



Original Article



Factors Affecting Job Satisfaction among Healthcare Professionals at Public and Private Tertiary Care Hospitals in Pakistan

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ABSTRACT

Job satisfaction plays a critical role in the performance, motivation, and retention of healthcare professionals. In Pakistan, contrasting work environments between public and private hospitals may affect satisfaction levels, yet limited comparative data are available. **Objectives:** To assess job satisfaction among healthcare professionals in public and private tertiary care hospitals in Pakistan and identify key demographic and institutional factors associated with satisfaction.

Methods: A descriptive cross-sectional study was conducted from 1st July 2023 to 26th February 2024 among 400 healthcare professionals in four tertiary care hospitals. Data were collected using a structured, self-administered questionnaire comprising demographic items and 30 Likert-scale job satisfaction statements. Descriptive statistics and Chi-square tests were applied using SPSS version 26.0. A p-value < 0.05 was considered statistically significant.

Results: Among the 400 participants, 57% reported being satisfied with their jobs. Job satisfaction was significantly higher among those working ≤12 hours/day (98.1%) compared to >12 hours/day (86.8%) (p < 0.001). Satisfaction was also greater among professionals with >5 years of experience (p < 0.001), permanent employment status (p = 0.021), higher income brackets (p = 0.026), and those working in the private sector (p = 0.003). No significant associations were found with gender, marital status, or socioeconomic background. **Conclusions:** Job satisfaction is significantly influenced by institutional and structural factors. Policymakers and healthcare administrators should focus on strategies that ensure optimal working conditions, equitable compensation, and job security to foster a satisfied and stable healthcare workforce in Pakistan.

INTRODUCTION

Job satisfaction is vital in the healthcare industry because it directly affects workers' performance, retention, and quality of patient care [1-4]. Dissatisfaction, on the other hand, leads to burnout, absenteeism, and decreased healthcare system performance [5-7]. Though critical, the determinants of job satisfaction are inadequately explored in developing nations such as Pakistan. Pakistan's health system has a dual structure, with both public and private components, each with varying organizational

arrangements and conditions of work [8, 9]. Public hospitals tend to experience resource constraints, overburdening, and bureaucratic delays [10-11], whereas private hospitals, with better funding, might expect higher performance and insecure employment [12, 13]. These different environments affect job satisfaction differently, with implications for the delivery of healthcare. Health practitioners, that is, clinicians, nurses, trainees, and administrative personnel, are faced with a broad spectrum



of organizational and interpersonal issues shaping satisfaction, e.g., pay, working hours, management style, and prospects for advancement. Newly emerging issues such as gender inequalities, workload pressures, and in-workplace harassment add to the intricacies of the job satisfaction situation [14, 15]. While international research has touched upon such dynamics [16–19], localized, sector-specific comparative Pakistan data remain scarce. Existing studies tend to concentrate on narrow occupational groups, are bereft of inclusive frameworks, or have small sample sizes, thereby restricting such research. This leaves a gap in the research that circumscribes context-based analysis of drivers of satisfaction among Pakistani health professionals. In producing comparative evidence-based evidence, this study fills a fundamental knowledge gap and provides actionable recommendations for enhancing workforce stability and the delivery of healthcare in Pakistan.

This study aims to measure the job satisfaction of healthcare professionals in public and private tertiary care hospitals in Pakistan. Also, to determine major demographic and occupational determinants like working hours, salary, sector, and employment status of satisfaction.

METHODS

This study followed a cross-sectional, descriptive design with correlational analysis and was conducted over a period of four months (January 2025 to Apr 2025) in private autistic centers located in Lahore, Pakistan. When a prevalence (p) of 73% was assumed (based on the previous literature), with a confidence level (Z) of 95% ($Z=1.96$) and a margin of error (d) of 5% ($d=0.05$), the sample size approximately equaled 303. Based on practical limitations and scarcity of resources, a sample size of 249 participants was recruited, which was considered satisfactory to address the descriptive and correlational aims of the study [17]. In this study, a selected sample of 249 participants from the total population was used for the collection of data from private autistic centers of Lahore. The study followed the ethical guidelines and ethical approval was taken. Non-probability sampling technique was used for this purpose. The outcomes of this study were assessing sensory avoidance and sleep habits using standardized tools: The Short Sensory Profile (SSP) and the Children's Sleep Habits Questionnaire (CSHQ). Both are validated tools commonly used in neurodevelopmental research. To assess the internal consistency of the tools in the present sample, Cronbach's alpha was calculated. The SSP showed a Cronbach's alpha of 0.89, while the CSHQ yielded a Cronbach's alpha of 0.83, indicating good reliability in this population. Children aged 3–12 years with Autism Spectrum

