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Job Satisfaction and Turnover Intentions: An Organizational Psychology Study of Healthcare Workers

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Abstract

This study investigates the relationship between job satisfaction and turnover intentions among healthcare workers employed in three major hospitals in Siwan City, Bihar. Using a mixed-methods design, data were collected from a randomly selected sample of 62 healthcare professionals, including doctors, nurses, administrative staff, and allied health workers. Quantitative data were obtained through standardized scales such as the Minnesota Satisfaction Questionnaire (MSQ) and the Turnover Intention Scale (TIS), while qualitative data were drawn from semi-structured interviews. Findings revealed moderate overall job satisfaction, with intrinsic factors rated higher than extrinsic factors. Burnout was most prevalent among nurses, doctors, and allied health professionals, particularly those in high-intensity departments such as emergency and ICU. Correlation analysis demonstrated that job satisfaction and perceived organizational support were negatively associated with turnover intentions, whereas workload and burnout were positively associated. Interestingly, only one participant explicitly considered leaving within six months, citing dissatisfaction with pay and benefits. These results underscore that while immediate attrition risk is low, latent dissatisfaction and structural issues persist. The study concludes that organizational interventions addressing workload distribution, work-life balance, supervisor support, and compensation are critical for sustaining healthcare workforce stability and patient care quality.

Keywords: *Job Satisfaction; Turnover Intentions; Healthcare Workers; Organizational Support; Burnout*

Introduction

Healthcare systems worldwide depend heavily on the stability, motivation, and well-being of their workforce. In contexts such as India, where healthcare institutions often grapple with limited resources, high patient inflow, and growing public demand, the job satisfaction of healthcare professionals becomes not only an organizational concern but also a public health priority. Job satisfaction has been consistently linked to productivity, employee well-being, and the quality of patient care, while dissatisfaction contributes to stress, burnout, absenteeism, and intentions to leave the organization.

Turnover intentions, defined as the conscious and deliberate willfulness of employees to leave their current position, represent a crucial precursor to actual turnover. High turnover in healthcare is particularly disruptive, as it threatens continuity of care, increases recruitment and training costs, and places additional burdens on remaining staff. Research in organizational psychology has long emphasized the interplay of job satisfaction, organizational support, and burnout in shaping turnover outcomes. The Job Demands–Resources (JD-R) model, for instance, posits that excessive demands (e.g., workload, overtime) without adequate resources (e.g., support, fair compensation) accelerate burnout and disengagement, thereby elevating turnover risk.

In the Indian context, the issue assumes further significance. Healthcare professionals, particularly nurses and allied health staff, face demanding schedules, patient overload, and limited institutional support, especially in semi-urban and rural hospitals. While doctors often experience role conflict and long hours, nurses face emotional exhaustion due to continuous patient interaction and a lack of recognition. Administrative staff, though less exposed to patient pressure, may experience different forms of dissatisfaction linked to limited growth opportunities and bureaucratic constraints.

Against this backdrop, the present study investigates the relationship between job satisfaction and turnover intentions among healthcare workers in three hospitals in Siwan City, Bihar. By employing a mixed-methods approach, the study integrates quantitative measures of satisfaction, burnout, and turnover with qualitative insights into workers' lived experiences. Specifically, the study seeks to answer the following key questions:

1. What are the levels of intrinsic and extrinsic job satisfaction among different categories of healthcare workers?
2. How do workload, overtime, and departmental differences contribute to burnout?
3. What is the strength of the relationship between job satisfaction, organizational climate, burnout, and turnover intentions?
4. What structural or cultural factors emerge from qualitative narratives that influence turnover risk?

The study contributes to organizational psychology by offering context-specific insights into healthcare workforce dynamics in India. It also provides practical implications for hospital administrators and policymakers seeking to enhance employee retention, reduce burnout, and improve healthcare delivery outcomes.

Methodology

Research Design

The present study adopts an empirical, mixed-methods design to examine the relationship between job satisfaction and turnover intentions among healthcare workers. The healthcare sector provides a unique setting where job satisfaction is strongly linked not only with employee well-being but also with the quality of patient care and overall organizational stability. A mixed-methods framework was considered most appropriate, as it allows the combination of quantitative measurement of satisfaction and turnover variables with qualitative exploration of personal narratives and workplace experiences. By doing so, the study captures both the statistical strength of associations and the deeper contextual realities of healthcare work.

The design employed is cross-sectional, focusing on data collection at a single point in time. This approach is particularly useful because the aim of the study is to analyze existing perceptions of healthcare workers rather than to measure change over time. Additionally, the cross-sectional strategy provides the ability to compare and contrast variations across individuals working in different hospital contexts while minimizing resource constraints.

Research Setting

The study was conducted in three major hospitals situated in Siwan City, Bihar. These hospitals were selected purposively because they represent diverse healthcare environments, including government, semi-government, and private institutional structures , but for confidentiality and ethical reasons, the names of the hospitals have been withheld. Collectively, these hospitals employ a wide range of healthcare workers, including doctors, nurses, administrative staff, and allied health professionals.

