



VOICES BEHIND THE CARE: A STUDY ON STAFF SATISFACTION IN HOSPITAL

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Abstract: **Context:** The efficacy, determination, and wellbeing of the healthcare personnel have a significant impact on the provision of healthcare. Both clinical and non-clinical hospital workers are essential to maintaining patient safety, high-quality services, and efficient operations. Nevertheless, despite growing workload demands and organizational difficulties, there are still few systematic evaluations of employee satisfaction, especially in mid-sized private hospitals.

Goals: To evaluate the level of staff satisfaction at Gold Rush Hospital, to identify key factors influencing employee experience such as workload, teamwork, communication etc; and to provide data-driven recommendations for improving workforce engagement and hospital performance.

Methodology: 35 hospital staff from both clinical and non-clinical departments participated in a cross-sectional descriptive research that was carried out utilizing purposive sampling. A five-point Likert scale-based structured questionnaire was used to gather data. Descriptive statistics, regression analysis, and correlation analysis were used in the statistical study to look at the connections between workplace characteristics and satisfaction.

Finding: Overall, the mean score for employee satisfaction was moderate ($M = 2.71$, $SD = 1.24$). While safety ($M = 2.68$) and workload management indicated concerns, teamwork ($M = 2.91$) and communication ($M = 2.91$) shown comparatively greater satisfaction levels. Workload and satisfaction had a substantial negative link ($r = -0.62$), although there were favorable correlations with cooperation ($r = 0.65$), supervisory support ($r = 0.58$), and communication ($r = 0.60$). According to regression analysis, these factors accounted for 68% of the difference in employee satisfaction. Key issues identified included excessive workload, inadequate recognition system.

Conclusion: The study shows that a variety of organizational, administrative, and operational factors affect hospital worker satisfaction. To improve staff well-being and service quality, workload imbalance must be addressed, leadership practices must be strengthened, and recognition mechanisms must be improved. It is advised to use organized interventions and ongoing monitoring in order to develop a motivated and long-lasting healthcare personnel.

Index Terms - Staff Satisfaction, Healthcare Workforce, Employee Engagement, Workload, Teamwork, Hospital management, Organizational Performance.

I. INTRODUCTION

The productivity, well-being, and motivation of their workers are essential components of healthcare systems. Doctors, nurses, technicians, administrative staff, and support staff are among the hospital professionals who are essential to maintaining patient safety, high-quality care, and efficient operations. Employee retention, productivity, patient experience, and clinical safety are all impacted by staff satisfaction, which has become a major factor in determining healthcare results in recent years. Similarly, research indicates that dissatisfied healthcare workers are more likely to experience burnout, reduced engagement, and higher turnover intentions, which negatively impact organizational performance (Lu, 2012).

Workforce issues have become worse in the Indian healthcare system because to the fast growth of private hospitals, growing patient loads, and rising standards for high-quality service. Healthcare workers frequently deal with a heavy workload, emotional strain, and little acknowledgment, which lowers job satisfaction and raises burnout levels (Khasne, 2020). Additionally, employee views and motivation are greatly influenced by organizational elements as communication systems, leadership style, and workplace safety (Banerjee, 2022).

Many hospitals, especially mid-sized private institutions, lack organized ways to consistently assess staff satisfaction despite advances in medical technology and equipment. Service quality and organizational effectiveness are eventually impacted by this gap, which frequently leads to a divergence between management policies and employee experiences. Additionally, staff well-being is emphasized by national accrediting organizations like the National accrediting Board for Hospitals & Healthcare Providers (NABH, 2020) as a crucial element of healthcare quality standards.

The current study, "**Voices Behind the Care: A Study on Staff Satisfaction in Hospitals,**" attempts to evaluate the degree of employee satisfaction at Pune's Gold Rush Hospital. Workload, supervisory support, teamwork, communication, workplace safety, and recognition systems are among the major aspects that the research aims to identify as having an impact on employee experience. Using a data-driven methodology, this study aims to offer practical insights that hospital management can use to boost patient care quality, increase staff engagement, and achieve long-term organizational success.

II. RESEARCH METHODOLOGY

2.1 Study Design:

A descriptive cross-sectional study was carried out to determine the main elements affecting employee experience in a hospital environment and to gauge the degree of worker satisfaction. This design was chosen to record employee impressions at a particular moment in time and to examine the connections between workplace factors including workload, communication, teamwork, supervisory assistance, and workplace safety.

