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Original Research Article

A Study on Job Satisfaction Among the Nursing Personnel of a Tertiary Care Hospital in Kolkata- A Mixed Method Study

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Abstract:

Introduction: Nurses are the backbone of a hospital supporting the patients, doctors and the administrator. The study of job satisfaction of nurses is of utmost importance as it is beneficial for the quality care of patients and management of a hospital.

Aims: Aim of the study is to assess the level of job satisfaction and find out the factors contributing to the same.

Materials & Methods: A mixed-method exploratory sequential study was conducted among nursing personnel at R.G. Kar Medical College and Hospital, Kolkata, over 8 months. The quantitative phase involved a cross-sectional survey of 113 nurses selected through proportionate random sampling, using a structured questionnaire on job satisfaction. The qualitative phase included focus group discussions and in-depth interviews with key nursing staff, analyzed thematically to explore factors influencing job satisfaction.

Result: A study of 113 nursing personnel at R.G. Kar Medical College and Hospital, selected via proportionate random sampling, examined job satisfaction across intrinsic, extrinsic, and interpersonal domains. Most participants were aged 25–35, married, from nuclear families, and held BSc Nursing or GNM qualifications. Findings showed moderate satisfaction from intrinsic and extrinsic factors, with interpersonal relationships being the strongest contributor. Socio-demographic factors such as marital status, number of earning members, children, years of experience, residence, education, and place of posting significantly influenced satisfaction scores. Qualitative analysis highlighted fulfillment from patient care, stress from workload, nurse shortages, security issues, shift challenges, infection control concerns, inadequate recognition, pay dissatisfaction, and work-life balance issues. Participants suggested improving staffing, structured shifts, professional training, hospital security, and better support from colleagues and administrators to enhance job satisfaction and well-being.

Conclusion: Job satisfaction among nursing personnel at R.G. Kar Medical College is shaped by intrinsic, extrinsic, and interpersonal factors, with interpersonal relationships playing a key role. Socio-demographic variables and work environment elements like workload and recognition significantly influence satisfaction levels. Enhancing staffing, professional growth, and organizational support is crucial for improving nurses' job satisfaction and well-being.

Keywords: Job Satisfaction, Nursing Personnel, Tertiary Care Hospital.

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Introduction

Nursing service is considered as an integral part of both the 'preventive and curative' aspects of a country's health care system. Their job is to take care of the ill patients, providing all the requirements to them and to train auxiliary staffs and also involved in teaching. They carry the highest workload burden [1].Job satisfaction of health care personnel like doctors and nurses are important because it affect their performance and efficiency which in turn influence the quality services they provide the patients [2]. It is one of the most important indicators of good working environment [3].Job satisfaction as defined by WHO is a pleasurable emotional state resulting

from the appraisal of one's job as achieving or facilitating the achievement of one's job value [4]. In this age of social and economic development and improvement in living condition, also increasing population, especially the aging population, there is rise in so many communicable and non-communicable diseases. People in India are now having increasingly high demands and expectation of medical services. There is a mismatch in supply and demand of health services all over the country [5].According to WHO, nurse is to population ratio is 1:500 but at present in West Bengal 1:1100.

There is a huge shortage of nurses in public hospitals. India has 1.7 nurses per 1,000 populations, 43% less than the World Health Organization norm (3 per 1,000). Work satisfaction is comprised of intrinsic and extrinsic factors. Intrinsic factors include personal achievement, recognition etc. Extrinsic factors include the working environment and include pay and benefits, working conditions, and resources [6]. Health goals like reduction of maternal and child mortality can only be achieved because of the dedication of nursing personnel. The success of a hospital is directly dependent on efficiency of the frontline workers like nurses. Hence, it is the responsibility of the hospital administration to understand the factors affecting nurse's satisfaction so to ensure high quality nursing care which affects hospital efficiency. They are the frontline health workers who provide major support system for the doctors and physicians in all sectors of health care starting from giving primary care. Effective nurse-physician cooperation makes a well-functioning team and contributes to comprehensive patient management and quality care. Not only the hospital administrator but also the doctors should understand the levels of their work satisfaction. R. G. Kar Medical College and Hospital is chosen for our study as it is a government run large tertiary care hospital in West Bengal. Understanding the job satisfaction of nurses and factors affecting the job satisfaction in this setting is very important. Our study aims to assess the level of job satisfaction and to find out various factors affecting job satisfaction among the nursing personnel working in the tertiary care hospital.

Materials and Methods

Study Design: This is a mixed-method study of exploratory sequential type, consisting of a quantitative part followed by a qualitative part. The quantitative part employed a cross-sectional study design.

