

The influence of job satisfaction on retention of primary healthcare professionals in Tamil Nadu



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ABSTRACT

Stability among healthcare professionals is considered critical to providing excellent care. Job satisfaction has a significant impact on the productivity and efficiency of human resources in the healthcare industry. This cross-sectional study examined the job satisfaction and retention intentions of healthcare professionals in primary healthcare centers in Tamil Nadu. Convenience sampling was used to collect data from 334 respondents using a validated structured questionnaire. The empirical research revealed that their work values were the most significant predictor of job satisfaction among PHC employees. On the other hand, time pressure had the least significant relationship with PHC employee satisfaction. The findings indicate that targeted interventions to enhance health workers' job satisfaction, reduce stress, and increase positive work values are essential to creating a positive work environment and increasing job satisfaction. This study adds to the literature on job satisfaction and retention of primary healthcare workers in Tamil Nadu. We recommend that healthcare managers promote and enforce PHC workers' work values to keep them positive. Work values and PHC workers' satisfaction and intention to stay have received little research attention. One of the first studies to empirically examine quality improvement, time pressure, commitment, compensation, and work values as dimensions of job satisfaction among health professionals in Tamil Nadu primary healthcare centers.

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1. Introduction

Job satisfaction is a major imperative factor influencing human resource efficiency and efficiency (Dhir and Chakraborty, 2023). The most valuable resource in any organization is its human resources, which drive long-term service delivery (Kumar et al., 2013; Papademetriou et al., 2023). India is facing a serious shortfall in human health resources. The shortage of professionals in healthcare centers will eventually affect the health of the rural population and exacerbate health inequality. Improving job satisfaction is crucial for reducing turnover intention in township health centers (Wen, 2018). According to research, where the private health sector is relatively well-organized and has better working conditions, workers in primary health centers (PHC)

face numerous issues that have a significant impact on job satisfaction (Hafeez et al., 2010).

Since the Alma Ata Declaration, primary healthcare has gained significant adhesion as a tool for achieving 'Health for All' by the year 2000. PHC is the most effective method for low- and middle-income countries to address workforce health challenges because of its emphasis on health sustainability by promoting healthy lifestyles and preventive care (Kringos et al., 2010; Kodali, 2023). Several countries have reported severe shortages of healthcare professionals, especially nurses and doctors. The population's access to healthcare is constrained by the shortage of healthcare professionals, which significantly strains HCPs. This shortage is made worse by push and pull forces that cause healthcare workers to move to more developed countries. Some of these issues include workplace conditions, living standards, wages, work experience, and ineffective or non-existent recruitment and retention programs (Scheffler et al., 2009). According to the literature, PHCs with high job satisfaction experience better performance, higher productivity and creative output, and more intense organizational engagement. On the other

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hand, low job satisfaction significantly contributes to PHC's worker turnover. On the other hand, in several studies, Compensation, lack of respect, leadership style, heavy workload, exhaustion, and stress are linked to turnover and dissatisfaction (Coomber and Barriball, 2007).

India's three-tier rural healthcare network relies on primary healthcare organizations owned by the state or collectives to provide public health and primary medical services to people in rural areas. However, employees' job satisfaction and PHC's intention to stay were lower than those working in Tamil Nadu's sub-health centers (Sharma et al., 2018). In addition, job satisfaction is closely associated with the effectiveness and sustainability of primary healthcare systems. Thus, it is important to be more productive in order to know what drives them and how organizations and other things affect PHC's job satisfaction.

Job satisfaction is defined as a PHC's constructive personal attitude towards or experience of work (Weiss, 2002). Indeed, job satisfaction substantially predicts PHC's employee retention, turnover rates, and work performance (Sibbald et al., 2000). Furthermore, employee compensation, empowerment, cooperation, and management leadership are all associated with higher employee satisfaction (Chang et al., 2010). Job satisfaction is strongly related to staff intention to quit, service quality and efficiency, and patient satisfaction in the healthcare sector (Tzeng et al., 2002). Moreover, the literature indicates that Healthcare workers at PHC have a close relationship between work values, quality improvement, and job satisfaction (Wang et al., 2019). Finally, Positive therapeutic outcomes and better care quality are associated with healthcare workers who report high levels of job satisfaction. Thus, job satisfaction increases patient satisfaction and reduces medical costs, making a primary health center more competitive. On the other hand, Research studies have consistently linked job quitting to dissatisfaction with rewards, time pressure, career progression, and evaluation system fairness.

The likelihood of healthcare workers remaining in their current jobs is an intention (McCloskey and McCain, 1987). The model of reasoned action (Ajzen, 1985) says that intentions lead to changes in behavior. Since intentions lead to changes in behavior, intention to leave may be a predictor of staff turnover, while intention to stay is a strong predictor of staff retention (Cowden and Cummings, 2012). In addition, empirical studies have indicated that a variety of factors, such as personal characteristics, professional development, workplace climate, organizational vision, professional opportunities, and family obligations, influence the intention of PHC's healthcare workers to stay or leave (Lorber and Skela Savič, 2012). Studies indicate that job satisfaction levels tend to increase the desire to remain in their current positions. It has been suggested that those highly

satisfied with their job will likely want to continue in their current status (Abualrub et al., 2009).

The research was conducted in public hospitals in Tamil Nadu to examine workers' job satisfaction, the organization's climate, and turnover intentions. The majority of these studies made use of data collected from both private and public hospital employees. None of these studies examined Tamil Nadu healthcare professionals' intention to stay in primary care centers. This study filled a gap by determining the relationship between the job satisfaction of PHCs and long-term preferences among healthcare workers in primary care settings in Tamil Nadu. This study's findings will improve our knowledge of these problems and their interconnections, paving the way for new insights and approaches to hospital staff recruitment, promotion, and training, not just in Tamil Nadu but potentially in other parts of the world.