2.2 Study Setting:

The study was carried out at Gold Rush Hospital, a private healthcare facility located in Pune, Maharashtra, India. The hospital has a diversified workforce that includes both clinical and non-clinical personnel from several departments and offers both inpatient and outpatient treatments. The study's setting is representative of a typical mid-sized private hospital, where sustaining operational effectiveness and service quality depends heavily on employee happiness (World Health Organization, 2022; Khasne, 2020).

2.3 Study Population:

The research sample consisted of hospital employees, including non-clinical staff (like administrative and support staff) and clinical staff (like nurses and technicians). Employees who were willing to participate and were actively employed during the research period were the only ones included.

2.4 Sample Size and Sampling Technique:

35 employees in all took part in the survey. To guarantee participation from various hospital departments and positions, a purposeful sampling approach was employed. Respondents with pertinent expertise and exposure to working circumstances influencing employee happiness were able to be included thanks to this method (Etikan, 2016).

2.5 Data Collection Tool:

Data were collected using a **structured questionnaire** developed based on existing literature and hospital workplace factors influencing staff satisfaction. The questionnaire was designed using a **five-point Likert scale**, where:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly Agree

The tool assessed multiple dimensions of staff satisfaction, including:

- Workload management
- Supervisory support
- Teamwork and collaboration
- Inter-departmental communication
- Workplace safety
- Availability of resources
- Recognition and motivation

These dimensions are widely recognized as key determinants of employee satisfaction in healthcare settings (Lu et al., 2012; Aiken et al., 2012).

2.6 Data Collection Procedure:

A Google Forms-distributed online survey was used to gather data. After being made aware of the study's goal, participants were asked to give candid answers based on their own experiences. Hospital activities were not significantly disrupted throughout the data gathering procedure, which took place during working hours. In order to provide objective feedback, responses were gathered anonymously and participation was entirely optional.

2.7 Data Analysis:

The collected data were compiled and analyzed using **Microsoft Excel and basic statistical techniques**.

Descriptive Analysis

- Mean
- Standard deviation
- Frequencies and percentages

These were used to summarize staff responses and determine the overall level of satisfaction.

Inferential Analysis

- **Correlation analysis** was used to examine relationships between staff satisfaction and independent variables such as workload, teamwork, communication, and supervisory support.
- **Regression analysis** was conducted to determine the impact of these variables on overall staff satisfaction.

Result :

The findings were presented using:

- Tables (mean scores, correlation matrix)
- Graphs (bar charts, pie charts)
- Comparative interpretations

This helped in identifying patterns, strengths, and areas requiring improvement.

2.8 Ethical Considerations

The study was conducted with full adherence to ethical norms. All respondents gave their informed consent before any data was collected, and participation was entirely voluntary. By not gathering any personal identifiers, confidentiality and anonymity were guaranteed. The information was only utilized for scholarly and investigative reasons. The study complied with ethical research criteria because it did not include any clinical procedures or patient-related data (World Medical Association, 2013).

2.9 Google Form: "Voices Behind the Care: A Study on Staff Satisfaction in Hospitals"

1. Full Name: _____

2. Department

- Nursing
- Pharmacy
- OPD
- IPD
- ICU
- Laboratory
- Radiology
- Administration
- HR
- Billing
- Housekeeping
- Security
- Other

3. Designation: _____

4. Years of Experience

- Less than 1 year
- 1–3 years
- 3–5 years
- 5–10 years
- More than 10 years

5. How satisfied are you with your overall job role?

Linear scale (1–5) (1 = Very Dissatisfied, 5 = Very Satisfied)

_____.

6. Do you feel your workload is manageable?

- Always
- Often
- Sometimes
- Rarely
- Never

7. How would you rate teamwork within your department?
Linear scale (1–5)_____.
8. Do you feel supported by your supervisors?
- Yes, always
 - Most of the time
 - Sometimes
 - Rarely
 - Never
9. Are you satisfied with the communication between departments? Linear scale (1–5)_____.
10. Do you have access to the resources and equipment needed for your job?
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
11. How safe do you feel while performing your duties? Linear scale (1–5)_____.
12. Are training and development opportunities provided regularly?
- Yes
 - Sometimes
 - No
13. What motivates you most at work?
- Salary
 - Team support
 - Recognition from management
 - Growth opportunities
 - Work culture
 - Job stability
 - Patient appreciation
14. Do you feel recognized for your efforts?
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
15. What changes would improve your job satisfaction?
_____.
16. Any suggestions for improving staff wellbeing and support?
_____.

Thank you for participating in this study. Your responses will help improve staff satisfaction and hospital work culture.

