ORIGINAL ARTICLE

Job Satisfaction of Employees at a Philanthropic Tertiary Care Hospital

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Abstract

Background: Job satisfaction among healthcare employees directly impacts service quality and performance. Limited research has examined factors influencing job satisfaction in hospitals in Pakistan.

Objective: This study aims to assess the job satisfaction of employees at a philanthropic tertiary care hospital. It focuses on workplace factors and explores how these factors correlate with employee demographics.

Method: This cross-sectional study was conducted from December 2023 to May 2024 at two campuses of the Indus Hospital and Health Network. The study targeted a sample of n=450 employees across all ages and grades. Convenience sampling was used. Eligible participants had over two years of service. Part-time, visiting, and non-consenting employees were excluded. The Job Satisfaction Questionnaire (JS-Q) was used to measure satisfaction. The JS-Q features Likert-scale statements on various workplace factors. The primary investigator distributed questionnaires. Confidentiality was ensured. Data was analysed using SPSS version 26. Results included means, standard deviations, frequencies, and Chi-square tests. The significance level was $p < 0.05$.

Results: Among employees, 24.4% were satisfied overall, while 50.2% were neutral. Teamwork (67.6%) and leadership (64.9%) had high satisfaction rates. Reward and recognition (22.2%) and working hours (38.7%) showed the lowest satisfaction levels. Significant associations were identified between gender (p=0.035), departmental affiliation and satisfaction with teamwork (p=0.048) and empowerment (p=0.037), as well as between employee grade and satisfaction with leadership (p=0.001), recognition (p<0.001), training (p=0.008) and working hours(p<0.001).

Conclusion: The study identifies overall job satisfaction among healthcare employees and various factors of job satisfaction.

Keywords: *Job satisfaction, healthcare employees, workplace factors, Pakistan.*

INTRODUCTION

Job satisfaction among healthcare professionals is a critical factor influencing the quality of healthcare services globally. International literature highlights various determinants of job satisfaction, including work environment, organisational support, and personal factors. A study conducted by Cantarelli *et al.* [1] reported employees' significantly higher satisfaction at their immediate unit level compared to pride in the broader organisation. The analysis identified the strongest drivers of unit-level satisfaction, all statistically significant ($p < 0.001$): a profound sense of teamwork ($\beta = 0.71–0.81$), supervisor competence ($\beta = 0.44–0.53$), and well-planned work ($\beta = 0.28–0.37$). Similarly, a systematic review of qualitative studies by Gustavsson *et al*. [2] found that healthcare professionals experienced higher job satisfaction when providing person-centred care, which aligns with ethical expectations and improves team collaboration.

Several studies have explored the factors influencing job satisfaction among healthcare professionals. Vainieri *et al.* [3] showed that a positive organisational climate and openness to innovation significantly influenced job satisfaction among nurses. The strongest predictor was inclusiveness, with nurses feeling supported after mistakes being over twice as likely to be satisfied (OR = 2.23, $p < 0.001$). Other key factors included empowerment (OR = 1.69), a sustainable work pace (OR = 1.47), and an innovative environment (OR = 1.37), all statistically significant ($p < 0.001$). Battaglio *et al.* [4] experimentally tested self-determination theory and found that satisfying psychological needs **(**autonomy**,** competence**,** and relatedness) significantly increased job satisfaction. Autonomy had the strongest effect, raising satisfaction by 0.40 units ($p < 0.01$, $d = 0.31$), followed by competence (0.33 units, $p < 0.01$, $d = 0.25$) and relatedness **(**0.27 units, $p < 0.01$, $d = 0.21$).

