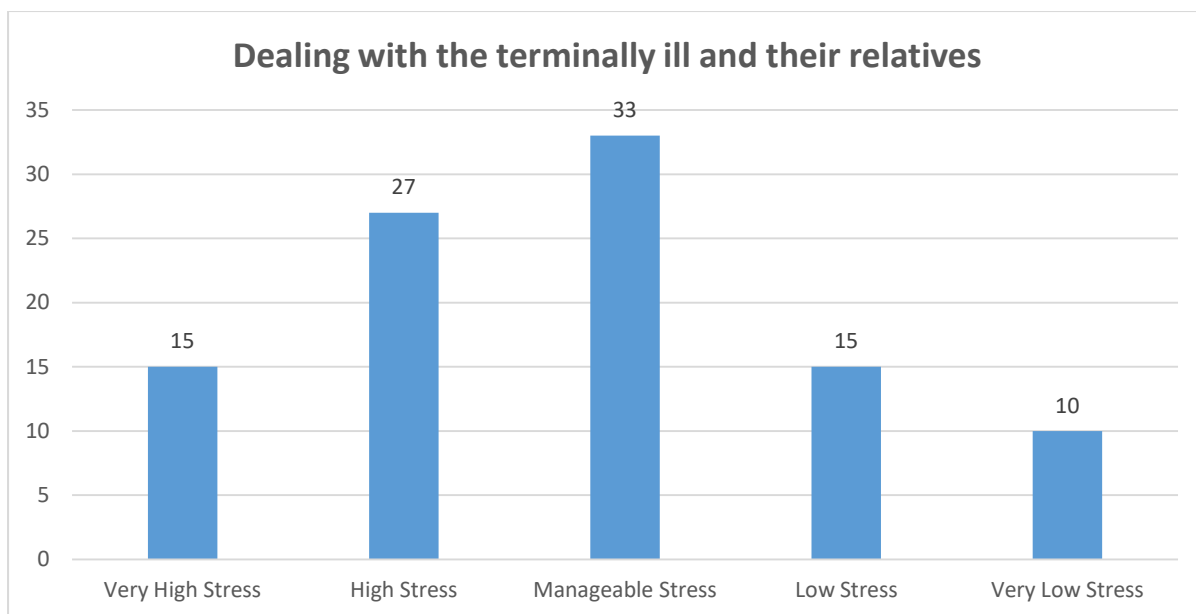
The following table shows the respondents' feel regarding dealing with the terminally ill and their relatives.

**Table 37: Dealing with the terminally ill and their relatives.**

| S. No. | Dealing with the terminally ill and their relatives | No. of Respondents | % of Respondents |
|--------|---|--------------------|------------------|
| 1      | Very High Stress                                    | 47                 | 15               |
| 2      | High Stress   | 86                 | 27               |
| 3      | Manageable Stress                                   | 106                | 33               |
| 4      | Low Stress  | 48                 | 15               |
| 5      | Very Low Stress                                     | 33                 | 10               |
|        | Total   | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 37: Dealing with the terminally ill and their relatives.**

### **Interpretation**

The above table shows the respondents' feel regarding dealing with the terminally ill and their relatives. About 15% of the respondents feels very high stress regarding dealing with the terminally ill and their relatives, 27% of the respondents feels high stress regarding dealing with the terminally ill and their relatives, 33% of the respondents feels manageable stress regarding dealing with the terminally ill and their relatives, 15% of the respondents feels low stress regarding dealing with the terminally ill and their relatives and about 10% of the respondents feels very low stress regarding dealing with the terminally ill and their relatives.

### **4.38 TRAINING PROGRAMS ARE CONDUCTED FREQUENTLY**

The following table shows the respondents' feel regarding training programs are conducted frequently.

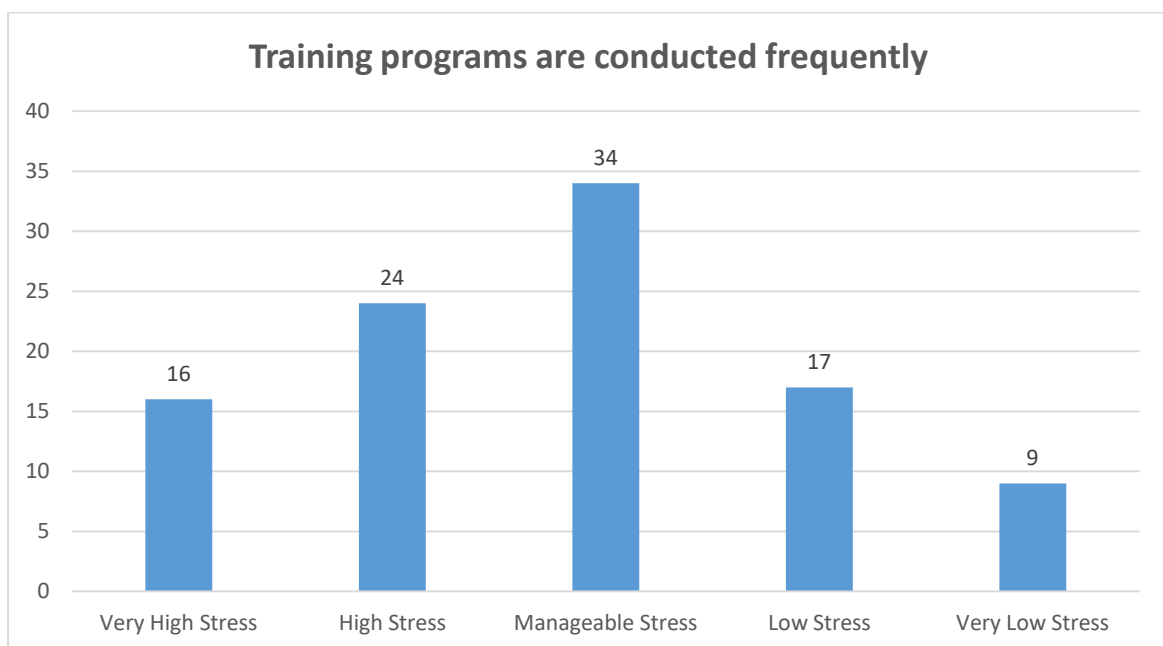
**Table 38: Training programs are conducted frequently.**

| S. No. | Training programs are conducted frequently | No. of Respondents | % of Respondents |
|--------|--|--------------------|------------------|
| 1      | Very High Stress                           | 51                 | 16               |
| 2      | High Stress                                | 78                 | 24               |

|   |                   |     |     |
|---|-------------------|-----|-----|
| 3 | Manageable Stress | 108 | 34  |
| 4 | Low Stress        | 54  | 17  |
| 5 | Very Low Stress   | 29  | 9   |
|   | Total             | 320 | 100 |

**Source: Primary data**

The following chart shows the data what has been obtained from the respondents in the pictorial format.



**Chart 38: Training programs are conducted frequently.**

### **Interpretation**

The above table shows the respondents' feel regarding training programs are conducted frequently. About 16% of the respondents feels very high stress regarding training programs are conducted frequently, 24% of the respondents feels high stress regarding training programs are conducted frequently, 34% of the respondents feels manageable stress regarding training programs are conducted frequently, 17% of the respondents feels low stress regarding training programs are conducted frequently and about 9% of the respondents feels very low stress regarding training programs are conducted frequently.



## **JOB SATISFACTION LEVEL**

### **4.39 BEING PAID A FAIR AMOUNT FOR THE WORK DONE**

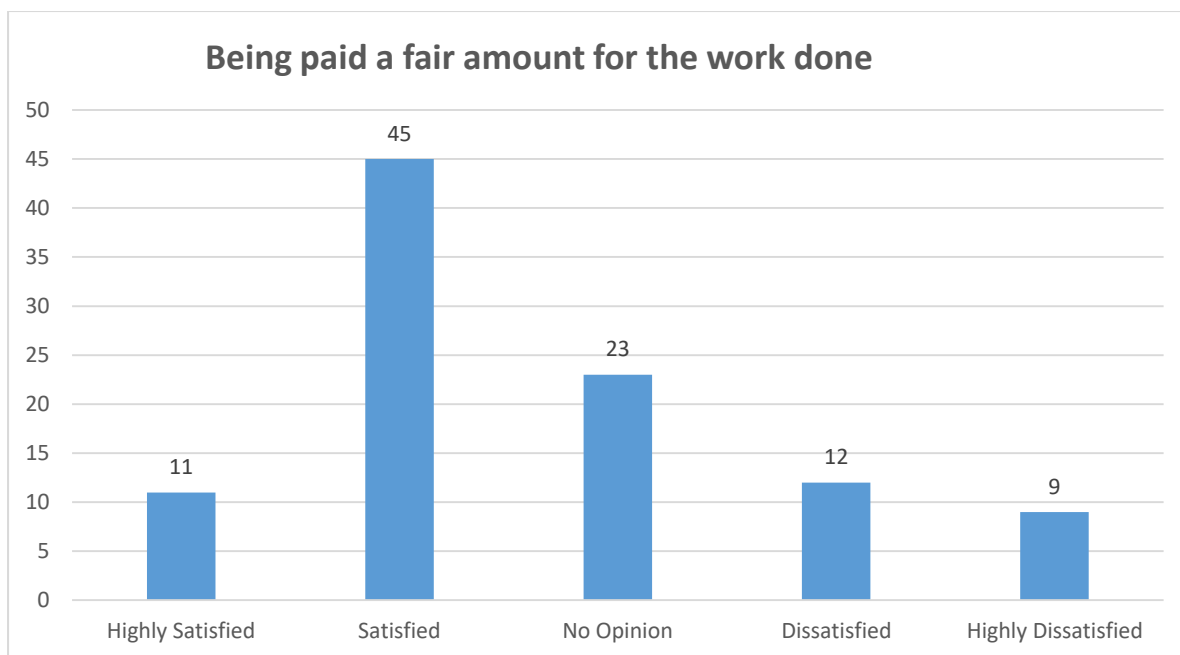
The following table shows the respondents' satisfactory level for being paid a fair amount for the work done.

**Table 39: Being paid a fair amount for the work done.**

| <b>S. No.</b> | <b>Being paid a fair amount for the work done</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|---|---------------------------|-------------------------|
| 1             | Highly Satisfied                                  | 35                        | 11                      |
| 2             | Satisfied   | 145                       | 45                      |
| 3             | No Opinion  | 75                        | 23                      |
| 4             | Dissatisfied                                      | 37                        | 12                      |
| 5             | Highly Dissatisfied                               | 28                        | 9                       |
|               | Total   | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data what has been obtained from the respondents in the pictorial format.



**Chart 39: Being paid a fair amount for the work done.**

### **Interpretation**

The above table shows the respondents' satisfaction level with being paid a fair amount for the work done. About 11% of the respondents are highly satisfied with the amount for the work done, about 45% of the respondents are satisfied with the amount for the work done, about 23% of the respondents have no opinion with the amount for the work done, about 12% of the respondents are dissatisfied with the amount for the work done and about 9% of the respondents are highly dissatisfied with the amount for the work done.

### **4.40 AMOUNT OF RESPONSIBILITY**

The following table shows the respondents' satisfactory level regarding amount of responsibility.

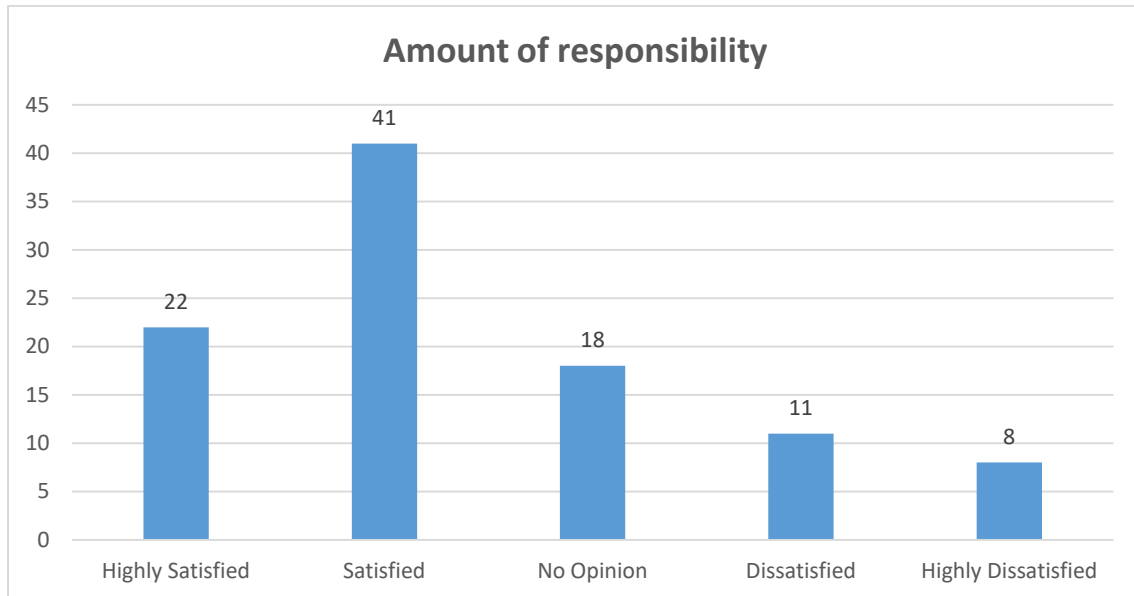
**Table 40: Amount of responsibility**

| S. No. | Amount of responsibility | No. of Respondents | % of Respondents |
|--------|--------------------------|--------------------|------------------|
| 1      | Highly Satisfied         | 69                 | 22               |
| 2      | Satisfied                | 133                | 41               |
| 3      | No Opinion               | 57                 | 18               |

|   |                     |     |     |
|---|---------------------|-----|-----|
| 4 | Dissatisfied        | 34  | 11  |
| 5 | Highly Dissatisfied | 27  | 8   |
|   | Total               | 320 | 100 |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 40: Amount of responsibility Interpretation**

### **Interpretation**

The above table shows the respondents' satisfactory level regarding amount of responsibility. About 22% of the respondents are highly satisfied with the amount of responsibility, about 41% of the respondents are satisfied with the amount of responsibility, about 18% of the respondents have no opinion with the amount of responsibility, about 11% of the respondents are dissatisfied with the amount of responsibility and about 8% of the respondents are highly dissatisfied with the amount of responsibility.

### **4.41 FREEDOM TO CHOOSE OWN METHOD OF WORKING**

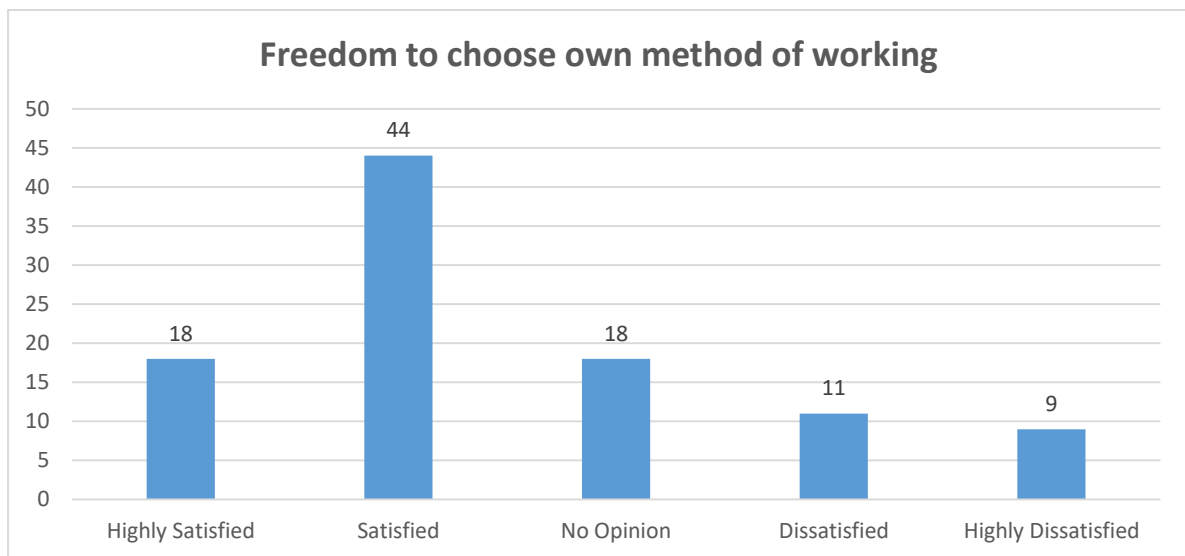
The following table shows the respondents' satisfactory level regarding freedom to choose own method of working.