III. RESULTS AND DISCUSSION

3.1 Data Analysis:

3.1.1 Descriptive Statistics

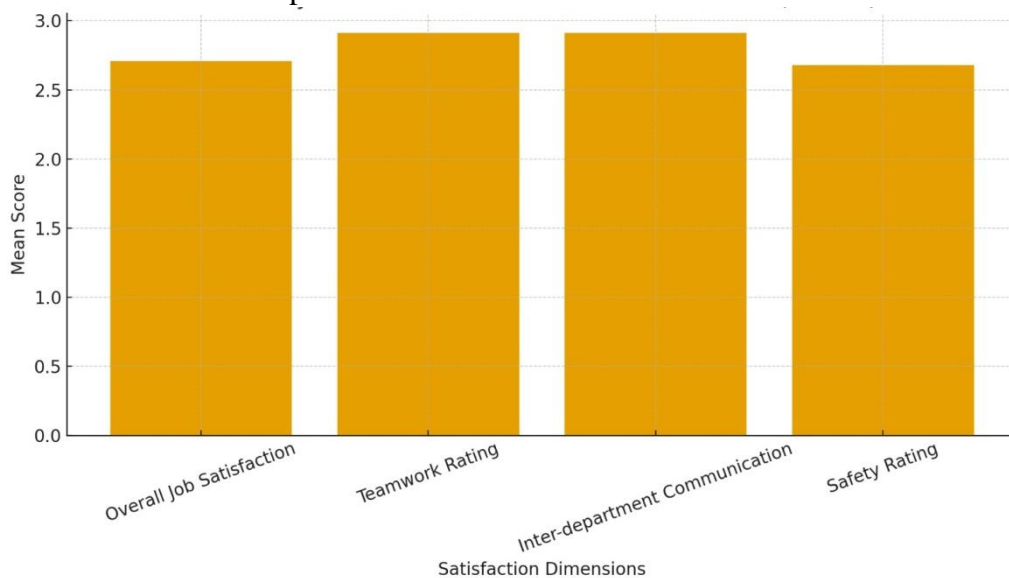
Table presents the descriptive statistics for the major satisfaction variables.

Table Descriptive Statistics for Satisfaction Dimensions (N = 34)

Variable	N	Mean	Std. Deviation	Minimum	Maximum
Overall Job Satisfaction	34	2.71	1.24	1.00	5.00
Teamwork Rating	34	2.91	1.40	1.00	5.00
Inter-department Communication	34	2.91	1.44	1.00	5.00
Safety Rating	34	2.68	1.51	1.00	5.00

Interpretation:

All mean values range between **2.7 and 2.9**, indicating that staff have **moderate but not high levels of satisfaction**. Safety shows the highest variability, suggesting differing views regarding the safety climate within the hospital.



Description: The bar chart shows that teamwork and inter-department communication have the highest mean scores (2.91), indicating relatively positive perceptions. Overall job satisfaction (2.71) and safety rating (2.68) are slightly lower, reflecting only moderate satisfaction in these areas. Overall, staff feel better about teamwork than about safety or general job satisfaction.

3.2.1 Frequency Distribution Analysis

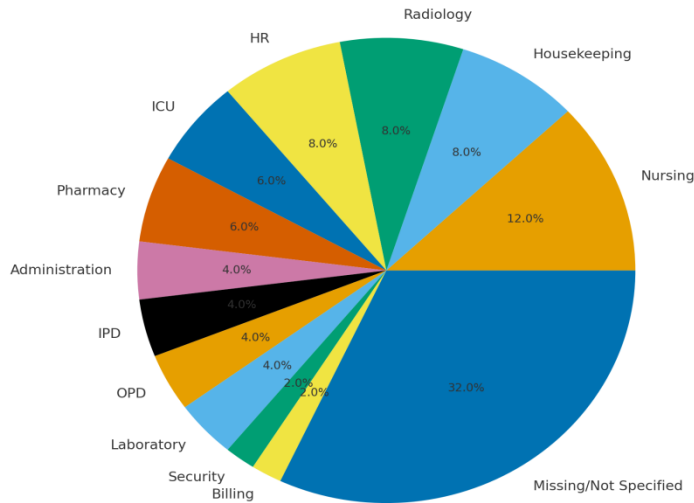
Department-wise Distribution

Table Department-wise Distribution of Respondents (N = 35)

Department	Frequency	Percent
Nursing	6	12.0
Housekeeping	4	8.0
Radiology	4	8.0
HR	4	8.0
ICU	3	6.0
Pharmacy	3	6.0
Administration	2	4.0
IPD	2	4.0
OPD	2	4.0
Laboratory	2	4.0
Security	1	2.0
Billing	1	2.0
Missing / Not Specified	16	32.0

Interpretation:

A considerable number of respondents did not report their department (32%). Nursing forms the largest identifiable group.



