

## **Transforming Healthcare Infrastructure Management in Kerala: Innovations, Challenges, and the Path to a Resilient Future**

*Discipline: Commerce*

**Ms. Ananya. P**

Research Scholar, Department of Commerce,  
Karyavattom Campus, University of Kerala, India  
Email: ananyaprasad1116@gmail.com

**Dr. R. Vasanthagopal**

Senior Professor & Dean,  
Faculty of Management Studies, University of Kerala, India

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### **Abstract**

This study examined the relationships between job satisfaction, organisational commitment, employee engagement, and turnover intentions among hospital employees (N = 324). A one-way ANOVA revealed significant differences in job satisfaction by department,  $F(2, 321) = 3.13$ ,  $p = .045$ , with the Administration department reporting significantly higher job satisfaction than the Nursing department. A Pearson correlation indicated a positive, moderate association between job satisfaction and organisational commitment ( $r = 0.52$ ,  $p < .01$ ). Multiple regression analysis showed that job satisfaction significantly predicted employee engagement ( $\hat{\alpha} = 0.48$ ,  $p < .001$ ) even when controlling for age and tenure ( $R^2 = 0.29$ ,  $F(3, 320) = 44.83$ ,  $p < .001$ ). At the same time, the demographic variables were not significant predictors. Furthermore, mediation analysis demonstrated that organisational commitment fully mediated the relationship between job satisfaction and turnover intentions. The direct effect of job satisfaction on turnover intentions ( $B = -0.32$ ,  $p < .001$ ) became non-significant ( $B = -0.06$ ,  $p = 0.506$ ) when the organisational commitment was included, and the bootstrap indirect effect was significant ( $B = -0.26$ , 95% CI  $[-0.36, -0.18]$ ,  $p < .001$ ). These findings underscore the importance of improving job satisfaction to enhance engagement, strengthen organisational commitment, and subsequently reduce turnover intentions. Targeted interventions that foster a supportive work environment may yield long-term benefits in workforce stability and organisational performance.

**Keywords:** Job Satisfaction, Organizational Commitment, Employee Engagement, Turnover Intentions, Healthcare Workforce, Mediation Analysis.

## Introduction

In India, the state of Kerala has been historically known for its strong healthcare indicators, higher literacy levels, and a primary healthcare system that provides universal access to services (Acharya et al., 2021; Rakesh et al., 2022). However, new challenges—intensified by the COVID-19 pandemic—have revealed vulnerabilities in the management of healthcare infrastructure, such as [the need to] integrate technological innovations, enhance resource distribution, and bolster healthcare facilities' resilience (Krishna & Malhotra, 2021; Sreeram & Menon, 2023). In recent years, the narrative has evolved from simply growing physical infrastructure to enabling a more agile, data-driven, people-centric ecosystem that can be more resilient to crises, from pandemics to natural disasters. Recognising the need for robust systems, the focus has often shifted toward ensuring widespread adoption of digital health tools, better supply chain management and strong governance frameworks to ensure efficient resource allocation and utilisation (Nair et al., 2022). Changes are designed to improve care delivery, promote patient safety, and address emerging community health needs. United Nations (2020) highlights the importance of resilient health infrastructure. However, the transition to this stage remains influenced by multiple initiatives that create variability in resource opportunities, reporting variability when handling patient loads during pandemic surges, and balance between cost versus quality (Acharya et al., 2021; Krishna & Malhotra, 2021).

As Kerala continues on its journey, the complement of technological innovation with policy action will be crucial to building a future-ready healthcare infrastructure. With its ability to glean lessons from the pandemic, encourage public-private partnerships, and cultivate a culture of continuous improvement, Kerala is well-positioned to be a beacon not just for other Indian states but for communities around the world grappling with comparable health system challenges (Rakesh et al., 2022; Sreeram & Menon, 2023). In the end, the way to a resistive future can be followed through strategic investments, multi-stakeholder partnerships, and a far-sighted approach to healthcare framework administration that is responsive, comprehensive, and sustainable.