Study Place: The study was conducted at R.G. Kar Medical College and Hospital, Kolkata. Data were collected from nurses across different hospital departments.

Study Duration: The study was carried out over a period of 8 months.

Study Population: During the study period, a total of 680 nursing personnel were employed at the hospital, among whom 35 nurses were on leave. Nurses unwilling to participate and those working for less than 3 months in their current post were excluded from the study.

Sample Size and Sampling Technique

Quantitative Part: The sample size was calculated based on a prevalence of 47% (prevalence of nurses who are not satisfied) with an absolute error of 10%, referencing a previous study conducted in Pune [10]. The calculated sample size was 110. Five categories of nursing personnel were formed assuming similar job patterns: OT nurses, indoor nurses, OPD nurses, special care nurses, and administrators. Sampling was proportionate to the size of each category. A total of 113 nursing personnel were selected by simple random sampling from these groups (see Table 1).

Categories/Group of Nursing Personnel	Number in Each Group	Proportionate Number Selected
Indoor Staff Nurses	270	60
OT Nurses	74	17
Special Care Nurses	111	25
Administrators and Tutors	27	7
OPD Nurses	14	4
Total		113

Qualitative Part: Two qualitative methods were used:

Focused Group Discussion (FGD) and In-Depth Interview (IDI). For FGD, 12 participants were selected, and for IDI, 5 Nursing Superintendents (NS) were chosen by purposive sampling.

Study Tools and Techniques

Quantitative Part: A predesigned, pretested semi-structured questionnaire was used, consisting of two parts:

1. Background information, including socio-demographic variables

2. Job satisfaction questionnaire using the Nursing Workplace Satisfaction Questionnaire (NWSQ).

The NWSQ includes 17 Likert-scale questions, with scores ranging from 17 (lowest) to 85 (highest). Lower scores indicate higher job satisfaction. The total score range was divided into quartiles. Data were collected via face-to-face interviews after obtaining written consent.

Qualitative Part: After quantitative data analysis and literature review, an interview guide and FGD guide were developed.

IDIs were conducted with key personnel, including 1 NS, 2 Deputy NS, and 2 Nursing In-Charges. Each interview lasted about 15-20 minutes until data saturation was reached. FGD involved 12 participants from various departments and was conducted in a large private room arranged in a circular seating arrangement to facilitate interaction. Audio recordings were made after consent. The discussion continued until no new information emerged.

Statistical Analysis

Quantitative Data: Descriptive and inferential statistics were used. Non-parametric tests such as the Mann-Whitney test were applied as the data were not normally distributed.

Qualitative Data: IDI and FGD recordings were translated from the local language to English and transcribed by the interviewer. To ensure quality, transcripts were reviewed by 4 independent transcribers. Any discrepancies were resolved collaboratively. The transcripts were repeatedly read by all authors to gain overall understanding. Manual thematic analysis with color coding was performed. COREQ guidelines were followed for qualitative data collection and analysis. Data were entered into excel and analyzed using spss and graphpad prism. Numerical variables were summarized using means and standard deviations, while categorical variables were described with counts and percentages. Two-sample t-tests were used to compare independent groups, while paired t-tests accounted for correlations in paired data. Chi-square tests (including fisher's exact test for small sample sizes) were used for categorical data comparisons. P-values ≤ 0.05 were considered statistically significant.

Ethical Clearance: Ethical clearance was obtained from the Ethical Committee of R.G. Kar Medical College and Hospital (Memo No: RKC/473).

Result

Table 1: Distribution of Nursing Personnel across Departments in R.G. Kar Medical College and Hospital According to Similar Job Descriptions

Categories/group of nursing personnel	Number of nursing personnel in each group	Proportionate no. of nursing staffs to be randomly selected from each group
Indoor staff nurses	270	60
OT nurses	74	17
Special care nurses	111	25
Administrators and tutors	27	7
OPD nurses	14	4
Total		113

Table 2: Distribution of Nursing Personnel Responses across Different Domains of Job Satisfaction (n=113)