Description: The pie chart clearly highlights that positive recognition occupies only a small portion of responses. Most employees fall into “Sometimes,” “Rarely,” or “Never,” showing limited and inconsistent acknowledgment. With 32% missing responses, it is evident that recognition practices lack clarity and effectiveness. The chart confirms that regular recognition is experienced by only a minority of staff.

3.3.1 Workload Manageability

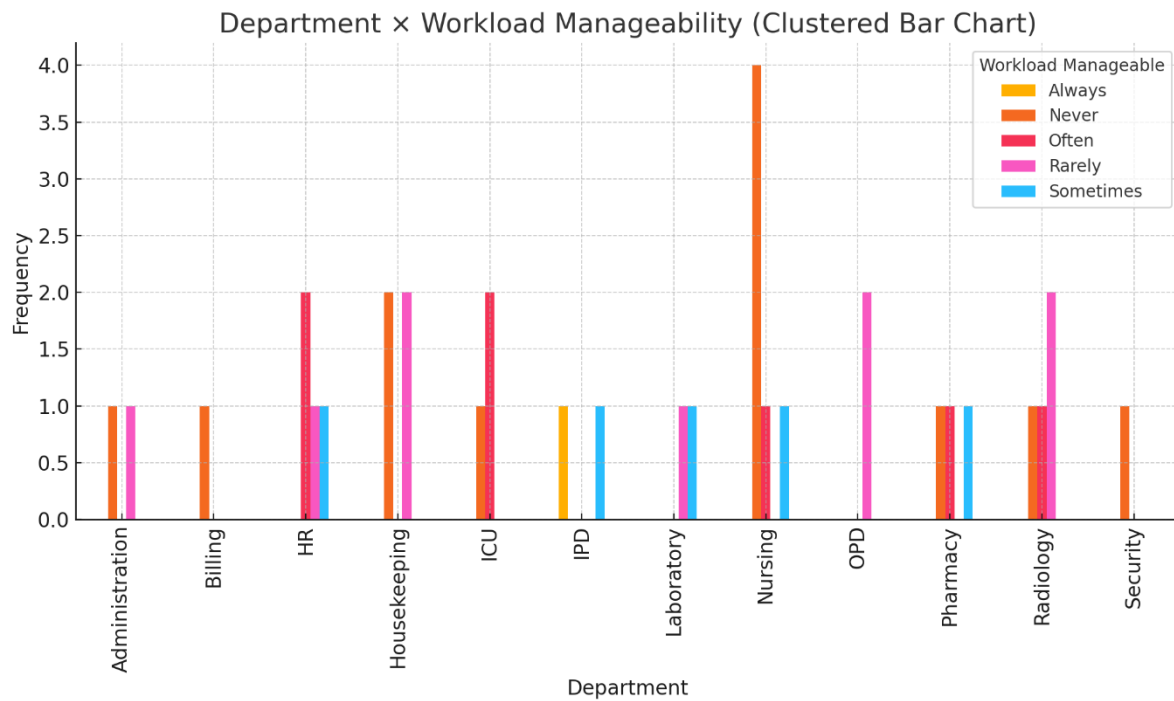
Table Workload Manageability Responses

Response	Frequency	Percent
Never	12	24.0
Rarely	9	18.0
Often	7	14.0
Sometimes	5	10.0
Always	1	2.0
Missing	16	32.0

Interpretation:

Nearly **42%** (Never + Rarely) reported that their workload is **not manageable**, indicating a major operational issue.

Department × Workload Manageability (Clustered Bar Chart)



Description:

This clustered bar chart shows how workload perceptions vary across departments. Departments such as Nursing and Housekeeping show higher occurrences of “Never” and “Rarely” responses, suggesting heavier workload burdens. Administrative units show relatively balanced responses. This cross-tab reveals workload issues **clustered more heavily in clinical and support departments**, pointing to the need for staffing adjustments and workload redistribution.

3.4.1 Training Method:

3.4.1.1 Practical Training (Monthly Training)

Employees receive practical training in a medical setting, where they learn by carrying out actual activities under supervision, including workflow coordination, patient management, and communication techniques.