**Table 41: Freedom to choose own method of working.**

| S. No. | Freedom to choose own method of working | No. of Respondents | % of Respondents |
|--------|---|--------------------|------------------|
| 1      | Highly Satisfied                        | 59                 | 18               |
| 2      | Satisfied                               | 140                | 44               |
| 3      | No Opinion                              | 59                 | 18               |
| 4      | Dissatisfied                            | 34                 | 11               |
| 5      | Highly Dissatisfied                     | 28                 | 9                |
|        | Total                                   | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 41: Freedom to choose own method of working.**

### **Interpretation**

The above table shows the respondents' satisfactory level regarding freedom to choose own method of working. About 18% of the respondents are highly satisfied regarding freedom to choose own method of working, about 44% of the respondents are satisfied regarding freedom to choose own method of working, about 18% of the respondents have no opinion regarding freedom to choose own method of working, about 11% of the respondents are

dissatisfied regarding freedom to choose own method of working and about 9% of the respondents are highly dissatisfied regarding freedom to choose own method of working.

#### 4.42 AMOUNT OF VARIETY IN THE JOB

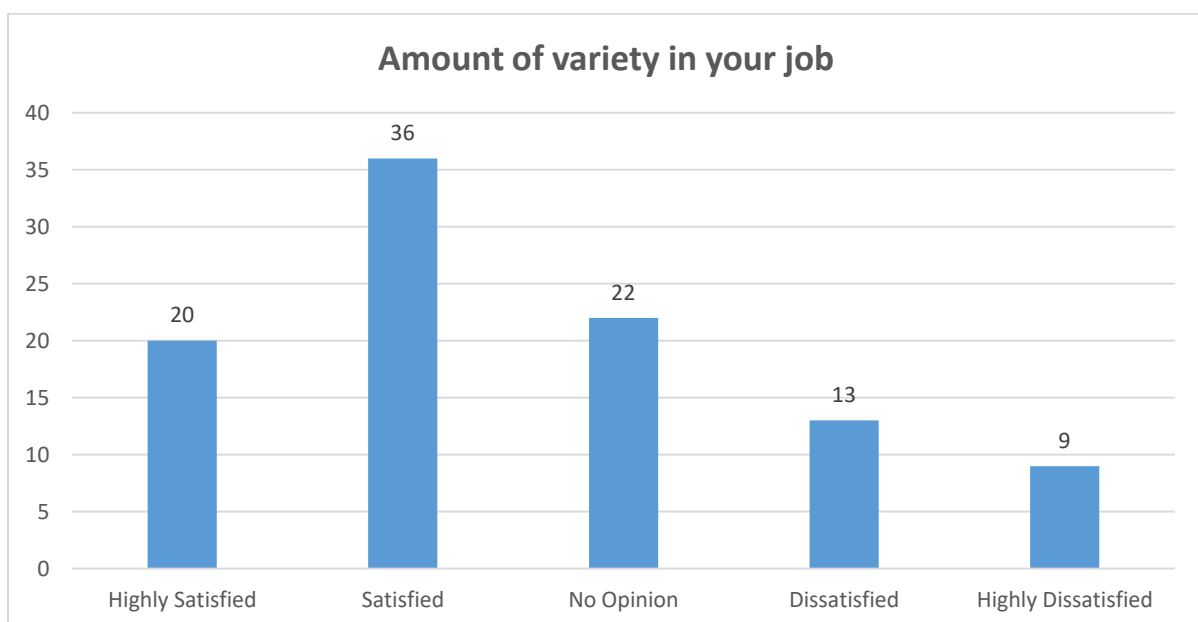
The following table shows the respondents' satisfactory level regarding amount of variety in the job.

**Table 42: Amount of variety in the job**

| S. No. | Amount of variety in the job | No. of Respondents | % of Respondents |
|--------|------------------------------|--------------------|------------------|
| 1      | Highly Satisfied             | 64                 | 20               |
| 2      | Satisfied                    | 115                | 36               |
| 3      | No Opinion                   | 70                 | 22               |
| 4      | Dissatisfied                 | 43                 | 13               |
| 5      | Highly Dissatisfied          | 28                 | 9                |
|        | Total                        | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



### Chart 42: Amount of variety in the job

#### Interpretation

The above table shows the respondents' satisfactory level regarding amount of variety in the job. About 20% of the respondents are highly satisfied regarding amount of variety in the job, about 36% of the respondents are satisfied regarding amount of variety in the job, about 22% of the respondents have no opinion regarding amount of variety in the job, about 13% of the respondents are dissatisfied regarding amount of variety in the job and about 9% of the respondents are highly dissatisfied regarding amount of variety in the job.

#### 4.43 FELLOW WORKERS/STAFFS

The following table shows the respondents' satisfactory level regarding fellow workers/staffs.

**Table 43: Fellow workers/staffs**

| S. No. | Fellow workers/staffs | No. of Respondents | % of Respondents |
|--------|-----------------------|--------------------|------------------|
| 1      | Highly Satisfied      | 62                 | 19               |
| 2      | Satisfied             | 123                | 39               |
| 3      | No Opinion            | 65                 | 20               |
| 4      | Dissatisfied          | 44                 | 14               |
| 5      | Highly Dissatisfied   | 26                 | 8                |
|        | Total                 | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 43: Fellow workers/staffs**

### Interpretation

The above table shows the respondents' satisfactory level regarding fellow workers/staffs. About 19% of the respondents are highly satisfied regarding fellow workers/staffs, about 39% of the respondents are satisfied regarding fellow workers/staffs, about 20% of the respondents have no opinion regarding fellow workers/staffs, about 14% of the respondents are dissatisfied regarding fellow workers/staffs and about 8% of the respondents are highly dissatisfied regarding fellow workers/staffs.

### 4.44 OPPORTUNITY TO USE THE ABILITY

The following table shows the respondents' satisfactory level regarding opportunity to use the ability.

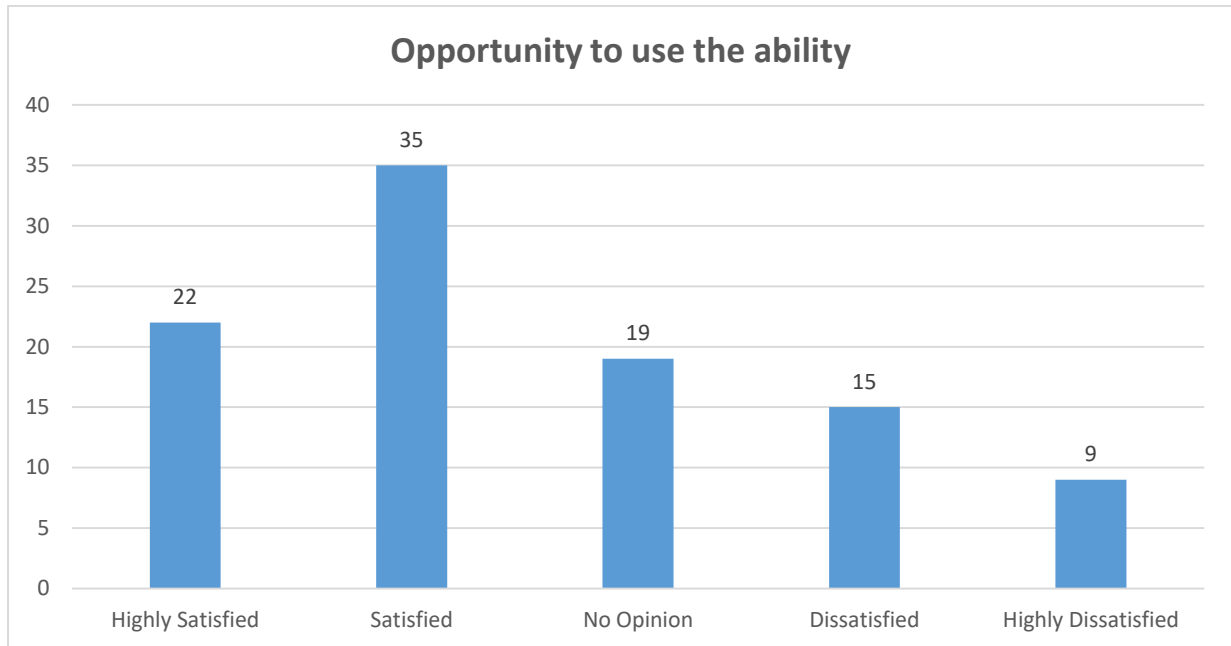
**Table 44: Opportunity to use the ability.**

| S. No. | Opportunity to use the ability | No. of Respondents | % of Respondents |
|--------|--------------------------------|--------------------|------------------|
| 1      | Highly Satisfied               | 69                 | 22               |
| 2      | Satisfied                      | 115                | 35               |
| 3      | No Opinion                     | 60                 | 19               |

|   |                     |     |     |
|---|---------------------|-----|-----|
| 4 | Dissatisfied        | 48  | 15  |
| 5 | Highly Dissatisfied | 28  | 9   |
|   | Total               | 320 | 100 |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 44: Opportunity to use the ability.**

### **Interpretation**

The above table shows the respondents' satisfactory level regarding opportunity to use the ability. About 22% of the respondents are highly satisfied regarding opportunity to use the ability, about 35% of the respondents are satisfied regarding opportunity to use the ability, about 19% of the respondents have no opinion regarding opportunity to use the ability, about 15% of the respondents are dissatisfied regarding opportunity to use the ability and about 9% of the respondents are highly dissatisfied regarding opportunity to use the ability.

### **4.45 RATE OF PAYMENT (SALARY)**

The following table shows the respondents' satisfactory level regarding rate of payment (salary).

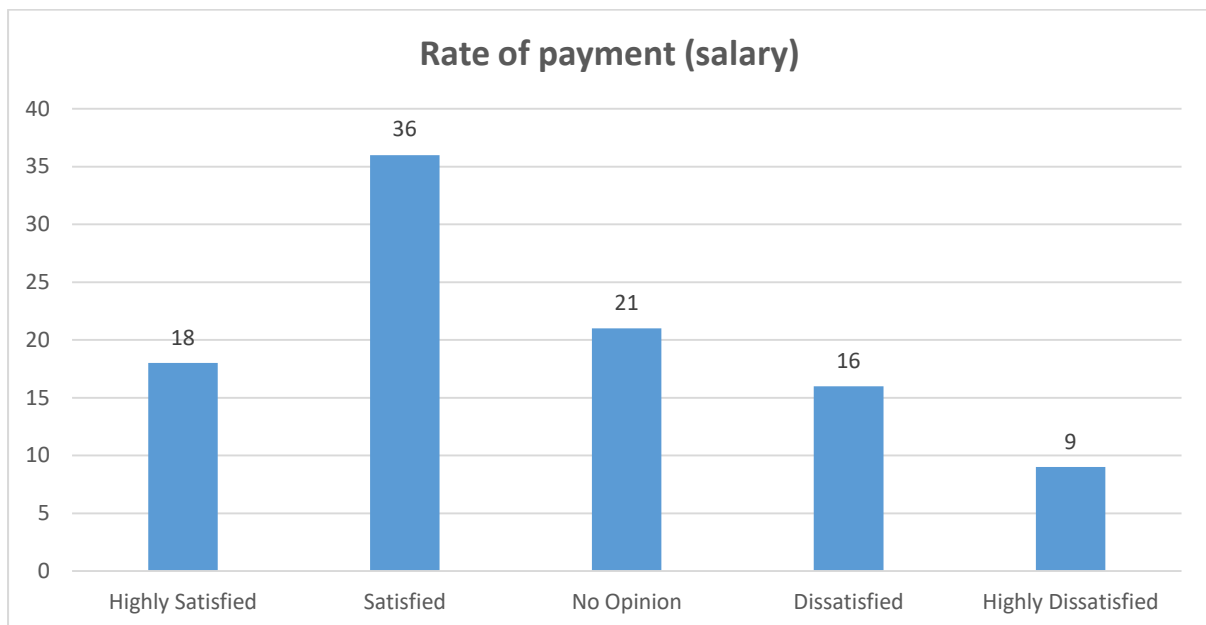


**Table 45: Rate of payment (salary)**

| S. No. | Rate of payment (salary) | No. of Respondents | % of Respondents |
|--------|--------------------------|--------------------|------------------|
| 1      | Highly Satisfied         | 58                 | 18               |
| 2      | Satisfied                | 114                | 36               |
| 3      | No Opinion               | 68                 | 21               |
| 4      | Dissatisfied             | 50                 | 16               |
| 5      | Highly Dissatisfied      | 30                 | 9                |
|        | Total                    | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 45: Rate of payment (salary)**

### **Interpretation**

The above table shows the respondents' satisfactory level regarding rate of payment (salary). About 18% of the respondents are highly satisfied regarding rate of payment (salary), about 36% of the respondents are satisfied regarding rate of payment (salary), about 21% of the

respondents have no opinion regarding rate of payment (salary), about 16% of the respondents are dissatisfied regarding rate of payment (salary) and about 9% of the respondents are highly dissatisfied regarding rate of payment (salary).

#### **4.46 RECOGNITION GETS FOR THE GOOD WORK**

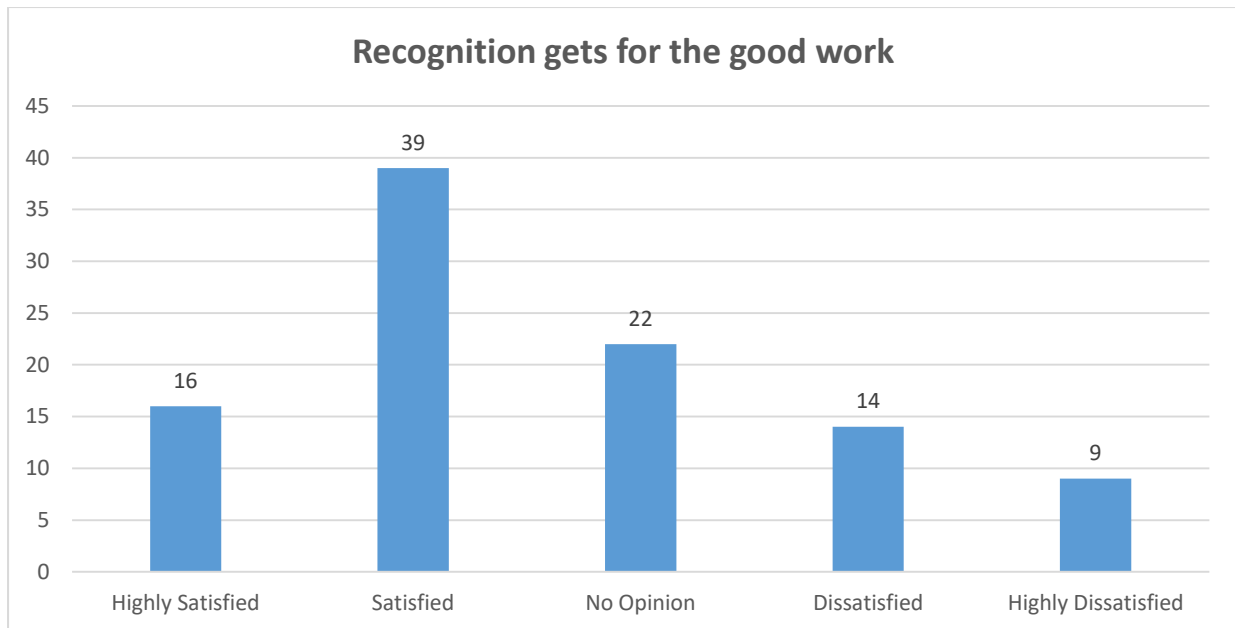
The following table shows the respondents' satisfactory level regarding recognition gets for the good work.