Statements		Fully Agreed	Partially Agreed	Not agreed
Intrinsic factors (Domain 1)	My job gives me a lot of satisfaction	66 (58.40%)	34 (30.9%)	13 (11.51%)
	My job is very meaningful to me	83 (73.45%)	27 (23.9%)	3 (2.65%)
	I am enthusiastic about my present	69 (61.06%)	32 (28.32%)	12 (10.62%)
	My work gives me an opportunity to show what I am worth off	63 (55.75%)	36 (31.8%)	14 (12.6%)
	In last year my work has grown more interesting	53 (47%)	36 (31.8%)	24 (21.2%)
	It's worthwhile to make an effort	75 (66.38%)	35 (31%)	3 (2.7%)
Extrinsic factors (Domain 2)	I have enough time to deliver good care to the patients	51 (45.14%)	25 (22.12%)	37 (32.74%)
	I have enough opportunities to discuss patient's problems to the colleagues	57 (50.4%)	34 (30.1%)	22 (19.5%)
	I have enough support from colleagues	89 (78.7%)	22 (19.5%)	2 (1.8%)

	I function well on busy ward	6759.3%)	20 (17.7%)	26 (23%)
	I feel able to learn at job	70 (62%)	26 (23%)	17 (15%)
	I do not feel isolated from my colleagues at work	99 (87.6%)	12 (10.61%)	2 (1.8%)
	I feel confident as clinician	87 (77%)	18 (16%)	8 (7%)
Interpersonal relationship (Domain 3)	It is possible for me to make friends among my colleagues	106 (93.8%)	6 (5.3%)	1 (0.9%)
	I like my colleagues	109 (96.4%)	3 (2.7%)	1 (0.9%)
	I feel like I belong on a team	98 (86.8%)	14 (12.4%)	2 (1.8%)
	I feel my colleagues like me	102 (90.2%)	9 (8%)	2 (1.8%)

*NWSQ Questionnaire score interpretation (likert scale-1 strongly agree and 5-strongly disagree). Lowest attainable score- 17 and highest attainable score 85 (total questions-17). Dividing the full range of scores into equal quartiles.

Table 3: Association of Socio-Demographic Characteristics with Median Stress Scores among Nursing Personnel (Post-PPS)

Socio-demographic characteristics		Frequency	Median	IQR	P-value
Marital status	Married	78 (69.02%)	37	13	0.047
	Unmarried	28 (24.77%)	38	16.5	
	Widowed/Separated	7 (6.2%)	47	21	
Types of family	Joint	23 (20.4%)	38	14	0.923
	Nuclear	90 (79.6%)	38	18	
Number of earning member in family	Sole earning member	12 (10.6%)	46.5	15.5	0.004
	>1 earning member	101 (89.4%)	37	15	
Children	Yes	69 (39.6%)	41	9	0.028
	No	44 (60.4%)	35.5	15.5	
Years of experience	01-05	41 (36.28%)	36	15.5	0.011
	>5	72 (63.3%)	40.5	12.8	
Residence	Hostel	12 (10.6%)	27	14	0.006
	Home	101 (89.4%)	39	7.5	
Comorbidities	Present	45 (39.82%)	37	15.5	0.208
	Absent	68 (60.17%)	40	12.8	
Educational Qualification	BSc Nursing	67 (59.3%)	37	15	0.007
	Diploma in Nursing	4 (3.5%)	44	9.25	
	GNM	34 (30.1%)	42	14	
	MSc Nursing	8 (7.1%)	30	7.75	
Place of Posting of the Nursing Personnel (after PPS)	Indoor staff nurses	60 (53.1%)	42	13.3	<0.0001
	Critical care nurses	25 (22.1%)	38	11	
	OT nurses	17 (15%)	33	17.5	
	Administrator and tutors	7 (6.2%)	29	5	
	OPD nurses	4 (3.6%)	27	7.25	

- p value significant (<0.05)
- Mann- whitney non parametric test
- Kruskal-wallis non parametric test

Table 4: Thematic Analysis of Focus Group Discussions and In-Depth Interviews with Nursing Personnel: Perceived Challenges, Personal Experiences, and Recommended Interventions

Themes	Sub-themes / Issues	Participant Quotes / Observations	Suggested Solutions
Individual Perception of Satisfaction	Job satisfaction through patient care	FGDP-3: I feel good when I do my duty perfectly… if I am unable to perform adequately… I feel guilty and depressed.	Recognition of efforts, appreciation from seniors, acknowledgement of nurses' contributions.
		FGDP-7: I feel very good when I can give minimum basic treatment to my family… boosts my self-confidence.	
Stressful Working	a) Workload & Nurse Shortage	FGD10: We want to deliver good care… so much paperwork and less	Recruitment of new nurses, increase number of nursing colleges,

