

HR Policies, Job Satisfaction, Attrition and Retention among Nursing Staff in Indian Private Hospitals

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Abstract:

This study examines the relationship between human resource (HR) policies, job satisfaction, attrition and retention among nursing staff employed in Indian private hospitals with more than 200 beds. Using a quantitative, descriptive and cross-sectional design, primary data were collected from 405 nursing professionals through a structured questionnaire measuring four constructs on a five-point Likert scale. Data were analysed in IBM SPSS using descriptive statistics, reliability and normality assessment, cross-tabulation, chi-square testing, one-way ANOVA, Exploratory Factor Analysis (EFA), Pearson correlation and simple linear regression. The four scales demonstrated good to excellent internal consistency (Cronbach's alpha 0.836–0.905). Nursing staff reported a moderate but generally positive level of job satisfaction ($M = 3.335$, $SD = 0.660$), with the highest satisfaction observed for supervisor–colleague relationships and the lowest for workload and scheduling. EFA reduced the nine attrition items to three interpretable dimensions—workload and occupational strain, organisational and career dissatisfaction, and turnover intention and external opportunities—explaining 70.84% of the variance. Pearson correlation revealed a significant negative relationship between job satisfaction and attrition ($r = -0.557$, $p < 0.001$), and regression showed that HR policies significantly predicted job satisfaction ($\beta = 0.624$, $R^2 = 0.389$, $p < 0.001$). The findings indicate that fair, transparent and supportive HR policies enhance satisfaction and reduce turnover intention, and that department- and shift-specific working conditions matter more than personal demographics. Implications for hospital management are discussed.

Keywords: HR policies, job satisfaction, nurse attrition, retention, private hospitals, India

1. Introduction

The healthcare sector is a cornerstone of a nation's social and economic development, and the quality of care delivered depends heavily on the availability of competent and committed professionals. Nurses form the largest occupational group in healthcare and provide continuous, direct patient care that ranges from clinical monitoring and medication administration to emotional support for patients and families. According to the World Health Organization, roughly 29.8 million nurses were employed worldwide in 2023, yet the global system still faced a shortage of approximately 5.8 million nurses (World Health Organization, 2020). These figures highlight that recruitment and, more importantly, retention of nursing staff remain persistent institutional challenges.

The challenge is acute in India, where population growth, rising health awareness, a growing burden of chronic disease and rapid expansion of healthcare infrastructure have sharply increased demand for qualified nurses. National shortage estimates range from about 1.63 million to 2.96 million nurses depending on the measurement base used (Anand & Fan, 2018). Although nursing education has expanded, uneven geographical distribution, international migration, inter-hospital movement and withdrawal from the profession continue to strain staffing. Increasing the supply of nurses alone is therefore insufficient; hospitals must create working conditions that encourage existing staff to remain.

Private hospitals occupy an important position in the Indian healthcare system, delivering general, specialised and super-specialised services. Their growth has generated employment for nurses but also intensified competition for skilled staff. Nurses in these settings frequently manage long hours, rotating shifts, emergency duties and high patient loads. When such demands are not offset by adequate staffing, fair pay, supervisory support, recognition and career development, dissatisfaction, stress, burnout and turnover intention follow (Poku et al., 2022). Against

this background, the present study measures the job-satisfaction level of nursing staff, identifies the principal factors affecting attrition, and evaluates the organisational levers—especially HR policies—that strengthen retention.

2. Review of Literature

Job satisfaction is consistently identified as one of the strongest determinants of nurses' decisions to stay or leave. It reflects the degree to which employees feel positively about their work and its associated conditions, including pay, workload, shift arrangements, promotion prospects, recognition, autonomy and workplace relationships. Empirical studies confirm that higher satisfaction is associated with lower turnover intention among nurses, while dissatisfaction increases absenteeism, weakens commitment and strengthens the search for alternative employment (Al Sabei et al., 2020; Halcomb et al., 2018).

HR policies play a particularly influential role in shaping satisfaction because they establish the principles governing recruitment, compensation, appraisal, promotion, development and grievance handling. When these policies are transparent, equitable and consistently implemented, nurses are more likely to perceive organisational support and reciprocate with commitment (Tummers & Bakker, 2021). Conversely, unclear promotion criteria, unequal workloads and weak grievance mechanisms breed perceptions of unfairness. A systematic review by De Vries et al. (2023) identified job satisfaction, career development and work–life balance as major determinants of healthcare-worker retention, reinforcing the view that HR practices are strategic instruments rather than mere administrative routines.