A cross-sectional survey by Zhao *et al.* [5] in three leading Chinese hospitals revealed compelling associations between leadership support and job satisfaction. Participants who perceived higher resource support from leadership were over 4 times more likely to report job satisfaction (OR 4.31, 95% CI 2.41–7.71; $p < 0.001$). Similarly, those who felt supported in terms of work environment—such as through infrastructure, policies, or workplace atmosphere—also showed significantly improved satisfaction levels (OR 4.05, 95% CI 1.13–14.47; $p < 0.001$)

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In Pakistan, research on job satisfaction among healthcare professionals has identified several challenges. A Study by Faryal and Naqvi [6] showed that higher job satisfaction leads to better job performance among frontline healthcare workers ($r = 0.37$, $p < 0.01$). Paramedical staff reported the highest job satisfaction and performance. Older age and higher income were positively correlated with job satisfaction and performance ($p < 0.05$), while longer working hours reduced both satisfaction and performance ($p < 0.01$). A cross-sectional study by Usman *et al.* [7] found that 73% were satisfied with their jobs. Significant intrinsic factors included willingness to choose the profession (76% satisfied, $p = 0.004$) and having a permanent job (81% satisfied, $p = 0.003$). Among extrinsic factors, job satisfaction was significantly associated with positive relationships with patients ($p = 0.001$) and colleagues ($p = 0.030$), less time pressure ($p = 0.012$), and development opportunities ($p = 0.031$). Years of experience showed no significant impact ($p = 0.324$). ICU nurses reported dissatisfaction primarily due to time pressure.

Even though the importance of this issue is well recognised and several challenges within Pakistan's healthcare workforce are documented, there remains a critical gap in understanding job satisfaction within philanthropic tertiary care hospitals. These institutions operate under a fundamentally different framework compared to public or private for-profit hospitals. Philanthropic hospitals are typically governed by charitable boards, rely heavily on donor funding, and often provide free or subsidised care to underserved populations. As a result, they may adopt distinct staffing models, offer fewer financial incentives, and cultivate a mission-driven work culture that emphasises altruism and service. These factors can uniquely influence employee satisfaction, motivation, and retention. Furthermore, the expectations placed on staff in philanthropic settings—balancing compassion with high patient volumes and limited resources—may differ from those in better-resourced hospitals. Despite these unique dynamics, few studies have systematically explored job satisfaction in such contexts. This study aims to fill that gap by evaluating job satisfaction at a philanthropic tertiary care hospital in Pakistan, examining how it varies by demographic characteristics and key workplace factors.

METHODOLOGY

This cross-sectional study was conducted at two campuses of the Indus Hospital and health network from December 2023 to May 2024. Ethical approval was obtained from the Institutional Review Board (IHHN-IRB # IHHN_IRB_2023_11_003), and written informed consent was taken from all participants. Eligible participants included hospital employees from various departments who had been employed full-time at either campus for at least two years. Employees working part-time, visiting staff, or those who did not consent were excluded to ensure homogeneity and completeness of the dataset.

Convenience sampling was adopted. A total sample size of 450 employees was determined using the OpenEpi sample size calculator for cross-sectional studies, assuming a 95% confidence level, 5% margin of error, and an expected prevalence of job dissatisfaction of 50%, which provides the most conservative estimate. An additional 20% was added to account for potential non-responses. This yielded a final target sample size of 450 participants. Although convenience sampling may introduce potential biases such as selection bias, care was taken to ensure diversity in representation across various departments, employment grades, and roles to mitigate these limitations.

The primary measurement tool was the Job Satisfaction Questionnaire (JS-Q), adapted from an established instrument by Ahmad *et al.* [8]. The JS-Q used in this study comprises 34 Likert-scale items covering eight domains: leadership, training and development, teamwork, empowerment and participation, working conditions, reward and recognition, communication, and flexibility of working hours. Before full-scale data collection, a pilot test was conducted with 30 employees (not included in the main study) to assess the internal consistency and reliability of the adapted questionnaire. This pilot demonstrated strong reliability, with a Cronbach's alpha coefficient of 0.87, confirming the tool's suitability and reliability within our local context.