2. Literature review

2.1. Job satisfaction and staying intention

Every healthcare professional is an essential component of the healthcare service delivery system. As medical technology develops and the demand for more sophisticated patient care grows, healthcare organizations require a skilled and competent workforce. Healthcare professionals' job satisfaction is progressively recognized as a quality improvement metric that should be included in programs. Low job satisfaction can lead to increased staff turnover and absenteeism, reducing the efficiency of healthcare services. Each individual has unique needs, and their behavior significantly impacts their preferences in various areas, such as their workplace. Job satisfaction is a positive personal perception of work or work experiences that is a powerful predictor of current and future work behaviors (Jones et al., 2009). Job satisfaction influences service quality, patient satisfaction, and turnover intention (Fu and Deshpande, 2014; Shi et al., 2014). Numerous studies indicate that various elements affect the decisions of Primary Health Specialists to remain at or depart from their workplaces, including employee-related factors, organizational factors, and occupational factors (Hayes et al., 2012; Takase, 2010).

2.2. Quality improvement

The most significant factor affecting rural PHC's job satisfaction is providing a supportive and high-quality work environment (Almalki et al., 2012; Jayasuriya et al., 2012). In addition, Job satisfaction and retention among primary health professionals have been linked to the quality of their workplace. Other factors contributing to quality improvement include increased access to education/sponsored workshops/seminars, promotion of standards of practice and a safe workplace, security of health

workers, and so on. These factors are consistent with those identified as having the potential to boost job satisfaction in any organization (El-Jardali et al., 2007; Jayasuriya et al., 2012).

Ho1: Quality improvement positively influences job satisfaction of primary healthcare professionals

2.3. Compensation

Primary healthcare professional roles, difficulties in multidisciplinary collaboration, space constraints, and low remuneration have all contributed to their dissatisfaction with their jobs (Halcomb and Ashley, 2017; McInnes et al., 2017). Furthermore, compared with professionals working in acute care, those working in the community are reported to have lower wages, fewer incentives, and fewer stimulating roles (Deng et al., 2020).

Ho2: Compensation positively influences job satisfaction of primary healthcare professionals

2.4. Engagement

Work engagement is PHC workers' positive, satisfying, work-related state of concentration (Bakker et al., 2011). Only a few studies have reported on the level of work engagement of community healthcare workers. Home-visiting nurses reported a moderate level of job satisfaction (Mahiro et al., 2014). Work engagement and organizational commitment were found to be positively correlated (Kanste, 2011). Meanwhile, Guglielmi et al. (2016) discovered a positive relationship between PHC's work engagement and job pleasure. Previous studies have identified a bilateral relationship between three variables, but few have investigated the trilateral relationship, particularly in primary care settings.

Ho3: Engagement positively influences job satisfaction of primary healthcare professionals

2.5. Time pressure

Numerous job characteristics, including workload, training opportunities, compensation, and supportive environments, impact job satisfaction. Flexible work schedules provide managers the ability to offer primary healthcare professionals autonomy and control over their working hours, which includes the flexibility to plan, be creative, and maintain a stable schedule (Shader et al., 2001; Flynn, 2003; Klemm and Schreiber, 1992; Lynch, 1994; Cangelosi et al., 1998). Flexible work schedules and shift timings are thought to be considered in job satisfaction among primary healthcare professionals (Aiken et al., 2001). Home care administrators say the flexibility of their work schedule is the main factor in some healthcare professionals' decision to practice in-home care

(Anthony and Milone-Nuzzo, 2005; Haaland et al., 2023). Thus, Job satisfaction and flexible work durations are linked for PHC hospital and home care workers (Croese, 1999; Flynn, 2003).

Ho4: Time pressure positively influences job satisfaction of primary healthcare professionals

2.6. Work values

The importance of professional recognition and valuing scopes of practice have been previously found to be important factors in building job satisfaction and reducing turnover among primary healthcare professionals (Gillet et al., 2018; Nguyen et al., 2018). In a study exploring organizational change in the health system, (Nguyen et al., 2018) found positive correlations between employee work engagement and increased job satisfaction. Similarly, Yarbrough et al. (2017) identified a positive relationship between job satisfaction and respect for primary healthcare professional values. This suggests that Primary Health Professionals should be able to respond to local concerns and the fast-developing PHC environment by fully utilizing their scope of practice. Fig. 1 depicts the proposed research model.

Ho5: Work values positively influence job satisfaction of primary healthcare professionals

3. Research methodology

3.1. Study design

A descriptive and cross-sectional survey was conducted to measure job satisfaction and the intention of PHC employees to remain in Tamil Nadu. This multicenter quantitative study utilized structured questionnaires to explore various constructs. Preliminary data were collected from respondents using convenience sampling.

3.2. Settings and participants

The public health practice in Tamil Nadu is renowned for providing affordable, quality healthcare to rural populations. Over recent decades, Tamil Nadu has achieved substantial health advancements, primarily through significant reforms in its health sector. Notably, robust political commitment and leadership have played crucial roles in these health improvements. Additionally, factors such as economic growth, increased literacy rates, gender wage parity, and reduced birth rates, along with contributions from the private sector, have supported the enhancement of public health in the state. Despite challenges, the Tamil Nadu Model remains a leading approach to healthcare delivery in resource-limited settings and serves as a benchmark for other states aiming to enhance their healthcare systems.

