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POSTGRADUATE DISSERTATION:

WORKING ENVIRONMENT AND WORKFORCE SATISFACTION IN THE HEALTH SECTOR. COMPARISON OF PUBLIC AND PRIVATE SECTORS.

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«Working environment and workforce satisfaction in the Health sector. Comparison of Public and Private sectors. »

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Abstract

Designing and managing work environment to ensure it is modern, efficient, and supportive is a complex and continuous process especially for healthcare institutions. The fact that the occupation is in the rapidly evolving hospital setting, with constantly changing technologies, structures, and high stress levels for employees, raises concerns regarding the quality of the service and personnel health. One of the primary questions under discussion in this regard is whether the key aspects of health care service delivery remain possible to maintain at a high level while enhancing working conditions. This paper aims to identify the various facets of the hospital work environment that encompass both physical and non-physical components of the work environment like Ergonomics and physical structures, organizational climate, employee well-being, and job satisfaction, amongst other facets, with a focus on nursing personnel due to its massive proportion in the hospital workforce.

An important factor affecting working conditions is hospital ownership since public and private accommodation facilities are likely to adhere to different legal, financial, and managerial structures. These structural inequalities influence the job environment for employees, their levels of job satisfaction, and job retention, and thus, there exists a difference in employment circumstances and satisfaction levels between these two sectors. This research employs the systematic literature review (SLR) approach to review and synthesize current empirical studies on employee satisfaction and the workplace environment in public and private hospitals. The specified decision in favor of the SLR approach means reducing the focus on the method's personality and ad hoc structure, and adopting a transparent and replicable approach to the work environment to ensure it is modern, efficient, and supportive is a complex and continuous process, at involves identifying the most relevant studies to include in the synthesis. This paper adheres to the PRISMA guidelines for reporting systematic reviews and meta-analyses to conduct literature searches and assessments properly. Unlike the primary data collection methods such as questionnaires or interviews, this review combines analyses of the data collected from published, peer-reviewed articles and other scholarly publications within the time frame of 2010 to 2024, enabling the cross-sectional study of changes within the workplace. It was considered that this timeframe will squeeze recent changes in the healthcare workforce management policies, working conditions, and dynamics of employees' expectations over the past ten years. In line with the outlined research questions and objectives, this research examines literature available within this field of study to analyze the primary sources of workforce satisfaction, work environments where the workforce is located, and sector-specific challenges in the contexts of public and private hospitals. It helps extend the knowledge of workplace relations and offers specific suggestions for increasing nurse staffing stability, satisfaction, and staff conditions in healthcare settings.

Keywords: working environment, employee satisfaction, private and public hospital, nursing staff.

Περίληψη

Ο σχεδιασμός και η διαχείριση ενός σύγχρονου, πρακτικού και εργονομικού χώρου εργασίας είναι μια συνεχής διαδικασία και ένα κομβικό ζήτημα για οργανισμούς, ειδικά στον κλάδο της υγειονομικής περίθαλψης και στα νοσοκομεία. Η επίτευξη αυτού του στόχου είναι σχετικά δύσκολη λόγω της ταχύτητας των καινοτομιών, των καθημερινών ανησυχιών για την πρακτική και της αγχωτικής φύσης των επαγγελμάτων στον τομέα της υγειονομικής περίθαλψης. Συχνότερα, υπάρχει μια συζήτηση σχετικά με το εάν είναι δυνατόν να διατηρηθούν υψηλά επίπεδα παροχής υπηρεσιών ενώ ταυτόχρονα συμπληρώνονται οι συνθήκες εργασίας. Η παρούσα διπλωματική εργασία διερευνά τις παρούσες συνθήκες εργασίας, ιδιαίτερα όσον αφορά το εργασιακό περιβάλλον και την εργασιακή ικανοποίηση των εργαζομένων στα νοσοκομεία. Μια κρίσιμη μεταβλητή που καθορίζει αυτές τις συνθήκες είναι το νομικό καθεστώς της σύνδεσης του νοσοκομείου με ένα ίδρυμα. Οι περιορισμοί και οι απαιτήσεις που περιβάλλουν τις δύο βιομηχανίες επηρεάζουν ορισμένες διαφορές μεταξύ του ιδιωτικού και του δημόσιου τομέα. Δεδομένου ότι το νοσηλευτικό προσωπικό αποτελεί το μεγαλύτερο εργατικό δυναμικό των νοσοκομείων, αποτελεί το κύριο αντικείμενο ανησυχίας αυτής της έρευνας.