**Table 46: Recognition gets for the good work.**

| <b>S. No.</b> | <b>Recognition gets for the good work</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|---|---------------------------|-------------------------|
| 1             | Highly Satisfied                          | 52                        | 16                      |
| 2             | Satisfied                                 | 124                       | 39                      |
| 3             | No Opinion                                | 70                        | 22                      |
| 4             | Dissatisfied                              | 44                        | 14                      |
| 5             | Highly Dissatisfied                       | 30                        | 9                       |
|               | Total                                     | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 46: Recognition gets for the good work.**

#### **Interpretation**

The above table shows the respondents' satisfactory level regarding recognition gets for the good work. About 16% of the respondents are highly satisfied regarding recognition gets for the good work, about 39% of the respondents are satisfied regarding recognition gets for the good work, about 22% of the respondents have no opinion regarding recognition gets for the good work, about 14% of the respondents are dissatisfied regarding recognition gets for the good work and about 9% of the respondents are highly dissatisfied regarding recognition gets for the good work.

#### **4.47 HOURS OF WORK**

The following table shows the satisfactory level regarding hours of work.

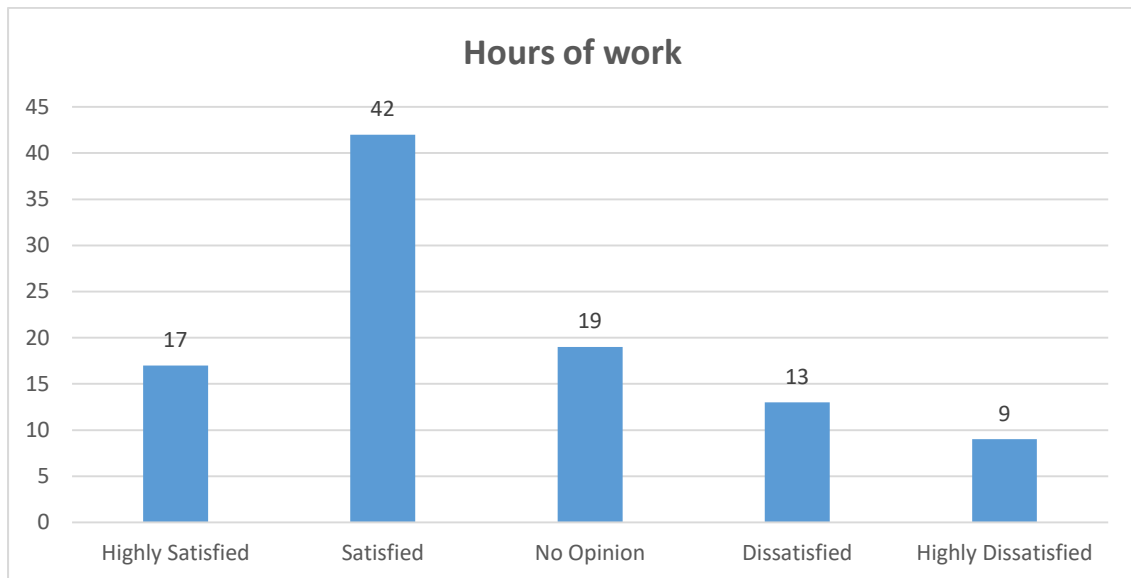
**Table 47: Hours of work**

| S. No. | Hours of work    | No. of Respondents | % of Respondents |
|--------|------------------|--------------------|------------------|
| 1      | Highly Satisfied | 55                 | 17               |
| 2      | Satisfied        | 42                 | 42               |
| 3      | No Opinion       | 19                 | 19               |

|   |                     |     |     |
|---|---------------------|-----|-----|
| 4 | Dissatisfied        | 13  | 13  |
| 5 | Highly Dissatisfied | 9   | 9   |
|   | Total               | 320 | 100 |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 47: Hours of work**

### **Interpretation**

The above table shows the respondents' satisfactory level regarding hours of work. About 17% of the respondents are highly satisfied regarding hours of work, about 42% of the respondents are satisfied regarding hours of work, about 19% of the respondents have no opinion regarding hours of work, about 13% of the respondents are dissatisfied regarding hours of work and about 9% of the respondents are highly dissatisfied regarding hours of work.

## **4.48 COMMUNICATION SYSTEM**

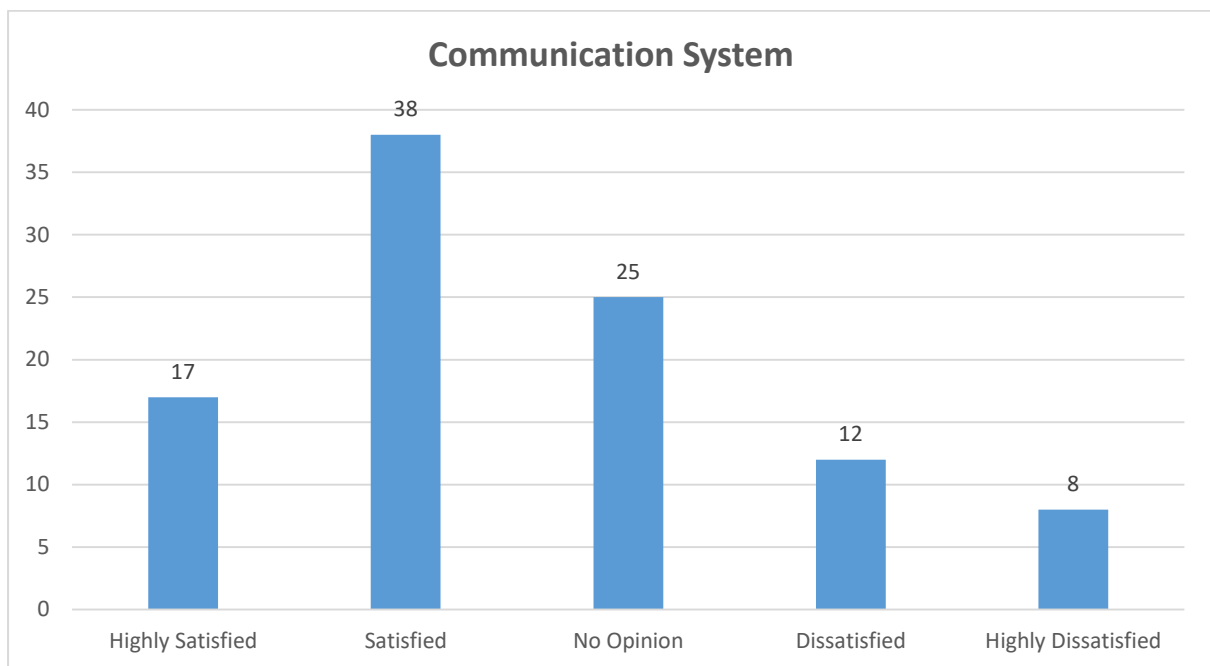
The following table shows the satisfactory level regarding the communication system.

**Table 48: Communication System**

| S. No. | Communication System | No. of Respondents | % of Respondents |
|--------|----------------------|--------------------|------------------|
| 1      | Highly Satisfied     | 54                 | 17               |
| 2      | Satisfied            | 121                | 38               |
| 3      | No Opinion           | 79                 | 25               |
| 4      | Dissatisfied         | 38                 | 12               |
| 5      | Highly Dissatisfied  | 28                 | 8                |
|        | Total                | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 48: Communication System**

### **Interpretation**

The above table shows the respondents' satisfactory level regarding communication system. About 17% of the respondents are highly satisfied regarding communication system, about 38% of the respondents are satisfied regarding communication system, about 25% of the respondents have no opinion regarding communication system, about 12% of the respondents

are dissatisfied regarding communication system and about 8% of the respondents are highly dissatisfied regarding communication system.

#### **4.49 APPRECIATION FOR GOOD WORK DONE? What do you mean by this?**

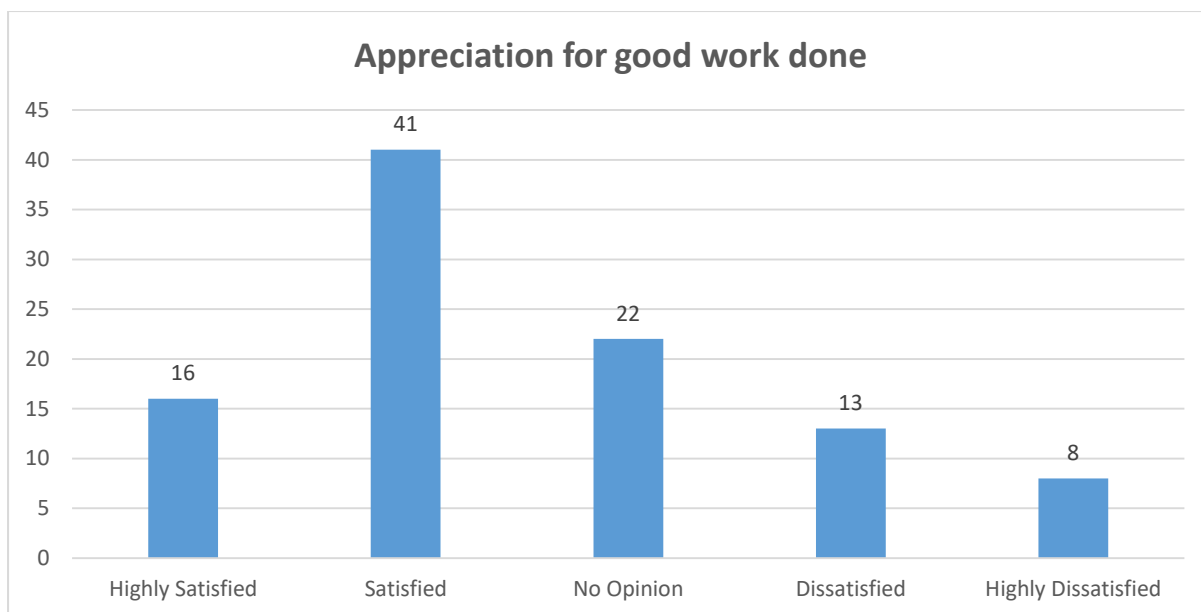
The following table shows the satisfactory level of appreciation for good work done.

**Table 49: Appreciation for good work done.**

| <b>S. No.</b> | <b>Appreciation for good work done</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|--|---------------------------|-------------------------|
| 1             | Highly Satisfied                       | 52                        | 16                      |
| 2             | Satisfied                              | 130                       | 41                      |
| 3             | No Opinion                             | 71                        | 22                      |
| 4             | Dissatisfied                           | 43                        | 13                      |
| 5             | Highly Dissatisfied                    | 28                        | 8                       |
|               | Total                                  | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 49: Appreciation for good work done.**

### Interpretation

The above table shows the respondents' satisfactory level of appreciation for good work done. About 16% of the respondents are highly satisfied regarding appreciation for good work done, about 41% of the respondents are satisfied regarding appreciation for good work done, about 22% of the respondents have no opinion regarding appreciation for good work done, about 13% of the respondents are dissatisfied regarding appreciation for good work done and about 8% of the respondents are highly dissatisfied regarding appreciation for good work done.

## 4.50 RULES AND REGULATIONS IN HOSPITAL

The following table shows the satisfactory level regarding rules and regulations in the hospital.

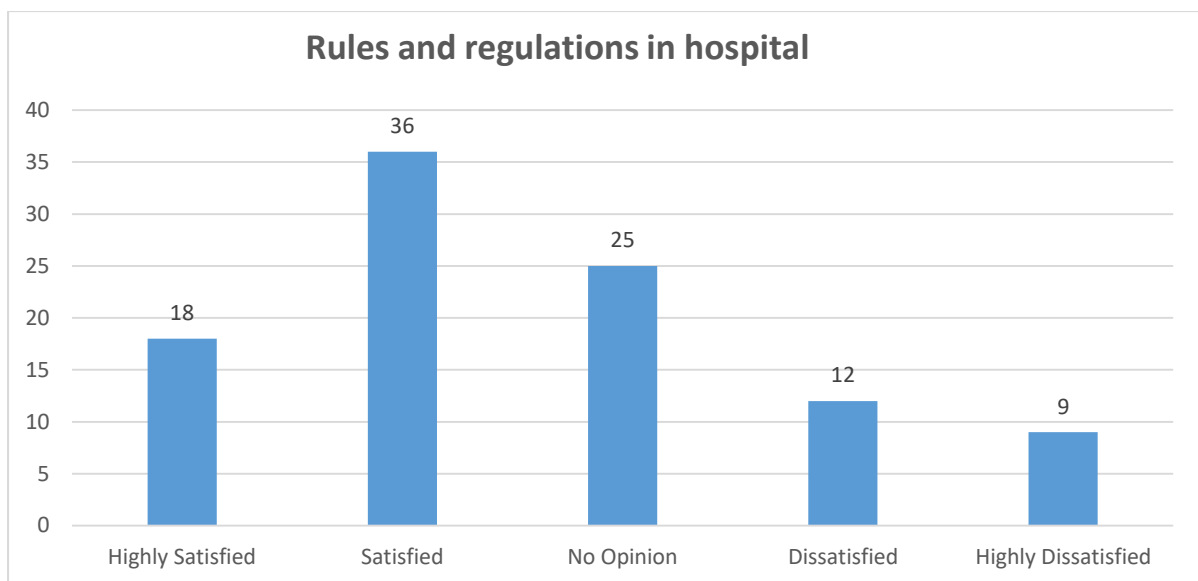
**Table 50: Rules and regulations in the hospital**

| S. No. | Rules and regulations in hospital | No. of Respondents | % of Respondents |
|--------|-----------------------------------|--------------------|------------------|
| 1      | Highly Satisfied                  | 56                 | 18               |
| 2      | Satisfied                         | 116                | 36               |

|   |                     |     |     |
|---|---------------------|-----|-----|
| 3 | No Opinion          | 80  | 25  |
| 4 | Dissatisfied        | 38  | 12  |
| 5 | Highly Dissatisfied | 30  | 9   |
|   | Total               | 320 | 100 |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 50: Rules and regulations in the hospital**

### **Interpretation**

The above table shows the satisfactory level regarding rules and regulations in the hospital. About 18% of the respondents are highly satisfied regarding rules and regulations in the hospital, about 36% of the respondents are satisfied regarding rules and regulations in the hospital, about 25% of the respondents have no opinion regarding rules and regulations in the hospital, about 12% of the respondents are dissatisfied regarding rules and regulations in the hospital and about 9% of the respondents are highly dissatisfied regarding rules and regulation in hospital.