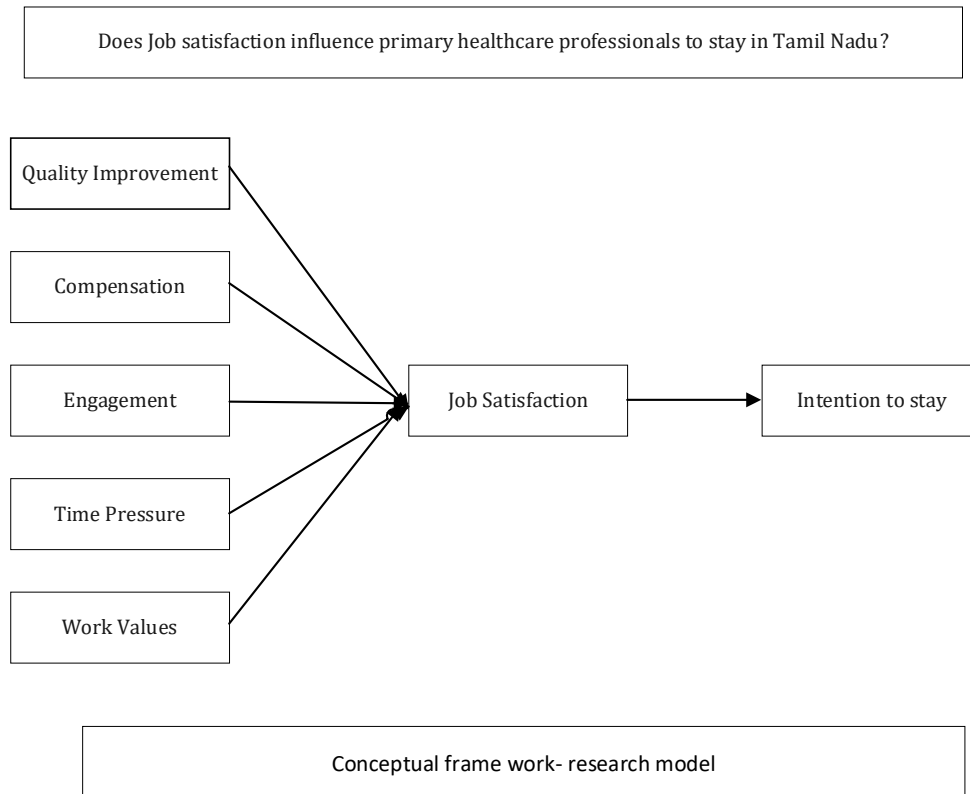


Fig. 1: Proposed research model

The context of this study involves thirty primary health centres in Tamil Nadu associated with the National Health Mission of Tamil Nadu. These centers were selected from four major cities: Chennai, Madurai, Trichy, and Coimbatore. The study participants included public health professionals of various cadres, such as general physicians, medical officers, pharmacists, nurses, dieticians, lab technicians, and therapists working in these primary health centres. Between 6th September and 27th December 2022, a total of 510 questionnaires were distributed randomly among these healthcare professionals. After the data collection phase, 489 datasheets were retrieved; however, 155 were deemed unusable due to omissions and duplicate entries, leaving 334 valid for analysis.

3.3. Instruments

A research instrument was used to measure primary health center employees' demographics, job satisfaction, and administrative commitment. Besides, a research data collection instrument is being developed and tested in conjunction with the pilot study to collect data from 30 healthcare providers. Furthermore, the respondents were asked to evaluate their agreement with thirty items on the study's construct on a Likert scale, with 5 being the strongest agreement and 1 being the strongest disagreement. The degree of agreement using the Cronbach Alpha test (α) between the multiple estimates of each element (quality improvement =0.914), (compensation=0.854), (engagement=0.912), (time pressure=0.822), (work values=0.848), (job satisfaction=0.921), and

(intention to stay =0.932) were measured. The overall result of 0.965 was solid, associated with the appropriate alpha threshold of 0.7. Finally, this study presents questionnaires in three sections: personal details, job satisfaction dimensions, and factors affecting the intention of PHC professionals. Section A deals with the sample respondents' profiles, including unique demographics such as gender, career experience, marital status, nature of shift, education qualification, age, and income level. This section consists of 7 questions with multiple-choice options. Section B deals with the construct such as the total quality management scales (24), Compensation (25), engagement (26), time pressure (27), work values (28), and overall job satisfaction (29) towards primary health Centre's of 30 variables are measured through the five-point scale of measurement. Section C deals with the stay scale (30), which consists of five statements and evaluates the healthcare professionals' perceptions.

3.4. Statistical analysis

The survey information was analyzed with SPSS version 20, which was used. (SPSS, Chicago, Illinois, USA), Descriptive statistics regarding the frequency distribution were utilized to compile a summary of the demographic characteristics. The thirty-five job satisfaction items and other variables on ratio scales were expressed as means and standard deviations. Correlation coefficient tests were used to scrutinize the relationship between the study variables. Finally, structural equation model analysis was used to estimate the structural relationships between the constructs.

4. Data analysis and results

According to the background evidence provided by healthcare professionals, most employees (73.35 percent) worked in clinical settings, owing to the significant number of respondents in public health, surgical, nursing, medico-technical, and therapeutic services, as mentioned in Table 1. Furthermore, the findings from the marital status survey indicate that a significant majority of the workers (60.18%) were married and possessed experience in various healthcare departments such as accident and emergency care, surgical procedures, medical care, and laboratory services. The research also showed that 41.62% of the respondents predominantly work day shifts, followed by evening and night shifts. Additionally, a considerable portion of healthcare practitioners (37.16%) have accrued 7 to 10 years of experience working in primary, urban, and sub-health centers. Table 2 presents the mean scores of

job satisfaction and the intention of PHC professionals to remain within the healthcare sector. The results reveal the highest mean score of 20.88 (with a standard deviation of 2.79) for healthcare employee engagement and the lowest mean score of 19.72 (with a standard deviation of 3.19) for time pressure. Additionally, the relationships between various dimensions of PHC job satisfaction and the intention to stay were analyzed using the Pearson correlation coefficient. The findings indicate a positive and statistically significant correlation at the one percent level. The correlation between work values and job satisfaction among PHC workers was the strongest ($r=0.750$, $p<0.01$), whereas the correlation between compensation and employee engagement was the weakest ($r=0.464$, $p<0.01$). Moreover, a direct positive association was observed between the job satisfaction of PHC workers and their intention to stay, as demonstrated by a correlation coefficient of 0.745 ($p<0.01$).