Environment		staff… tough job.	balanced nurse-patient ratio.
		IDI2: Scarcity of nurses and increasing workload… imbalance in nurse-patient ratio.	
	b) Security Problems	FGD3: At night, patient party becomes angry, shouts, uses offensive words… we become afraid.	Improved hospital security system, on-call doctor punctuality.
	c) Shift Scheduling & Leaves	FGD2: If we take one leave, we have to compensate by doing back-to-back night duties… affects family life.	Better leave management, structured shift scheduling, proper nurse attendance monitoring.
		IDI5: Sometimes I get 3 nurses, sometimes only 1… difficult to arrange nurses.	
	d) Biomedical Waste & Infection Control	IDI3: Uncleanliness in wards… patients exposed to dirt… other staff not serious about protocols.	Regular training, stricter monitoring of BMW management, infection control programs.
	e) Non-cooperation from Other Health Staff	FGD8: GDA staff not available, don't cooperate.	Training for Group D staff, rotation across departments, administrative monitoring, collaboration workshops.
		FGDP11: Group D staff influence patient party about payments, frustrating nurses.	
Nursing Education	Lack of Professional Growth	All participants: Need more seminars and CMEs to update knowledge.	Frequent CMEs, workshops, professional development programs.
Personal Circumstances	a) Lack of Appreciation	FGDP-4: Nursing profession not respected like doctors.	Recognition and respect from doctors and administrators, awards for good performance.
		FGDP-2: Doctors talk casually, think our job is inferior… upsetting.	
	b) Unsatisfactory Pay Scale	FGDP-5: We work day and night… pay does not match workload.	Review and improve salary structure according to workload.
		IDIP-3: In-charge responsible for everything… salary very less compared to job burden.	
	c) Work-Family Life Balance	FGDP-7, P11: Cannot give quality time to family… becoming unsocial and depressed.	Flexible shifts, supportive leave policies, mental health programs.
Solutions Suggested by Participants	Recruitment of nurses every year		Implementation of above measures to improve job satisfaction, work environment, and patient care quality.
	Increase number of nursing colleges		
	Harmonious relations with doctors and administrators		
	Training for infection control and responsibilities		
	Rotation and monitoring of Group D staff		