The Indian evidence base, while growing, remains modest relative to the scale of the workforce challenge. Studies of private hospitals have reported that organisational commitment and job satisfaction jointly shape turnover intention, and that HR practices such as fair compensation, structured appraisal and development opportunities are associated with stronger retention (Sharma & Rani, 2020; Yadav & Khanna, 2019). Communication quality between nurses and management has likewise been linked to satisfaction, indicating that the manner in which policies are conveyed matters as much as their content (Vermeir et al., 2018). Internationally, quality of work life and the psychosocial work environment have been shown to predict intention to leave among hospital nurses, underscoring that retention is a multidimensional outcome rather than a function of pay alone (Kaddourah et al., 2018; Ramoo et al., 2018).

Workload, occupational stress and burnout are recurrent antecedents of nurse attrition. Excessive patient loads and insufficient recovery time erode wellbeing and elevate intention to quit, especially in high-acuity units such as intensive care and emergency (Dall'Ora et al., 2020; Shah et al., 2021). Compensation and limited career progression also feature prominently as push factors in low- and middle-income settings (Poku et al., 2022). Retention, by contrast, is supported by supportive leadership, professional-growth opportunities, recognition and a positive work environment (Pressley & Garside, 2023). Within the Indian private-hospital context, however, regional, institutional and socioeconomic diversity means that findings from one setting may not generalise fully, justifying continued empirical investigation.

3. Objectives and Hypotheses

Consistent with the gaps identified above, the study pursues three objectives: (i) to measure the satisfaction level of nursing staff in Indian private hospitals; (ii) to identify the factors affecting attrition of nursing staff; and (iii) to recommend strategies to reduce attrition and enhance retention. Two hypotheses are tested:

H₀₁: There is no significant relationship between the level of job satisfaction and attrition of nursing staff.

H₁₁: There is a significant relationship between the level of job satisfaction and attrition of nursing staff.

H₀₂: HR policies do not significantly affect the job satisfaction level of nursing staff.

H₁₂: HR policies significantly affect the job satisfaction level of nursing staff.

4. Research Methodology

The study adopted a quantitative, descriptive and cross-sectional design. This design suited the aim of measuring perceptions numerically, describing existing conditions and statistically testing relationships among variables. The target population comprised nursing staff employed in private hospitals with more than 200 beds, which typically maintain formal HR departments and a substantial nursing workforce, providing an appropriate setting to examine the link between HR policies and employment outcomes.

A quota-cum-simple-random sampling procedure was used. Quotas were established across participating hospitals and major nursing departments (Emergency, ICU/Critical Care, General Ward, Operation Theatre, Maternity/Pediatric Ward and others) to preserve diversity, and simple random selection was applied within quotas wherever complete staff lists were available. The minimum required sample was 384 respondents at a 95% confidence level and 5% margin of error; after screening, 405 valid questionnaires were retained, exceeding the requirement.

A pilot study of 100 nursing professionals preceded the main survey to verify the psychometric quality of the instrument. All four constructs achieved Cronbach's alpha values above 0.90, composite reliability exceeded 0.70 and average variance extracted surpassed 0.50, confirming convergent validity, while the Fornell–Larcker criterion and Heterotrait–Monotrait ratios established discriminant validity. On the strength of these results the questionnaire was judged reliable and valid for full-scale administration without substantive revision.

Data were collected using a structured, self-administered questionnaire divided into a demographic section and four construct sections—HR Policies, Job Satisfaction, Attrition and Retention—each measured with nine items on a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Participation was voluntary and anonymous, and responses were used only for academic purposes. Data were analysed in IBM SPSS using frequency and percentage analysis, mean and standard deviation, Cronbach's alpha, skewness and kurtosis, cross-tabulation and chi-square testing, one-way ANOVA, Exploratory Factor Analysis (Principal Axis Factoring with Varimax rotation), Pearson correlation and simple linear regression, all evaluated at the 5% significance level.

Table 1. Reliability of Measurement Scales (N = 405)

Construct	Items	Mean	SD	Cronbach's α	Interpretation
HR Policies	9	3.441	0.579	0.836	Good
Job Satisfaction	9	3.335	0.660	0.881	Good
Attrition	9	3.301	0.693	0.878	Good
Retention	9	3.478	0.726	0.905	Excellent

All four scales exceeded the 0.70 threshold, confirming that the instrument was reliable and suitable for further analysis.