## Statement of the Problem

The management of healthcare infrastructure in Kerala is facing the challenge of treating multiple health emergencies and expanding service delivery against the backdrop of socio-economic changes. Even though Kerala has historically performed well on various public health indices, the infrastructure to support these indicators has not evolved in line with new health threats, demographic changes, and expectations for quality health care (Acharya et al., 2021; Krishna & Malhotra 2021). The COVID-19 pandemic, for example, highlighted entrenched weaknesses in supply chain coordination, data

integration, and resource allocation, placing immense pressure on frontline facilities and healthcare providers (Nair et al., 2022; Sreeram & Menon, 2023). Moreover, persistent region-specific disparities in the accessibility of healthcare services, alongside an inability to ramp up services quickly during periods of mass demand, showcase the immediacy for structural changes as well as innovative management practices that go beyond traditional healthcare delivery structures (Rakesh et al., 2022; Thomas & Devika, 2021). Conventional strategies (which primarily revolve around physical infrastructure expansion) struggle to contend with the current and prospective healthcare complexities and dynamics (Krishna & Malhotra, 2021; Sreeram & Menon, 2023). The absence of integrated digital health systems, strong data analytics capabilities, and flexible governance frameworks also impedes the timely utilisation of resources and leads to a poor response to acute disruptions (Nair et al., 2022; Thomas & Devika, 2021). All these interrelated issues demand a paradigm shift towards a holistic, resilient and technology-oriented infrastructure management strategy that can effectively cater to the health-seeking behaviour of Kerala populations today and in the future.

### **Need and Significance of the Study**

Kerala has rightly been celebrated for its primary health achievements and coverage. However, the challenge is now coming: its healthcare infrastructure has to prove its mettle in terms of resilience and adaptation. These are: Recent health crises such as the COVID-19 pandemic exposed systemic weaknesses in the sectors of infrastructure management, digital connectivity, and strategic resource allocation which need to be addressed in order to maintain quality operational care under duress (Joseph & Abraham, 2022; Varghese & Suresh, 2021). All these gaps need to be bridged by a concerted integration of the innovations as telemedicine, scalable digital health platform, robust supply chain system, and evidence-based policy framework to achieve the sustainable system resilience (Kumar & Babu, 2023; Pillai et al., 2022). The importance of examining the transformation of Kerala's healthcare infrastructure is manifold. Firstly, identifying the factors that influenced effective technology integration and resource optimisation has the potential to act as a model for other integrated healthcare systems and regions facing similar challenges and thus contribute to strengthening global health systems (John et al., 2023). Second, considerations of policy reforms, administrative strategies, and collaborative models from stakeholders will offer guidelines on how Kerala can prepare and respond to future health emergencies while limiting disruptions to patient care (Kumar & Babu, 2023; Pillai et al., 2022). We believe that finally, rich empirical evidence from a state like Kerala, which is resource-constrained yet also an innovator, can support pioneering tailored interventions that are not only sustainable, equitable and culturally sensitive but also more likely to improve patient outcomes and enhance community wellbeing (Joseph & Abraham, 2022; Varghese & Suresh, 2021).

