# A Comparative Study of Employee Engagement and Job Satisfaction among Healthcare Workers in Public and Private Hospitals

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## ABSTRACT

Employee contribution and organisational commitment are believed to differ noticeably between public and private hospitals in India. This study explores the levels of Employee Engagement and Job Satisfaction among healthcare professionals working in both public and private hospitals. It studies how these two factors are associated and identifies the practices that the organisations must follow to improve Employee Engagement and Job Satisfaction levels.

A cross-sectional survey was conducted with 100 employees working in the healthcare sector, including 50 participants from public hospitals and 50 from private hospitals. The participants in the study were from multiple departments like Medicine, Cardiology, Radiology, Emergency Medicine and Human Resources. Standardised Likert-scale questionnaires were used to assess Employee Engagement (10 items, $\alpha = .917$), Job Satisfaction (7 items, $\alpha = .781$) and Employee Performance (8 items). The data collected were analysed using independent-samples t-tests, Pearson correlation and descriptive statistical methods.

The findings showed that healthcare workers in private hospitals reported significantly higher levels of Employee Engagement ($M = 3.83$, $SD = 0.86$) than those working in public hospitals ($M = 3.05$, $SD = 0.65$), $t(98) = -5.12$, $p < .001$, Cohen's $d = 1.02$, indicating a large effect size. However, there was not much difference in overall Job Satisfaction between employees in the two sectors ($t = -0.22$, $p = .824$). Employee performance scores were also higher in private hospitals ($M = 4.14$) compared to public hospitals ($M = 3.92$), $t = -3.24$, $p = .002$, $d = 0.65$. In addition, Employee Engagement and Job Satisfaction were found to be strongly positively related across the sample ($r = .729$, $p < .001$). Some key factors that contribute to higher engagement include supportive supervision, employee recognition, effective communication and opportunities for professional growth.

The study concludes that Organizational structure and management practices have a stronger influence on Employee Engagement than on Job Satisfaction within Indian Healthcare Institutions.

## INTRODUCTION

In a service-oriented sector like a Healthcare sector the wellbeing and motivation of employees directly influence the quality of patient care. Therefore, when healthcare professionals experience low morale, stress and dissatisfaction, the effects are not only limited to workplace productivity, but their level of engagement can also shape patient experiences, communication, treatment quality and ultimately clinical outcomes. For this reason, Employee Engagement and Job Satisfaction is considered to be increasingly important areas of study within healthcare management.

In India, there is a huge contrast between the public and private healthcare systems, which offers a useful setting for understanding how different organisational environments can affect healthcare workers. Public hospitals often operate under government administration with limited resources. The administrative structures are rigid and the employment practices are standardised. On the other hand, private hospitals typically operate with greater financial flexibility, stronger performance-driven systems and more competitive workplace practices. These differences are evident in areas such as compensation system, leadership style, resource availability, organisational culture, performance evaluation and career development opportunities. Despite these huge distinctions, there are a limited studies comparing Employee Engagement and Job Satisfaction across the two sectors.

This study has been conducted to address this gap through a comparative analysis of primary survey data collected from 100 healthcare professionals which comprises of 50 employees from public sector hospitals and 50 from private sector hospitals. To have a broader understanding of workplace experiences in the healthcare setting, the participants were from

multiple departments and professional roles. The study emphasises in identifying differences in Employee Engagement and Job Satisfaction between Public and Private sectors, investigating the relationship between these variables and exploring the factors that affects these differences.

## RESEARCH OBJECTIVES

The Research Objectives are:

1. To compare and measure Employee Engagement levels among healthcare workers in public and private hospitals.
2. To measure and compare Job Satisfaction levels across both institutional types.
3. To examine the relationship between Employee Engagement and Job Satisfaction across the full sample.
4. To identify specific organisational factors affecting engagement and satisfaction.

## RESEARCH HYPOTHESIS

H1: There is a significant difference in Employee Engagement between healthcare workers in Public and Private sector hospitals.

H2: There is a significant difference in Job Satisfaction between healthcare workers in Public and Private sector hospitals.

H3: Employee Engagement is correlated positively and significantly with Job Satisfaction.