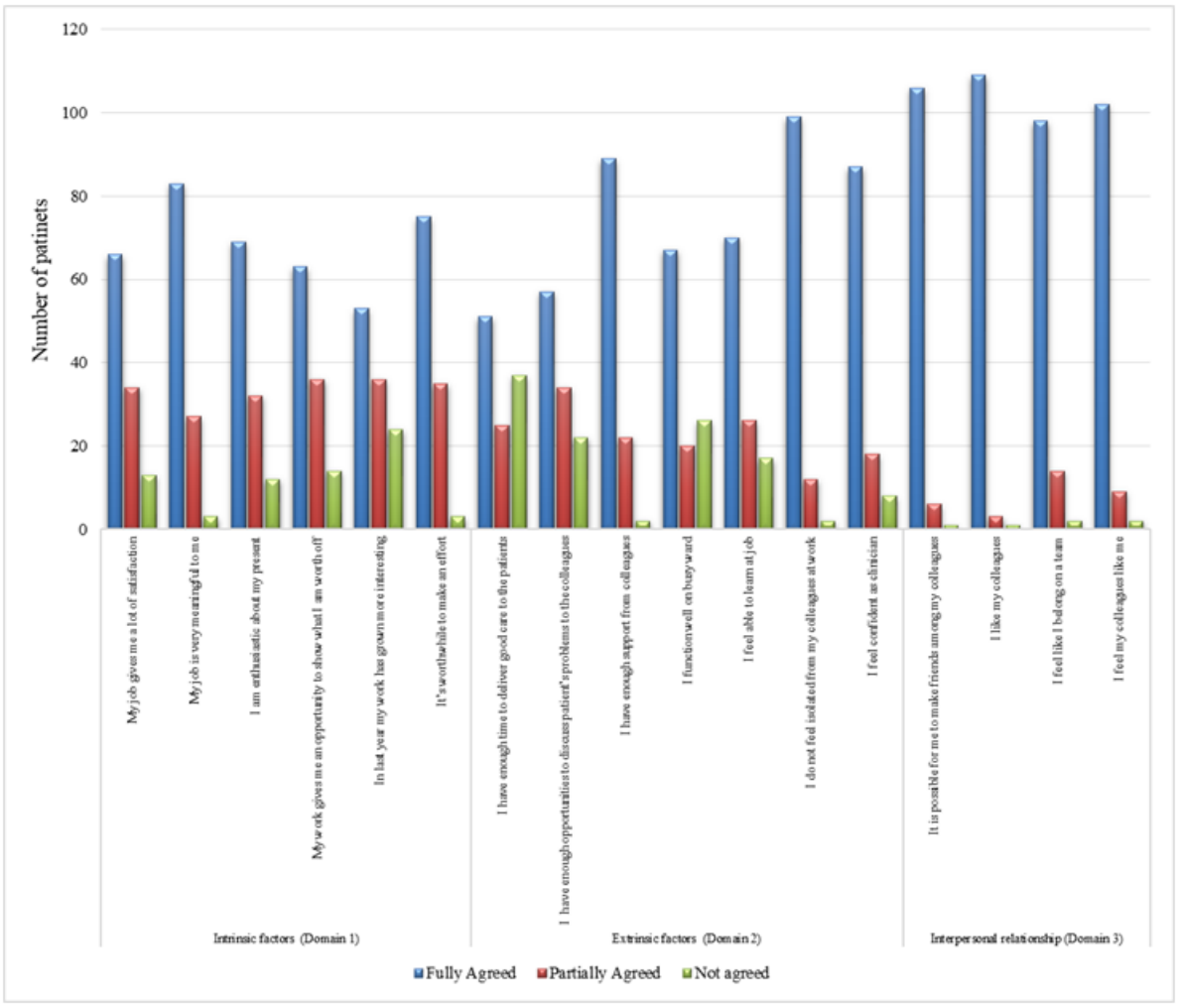

Figure 1: Employee Job Satisfaction Survey: Agreement Levels Across Intrinsic, Extrinsic, and Interpersonal Relationship Factors

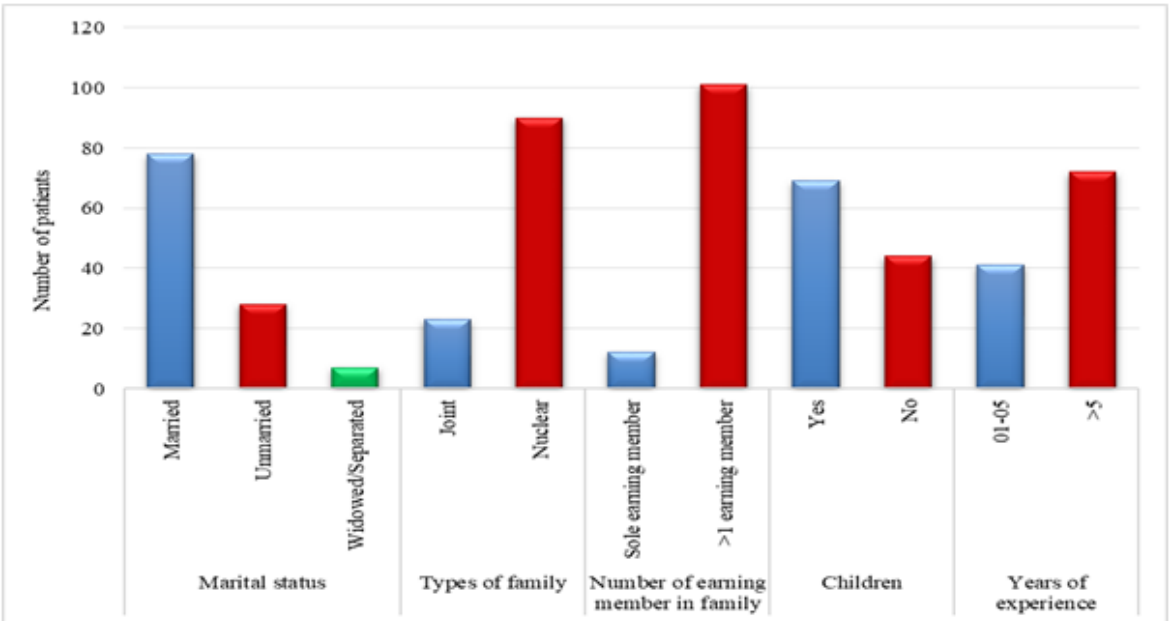

Figure 2a: Socio-demographic Characteristics of Participants Based on Marital Status, Family Type, Earning Members, Children, and Work Experience