## Theoretical Background of The Study

The transformation of the management of healthcare infrastructure as part of the broader Kerala health system is based on several theoretical frameworks and conceptual models that inform and guide the understanding of the complexities that need to be addressed, the interventions required, and the anticipated outcomes. A fundamental viewpoint is systems thinking and complexity theory, which proposes that the healthcare infrastructure operates as a complex adaptive system of interrelated elements—enterprises, people, technologies, policies, and patients—that constantly interact and change (Rouse, 2021). From this point of view, even small additions (such as adding a new platform for a digital health application) can reverberate across the system and shape its ability to evolve, scale, and address new health needs. Complementary to this, another essential framework that guides this study is the theory of resilient healthcare systems, which refocuses attention on the health infrastructure's capacity to absorb shocks, reorganise functions, and deliver essential services during crises (Blanchet et al., 2021; Kruk et al., 2021). Resilience theory offers guidance on how infrastructure can be designed and managed to absorb acute stressors (including pandemics and natural disasters) and sustain or rapidly regain operational integrity. It moves the emphasis away from static, efficiency-dominated schemes to dynamic, learning-based paradigms that emphasise flexibility and sustainability. This theoretical background is further enriched with a socio-technical systems perspective. It acknowledges that the effectiveness of healthcare innovations—like telemedicine platforms or digital supply chain management tools—is contingent not just on the technical quality and robustness of the tools developed but also on factors relating to human agents, organisational culture, and workflow integration (Carayon & Hoonakker, 2021; Shaw et al., 2021). The socio-technical framework promotes the design and actualisation of solutions that are user-centric, context-aware, and sustainable in the long run because it looks into both technology and human aspects. These perspectives—systems and complexity thinking, resilience theory and socio-technical approaches—offer useful holistic lenses to conceptualize both the current situation and the pathways towards healing and transforming the speculative landscape of managing healthcare infrastructure in Kerala. This emphasises adaptive governance, continuous learning, stakeholder involvement and iterative approaches. Applying these strategies allows policymakers, health administrators and researchers to effectively anticipate challenges, optimize innovations, and design resilient health systems that can effectively respond to existing and future needs.

## Contemporary Insights into Healthcare Workforce Dynamics

Recent work in this area, we first focus on the interrelations between major psychosocial variables in healthcare organizations, including job satisfaction, organizational commitment, employee engagement and intentions to leave. Job satisfaction - frequently defined as an employee's total fulfillment with their assignments, payment, and workplace - continues to be just one of the most basic prerequisites of both health professional wellbeing and individual focused treatment (Agyemang & Boateng, 2021; Jiang et al., 2022). In practice, improving job satisfaction is considered a strategic goal, especially given the proximity between the quality-of-service delivery in a healthcare context, and the motivation and emotional state of health care professionals. In addition to boosting workforce morale, increased job satisfaction has been associated with reduced turnover intentions and enhanced organizational citizenship behaviors, teamwork, and communication among medical personnel (Suhonen et al., 2021).

Employee's attitudes are significantly associated with organizational members' performance in pursuing organizational goals (Guo et al., 2023). Organizational commitment refers to an employee's sense of belonging or attachment to the organization, which serves as a key moderator between job satisfaction and subsequent attitudinal behaviors (Jin et al., 2022; Nikiina et al., 2022). When healthcare employees believe in the mission of their institutions and perceive their leaders as equitable, supportive and fair, they stay with the organizations in which they work, stay committed in times of crisis and are always striving for excellence in performance. Additionally, researchers posit that organizational commitment can moderate the relationship between job satisfaction and engagement, creating a context where healthcare workers are willing to invest extra discretionary effort, originality, and dedication into their work (Folami & Bammeke, 2022).

As a concept, employee engagement (vigor, dedication, and absorption at work) has also gained traction among researchers of the healthcare workforce (Finney et al., 2023). Engagement increases not only day-to-day job performance but also long-term career sustainability, reducing stress and burnout, significant contributors to turnover. High engagement can also serve as a protective buffer against the impact of high patient demands in health systems, which are under widespread resource constraints and workforce shortages, conditions that are being further aggravated by global health crises. Engaged employees are better placed to respond to changing needs, adopt new technologies, and maintain quality standards in challenging environments (Poku et al., 2023).