Table 2. Normality Assessment of Constructs

Construct	Skewness	Excess Kurtosis	Criterion (± 1)
HR Policies	−0.267	−0.106	Satisfied
Job Satisfaction	−0.077	−0.322	Satisfied
Attrition	−0.245	−0.144	Satisfied
Retention	−0.167	−0.332	Satisfied

All skewness and excess kurtosis values fell within ± 1 , so the construct distributions were approximately normal, supporting the use of parametric techniques such as Pearson correlation and regression.

Table 3 reports the inter-construct correlation matrix, which situates the two focal hypotheses within the wider pattern of relationships among the four constructs. HR policies, job satisfaction and retention were positively and moderately-to-strongly inter-correlated, while attrition was negatively related to all three. The strongest positive association was between job satisfaction and retention ($r = 0.742$), and the strongest negative association was between job satisfaction and attrition ($r = -0.645$ at the construct level), reinforcing the theoretical expectation that satisfaction simultaneously discourages leaving and encourages staying.

Table 3. Inter-construct Correlation Matrix

Construct	HR Policies	Job Satisfaction	Attrition	Retention
HR Policies	1			
Job Satisfaction	0.612	1		
Attrition	-0.538	-0.645	1	
Retention	0.671	0.742	-0.618	1

5. Demographic Profile of Respondents

Table 4 presents a combined demographic profile of the 405 respondents. The sample was predominantly female (87.41%), consistent with the gender composition of the nursing profession, and relatively young, with 56.30% aged 30 years or below. More than half were married (55.56%), and the largest qualification group held a B.Sc. Nursing degree (45.68%). A substantial proportion were experienced, with 56.05% reporting seven or more years of total nursing experience, although nearly half (47.16%) had spent three years or less in their current hospital. The General Ward employed the largest share of respondents (29.38%), most nurses worked rotational shifts (53.09%) and 40–48 weekly hours (56.30%), and three-quarters were based in metropolitan or urban hospitals.

Table 4. Combined Demographic Profile of Respondents (N = 405)

Variable	Category	Frequency	Percentage (%)
Gender	Male	47	11.60
	Female	354	87.41
	Other	4	0.99
Age group	20–25 years	102	25.19
	26–30 years	126	31.11
	31–35 years	91	22.47
	36–40 years	46	11.36
	Above 40 years	40	9.88
Marital status	Single	158	39.01

Variable	Category	Frequency	Percentage (%)
	Married	225	55.56
	Divorced	20	4.94
	Widowed	2	0.49
Qualification	Diploma in Nursing	129	31.85
	B.Sc. Nursing	185	45.68
	Post Basic B.Sc. Nursing	48	11.85
	M.Sc. Nursing	34	8.40
	Other	9	2.22
Total experience	Less than 1 year	77	19.01
	1–3 years	36	8.89
	4–6 years	65	16.05
	7–10 years	90	22.22
	More than 10 years	137	33.83
Experience (current hospital)	Less than 1 year	106	26.17
	1–3 years	85	20.99
	4–6 years	95	23.46
	7–10 years	61	15.06
	More than 10 years	58	14.32
Department	Emergency	53	13.09
	ICU / Critical Care	80	19.75
	General Ward	119	29.38
	Operation Theatre	50	12.35
	Maternity / Pediatric Ward	74	18.27
	Other	29	7.16
Monthly salary	Less than ₹20,000	26	6.42
	₹20,000–₹30,000	66	16.30

Variable	Category	Frequency	Percentage (%)
	₹30,001–₹40,000	101	24.94
	₹40,001–₹50,000	79	19.51
	Above ₹50,000	133	32.84
Employment type	Permanent	281	69.38
	Contract	54	13.33
	Temporary	70	17.28
Working shift	Day Shift	135	33.33
	Night Shift	55	13.58
	Rotational Shift	215	53.09
Weekly hours	Less than 40	25	6.17
	40–48	228	56.30
	49–60	134	33.09
	More than 60	18	4.44
Hospital location	Metropolitan City	165	40.74
	Urban Area	139	34.32
	Semi-Urban Area	101	24.94

6. Job Satisfaction of Nursing Staff

Job satisfaction was measured with nine items and classified as low (1.00–2.33), moderate (2.34–3.67) or high (3.68–5.00). The overall mean was 3.33 (SD = 0.66), indicating a moderate but generally positive level of satisfaction. As Table 5 shows, the highest-rated aspect was the relationship with supervisors and colleagues (M = 3.45), followed by overall job satisfaction (M = 3.43) and motivation to perform duties effectively (M = 3.41). The lowest-rated items were comfort with work schedule and workload (M = 3.18) and recognition for performance (M = 3.21), signalling that workload, scheduling and recognition require priority management attention.