Table 1: Demographic characteristics of the respondents

Sample characteristics (n = 334)		
Profiles	Distribution	Percent
Type of staff	Clinical (245)	73.35
	Non-clinical (89)	26.65
Marital status	Married (201)	60.18
	Unmarried (133)	39.82
Nature of shift	Days (139)	41.62
	Evenings (105)	31.44
	Nights (90)	26.94
Career experience	Below 3 years (48)	14.37
	4-6 years (75)	22.45
	7-10 years (124)	37.16
	Above 10 years (87)	26.02

Table 2: Results of mean, standard deviation, and correlation coefficients

Constructs	SD	Mean	1	2	3	4	5	6	7
Quality improvement	2.94	20.58	1						
Compensation	2.86	20.35	0.540**	1					
Engagement	2.79	20.88	0.464**	0.654**	1				
Time pressure	3.12	19.72	0.465**	0.695**	0.705**	1			
Work values	2.47	20.42	0.501**	0.648**	0.683**	0.651**	1		
Job satisfaction	2.69	20.75	0.490**	0.579**	0.704**	0.566**	0.750**	1	
Intention to stay	2.98	20.56	0.368**	0.575**	0.677**	0.566**	0.605**	0.745**	1

** : The correlation coefficient's (r) value is significant at the one percent

Fig. 2 represents the casual modeling approach was used to ascertain the relationship between explanatory variables such as Work Values, Engagement, Compensation, Quality Improvement, and Time Pressure; mediating factors such as job satisfaction; and measured variables such as intention to stay, as shown in Fig. 1. The model's goodness-of-fit has been proven by the values of the model's goodness-of-fit, and the structural equation is true. Furthermore, the values of the goodness of fit indices are all within the adequate ranges for their corresponding classes. Consequently, the hypothesized relationships between the PHC's model's components and the structures can be validated. Table 3 illustrates the findings from the causal modeling approach, which indicated that work values ($p=0.000$, $\beta=0.483$), engagement ($p=0.000$, $\beta=0.357$), quality improvement ($p=0.015$, $\beta=0.098$), and compensation ($p=0.000$, $\beta=0.023$) positively and significantly impact job satisfaction at

the one percent level (Table 3). These factors significantly contribute to job satisfaction among the respondents when all other variables are held constant. Specifically, job satisfaction in PHC settings would increase by 0.483 for every unit increase in work values, by 0.357 for every unit increase in engagement, by 0.098 for every unit increase in quality improvement, and by 0.023 for every unit increase in compensation. The study identifies work values as the most influential factor affecting job satisfaction among professionals in primary healthcare centers. Consequently, it is crucial for primary healthcare centers to foster and reinforce the work values of healthcare staff to maintain their motivation.

Additionally, there is a positive association between healthcare professionals' job satisfaction and their intention to stay at their current PHC workplace, with the intent to stay increasing by 0.745 for every unit increase in job satisfaction

(Table 3). The study also suggests that independent healthcare workers with equitable workloads are more committed to PHCs. Primary healthcare centers should, therefore, consider enhancing compensation to retain skilled workers. This may

necessitate actions by policymakers and hospital administrators to improve job satisfaction among healthcare professionals, retain skilled and experienced staff, and prevent brain drain.

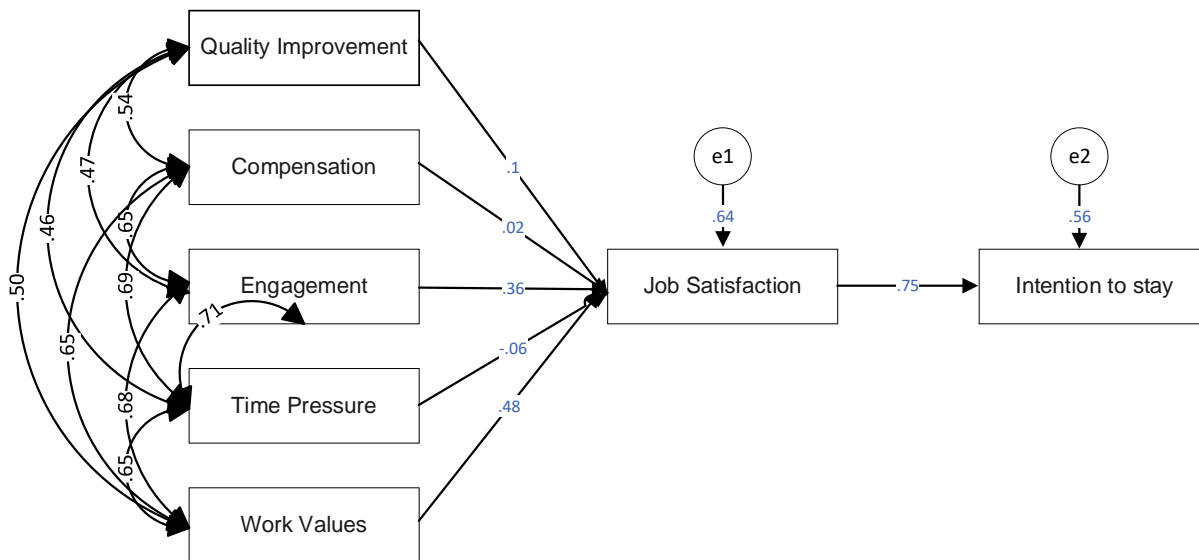


Fig. 2: Showing the SEM model summary along with the relationships between PHC's job satisfaction constructs

