Research Square

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The influencing factors of employee satisfaction in public hospitals: A cross- sectional study in China

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Abstract

Objective

This study is to investigate and assess the current state of employee satisfaction within a tertiary Grade A comprehensive public hospital in Anhui, China, examine the variations in satisfaction levels among different employee groups and identify the influencing factors, thereby providing empirical evidence to enhance employee satisfaction and facilitate the high-quality development of the hospital.

Methods

A cross-sectional study was performed among 1,444 participants from a tertiary comprehensive public hospital in Anhui, China, between May and June 2026. The Employee Satisfaction Questionnaire was used to tailor the disparities in overall satisfaction and the contributing factors across various groups were analyzed through one-way analysis of variance (ANOVA) and multiple linear regression analysis.

Results

The overall satisfaction score stood at (3.63 ± 0.74) on a 5-point scale, indicating a level above the average. The highest scores were observed in the dimensions of culture and interpersonal atmosphere, whereas the lowest scores were recorded in the dimensions of workload and return. Statistically significant differences in satisfaction were noted among employees with different job positions, professional titles, and lengths of work experience ($P < 0.05$). Multiple linear regression analysis revealed that workload and return ($\beta = 0.308$), job perception and sense of value ($\beta = 0.261$), and career development and support ($\beta = 0.194$) were the primary determinants influencing overall satisfaction ($P < 0.05$).

Conclusion

Participants satisfaction is at a level above the average. The imbalance between workload and return, coupled with obstructed career development pathways, represent the weakest aspects. Hospitals should prioritize reforms in the salary system, scientific allocation of human resources, and the establishment of career development pathways to systematically elevate employee satisfaction and secure talent support for the high-quality development of the hospital.

1. Introduction

In the new era of high-quality development of public hospitals in China, the internal management efficiency and talent construction level of hospitals have become the core focus of the reform and development of the medical industry[1, 2]. Participants satisfaction, as an important core dimension of

the performance evaluation system in China's tertiary public hospitals, is a key comprehensive indicator for objectively measuring the hospital's level of refined management, humanistic construction effectiveness, and internal governance capabilities[3]. Medical personnel are the core carriers of medical services, and their professional status and psychological experience directly determine the quality of clinical diagnosis and treatment, the efficiency of doctor-patient communication, and the overall level of medical services, which in turn profoundly affects patients' sense of medical satisfaction, satisfaction, and the hospital's social reputation. Multiple studies have confirmed a significant positive correlation between employee satisfaction and patient medical experience. For every 3% increase in medical staff satisfaction, patient satisfaction can correspondingly increase by 5%[4, 5]. This fully demonstrates that improving employee satisfaction is an important prerequisite for optimizing medical services, improving doctor-patient relationships, and consolidating the foundation of hospital services. It has important practical significance for promoting the sustainable and high-quality development of public hospitals.

At present, China's healthcare system continues to deepen reform, and the pressure of supply and demand for medical services continues to increase[6, 7]. The professional environment faced by medical staff in public hospitals is becoming increasingly complex, and low employee satisfaction has become a common industry problem in hospitals at all levels. On the one hand, frequent doctor-patient disputes and prominent conflicts of trust between doctors and patients have led to increased professional risks and increased occupational pressure for medical personnel, resulting in long-term high workload and high stress work conditions[8]; On the other hand, most public hospitals have management shortcomings such as uneven workload distribution, incomplete salary incentive systems, inadequate performance evaluation mechanisms, and limited career development channels, making it difficult to fully match the labor input and career demands of medical staff[9]. The superposition of multiple negative factors not only easily leads to problems such as occupational burnout and decreased work enthusiasm among medical staff, but also poses hidden dangers such as talent loss and insufficient team stability in hospitals, restricting the upgrading of hospital service capabilities and connotative development. Therefore, accurately solving the problem of employee satisfaction has become an urgent need for public hospital management.