On the flip side, turnover intentions endanger organizational stability and service continuity. The literature has long affirmed the negative impact of turnover on patient

satisfaction, care quality, and institutional reputation by disrupting continuity of care and putting more pressure on staff who remain (Carollo et al., 2021; Xerri & Brunetto, 2022). It is essential for organizations to pinpoint the precursors of turnover intentions, especially in relation to the influence of job satisfaction and organizational commitment, to design effective retention strategies. Studies suggest that in doing so, we can reduce turnover intentions by addressing the work climate, professional development opportunities, and internal communication, ultimately resulting in a more stable, highly-functioning workforce (Wong et al., 2023).

All together they show the complexity and interrelatedness of human resource issues in HCOs. As hospitals and health systems contend with an increasingly uncertain landscape, lessons learned in this challenging empirical environment can inform evidence-based management practices. This understanding allows leaders to create integrated strategies that promote a healthy, engaged and committed employee force, ultimately reducing turnover intentions.

### Objectives

1. To investigate the job satisfaction among the Nursing, Administration, and Medical Staff in healthcare industry.
2. To examine the effect of Job Satisfaction on Organizational Commitment among healthcare personnel.
3. To examine the effect of Job Satisfaction on Employee Engagement, controlling for Age and Tenure.
4. To investigate whether Organizational Commitment mediates the relationship between Job Satisfaction and Turnover Intentions.

***To compare the mean level of Job Satisfaction across three hospital departments***

### Analysis 1: ANOVA

Table 1.1: Descriptive Statistics for Job Satisfaction by Department (N = 324)

Department	n	Mean (Job Satisfaction)	SD
Nursing	108	4.23	0.56
Administration	108	4.05	0.62
Medical Staff	108	4.1	0.58
<b>Total</b>	<b>324</b>	<b>4.13</b>	<b>0.59</b>

Table 1.2: One-Way ANOVA Results for Job Satisfaction by Department

Source	SS	df	MS	F	p-value
Between Groups	2.15	2	1.075	3.13	0.045*
Within Groups	110.31	321	0.344		
Total	112.46	323			

An ANOVA tests is used to identify if there were statistically significant differences in means in job satisfaction between three hospital departments (Nursing, Administration, and Medical Staff). The Nursing department scored highest in terms of job satisfaction ( $M = 4.23$ ,  $SD = 0.56$ ), the Medical Staff department second ( $M = 4.10$ ,  $SD = 0.58$ ) and the Administration department scored ( $M = 4.05$ ,  $SD = 0.62$ ), as evidenced by the descriptive statistics (Table 1.1). Though the average differences might seem small, ANOVA could tell us whether those differences are more likely real group differences or just flukes. An ANOVA indicated a statistically significant difference between the three departmental groups,  $F(2, 321) = 3.13$ ,  $p = 0.045$ ; see Table 1.2. As the p-value under 0.05, you can infer that at least one of the departments is different in job satisfaction from the others. So the finding suggests that the factors in departments may influence what employees believe about their job environment, rewards and satisfaction. So after our exploration, we can say that if we look at its mean values inclusive as well, it is necessarily indicating a higher level of Satisfaction with Job in Nursing department members, and these results suggest that they can be statistically more satisfied from Job, than their counterparts in Administration department. It is important for hospital management and human resources departments to understand these differences and be able to use these targeted interventions (improved workplace support, broader or enhanced professional development opportunities, policy changes) to increase job satisfaction in potentially the lower domains. To summarize, the ANOVA results indicate that department-specific factors significantly shape the satisfaction levels of staff employed in the hospital, illuminating the comparative effects of different departments on the overall wellbeing of employees.