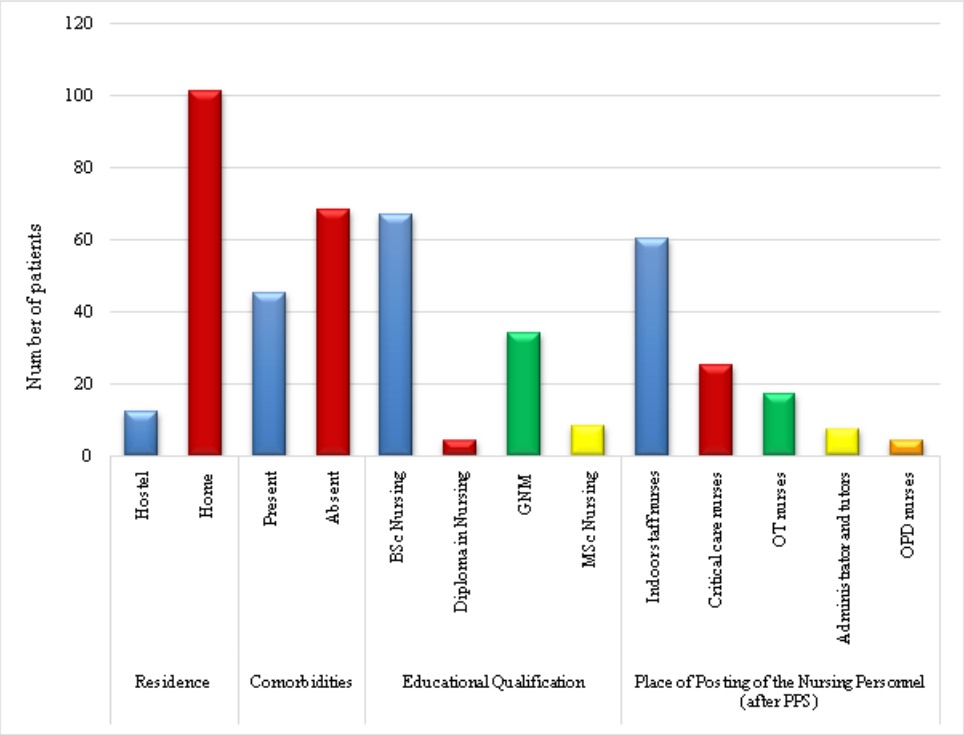

Figure 2b: Socio-demographic Characteristics of Participants Based on Marital Status, Family Type, Earning Members, Children, and Work Experience

A total of 496 nursing personnel were considered across various departments at R.G. Kar Medical College and Hospital. Of these, indoor staff nurses constituted the largest group with 270 personnel, followed by special care nurses (111), OT nurses (74), administrators and tutors (27), and OPD nurses (14). Using proportionate random sampling, 113 nursing personnel were selected for the study, including 60 indoor staff nurses, 25 special care nurses, 17 OT nurses, 7 administrators and tutors, and 4 OPD nurses, ensuring representative inclusion from all categories.

The study included 113 nursing personnel, with nearly half (49.6%) aged 25–35 years, followed by 36–45 years (30.1%), 46–55 years (18.6%), and 56–65 years (1.7%). Most participants were married (69.0%), while 24.8% were unmarried and 6.2% were widowed or separated. The majority belonged to nuclear families (79.6%) with more than one earning member (89.4%). Regarding children, 60.4% did not have children, whereas 39.6% had children.

Work experience varied, with 36.3% having 1–5 years, 26.5% with 6–10 years, and fewer in higher experience brackets. Most nurses resided at home (89.4%) rather than in hostels (10.6%). Comorbidities were present in 39.8% of participants.

Annual income was between 3.6–4.5 L for 52.2%, below 3.5 L for 15%, and above 4.6 L for 32.7%. Educational qualifications showed that 59% held a BSc Nursing degree, 30.1% were GNM qualified, 7.1% had MSc Nursing, and 3.5% had a diploma in nursing.

The assessment of job satisfaction among the nursing personnel revealed insights across three domains: intrinsic factors, extrinsic factors, and interpersonal relationships. Under intrinsic factors (Domain 1), a majority reported high personal fulfillment, with 58.4% agreeing that their job gives them satisfaction and 73.5% feeling that their work is meaningful. Enthusiasm for their present role was reported by 61.1%, while 55.8% felt their work allowed them to demonstrate their worth. Nearly half (47%) noted that their work had become more interesting over the past year, and 66.4% believed it was worthwhile to make an effort.

Regarding extrinsic factors (Domain 2), 45.1% felt they had sufficient time to deliver good patient care, and 50.4% reported having opportunities to discuss patient issues with colleagues. Support from colleagues was perceived positively by 78.7%, and 67.5% felt they could function well in a busy ward environment. Opportunities for learning at the job were acknowledged by 62%, while 87.6% did not feel isolated, and 77% expressed confidence in their clinical abilities.