Study Hypotheses: This study was guided by the following hypotheses: H1: There is a significant association between gender and job satisfaction levels. H2: Departmental affiliation (clinical *vs*. non-clinical) is significantly associated with satisfaction in key workplace domains. H3: Job grade is significantly associated with satisfaction across domains such as leadership, reward and recognition, training, and working hours. H4: There is a significant correlation between employee age and overall job satisfaction scores. These hypotheses were tested using Chi-square and correlation analyses as described in the results.

Data were analysed using SPSS software (version 26). Descriptive analyses, including means and standard

deviations, were computed for continuous variables such as age and overall job satisfaction scores. Frequencies and percentages were determined for categorical variables, including gender, department, employee group, and grade. The Chi-square test was utilised to examine associations between key workplace factors (teamwork, leadership, reward and recognition, empowerment, training and development, working hours, communication, and working conditions) and demographic characteristics. Before conducting the Chi-square tests, assumptions regarding expected frequencies and independence of observations were checked and verified. Statistical significance was defined at a p-value of less than 0.05.

RESULTS

The study included 450 employees. The mean age was 32.83±7.23 years, with a range from 19 to 56 years, and a median of 32 years. Among the participants, 57.6% were male (n = 259) and 42.4% were female (n = 191). In terms of departmental affiliation, 67.6% worked in clinical departments (n = 304) and 32.4% in non-clinical departments (n = 146). Employees were categorised by job grade: lower staff (grades 1–4) accounted for 50.2% (n = 226), middle management (grades 5–8) for 37.6% (n = 169), and higher management (grades 9 and above) for 12.2% (n = 55) (**Table 1**).

The mean satisfaction score was 119.10±1.04, with a 95% confidence interval of (117.06-121.15). The data exhibited slight negative skewness (–0.625). Based on the 25th and 75th percentiles (25th percentile (score=106) was classified as "unsatisfied", while scores above the 75th percentile (score=134) were classified as "satisfied"), 25.3% (n=114) of employees were unsatisfied, and 24.4% (n=110) were satisfied, while 50.20% (n=226) were neutral.

Table 1: Demographic data.

Variable	Frequency n(%)
Gender	
Male	259 (57.6)
Female	191 (42.4)
Department	
Clinical	304 (67.6)
Non-clinical	146 (32.4)
Groups of grades	
Lower staff (1-4)	226 (50.2)
Middle management (5-8)	169 (37.6)
Higher management (9+)	55 (12.2)

Domain-specific satisfaction levels showed that teamwork (67.6%, n=304), empowerment and participation (66.4%, n=299), and leadership (64.9%, n=292) had the highest satisfaction rates. In contrast, reward and recognition had the lowest satisfaction level (22.2%, n=100), followed by working hours (38.7% satisfied, n=174). Satisfaction with working conditions was more balanced (37.8% satisfied, n=170) (**Fig. 1**).