### **4.51 SAME BENEFITS AS OTHER HOSPITALS OFFERING**



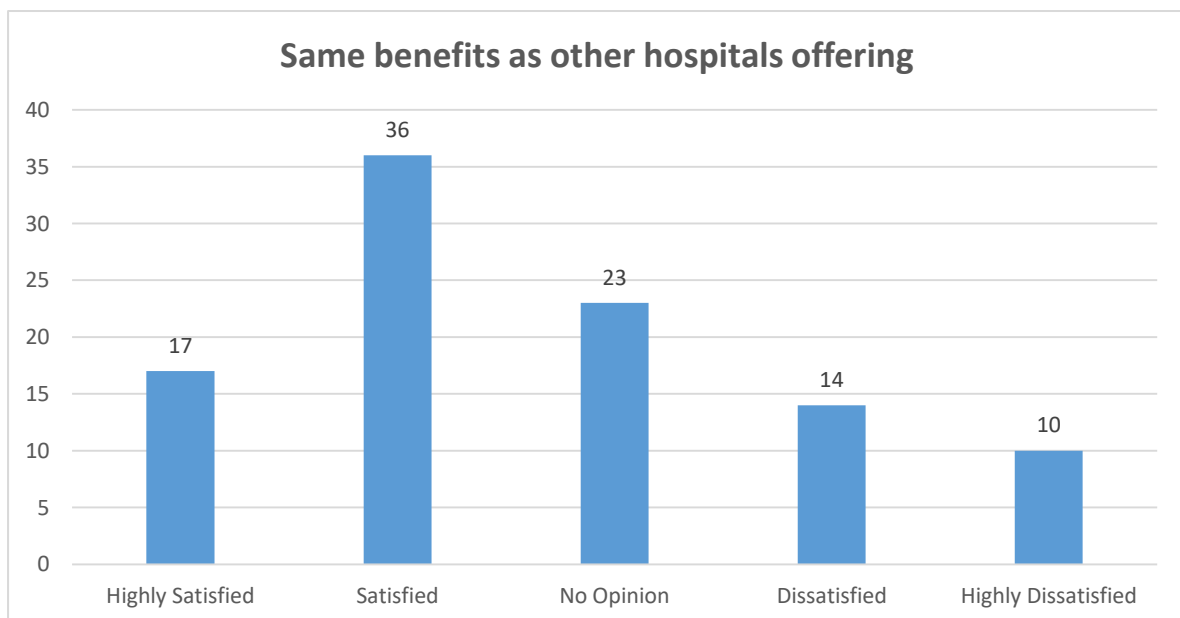
The following table shows the satisfactory level regarding the same benefits as other hospitals offer.

**Table 51: Same benefits as other hospitals offering.**

| S. No. | Same benefits as other hospitals offering | No. of Respondents | % of Respondents |
|--------|---|--------------------|------------------|
| 1      | Highly Satisfied                          | 55                 | 17               |
| 2      | Satisfied                                 | 115                | 36               |
| 3      | No Opinion                                | 73                 | 23               |
| 4      | Dissatisfied                              | 46                 | 14               |
| 5      | Highly Dissatisfied                       | 31                 | 10               |
|        | Total                                     | 320                | 100              |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 51: Same benefits as other hospitals offering.**

**Interpretation**

The above table shows the satisfactory level regarding the same benefits as other hospitals offer. About 17% of the respondents are highly satisfied regarding the same benefits as other hospitals offer, about 36% of the respondents are satisfied regarding the same benefits as other hospitals offer, about 23% of the respondents have no opinion regarding the same benefits as other hospitals offer, about 14% of the respondents are dissatisfied regarding the same benefits as other hospitals offer and about 10% of the respondents are highly dissatisfied regarding the same benefits as other hospitals offer.

#### **4.52 FRINGE BENEFITS OTHER THAN SALARY**

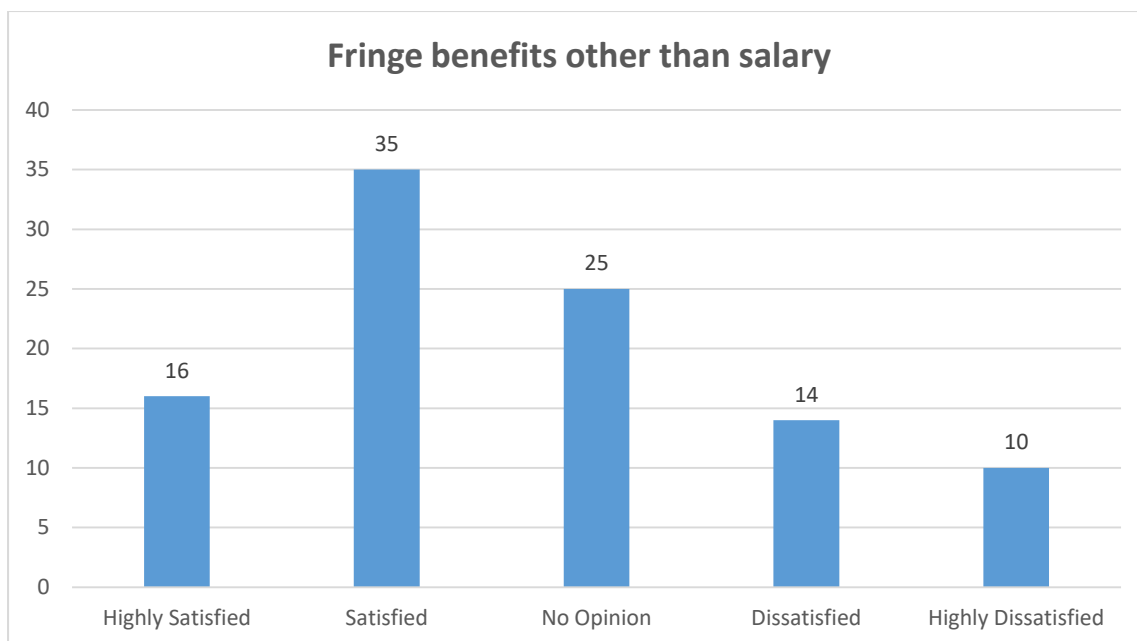
The following table shows the satisfactory level regarding the fringe benefits other than salary.

**Table 52: Fringe benefits other than salary.**

| <b>S. No.</b> | <b>Fringe benefits other than salary</b> | <b>No. of Respondents</b> | <b>% of Respondents</b> |
|---------------|--|---------------------------|-------------------------|
| 1             | Highly Satisfied                         | 51                        | 16                      |
| 2             | Satisfied                                | 112                       | 35                      |
| 3             | No Opinion                               | 80                        | 25                      |
| 4             | Dissatisfied                             | 46                        | 14                      |
| 5             | Highly Dissatisfied                      | 31                        | 10                      |
|               | Total                                    | 320                       | 100                     |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 52: Fringe benefits other than salary.**

### Interpretation

The above table shows the satisfactory level regarding fringe benefits other than salary. About 16% of the respondents are highly satisfied regarding fringe benefits other than salary, about 35% of the respondents are satisfied regarding fringe benefits other than salary, about 25% of the respondents have no opinion regarding fringe benefits other than salary, about 14% of the respondents are dissatisfied regarding fringe benefits other than salary and about 10% of the respondents are highly dissatisfied regarding fringe benefits other than salary.

### 4.53 OVERALL SATISFACTION

The following table shows the satisfactory level of overall satisfaction.

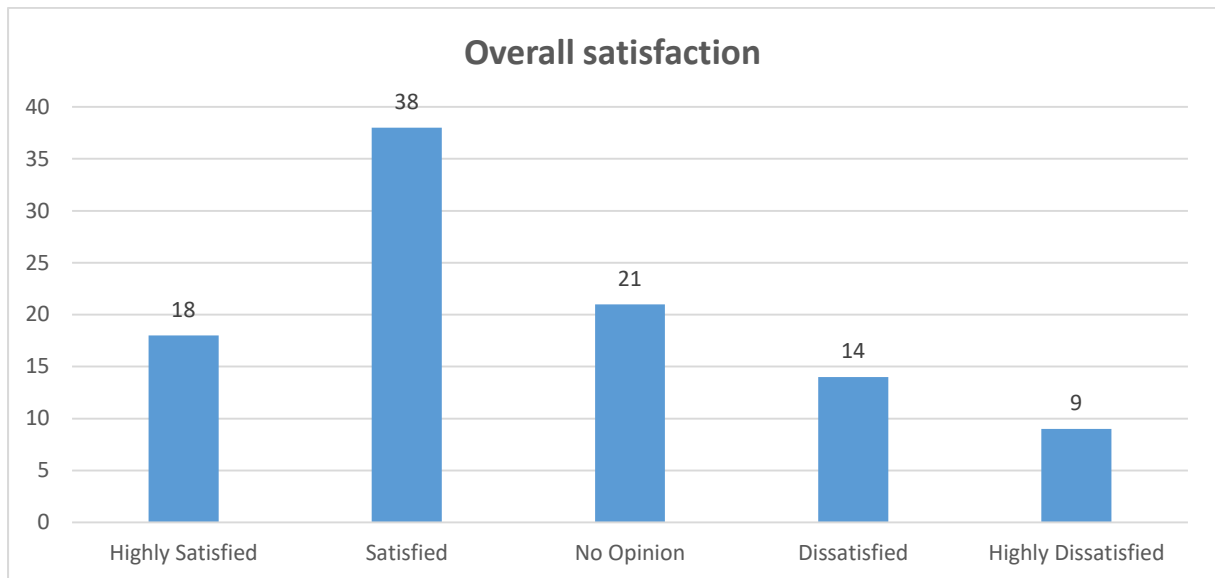
**Table 53: Overall satisfaction**

| S. No. | Overall satisfaction | No. of Respondents | % of Respondents |
|--------|----------------------|--------------------|------------------|
| 1      | Highly Satisfied     | 18                 | 18               |
| 2      | Satisfied            | 38                 | 38               |
| 3      | No Opinion           | 21                 | 21               |

|   |                     |     |     |
|---|---------------------|-----|-----|
| 4 | Dissatisfied        | 14  | 14  |
| 5 | Highly Dissatisfied | 9   | 9   |
|   | Total               | 320 | 100 |

**Source: Primary data**

The following chart shows the data obtained from the respondents in the pictorial format.



**Chart 53: Overall satisfaction**

### **Interpretation**

The above table shows the satisfactory level of overall satisfaction. About 18% of the respondents are highly satisfied regarding overall satisfaction, about 38% of the respondents are satisfied regarding overall satisfaction, about 21% of the respondents have no opinion regarding overall satisfaction, about 14% of the respondents are dissatisfied regarding overall satisfaction and about 9% of the respondents are highly dissatisfied regarding overall satisfaction.

**Objective:** To determine the elements prompting job satisfaction among healthcare providers in like doctors, nurses, pharamacists and other staffs among healthcare professionals in India.

### 4.3 Correlation Analysis

Correlation analysis is a statistical method employed to evaluate the strength and direction of the relationship between two quantitative variables. It plays a crucial role in understanding the degree to which changes in one variable are associated with changes in another. The most commonly used measure of correlation is the Pearson correlation coefficient, which ranges from -1 to +1. A coefficient close to +1 signifies a strong positive correlation, implying that as one variable increases, the other tends to increase as well. Conversely, a coefficient near -1 indicates a strong negative correlation, meaning that as one variable increases, the other tends to decrease. A coefficient close to 0 suggests a weak or no linear correlation.

Correlation does not imply causation, and it is essential to exercise caution in inferring a cause-and-effect relationship solely based on correlation analysis. Factors such as confounding variables may influence the observed correlation. Additionally, correlation analysis may overlook nonlinear relationships or fail to capture more complex associations between variables. Despite its limitations, correlation analysis is a valuable tool in various fields, including economics, psychology, and epidemiology, providing insights into patterns and associations that aid researchers and decision-makers in making informed decisions. It is particularly useful for identifying potential connections between variables, forming a foundation for more in-depth investigations and research endeavours.

**Table 54: Correlation analysis**

| Correlations      | HRM Policies | Stress Management | Satisfaction |
|-------------------|--------------|-------------------|--------------|
| HRM Policies      | 1            | .775**            | .653**       |
| Stress Management | .775**       | 1                 | .706**       |
| Satisfaction      | .653**       | .706**            | 1            |

#### Interpretation

From the above table, it is noted that the highest positive correlation exists between HRM policies and stress management which is nearly +0.775 showing high positive association between them. Also, it is noted that the correlation between HRM policies and Satisfaction

possess positive correlation of +0.653, furthermore, the stress management satisfaction has correlation of +0.706. Hence it can be concluded that all variables possess higher positive correlation.

The correlation analysis reveals that HRM policies have a strong positive relationship with stress management, with a correlation coefficient of +0.775. This indicates that effective HRM practices, such as supportive work environments, fair treatment, clear communication, and opportunities for professional development, contribute significantly to better management of occupational stress among healthcare professionals. Stress management, in turn, shows a high positive correlation of +0.706 with job satisfaction. This suggests that healthcare providers who experience lower levels of stress, or are better able to manage stress due to organizational support and resources, are more likely to report higher satisfaction in their roles. Additionally, HRM policies themselves are directly associated with job satisfaction, as evidenced by the positive correlation of +0.653. This means that even independent of stress management, good HRM practices foster a sense of well-being, motivation, and fulfillment among healthcare workers. Through these findings, it becomes clear that HRM policies and stress management are crucial elements prompting job satisfaction among healthcare professionals. The strong interrelationships among these variables confirm that a supportive organizational framework that prioritizes effective HR practices and stress mitigation strategies plays a pivotal role in enhancing the job satisfaction of doctors, nurses, pharmacists, and other healthcare staff. Thus, the correlation analysis not only identifies key factors associated with job satisfaction but also highlights the interconnected nature of these elements, aligning directly with the study's stated objective. The results provide valuable insights for healthcare administrators and policymakers in India, emphasizing the need to focus on both HRM improvements and stress management interventions to promote a more satisfied and resilient healthcare workforce.

#### **4.55 REGRESSION ANALYSIS**

Regression analysis is a powerful statistical technique widely employed in research to model and examine the relationship between a dependent variable and one or more independent variables. Its primary objective is to assess the nature and strength of these relationships, enabling researchers to make predictions, understand patterns, and uncover underlying trends within their data. The regression model expresses the dependent variable as a function of the

independent variables, with the coefficients representing the magnitude and direction of their impact. The most common form is linear regression, which assumes a linear relationship between variables.

Researchers use regression analysis to not only quantify the strength and direction of relationships but also to identify and control for potential confounding variables. By doing so, they can isolate the unique contribution of each independent variable to the variation in the dependent variable. Regression analysis provides valuable insights into predicting outcomes, evaluating the significance of predictors, and understanding the overall fit of the model. However, it is essential to acknowledge the assumptions underlying regression analysis, such as linearity, independence of errors, homoscedasticity, and normality of residuals. Failure to meet these assumptions may compromise the validity of the results.

In research, regression analysis finds applications in diverse fields, including economics, psychology, epidemiology, and social sciences. It facilitates a nuanced understanding of complex relationships within datasets, aids in hypothesis testing, and informs evidence-based decision-making. Researchers often use regression to build models that help them comprehend the intricate interplay of variables and derive meaningful conclusions from their investigations.