H4: Specific organisational variables like supervisory support, recognition, communication quality and professional growth opportunities predict Employee Engagement significantly across sectors.

## LITERATURE REVIEW

The concept of Employee Engagement first gained attention through the work of Kahn (1990), who acknowledged the concept of Employee Engagement as something to which employees in an organization invest themselves physically, mentally and emotionally in their work roles. In other terms, engaged employees not only finish their tasks, but also bring energy, focus, creativity and emotional commitment to the work that they do. Based on this idea, Schaufeli et al. (2002) further explained the term Employee Engagement as a work-related condition characterised by three main elements: Robustness, dedication and absorption.

In a service sector like healthcare, Employee Engagement is believed to influence much more than just productivity. In the research conducted within the English NHS by West and Dawson (2012), it was concluded that hospitals with more engaged staff have experienced lower patient mortality rates, fewer medical errors, higher patient satisfaction and stronger financial outcomes. Similarly, In the meta-analysis by Harter et al. (2002), spanning several industries, including healthcare, found strong links between engagement and outcomes such as customer satisfaction, safety, productivity and profitability. These findings strongly implies that Employee Engagement should be viewed not only as a human resource concern but also as an important factor affecting organisational and clinical performance.

One of the most widely accepted frameworks for understanding Employee Engagement is the Job Demands-Resources (JD-R) model, proposed by Bakker and Demerouti (2007). According to this model, workplace factors such as supportive supervision, autonomy, constructive feedback, role clarity and growth opportunities favour motivation and engagement among Employees. On the other hand, excessive job demands, including heavy workloads, emotional stress and administrative pressure, can affect employees' energy negatively and eventually lead to burnout. This shows that there should be a balance between the factors that govern whether employees remain engaged or become exhausted.

Recently, Job Satisfaction has become one of the most widely studied topics in organisational psychology due to its strong influence on Employee behaviour and Performance at the workplace. There have been several studies that have linked Job Satisfaction with reduced absenteeism, lower turnover intentions, better organisational citizenship behaviour and improved work performance (Judge et al., 2001). Even Locke's (1976) theory on range-of-affect describes Job Satisfaction as a positive emotional response that comes when individuals feel their job helps them achieve or fulfil important personal values.

Another significant perception derives from Herzberg's (1966) two-factor theory, which separates workplace factors into two: hygiene and motivators. Hygiene factors include salary, working conditions and supervision. When these are insufficient, employees become dissatisfied; however, improving them alone may not necessarily increase satisfaction among Employees. There are also motivating factors, such as achievement, recognition, responsibility and career growth, that are important factors that largely actively create positive Job Satisfaction.

In an organisation, Job Satisfaction is mostly influenced by a complex mix of factors, including professional identity, workplace relationships, organisational policies, workload, compensation and perceptions of fairness within the institution. A systematic review by Lu et al. (2012), on the Job Satisfaction of Nurses, stated that although salary and incentives are important, there are also other factors like interpersonal relationships, especially the quality of supervision

and peer support, that often play an equally important or even greater role in maintaining long-term satisfaction. This is especially relevant for this study, as public and private sector hospitals often differ significantly in terms of leadership style, organisational culture and workplace support systems.

There is a different and unique structure in the Indian healthcare system that consists of public hospitals and private sector hospitals. The public sector hospitals, on one side, operate under resource constraints, other issues such as limited funding, human resource shortages, bureaucratic procedures and slower career progression. The private sector hospitals face huge competitive market conditions. Even though the private sector usually has a better infrastructure and higher salaries, the employees may face intense workloads, strict performance expectations and higher levels of occupational stress. The nature and extent of challenges faced by both sectors are different, though both sectors face major workforce challenges.

There has been similar research conducted in the Indian context that reflects these differences. Priya and Nair (2018) found that nurses working in private hospitals in South India reported higher satisfaction with better salary and other facilities, but lower satisfaction regarding work distribution and supervisory support. This showed a trade-off between external benefits and internal workplace experiences. Similarly, Srivastava and Bhatt (2019) stated that higher burnout levels among private-sector physicians are due to patient-volume pressures and performance targets.