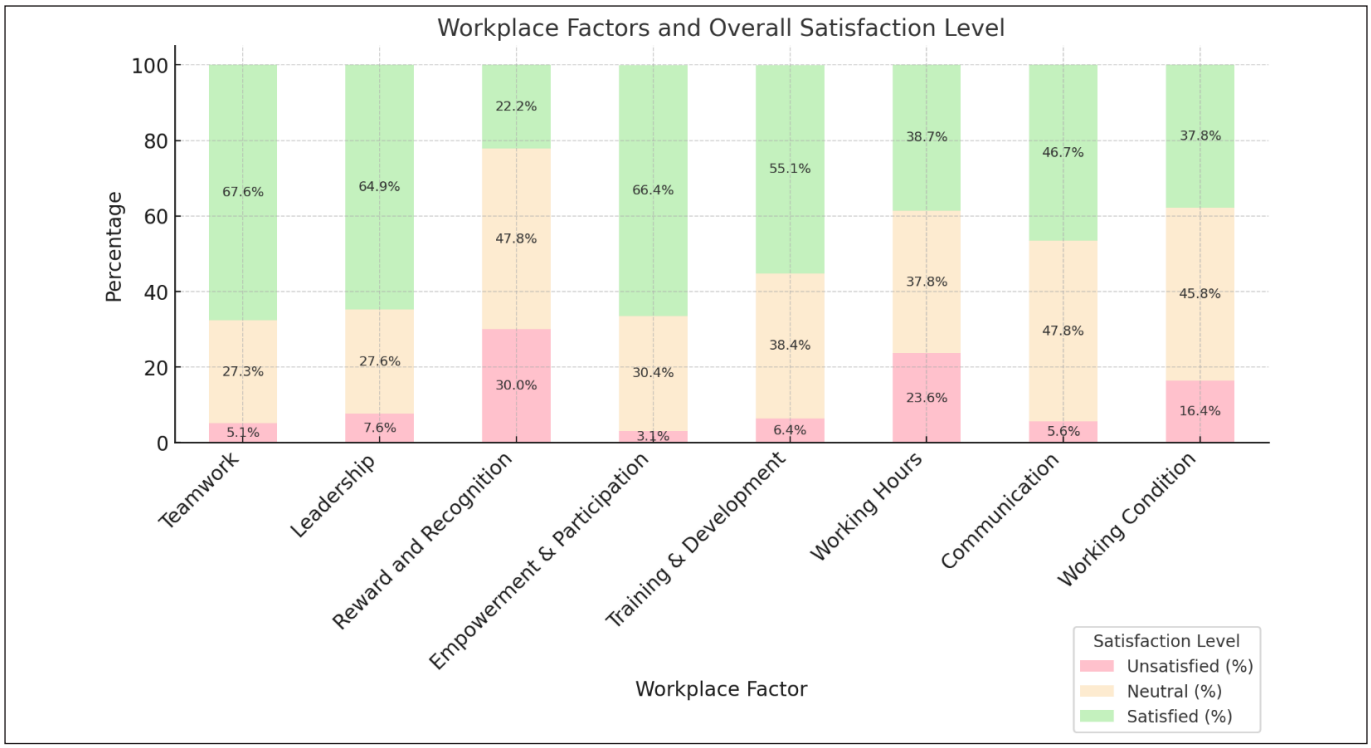

Fig. (1): Workplace factors and overall satisfaction level.

A Pearson Chi-square test revealed a significant association between gender and overall satisfaction levels ($\chi^2 = 30.387$, df = 18, p = .035). Female employees reported higher overall satisfaction than male employees. However, gender was not significantly associated with satisfaction in specific domains such as teamwork (p = 0.248) and leadership (p = 0.753).

Departmental affiliation showed a significant association with satisfaction in teamwork (p = 0.048) and empowerment and participation (p = 0.037). Clinical staff were more satisfied in these domains. However, no significant departmental differences were found in leadership (p = 0.072), communication (p = 0.701), or rewards (p = 0.371), making this hypothesis partially supported (**Table 2**).

Employee grade was significantly associated with satisfaction across multiple domains: leadership (p = 0.001), reward and recognition (p < 0.001), training and development (p = 0.008), working hours (p < 0.001), and communication (p = 0.011). Lower-grade staff reported greater dissatisfaction with rewards and working hours, while higher-grade staff reported lower satisfaction with training and communication (**Table 3**).

Lastly, a Pearson correlation showed a weak and statistically insignificant relationship between age and overall job satisfaction score (r = 0.050, p = 0.292). This suggests that age does not meaningfully impact job satisfaction in this sample (**Fig. 2** and **Table 4**).