At present, although there is a certain foundation for research on hospital employee satisfaction in China[10], most studies focus on analyzing the general situation, and research on the differentiation of satisfaction among different job positions, seniority, professional titles, age groups, and other segmented employee groups is relatively weak. The precise traceability of core influencing factors is not deep enough, making it difficult to adapt to the personalized management optimization needs of different hospitals. Based on this, this study takes a tertiary comprehensive public hospital in Anhui Province as the research object, and adopts a standardized questionnaire survey method to systematically investigate the overall satisfaction status of medical staff in the hospital. The focus is on comparing and analyzing the differences in satisfaction characteristics among different employee groups, and accurately mining the key core factors that affect employee satisfaction. This study aims to supplement empirical research data in the field of employee satisfaction in Chinese public hospitals, providing scientific decision-making basis for optimizing internal management mechanisms, improving

incentive systems, enhancing professional environments, and improving employee happiness. At the same time, it also provides reference for talent construction, promoting refined management, and achieving high-quality development in similar tertiary public hospitals.

2. Methods

2.1 study design and participants

Using cluster sampling method, a satisfaction questionnaire survey will be conducted on all on duty employees of a tertiary Grade A comprehensive public hospital in Anhui, China from May to June 2025. Randomly select employees based on their job nature, and survey a total of 1444 people including doctors, nurses, medical technicians, administrative staff, etc. The purpose and content of the survey have been fully communicated to the survey subjects and their consent has been sought during the survey process. The questionnaire survey did not collect any content that may expose identity information. The basic characteristics of the survey subjects are shown in Table 1.

2.2 Research instrument

This study is based on the satisfaction questionnaire of performance evaluation employees in national tertiary public hospitals, combined with the dimension division of Job Description Index (JDI)[11] and Minnesota Satisfaction Questionnaire (MSQ), and drawing on the survey scale framework adopted by Pana, B et al.[12], a survey scale is formed according to the actual situation. The questionnaire consists of 32 items and uses a 5-point Likert scale, with 1 point for strongly disagree, 2 points for strongly disagree, 3 points for generally agree, 4 points for strongly agree, and 5 points for strongly agree. The higher the score, the higher the satisfaction. Through principal component analysis, six dimensions were extracted: work cognition and sense of value (4 items), workload and reward (4 items), career development and support (3 items), management and leadership (5 items), operation and service quality (8 items), and cultural and interpersonal atmosphere (5 items). The Cronbach's alpha coefficient of the total scale is 0.87, and the Cronbach's alpha coefficients of all dimensions are greater than 0.70. The KMO test coefficient is 0.912, and the Bartlett sphericity test is $P < 0.001$, indicating that the scale has good reliability and validity.

2.3 Statistical Analysis

SPSS 26.0 software was used for data analysis. The measurement data is expressed as mean ± standard deviation ($\bar{X} \pm s$). Independent sample t-test is used for comparison between two groups, one-way analysis of variance (ANOVA) is used for comparison between multiple groups, and LSD test is used for pairwise comparison between groups. Adopting multiple linear stepwise regression analysis (introducing level $\alpha = 0.05$, excluding level $\alpha = 0.10$) to explore the influencing factors of satisfaction. Test level $\alpha = 0.05$.

3. Results

3.1 Participants characteristics

Table 1 shows the basic information of the participants, including gender, marital status, education level, job position, years of work experience, and professional title. Among the 1444 participants surveyed, women account for 60.53%, nearly 95% have a bachelor's degree or above, 73.8% are doctors and nurses, and nearly 60% have intermediate and above professional titles.