There have also been studies that have shown that public-sector healthcare workers often derive satisfaction from job security and a sense of contributing to public service. Adhikari et al. (2020) observed that a large number of employees in government healthcare institutions remained motivated despite resource limitations because they felt aligned with the broader social mission of healthcare delivery, which aligns with the concept of public service motivation discussed by Perry and Hondeghem (2008).

Despite the growing body of research in this area, there have been very few studies conducted in India that have simultaneously examined Employee Engagement, Job Satisfaction and performance across multiple professional categories in both public and private hospitals using a comprehensive analytical framework and a sufficiently large sample. The present study aims to address part of this research gap.

## METHODOLOGY

### Research Design

This study has a quantitative, cross-sectional, descriptive-comparative research design. A cross-sectional approach is commonly used in healthcare workforce research because it allows researchers to compare different groups at a single point in time (Creswell & Creswell, 2018). This design was used in this study to compare Employee Engagement, Job Satisfaction and performance among healthcare workers in public and private hospitals.

### Sample

The target population included healthcare professionals working in urban hospitals across India. This included doctors, nurses, technicians and administrative staff involved directly or indirectly in patient care and hospital operations.

The sampling method used was purposive-stratified sampling to ensure there is representation from different professional categories and departments across both public and private hospitals. Participation in the study was completely voluntary and all responses were collected anonymously and informed consent was obtained from the participants.

The final sample included 100 respondents, with 50 employees from public sector hospitals and 50 from private sector hospitals.

Participants were included in the study if they:

- Had worked at their current hospital for at least one month;
- Were involved in patient care or hospital support functions; and
- Voluntary Participation.

Responses in which more than 30% answers were not marked were excluded from the final analysis to maintain data quality.

### Instrumentation

Data was collected using a structured self-administered Questionnaire distributed through Google Forms. The questionnaire was divided into multiple sections.

Section A focused on demographic and professional information such as gender, age group, hospital type, job designation, department, years of experience and employment status.

Sections B to D included 26 Likert-scale statements measured on a five-point scale ranging from 1 (Strongly Disagree/Very Dissatisfied) to 5 (Strongly Agree/Very Satisfied). These items were grouped into three major sections:

**1. Employee Engagement Scale**

This section assessed aspects such as employee motivation, recognition, communication with management, supervisory support, emotional connection with the organisation, satisfaction with job roles, opportunities for growth, teamwork, feeling valued and willingness to go beyond assigned responsibilities.

The scale demonstrated excellent reliability with a Cronbach's alpha value of 0.917.

**2. Job Satisfaction**

The Job Satisfaction section evaluated employee perceptions regarding participation in goal-setting, clarity of performance expectations, feedback quality, fairness in performance appraisal, alignment between personal and organisational goals, goal-setting practices and information sharing within the organisation.

This scale showed acceptable internal consistency with a Cronbach's alpha value of 0.781.

**3. Employee Performance Scale**

The section on performance focused on self-reported measures such as achievement of work targets, task efficiency, maintaining quality standards, handling work pressure, improving productivity, contribution to patient outcomes, coordination with colleagues and involvement in improvement initiatives.

The Cronbach's alpha value for this scale was 0.451, which indicates relatively low internal consistency. Hence, performance-related responses were interpreted descriptively rather than combined into a single inferential composite score.

**Data Analysis**

Statistical analysis was conducted using Python 3 with libraries including pandas, NumPy and SciPy.

Descriptive statistics such as means, standard deviations and frequency distributions were calculated for demographic variables and scale responses. Independent-samples t-tests were used to compare Employee Engagement and Job Satisfaction scores between employees working in public and private sector hospitals. Assumptions of normality and equal variance were checked before interpreting the t-test results using score distribution inspection and Levene's test for homogeneity of variance.

To examine the relationship between Employee Engagement and Job Satisfaction, Pearson's product-moment correlation analysis was performed. Effect sizes for group comparisons were calculated using Cohen's d. Cronbach's alpha values were also used to evaluate the reliability and internal consistency of each measurement scale.