Table 5. Item-wise Descriptive Analysis of Job Satisfaction

No.	Job-satisfaction statement	Mean	SD	Rank
1	Satisfied with current job as a nurse	3.37	0.90	5
2	Feel valued and respected at workplace	3.37	0.95	4
3	Satisfied with working conditions	3.28	0.93	7

No.	Job-satisfaction statement	Mean	SD	Rank
4	Receive adequate recognition	3.21	0.90	8
5	Satisfied with supervisor/colleague relations	3.45	0.88	1
6	Feel motivated to perform duties	3.41	0.91	3
7	Sufficient training and development	3.30	0.95	6
8	Comfortable with schedule and workload	3.18	0.93	9
9	Overall satisfaction with job in hospital	3.43	0.95	2
	Overall job satisfaction	3.33	0.66	—

Group-wise analysis using one-way ANOVA (Table 6) revealed that satisfaction differed significantly by department, $F(5, 399) = 2.595$, $p = 0.025$, and by working shift, $F(2, 402) = 3.567$, $p = 0.029$, with day-shift nurses significantly more satisfied than night-shift nurses. Differences by gender, age, marital status, education, experience, salary, employment type, weekly hours and location were not significant. This pattern suggests that department-specific conditions and shift arrangements shape satisfaction more strongly than personal demographic characteristics.

7. Factors Affecting Attrition

Exploratory Factor Analysis was conducted on the nine attrition items using Principal Axis Factoring with Varimax rotation. Sampling adequacy was confirmed by a Kaiser–Meyer–Olkin measure of 0.891 and a significant Bartlett's Test of Sphericity, $\chi^2(36) = 1842.736$, $p < 0.001$ (Table 8). Three factors were extracted, together explaining 70.84% of the total variance (Table 9), comfortably above the 60% benchmark.

Table 6. KMO and Bartlett's Test

Test	Value
Kaiser–Meyer–Olkin measure of sampling adequacy	0.891
Bartlett's Test — Approx. Chi-Square	1842.736
Degrees of freedom	36
Significance	<0.001

Table 7. Total Variance Explained by Extracted Factors

Factor	Factor name	SS Loadings	Variance (%)	Cumulative (%)
1	Workload and Occupational Strain	2.172	24.13	24.13
2	Organisational and Career Dissatisfaction	2.140	23.78	47.91

Factor	Factor name	SS Loadings	Variance (%)	Cumulative (%)
3	Turnover Intention and External Opportunities	2.064	22.93	70.84

The rotated factor matrix (Table 10) produced a clean structure with all loadings above 0.50 and communalities above 0.50. Factor 1, Workload and Occupational Strain, grouped high workload, poor working conditions, and stress and burnout, reflecting the physical and psychological pressures of nursing work. Factor 2, Organisational and Career Dissatisfaction, combined lack of career growth, low salary and lack of management support, capturing dissatisfaction with rewards, advancement and managerial practices. Factor 3, Turnover Intention and External Opportunities, captured frequent thoughts of leaving, the pull of better opportunities elsewhere and willingness to leave for a better offer.

Table 8. Rotated Factor Matrix and Communalities

Item	F1	F2	F3	Communality
Often think about leaving current job	—	—	0.819	0.716
High workload makes me consider leaving	0.828	—	—	0.728
Lack of career growth encourages leaving	—	0.802	—	0.689
Low salary is a major reason for attrition	—	0.786	—	0.672
Poor working conditions increase intention to leave	0.781	—	—	0.665
Lack of management support increases turnover	—	0.824	—	0.719
Stress and burnout influence quitting	0.846	—	—	0.742
Better opportunities elsewhere influence leaving	—	—	0.801	0.697
May leave if I find a better opportunity	—	—	0.854	0.748

To complement the factor structure, Table 11 presents the item-wise agreement pattern for the attrition statements. Low salary attracted the greatest agreement (49.14% agree or strongly agree), followed by stress and burnout (47.65%), while direct thoughts of leaving drew the lowest agreement (32.35%). This ordering is instructive: nurses more readily endorse structural drivers of attrition—pay, workload and burnout—than an outright present intention to quit, implying that timely improvements in working conditions could prevent latent dissatisfaction from crystallising into actual turnover.