Table 1
Basic Characteristics of Paticipants (n = 1444)

Variable	Category	Number of Cases	Constituent Ratio (%)
Gender	Male	570	39.47
	Female	874	60.53
Marital Status	Unmarried	233	16.14
	Married	1185	82.06
	Divorced	24	1.66
	Widowed	2	0.14
Educational Level	Doctorate	99	6.86
	Master's Degree	420	29.09
	Bachelor's Degree	852	59.00
	Junior College and Below	73	5.06
Job Position	Physician	412	28.53
	Nurse	654	45.29
	Medical Technical Staff	180	12.47
	Administrative Staff	198	13.71
Working Years	≤ 5 Years	295	20.43
	6–10 Years	380	26.32
	11–15 Years	268	18.56
	16–20 Years	209	14.47
	> 20 Years	292	20.22
Professional Title	Senior Professor (Full Senior)	84	5.82
	Associate Senior	202	13.99
	Intermediate	580	40.17
	Junior and Below	578	40.03

3.2 Overall satisfaction

The overall employee satisfaction score is (3.63 ± 0.74) points, with a maximum score of 5 points, which is above average. The scores of each dimension, from high to low, are as follows: Culture and interpersonal atmosphere (4.02 ± 0.68), work cognition and sense of value (3.84 ± 0.72), operation and

service quality (3.79 ± 0.65), management and leadership (3.75 ± 0.70), career development and support (3.40 ± 0.81), and workload and return (2.87 ± 0.79) (Table 2).

Table 2
Satisfaction Scores of Each Dimension (n = 1444)

Dimension	Number of Items	Mean value	Standard Deviation
Work cognition and sense of value	4	3.84	0.72
Workload and return	4	2.87	0.79
Career Development and Support	3	3.40	0.81
Management and Leadership	5	3.75	0.70
Operation and Service Quality	8	3.79	0.65
Cultural and Interpersonal Atmosphere	5	4.02	0.68
Overall satisfaction	29	3.63	0.74

3.3 Single factor analysis of differences in satisfaction among different groups

3.3.1 Differences in satisfaction among different job groups

There is a statistically significant difference in overall satisfaction among employees in different positions ($F = 8.47$, $P < 0.001$). LSD pairwise comparison showed that the satisfaction of administrative staff was significantly higher than the other three groups ($P < 0.05$), while the satisfaction of nurses was significantly lower than that of doctors and medical technicians ($P < 0.001$). In terms of career development, doctors have the lowest satisfaction rate (3.21 points), with 16.02% of doctors feeling dissatisfied with their career development, significantly higher than other positions. In terms of workload, nurses scored the lowest (2.71 points), with 64.22% of nurses considering their workload to be too heavy (Table 3).

Table 3
Comparison of Overall Satisfaction and Dimension Scores of Employees in Different Positions ($\bar{X} \pm s$)

Dimension	Doctors(n = 412)	Nurses(n = 654)	Medical technicians(n = 180)	Administrative staff(n = 198)	F value	P value
Work cognition and sense of value	3.78 ± 0.69	3.81 ± 0.74	3.92 ± 0.68	3.95 ± 0.70	2.31	0.075
Workload and return	2.95 ± 0.76	2.71 ± 0.81	3.02 ± 0.72	3.08 ± 0.74	9.64	< 0.001
Career Development and Support	3.21 ± 0.85	3.45 ± 0.79	3.58 ± 0.76	3.62 ± 0.78	11.23	< 0.001
Management and Leadership	3.68 ± 0.72	3.72 ± 0.68	3.81 ± 0.70	3.94 ± 0.66	5.87	0.001
Operation and Service Quality	3.74 ± 0.64	3.75 ± 0.67	3.85 ± 0.60	3.92 ± 0.62	4.02	0.007
Cultural and Interpersonal Atmosphere	3.95 ± 0.70	4.01 ± 0.66	4.08 ± 0.65	4.15 ± 0.62	3.76	0.011
Overall satisfaction	3.58 ± 0.73	3.48 ± 0.76	3.67 ± 0.69	3.92 ± 0.68	8.47	< 0.001

3.3.2 Differences in satisfaction among different professional title groups

There is a statistically significant difference in overall satisfaction among medical staff with different professional titles (F = 6.23, P = 0.001). LSD pairwise comparison showed that the satisfaction level of seniors was significantly higher than that of intermediate and junior titles and below (P < 0.05), and the satisfaction level of associate seniors was significantly higher than that of junior titles and below (P < 0.05). Intermediate professional title medical personnel have the lowest satisfaction with career development (3.32 points), and 40.17% of intermediate professional title personnel believe that there are insufficient opportunities for career development and promotion (Table 4).