Disorder (ASD), diagnosed according to DSM-5 criteria by a licensed clinician, were included in the study. Primary caregivers were involved in the child's care and provided detailed reports of the child's sensory and sleep behaviours. Children were excluded if they had a primary diagnosis of another developmental disorder, such as intellectual disability or a genetic syndrome, which might affect sensory or sleep patterns. Children on sedative medications, with severe medical or neurological conditions, or with co-existing psychiatric disorders were excluded. Single parents with more than one disabled child, or parents not residing in the same household as the child, were also excluded. Data were analyzed using SPSS version 27.0. Categorical variables were described as absolute frequencies (n) and relative frequencies (%), while continuous variables were expressed as mean \pm standard deviation for parametric distributions or as median and percentiles for non-parametric distributions. The Chi-square test was used to assess associations between categorical variables. Pearson's or Spearman's correlation coefficients were applied, as appropriate, to examine relationships between continuous variables. A p-value of less than 0.05 was considered statistically significant.

RESULTS

A total of 400 healthcare workers from four tertiary care institutions in Peshawar, Pakistan. Respondents belonged to various categories such as house officers, medical officers, postgraduate trainees, clinicians, administrators, nurses, and faculty members. The respondents' gender was almost balanced, and the participants belonged to early-career groups with less than five years of experience. Most of them worked on contract and identified themselves as middle socioeconomic class individuals. In general, 57% of participants indicated job satisfaction. Job satisfaction rates were examined in terms of income, working time, and employment sector, which had statistically significant correlations (Table 1).

Table 1: Demographic Characteristics of Respondents (n=400)

Variables	Frequency (%)
Gender	
Male	206 (51.5%)
Female	194 (48.5%)
Sector	
Public	160 (40%)
Private	237 (59.3%)
Profession	
House Officer	100 (25%)
Medical Officer	24 (6%)
Post Graduate Trainee	87 (21.8%)
Clinician	34 (8.5%)

Administrator	20 (5%)
Basic Sciences Faculty	18 (4.5%)
Demonstrator	30 (7.5%)
Nurse	87 (21.8%)
Work Experience	
<5 Years	292 (73%)
>5 Years	108 (27%)
Marital Status	
Married	153 (38.3%)
Un-Married	247 (61.7%)
Income/Month	
<50k	92 (23%)
50k-1 Lac	229 (57.3%)
1-2 Lac	30 (7.5%)
>2 Lac	49 (12.3%)
Working Hours/Day	
12 Hours Or Less	264 (66%)
>12hours	136 (34%)
Socioeconomic Status	
Lower Class	19 (4.8%)
Middle Class	362 (90.5%)
Upper Class	19 (4.8%)
Nature of Job	
Contract	306 (76.5%)
Permanent	94 (23.5%)

Higher earners reported higher levels of job satisfaction. Among the earners above PKR 200,000 per month, 100% reported satisfaction. Satisfaction decreased marginally for the income levels falling below the above-mentioned threshold. The link between income and job satisfaction was statistically significant ($\chi^2 = 9.299$, $df = 3$, $p=0.026$), signalling that payment continues to be a strong predictor of satisfaction (Table 2).

Table 2: Association Between Salary Per Month and Job Satisfaction (n=400)

Income Per Month	Satisfied (n)	Not Satisfied (n)	Total (n)	χ^2	df	P-Value
<50k	90	2	92	9.299	3	0.026
50k-1 Lac	209	20	229			
1-2 Lac	29	1	30			
>2 Lac	49	0	49			

Working hours also demonstrated a highly correlated relationship with job satisfaction. Workers with 12 hours or fewer of work per day had significantly higher levels of satisfaction (98.1%) than workers with more than 12 hours of daily work (86.8%). The statistical difference was significant ($\chi^2 = 16.471$, $df = 1$, $p<0.001$), indicating the destructive effect of longer working hours on the morale of healthcare workers (Table 3).

Table 3: Association Between Working Hours per Day and Job Satisfaction (n=400)

Working Hours /Day	Satisfied (n)	Not Satisfied (n)	Total (n)	χ^2	df	P-Value
≤12 Hours	259	5	164	16.471	1	<0.001
>12 Hours	118	18	136			

Differences by sector were also observed for job satisfaction. Hospital workers in the private sector reported greater satisfaction (97.5%) than those in public hospitals (89.4%). This correlation was statistically significant ($\chi^2 = 8.955$, $df=1$, $p=0.003$), indicating better work environments in the private sector (Table 4).