***To determine the relationship between Job Satisfaction and Organizational Commitment among hospital employees.***

## Analysis 2: Correlation

Table 2.1: Descriptive Statistics for Variables (N = 324)

Variable	Mean	SD
Job Satisfaction	4.13	0.59
Organizational Commitment	4.28	0.63

Table 2.2: Pearson Correlation Matrix

	1. Job Satisfaction	2. Organizational Commitment
1. Job Satisfaction	1	0.52**
2. Organizational Commitment	0.52**	1

To determine the association between job satisfaction of hospital employees and their organisational commitment, Pearson correlation analysis was employed. Job satisfaction scores ( $M = 4.13$ ,  $SD = 0.59$ ), organizational commitment ( $M = 4.28$ ,  $SD = 0.63$ ): TABLE 2.1. Table 2 Descriptive statistics for job satisfaction and organisational commitment As shown in TABLE 2.1, the means of the two variables; organizational commitment and job satisfaction were above average. This implies that, overall, hospital employees feel satisfied with their work and are committed to their employing organization. Identifying Relationships — Correlation Looking at the correlation matrix (see Table 2.2), we can observe that there is a moderate-to-strong positive relationship between job satisfaction and organizational commitment ( $r = 0.52$ ,  $p < 0.01$ ). This correlation coefficient of 0.52 indicates that as the perceived level of employees' job satisfaction increases, the level of organizational commitment that the employees exhibit also tends to increase. Put, those who are more satisfied not only with their positions but also with their work environments and overall work conditions are naturally more loyal and want to stay with the institution. What may be practically most useful about this finding, however, is that it points out the importance of people making sure they help to create a supportive and interesting culture in their workplace as well. It is widely presumed that efforts to enhance job satisfaction—by providing prospects for growth



in professional knowledge and skills, rewards for excellent performance, appropriate value of the job and a favourable organisational environment—will become conducive to improved organisational commitment. As a result, employees with increased levels of connectedness and commitment are likely to stay with the hospital long-term, yielding stable workforce outcomes, better quality patient care and overall improved organizational effectiveness.

***To examine the effect of Job Satisfaction on Employee Engagement, controlling for Age and Tenure.***

### **Analysis 3: Regression**

Table 3.1: Descriptive Statistics for Variables (N = 324)

<b>Variable</b>	<b>Mean</b>	<b>SD</b>
Job Satisfaction	4.13	0.59
Employee Engagement	4.35	0.57
Age (years)	36.2	8.1
Tenure (years)	7.4	5.2

Table 3.2: Multiple Regression of Job Satisfaction Predicting Employee Engagement Controlling for Age and Tenure

<b>Predictor</b>	<b>B</b>	<b>SE(B)</b>	<b><math>\beta</math></b>	<b>t</b>	<b>p-value</b>
Constant	2.85	0.28	—	10.18	<.001
Age	0.002	0.003	0.05	0.67	0.503
Tenure	0.007	0.004	0.1	1.75	0.081
Job Satisfaction	0.36	0.05	0.48	7.2	<.001**

Model Statistics:  $R^2 = 0.29$ ,  $F(3, 320) = 44.83$ ,  $p < .001$ .

Utilizing multiple regression to determine whether job satisfaction predicted employee engagement controlling for age and tenure. Particularly as detailed in the descriptive statistics (section 3.1) the job satisfaction level ( $M = 4.13$ ,  $SD = 0.59$ ) and employee engagement level ( $M = 4.35$ ,  $SD = 0.57$ ) were relatively high. In this sample,

the 104 staff members were on average 36.2 (SD = 8.1) years-old and had been working for the organization for an average of 7.4 (SD = 5.2) years. The output of the regression model presented in Table 3.2 indicates that job satisfaction is a significant predictor of employee engagement. Holding constant age and tenure, job satisfaction had a significant positive effect ( $\hat{\alpha} = 0.48$ ,  $p < .001$ , meaning that there is a positive correlation between job satisfaction and employee engagement; the higher the job satisfaction, the higher the employee engagement. Age ( $\hat{\alpha} = 0.05$ ,  $p = 0.503$ ) and tenure ( $\hat{\alpha} = 0.10$ ,  $p = 0.081$ ) resultantly were not statistically significant predictors, suggesting further from this analytic that job satisfaction is a more proximal and impactful driver of employee engagement than the demographic variables in question. The overall model accounted for approximately 29% of the variance in employee engagement ( $R^2 = 0.29$ ,  $F(3, 320) = 44.83$ ,  $p < .001$ ). These findings underline the importance of investing in positive workplaces — those that improve how safe, satisfied and supported (by leaders, recognition, resources and alignment with goals) employees feel in different areas of their work. The mental and emotional attachment to work will increase, and employees will develop a sense of motivation and commitment towards the organisation as job satisfaction increases.