**Table 55: Regression analysis**

| ANOVA             | Sum of Squares | df         | Mean Square | F      | Sig.  |
|-------------------|----------------|------------|-------------|--------|-------|
| Regression        | 73.238         | 7          | 10.463      | 16.891 | .000b |
| Residual          | 193.259        | 312        | 0.619       |        |       |
| Total             | 266.497        | 319        |             |        |       |
| Coefficients      | B              | Std. Error | Beta        | t      | Sig.  |
| (Constant)        | 0.816          | 0.293      |             | 2.788  | 0.01  |
| Fair Amount       | 0.168          | 0.068      | 0.139       | 2.482  | 0.01  |
| Responsibility    | 0.052          | 0.07       | 0.047       | 0.745  | 0.46  |
| Freedom to choose | 0.037          | 0.067      | 0.034       | 0.547  | 0.59  |
| Recognition       | 0.267          | 0.059      | 0.277       | 4.497  | 0.00  |
| Hours of work     | 0.134          | 0.065      | 0.125       | 2.045  | 0.04  |

|                       |       |       |       |       |      |
|-----------------------|-------|-------|-------|-------|------|
| Appreciation          | 0.031 | 0.071 | 0.03  | 0.436 | 0.66 |
| Rules and Regulations | 0.082 | 0.063 | 0.081 | 1.303 | 0.19 |

The researcher intends to understand the critical relationship between the dependent variable overall satisfaction and the independent variables: Fair Amount of salary; Responsibility; Freedom to choose; Recognition; Hours of work; Appreciation and Rules and Regulations

From table 55, it is noted that the F value is 16.891 and the corresponding p value is 0.00 (which is less than 5% level of significance). This shows that the model is a good fit.

Also based on the coefficients value, the regression equation is framed as follows:

Y (Overall satisfaction) = 0.816 + 0.168 x Fair Amount + 0.052 x Responsibility + 0.037 x Freedom to choose + 0.267 x Recognition + 0.134 x Hours of work – 0.031 x Appreciation + 0.082 x Rules and Regulations

**Objective 2: To analyse the association between stress management and Job satisfaction among healthcare providers like doctors, nurses, pharamacists and other staffs among healthcare professionals in India.**

#### 4.56 RELIABILITY AND VALIDITY

| Cronbach Alpha    | No. of items | Values |
|-------------------|--------------|--------|
| HRM Policies      | 9            | 0.834  |
| Stress Management | 26           | 0.926  |
| Satisfaction      | 15           | 0.905  |

Based on the above it is noted that all the variables possess the Cronbach alpha values of more than 0.700, hence the data is reliable and valid

| Correlations      | HRM Policies | Stress Management | Satisfaction |
|-------------------|--------------|-------------------|--------------|
| HRM Policies      | 1            | .775**            | .653**       |
| Stress Management | .775**       | 1                 | .706**       |



|              |        |        |   |
|--------------|--------|--------|---|
| Satisfaction | .653** | .706** | 1 |
|--------------|--------|--------|---|

In the context of the thesis the correlation analysis conducted offers significant insights into the relationships between Human Resource Management (HRM) Policies, Stress Management, and overall Job Satisfaction among healthcare providers such as doctors, nurses, pharmacists, and other healthcare staff in India. The correlation coefficients presented reveal strong, positive relationships among the studied variables, which align well with the objective of analyzing the association between stress management and job satisfaction. The correlation coefficient between HRM Policies and Stress Management is found to be 0.775, which is statistically significant at the 0.01 level. This high positive correlation suggests that better HRM policies are closely associated with more effective stress management among healthcare professionals. In practice, this indicates that when organizations have clear, supportive, and employee-centered HRM policies, healthcare workers experience lower levels of occupational stress or are better equipped to manage stress. Policies that support work-life balance, provide emotional and mental health resources, and ensure fair workload distribution are likely to enable healthcare professionals to manage the intrinsic stress of their demanding roles more effectively.

Similarly, the correlation between Stress Management and Satisfaction is observed at 0.706, which is also statistically significant at the 0.01 level. This strong positive association shows that effective stress management is critically linked with higher job satisfaction among healthcare professionals. Healthcare settings are often characterized by high-pressure environments, and if individuals are unable to cope with stress, it can lead to dissatisfaction, burnout, and even attrition. However, when healthcare workers have access to robust stress management strategies, such as counseling services, peer support networks, structured rest periods, and stress resilience training, they tend to report higher levels of satisfaction in their professional roles. This finding directly supports the research objective by clearly demonstrating that stress management is an essential factor influencing job satisfaction among healthcare providers.

Further, the correlation between HRM Policies and Satisfaction is 0.653, which, while slightly lower than the other two correlations, still represents a strong and statistically significant positive relationship. This indicates that sound HRM practices do not only aid in stress management but also contribute independently to an enhanced sense of job satisfaction.

Good HRM policies ensure that employees feel valued, respected, and supported within the organization, fostering a positive work culture that naturally elevates job satisfaction levels.

The analysis effectively addresses the stated objective, which is "to analyse the association between stress management and job satisfaction among healthcare providers like doctors, nurses, pharmacists, and other staff among healthcare professionals in India." By employing correlation analysis, the study provides empirical evidence demonstrating the strength and nature of the association between stress management and job satisfaction. The correlation coefficient between stress management and job satisfaction is found to be 0.706, a strong and statistically significant positive relationship. This finding clearly indicates that as the effectiveness of stress management increases, the level of job satisfaction among healthcare professionals also rises. In the high-pressure environments typical of healthcare settings, this result highlights the critical importance of implementing effective stress management strategies to ensure that healthcare workers remain satisfied, motivated, and committed to their roles.

Moreover, the strong positive correlation emphasizes that stress management is not a peripheral factor but a central element influencing job satisfaction. Healthcare professionals often face intense workloads, emotional strain, and the pressure of dealing with life-and-death situations. When they are provided with adequate support systems, such as counseling services, peer support, stress resilience training, and flexible working arrangements, their ability to manage stress improves significantly, which in turn translates into higher job satisfaction. This positive cycle reinforces the idea that investment in stress management is a strategic priority for healthcare institutions aiming to improve employee satisfaction and organizational performance.

Additionally, the analysis highlights that while HRM policies and job satisfaction are also strongly correlated, stress management acts as an important intermediary factor that bridges organizational support with individual satisfaction outcomes. The high correlation between HRM policies and stress management (0.775) further strengthens the argument that organizational practices play a foundational role in equipping healthcare workers with the tools and environments needed for effective stress management. Consequently, the pathway from HRM practices through stress management to job satisfaction is illuminated clearly in the analysis, offering a comprehensive view of how organizational interventions can foster a healthier, more satisfied workforce.

#### 4.57 CHI-SQUARE ANALYSIS

Chi-square tests are broadly categorized into the chi-square test for independence and the chi-square test for goodness of fit. The former examines whether there is a significant association between two categorical variables, while the latter assesses whether the distribution of a single categorical variable differs significantly from a hypothesized or expected distribution. The test is non-parametric, making minimal assumptions about the underlying distribution of the data, and is suitable for nominal or ordinal data.

Interpreting the results involves comparing the calculated chi-square statistic to critical values from the chi-square distribution and determining whether the observed differences are statistically significant. A p-value is typically associated with the test, and a low p-value indicates that the observed differences are unlikely to have occurred by chance alone. Researchers use the chi-square test in fields such as sociology, epidemiology, and market research, where categorical data analysis is prevalent. Despite its utility, it is essential to recognize the limitations of the chi-square test, such as sensitivity to sample size and the inability to establish causation, reinforcing the importance of careful interpretation in the context of specific research questions.

**Objective: To identify the association among sustainable leadership behaviours and Job satisfaction among healthcare providers like doctors, nurses, pharamacists and other staffs among healthcare professionals in India.**

##### Research Hypothesis 1

H1: There exists significant influence on HRM policies and job satisfaction factors among healthcare professionals in India.

H0: There exists no significant influence on HRM policies and job satisfaction factors among healthcare professionals in India.

**Table 56: Cross tabulation between HRM policies and job satisfaction**

|              | Satisfaction |         |           |                  |
|--------------|--------------|---------|-----------|------------------|
| HRM Policies | Dissatisfied | Neutral | Satisfied | Highly Satisfied |

|                    |         |    |         |    |
|--------------------|---------|----|---------|----|
| Disagree           | 5       | 0  | 0       | 0  |
| Neutral            | 11      | 33 | 11      | 2  |
| Agree              | 4       | 13 | 143     | 63 |
| Strongly Agree     | 0       | 0  | 8       | 27 |
| Total              | 20      | 46 | 162     | 92 |
| Chi-Square Tests   | Value   | df | P value |    |
| Pearson Chi-Square | 256.829 | 9  | 0.00    |    |
| Likelihood Ratio   | 187.373 | 9  | 0.00    |    |

### **Interpretation**

From the above analysis it is noted that the p value is 0.00 which is less than 5% level of significance, hence null hypothesis is rejected, and alternate hypothesis is accepted. Therefore, it can be concluded that there is a significant influence on HRM policies and job satisfaction among healthcare professionals in India.

According to the hypothesis of the researcher, HRM policies have a significant influence on the level of job satisfaction experienced by healthcare personnel in India. It is claimed that the application of well-organized human resource management techniques is one of the most important factors in order to develop a work environment that is helpful and encouraging. This is according to the theoretical implications. The Job Characteristics Model, which was developed by Hackman and Oldham in 1976, proposes that job happiness is determined by five essential aspects of employment. These aspects include skill variety, task identity, task significance, autonomy, and feedback. These aspects may be improved by the application of efficient human resource management strategies, which may include provision of clear career development opportunities, rewards based on performance, and comprehensive training programmes.

A research that was just published in the "Journal of Health Organisation and Management" lends credence to the idea. In a recent study conducted in which they discovered that healthcare professionals who believed that their organization's human resource management (HRM) policies were supportive and focused at supporting development reported better levels of job satisfaction. This was the conclusion reached by the researchers. The results of the study shed light on the considerable influence that HRM methods have on the level of satisfaction experienced by employees working in the healthcare profession. The implementation of recognition programmes, the provision of continuing professional

development, and the active participation of workers in decision-making are all examples of these tactics

Through the use of a cross-tabulation analysis between HRM policies and job satisfaction, accompanied by the Chi-square test, the study provides robust statistical evidence supporting the significant influence of HRM policies on job satisfaction. The Pearson Chi-square value obtained is 256.829 with a p-value of 0.00, which is far below the conventional significance level of 5%. This clearly leads to the rejection of the null hypothesis and the acceptance of the alternate hypothesis, affirming that HRM policies significantly influence job satisfaction among healthcare professionals in India. The findings underscore the notion that when healthcare institutions adopt structured, supportive, and sustainable leadership behaviours—reflected through effective HRM policies—they create an environment where healthcare providers feel more satisfied with their jobs.

The association between HRM policies and job satisfaction is further elucidated through the cross-tabulation figures. A substantial proportion of healthcare workers who agreed or strongly agreed with the effectiveness of HRM policies reported being satisfied or highly satisfied with their jobs. Specifically, among those who agreed with the HRM policies, 143 were satisfied and 63 were highly satisfied, while among those who strongly agreed, 8 were satisfied and 27 were highly satisfied. This distribution highlights a clear trend: stronger agreement with HRM policies corresponds to higher levels of job satisfaction. Such a pattern not only confirms the statistical significance of the association but also provides practical insight into how sustainable leadership practices—implemented through comprehensive HRM initiatives—positively shape the satisfaction levels of healthcare employees.

Furthermore, the analysis aligns with established theoretical frameworks such as the Job Characteristics Model by Hackman and Oldham (1976), which posits that factors like skill variety, task identity, task significance, autonomy, and feedback drive job satisfaction. HRM policies that address these dimensions—such as through career development opportunities, structured recognition systems, performance-based rewards, and regular feedback mechanisms—can thus be seen as critical levers for enhancing job satisfaction. The empirical findings from this study, coupled with existing literature like the research published in the *Journal of Health Organisation and Management*, reinforce that healthcare workers who perceive their organizations as offering supportive and developmental HRM policies consistently report higher satisfaction.

## Research Hypothesis 2

H2: There exists positive association between sustainable leadership behaviours and job satisfaction among healthcare professionals in India.

H0: There exists negative association between sustainable leadership behaviours and job satisfaction among healthcare professionals in India.

**Table 57: Correlations**

| Correlations           | Sustainable Leadership | Job Satisfaction |
|------------------------|------------------------|------------------|
| Sustainable Leadership | 1                      | 0.114            |
| Satisfaction           | 0.114                  | 1                |

**Table 58: Cross tabulation between sustainable leadership and job satisfaction**

|                        | Satisfaction |         |           |                  |
|------------------------|--------------|---------|-----------|------------------|
| Sustainable Leadership | Dissatisfied | Neutral | Satisfied | Highly Satisfied |
| Strongly Disagree      | 2            | 0       | 0         | 1                |
| Disagree               | 0            | 3       | 18        | 3                |
| Neutral                | 8            | 13      | 29        | 17               |
| Agree                  | 7            | 22      | 76        | 55               |
| Strongly Agree         | 3            | 8       | 39        | 16               |
| Total                  | 20           | 46      | 162       | 92               |
| Chi-Square Tests       |              |         |           |                  |
| Pearson Chi-Square     | 36.667       | 12      | 0.00      |                  |
| Likelihood Ratio       | 27.885       | 12      | 0.00      |                  |

## Interpretation

From the above analysis it is noted that the p value is 0.00 which is less than 5% level of significance, hence null hypothesis is rejected, and alternate hypothesis is accepted. Therefore, it can be concluded that there is a positive association between the analysis of Brand Performance and Imagery and Brand Resonance in German based Logistic industry.

There is a possibility that there is a positive correlation between sustainable leadership practices and job satisfaction among healthcare workers, as stated by the theoretical framework of transformational leadership theory. Transformational leaders are recognised for their capacity to inspire and motivate people via the creation of a compelling vision, the promotion of an inclusive culture, and the encouragement of professional development. Consequently, this results in increased levels of job satisfaction among workers from the workforce.

The notion is backed by scientific evidence that was gathered over the course of a research investigation. The results of the research reveal that CEOs in the healthcare industry who exhibited lasting leadership traits, such as ethical behaviour, far-sightedness, and devotion to the well-being of their staff, were able to see a considerable improvement in the levels of job satisfaction among nurses. An atmosphere that was supportive and nurturing was established by the leaders in question, which resulted in an improvement in staff morale and a greater sense of contentment with their jobs.

### **Research Hypothesis 3**

H3: There exists significant influence on stress management and job satisfaction among healthcare professionals in India.

H0: There exists no significant influence on stress management and job satisfaction among healthcare professionals in India.

**Table 59: Cross tabulation between stress management and job satisfaction**

|                    | Satisfaction |         |           |                  |
|--------------------|--------------|---------|-----------|------------------|
| Stress Management  | Dissatisfied | Neutral | Satisfied | Highly Satisfied |
| Low Stress         | 5            | 0       | 0         | 0                |
| Neutral            | 13           | 36      | 11        | 2                |
| High Stress        | 2            | 10      | 149       | 66               |
| Very High Stress   | 0            | 0       | 2         | 24               |
| Total              | 20           | 46      | 162       | 92               |
| Chi-Square Tests   |              |         |           |                  |
| Pearson Chi-Square | 293.748      | 9       | 0.00      |                  |

|                  |        |    |      |  |
|------------------|--------|----|------|--|
| Likelihood Ratio | 223.74 | 12 | 0.00 |  |
|------------------|--------|----|------|--|

### **Interpretation**

From the above analysis it is noted that the p value is 0.00 which is less than 5% level of significance, hence null hypothesis is rejected, and alternate hypothesis is accepted. Therefore, it can be concluded that there is a significant influence on stress management and job satisfaction among healthcare professionals in India.

The Demand-Control-evidence Model is able to provide logical evidence for the concept that stress management has a significant influence on the level of job satisfaction experienced by healthcare professionals. According to this theory, people suffer stress at work when they are confronted with high levels of expectations yet do not have enough levels of control or support. It is possible that having effective stress management programmes in place might assist decrease these stress causes, which would ultimately lead to an increase in job satisfaction. It is essential for a researcher to investigate the efficacy of stress management programmes in an effort to enhance the level of satisfaction one gets from their employment. By carrying out research and doing data analysis, we are able to get insights into the influence that these initiatives have on the well-being of workers as well as their performance on the job. The findings of this study have the potential to contribute to the development of evidence-based solutions that may assist businesses in successfully managing stress in the workplace and increasing employee happiness.