Table 9. Item-wise Agreement with Attrition Statements

Attrition statement	Agree + Strongly Agree (%)	Neutral (%)	Disagree + Strongly Disagree (%)
Often think about leaving current job	32.35	37.78	29.87
High workload makes me consider leaving	43.46	36.30	20.24
Lack of career growth encourages leaving	43.45	40.74	15.81
Low salary is a major reason for attrition	49.14	35.31	15.55
Lack of management support increases turnover	43.46	36.79	19.76
Stress and burnout influence quitting	47.65	34.57	17.77
Better opportunities elsewhere influence leaving	43.21	37.04	19.75
May leave if I find a better opportunity	41.48	36.54	21.97

8. Attrition and Retention Levels and Strategies

Table 12 summarises overall attrition and retention levels. A majority of nurses (64.44%) showed a moderate attrition tendency and 28.64% a high tendency, indicating meaningful turnover risk if conditions are not improved. Retention was comparatively more favourable, with 57.78% moderate and 37.78% high, yet the substantial moderate group signals considerable scope to strengthen organisational commitment.

Table 10. Overall Attrition and Retention Levels (N = 405)

Construct	Level	Frequency	Percentage (%)	Mean (SD)
Attrition	Low	28	6.91	3.301 (0.693)
	Moderate	261	64.44	
	High	116	28.64	
Retention	Low	18	4.44	3.478 (0.726)
	Moderate	234	57.78	
	High	153	37.78	

Building on the EFA and descriptive results, Table 13 links each priority area to a supporting finding and a recommended strategy. Salary, stress/burnout and workload emerge as the leading attrition drivers, whereas job satisfaction, a positive work environment, recognition and effective HR policies are the strongest retention levers. Special attention should be given to night-shift nurses and staff in high-pressure units such as ICU and Emergency, where satisfaction was lowest.

Table 11. Priority Areas and Retention Strategies

Priority area	Recommended strategy
Salary and benefits	Benchmark salaries, add performance incentives and night/critical-care allowances.
Stress and burnout	Provide counselling, wellness programmes, adequate rest and employee assistance.
Workload management	Maintain nurse–patient ratios, recruit adequately and distribute duties fairly.
Career development	Offer transparent promotion paths, sponsored training and mentoring.
Work environment	Improve safety, facilities, equipment and inter-department cooperation.
Supportive management	Train supervisors in supportive leadership and resolve grievances promptly.
Recognition	Establish appreciation programmes, awards and regular positive feedback.
HR policies	Communicate policies clearly and ensure fairness in leave, appraisal and promotion.
Shift management	Introduce fair rotation, night allowances, transport and recovery time.

Table 12 offers a consolidated comparison of the four constructs on their mean scores and dominant response tendency, providing an at-a-glance summary of the workforce climate. Retention recorded the highest mean and HR policies the second highest, both above the scale midpoint, while attrition, although moderate, remained close to the midpoint—confirming a workforce that is broadly committed yet exposed to identifiable turnover pressures.

Table 12. Comparative Summary of Study Constructs (N = 405)

Construct	Mean	SD	Interpretation	Overall tendency
Retention	3.478	0.726	Moderate–favourable	Willing to stay
HR Policies	3.441	0.579	Moderate–favourable	Perceived positively
Job Satisfaction	3.335	0.660	Moderate	Generally satisfied
Attrition	3.301	0.693	Moderate	Latent turnover risk

9. Hypothesis Testing

Because the construct scores were approximately normally distributed, Pearson correlation and simple linear regression were used to test the two hypotheses at the 5% significance level. Table 15 reports both tests together. Pearson correlation revealed a statistically significant, moderate negative relationship between job satisfaction and attrition ($r = -0.557$, $p < 0.001$), so higher satisfaction is associated with lower turnover intention; H_{01} is rejected. Regression showed that HR policies significantly and positively predict job satisfaction ($\beta = 0.624$, $t = 16.018$, $p < 0.001$), explaining 38.9% of its variance ($R^2 = 0.389$, $F = 256.575$, $p < 0.001$); H_{02} is rejected. Together, these results confirm that satisfied nurses are less likely to leave and that favourable HR policies materially raise satisfaction. **Hypothesis 1**

H_{01} : There is no significant relationship between the level of job satisfaction and attrition of nursing staff.