***To investigate whether Organizational Commitment mediates the relationship between Job Satisfaction and Turnover Intentions.***

#### **Analysis 4: Mediation**

**Mediation Model:** Job Satisfaction (X) → Organizational Commitment (M) → Turnover Intentions (Y)

Table 4.1: Descriptive Statistics for Mediation Variables (N = 324)

Variable	Mean	SD
Job Satisfaction (X)	4.13	0.59
Organizational Commitment (M)	4.28	0.63
Turnover Intentions (Y)	2.41	0.8

Table 4.2: Mediation Analysis Results  
(Using Ordinary Least Squares and Bootstrap)

Path	B	SE(B)	t	p-value
$X \rightarrow M$ (JS $\rightarrow$ OC)	0.58	0.06	9.67	<.001**
$M \rightarrow Y$ (OC $\rightarrow$ TI) controlling for X	-0.45	0.08	-5.63	<.001**
$X \rightarrow Y$ (JS $\rightarrow$ TI) without M	-0.32	0.07	-4.57	<.001**
$X \rightarrow Y$ (JS $\rightarrow$ TI) with M in model	-0.06	0.09	-0.67	0.506

**Bootstrap Indirect Effect ( $X'!M'!Y$ ):**  $B = -0.26$ , 95% CI  $[-0.36, -0.18]$ ,  $p < .001$ .

Organisational commitment mediates the relationship between job satisfaction and turnover intentions.: a mediation analysis was performed. According to the descriptive indicators (Table 4.1), the employees of the sampled employees ( $N = 418$ ) showed moderate ( $M = 4.13$ ,  $SD = 0.59$ ) to high levels of job satisfaction ( $M = 4.28$ ,  $SD = 0.63$ ) and organizational commitment. Their turnover intentions were low ( $M = 2.41$ ,  $SD = 0.80$ ) at the same time. The mediation analysis results are given in Table 4.2 showing a significant positive association between job satisfaction and organizational commitment ( $X'!M$ :  $B = 0.58$ ,  $p < .001$ ) and that they in turn are more likely to report higher organization commitment (Journal of Management, 2013). Moreover, when controlling for job satisfaction, organizational commitment was substantially related to lower intentions to leave the organization ( $M'!Y$ :  $B = -0.45$ ,  $p < .001$ ), showing that intention of outgoing decreases with commitment to organization. An unwise perspective of the relationship between job satisfaction and turnover intentions directly is to sum the mediator and state that when job satisfaction is low, turnover intentions are high ( $X'!Y$  not mediated by M:  $B = -0.32$ ,  $p < .001$ ). Nevertheless, the direct influence of job satisfaction on turnover intentions is no longer significant ( $X'!Y$  with M:  $B = -0.06$ ,  $p = 0.506$ ) in the model including organizational commitment. That means organization commitment mediates the relationship between job satisfaction and employees' intention to leave. Bootstrap analysis of the indirect effect ( $X'!M'!Y$ ) provides further evidence that complete mediation had occurred. The indirect effect was significant ( $B = -0.26$ , 95% CI  $[-0.36, -0.18]$ ,  $p < .001$ ), indicating that the effect of job satisfaction on turnover intentions was largely explained by changes in organisational commitment. Put differently, employees feel satisfied with their jobs leading to a stronger organisational identity and similarly; water protects employees from leaving the organisation. These findings not only emphasize the significance of job satisfaction as an employee retention strategy, but are also noteworthy in terms of the commitment and loyalty fostered in the workplace.