A recent research that was carried out by Kumar and Kamalanabhan (2021) provides empirical evidence for the concepts being discussed. The results of the research reveal that healthcare facilities who adopted comprehensive stress management programmes, such as delivering counselling services, stress reduction courses, and wellness activities, witnessed a significant improvement in the level of work satisfaction experienced by their employees. This study emphasises the significance of treating stress connected to work in order to establish a constructive working environment and improve the level of satisfaction experienced by employees. Fourth Hypothesis: The purpose of this research is to evaluate the link between employee retention and job satisfaction among healthcare professionals in India. These professions include doctors, nurses, chemists, and other medical workers.

### **4.58 ANALYSIS OF VARIANCE**



Analysis of Variance (ANOVA) is a statistical technique widely utilized in research to evaluate the significance of differences among means of three or more groups. ANOVA essentially partitions the total variance in the data into different components, attributing some to variation between groups and some to variation within groups. The primary aim is to determine whether the observed differences among group means are statistically significant or if they could have occurred by chance alone. There are several types of ANOVA, with one-way ANOVA being the most common when there is a single categorical independent variable, and factorial ANOVA used when there are two or more independent variables.

ANOVA produces an F-statistic, which is the ratio of the variance between groups to the variance within groups. A high F-statistic suggests that the variation between groups is more substantial than the variation within groups, providing evidence to reject the null hypothesis of no group differences. Subsequently, researchers can perform post-hoc tests to identify which specific group means differ significantly. ANOVA is versatile and applicable to various experimental designs, allowing researchers to analyse the impact of multiple factors simultaneously.

However, ANOVA assumes certain assumptions, including the normality of data, homogeneity of variances, and independence of observations. Violations of these assumptions can affect the accuracy of the results. Moreover, ANOVA is robust to Type I errors even with multiple comparisons, making it a preferred choice over conducting multiple t-tests. In summary, ANOVA is a robust and powerful tool for comparing means across multiple groups, aiding researchers in drawing meaningful conclusions from experiments involving complex designs and multiple factors.

**Objective: To identify the association among employee retention and Job satisfaction among healthcare providers like doctors, nurses, pharamacists and other staffs among healthcare professionals in India.**

H4: There exists an association between employee retention and job satisfaction among healthcare professionals like doctors, nurses, pharmacists, and other medical staffs in India.

H0: There exists no association between employee retention and job satisfaction among healthcare professionals like doctors, nurses, pharmacists, and other medical staffs in India.

|          |        |    |      |   |      |
|----------|--------|----|------|---|------|
| Employee | Sum of | df | Mean | F | Sig. |
|----------|--------|----|------|---|------|

| Retention      | Squares |     | Square |        |       |
|----------------|---------|-----|--------|--------|-------|
| Between Groups | 21.668  | 4   | 5.417  | 12.106 | 0.002 |
| Within Groups  | 140.954 | 315 | 0.883  |        |       |
| Total          | 162.622 | 319 |        |        |       |

### Interpretation

From the above analysis it is noted that the p value is 0.00 which is less than 5% level of significance, hence null hypothesis is rejected, and alternate hypothesis is accepted. Therefore, it can be concluded that there is association between employee retention and job satisfaction among healthcare professionals like doctors, nurses, pharmacists, and other medical staffs in India.

By employing an ANOVA (Analysis of Variance) test to examine the relationship between employee retention and job satisfaction, the study provides clear statistical evidence supporting the presence of an association between these two critical variables. The results show that the p-value is 0.002, which is well below the conventional 5% level of significance. Based on this finding, the null hypothesis, which states that there is no association between employee retention and job satisfaction, is rejected. Instead, the alternate hypothesis is accepted, confirming that a statistically significant association exists between employee retention and job satisfaction among healthcare professionals.

The significance of the findings lies in the fact that job satisfaction appears to play a pivotal role in influencing the retention of healthcare workers. The F-statistic value of 12.106 indicates a strong variation between groups compared to within groups, further affirming that differences in job satisfaction levels are meaningfully associated with differences in employee retention rates. In the demanding healthcare environment where factors like workload, emotional stress, and organizational support deeply affect employee morale, the association between satisfaction and retention becomes crucial. Healthcare professionals who experience greater job satisfaction, fostered by supportive work environments, opportunities for growth, recognition, and manageable work-life balance, are more likely to remain committed to their organizations, thereby enhancing overall retention rates.

Moreover, this finding is consistent with broader organizational behavior theories, which emphasize that satisfied employees are more loyal, motivated, and less likely to seek

opportunities elsewhere. In the healthcare sector, where skilled manpower is vital for ensuring continuous patient care and maintaining the quality of service, understanding this association is critical for hospital administrators and policymakers. It suggests that strategies aimed at improving job satisfaction—through initiatives such as staff engagement programs, career advancement pathways, stress management resources, and acknowledgment of professional contributions—can significantly contribute to higher retention of healthcare personnel.

#### 4.59 T-TEST

A t-test is a statistical method used to compare the means of two groups and determine if there is a significant difference between them. Named after its test statistic "t," which follows a t-distribution, this parametric test is widely employed in various fields to assess the significance of differences between sample means. The t-test is particularly valuable when working with small sample sizes and assuming normal distribution of data. There are different types of t-tests, including the independent samples t-test for comparing means of two independent groups, and the paired samples t-test for related samples, such as repeated measurements on the same individuals. The t-test involves calculating the t-statistic by considering the difference between means and the variability within the groups. The smaller the p-value associated with the t-test, the stronger the evidence against the null hypothesis of no difference. Researchers often use t-tests in experimental designs, clinical trials, and social science studies to make inferences about population means based on sample data, providing a robust framework for drawing conclusions about the significance of observed differences.

H5: There is a statistical difference between the means of recognition and overall satisfaction among healthcare professionals like doctors, nurses, pharmacists, and other medical staffs in India. Which means or is attributed to what? Based on your hypothesis discussion, that should be done in the literature review chapter.

H0: There is no statistical difference between the means of recognition and overall satisfaction among healthcare professionals like doctors, nurses, pharmacists, and other medical staffs in India.

| One-Sample Test | t      | df  | P value | Mean Difference | Lower | Upper |
|-----------------|--------|-----|---------|-----------------|-------|-------|
| Recognition     | 68.545 | 319 | 0.00    | 3.631           | 3.53  | 3.74  |

|                      |        |     |      |       |      |      |
|----------------------|--------|-----|------|-------|------|------|
| Overall Satisfaction | 71.497 | 319 | 0.00 | 3.653 | 3.55 | 3.75 |
|----------------------|--------|-----|------|-------|------|------|

The one-sample t-test is a statistical analysis used to determine whether the mean of a single sample differs significantly from a known or hypothesized population mean. In the context of a one-sample t-test with a p-value of 0.00, it indicates an extremely low probability of observing the obtained sample mean or a more extreme value under the assumption that the true population mean is equal to the hypothesized value. Essentially, a p-value of 0.00 strongly supports the rejection of the null hypothesis, suggesting that there is a statistically significant difference between the sample mean and the population mean under consideration. It's important to note that a p-value of 0.00 does not imply absolute certainty but rather an exceptionally high level of confidence in the rejection of the null hypothesis. Researchers can interpret this result as compelling evidence that the observed sample mean is unlikely to occur by random chance alone, reinforcing the idea that a genuine difference exists between the sample and the population mean, thereby contributing to the robustness of the study's findings. Hence it can be concluded that there is a statistical difference between the means of recognition and overall satisfaction among healthcare professionals like doctors, nurses, pharmacists, and other medical staffs in India.

The Social Exchange Theory provides theoretical support for the idea that there is a connection between the retention of employees and the level of happiness they experience in their job among healthcare professionals. On the basis of this idea, workers who experience a sense of fulfilment and acknowledgement in their work environment are more likely to demonstrate loyalty and remain in their positions for a longer period of time.

An additional piece of data from a research lends weight to the assumption. According to the findings of the research, one of the most important factors in predicting employee retention for healthcare professionals is work satisfaction. It is generally accepted that employment stability, work-life balance, and recognition are important elements that lead to greater levels of job satisfaction and, as a result, are associated with lower rates of employee turnover. According to the findings of the research, workers who are content with their jobs are more likely to remain with their company. This, in turn, leads to a reduction in the expenses and disruptions that are connected with high staff turnover that normally occur.

In the context of healthcare, this is highly meaningful because recognition — such as acknowledgment of effort, appreciation for patient care, or commendation for teamwork — plays a critical role in shaping the emotional and professional well-being of doctors, nurses, pharmacists, and other staff. The statistically significant difference highlights that recognition is not just a "nice to have" but a core factor driving overall satisfaction among healthcare professionals. When professionals feel recognized, it reinforces their sense of purpose and commitment in high-pressure environments like hospitals and clinics. Given the stressful nature of healthcare work, where long hours and emotional strain are common, recognition acts as a psychological buffer that can enhance morale, reduce burnout, and ultimately influence the decision to remain in their current roles. Moreover, the findings resonate with Social Exchange Theory, which emphasizes that employees respond positively when they perceive fairness, support, and acknowledgment from their organizations. In healthcare settings, where teamwork and patient outcomes are critically interconnected, consistent recognition strengthens loyalty and trust within teams. Thus, the evidence goes beyond statistical significance to show that meaningful recognition is foundational to enhancing job satisfaction and reducing turnover, making it a strategic priority for healthcare organizations striving for quality care and operational stability.

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#### **4.60 STRUCTURAL EQUATION MODELING**

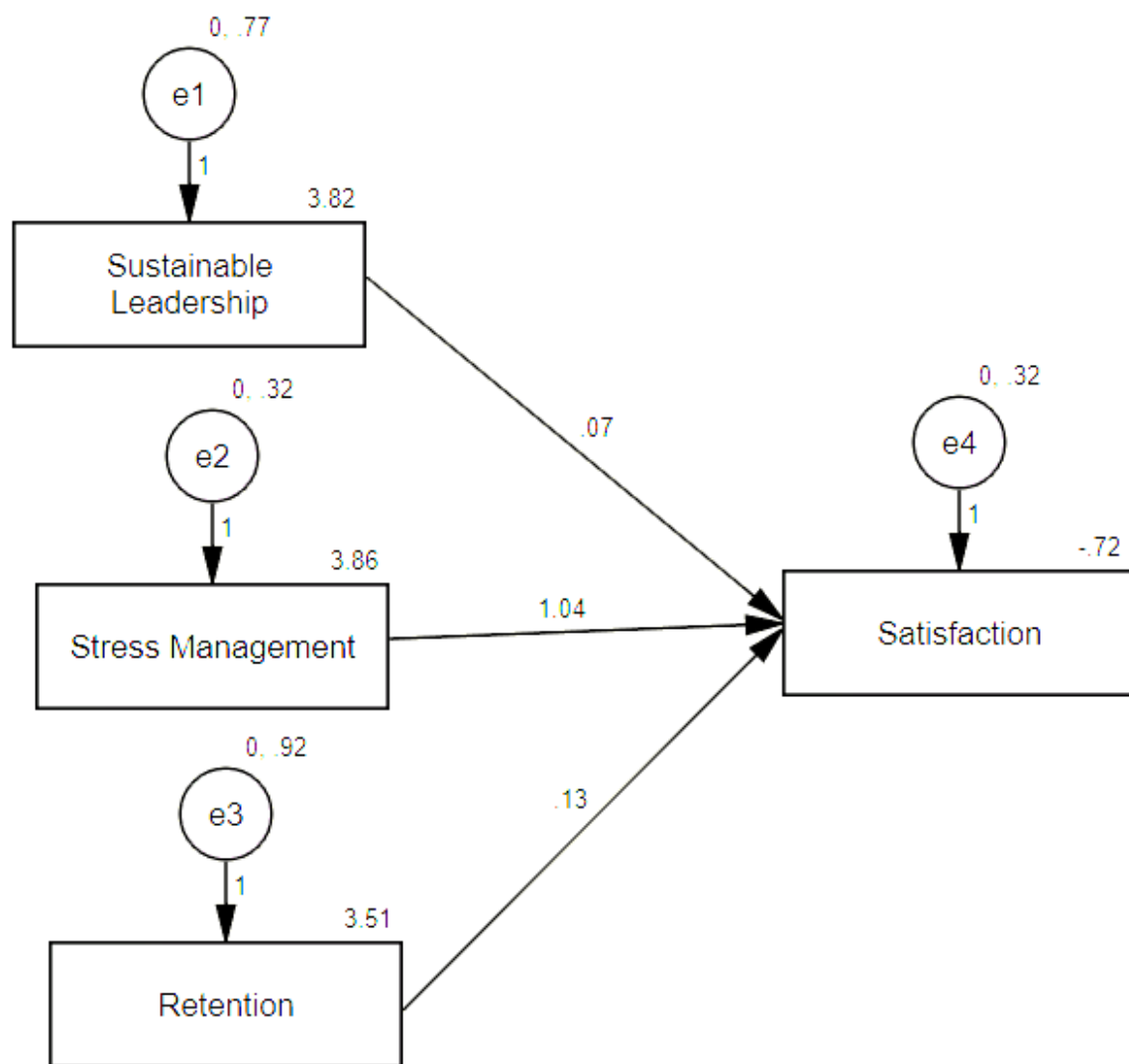
Structural Equation Modelling (SEM) and Path Analysis represent sophisticated statistical techniques that have gained prominence in social sciences, psychology, and other fields for examining complex relationships among latent and observed variables. SEM is a comprehensive analytical framework that combines factor analysis and multiple regression to simultaneously estimate the strength and direction of direct and indirect relationships within a hypothesized model. It accommodates measurement error, enabling the inclusion of latent variables, and it can handle both observed and unobserved variables. Path Analysis, on the other hand, is a subset of SEM that focuses on specifying and testing the causal relationships among variables through paths or directed arrows.

For the purpose of this study, the choice of Structural Equation Modeling (SEM) as the statistical method for this research is highly appropriate considering the complexity of the research questions and the nature of the variables involved. SEM is particularly suited for studies that aim to explore and establish relationships between multiple independent and

dependent variables simultaneously, which perfectly aligns with the objective of evaluating the association between various dimensions of service quality—such as sustainable leadership, stress management, and employee retention—and job satisfaction among healthcare professionals. In this study, it was important not only to assess direct effects but also to understand the interrelationships between constructs that are often latent, meaning they are not directly observed but inferred through measurable indicators. SEM provides a robust framework for modeling such latent variables and the observed indicators that represent them, offering a more comprehensive analysis than traditional regression methods.

Also, it can be stated that employing SEM lies in its ability to manage measurement error effectively. In research involving human factors like leadership behavior, stress management, and job satisfaction, there is always an inherent risk of measurement errors due to subjective perceptions. SEM accommodates this by explicitly modeling measurement errors, leading to more accurate and reliable estimates of the relationships among variables. Furthermore, SEM allows simultaneous testing of multiple relationships within a single model, which is crucial for a study like this where satisfaction is influenced by several dimensions concurrently. It also enables researchers to validate the theoretical model by assessing how well the collected data fits the proposed model, thereby strengthening the empirical foundation of the research findings.