Table 4: Association Between Job Sector and Job Satisfaction (n=400)

Sector	Satisfied (n)	Not Satisfied (n)	Total (n)	χ^2	df	P-Value
Public	143	17	160	8.955	1	0.003
Private	234	6	240			

While the variables of supervisor relations, teamwork, availability of resources, safety, recognition, autonomy in decision-making, and communication within the institution were included in the measurement instrument, their respective contributions to job satisfaction were not separately examined or reported in the findings. As a result, additional interpretation and statistical subdivision of these subscale domains should be undertaken in subsequent studies to provide more specific recommendations for interventions.

DISCUSSION

This study provides a complete assessment of job satisfaction among public and private sector tertiary care hospital healthcare practitioners in Pakistan. The results indicate that overall job satisfaction is influenced by some interrelated variables, such as working hours, remuneration, job security, and the type of healthcare organization. These findings are consistent with an emerging evidence base from both the national and international literature and offer real-world advice for healthcare administrators and policymakers who want to improve staff well-being and retention. There was a negative relationship between the number of working hours and job satisfaction. Employees who worked 12 hours or fewer per day reported much higher satisfaction than employees who worked longer days. This aligns with earlier research conducted by Ibe, in which they discovered that working long hours is one of the reasons for physical and emotional burnout among Pakistani healthcare professionals, and therefore, it lowers their job satisfaction and productivity [20]. Comparable Chinese research reports much higher levels of job satisfaction, lower stress levels, and more job commitment compared to those employed under unlimited or long shifts [21]. The

implications are imperative, as these demonstrate graphically how reorganization of shift work and adequate provision for rest breaks can positively impact healthcare workers' morale and output [22, 23]. Income was also a prime predictor of satisfaction in this study. Higher-income professionals, particularly those whose monthly income was over PKR 200,000, reported nearly universal satisfaction. Income by itself is not the sole cause of job satisfaction, but it is a main one, particularly where inflation and rising living costs are concerned. This finding is echoed by the study by Baqi and Indradewa, where the researchers identified that adequate monetary rewards are always placed among the top drivers of job satisfaction [24]. However, there is literature that cautions that financial incentives yield diminishing returns if not accompanied by training for professionals, good leadership, and a spirit of goodwill. Wilczyńska et al. described that despite there being competitive remuneration in certain sectors in Ghana, there existed dissatisfaction where problems of workload and interpersonal conflicts were not being resolved [25]. The status of employment also considerably influenced the degree of satisfaction. Permanent employees were much happier than contract workers, a pattern that is also reflective of broader complaints about the lack of job security in the healthcare sector. The sense of stability, access to benefits, and clear career development prospects of permanent employment create greater professional contentment. Various studies found the same that permanent staff reported better psychological health and organizational commitment [26, 27]. Global research harmonizes with this finding that job security is a global determinant of employee retention and job satisfaction, especially in stressful occupations like healthcare [28]. A study by Yaseen, found that there was higher intrinsic satisfaction expressed by some of the public sector workers who dealt with disadvantaged groups and participated in academic and training activities not provided in some private setups [29]. These divergent findings suggest job satisfaction is not just motivated by material reward, but also by professional values, organizational culture, and perceived function. The composite satisfaction rate of 57% in this study means that while most healthcare workers are content with what they do, there is a notable number of dissatisfied ones. Addressing these workers is crucial, particularly in the case of Pakistan, where the health system has an ongoing problem of chronic understaffing, resource deficiencies, and continuous migration of the workforce. This study underscores the importance of developing focused human resource policies based on the management of workload, fair remuneration, secure terms of employment, and industry-tailored interventions as per the demands of each

healthcare setup. It is also noteworthy to state that gender, marital status, and socioeconomic status had no discernible effect on job satisfaction in this study. The null relationship, in this case, might reflect a change in perspective among healthcare professionals, where work issues now overwhelm personal demographics in determining worksatisfaction.

CONCLUSIONS

It was concluded that job satisfaction among healthcare professionals in tertiary care hospitals in Pakistan is significantly influenced by modifiable factors, particularly monthly income, daily working hours, and sector of employment. Higher satisfaction was observed among professionals earning greater incomes, working shorter shifts, and employed in private sector institutions. These findings underscore the need for targeted institutional and policy reforms, such as improving compensation structures, regulating duty hours, and enhancing workplace environments, particularly in the public healthcare sector. Addressing these factors can play a critical role in improving workforce morale, retention, and overall healthcare service delivery in Pakistan.

Authors Contribution

Conceptualization: BA, AHK, MF, HQ, MB, ZA, MI, SZ

Methodology: BA, AHK, MF, HQ, MB, ZA, MISZ

Formal analysis: BA, AHK

Writing review and editing: SZ

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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