Conversely, the path coefficient for time pressure ($p=0.243$, $\beta=-0.061$) is statistically insignificant at the one percent level and indicates a negative impact on job satisfaction, as noted in Table 3. The results reveal that healthcare professionals often experience significant time pressure, viewing it as a source of challenge-induced stress. This highlights the need for

targeted interventions to improve job satisfaction, reduce stress, and increase engagement among healthcare professionals, such as offering training in problem-solving tactics and self-management strategies to enhance coping skills and internal locus of control.

Table 3: Presenting model fit summary and regression weights of causal modeling

Constructs path	Standardized coefficients	Decision	t value	p-value
Job satisfaction <--- Quality improvement	0.098	Strongly supported	2.423	0.015
Job satisfaction <--- Compensation	0.023	Strongly supported	0.436	0.000**
Job satisfaction <--- Engagement	0.357	Strongly supported	6.844	0.000**
Job satisfaction <--- Time pressure	-0.061	Not supported	-1.167	0.243
Job satisfaction <--- Work values	0.483	Strongly supported	9.634	0.000**
Intention to stay <--- Job satisfaction	0.745	Strongly supported	20.396	0.000**

P value: 0.072; Chi-square value/df: 3.114; GFI: 0.961; AGFI: 0.883; NFI: 0.967; CFI: 0.970; RMR: 0.022; RMSEA: 0.065; **: indicates highly significant at 99 percent level of confidence

5. Discussion and implications

This study examined PHC's job satisfaction and their goal to stay in primary healthcare centers in Tamil Nadu. The empirical research results revealed that work values positively influenced the job satisfaction of PHC employees. This finding is consistent with Caricati et al. (2014), who claim that a focus on work values increases job satisfaction. Healthcare professionals, however, claimed that various work-related values motivated, committed, and satisfied their ethical and moral duties to patients, making them happier at work. Most study participants stated that healthcare work values influence their achievement and job satisfaction. According to our results, values mitigate job-related pressures and harmonize other job satisfaction attributes. Thus, Tamil Nadu primary health centers should be aware of the religious and spiritual values the healthcare profession upholds in its constituents

and work with leaders to uphold these values at work.

In addition, it was found that PHC's employee engagement attributes significantly influenced job satisfaction. These findings are consistent with earlier research on the healthcare industry (Quek et al., 2021). However, the findings also indicated that primary healthcare center employees' distributed leadership enhanced their engagement at work by allowing them to represent and share their peers' and teams' perspectives to influence departmental and organizational issues. This could be because attention in primary healthcare settings makes healthcare professionals more dedicated to their work roles and helps them achieve quality care. Therefore, primary healthcare should include processes and systems that encourage staff to share ideas that benefit patients and the workplace. It is also imperative that the engagement level, PHC's employee satisfaction, and goal to stay among

healthcare professionals be enhanced by upgrading their work-life balance. Professional breaks, flexible working plans, extended leave for medical and family issues, and friendly approaches should improve work-life balance. They eventually engage in work and have higher job satisfaction, resulting in long-term organizational retention.

The study revealed that quality improvement has positively impacted healthcare primary centers' professional job satisfaction. The current findings corroborate those of Wang et al. (2019), who showed that quality management was a stronger predictor of employees' satisfaction after analyzing several studies on job satisfaction. According to this study, it is essential for quality management to comprehend how human and other factors affect quality and TQM practices. TQM-based techniques, such as trust-based relationships, problem-solving, and departmental cooperation, have improved PHC's employee satisfaction in the workstation. Finally, Primary healthcare centers should emphasize continuous quality improvement, teamwork, and systematic process management to boost PHC's employee job satisfaction.

This study's findings confirm that Compensation positively correlates with professional job satisfaction in primary healthcare centers. This result was similar to findings made by Mosadeghrad et al. (2008), who claimed that salary has the greatest workplace influence among healthcare professionals. It was also noticed that few respondents agreed that the company's appraisal system is based on critical job traits, that rewards and awards for better performance are excellent, and that salaries are based on qualifications and workload. Hence, Tamil Nadu primary health centers must increase their salary annually, provide fringe benefits, offer promotional opportunities and rewards for better performance, and implement a systematic appraisal system. This motivates them to perform better, improving quality of life and workplace retention.

According to empirical research, time pressure negatively correlates with PHC employees' job satisfaction. This result is consistent with other research (Kumar et al., 2013) that showed that time pressure had a negligible effect on job satisfaction. This study found that clinical healthcare workers experience time pressure in the work environment. Hence, healthcare managers should try their best to provide safe working conditions to healthcare professionals and to raise the enthusiasm and meticulousness of employees in the workplace. Leisure activities and training on relaxing should be adequately arranged to help primary healthcare center employees reduce stress in the work environment.

