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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, a group often exposed to high occupational stress and systemic challenges. Drawing on organizational psychology frameworks, the research employed a cross-sectional empirical design with a sample of 180 participants representing doctors, nurses, allied health professionals, administrative personnel, and support staff across government, private, and community healthcare institutions. Data were collected using a structured questionnaire and semi-structured interviews, covering dimensions of job satisfaction, organizational climate, stress and well-being indicators, and turnover intentions. Descriptive and inferential statistical analyses revealed moderate overall job satisfaction (M = 3.3) but notable dissatisfaction in areas such as pay, work–life balance, and growth opportunities. Turnover intentions were moderately high, with 31.1% of respondents reporting a strong likelihood of leaving their current organization, primarily due to inadequate pay, workload-related burnout, and limited career advancement. The findings underscore the multidimensional nature of turnover, shaped by both extrinsic and intrinsic factors. The study concludes that healthcare organizations must adopt holistic interventions, including improved compensation, supportive supervision, and career development pathways, to strengthen employee retention and enhance organizational stability.

Keywords: *Job Satisfaction; Turnover Intentions; Organizational Psychology; Healthcare Workforce; Stress and Burnout*

Introduction

The healthcare sector represents one of the most demanding occupational environments worldwide, where workers are frequently confronted with long hours, high emotional involvement, and systemic inefficiencies. Within such contexts, **job satisfaction** and **turnover intentions** emerge as pivotal constructs in organizational psychology, directly influencing not only workforce stability but also the quality of patient care and institutional performance. Job satisfaction reflects the extent to which employees experience fulfillment in their roles, encompassing both intrinsic factors such as autonomy and professional growth, and extrinsic factors such as pay, supervision, and organizational climate. Turnover intentions, conversely, represent the cognitive precursor to actual resignation behavior, making their study essential for predicting and managing employee attrition.

Healthcare workers occupy a critical position in this debate, as their roles extend beyond technical competence to involve interpersonal care, emotional resilience, and ethical responsibility. Empirical evidence consistently demonstrates that dissatisfaction among healthcare professionals contributes to burnout, absenteeism, and voluntary turnover, all of which exacerbate existing workforce shortages and compromise healthcare delivery. The problem is particularly acute in countries such as India, where an overstretched public health infrastructure and rapid privatization of healthcare services have intensified work demands while often failing to provide commensurate support.

Organizational psychology provides a valuable theoretical framework for analyzing these issues. The **Herzberg Two-Factor Theory** distinguishes between motivators (growth, recognition, autonomy) and hygiene factors (pay, working conditions, supervision), both of which emerged prominently in healthcare settings. Similarly, the **Job Demands-Resources (JD-R) model** explains how excessive demands such as long shifts, overtime, and workplace incivility interact with limited organizational resources to create stress and shape turnover decisions. By situating this research within these frameworks, the study seeks to contribute both to academic scholarship and practical policy development.

The present study therefore addresses a significant gap by empirically examining how job satisfaction and turnover intentions intersect in the context of healthcare workers in India. Using a cross-sectional design with a diverse sample of doctors, nurses, allied health professionals, administrative staff, and support staff, the study investigates which specific dimensions of satisfaction most strongly influence turnover cognitions. It also integrates well-being indicators such as stress, sleep, and incivility experiences to present a comprehensive account of the workforce's psychological and organizational realities.

The findings of this study are expected to hold practical relevance for hospital administrators, healthcare policymakers, and organizational leaders, offering insights into how systemic reforms in pay structures, workload management, and organizational support can improve job satisfaction and reduce attrition. Beyond its immediate policy implications, the research also contributes to the broader field of organizational psychology by reinforcing the significance of contextual, occupational, and cultural factors in shaping the job satisfaction–turnover relationship.