Table 4
Comparison of Overall Satisfaction and Dimension Scores of Employees in Different professional titles ($\bar{X} \pm s$)

Dimension	Senior(n = 84)	Associate senior(n = 202)	Intermediate(n = 580)	Junior and below(n = 578)	F value	P value
Work cognition and sense of value	4.01 ± 0.65	3.92 ± 0.68	3.81 ± 0.74	3.78 ± 0.72	3.45	0.016
Workload and return	3.12 ± 0.70	3.05 ± 0.74	2.85 ± 0.80	2.78 ± 0.78	7.89	< 0.001
Career Development and Support	3.72 ± 0.72	3.58 ± 0.76	3.32 ± 0.82	3.35 ± 0.80	10.56	< 0.001
Management and Leadership	3.98 ± 0.64	3.85 ± 0.68	3.72 ± 0.72	3.68 ± 0.70	5.23	0.001
Operation and Service Quality	3.96 ± 0.58	3.85 ± 0.62	3.76 ± 0.66	3.72 ± 0.65	4.89	0.002
Cultural and Interpersonal Atmosphere	4.18 ± 0.60	4.08 ± 0.64	4.00 ± 0.68	3.95 ± 0.70	3.98	0.008
Overall satisfaction	3.89 ± 0.65	3.76 ± 0.70	3.58 ± 0.75	3.51 ± 0.74	6.23	0.001

3.3.3 Differences in satisfaction among groups with different years of work experience

There is a statistically significant difference in overall satisfaction among medical staff with different years of work experience ($F = 5.91$, $P = 0.001$). LSD pairwise comparison showed that the satisfaction of employees with 16–20 years of work was significantly higher than that of the group with 5 years or less and 6–10 years ($P < 0.05$), and the satisfaction of employees with more than 20 years of work was significantly higher than that of the group with 5 years or less ($P < 0.05$). In terms of salary satisfaction, those with 5 years or less scored the lowest (2.78 points), reflecting that young employees have a stronger demand for salary and benefits (Table 5).

Table 5
Comparison of Overall Satisfaction and Dimension Scores among Employees in Different Work Years ($\bar{X} \pm s$)

Dimension	≤ 5 years (n = 295)	6 ~ 10 years (n = 380)	11 ~ 15 years (n = 268)	16 ~ 20 years (n = 209)	> 20 years (n = 292)	F value	P value
Work cognition and sense of value	3.72 ± 0.76	3.78 ± 0.74	3.85 ± 0.70	3.95 ± 0.68	3.98 ± 0.66	5.12	< 0.001
Workload and return	2.78 ± 0.82	2.82 ± 0.80	2.90 ± 0.78	3.02 ± 0.74	2.98 ± 0.76	4.01	0.003
Career Development and Support	3.28 ± 0.84	3.35 ± 0.82	3.42 ± 0.80	3.58 ± 0.76	3.48 ± 0.78	5.67	< 0.001
Management and Leadership	3.62 ± 0.74	3.70 ± 0.72	3.78 ± 0.68	3.88 ± 0.66	3.82 ± 0.68	5.34	< 0.001
Operation and Service Quality	3.68 ± 0.68	3.74 ± 0.66	3.80 ± 0.64	3.92 ± 0.60	3.86 ± 0.62	5.89	< 0.001
Cultural and Interpersonal Atmosphere	3.88 ± 0.72	3.95 ± 0.68	4.05 ± 0.65	4.12 ± 0.62	4.08 ± 0.64	5.23	< 0.001
Overall satisfaction	3.49 ± 0.76	3.56 ± 0.75	3.65 ± 0.72	3.78 ± 0.68	3.72 ± 0.70	5.91	0.001

3.3.4 Differences in satisfaction levels among different gender and marital status groups

There was no statistically significant difference in overall satisfaction between male and female employees (t = 1.24, P = 0.215). There is a statistically significant difference in satisfaction among different marital status groups (F = 4.02, P = 0.018). The satisfaction score of married individuals (3.66 ± 0.73) is higher than that of unmarried individuals (3.51 ± 0.78). The satisfaction scores of divorced and widowed individuals are (3.58 ± 0.76) and (3.45 ± 0.82), respectively (Table 6).