This study adds to the literature on primary healthcare center professionals' job satisfaction and desire to stay in Tamil Nadu. A positive work atmosphere is vital for nurturing the increased job satisfaction of healthcare professionals. When new employees join primary healthcare centers in Tamil

Nadu, fostering a positive work culture among the PHC's staff is crucial. We strongly suggest that healthcare managers encourage and perpetuate PHC employees' sense of value at work to motivate them. At primary healthcare facilities, interventions should be implemented to raise public health professionals' levels of job satisfaction. Improving working conditions, engagement strategies, and compensation scales and reinforcing the pertinent quality improvement policies are essential. It is advised that job descriptions be revised to include areas of interest and enlightenment for employees. The monitoring of job satisfaction and ongoing service evaluations can both help identify service aspects that need to be improved. Deliberations on enhancing job satisfaction will be possible with the participation of the health professionals in a cooperative team approach. Supportive working conditions that align with the goals of public health professionals in Tamil Nadu's expanding healthcare system are more likely to increase their sense of purpose in their work and benefit their personal, professional, and organizational health and wellness. The study also describes how the dominant constructs of engagement and job satisfaction affect healthcare quality and quantity and how they affect employees' job satisfaction and desire to stay in primary healthcare. Organizations and the government should work with researchers for better performance and development to determine how their work practices improve employee engagement and satisfaction.

6. Conclusion and further research

The healthcare industry is a significant service sector that primarily involves public interactions. By giving patients high-quality care, healthcare professionals primarily contribute to performance. Interacting with and caring for patients is crucial for healthcare workers. The study's findings will help healthcare administrators and supervisors understand how job satisfaction affects primary healthcare workers' intention to stay. The study helps management and healthcare managers focus on important tasks and develop frameworks and strategies to improve healthcare professionals' well-being and prosperity. Increased engagement and employee satisfaction will increase intentions to stay, allowing them to provide the best care and benefit society. In the framework of healthcare professionals working in primary healthcare settings in Tamil Nadu, the current study examines a comprehensive analysis of various influences that affect job satisfaction and PHC's employees' intention to stay. Future research in similar studies will explore the connections between healthcare professionals' leadership philosophies and their staff's job performance in Tamil Nadu's primary healthcare facilities. More research on healthcare professionals from other Indian states would add to the body of knowledge on their commitment to their

jobs and job satisfaction, which could lead to better global retention of new hires.

7. Limitations of the study

This cross-section study was restricted to healthcare professionals in primary healthcare centers in Tamil Nadu and analyzed the relationship between their job satisfaction and staying intention. In addition, Findings might not be directly generalizable to other states or countries due to regional differences in healthcare systems and cultural factors. As a result, Respondents might answer in ways they perceive as socially acceptable rather than their true feelings. Therefore, future research should increase the sample size and use different sampling methods to improve conclusions and confirm findings. We used structured methodologies to establish our measurement. In the future, ethnographic methodologies could be used as a supplemental strategy to understand better the links between various organizational characteristics, employee commitment, and work satisfaction. Future studies should include other healthcare professionals, such as medical officers and practicing nurses. Additional research may examine other elements of job satisfaction and professional commitment at primary health centers.

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Compliance with ethical standards

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

References

- Abualrub RF, Omari FH, and Abu Al Rub AF (2009). The moderating effect of social support on the stress-satisfaction relationship among Jordanian hospital nurses. *Journal of Nursing Management*, 17(7): 870-878. <https://doi.org/10.1111/j.1365-2834.2009.01007.x> **PMid:19793244**
- Aiken LH, Clarke SP, Sloane DM, Sochalski JA, Busse R, Clarke H, and Shamian J (2001). Nurses' reports on hospital care in five countries. *Health Affairs*, 20(3): 43-53. <https://doi.org/10.1377/hlthaff.20.3.43> **PMid:11585181**
- Ajzen I (1985). From intentions to actions: A theory of planned behavior. In: Kuhl J and Beckmann J (Eds.), *Action control*. SSSP Springer Series in Social Psychology. Springer, Berlin, Germany. https://doi.org/10.1007/978-3-642-69746-3_2
- Almalki MJ, FitzGerald G, and Clark M (2012). The relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia. *BMC Health Services Research*, 12: 314. <https://doi.org/10.1186/1472-6963-12-314> **PMid:22970764 PMCid:PMC3507760**
- Anthony A and Milone-Nuzzo P (2005). Factors attracting and keeping nurses in home care. *Home Healthcare Now*, 23(6): 372-377. <https://doi.org/10.1097/00004045-200506000-00009> **PMid:15956856**
- Bakker AB, Albrecht SL, and Leiter MP (2011). Key questions regarding work engagement. *European Journal of Work and Organizational Psychology*, 20(1): 4-28. <https://doi.org/10.1080/1359432X.2010.485352>
- Cangelosi JD, Markham FS, and Bounds WT (1998). Factors related to nurse retention and turnover: An updated study. *Health Marketing Quarterly*, 15(3): 25-43. https://doi.org/10.1300/J026v15n03_02 **PMid:10181445**
- Caricati L, Sala RL, Marletta G, Pelosi G, Ampollini M, Fabbri A, and Mancini T (2014). Work climate, work values and professional commitment as predictors of job satisfaction in nurses. *Journal of Nursing Management*, 22(8): 984-994. <https://doi.org/10.1111/jonm.12079> **PMid:23890046**
- Chang CC, Chiu CM, and Chen CA (2010). The effect of TQM practices on employee satisfaction and loyalty in government. *Total Quality Management*, 21(12): 1299-1314. <https://doi.org/10.1080/14783363.2010.530796>
- Coomber B and Barriball KL (2007). Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: A review of the research literature. *International Journal of Nursing Studies*, 44(2): 297-314. <https://doi.org/10.1016/j.ijnurstu.2006.02.004> **PMid:16631760**
- Cowden TL and Cummings GG (2012). Nursing theory and concept development: A theoretical model of clinical nurses' intentions to stay in their current positions. *Journal of Advanced Nursing*, 68(7): 1646-1657. <https://doi.org/10.1111/j.1365-2648.2011.05927.x> **PMid:22256884**
- Cröse PS (1999). Job characteristics related job satisfaction in rehabilitation nursing. *Rehabilitation Nursing*, 24(3): 95-102. <https://doi.org/10.1002/j.2048-7940.1999.tb02148.x> **PMid:10754894**
- Deng X, Liu X, and Fang R (2020). Evaluation of the correlation between job stress and sleep quality in community nurses. *Medicine*, 99(4): e18822. <https://doi.org/10.1097/MD.00000000000018822> **PMid:31977875 PMCid:PMC7004582**
- Dhir S and Chakraborty T (2023). Does the perceived efficiency of the HR department matter in influencing satisfaction and employee performance? *International Journal of Productivity and Performance Management*, 72(4): 943-961. <https://doi.org/10.1108/IJPPM-01-2021-0047>
- El-Jardali F, Jamal D, Abdallah A, and Kassak K (2007). Human resources for health planning and management in the Eastern Mediterranean region: Facts, gaps and forward thinking for research and policy. *Human Resources for Health*, 5: 9. <https://doi.org/10.1186/1478-4491-5-9> **PMid:17381837 PMCid:PMC1839108**
- Flynn L (2003). Agency characteristics most valued by home care nurses: Findings of a nationwide study. *Home Healthcare Now*, 21(12): 812-817. <https://doi.org/10.1097/00004045-200312000-00007> **PMid:14665968**
- Fu W and Deshpande SP (2014). The impact of caring climate, job satisfaction, and organizational commitment on job performance of employees in a China's insurance company. *Journal of Business Ethics*, 124(2): 339-349. <https://doi.org/10.1007/s10551-013-1876-y>
- Gillet N, Fouquereau E, Coillot H, Cougot B, Moret L, Dupont S, and Colombat P (2018). The effects of work factors on nurses' job satisfaction, quality of care and turnover intentions in oncology. *Journal of Advanced Nursing*, 74(5): 1208-1219. <https://doi.org/10.1111/jan.13524> **PMid:29350770**