Methodology

Research Design

The present study adopts an empirical, cross-sectional design grounded in organizational psychology to examine the relationship between job satisfaction and turnover intentions among healthcare workers. A cross-sectional approach is considered appropriate for the objectives of this research because it enables the simultaneous collection of data on predictor variables (job satisfaction) and outcome variables (turnover intentions) within a natural organizational setting, without the requirement of longitudinal tracking or experimental manipulation. The study is situated within the positivist paradigm, which emphasizes objective measurement of observable behaviors, perceptions, and attitudes. By focusing on healthcare workers as the target population, the research situates itself within the broader field of occupational and organizational psychology, addressing practical challenges faced by health systems worldwide.

An empirical design further ensures that findings are based on systematically collected data, providing both internal validity and external relevance. The focus on healthcare workers is particularly significant because this professional group is often exposed to high work demands, emotional stress, and systemic challenges such as staffing shortages, all of which directly affect their job satisfaction and, consequently, their turnover intentions. Thus, this design is capable of capturing associations that are not merely theoretical but carry direct implications for policy, workforce management, and patient care.

Population and Sample

The population for this study comprises healthcare workers employed across multiple healthcare institutions, including government hospitals, private hospitals, and community health centers. Given the

dynamic nature of healthcare organizations and the diversity of work roles within them, the population includes doctors, nurses, administrative staff, allied health professionals (e.g., physiotherapists, laboratory technicians), and support staff. This diversity ensures that the analysis reflects the multi-layered structure of healthcare delivery systems.

The study employs a **random sampling technique** to enhance representativeness and minimize selection bias. A random selection approach is essential because it allows each individual within the population an equal chance of being included, thereby strengthening the generalizability of findings. The sample size was determined as **180 participants**, which is both statistically sufficient to detect medium effect sizes with acceptable power levels (typically 0.80 in behavioral sciences) and practically feasible in terms of data collection within resource and time constraints.

Participants were recruited from healthcare institutions located in urban and semi-urban areas to ensure variability in organizational culture and exposure. To minimize organizational-level bias, no single institution contributed more than 25 percent of the total sample, thereby maintaining diversity in institutional representation.

Data Collection Procedure

Data collection was conducted using a combination of **in-person interviews** and **online interviews**, allowing for flexibility, inclusivity, and adaptation to participants' availability. This dual approach was necessary given the demanding schedules of healthcare workers, many of whom face time constraints or pandemic-related restrictions that hinder face-to-face participation.

In-person interviews were conducted at healthcare institutions with prior permission from the administration. The researcher scheduled appointments to minimize disruption to the participants' work. A structured interview guide was used to ensure consistency across sessions, with questions covering demographic details, measures of job satisfaction, and turnover intentions.

Online interviews were administered using secure digital platforms (such as Zoom and Google Meet) to facilitate participation of those unable to attend in-person. These interviews mirrored the structure of in-person interviews, ensuring equivalence in the data collected. Participants were assured of confidentiality, and informed consent was obtained digitally before proceeding. To mitigate possible differences in data quality between modes of collection, interviewers were trained to maintain consistency in tone, pacing, and probing techniques across both formats.

The dual-mode strategy also helped overcome geographical barriers and scheduling difficulties, thereby maximizing participation. Out of the total 180 participants, approximately 100 were interviewed in person and 80 participated online, reflecting a near-balanced distribution across modes.

Research Instruments

The study utilized a structured questionnaire and semi-structured interview schedule to collect data. Both instruments were adapted from validated scales widely used in organizational psychology research.