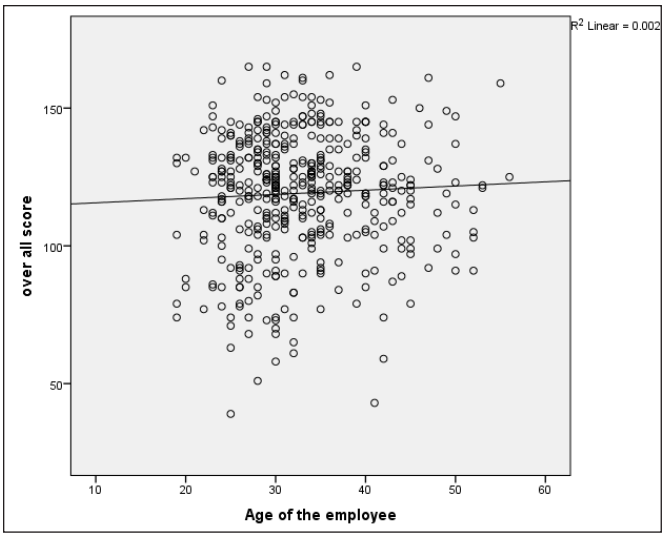

Fig. (2): Scatter plot showing correlation between age and satisfaction score.

DISCUSSION

Pakistan's health system faces numerous challenges, largely stemming from the country's economic, political, and security instability. A key issue within this system is the shortage of human resources for health [9]. Growing dissatisfaction is evident across various sectors in this developing nation, and healthcare professionals are no exception.

Our 24.4% overall satisfaction rate points to a persistent morale problem. According to Barmanpek *et al.* [10] 52.1% of nurses were satisfied, while 26.2% and 16.4% were dissatisfied and very dissatisfied, respectively.

Table 2: Workplace factors and satisfaction level according to department.

Workplace factor	Department	Unsatisfied n(%)	Neutral n(%)	Satisfied n(%)	p-value
Teamwork	Clinical	18 (5.9)	92 (30.3)	194 (63.8)	*0.048
	Non-Clinical	5 (3.4)	31 (21.2)	110 (75.3)	
Leadership	Clinical	27 (8.9)	90 (29.6)	187 (61.5)	0.072
	Non-Clinical	7 (4.8)	34 (23.3)	105 (71.9)	
Reward and recognition	Clinical	87 (28.6)	144 (47.4)	73 (24.0)	0.371
	Non-Clinical	48 (32.9)	71 (48.6)	27 (18.5)	
Empowerment and participation	Clinical	11 (3.6)	103 (33.9)	190 (62.5)	*0.037
	Non-Clinical	3 (2.1)	34 (23.3)	109 (74.7)	
Training and development	Clinical	17 (5.6)	119 (39.1)	168 (55.3)	0.554
	Non-Clinical	12 (8.2)	54 (37.0)	80 (54.8)	
Working hours	Clinical	71 (23.4)	118 (38.8)	115 (37.8)	0.797
	Non-Clinical	35 (24.0)	52 (35.6)	59 (40.4)	
Communication	Clinical	18 (5.9)	148 (48.7)	138 (45.4)	0.701
	Non-Clinical	7 (4.8)	67 (45.9)	72 (49.3)	
Working condition	Clinical	44 (14.5)	137 (45.1)	123 (40.5)	0.129
	Non-Clinical	30 (20.5)	69 (47.3)	47 (32.2)	

**p-value significant at <0.05.*

Table 3: Workplace factors and satisfaction level according to employee grades.