## Findings of the Study

### 1. ANOVA (Job Satisfaction Across Departments):

A one-way ANOVA revealed significant differences in mean job satisfaction among the three hospital departments (Nursing, Administration, Medical Staff):  $F(2, 321) = 3.13, p = .045$ . Post-hoc tests indicated that the Administration department reported significantly higher job satisfaction than the Nursing department.

### 2. Correlation (Job Satisfaction and Organizational Commitment):

A Pearson correlation analysis showed a moderate, positive relationship between job satisfaction and organizational commitment ( $r = 0.52, p < .01$ ). This suggests that as employees' job satisfaction increases, their organizational commitment tends to rise.

### 3. Regression (Effect of Job Satisfaction on Employee Engagement Controlling for Age and Tenure):

A multiple regression analysis examined the impact of job satisfaction on employee engagement while controlling for age and tenure. The model was significant,  $R^2 = 0.29, F(3, 320) = 44.83, p < .001$ . Job satisfaction emerged as a strong predictor of employee engagement ( $\hat{\alpha} = 0.48, p < .001$ ), while age and tenure were not significant predictors.

### 4. Mediation (Organizational Commitment as a Mediator):

A mediation analysis assessed whether organizational commitment mediated the relationship between job satisfaction and turnover intentions. Job satisfaction significantly predicted organizational commitment ( $B = 0.58, p < .001$ ), which in turn significantly predicted lower turnover intentions ( $B = -0.45, p < .001$ ). The previously significant direct effect of job satisfaction on turnover intentions ( $B = -0.32, p < .001$ ) became non-significant ( $B = -0.06, p = .506$ ) upon including organizational commitment. The bootstrap indirect effect was significant ( $B = -0.26, 95\% \text{ CI } [-0.36, -0.18], p < .001$ ), indicating complete mediation.

These findings demonstrate that department type influences employee job satisfaction, higher job satisfaction is associated with more outstanding organizational commitment, job satisfaction strongly predicts employee engagement even when controlling for demographics, and organizational commitment fully mediates the relationship between job satisfaction and turnover intentions.

## Conclusion

The results from this study reinforce the crucial significance of nurturing a beneficial and supportive environment in order to promote staff health and organizational welfare in the hospital context. First, the differences in job satisfaction observed across

departments showcase the importance of conducting department-specific interventions, as staff working in “Administration” reported greater satisfaction with their jobs compared to their counterparts in “Nursing,” indicating that contextual conditions, resources and management practices shape how employees evaluate their work experiences. Second, the strong positive correlation between job satisfaction and organizational commitment suggests that positive interventions to improve employees’ feelings of satisfaction-like recognition programs, professional growth opportunities, and fairer workload allocation-can bolster their loyalty and sense of attachment to the hospital. This assumption is further supported by the regression analysis, indicating that job satisfaction is a strong predictor of employee engagement when controlling for demographic variables, including age and tenure. This finding suggests that the ability of intrinsic job-related factors -as opposed to employee background -to engage workers in their jobs is more significant.

In conclusion, the mediation analysis indicates that the link between job satisfaction and turnover intentions is fully mediated by organizational commitment. When feeling positive about their work, employees are more committed to the organisation, leading to minimise their tendency to facts. Arguably, this pathway is not only wise in terms of transient outcomes, such as engagement and morale, but it is prudent as a strategic lever to address longer-term retention-linked problems and organisational stability overall. In summary, these findings are of practical importance to hospital administrators and policymakers. Focusing on the drivers of job satisfaction, especially in terms of supportive leadership, career development opportunities, fair compensation and recognition, can create a virtuous cycle of increased engagement and commitment and reduced turnover intentions. A holistic approach to wellbeing creates a sustainable environment that translates to more effective workforce management, improved patient outcomes, and a stronger healthcare organization.

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