Table 6
Comparison of overall satisfaction scores among employees of different genders and marital statuses ($\bar{X} \pm s$)

Variable	category	number	satisfaction score	t/F value	P value
Gender	Male	570	3.60 ± 0.75	1.24	0.215
	Female	874	3.65 ± 0.73		
Marital Status	married	1185	3.66 ± 0.73	4.02	0.018
	unmarried	233	3.51 ± 0.78		
	divorced	24	3.58 ± 0.76		
	widowed	2	3.45 ± 0.82		

3.4 Multivariate linear regression analysis of factors influencing satisfaction

Overall satisfaction as the dependent variable, multiple linear stepwise regression analysis was conducted with statistically significant variables (position, professional title, work years, marital status) and six dimensional scores as independent variables in the univariate analysis. The results showed that five dimensions and some demographic variables entered the regression equation, explaining a total of 62.4% of the variation in overall satisfaction (adjusted R^2=0.624). (Table 7)

The standardized regression coefficients show that workload and return (β = 0.308) have the greatest impact on overall satisfaction, followed by job cognition and value perception (β = 0.261) and career development and support (β = 0.194). After controlling for other variables, job position (with doctors as a reference, nurses' satisfaction is significantly lower, and administrative management personnel are significantly higher) and professional title (with junior and below as a reference, positive high and deputy high satisfaction are significantly higher) still have an independent impact on overall satisfaction($p < 0.05$).

Table 7
Multiple linear regression analysis of factors influencing employee satisfaction

Independent variable	regression coefficient(B)	Standard error(SE)	Standardized regression coefficient (β)	t value	P value
constant	0.412	0.106	—	3.887	< 0.001
Workload and return	0.341	0.032	0.308	10.562	< 0.001
Work cognition and sense of value	0.287	0.032	0.261	8.938	< 0.001
Career Development and Support	0.215	0.032	0.194	6.718	< 0.001
Management and Leadership	0.168	0.032	0.152	5.184	< 0.001
Cultural and Interpersonal Atmosphere	0.139	0.032	0.126	4.351	< 0.001
Positions					
Nurses	-0.087	0.038	-0.068	-2.289	0.022
Administrative staff	0.102	0.045	0.055	2.267	0.024
professional titles					
Senior	0.118	0.052	0.045	2.269	0.023
Associate senior	0.076	0.038	0.041	2.000	0.046

Note: The dimensions of operation and service quality, years of work experience, and marital status did not enter the regression equation ($P > 0.05$). $F = 189.34$, $P < 0.001$, Adjust R^2 to 0.624.

3.5 The most urgent issue that employees hope to improve

According to the questionnaire survey (Table 8), 69.13% of employees believe that "low salary and benefits" is the most urgent issue that needs improvement, ranking first among all options; 53.36% of employees reported 'heavy workload', which is as high as 64.22% among nurses; 44.98% of employees believe that 'performance evaluations are unfair', and 40.21% of employees believe that 'career development and promotion opportunities are insufficient'.