1. **Job Satisfaction Scale**: Job satisfaction was measured using an adaptation of the Minnesota Satisfaction Questionnaire (MSQ), which captures intrinsic and extrinsic aspects of satisfaction. Items included satisfaction with pay, promotion opportunities, supervision, co-workers, work environment, and nature of the job itself. Responses were recorded on a five-point Likert scale ranging from "very dissatisfied" (1) to "very satisfied" (5).
2. **Turnover Intentions Scale**: Turnover intentions were measured using items adapted from the Turnover Intention Inventory (TIS). Questions addressed the likelihood of leaving the organization, thoughts about quitting, and seeking employment elsewhere. Responses were recorded on a five-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (5).
3. **Demographic Profile**: Data on demographic variables such as age, gender, marital status, education level, job role, years of experience, and employment type (permanent/contractual) were collected to control for their potential influence on job satisfaction and turnover intentions.
4. **Interview Schedule**: In addition to structured questions, semi-structured interviews allowed participants to elaborate on their responses. This qualitative component enriched the dataset by providing insights into contextual factors such as organizational policies, work-life balance, and perceived organizational support.

The instruments were pilot-tested with a small group of healthcare workers (n=15) prior to the main study to ensure clarity, reliability, and cultural relevance. Necessary modifications were incorporated based on feedback, without altering the psychometric properties of the scales.

Reliability and Validity

To ensure reliability, Cronbach's alpha coefficients were computed for the job satisfaction and turnover intentions scales. Both scales demonstrated acceptable internal consistency, with alpha values exceeding 0.70. Validity was established through content validation (by consulting three experts in organizational psychology and healthcare management) and construct validation (by confirming the expected correlation patterns between satisfaction dimensions and turnover intentions).

The use of both quantitative scales and qualitative probing enhanced **triangulation**, thereby improving the credibility and depth of findings. The random sampling strategy and the balanced use of in-person and online methods further strengthened external validity by capturing diverse perspectives within the healthcare sector.

Ethical Considerations

The study adhered strictly to ethical research protocols. Informed consent was obtained from all participants before the commencement of interviews, with assurances of confidentiality and voluntary participation. Participants were informed that they could withdraw at any point without penalty. All data were anonymized to protect identity, and institutional permissions were obtained wherever necessary. Data were stored securely, accessible only to the researcher, and used exclusively for academic purposes.

Data Analysis

Quantitative data were coded and analyzed using statistical software (SPSS). Descriptive statistics were computed to summarize demographic characteristics and central tendencies of job satisfaction and turnover intention scores. Inferential statistics such as correlation analysis and regression modeling were employed to test the hypothesized relationships between job satisfaction and turnover intentions. Analysis of variance (ANOVA) was used to examine group differences across demographic categories such as job role and years of experience.

Qualitative data from semi-structured interviews were transcribed verbatim and analyzed using thematic analysis. Codes were developed inductively to capture recurring themes related to organizational culture, workload, stress, and motivational factors. These qualitative insights were then integrated with quantitative findings to provide a comprehensive understanding of the phenomena under study.

Limitations

While the methodology was designed to ensure rigor, certain limitations must be acknowledged. The reliance on self-report measures may introduce social desirability bias, particularly in responses related to turnover intentions. Although random sampling was employed, the exclusion of rural healthcare centers may limit the generalizability of findings to those contexts. Additionally, the cross-sectional nature of the study restricts causal inferences; observed relationships must be interpreted as associations rather than definitive causal pathways.

Results and Discussion

Demographic Profile of Respondents

Table 1: Demographic Profile (n = 180)

Variable	Summary / Distribution
Age (Mean ± SD)	34.7 ± 7.2 years
Experience (Mean ± SD)	9.8 ± 6.5 years
Gender Distribution	Female: 104 (57.8%), Male: 72 (40.0%), Other: 4 (2.2%)
Marital Status	Married: 95 (52.8%), Single: 75 (41.7%), Divorced/Widowed: 10 (5.5%)
Role Distribution	Nurses: 68 (37.8%), Doctors: 38 (21.1%), Allied Health: 29 (16.1%), Administrative: 25 (13.9%), Support Staff: 20 (11.1%)
Institution Types	Government: 81 (45.0%), Private: 72 (40.0%), Community Health Centre: 27 (15.0%)
Employment Type	Permanent: 139 (77.2%), Contractual: 41 (22.8%)
Shift Patterns	Fixed Day: 82 (45.6%), Rotational: 78 (43.3%), Night-heavy: 20 (11.1%)

Discussion

The demographic profile shows that the **average healthcare worker in this study was 35 years old with nearly a decade of professional experience**. The gender skew toward women (57.8%) reflects global and Indian workforce trends, where **nursing and allied health roles are predominantly female-driven**. A substantial portion of the workforce (52.8%) was married, which may influence perceptions of job stability and turnover due to family responsibilities.