## RESULTS

### 1. Demographic and Occupational Profile of Respondents

**Table 1. Sociodemographic and Occupational Characteristics of Respondents (N = 100)**

| Characteristic | Public (n=50) | Private (n=50) | Total (N=100) |
|---|---|---|---|
| Gender: Male | 26 (52%) | 26 (52%) | 52 (52%) |
| Gender: Female | 24 (48%) | 24 (48%) | 48 (48%) |
| Age: 20–30 Years | 18 (36%) | 18 (36%) | 36 (36%) |
| Age: 31–40 Years | 15 (30%) | 15 (30%) | 30 (30%) |
| Age: 41–50 Years | 11 (22%) | 11 (22%) | 22 (22%) |
| Age: Above 50 Years | 6 (12%) | 6 (12%) | 12 (12%) |
| Designation: Nurse | 18 (36%) | 16 (32%) | 34 (34%) |
| Designation: Technician | 13 (26%) | 13 (26%) | 26 (26%) |
| Designation: Adm. Staff | 11 (22%) | 12 (24%) | 23 (23%) |

| | | | |
|---|---|---|---|
| Designation: Doctor | 8 (16%) | 9 (18%) | 17 (17%) |
| Experience: 1–5 Years | 8 (16%) | 20 (40%) | 28 (28%) |
| Experience: 6–10 Years | 10 (20%) | 10 (20%) | 20 (20%) |
| Experience: >10 Years | 32 (64%) | 20 (40%) | 52 (52%) |
| Employment: Permanent | 38 (76%) | 21 (42%) | 59 (59%) |
| Employment: Contractual | 12 (24%) | 29 (58%) | 41 (41%) |

The sample was split by gender (52% male, 48% female) across both sectors i.e., Private and Public. The largest professional category in the study here was of Nurses (34%), followed by Technicians (26%), Administrative staff (23%) and then Doctors (17%). A prominent structural difference was observed in experience and employment type; public sector hospitals reported considerably longer tenure (64% with >10 years' experience vs. 40% in private hospitals) and a significantly higher proportion held permanent employment (76% public vs. 42% private). These patterns showed the well-documented phenomenon of higher contractual employment in India's private healthcare sector, particularly for younger workers.

## 2. Scale Reliability

**Table 2. Internal Consistency Reliability of Study Scales**

| Scale | No. of Items | Cronbach's Alpha | Interpretation |
|---|---|---|---|
| Employee Engagement | 10 | .917 | Excellent |
| Job Satisfaction | 7 | .781 | Acceptable |
| Employee Performance | 8 | .451 | Low — used descriptively only |
| Full Questionnaire | 25 | .907 | Excellent |

*Note. Alpha values interpreted using George and Mallery (2003) benchmarks: >.9 = Excellent, .8–.9 = Good, .7–.8 = Acceptable, .6–.7 = Questionable, .5–.6 = Poor, <.5 = Unacceptable.*

The Employee Engagement scale demonstrated excellent reliability (α = .917), and the full Questionnaire also showed an excellent internal consistency (α = .907). The Job Satisfaction scale had an acceptable reliability (α = .781). The Employee Performance scale showed a low alpha coefficient (α = .451), reflecting the multi-dimensional nature of performance items across personal efficiency, quality orientation and organisational citizenship, which may not form a unidimensional latent variable.

## 3. Comparison of Employee Engagement: Public vs. Private Hospitals

**Table 3. Independent-Samples t-Test: Employee Engagement by Hospital Sector**

| Survey Item | Public M (SD) | Private M (SD) | t | p | d |
|---|---|---|---|---|---|
| Q9. I feel motivated to perform my job effectively. | 3.20 (1.25) | 4.08 (1.12) | −3.71 | <.001 | 0.74 |
| Q10. I receive recognition for good work. | 2.82 (1.00) | 3.90 (1.18) | −4.92 | <.001 | 0.99 |
| Q11. Communication between management and employees is effective. | 2.96 (0.90) | 4.08 (1.08) | −5.61 | <.001 | 1.13 |
| Q12. My supervisor supports my work. | 3.04 (1.12) | 3.86 (1.23) | −3.48 | .001 | 0.70 |
| Q13. I feel emotionally connected to my organisation. | 3.80 (0.99) | 3.96 (1.01) | −0.80 | .425 | 0.16 |
| Q14. I am satisfied with my current job role. | 3.66 (0.96) | 3.80 (0.90) | −0.75 | .455 | 0.15 |
| Q15. The hospital provides opportunities for professional growth. | 2.90 (1.05) | 3.68 (1.00) | −3.80 | <.001 | 0.76 |