Table 8
The most urgent work that hospitals need to improve which medical staff believe

Low salary and benefits, need to increase salary level and improve welfare benefits	**numbers**	**Proportion of total population (%)**
	999	**69.13**
The workload is too heavy, and it is necessary to increase manpower or optimize scheduling	770	53.36
There is unfairness in performance evaluation, and a fair performance evaluation system and incentive measures need to be established	650	44.98
Insufficient career development and promotion opportunities, need to improve promotion mechanism	581	40.21
High work pressure, requiring psychological health support	557	38.55
Poor management and communication, internal communication and management efficiency need to be improved	523	36.19

4. Discussion

This study found that the overall satisfaction level of medical staff in the hospital was (3.63 ± 0.74) points, with a satisfaction rate of 56.75%, which is above average and higher than the satisfaction level of medical staff in national tertiary hospitals reported by Otsen B. et al. in 2019 (doctors 34.6%, nurses 48.7%), reflecting the steady improvement of medical staff satisfaction since the implementation of the high-quality development policy of public hospitals[10]. This positive change may be related to a series of policies introduced at the national level in recent years to care for and care for medical personnel. However, from the perspective of high-quality development, there is still significant room for improvement in the satisfaction of medical personnel. Among the evaluation dimensions, culture and interpersonal atmosphere scored the highest (4.02 points), while workload and return scored the lowest (2.87 points), indicating that the hospital's satisfaction presents a structural feature of "good soft environment but insufficient hard conditions": it performs well in the "soft environment" dimensions such as culture and interpersonal atmosphere, but scores lower in the "hard conditions" dimensions involving institutional design such as workload and return, career development and support. This finding is consistent with existing research findings that salary, benefits, and work pressure are the primary factors affecting the satisfaction of healthcare workers[13]. In the context of high-quality development, how to effectively translate policy dividends into employees' personal feelings remains an important issue for hospital managers.

This study found that there is a significant gradient difference in employee satisfaction among different positions, job titles, and work years, which provides a clear target for hospitals to implement precision management. Nurses have the lowest satisfaction rate (3.48 points), with a score of only 2.71 points in

the dimensions of workload and return. Logistic regression also confirms that the disadvantage of nurse satisfaction is statistically significant. This result is consistent with previous studies, and the underlying reason is that nursing work has the professional characteristics of high intensity, high emotional load, and low autonomy[14]. In addition, the insufficient allocation of nursing manpower and relatively narrow career development channels make the nursing population lack effective support in high load operation, which is a group that hospitals need to prioritize. The satisfaction of the medical community with career development is the lowest (3.21 points), reflecting the difficulties faced by doctors in professional title promotion, academic development, and other aspects. The lack of smooth career channels has become a key factor restricting the stability of the medical team. Young employees and those with junior professional titles have lower satisfaction levels, with an overall satisfaction score of only 3.49 for those who have worked for 5 years or less, and the lowest scores in dimensions such as salary and career development. This group is the backbone of the hospital's future, and their demands for salary fairness and growth space should be fully valued.

Multivariate logistic regression analysis further revealed the underlying mechanism of employee satisfaction. After controlling for demographic variables, job position, professional title, and years of work experience remain independent factors influencing employee satisfaction, indicating that the impact of these variables on satisfaction is not due to confounding, but rather has stable explanatory power.

From the perspective of job positions, nursing positions as the reference group showed significantly higher satisfaction levels among employees in other positions compared to nurses[15]. This result suggests that the nurses have the most severe imbalance in the dimensions of "effort reward" and "risk guarantee".

From the perspective of professional titles, for every level of promotion, satisfaction shows a significant gradient increase, with the OR value of junior and senior professional titles almost doubling. This finding is consistent with the applicability of Maslow's hierarchy of needs theory - the promotion of professional titles not only brings about a substantial increase in salary levels, but also accompanies an increase in academic discourse power, social recognition, and professional autonomy.

From the perspective of work experience, employees with 6–10 years of work experience have the lowest satisfaction rate, while those with 20 years or more experience a rebound in satisfaction rate. This is not simply a time effect, but the result of the accumulation and rebalancing of the "expectation reality" gap in the career lifecycle. Young employees entering the workplace for the first time, their career expectations have not yet been fully tested by reality; Seniors have formed psychological contracts and coping strategies that are suitable for their professional environment through long-term adjustment; However, employees worked 6–10 years are in a transitional period where idealism has faded and realism has not yet been fully established, and the gap between their expectations for salary growth and career prospects and reality has reached its peak. This "U-shaped" curve suggests that hospital

managers should provide sufficient organizational support and career development guidance to young and middle-aged backbone personnel at this critical stage.