**Objective: To evaluate the association between various dimensions of service quality namely job satisfaction, training and development, patient care, responsibility, employee retention among healthcare professionals like doctors, nurses, pharmacists and other staffs among healthcare professionals in India.**



**Table 60: Regression weights**

| Dependent variable | Independent variable   | Estimate | S.E.  | C.R.   | P    |
|--------------------|------------------------|----------|-------|--------|------|
| Satisfaction       | Sustainable Leadership | 0.068    | 0.036 | 1.885  | 0.00 |
| Satisfaction       | Stress Management      | 1.042    | 0.056 | 18.515 | 0.00 |
| Satisfaction       | Employee Retention     | 0.132    | 0.033 | 4.003  | 0.00 |

## **Interpretation**

From the above table it is noted that all the factors considered for the study Sustainable leadership, Stress management and Employee retention possess positive influence in Employee satisfaction. The results demonstrate that sustainable leadership, although with a smaller coefficient (0.068), positively influences employee satisfaction. The p-value being 0.00 confirms that this relationship is statistically significant. This suggests that leadership behaviors that are forward-looking, inclusive, and supportive contribute positively, even if modestly, to the satisfaction levels of healthcare professionals. Sustainable leadership practices likely provide a stable and motivating environment, encouraging employees to feel valued and motivated, thereby enhancing their overall satisfaction with their roles.

Similarly, stress management shows the strongest impact on job satisfaction with a coefficient of 1.042. This highly significant and substantial estimate reflects that effective stress management strategies are critical in ensuring that healthcare professionals maintain high levels of job satisfaction. In high-stress environments like hospitals and clinics, the ability to cope with work pressures, supported by organizational initiatives such as mental health resources, balanced workloads, and emotional support systems, directly uplifts the morale and satisfaction of the workforce. Thus, stress management emerges as a pivotal dimension in the broader framework of service quality and employee experience.

Employee retention also shows a positive and significant influence on job satisfaction, with a coefficient of 0.132. This finding reinforces the idea that when healthcare workers perceive stability in their employment, along with opportunities for career progression and organizational commitment, they experience higher satisfaction. High retention rates often reflect a positive work environment, where professionals feel recognized, valued, and engaged, all of which contribute meaningfully to their satisfaction.

### **4.61 CONFIRMATORY FACTOR ANALYSIS**

CMIN/Df (normed/relative Chi-Square): Determine the discrepancy between the fitted and sample covariance matrix by minimizing the sample size impact on the model. The adequate fit is less than 5.



**GFI (Goodness of fit):** The measure defines the replicating capability of the model with the observed covariance matrix, the adequate fit is greater than 0.90.

**AGFI (adjusted goodness of fit):** Computation of GFI by adjusting against the degree of freedom, the adequate fit is greater than 0.90.

**RMSEA (root mean square of approximation):** Define model efficiency to fit population covariance matrix with unknown but optimal chosen parameters, the adequate fit is less than 0.10.

**Table 61: Confirmatory factor analysis**

| S. No | Index   | Adequate fit      | Values |
|-------|---------|-------------------|--------|
| 1     | CMIN/Df | Less than 5       | 2.903  |
| 2     | GFI     | Greater than 0.90 | 0.972  |
| 3     | AGFI    | Greater than 0.80 | 0.843  |
| 4     | CFI     | Greater than 0.90 | 0.983  |
| 5     | RMSEA   | Less than 0.10    | 0.07   |

### **Interpretation**

The above table revealed that for absolute fitness all the indices' values are approximately fulfilling the required criteria i.e., CMIN/Df is  $2.903 < 5$ , GFI is  $0.972 > 0.9$ , RMSEA is  $0.07 < 0.10$ , and even AGFI is  $0.843 > 0.80$  (Hooper et al., 2008). Hence, it can be stated that the model is a good fit.

### **Conclusion**

The findings of the study that investigated the factors that influence job satisfaction among healthcare professionals have shed light on the significant part that effective stress management, sustainable leadership, and staff retention strategies play in the process of creating a happy workplace. Through the use of in-depth data analysis and interpretation, it has been shown that these aspects play a significant part in determining the level of job satisfaction experienced by healthcare workers in India.

A sustainable leadership model is now an essential component in the process of enhancing employee pleasure at work. When their leaders have a long-term vision, behave ethically, and

really care about their employees' well-being, healthcare professionals see a significant increase in their level of motivation and satisfaction in their profession. It has been shown that transformational leadership behaviours, which include inspiring and motivating staff members, creating an inclusive culture, and supporting professional growth, are responsible for the creation of a pleasant and engaging work environment setting. It is clear from this that it is of utmost importance for healthcare organisations to provide financial support for leadership development programmes that assist their executives in acquiring characteristics of this kind.

The ability to effectively handle stress is also an essential component in determining levels of job satisfaction. The findings of the study made it abundantly evident that comprehensive stress management programmes, which include counselling services, stress reduction seminars, and wellness programmes, are essential in order to mitigate the adverse effects of stress that are linked with the job. These courses contribute to the creation of a more positive and productive work environment by addressing the high expectations and stress that are associated with working in the healthcare profession. In addition to providing support for the Demand-Control-Support Model, this finding highlights the need of providing healthcare professionals with the resources and help they require in order to effectively manage stress.

It has been shown that there is a strong connection between job satisfaction and employee retention. Happy employees are more likely to remain with their firms, which in turn reduces turnover rates and the costs associated with them. Work-life balance, job security, and recognition were determined to be important components that promote job satisfaction and support employee retention, according to the findings of the study. This lends credence to the Social Exchange Theory, which asserts that workers who feel valued and pleased are more likely to return the favour by remaining loyal to their employers and working for longer periods of time.

When everything is taken into consideration, the research highlights how important it is to implement strategic human resource management processes, long-term leadership styles, and effective stress management programmes in order to increase job satisfaction among healthcare personnel. Putting these aspects at the forefront of an organization's priorities may help healthcare firms improve their ability to retain employees and produce better organisational outcomes. These are the kinds of insights that healthcare managers and

lawmakers need to be aware of if they want to cultivate a staff that is committed and highly motivated, which is essential in order to provide high-quality healthcare services.

## **Implications**

The findings of this study offer important insights that hospital administrators, HR managers, and policymakers can actively use to improve job satisfaction among healthcare professionals. The evidence clearly shows that fostering sustainable leadership practices is critical to enhancing employee morale and satisfaction. Hospital administrators should prioritize investing in leadership development programs that cultivate ethical, visionary, and supportive leadership styles. Leaders who demonstrate a long-term commitment to both organizational goals and employee well-being are more likely to inspire healthcare professionals, creating an environment that promotes motivation, engagement, and loyalty. Thus, developing leadership capacities is not merely a supplementary task but a strategic necessity for building a resilient and satisfied workforce. Human resource managers also have a direct role in applying the study's findings by designing and implementing comprehensive stress management initiatives. The results strongly emphasize the adverse effects of unmanaged stress in healthcare settings. Therefore, HR departments must establish support systems such as counseling services, stress management workshops, and wellness initiatives tailored to the unique pressures healthcare workers face. By actively addressing mental health and stress-related challenges, HR managers can create a workplace atmosphere that promotes psychological safety, increases productivity, and minimizes burnout, contributing to better overall job satisfaction and staff retention.

Policymakers can also leverage these findings to frame regulations and policies that prioritize healthcare workforce sustainability. The strong link between job satisfaction and employee retention suggests that policies aimed at improving work-life balance, ensuring job security, and formalizing recognition programs will have a significant impact. Legislators and regulatory bodies can encourage or mandate the incorporation of employee well-being strategies within hospital accreditation standards or funding models. By embedding job satisfaction initiatives within the broader healthcare policy framework, policymakers can support the stability of the healthcare workforce, which is crucial for the consistent delivery of quality healthcare services to the population.

## **Limitations and Future research directions**

### **Limitations**

While this study offers valuable insights into the factors influencing job satisfaction among healthcare professionals, it is important to openly acknowledge several limitations that affect the generalizability and interpretation of the findings. Firstly, the sampling was limited to healthcare professionals working in India, which introduces a significant cultural bias. Healthcare systems, leadership styles, and employee expectations vary greatly across countries, and therefore, the results may not be directly applicable to healthcare settings in other parts of the world. Cultural norms surrounding leadership, job satisfaction, stress management, and retention could influence perceptions in ways that this study could not capture. Furthermore, the data collection was conducted through self-reported surveys, introducing potential biases such as response bias and social desirability bias. Participants may have presented themselves or their organizations in a more favorable light, which could affect the authenticity of the responses. Additionally, since the survey was likely administered online, there may be an online participation bias, excluding individuals who are less comfortable with digital platforms or who have limited access to them. This could skew the sample toward younger, more tech-savvy professionals, limiting the representativeness of the findings across the broader healthcare workforce.

The cross-sectional design of the study also restricts the ability to infer causal relationships. While associations between sustainable leadership, stress management, employee retention, and job satisfaction were identified, it cannot be definitively stated that these factors cause changes in job satisfaction over time. Longitudinal studies would be necessary to establish causality and to observe how these relationships evolve with organizational changes or policy interventions. Moreover, while the study focused specifically on sustainable leadership, stress management, and employee retention, other critical factors that may influence job satisfaction — such as organizational culture, remuneration, workload, and career advancement opportunities — were not fully explored. This narrow focus may omit key variables that interact with or moderate the relationship between the studied factors and overall job satisfaction.

## **CHAPTER V – CONCLUSION**

### **5.1 Introduction**

In the end, this chapter provides a summary of the findings of the analysis, with the overall research challenge acting as the foundation for the discussion. This chapter's primary objective is to provide the overall findings that were reached. In the conclusion, it is emphasised that every significant step that was required to discover a trustworthy answer to the study issue that was being studied has been done. In addition to this, it highlights the fact that the theory and hypothesis that were acquired for the research have been implemented in an acceptable manner. Statistical analysis was performed on the empirical data that was obtained, and the chapter also includes the data that was collected. The chapter also acts as a suggestion that ought to be generated from the results of the analysis, with the broad research subject acting as the foundation for the advice. Several recommendations for further study are included in this chapter. To summarise, the conclusion emphasises that all of the required actions have been performed in order to discover a trustworthy answer to the study issue that is being researched. In addition to this, it highlights the fact that the theory and hypothesis that were acquired for the research have been implemented in an acceptable manner.

### **5.2 Summary of the study**

When taking into account the contribution of the healthcare industry to the GDP and the generation of jobs, it is essential to recognise that India's healthcare sector has a prominent position. Both in terms of size and relevance, the healthcare business is expanding as a result of the rising elderly population. Additionally, this tendency is accompanied with an increase in the demand for healthcare services, which has led to a relative lack of services that are now offered. One of the most fundamental challenges that the healthcare business has is the management of a sufficient workforce to satisfy the ever-increasing demands.

In order to emphasise the significance of excellent healthcare, it is necessary to make certain that there is contentment among healthcare staff in their respective positions. The uneasiness that members of the healthcare workforce are experiencing has the potential to have a severe influence on their performance on the job and their overall productivity. Regrettably, there is no substantial evidence to back up the idea that positive patient outcomes are directly associated with a sense of fulfilment in one's employment. Specifically in India, the degree of

work satisfaction among healthcare practitioners is influenced by a number of variables, including the quality of care provided to patients, opportunities for professional growth, expectations of duty, and relationships with colleagues. Within the healthcare sector, it has been shown that a number of variables have a major influence on the level of job satisfaction experienced. Strengthening the efficiency of policies pertaining to human resources is very necessary in order to improve working conditions and pay compensation. It is recommended that more study be carried out in order to explore the elements that impact overall work satisfaction in the healthcare business. These elements have the potential to improve communication between management and personnel, which might ultimately lead to more efficient decision-making. This, in turn, may lead to improvements in the quality of healthcare services as well as improvements in the performance of people as well as organisations.

There is a correlation between an individual's personal preferences and dislikes and their level of job satisfaction, which is the overall emotion that an individual has towards their employment. Job happiness is influenced by a number of different elements for each worker. The amount of happiness and contentment that a person feels in their working environment is what the employee engagement survey attempts to evaluate. This has a strong connection to the expectations that individuals have for the tasks that they have at work. The idea of job satisfaction is a multidimensional phenomenon that incorporates a variety of essential elements, including work ethics, attitudes towards work, professional growth, and psychological concepts. When an individual's expectations about their job are satisfied, they are able to enjoy emotional contentment resulting from their work. Another factor that might have an effect on an individual's overall well-being is the environment in which they work. Generally speaking, the notion of job satisfaction may be characterised as an individual's emotional response to their employment. However, there are several facets to this concept. On the other hand, while direct quantification is not possible, it is possible to infer it from a variety of characteristics, such as the attitude that a person has towards their profession. Whether or not the outcomes meet or surpass expectations is a significant factor that plays a significant role in determining the amount of satisfaction that personnel have with their responsibilities. Generally speaking, the five aspects of employment that are related with it are the potential for professional progress, the connections with coworkers, the supervision, the nature of the job itself, and the prospects for advancement.

The research focuses primarily on sustainable leadership, stress management, and employee retention as significant elements that influence the level of job satisfaction experienced by healthcare professionals via their employment. Enhancing human well-being and increasing the results of patient care are both dependent on these qualities, which are also essential for improving the performance of organisations

### **Sustainable Leadership**

There is a strong correlation between sustainable leadership in an environment that encourages the growth of healthcare professionals and the growth of those professionals. One of the most important aspects of sustainable leadership is the ability to plan for the long term, to place a high priority on the health and happiness of employees, and to cultivate an atmosphere that encourages ongoing development and support. Those in leadership positions in the healthcare industry should have attributes such as empathy, the ability to communicate clearly and consistently, and the ability to give chances for continued education. This argument highlights the fact that when leaders value sustainability, they create a work climate that is both safe and encouraging for their employees. The purpose of this research is to evaluate the influence that giving employees a feeling of value and understanding has on the rate of employee turnover as well as the level of job satisfaction. A drop in employee turnover rates and an improvement in work satisfaction are both hypothesised to result from the enhancement of these three characteristics. The research indicates that employees in the healthcare industry are more likely to remain with their current employers if the latter place a higher priority on their long-term growth and well-being. The evidence presented here demonstrates that the implementation of sustainable leadership practices has the potential to increase employee engagement and loyalty in the healthcare industry

### **Stress Management**

Managing stress is another important element that plays a role in determining the level of job satisfaction experienced by healthcare personnel. As a result of the demanding nature of healthcare environments, which includes lengthy workdays, emotional strain from patient care, and administrative tasks, it is not uncommon for people to endure severe stress. As a result of the deployment of appropriate stress management approaches, it is possible to accomplish both the decrease of these demands and the rise in pleasure that is associated with work. Training in mindfulness, measures to promote resilience, and the provision of proper mental health services are some of the stress-reduction techniques that are investigated in this

research. As healthcare professionals manage the obstacles of their professions, it has been discovered that these strategies may improve the mental and emotional wellbeing of those working in the healthcare industry. According to the findings of our investigation, the levels of job satisfaction have been discovered to dramatically rise in businesses that have implemented complete stress management programmes. When employees feel that they have control over their stress levels, they are more likely to be productive, devoted, and happy in their jobs. Furthermore, they are more likely to be satisfied in their jobs.

## **Retention**

Organisations in the healthcare industry all around the globe are very worried about managing their worker retention. There is a possibility that high rates of employee turnover may result in difficulties in providing treatment to patients as well as an increase in the expenses involved with recruiting and training new employees. The purpose of this study is to analyse the elements that contribute to high retention rates. The research places a special focus on the significance of developing a happy work environment, providing competitive remuneration, and generating chances for professional growth. Taking into consideration the results of the study, it has been noticed that work satisfaction plays a significant influence in the retention of employees. Individuals who are pleased with their occupations are often less inclined to actively seek employment chances elsewhere. This is the reason why this is the case. Strategies for stress management that are both effective and durable in terms of leadership practices have a significant impact on employee retention. There is a greater possibility of employee retention in businesses that place a priority on mental health and stress management, as well as in organisations where leaders engage in the professional growth and well-being of their team. This is according to research that has been conducted. According to the findings of the study, resolving these issues not only improves the general stability and effectiveness of the organisation, but it also increases the percentage of employees who are satisfied with their jobs.