These hospitals are significant for this research as they provide large patient inflows, diverse service delivery contexts, and heterogeneous workforce structures. Such diversity ensures that findings reflect a broad spectrum of organizational experiences rather than being biased toward a single institutional culture.

Population and Sample

The population for this study consists of healthcare workers employed in the three hospitals of Siwan City. Healthcare workers in this context include medical professionals (doctors, specialists, residents), nursing staff, administrative personnel, and allied health staff.

A total sample of 62 participants was selected using a random sampling strategy. Random sampling was chosen to minimize bias and enhance the representativeness of the sample. Lists of employees were obtained from the respective hospitals' human resource departments. Participants were then chosen using a random number table method to ensure fairness in selection.

The sample size of 62 was considered adequate, balancing statistical reliability with the practical limitations of time and resources. This number also allowed for meaningful subgroup comparisons (e.g., between doctors and nurses, or between male and female staff) without overly fragmenting the data.

Data Collection Tools

Two principal methods of data collection were used: **in-person interviews** and **online interviews**. Both methods were employed to increase accessibility and to accommodate the busy schedules of healthcare workers.

1. **Quantitative Tool**:
    - A structured questionnaire was prepared to measure job satisfaction and turnover intentions.
    - Standardized scales such as the Minnesota Satisfaction Questionnaire (MSQ) for job satisfaction and the Turnover Intention Scale (TIS) were adapted, with minor contextual modifications.
    - The questionnaire contained Likert-scale items, demographic questions (age, gender, designation, years of service), and a few open-ended prompts to capture additional insights.
2. **Qualitative Tool**:
    - Semi-structured interviews were conducted with a subset of participants.
    - Interview schedules included open-ended questions probing into experiences of workload, organizational support, interpersonal relations, recognition, and career aspirations.
    - These interviews were aimed at contextualizing quantitative findings, providing narratives of lived experiences, and identifying factors not captured by standardized tools.

Data Collection Procedure

The data collection was carried out over a period of two months. In-person interviews were conducted within the premises of the hospitals, in quiet office spaces or break rooms, ensuring privacy and confidentiality. These sessions were conducted primarily with staff who had flexible schedules or who preferred face-to-face interaction.

Online interviews were organized for participants who either worked in shifts or had limited availability due to patient-care responsibilities. Secure online platforms were used, and interviews were scheduled at times convenient to the participants. Questionnaires were distributed in both physical and digital forms. Responses from both formats were merged into a single database after careful verification to avoid duplication.

Before each interview, informed consent was obtained, and participants were briefed about the objectives of the study, their right to withdraw at any time, and the assurance of anonymity. Ethical protocols were strictly followed, and no identifying information was included in the data files.

Reliability and Validity

To ensure the reliability of the quantitative data, standardized scales with established psychometric properties were used. Internal consistency was checked using Cronbach's alpha. The pilot testing of the questionnaire with a small group of healthcare workers ensured clarity, comprehension, and contextual relevance of the items.

For qualitative validity, strategies such as respondent validation and triangulation were employed. Participants were occasionally asked to confirm whether the researcher's interpretation of their responses matched their intended meaning.

Triangulation was achieved by comparing data across interviews, online responses, and quantitative measures.

Data Analysis

The data were analyzed using both quantitative and qualitative techniques.

1. **Quantitative Analysis**:
    - Descriptive statistics (mean, standard deviation, percentages) were calculated for demographic and job satisfaction variables.
    - Inferential statistics such as correlation analysis were conducted to explore relationships between job satisfaction and turnover intentions.
    - Independent t-tests and ANOVA were employed to test group differences across designations and demographic groups.
2. **Qualitative Analysis**:
    - Thematic analysis was employed for interview data. Transcripts were coded manually to identify recurring themes such as organizational culture, workload stress, recognition, and career mobility.
    - These themes were then mapped against quantitative findings, highlighting consistencies and divergences.

The integration of quantitative and qualitative strands allowed the study to draw nuanced conclusions, offering both statistical evidence and contextual depth.

Ethical Considerations

Given the sensitivity of workplace-related research, ethical standards were carefully upheld. Permission for conducting the study was obtained from hospital authorities. Informed consent was mandatory for participation, and confidentiality was strictly protected. Names of the hospitals and participants were anonymized to avoid any risk of identification or professional repercussions.

Participants were assured that their responses would be used solely for academic purposes and that findings would be reported in aggregated form. The dual mode of in-person and online interviews further ensured voluntary participation and minimized coercion.

Limitations

While the study employed robust methods, certain limitations must be acknowledged. The sample size of 62, though adequate, restricts the generalizability of findings to all healthcare workers in Siwan City. The cross-sectional design captures perceptions at a single point in time, leaving out potential changes in satisfaction or turnover intentions over longer durations. Additionally, reliance on self-reported measures may introduce response bias, though the use of anonymity and triangulation aimed to reduce this concern.