| | | | | | |
|---|---|---|---|---|---|
| Q16. Teamwork is encouraged in my department. | 2.56 (1.18) | 3.58 (0.99) | −4.68 | <.001 | 0.94 |
| Q17. I feel valued as an employee. | 2.86 (0.95) | 3.82 (0.90) | −5.20 | <.001 | 1.04 |
| Q18. I am willing to contribute beyond assigned duties. | 2.70 (1.18) | 3.54 (0.89) | −4.02 | <.001 | 0.81 |
| Composite Engagement Score | 3.05 (0.65) | 3.83 (0.86) | −5.12 | <.001 | 1.02 |

*Note. df = 98 for all tests. Negative t-values indicate higher scores in the private hospital group. Cohen's d: 0.2 = small, 0.5 = medium, 0.8 = large effect.*

According to the above table, Hypothesis 1 was strongly supported. Employees from private hospitals demonstrated significantly higher composite engagement scores (M = 3.83, SD = 0.86) compared to the employees from public hospitals (M = 3.05, SD = 0.65), t (98) = −5.12, p < .001. The effect size was large (Cohen's d = 1.02), indicating a substantial difference. At the item level, the major differences were observed in management-employee communication (d = 1.13), perceived value as an employee (d = 1.04) and recognition for good work (d = 0.99). Particularly, two items showed no significant sector difference: emotional connection to the organisation (p = .425) and satisfaction with current job role (p = .455), suggesting that workers in both sectors maintain comparable levels of organisational attachment and role contentment despite the overall Engagement gap.

## 4. Comparison of Job Satisfaction: Public vs. Private Hospitals

**Table 4. Independent-Samples t-Test: Job Satisfaction by Hospital Sector**

| Survey Item | Public M (SD) | Private M (SD) | t | p | d |
|---|---|---|---|---|---|
| Q20. I participate in setting work-related objectives. | 3.20 (0.73) | 3.56 (1.01) | −2.04 | .044 | 0.41 |
| Q21. Performance expectations are communicated clearly. | 3.14 (1.09) | 3.38 (1.12) | −1.09 | .280 | 0.22 |
| Q22. Regular feedback is provided on my performance. | 2.88 (1.02) | 3.18 (1.38) | −1.23 | .220 | 0.25 |
| Q23. Performance evaluations are conducted fairly. | 2.98 (1.33) | 3.28 (1.23) | −1.17 | .245 | 0.23 |
| Q24. Organisational goals are aligned with my responsibilities. | 3.86 (1.05) | 3.70 (1.09) | 0.75 | .457 | 0.15 |
| Q25. Goal-setting practices improve my productivity. | 3.80 (1.07) | 3.42 (0.67) | 2.13 | .036 | 0.43 |
| Q26. Employees are informed about organisational objectives. | 3.60 (0.81) | 3.16 (0.96) | 2.49 | .015 | 0.50 |
| Composite Satisfaction Score | 3.35 (0.69) | 3.38 (0.71) | −0.22 | .824 | 0.04 |

*Note. df = 98. Positive t-values indicate higher public-sector scores. The composite satisfaction difference is not statistically significant.*

According to the above table, Hypothesis 2 was not supported at the composite level. The overall Job Satisfaction scores of employees were virtually identical across public (M = 3.35, SD = 0.69) and private sector hospitals (M = 3.38, SD = 0.71), with no statistically significant difference, t(98) = −0.22, p = .824, d = 0.04. The item-level analysis gives an idea that private sector hospital Employees scored meaningfully higher on participation in objective-setting (p = .044), while public sector hospital Employees scored significantly higher on believing that goal-setting practices improve their productivity (p = .036) and on organisational objective information sharing (p = .015). These findings show that, while the combined satisfaction level is comparable, the sources and drivers of satisfaction vary between sectors.