Workplace factor	Group of grade	Unsatisfied n(%)	Neutral n(%)	Satisfied n(%)	p-value
Team work	Lower Staff (1-4)	14 (6.2)	59 (26.1)	153 (67.7)	0.268
	Middle Management (5-8)	8 (4.7)	53 (31.4)	108 (63.9)	
	Higher Management (9+)	1 (1.8)	11 (20.0)	43 (78.2)	
Leadership	Lower Staff (1-4)	29 (12.8)	58 (25.7)	139 (61.5)	*0.001
	Middle Management (5-8)	4 (2.4)	46 (27.2)	119 (70.4)	
	Higher Management (9+)	1 (1.8)	20 (36.4)	34 (61.8)	
Reward and recognition	Lower Staff (1-4)	78 (34.5)	84 (37.2)	64 (28.3)	*<0.001
	Middle Management (5-8)	45 (26.6)	97 (57.4)	27 (16.0)	
	Higher Management (9+)	12 (21.8)	34 (61.8)	9 (16.4)	
Empowerment and participation	Lower Staff (1-4)	9 (4.0)	63 (27.9)	154 (68.1)	0.474
	Middle Management (5-8)	5 (3.0)	56 (33.1)	108 (63.9)	
	Higher Management (9+)	0 (0.0)	18 (32.7)	37 (67.3)	
Training and development	Lower Staff (1-4)	13 (5.8)	71 (31.4)	142 (62.8)	*0.008
	Middle Management (5-8)	13 (7.7)	72 (42.6)	84 (49.7)	
	Higher Management (9+)	3 (5.5)	30 (54.5)	22 (40.0)	
Working hours	Lower Staff (1-4)	63 (27.9)	69 (30.5)	94 (41.6)	*<0.001
	Middle Management (5-8)	41 (24.3)	64 (37.9)	64 (37.9)	
	Higher Management (9+)	2 (3.6)	37 (67.3)	16 (29.1)	
Communication	Lower Staff (1-4)	12 (5.3)	92 (40.7)	122 (54.0)	*0.011
	Middle Management (5-8)	9 (5.3)	88 (52.1)	72 (42.6)	
	Higher Management (9+)	4 (7.3)	35 (63.6)	16 (29.1)	
Working condition	Lower Staff (1-4)	42 (18.6)	90 (39.8)	94 (41.6)	0.121
	Middle Management (5-8)	23 (13.6)	86 (50.9)	60 (35.5)	
	Higher Management (9+)	9 (16.4)	30 (54.5)	16 (29.1)	

**p-value significant at <0.05.*

Table 4: Employees' grade and overall satisfaction score.

Grade	Unsatisfied n(%)	Neutral n(%)	Satisfied n(%)	Total n(%)
1	4 (14.8)	17 (63.0)	6 (22.2)	27 (6.0)
2	7 (38.9)	9 (50.0)	2 (11.1)	18 (4.0)
3	0 (0.0)	3 (100.0)	0 (0.0)	3 (0.7)
4	47 (26.4)	86 (48.3)	45 (25.3)	178 (39.6)
5	6 (12.0)	23 (46.0)	21 (42.0)	50 (11.1)
6	30 (34.9)	36 (41.9)	20 (23.3)	86 (19.1)
7	3 (16.7)	10 (55.6)	5 (27.8)	18 (4.0)
8	4 (26.7)	9 (60.0)	2 (13.3)	15 (3.3)
9	4 (21.1)	9 (47.4)	6 (31.6)	19 (4.2)
10	9 (25.0)	24 (66.7)	3 (8.3)	36 (8.0)
Chi-square test				
Test	**Value**	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	30.387	18	0.034	
Likelihood Ratio	32.638	18	0.018	

A recent meta-analysis by Isfahani *et al.* from the Eastern-Mediterranean Region [11] found an even lower pooled rate of 17.9 % nurse satisfaction, confirming that dissatisfaction is widespread across comparable settings. Additionally, over half (50.2%) of our study's participants displayed an ambivalent attitude toward job satisfaction, showing neither clear satisfaction nor dissatisfaction. A similar finding was found in a study by

Rahman *et al.* [12] in which 52 % were neither satisfied nor dissatisfied. Taken together, the evidence suggests that low satisfaction is now the norm rather than the exception in hospital settings.

Our study highlighted significantly higher satisfaction levels among female employees ($p = 0.035$), similar to a study by Faryal and Naqvi [6], which also found higher extrinsic-satisfaction scores among women. The study by Shi *et al.* [13] showed that female medical staff reported greater job satisfaction than their male counterparts and exhibited a U-shaped satisfaction pattern across age groups, with those aged 30–39 reporting the lowest satisfaction. In contrast, our study showed a weak positive correlation between age and job satisfaction score ($r = 0.050$), implying that generational effects may be less pronounced in our setting than in East Asia.