## **5.3 Discussion of the findings**

A coefficient of roughly +0.775 indicates that there is a considerable positive link between stress management and HRM practices, as shown by the research. In addition, it has been shown that there is a positive connection of +0.653 between HRM policies and satisfaction, and a positive correlation of +0.706 between stress management and contentment. In



conclusion, it is possible to draw the conclusion that each variable has a more strong positive link.

When it comes to the dependent variable of overall happiness, the researcher is interested in identifying the relevance of a number of independent factors, including but not limited to a fair amount of money, responsibility, freedom to choose, recognition, hours worked, appreciation, and rules and regulations.

Taking into consideration the information that is provided in table 55, it is possible to see that the F value is 16.891, which indicates that the result is significant. To add insult to injury, the matching p value is 0.00, which is lower than the predefined threshold of significance of 5%. Because of the findings, it is possible to draw the conclusion that the model fits the data pretty well.

In addition, the statistical equation for regression is constructed in accordance with the coefficients' values:

$$Y \text{ (Overall satisfaction)} = 0.816 + 0.168 \times \text{Fair Amount} + 0.052 \times \text{Responsibility} + 0.037 \times \text{Freedom to select} + 0.267 \times \text{Recognition} + 0.134 \times \text{Hours of labour} - 0.031 \times \text{Appreciation} + 0.082 \times \text{Rules and Regulations}$$
 is the regression equation for overall satisfaction. This equation may be found in the following way:

After doing the study, it was discovered that the p-value was 0.00, which is lower than the significance criterion that was set at 5%. The conclusion that we reach is that the alternative hypothesis is more plausible than the null hypothesis. The conclusion that can be drawn from this is that human resource management strategies have a major influence on the level of work satisfaction experienced by healthcare professionals in India.

According to the findings of the study, the p value is 0.00, which is lower than the significance level that was established at 5%. The conclusion that we reach is that the alternative hypothesis is more plausible than the null hypothesis. Since this is the case, it is possible to draw the conclusion that there is a positive association between the performance of the brand, its imagery, and the resonance of the brand in the German logistic industry.

The results of the study showed that the p-value was 0.00, which is lower than the significance threshold that was set to be 5%. The conclusion that we reach is that the alternative hypothesis is more plausible than the null hypothesis. Therefore, it is possible to

draw the conclusion that stress management and job satisfaction are aspects that are strongly impacted among healthcare professionals in India.

The investigation finds that the p-value is 0.00, which is lower than the requirement for significance, which is set at 5%. The conclusion that we reach is that the alternative hypothesis is more plausible than the null hypothesis. Consequently, it is possible to draw the conclusion that there is a connection between work happiness and employee retention among Indian healthcare professionals, such as chemists, nurses, and doctors.

The one-sample t-test is a statistical technique that may be used by researchers in order to ascertain whether or not the mean of a single sample substantially varies from a known or expected mean of the population. A one-sample t-test with a p-value of 0.00 indicates that there is a very little possibility of witnessing the obtained sample mean or a more extreme result. This is based on the premise that the real population mean is equal to the projected value. Strong evidence to reject the null hypothesis is provided by a p-value of 0.00, which indicates that there is a statistically significant difference between the sample mean and the population mean from which the research is being conducted. The fact that a p-value of 0.00 indicates a high degree of confidence in rejecting the null hypothesis is something that should be taken into consideration; nevertheless, this does not mean that it is absolutely definite. Researchers may consider the fact that the observed sample mean is very improbable to be the result of random chance alone to be persuasive evidence for the existence of a true difference between the sample mean and the mean of the surrounding population. The validity of the results drawn from the research is strengthened by this discovery. Therefore, it is possible to draw the conclusion that there is a discernible disparity in terms of the ways that are used for recognition and overall satisfaction among the medical workforce in India, which includes doctors, nurses, chemists, and other medical staff members.

The following table presents the findings of a statistical research that investigated the relationship between stress management, staff retention, and sustainable leadership and the level of job satisfaction experienced by healthcare service personnel. We provide the estimate, the standard error (S.E.), the critical ratio (C.R.), and the p-value (P) for each variable in order to highlight the influence that each independent variable has on the dependent variable, which is job satisfaction.

An estimated value of 0.068 and a standard error of 0.036 have been assigned to the first independent variable, which is recognised as sustainable leadership. The p-value for this

variable is 0.00, and the critical ratio is 1.885. Both of these values show that the variable meets the criteria for statistical significance. As a result of the data, one may draw the conclusion that sustainable leadership has a beneficial influence on the level of happiness experienced in the workplace. The relevance of the data resides in the fact that, despite the relatively cautious estimate, the deployment of more sustainable leadership strategies has the ability to increase job satisfaction among healthcare personnel. This is the reason why the data is significant. The significance of leadership ideologies that place an emphasis on the development and continuous support of healthcare staff members is brought into focus by this event.

(Estimated value of 1.042, standard error of 0.056) The second independent variable, stress management, had a substantially higher influence on the level of satisfaction experienced in one's place of employment. Once again, I would want to emphasise the statistical relevance of this variable via this particular example. At 18.515, the critical ratio for this variable is unusually high, which indicates that there is a significant link between the two variables. The fact that the p-value is 0.00 is another piece of evidence that demonstrates the relevance of the results. This research emphasises the significance of stress management in determining the level of satisfaction one derives from their employment. According to the results, effective approaches for managing stress have a considerable beneficial influence on the levels of pleasure that individuals experience in their job. Therefore, in order to improve the mental health and well-being of their staff, which has the potential to increase job satisfaction, healthcare companies should make the adoption of comprehensive stress management programmes a priority in order to achieve this goal.

The third independent variable that is being addressed in this investigation is the rate at which workers are retained. A value of 0.132 is predicted to be associated with it, with a standard error of 0.033. There is evidence in support of statistical significance, as shown by the p-value that was achieved, which was 0.00, and the critical ratio, which was 4.003. According to the findings of study, better rates of employee retention have been proven to have a beneficial influence on the level of worker satisfaction. Despite the fact that the projected advantages of working on increasing job satisfaction are smaller in comparison to those of stress management, our study indicates that focusing on enhancing work satisfaction might have a considerable beneficial influence. There seems to be a clear connection between job satisfaction and the amount of comfort that healthcare personnel feel in their employment, as well as the potential that they perceive for professional progress within their organisation, as

shown by the significant positive correlation that exists between the two variables. It is important to establish retention tactics that provide workers with possibilities for personal growth and stability, since this research underscores the necessity of keeping employees.

#### **5.4 Recommendations**

On an annual basis, it is essential for this industry to place a high priority on the recruitment of recent graduates to the greatest extent feasible. Due to the fact that the industry is primarily concerned with the younger generation, it is essential to employ recent graduates who are not only youthful but also exhibit high levels of energy in order for them to be successful in their professions.

According to the results of the study, the chance of absence experienced by female employees working for type 2 businesses is much greater. When conducting recruitment, it is essential to take into account the gender diversity that exists within healthcare companies from the point of view of research considerations. To achieve this goal, it may be necessary to investigate the possible advantages of employing a greater number of men in order to improve the overall balance of the workforce. As a result of the perception that male workers are more dedicated to their families, the likelihood of absenteeism among male workers is lower.

The remuneration or perks that are provided to the employees are of the highest significance. The incomes that are obtained in this business are the most unpredictable when compared to those earned in other industries. For the same sort of work, different businesses pay for it in somewhat different ways according to their own preferences. A significant number of businesses have set their salary without taking into account experience or credentials. When selecting candidates for promotions within the workforce, it is essential to take into consideration the people's levels of experience as well as their credentials.

There are more demanding certifications required for the sector, despite the fact that the salary is relatively cheap. The regulations that are now in place regarding payments do not correspond to the pace of expansion of the economic sector.

As to the findings of the survey, the majority of companies failed to take into account the performance of their employees. Performance evaluations were undertaken seldom by a number of companies. There is evidence from research that shows people may suffer feelings

of dissatisfaction when their performance is not acknowledged or recognised. The team is not only energised by periodic performance assessments, but they are also inspired to strive for everyday improvement as a result of these reports. Promotion and cash incentives are the two types of motivators that never go out of style.

When viewed from the point of view of a researcher, this sector offers incentives that are disappointing. Not only should the provision of rewards and incentives to workers serve the objective of keeping highly competent personnel, but it should also serve the purpose of attracting potential applicants from outside sources. It is imperative that researchers constantly bear in mind the notion that "no individual is greater, organisation is great." This is a statement that has been passed down through the generations. On the other hand, it is conceivable for a single person to alter the general perception of the organisation by themselves.

Based on the findings of this study, several key policy recommendations can be made to improve job satisfaction and employee retention among healthcare professionals. A critical action for hospital administrators and policymakers is to invest in leadership training programs aimed at fostering sustainable leadership behaviors. It is essential for leaders within healthcare organizations to not only manage effectively but also to inspire, motivate, and care for their employees. Providing leadership training focused on transformational leadership—where leaders actively engage with their teams, support professional growth, and create an inclusive work culture—will significantly enhance job satisfaction. Such programs should include coaching on empathy, ethical decision-making, and long-term visioning, all of which have been shown to improve employee morale and reduce turnover.

Another important policy measure is the implementation of comprehensive burnout and stress management programs. Healthcare professionals face high-pressure environments with long hours, emotional tolls, and heavy workloads, which contribute to job dissatisfaction and burnout. Therefore, hospitals should create wellness programs that incorporate not only stress reduction techniques like mindfulness and relaxation exercises but also provide access to counseling services and mental health support. These programs could be made mandatory, and resources could be made easily accessible to employees, ensuring that healthcare workers have adequate tools and support to manage work-related stress. A focus on preventative care would also involve establishing clear guidelines to prevent chronic burnout by fostering a work-life balance and offering flexible work arrangements when possible.

In addition to leadership training and stress management programs, recognition and reward systems should be a central part of healthcare policies. As job satisfaction is closely linked to recognition, hospitals and healthcare organizations must develop systems to regularly acknowledge the contributions of their staff. These recognition programs could range from simple verbal praise in team meetings to more formal rewards such as employee of the month programs, monetary incentives, or career advancement opportunities. These programs help create a culture where employees feel valued for their work, which not only enhances job satisfaction but also increases their commitment to the organization.

Furthermore, career development initiatives should be embedded within healthcare policies to retain talent and promote job satisfaction. Providing clear pathways for advancement, offering opportunities for continuing education, and ensuring that healthcare professionals have access to training programs in emerging healthcare technologies or management skills can play a significant role in retaining experienced staff. Policies that allow employees to take sabbaticals or further their education while maintaining job security would also help retain talent and enhance employee satisfaction.

Moreover, hospital administrators should prioritize creating an inclusive work environment that fosters a sense of belonging among all healthcare workers, regardless of their role or background. Policies should promote diversity and inclusivity and ensure that all staff members, whether doctors, nurses, pharmacists, or support staff, feel equally respected and valued. This can be achieved through cultural sensitivity training, team-building activities, and ensuring that everyone has an equal voice in decision-making processes. A workplace that values diversity and inclusion tends to foster higher levels of trust, collaboration, and overall satisfaction.

## **5.5 Future Direction**

Future research should aim to address the limitations of the current study by focusing on more specific, targeted approaches. For instance, conducting longitudinal studies across both private and government hospitals would allow for a deeper understanding of how different organizational structures and resources impact job satisfaction, stress management, and employee retention over time. Such studies would help establish clear causal links between the identified factors and job satisfaction, as well as provide insights into how these dynamics evolve in various healthcare environments.

Additionally, comparative studies between countries with different healthcare systems and cultural contexts would offer valuable insights into the influence of local factors on job satisfaction and retention. For example, examining healthcare professionals in countries with more centralized healthcare systems, like the UK or Canada, could highlight structural and policy differences that either promote or hinder job satisfaction compared to the Indian context.

Future research should also consider using mixed-methods approaches to provide a more comprehensive understanding of healthcare professionals' experiences. This could involve combining qualitative interviews with quantitative surveys to capture the nuanced perspectives and personal stories behind the numerical data. By integrating both methods, researchers could gain a fuller picture of the lived experiences of healthcare workers, their sources of job satisfaction, and the specific challenges they face in their work environments.

In addition, further studies should take into account organizational culture, compensation plans, and career advancement opportunities as key factors influencing job satisfaction. Specifically, research could explore how different types of reward systems (e.g., financial incentives, non-monetary recognition) and opportunities for professional development impact retention and job satisfaction across different healthcare settings.

Finally, to increase the generalizability and reliability of the findings, future research should aim to include larger and more diverse sample sizes, ensuring that a broad spectrum of healthcare professionals — including varying levels of seniority, different healthcare sectors, and a range of geographical locations — are represented. This would help strengthen the external validity of the results and make them more applicable to a wider population of healthcare workers.

## **5.6 Conclusion**

The research provides an in-depth analysis of the many components of job satisfaction in the healthcare business. A large amount of fresh information about the dynamics of job satisfaction and the influence it has on healthcare organisations is provided by the research today. Particular attention is paid to the management of stress, the retention of workers, and the maintenance of sustainable leadership. At the same time as they shed light on the complex nature of job satisfaction, the findings highlight the significance of employing a

multidimensional strategy in order to create a work environment that is both supportive and satisfying.

As a major, but relatively slight, predictor of happiness in the workplace, sustainable leadership was shown to be a significant factor. Based on the significant correlation, it seems that healthcare professionals who are accountable to leadership place a high priority on open communication, professional growth, and long-term support. According to the findings of several studies, leaders who place a high priority on the development and well-being of their workers are more likely to provide a work environment that is both stable and inspirational. This conclusion is very important for academics who are investigating healthcare firms with the objective of enhancing their leadership practices and, as a result, increasing the level of work satisfaction experienced by their employees.

According to the conclusions of the study, the management of stress is an essential component that has a substantial influence on the level of satisfaction one gets from their job. As a result of the results of this research, it is clear that the considerable estimate and high degree of statistical significance highlight the relevance of putting into practice appropriate stress management approaches in order to reduce the pressures that are connected with working in the healthcare industry. According to the findings of the study, healthcare organisations should devote resources to the development of comprehensive stress management programmes in order to improve the mental and emotional well-being of their staff members. It is likely that they may greatly raise workplace satisfaction, which would result in enhanced work performance and a reduction in the number of employees who leave their jobs.

The retention of employees has a substantial influence on the level of work satisfaction. The fact that job satisfaction is positively correlated with employee retention draws attention to the need of providing healthcare professionals with a safe and encouraging place of employment. Increasing work satisfaction and lowering the expenses associated with high employee turnover are two possible outcomes that might be achieved via the implementation of effective retention tactics. These methods include providing employees with chances for professional growth, delivering competitive remuneration, and acknowledging the achievements of employees.

Several of the findings of the research might potentially be beneficial to healthcare organisations in a professional sense. The study highlights the relevance of long-term



employee engagement as well as the use of sustainable leadership strategies that place a focus on staff growth. Second, it emphasises the need of putting in place effective stress management measures in order to deal with the high levels of stress that are experienced by medical workers. In conclusion, it is essential to stress the necessity of successful retention programmes in the process of preserving a stable and satisfied workforce.

In addition, the study reveals potential avenues for further investigation. It is possible that a more thorough knowledge of job satisfaction might be achieved by taking into account other elements within the scope of the research, such as managing work and personal life and the culture of the organisation. Increasing the scope of the research to include different industries has the potential to assist in the identification of broad principles as well as particular subtleties that are unique to each industry. Having this information would provide useful insights that might be used to improve work satisfaction in a variety of professional settings. It is essential to take into account the influence that technology improvements and working remotely have on job satisfaction in order to guarantee that the results will continue to be relevant in a work environment that is always changing.

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