Improving employee satisfaction in public hospitals is a comprehensive and systematic project that requires multidimensional and multi-level collaborative efforts to comprehensively enhance employee satisfaction levels. Based on the above analysis, this study proposes countermeasures and suggestions from five dimensions: salary incentives, human resource allocation, career development, humanistic care, and feedback improvement. One is to reform the salary and performance system. Establish a performance allocation model based on RBRVS and DRG/DIP, taking into account factors such as technical difficulty, risk level, and work intensity to determine job coefficients, reflecting the principle of "more work, more pay", effectively helping employees establish a clear relationship between behavior and rewards, enhancing the sense of fairness and achievement in salary distribution, and reflecting value orientation and fairness principles. The second is to optimize the allocation of human resources. 53.32% of employees reported the current situation of "heavy workload", indicating that the current human resource allocation is approaching the upper limit of the reasonable range. It is recommended to scientifically determine the staffing based on the workload of the department, establish a dynamic human resource allocation mechanism, and alleviate the manpower shortage during peak or special periods through flexible scheduling, interdisciplinary support, and other methods, effectively reducing workload. The third is to build diversified career development channels. Establish a diversified talent evaluation system, reform the promotion of professional titles and the selection mechanism of cadres, focus on solving the bottleneck of promotion for intermediate professional title personnel and young doctors, and provide differentiated growth paths for high-level talents. The fourth is to strengthen humanistic care. Establish an employee mental health support system, improve work environment and rest conditions, create a respectful and caring work atmosphere, and enhance employees' sense of belonging and professional honor[16, 17]. The fifth is to improve the feedback and improvement mechanism. Establish a closed-loop management mechanism of "investigation feedback improvement re investigation" to make employees feel that their opinions and suggestions are valued and adopted.

Conclusion

Satisfaction surveys are the research and problem analysis of their results which are important tools for improving management efficiency and optimizing internal governance. In the environment of high-quality development of public hospitals in China, employee satisfaction is not only the core dimension of performance evaluation for national tertiary public hospitals, but also the internal driving force for hospitals to achieve connotative development. This study found that the satisfaction level of employees in the hospital is above average, with a satisfaction rate of 56.75%. However, the imbalance between workload and return, poor career development channels, and insufficient salary incentives are still weak dimensions. The satisfaction levels of different job positions, professional titles, and work experience groups show significant differentiation. Doctors have the lowest satisfaction levels with career development, nurses have the lowest satisfaction levels due to heavy workloads, and young employees have lower satisfaction levels due to insufficient salary incentives. The workload and return, career

development and support are the main factors affecting satisfaction. Hospitals should take the reform of the salary system as a breakthrough point, the construction of career development channels as the focus, the scientific allocation of human resources as the support, and the construction of new culture as the guidance, systematically promote management reform, integrate satisfaction improvement into the entire process of high-quality development of hospitals, comprehensively improve the satisfaction of medical staff, and provide talent guarantee for the high-quality development of hospitals.

This study is a single center cross-sectional survey with certain limitations in sample representativeness. In the future, multi center longitudinal tracking studies can be conducted to further verify the causal relationships and dynamic changes of influencing factors.

Declarations

Ethics approval and consent to participate

This study was approved by the Ethics Committee of the first affiliated hospital of Wannan Medical University and it was conducted in accordance with the Declaration of Helsinki. All participants understood the research purpose, process, potential risks, and benefits, and they agreed to participate in this study by providing written informed consent.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

B.P.: Conceptualization, Funding Acquisition, Resources, Validation, Methodology, Writing-Review and Editing.

H.T.: Conceptualization, Resources, Supervision, Validation,

S.Y.: Methodology, Writing-Review and Editing.

F.S.: Formal Analysis, Writing-Original Draft, Writing-Review and Editing. J.X.: Supervision, Writing-Review and Editing;

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