## 5. Correlation: Employee Engagement and Job Satisfaction

**Table 5. Pearson Correlation Matrix: Engagement, Satisfaction and Performance Composites (N = 100)**

| Variable | 1. Engagement | 2. Satisfaction | 3. Performance | 4. Hospital Type |
|---|---|---|---|---|
| 1. Employee Engagement | — | | | |
| 2. Job Satisfaction | .729** | — | | |
| 3. Employee Performance (desc.) | .581** | .462** | — | |
| 4. Hospital Type (1=Public, 2=Private) | .457** | .022 | .308** | — |

*Note. ** p < .01 (two-tailed). Hospital type coded dichotomously: 1 = Public, 2 = Private.*

Here, the table shows that Hypothesis 3 was strongly supported through a strong positive correlation between Employee Engagement and Job Satisfaction across the full sample (r = .729, p < .001), indicating that healthcare workers who are more engaged in their work also tend to report higher Job Satisfaction and vice versa. This association was strong and of considerable magnitude, consistent with the theoretical position that Engagement and Satisfaction are different but closely related motivational factors. The type of Hospital correlated significantly with engagement (r = .457) but not with satisfaction (r = .022), supporting the finding that institutional type is a stronger driver of Employee Engagement than of Job Satisfaction in this sample.

## 6. Item-Level Analysis: Employee Performance

**Table 6. Descriptive Statistics: Employee Performance Items by Hospital Sector**

| Survey Item | Public M (SD) | Private M (SD) | t | p | d |
|---|---|---|---|---|---|
| Q27. I consistently achieve my work targets. | 4.20 (0.64) | 4.24 (0.62) | −0.32 | .752 | 0.06 |
| Q28. I complete assigned tasks efficiently. | 4.02 (0.77) | 4.28 (0.61) | −1.88 | .064 | 0.38 |
| Q29. I maintain quality standards in my work. | 4.04 (0.73) | 4.28 (0.67) | −1.71 | .090 | 0.34 |
| Q30. I can effectively manage work pressure. | 2.90 (1.37) | 3.72 (0.95) | −3.47 | .001 | 0.69 |
| Q31. My productivity has improved over time. | 3.88 (1.02) | 4.22 (0.71) | −1.93 | .056 | 0.39 |
| Q32. I contribute positively to patient/service outcomes. | 4.10 (0.61) | 4.18 (0.63) | −0.64 | .521 | 0.13 |
| Q33. I maintain good coordination with colleagues. | 4.08 (0.53) | 4.18 (0.66) | −0.84 | .405 | 0.17 |
| Q34. I actively participate in organisational improvement. | 4.18 (0.72) | 4.06 (0.59) | 0.91 | .363 | 0.18 |

*Note. df = 98. Performance scale treated as descriptive due to low internal consistency (α = .451).*

Item-wise analysis showed that Work pressure management (Q30) was the only performance item that yielded a statistically significant and practically meaningful sector difference (t = −3.47, p = .001, d = 0.69), with private hospital employees reporting notably greater capacity to handle work pressure. This is somewhat counterintuitive given prior evidence of higher burnout in private hospital settings and may reflect greater access to stress-management support, clearer role structuring, or simply higher self-efficacy among the private-sector subsample. Many other performance items yielded non-significant or marginally significant differences, with both groups reporting comparably high self-rated performance on core task dimensions (target achievement, quality standards, patient outcomes, collegial coordination).

## DISCUSSION

### 1. The Engagement Gap and Its Drivers

One of the most important findings of this study is the clear and statistically strong difference in Employee Engagement between healthcare employees in private and public hospitals (d = 1.02). When interpreted through the Job Demands-Resources (JD-R) framework, this gap appears to be largely influenced by differences in the availability of workplace resources. The largest differences between the two sectors were seen in areas such as managerial communication (d = 1.13), employees feeling valued by the organisation (d = 1.04) and recognition for good performance (d = 0.99).

One important observation about these findings is that these factors are not entirely dependent on financial resources or infrastructure instead they are closely linked to leadership practices, communication style and the overall management culture within the organisation. The private sector hospitals show stronger performance on these dimensions demonstrating that the Engagement gap is not majorly influenced by funding or material resources but is also reflected by how employees are managed, supported and acknowledged in their workplace.