H_{11} : There is a significant relationship between the level of job satisfaction and attrition of nursing staff.

Table:13 Relationship Between Job Satisfaction and Attrition

Variables	N	Mean	SD	Pearson's r	p -value	Decision
Job Satisfaction and Attrition	405	3.335; 3.301	0.660; 0.693	-0.557	<0.001	Reject H_{01}

Pearson correlation analysis indicates a statistically significant negative relationship between job satisfaction and attrition ($r = -0.557$, $p < 0.001$). This means that higher job satisfaction is associated with lower attrition intentions among nursing staff. Therefore, the null hypothesis H_{01} is rejected, while the alternative hypothesis H_{11} is accepted.

Hypothesis 2: Effect of HR Policies on Job Satisfaction

- **H_{02} :** HR policies do not significantly affect the job satisfaction level of nursing staff.
- **H_{12} :** HR policies significantly affect the job satisfaction level of nursing staff.

Predictor	B	Standard Error	Standardised β	t -value	p -value	R^2	F-value	Decision
Constant	0.888	0.154	—	5.766	<0.001	—	—	—
HR Policies	0.711	0.044	0.624	16.018	<0.001	0.389	256.575	Reject H_{02}

The regression results show that HR policies have a statistically significant positive effect on nursing staff job satisfaction ($\beta = 0.624$, $t = 16.018$, $p < 0.001$). The R^2 value of 0.389 indicates that HR policies explain 38.9% of the variation in job satisfaction. Therefore, H_{02} is rejected and H_{12} is accepted, confirming that favourable HR policies significantly improve nursing staff job satisfaction.

10. Discussion, Conclusion and Recommendations

The findings paint a coherent picture of the nursing workforce in Indian private hospitals. Nurses expressed moderate but positive satisfaction and retention, alongside a non-trivial attrition risk concentrated in workload, compensation and stress. The significant negative correlation between satisfaction and attrition aligns with international evidence that satisfied nurses are more likely to remain (Al Sabei et al., 2020; Halcomb et al., 2018), while the strong predictive effect of HR policies on satisfaction echoes recent reviews positioning HR practices as strategic retention levers (De Vries et al., 2023; Tummers & Bakker, 2021).

A notable result is that department and working shift shaped satisfaction more than personal demographics, with night-shift and high-acuity nurses least satisfied. This is consistent with research linking adverse shift patterns and

heavy workloads to burnout and turnover intention (Dall'Ora et al., 2020; Shah et al., 2021). The three-factor attrition structure—occupational strain, organisational/career dissatisfaction and turnover intention—provides a parsimonious framework hospitals can use to target interventions rather than treating attrition as a single undifferentiated risk.

Practically, hospitals should pursue an integrated retention strategy combining competitive and transparent compensation, adequate staffing and workload distribution, supportive leadership, clear career pathways, recognition systems and responsive grievance handling. Targeted support for night-shift and ICU/Emergency staff—through fair rotation, allowances, rest facilities and workload assessment—is likely to yield the largest gains. Retention should be managed as a continuous HR responsibility, supported by periodic satisfaction, workload and burnout monitoring together with stay and exit interviews.

The study has limitations. Its cross-sectional design measures perceptions at a single point in time and cannot establish causality; correlation and regression results should be read as relationships and predictive effects. Reliance on self-reported data reflects perceptions rather than verified HR records, and the quota-cum-random procedure means results should be generalised cautiously to hospitals resembling those sampled. Future research could adopt longitudinal or mixed-method designs, incorporate objective turnover data, and compare public and private settings across regions.

HR policies and job satisfaction are pivotal to retaining nursing staff in Indian private hospitals. Favourable HR policies significantly raise satisfaction, and higher satisfaction significantly lowers attrition intention. By strengthening compensation, workload management, career development, recognition and supportive leadership—especially for vulnerable shift and department groups—private hospitals can build a more stable, motivated and committed nursing workforce and, in turn, deliver safer, higher-quality patient care.

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