- Guglielmi D, Avanzi L, Chiesa R, Mariani MG, Bruni I, and Depolo M (2016). Positive aging in demanding workplaces: The gain cycle between job satisfaction and work engagement. *Frontiers in Psychology*, 7: 1224. <https://doi.org/10.3389/fpsyg.2016.01224> **PMid:27574514** **PMCID:PMC4983551**
- Haaland GH, Øygarden O, Storm M, and Mikkelsen A (2023). Understanding registered nurses' career choices in home care services: A qualitative study. *BMC Health Services Research*, 23: 273. <https://doi.org/10.1186/s12913-023-09259-0> **PMid:36944939** **PMCID:PMC10029251**
- Hafeez A, Khan Z, Bile KM, Jooma R, and Sheikh M (2010). Pakistan human resources for health assessment, 2009. *Eastern Mediterranean Health Journal*, 16(Supplement): 145-151. <https://doi.org/10.26719/2010.16.Supp.145>
- Halcomb E and Ashley C (2017). Australian primary health care nurses most and least satisfying aspects of work. *Journal of Clinical Nursing*, 26(3-4): 535-545. <https://doi.org/10.1111/jocn.13479> **PMid:27461981**
- Hayes LJ, O'Brien-Pallas L, Duffield C, Shamian J, Buchan J, Hughes F, and North N (2012). Nurse turnover: A literature review—An update. *International Journal of Nursing Studies*, 49(7): 887-905. <https://doi.org/10.1016/j.ijnurstu.2011.10.001> **PMid:22019402**
- Jayasuriya R, Whittaker M, Halim G, and Matineau T (2012). Rural health workers and their work environment: The role of interpersonal factors on job satisfaction of nurses in rural Papua New Guinea. *BMC Health Services Research*, 12: 156. <https://doi.org/10.1186/1472-6963-12-156> **PMid:22691270** **PMCID:PMC3471005**
- Jones MK, Jones RJ, Latreille PL, and Sloane PJ (2009). Training, job satisfaction, and workplace performance in Britain: Evidence from WERS 2004. *Labour*, 23(s1): 139-175. <https://doi.org/10.1111/j.1467-9914.2008.00434.x>
- Kanste O (2011). Work engagement, work commitment and their association with well-being in health care. *Scandinavian Journal of Caring Sciences*, 25(4): 754-761. <https://doi.org/10.1111/j.1471-6712.2011.00888.x> **PMid:21564150**
- Klemm R and Schreiber EJ (1992). Paid and unpaid benefits: Strategies for nurse recruitment and retention. *JONA: The Journal of Nursing Administration*, 22(3): 52-56. <https://doi.org/10.1097/00005110-199203000-00016> **PMid:1541994**
- Kodali PB (2023). Achieving universal health coverage in low-and middle-income countries: Challenges for policy post-pandemic and beyond. *Risk Management and Healthcare Policy*, 16: 607-621. <https://doi.org/10.2147/RMHP.S366759> **PMid:37050920** **PMCID:PMC10084872**
- Kringos DS, Boerma WG, Hutchinson A, Van der Zee J, and Groenewegen PP (2010). The breadth of primary care: A systematic literature review of its core dimensions. *BMC Health Services Research*, 10: 65. <https://doi.org/10.1186/1472-6963-10-65> **PMid:20226084** **PMCID:PMC2848652**
- Kumar R, Ahmed J, Shaikh BT, Hafeez R, and Hafeez A (2013). Job satisfaction among public health professionals working in public sector: A cross sectional study from Pakistan. *Human Resources for Health*, 11: 2. <https://doi.org/10.1186/1478-4491-11-2> **PMid:23298253** **PMCID:PMC3554587**
- Lorber M and Skela Savič B (2012). Job satisfaction of nurses and identifying factors of job satisfaction in Slovenian Hospitals. *Croatian Medical Journal*, 53(3): 263-270. <https://doi.org/10.3325/cmj.2012.53.263> **PMid:22661140** **PMCID:PMC3368291**
- Lynch SA (1994). Job satisfaction of home health nurses. *Home Healthcare Nurse*, 12(5): 21-28. <https://doi.org/10.1097/00004045-199409000-00004> **PMid:7960880**
- Mahiro S, Takashi N, and Satoko N (2014). Work engagement and attitudes toward caring for dying patients and families among home-visiting nurses in Japan. *International Journal of Palliative Nursing*, 20(7): 343-348. <https://doi.org/10.12968/ijpn.2014.20.7.343> **PMid:25062380**
- McCloskey JC and McCain BE (1987). Satisfaction, commitment and professionalism of newly employed nurses. *Image: The Journal of Nursing Scholarship*, 19(1): 20-24. <https://doi.org/10.1111/j.1547-5069.1987.tb00581.x> **PMid:3644777**
- McInnes S, Peters K, Bonney A, and Halcomb E (2017). Understanding collaboration in general practice: A qualitative study. *Family Practice*, 34(5): 621-626. <https://doi.org/10.1093/fampra/cmz010> **PMid:28334812**
- Mosadeghrad AM, Ferlie E, and Rosenberg D (2008). A study of the relationship between job satisfaction, organizational commitment and turnover intention among hospital employees. *Health Services Management Research*, 21(4): 211-227. <https://doi.org/10.1258/hsmr.2007.007015> **PMid:18957399**
- Nguyen DT, Teo ST, Pick D, and Jemai M (2018). Cynicism about change, work engagement, and job satisfaction of public sector nurses. *Australian Journal of Public Administration*, 77(2): 172-186. <https://doi.org/10.1111/1467-8500.12270>
- Papademetriou C, Ragazou K, Garefalakis A, and Passas I (2023). Green human resource management: Mapping the research trends for sustainable and agile human resources in SMEs. *Sustainability*, 15(7): 5636. <https://doi.org/10.3390/su15075636>
- Quek SJ, Thomson L, Houghton R, Bramley L, Davis S, and Cooper J (2021). Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff. *Journal of Nursing Management*, 29(6): 1544-1553. <https://doi.org/10.1111/jonm.13321> **PMid:33793007**
- Scheffler RM, Mahoney CB, Fulton BD, Dal Poz MR, and Preker AS (2009). Estimates of health care professional shortages in Sub-Saharan Africa by 2015: Critical shortages of health workers are projected in 2015 throughout sub-Saharan Africa, and the projected cost to eliminate them approaches \$20 billion. *Health Affairs*, 28(Suppl1): w849-w862. <https://doi.org/10.1377/hlthaff.28.5.w849> **PMid:19661111**
- Shader K, Broome ME, Broome CD, West ME, and Nash M (2001). Factors influencing satisfaction and anticipated turnover for nurses in an academic medical center. *JONA: The Journal of Nursing Administration*, 31(4): 210-216. <https://doi.org/10.1097/00005110-200104000-00010> **PMid:11324334**
- Sharma DB, Shah UM, Patel R, Gupta V, and Singh US (2018). Determinants of job satisfaction amongst medical officers of primary health centre in Anand district, Gujarat, India. *Journal of Clinical and Diagnostic Research*, 12(4): 13-17. <https://doi.org/10.7860/JCDR/2018/26735.11430>
- Shi L, Song K, Rane S, Sun X, Li H, and Meng Q (2014). Factors associated with job satisfaction by Chinese primary care providers. *Primary Health Care Research and Development*, 15(1): 46-57. <https://doi.org/10.1017/S1463423612000692> **PMid:23388523**
- Sibbald B, Enzer I, Cooper C, Rout U, and Sutherland V (2000). GP job satisfaction in 1987, 1990 and 1998: Lessons for the future? *Family Practice*, 17(5): 364-371. <https://doi.org/10.1093/fampra/17.5.364> **PMid:11021893**