Interpersonal relationships (Domain 3) were particularly strong, with 93.8% reporting the ability to make friends at work, 96.4% expressing liking for their colleagues, 86.8% feeling a sense of

belonging to their team, and 90.2% perceiving that their colleagues liked them. Overall, the findings suggest that while intrinsic and extrinsic factors were moderately positive, interpersonal relationships emerged as the strongest contributor to job satisfaction among the nursing personnel.

The association between socio-demographic characteristics and the measured outcome among nursing personnel revealed several significant findings. Marital status showed a statistically significant association ($p = 0.047$), with widowed/separated participants having the highest median value (47, IQR 21) compared to married (37, IQR 13) and unmarried participants (38, IQR 16.5). Family structure was not significantly associated ($p = 0.923$), with similar medians for joint (38, IQR 14) and nuclear families (38, IQR 18). The number of earning members in the family was significant ($p = 0.004$), with sole earners having a higher median (46.5, IQR 15.5) than those with multiple earners (37, IQR 15). Presence of children was associated with higher median values (41, IQR 9) compared to participants without children (35.5, IQR 15.5; $p = 0.028$).

Years of experience also showed a significant association ($p = 0.011$), with participants having more than 5 years of experience showing a higher median (40.5, IQR 12.8) than those with 1–5 years (36, IQR 15.5). Residence was significant ($p = 0.006$), with home residents reporting a higher median (39, IQR 7.5) than hostel residents (27, IQR 14). Comorbidities were not significantly associated ($p = 0.208$). Educational qualification demonstrated a significant difference ($p = 0.007$), with MSc Nursing holders having the lowest median (30, IQR 7.75) and GNM holders having higher median scores (42, IQR 14). Place of posting after PPS was highly significant ($p < 0.0001$), with indoor staff nurses reporting the highest median (42, IQR 13.3), followed by critical care nurses (38, IQR 11), OT nurses (33, IQR 17.5), administrators and tutors (29, IQR 5), and OPD nurses (27, IQR 7.25). The qualitative analysis of nursing personnel revealed several key themes impacting job satisfaction and work experience. Under individual perception of satisfaction**,** participants reported a strong sense of fulfillment from providing patient care, although feelings of guilt and low self-confidence arose when unable to perform optimally (FGD P-3, P-7). Stressful working environment emerged as a major concern, encompassing workload and nurse shortages (FGD 10, IDI 2), security issues during night duties (FGD 3), challenges with shift scheduling and leave management (FGD 2, IDI 5), biomedical waste and infection control lapses (IDI 3), and non-cooperation from other health staff, particularly Group D personnel (FGD 8, P11). Nurses emphasized the need for adequate staffing, structured shifts, improved hospital security, and regular training in infection control.

Nursing education was highlighted, with participants expressing a need for continuous professional growth through seminars, CMEs, and workshops. Personal circumstances also influenced satisfaction, including lack of recognition (FGD P-2, P-4), unsatisfactory pay (FGD P-5, IDI P-3), and challenges in maintaining work-family balance (FGD P-7, P11). Suggested solutions from participants included annual recruitment of nurses, expansion of nursing colleges, fostering harmonious relations with doctors and administrators, systematic training for infection control, and rotation and monitoring of support staff. Collectively, these insights indicate that both organizational and personal factors significantly affect nurses' job satisfaction, with structured interventions needed to enhance work environment, professional growth, and overall well-being.

Discussion

The present study at R.G. Kar Medical College and Hospital underscores the multidimensional nature of job satisfaction among nurses, with interpersonal relationships emerging as the most potent positive influence. While intrinsic and extrinsic domains showed moderate satisfaction, a compelling sense of belonging, collegial support, and team camaraderie stood out, mirroring broader evidence in the Indian context.

Comparison with Other Indian Studies

Mukherjee & Chatterjee (2017) examined intrinsic and extrinsic motivation and organizational commitment among nurses in public and private hospitals. They found significant associations between job satisfaction and intrinsic motivation, but not extrinsic motivation, suggesting that internal fulfillment plays a central role in nursing satisfaction in Indian settings [7].

A qualitative exploration by Joseph et al. (2023) in Tamil Nadu revealed two major themes: *quality patient care environment* (including workload, team dynamics, resource constraints) and *professional opportunities and responsibility* (pay, promotion, recognition). Their participants echoed similar frustrations—staff shortages, non-nursing tasks, material scarcity, delayed promotions—but also valued training and recognition, strikingly consistent with our findings [8].