This that not all features of engagement differ between the two sectors. There was no significant difference in employees' emotional connection to their organisation or in their satisfaction with their job roles. This shows that healthcare workers in public sector hospitals continue to feel committed to their work and connected to the visions of their institutions even after facing resource constraints and operational challenges.

The findings closely align with the theory of public service motivation by Perry and Hondeghem (2008), which suggests that individuals choose public-sector healthcare often because of a strong sense of social responsibility and service orientation and not only due to external rewards but also by their deeper commitment to public welfare and patient care. Therefore, to improve Engagement of Employees in public sector hospitals should not focus on increasing employees' sense of purpose or commitment, as these already appear moderately strong. Instead, more attention should be given on improving managerial communication, employee recognition, supervisory support and workplace relationships.

### 2. Job Satisfaction: Structural Equivalence with Internal Divergence

An observation from this study is that overall Job Satisfaction did not differ significantly between Employees working in public and private sector hospitals (d = 0.04), even though there were clear difference observed in Employee Engagement levels in both the categories.

One probable explanation could be that Employees in both sectors experience satisfaction through different workplace factors. The item-level analysis showed that public-sector employees demonstrated relatively higher satisfaction with areas such as goal-setting practices and information sharing. On the other hand private-sector employees reported higher satisfaction with participation in setting work objectives and organisational decision-making processes. This shows that while the overall level of satisfaction may appear similar across sectors, there is a considerable difference in the underlying reasons for employee satisfaction.

Another explanation relates to the relationship between Employee Engagement and Job Satisfaction itself. Although the study found a strong positive correlation between the two variables (r = .729), the higher engagement levels in private hospitals did not automatically translate into higher overall satisfaction scores. This may be because the dimensions measured under Job Satisfaction in this study focused mainly on organisational processes such as feedback systems, performance management, goal-setting and communication practices.

Whereas Employee Engagement is more strongly influenced by emotional and relational factors such as recognition, support from supervisors, feeling valued and connection with the organisation. As a result, employees may feel highly engaged in their workplace.

These findings suggest that Employee Engagement and Job Satisfaction, even though are closely related but are not alike concepts and may be shaped by different organisational experiences. Further research could provide a deeper understanding by using broader Job Satisfaction measures that separately examine intrinsic factors (such as meaning, recognition and personal growth) and extrinsic factors (such as pay, policies and working conditions). This approach may reveal more nuanced differences between public and private healthcare settings.

### 3. Implications for Hospital Management

The observations of this study provide a clear direction for improving Employee Engagement in Public hospitals. The areas where public-sector employees reported the major gaps were recognition for good work, communication with management, opportunities for professional growth and feeling valued within the organisation. These issues do not require a major financial investment but they are largely affected by workplace culture and management practices.

This means that some meaningful improvements in Employee Engagement can potentially be achieved through relatively practical interventions, like better supervisory training, structured employee recognition programs, stronger

internal communication systems and clearer professional development opportunities. The observations suggested that even if public hospitals are unable to fully match the salaries or infrastructure offered by private institutions, some improvements in leadership quality and methods and employee support could still support and strengthen workforce engagement significantly.

In Private sector Hospitals, the results shows that although employees showed a comparatively higher engagement levels, does not give a higher overall Job Satisfaction. There are areas such as fairness in performance evaluation and transparency in information sharing that showed little or no advantage for the private sector.

Another possible reason could be of contractual employment nature in private hospitals (58% compared to 24% in public hospitals) which shows a higher Job insecurity and employment uncertainty which are often associated with lower satisfaction levels and higher turnover intentions, especially among skilled healthcare professionals.

These observations suggest that private hospital management should not assume that high engagement levels guarantee long-term employee satisfaction or retention but greater attention may be needed for building transparent performance management systems and improving communication practices and creating a stronger sense of stability and trust within the workforce.

## 4. Limitations

There were several limitations of this study that be acknowledged when interpreting the findings.

The cross-sectional nature of the study limits the ability to draw major conclusions. Since all variables were measured at a single point in time, the relationships observed between Employee Engagement, and Job Satisfaction and sector type may be influenced by unmeasured factors such as self-selection into job roles, institutional differences, or other factors.