Role distribution shows that **nurses were the largest group (37.8%)**, followed by doctors and allied health

professionals. This is critical because nurses often report the highest workload pressures, which directly influence job satisfaction and turnover intentions. Institutional type distribution suggests that government hospitals dominate the sample, which may reflect stronger employment stability but also bureaucratic challenges.

Most employees were **permanent staff (77.2%)**, indicating relative job security, while nearly one-fourth were contractual workers, a group often reporting **lower satisfaction and higher turnover intentions** due to insecure employment. Shift distribution reveals that more than half the workforce operated under **rotational or night-heavy schedules**, both known contributors to stress and burnout in organizational psychology literature.

Job Satisfaction Scores

Table 2: Job Satisfaction (Likert 1–5)

Dimension	Mean ± SD
Pay Satisfaction	3.2 ± 1.1
Supervision Satisfaction	3.4 ± 1.0
Work Environment	3.3 ± 0.9
Work-Life Balance	3.1 ± 1.0
Growth Opportunities	3.0 ± 1.1
Autonomy	3.5 ± 1.0
Coworker Support	3.6 ± 0.9
Overall Job Satisfaction	3.3 ± 0.8

Discussion

Overall job satisfaction averaged **3.3 on a 5-point scale**, indicating a **moderate but not high level of satisfaction** among healthcare workers. Notably:

- **Pay satisfaction (3.2)** was only slightly above neutral, which reflects **economic dissatisfaction** and may feed directly into turnover intentions.
- **Growth opportunities (3.0)** scored lowest, highlighting limited career advancement pathways, especially in government institutions where promotions are slow and rigid.
- **Work-life balance (3.1)** was also relatively poor, reflecting the long hours and demanding schedules typical of healthcare.
- Conversely, **coworker support (3.6)** and **autonomy (3.5)** were the strongest positive dimensions. These results align with organizational psychology theories suggesting that **social support and perceived control** over one's work mitigate dissatisfaction.

These findings show that while interpersonal and team dynamics are relatively healthy, **systemic issues like pay, promotion, and workload balance remain major dissatisfaction drivers**.

Organizational Climate and Resources

Table 3: Organizational Climate & Resources (Likert 1–5)

Factor	Mean ± SD
Perceived Organizational Support	3.2 ± 1.0
Psychological Safety	3.3 ± 0.9
Resource Adequacy	3.1 ± 1.0
PPE Availability	3.2 ± 1.0

Discussion

The climate and resource factors again reflect **moderate levels of satisfaction**:

- **Psychological safety (3.3)** indicates that workers somewhat feel they can express concerns without fear of punishment, but it is not strong enough to suggest a fully supportive environment.
- **Resource adequacy (3.1)** and **PPE availability (3.2)** are borderline, particularly significant in the context of post-pandemic healthcare. Insufficient resources often exacerbate burnout and lead to higher turnover intentions.
- **Organizational support (3.2)** was again moderate, suggesting that while institutions attempt to provide support, gaps remain between expectations and actual experiences.

These results demonstrate that **systemic organizational culture issues**, such as insufficient safety provisions, inadequate resources, and low institutional support, contribute to moderate job satisfaction but do not foster strong long-term commitment.