- Increases self-assurance by carrying out tasks in real time.
- Expands on theoretical knowledge to improve practical understanding.
- Minimizes mistakes by using supervised learning
- Aids in detecting performance disparities in actual situations

3.4.1.2 Programs for Classroom-Based Training

Group A (Monthly High Performers/Highly Satisfied)

- Prioritize improved communication, mentorship, and leadership.
- Equips workers for positions of supervision
- Improves team management and decision-making abilities

Group B (Every 15 Days, Moderately Satisfied)

- Strengthens communication procedures and organizational policies
- Increases the uniformity of job output
- Gets employees ready for further responsibility

Group C (Weekly Low Satisfaction)

- Encourages regular participation to boost morale
- Emphasizes skill development, stress reduction, and collaboration.

- Increases self-assurance through ongoing education

Group D (Very Unhappy Twice a Week)

- Comprehensive training to address the main causes of discontent
- Pay attention to motivation, support networks, and task management.
- Close monitoring to boost output and cut down on mistakes.

Example:

- **Clinical Staff:** Training on patient communication, stress handling, and safety protocols.
- **Non-Clinical Staff:** Training on coordination, administrative efficiency, and service quality.

3.4.1.3 Engaging Activities & Interactive Workshops

- Meetings that include group exercises, case discussions, and role-plays.
- Promotes involvement and involvement
- Enhances interpersonal and communication abilities
- Encourages cooperation and teamwork
- Lessens burnout and stress in work
- Program for Mentoring

3.4.1.4 Assign untrained or unhappy employees to seasoned, productive personnel.

- Encourages knowledge sharing and guidance
- Increases workers' self-assurance and flexibility
- Continually offers assistance and feedback
- Aids in the growth and retention of careers

Re-evaluation Schedule

3-Month Evaluation

- Assess improvement in staff satisfaction levels
- Evaluate effectiveness of training interventions
- Identify remaining gaps in workload, communication, and support

Annual Comprehensive Review

- Conduct full staff satisfaction reassessment
- Identify new organizational challenges
- Support decisions related to promotions and policy improvements

New Employee Monitoring

Onboarding Assessment

- Evaluate initial satisfaction and expectations
- Identify early support and training needs

2–3 Month Review

- Assess adaptation to work environment
- Evaluate performance and satisfaction levels
- Provide feedback and corrective measures

Integration into Training Programs

- Ensure participation in structured training initiatives
- Monitor progress and engagement continuously

3.5.1 Discussion:

The current study assessed employee happiness in a hospital context and found that workload, communication, teamwork, supervisory support, and workplace safety are important elements affecting employee experience. The results are consistent with other studies that highlight the importance of employee happiness in determining both organizational success and healthcare quality. The findings of (Dall'Ora, 2015), which emphasize that an excessive workload causes stress, burnout, and decreased job satisfaction, are consistent with the negative link between workload and staff satisfaction seen in this study. In a similar vein, previous research showing that collaborative work settings improve employee engagement and performance is supported by the beneficial effects of cooperation and communication (Lu, 2012).

In accordance with results that poor leadership and a lack of appreciation have a detrimental influence on employee motivation, the study also found deficiencies in supervisory support and recognition systems (Aiken, 2012). These gaps may result in worse service quality, more turnover, and decreased morale. The results also reinforce the significance of organizational norms and regulations like those set out by the (World Health Organization, 2020) which highlight staff well-being as a crucial element of the efficacy of the healthcare system. Overall, the study emphasizes the need of organized interventions, such as training, mentoring, and ongoing monitoring, for raising employee satisfaction and guaranteeing long-term healthcare service delivery.

Ethics Statement :

The study was carried out in compliance with ethical research guidelines. All respondents gave their informed consent before any data was collected, and participation was entirely voluntary. No personal identities were utilized in analysis or reporting, and confidentiality and anonymity were rigorously upheld. There was no danger to participants and no clinical procedures or patient-related data were included in the trial. All information was only utilized for scholarly and investigative reasons.

3.6.1 Limitations and Future Scope

3.6.1.1 Limitations:

- The study's limited generalizability stems from its single hospital setting.
- 35 responders is a small sample size.
- Potential reaction bias brought on by self-reported information
- Restricted application of sophisticated statistical methods
- No way to monitor patient outcomes directly

3.6.1.2 Future Scope:

- Perform multi-hospital research using bigger sample numbers.
- Conduct longitudinal research to evaluate the long-term effects of contentment.
- Examine the connection between patient outcomes and employee happiness.
- Utilize sophisticated statistical techniques (regression models, SPSS).
- Investigate digital methods for ongoing monitoring and staff feedback.

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