Positive relationships among colleagues foster a sense of teamwork, which can enhance client or patient satisfaction. Our study found 67.6% satisfaction with teamwork, with non-clinical staff more satisfied than clinical staff. This aligns with findings by Bragadóttir *et al.* [14] where hospital nurses with stronger teamwork scores were five times more likely to be satisfied with their jobs (adjusted OR ≈ 5, $p < 0.001$). A study by Baek *et al.* [15] also found that higher teamwork levels significantly improved patient-centred care ($\beta = 0.32–0.57$, $p < 0.001$), suggesting that teamwork satisfaction often translates into better care outcomes. Research on public health workers by Kitsios and Kamariotou [16] identified work achievements as a significant factor in job satisfaction ($\beta = 0.577$, $p < 0.05$); however, relationships with colleagues were not statistically significant ($\beta = -0.186$, $p > 0.05$). These consistent findings underscore the importance of fostering trust, shared purpose, and effective collaboration in healthcare teams.

Effective leadership is especially crucial in healthcare, where guidance and skill development are essential for staff who work directly with patients. A lack of capable supervision could hinder professional growth and workplace performance. In our study, 64.9% of employees were satisfied with their supervisors' leadership skills, although lower-level staff expressed higher dissatisfaction compared to middle and upper management ($p = 0.001$). A study by Kohnen *et al.* [17] on nursing staff reported that engaging leadership styles were strongly associated with higher job satisfaction and lower burnout, with motivational improvements mediated through better job resources ($p < 0.001$). This contrasts with a study by Geta *et al.* [18] which reported a slightly lower satisfaction rate of 57.5%, highlighting a similar trend of leadership satisfaction but at a lower level overall.

In our study, lower-level staff reported significantly more dissatisfaction with rewards and recognition compared to neutral responses among middle and upper management ($p < 0.001$). This closely mirrors a study by Khan *et al.* [19] which revealed that non-financial rewards—like recognition, autonomy, and career development opportunities—were stronger predictors of job satisfaction than monetary rewards ($p < 0.05$). A study by Akinwale and George [20] also highlighted salary as a critical factor influencing job satisfaction, particularly among nurses, emphasising the importance of fair compensation in promoting workplace satisfaction.

Our study found 55.1% satisfaction with training, higher among lower-level staff ($p = 0.008$), though 38.4% were neutral, suggesting room for improvement. Similarly, Shi *et al.* [13] reported 49.2% satisfaction with career development, underscoring the importance of effective training programs. Both studies highlight the importance of robust training and development initiatives in fostering employee satisfaction and engagement.

Our study revealed mixed satisfaction with working hours, with lower-level staff reporting significantly higher dissatisfaction than those in management ($p < 0.001$), indicating a clear need for better scheduling policies. A study by Batool *et al.* [21], found that poorly managed shift schedules negatively impacted nurse job satisfaction, with dissatisfied nurses more likely to consider leaving ($p < 0.05$).

Our study found that non-clinical employees showed higher satisfaction with communication than clinical staff ($p=0.701$). In a study by Batool *et al.* [21], communication received moderate ratings, with notable uncertainty—yet lower-level staff were more satisfied than management ($p = 0.011$). A study by Dalal *et al.* [22], showed that communication satisfaction strongly predicted overall work satisfaction and organisational commitment, accounting for 61% of variation. A study by Madhur and Ramshanker [23] also highlighted a positive correlation between downward communication and employee satisfaction, emphasising that effective communication is crucial for motivating staff and implementing organisational strategies.

Employee satisfaction with working conditions, including physical environment and workload, was mixed in our study, with many employees expressing a neutral stance. This aligns with a study by Sobia Sultan [24] where 73.6 % of nurses reported satisfaction with their working environment overall, while a third

remained ambivalent. Similarly, a study by Huan-Fang *et al.* [25] showed that flexibility in working conditions strongly reduced burnout rates among hospital nurses ($p < 0.001$), suggesting that adjustments in scheduling and environment can meaningfully improve wellbeing and satisfaction. Taheri *et al.* [26] found that job satisfaction strongly depends on workplace factors, such as social, financial, and secure environments, varying by context.