Stress and Well-being Indicators

Table 4: Stress & Wellbeing Indicators

Variable	Mean ± SD
Perceived Stress Score (0–40)	20.8 ± 6.9
Average Sleep Hours	6.3 ± 1.0

Variable	Mean ± SD
Weekly Overtime Hours	7.5 ± 4.2
Incivility Incidents (30 days)	2.1 ± 1.7

Discussion

The mean stress score (20.8) indicates **moderate stress levels**, consistent with global literature on healthcare workers. Overtime (7.5 hours/week) and reduced sleep (6.3 hours) point to **occupational strain**. Notably, **incivility incidents (2.1 per month)**, such as disrespect from patients, families, or colleagues, suggest that workplace civility is a persistent issue.

These indicators closely correlate with reduced job satisfaction and heightened turnover intentions. According to the **Job Demands-Resources (JD-R) model**, excessive demands such as long hours and emotional strain, combined with inadequate resources, foster burnout and drive turnover.

Turnover Intentions

Table 5: Turnover Intentions

Variable	Summary
Overall Turnover Intentions (Mean ± SD)	2.9 ± 1.1
Likely to Leave (≥4)	Yes: 56 (31.1%), No: 124 (68.9%)
Planned Notice Period (Mean ± SD)	3.2 ± 2.6 weeks
Primary Reason Distribution	Pay/Benefits: 42 (23.3%), Management Issues: 31 (17.2%), Workload/Burnout: 38 (21.1%), Poor Culture/Support: 27 (15.0%), Career Growth: 22 (12.2%), Personal/Family: 20 (11.1%)

Discussion

Turnover intentions averaged **2.9**, suggesting **moderate likelihood of quitting** across the workforce. Critically, **31.1% of participants reported high turnover intentions**, representing nearly one-third of the sample.

The leading causes were:

- **Pay and benefits (23.3%)**, confirming earlier dissatisfaction with compensation.
- **Workload and burnout (21.1%)**, supported by high stress and overtime scores.
- **Management issues (17.2%)** and **poor culture/support (15%)**, which reflect weak organizational climate and supervision satisfaction.
- **Career growth (12.2%)** aligns with the lowest job satisfaction dimension, showing stagnation in professional development.

This distribution suggests that **both extrinsic (pay, workload, management) and intrinsic (growth, culture) factors collectively shape turnover intentions**. The average planned notice period (3.2 weeks) reflects short transition times, which could leave institutions vulnerable to staffing crises if turnover rates escalate.

Integrated Discussion

The integration of findings across datasets reveals several important themes:

1. **Moderate Job Satisfaction but Strong Dissatisfaction in Key Areas:** While autonomy and coworker support are positive, dissatisfaction with pay, growth, and work-life balance remain critical turnover drivers.
2. **Stress-Burnout Nexus:** High stress, reduced sleep, overtime, and workplace incivility significantly undermine psychological well-being, reinforcing dissatisfaction.
3. **Organizational Shortcomings:** Moderate ratings for organizational support, resource adequacy, and psychological safety highlight **systemic institutional challenges**.
4. **Turnover as a Multidimensional Outcome:** Turnover intentions are not shaped by a single factor but are instead the product of interconnected issues: pay, burnout, lack of growth, weak culture, and poor management practices.
5. **Theoretical Alignment:** These findings are consistent with the **Herzberg Two-Factor Theory**, which emphasizes dissatisfaction due to hygiene factors (pay, work conditions, policies), and with the **Job Demands-Resources model**, which links high demands and low resources to burnout and attrition.

Conclusion

The analysis of 180 healthcare workers demonstrates that while job satisfaction levels are moderate, turnover intentions are significant, with nearly one-third considering leaving. The primary contributors are inadequate pay, burnout, limited career growth, and weak organizational culture. At the same time,

protective factors such as coworker support and autonomy help mitigate complete dissatisfaction, but they are insufficient to override systemic weaknesses.

These results suggest that healthcare organizations must prioritize structural reforms, including improved compensation, workload redistribution, clear career pathways, and organizational support systems, to enhance job satisfaction and reduce turnover. Failure to address these issues risks not only employee attrition but also diminished patient care outcomes.

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