- Takase M (2010). A concept analysis of turnover intention: Implications for nursing management. *Collegian*, 17(1): 3-12. <https://doi.org/10.1016/j.colegn.2009.05.001>
PMid:20394269
- Tzeng HM, Ketefian S, and Redman RW (2002). Relationship of nurses' assessment of organizational culture, job satisfaction, and patient satisfaction with nursing care. *International Journal of Nursing Studies*, 39(1): 79-84. [https://doi.org/10.1016/S0020-7489\(00\)00121-8](https://doi.org/10.1016/S0020-7489(00)00121-8)
PMid:11722836
- Wang KY, Chou CC, and Lai JCY (2019). A structural model of total quality management, work values, job satisfaction and patient-safety-culture attitude among nurses. *Journal of Nursing Management*, 27(2): 225-232. <https://doi.org/10.1111/jonm.12669> **PMid:30203549**
- Weiss HM (2002). Deconstructing job satisfaction: Separating evaluations, beliefs and affective experiences. *Human Resource Management Review*, 12(2): 173-194. [https://doi.org/10.1016/S1053-4822\(02\)00045-1](https://doi.org/10.1016/S1053-4822(02)00045-1)
- Wen T, Zhang Y, Wang X, and Tang G (2018). Factors influencing turnover intention among primary care doctors: A cross-sectional study in Chongqing, China. *Human Resources for Health*, 16: 10. <https://doi.org/10.1186/s12960-018-0274-z>
PMid:29433519 PMCID:PMC5809822
- Yarbrough S, Martin P, Alfred D, and McNeill C (2017). Professional values, job satisfaction, career development, and intent to stay. *Nursing Ethics*, 24(6): 675-685. <https://doi.org/10.1177/0969733015623098>
PMid:26811397