This study highlights the critical need for hospital leadership in philanthropic settings to focus on non-monetary drivers of job satisfaction—such as effective communication, strong leadership, recognition, teamwork, and opportunities for professional growth. These factors are particularly important for lower-grade staff, who reported significant dissatisfaction related to rewards and working hours—issues that can severely impact morale, performance, and staff retention. Leadership in such settings must adopt more inclusive practices, including participatory decision-making, structured feedback mechanisms, and visible appreciation for frontline efforts. Tailored interventions such as leadership training programs, career mentoring, improved shift planning, and recognition awards can address specific concerns and build a culture of empowerment and equity.

These recommendations are supported by existing literature. Katajavuori *et al.* [27] emphasised that meaningful work and autonomy significantly enhance psychological well-being and job satisfaction in high-pressure environments like healthcare. Similarly, Angelica Moè [28] found that a positive psychosocial work environment—fostered through support and self-efficacy—leads to greater employee flourishing and organisational commitment.

Incorporating participative leadership and flexible scheduling can help fulfil the psychological needs of autonomy, competence, and relatedness—core principles of Self-Determination Theory [4]. Ultimately, creating a responsive and inclusive leadership culture can foster a more motivated, resilient, and high-performing workforce, which is essential for sustaining quality care in resource-constrained philanthropic hospitals.

LIMITATIONS

Our study has several important limitations to consider. First, its cross-sectional design offers only a snapshot in time, preventing any conclusions about cause and effect between workplace factors and job satisfaction. Second, we relied entirely on self-reported data, which may be influenced by recall bias or the desire to respond in socially acceptable ways, and we did not triangulate findings with objective measures such as turnover rates or absenteeism. Third, our convenience sample came from just two campuses within a single hospital network, limiting the generalizability of findings to other regions, private facilities, or rural settings. Fourth, although the Job Satisfaction Questionnaire (JS-Q) was adapted from a previously validated tool and demonstrated high internal consistency during pilot testing, its cross-cultural validity for the Pakistani philanthropic healthcare context was not formally assessed. This may limit the precision with which some domains reflect local workplace realities. Finally, non-response bias may have affected results if the most dissatisfied or most engaged employees chose not to participate, meaning our reported satisfaction levels could under- or overestimate true workforce morale.

CONCLUSION

This study highlights alarmingly low job satisfaction among healthcare workers at two campuses of a philanthropic tertiary care hospital. Significant dissatisfaction was observed among lower-grade staff, particularly regarding rewards, leadership, communication, and working hours. These findings reflect broader national and international trends, underscoring the urgent need for targeted workforce engagement strategies. Future research should include larger, multi-centre samples and adopt longitudinal designs to explore additional factors like work–life balance, job security, and financial incentives. Such studies can guide effective policy interventions to enhance employee well-being and healthcare system performance.

ETHICAL APPROVAL

Ethical approval was obtained from the Institutional Review Board of Indus Hospital & Health Network, Karachi (IHHN-IRB # IHHN_IRB_2023_11_003). All procedures performed in studies involving human participants were following the ethical standards of the institutional and/ or national research committee and the Helsinki Declaration.

CONSENT FOR PUBLICATION

Written informed consent was taken from the participants.

AVAILABILITY OF DATA

The data set may be acquired from the corresponding author upon a reasonable request.

FUNDING

None.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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AUTHORS' CONTRIBUTION

Dr. Anila Jamshaid: Conceptualised the study, collected data, and led the manuscript drafting.

Dr. Farah Ahmad: She did the analysis and interpretation of the data and the critical review of the final draft.

Dr. Syed Hasan Danish: He did the designing and revision of the initial and final drafts.

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