Results and Discussion

The following section presents the results of the study *"Job Satisfaction and Turnover Intentions: An Organizational Psychology Study of Healthcare Workers."* Each dataset is introduced by its corresponding table, displayed in full, and then discussed in detail.

Demographic Profile of Respondents

Table A1. Age & Experience (Summary)

Age	Years_of_Experience
N = 62	N = 62
Mean = 32.32	Mean = 3.68
SD = 5.13	SD = 2.96
Min = 22	Min = 0.5
Max = 42	Max = 12

Discussion:
Table A1 shows that the average age of respondents was 32.32 years, suggesting a predominantly young workforce. Average years of experience were relatively low (3.68), indicating a majority of early-career healthcare workers. Such demographics align with patterns in the Indian healthcare system, where younger employees enter hospitals in large numbers and often change workplaces within a decade. The relatively limited tenure also makes these professionals more vulnerable to stress, burnout, and turnover when organizational support is lacking.

Table A2a. Role Distribution

Role	Count	Percent
Administrative	10	16.1
Allied Health	10	16.1
Doctor	18	29.0
Nurse	24	38.7

Discussion:
Table A2a indicates that nurses constitute the largest proportion (38.7%), followed by doctors (29%). Administrative and allied health staff each represent 16.1%. This distribution reflects the actual operational structure of hospitals, where nursing staff form the backbone of patient care. Because nurses and doctors face the most patient interactions, they are more prone to stress and lower satisfaction compared to administrative roles.

Table A2b. Gender Distribution

Gender	Count	Percent
Female	31	50.0
Male	31	50.0

Discussion:
Table A2b shows a perfectly balanced gender distribution. This offers a unique opportunity to compare male and female experiences in job satisfaction and turnover without gender bias in sampling. In healthcare psychology literature, women often report higher work-family conflict, while men may report more stress from administrative or hierarchical expectations.

Table A2c. Department Distribution

Department	Count	Percent
Administration	10	16.1
Diagnostics	3	4.8
Emergency	3	4.8
General Medicine	5	8.1
ICU	8	12.9
OB-GYN	6	9.7
OPD	15	24.2
Pediatrics	5	8.1
Surgery	7	11.3

Discussion:
Table A2c shows that the largest share of respondents worked in OPD (24.2%), followed by ICU (12.9%) and Administration (16.1%). Smaller proportions worked in emergency and diagnostics (4.8% each). The variation across departments is important because workload intensity and stress levels differ widely: for example, emergency and ICU settings are high-stress environments, while administration typically involves routine, lower-stress tasks.

Table A2d. Shift Distribution

Shift	Count	Percent
Day	33	53.2
Night	13	21.0
Rotational	16	25.8

Discussion:
Table A2d reveals that 53.2% of staff worked day shifts, 21% night, and 25.8% rotational. The significant proportion of rotational and night workers underscores the importance of analyzing work-life balance and burnout, since irregular schedules are a known predictor of exhaustion in healthcare psychology.

Table A2e. Hospital Distribution

Hospital	Count	Percent
Hospital A (Patna City)	23	37.1
Hospital B (Patna City)	17	27.4
Hospital C (Patna City)	22	35.5

Discussion:
Table A2e indicates a fairly balanced distribution across the three hospitals, ensuring that no single institutional culture dominates the results. This strengthens the external validity of findings.

Table A2f. Interview Mode

Interview Mode	Count	Percent
In-person	35	56.5
Online	27	43.5

Discussion:
Table A2f shows that most participants (56.5%) were interviewed in person, while 43.5% completed online interviews. In-person interviews likely yielded more detailed qualitative insights, while online interviews ensured convenience and inclusivity for shift-based workers.

Conclusion

This study examined the interplay between job satisfaction, organizational climate, burnout, and turnover intentions among healthcare workers in three hospitals of Siwan City. The findings revealed that while intrinsic satisfaction levels were moderately high, extrinsic factors such as pay, benefits, and work-life balance remained persistent areas of concern. Nurses and allied health staff carried the heaviest workloads and exhibited higher burnout, whereas administrative staff reported relatively higher satisfaction and lower stress. Departmental variations were striking, with emergency and ICU workers experiencing the greatest strain.

Despite these challenges, short-term turnover intentions were low, with only one participant actively

considering leaving, citing pay dissatisfaction. Correlation analyses reinforced theoretical models, showing that higher job satisfaction and perceived organizational support strongly predicted lower turnover intentions, while burnout and workload pressures elevated them.

Overall, the research highlights that workforce stability in healthcare is not threatened by immediate attrition but is at risk in the long term if systemic issues of workload, compensation, and organizational support are not addressed. The study underscores the need for management interventions focused on redistributing workload, improving shift policies, enhancing organizational support structures, and revisiting compensation frameworks to sustain both employee well-being and the quality of patient care.

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