Shinde et al. (2014) assessed job satisfaction in tertiary care hospitals using the Minnesota scale, noting that while many reinforcing factors—such as ability utilization, achievement, and supervision—were rated high, compensation and autonomy scored only average. This resonates with our result where intrinsic fulfillment was relatively

strong, yet structural or extrinsic elements like scheduling or proper staffing were moderate [9].

A systematic review of health workers in India's Andhra Pradesh and Uttar Pradesh emphasized that 'job content and work environment' factors—challenging work, relationships with colleagues, training opportunities—were rated as more critical than good income. Notably, public sector nurses valued recognition and employment benefits significantly. However, there was often a disconnect between the importance of these factors and their actual presence—particularly for training and advancement opportunities [10]. This echoes our qualitative findings where nurses emphasized unmet needs in training, recognition, and role clarity.

A broader systematic review on nursing environments (urban vs. rural) reinforced that bothintrinsic and extrinsic factors matter, with emphasis on the physical environment, authority/autonomy, and intrapersonal fulfilment. Urban settings tended to highlight extrinsic factors more heavily [11]. Our urban tertiary-care sample similarly showed the need for balancing both domains, as intrinsic satisfaction wasn't sufficient without supportive systems. Global and cross-disciplinary literature further supports the pre-eminence of interpersonal relationships, recognition, autonomy, and workload balance in determining job satisfaction [12, 13].

Synthesis: How Our Findings Align and Diverge

Domain	Consistency with Literature	Our Study Highlights
Intrinsic Factors	Recognized as vital in Mukherjee & Chatterjee [7]; rural studies [11]	High meaning and fulfillment; moderate overall intrinsic scores
Extrinsic Factors	Avg. satisfaction seen in Shinde et al. [9]; moderate presence vs. importance in AP/UP study [10]	Moderate satisfaction with workload, resources, scheduling
Interpersonal Relationships	Core to satisfaction across multiple studies [10,11]	Strongest domain (~90–96% positive responses)
Qualitative Challenges	Joseph et al. [8] highlighted similar stressors (workload, remuneration, recognition)	Echoed with concerns in stress, scheduling, recognition, training

Interpreting the Findings

- **Interpersonal Strength**: The exceptionally positive findings in the interpersonal domain are consistent with other Indian studies that underscore the critical role of collegial support and workplace harmony as core motivators [10].
- **Intrinsic Momentum, Extrinsic Gaps**: While personal fulfilment and meaning remain high—aligning with Mukherjee & Chatterjee [7]—there is a shortfall in systemic support—training, staffing, autonomy—which perpetuates moderate extrinsic satisfaction.
- **Demographic Associations**: Significant associations with variables such as marital status, sole earning, children, residence, experience, education level, and posting highlight how personal and organizational contexts uniquely shape satisfaction. Comparable studies seldom delve as deeply into these nuances.
- **Voice for Systemic Change**: Nurses' qualitative inputs call for structural improvements: better staffing, scheduling, security, infection control training, acknowledgement systems, and professional development—echoing Joseph et al. [8] and AP/UP discordance findings on the importance of training and recognition [10].

Implications for Practice

The convergence of our findings with existing literature suggests several actionable strategies:

- **Strengthen systemic infrastructure**: Address workload, improve staffing ratios, optimize shift planning, and ensure material availability.
- **Invest in recognition and advancement**: Create transparent promotion pathways, regular appreciation, and accessible continuing education—aligning with AP/UP gaps and Joseph et al.'s insights.
- **Leverage interpersonal strengths**: Foster team-based interventions and peer support, building on the already robust collegial environment.
- **Tailor support based on demographic contexts**: Recognize that personal circumstances influence satisfaction and might need flexible supportive policies.

Conclusion

Based on the quantitative and qualitative findings, it can be concluded that job satisfaction among nursing personnel at R.G. Kar Medical College and Hospital is influenced by a combination of intrinsic, extrinsic, and interpersonal factors. While nurses generally reported moderate to high satisfaction in intrinsic and extrinsic domains,

interpersonal relationships emerged as the strongest contributor to overall job satisfaction.

Socio-demographic characteristics such as marital status, number of earning members, presence of children, years of experience, residence, educational qualification, and place of posting were significantly associated with variations in satisfaction levels, highlighting the role of personal and professional context. Qualitative insights further emphasized the impact of workload, staffing patterns, security, infection control, recognition, remuneration, and opportunities for professional development on nurses' work experience. Collectively, these results suggest that interventions aimed at improving staffing adequacy, work environment, professional growth opportunities, recognition, and organizational support are essential to enhance overall job satisfaction and well-being among nursing personnel.

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