Second, the employee performance scale showed relatively low internal consistency ($\alpha = 0.451$). This shows that the items may not be measuring a single unified construct with sufficient reliability. The Performance-related results items are treated as descriptive rather than being used for strong inferential or latent-variable analysis.

Finally, the study does not include other potentially important variables like burnout, turnover intention, or patient outcome indicators. Including these variables Job Satisfaction are related to both workforce stability and healthcare quality outcomes.

## CONCLUSION

This study shows that Employee Engagement and Job Satisfaction, though related, do not respond in the same way in the Indian healthcare context. Employee Engagement is significantly higher amongst the private hospital employees, mostly driven by stronger supervisory support, more consistent recognition practices, better communication systems and clearer opportunities for professional growth. Whereas Employees does not show a significant difference in Job Satisfaction level between public and private hospitals. However, item-level analysis suggests that Job Satisfaction is derived differently across the two sectors, showing distinct organisational experiences and management practices.

Future research should aim to replicate these findings using larger datasets to strengthen generalizability. Longitudinal research designs would be valuable in establishing causal relationships between workplace conditions and employee outcomes. Also, future studies should incorporate more comprehensive measurement frameworks that distinguish between intrinsic and extrinsic dimensions of Job Satisfaction, while also including variables such as burnout, turnover intention and patient care outcomes.

Despite these limitations, the present study provides a structured and theoretically grounded contribution for understanding the psychological and organisational dynamics in healthcare sector within India's dual public–private system.

## REFERENCES

**1.** Adhikari, D. R., Bhattarai, M., & Boateng, F. G. (2020). Human resource management in Nepalese public healthcare: A comparative study. International Journal of Public Sector Management, 33(2–3), 225–242.

**2.** Bakker, A. B., & Demerouti, E. (2007). The Job Demands-Resources model: State of the art. Journal of Managerial Psychology, 22(3), 309–328.

**3.** Creswell, J. W., & Creswell, J. D. (2018). Research design: Qualitative, quantitative and mixed methods approaches (5th ed.). SAGE Publications.

**4.** George, D., & Mallery, P. (2003). SPSS for Windows step by step: A simple guide and reference (4th ed.). Allyn & Bacon.

**5.** Harter, J. K., Schmidt, F. L., & Hayes, T. L. (2002). Business-unit-level relationship between employee satisfaction, Employee Engagement and business outcomes: A meta-analysis. Journal of Applied Psychology, 87(2), 268–279.

**6.** Herzberg, F. (1966). Work and the nature of man. World Publishing.

**7.** Judge, T. A., Heller, D., & Mount, M. K. (2001). Five-factor model of personality and Job Satisfaction: A meta-analysis. Journal of Applied Psychology, 87(3), 530–541.

**8.** Kahn, W. A. (1990). Psychological conditions of personal engagement and disengagement at work. Academy of Management Journal, 33(4), 692–724.

**9.** Locke, E. A. (1976). The nature and causes of Job Satisfaction. In M. D. Dunnette (Ed.), Handbook of industrial and organizational psychology (pp. 1297–1343). Rand McNally.

**10.** Lu, H., Barriball, K. L., Zhang, X., & While, A. E. (2012). Job Satisfaction among hospital nurses revisited: A systematic review. International Journal of Nursing Studies, 49(8), 1017–1038.

**11.** Perry, J. L., & Hondeghem, A. (Eds.). (2008). Motivation in public management: The call of public service. Oxford University Press.

**12.** Priya, R., & Nair, S. (2018). Comparative analysis of Job Satisfaction among nurses in public and private hospitals: An Indian perspective. Asian Journal of Nursing Education and Research, 8(4), 535–542.

**13.** Schaufeli, W. B., Salanova, M., González-Romá, V., & Bakker, A. B. (2002). The measurement of engagement and burnout: A two-sample confirmatory factor analytic approach. Journal of Happiness Studies, 3(1), 71–92.

**14.** Srivastava, A., & Bhatt, D. (2019). Physician burnout in Indian public and private hospitals: A comparative study. Indian Journal of Community Medicine, 44(3), 228–233.

**15.** West, M., & Dawson, J. (2012). Employee Engagement and NHS performance. The King's Fund.