Η μεθοδολογική βάση αυτής της μελέτης χρησιμοποιεί μια προσέγγιση συστηματικής ανασκόπησης της βιβλιογραφίας για την ανάλυση και την ενσωμάτωση λειτουργικών και εργασιακών δεδομένων που σχετίζονται με νοσοκομειακά περιβάλλοντα. Αυτή η μέθοδος αντικαθιστά την προηγουμένως προγραμματισμένη διανομή ερωτηματολογίων και την άμεση συλλογή δεδομένων για την επίλυση οργανωτικών ζητημάτων. Η βιβλιογραφική ανασκόπηση, ωστόσο, βασίζεται σε άρθρα με κριτές από ομοτίμους και πηγές που μπορούν να διασωθούν που δημοσιεύθηκαν μεταξύ 2010 και 2024 για να εκτιμηθεί η ικανοποίηση του εργατικού δυναμικού και τα εργασιακά περιβάλλοντα σε δημόσια και ιδιωτικά νοσοκομεία. Η συστηματική προσέγγιση αναπτύσσεται με βάση τις κατευθυντήριες γραμμές PRISMA που παρέχουν δομή και διαφανή μεθοδολογία για την επιλογή και την αναθεώρηση των μελετών.

Αυτή η μελέτη διερευνά την ικανοποίηση των εργαζομένων και το εργασιακό περιβάλλον μεταξύ δημόσιων και ιδιωτικών νοσοκομείων χρησιμοποιώντας νοσηλευτές στον πληθυσμό του δείγματος. Μέσω μιας συστηματικής ανασκόπησης των διαθέσιμων στοιχείων, είναι δυνατό να αποκαλυφθούν πρακτικές συστάσεις και κατάλληλες συνθήκες

εργασίας για τη βελτίωση της ικανοποίησης του εργατικού δυναμικού και στους δύο τομείς.

Λέξεις κλειδιά: εργασιακό περιβάλλον, ικανοποίηση εργαζομένων, ιδιωτικό και δημόσιο νοσοκομείο, νοσηλευτικό προσωπικό.

Περιεχόμενα

Κατάλογος Εικόνων / Σχημάτων

Συντομογραφίες & Ακρωνύμια

WHO - World Health Organization

HR - Human Resources

PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses

ISO - International Organization for Standardization

OSHA - Occupational Safety and Health Administration

HRH - Human Resources for Health

CPD - Continuous Professional Development

EHR - Electronic Health Records

HSE - Health, Safety, and Environment

OH&S - Occupational Health and Safety

ICU - Intensive Care Unit

NHS - National Health Service

Chapter 1: Introduction

1.1 Background and Importance of the Study

Organizations have to ensure the environment that is provided to the employees is good, especially in industries that are so competitive, to make sure they retain their employees. Both public and private hospitals demand a motivated and well-maintained human resource to address key areas central to health delivery. However, high levels of stress have been attributed to the healthcare sector due to factors such as staff shortages, challenging working schedules among healthcare providers, and complex administrative issues that affect them (Lambrou, Kontodimopoulos, & Niakas, 2010). Since the nursing staff represents a large and primarily significant segment of the hospital profession, it is crucial to focus on working conditions, satisfaction, and the sectors' problems (De Simone et al., 2018).

In the past decade, various changes have occurred across the public and private sector hospitals, such as changes in management strategies, employee relations and benefits, and technology in the delivery of patient care. These changes have given rise to controversy on how hospitals' structure, organization, and reform affect workforce satisfaction and employee engagement. Challenges in the workplace environment of public hospitals include rigid bureaucracy and limited resources that can lead to efficiency, burnout, and staff turnover. On the other hand, private hospitals remunerate and provide better facilities than public hospitals but set high-performance standards; job instability influences job satisfaction (Hamid et al., 2013).

To achieve the above objective, this dissertation will use a Systematic Literature Review (SLR) method to compare workforce satisfaction and the working environment of public and private hospitals. The targets include physical characteristics such as ergonomics, resources, workload, and salaries that define workers' experiences in healthcare organizations and nonphysical factors like organizational culture, leadership, job security, and employee psychological well-being. These dynamics are essential for policymakers, hospital managers, employees, and healthcare workers to formulate adequate workforce policies to boost employment retention, satisfaction, and hospital performance.

1.2 Research Question and Objectives

Therefore, the central research question in this study is:

What is the status of workforce satisfaction and the working conditions in public and private hospitals, especially among the nursing staff?

Πτυχιακή / Διπλωματική Εργασία

To answer this question, the following objectives are proposed in the framework of this dissertation:

- To explore the determinants of workforce satisfaction, emphasizing general and specific work environment characteristics prevalent in public and private hospitals.
- To compare working conditions across the public and private healthcare sectors with specific reference to the strengths, challenges, and differences witnessed.
- To analyze the findings from the literature regarding leadership practices, organizational culture, and policies that influence job satisfaction and organizational health of the two sectors.

1.3 Structure of the Dissertation

In line with the research objectives and questions, this dissertation is divided into eight chapters that are significant in explaining the various aspects of workforce satisfaction in public and private hospitals.

1. Chapter 1: Introduction gives an outline of the study's scope, importance, question, objectives, and layout.

2. Chapter 2, titled "Literature Review," explores major theoretical perspectives, prior Research, and the latest trends on workforce satisfaction and the hospital work environment.

3. In the third chapter covering Nursing Personnel in Healthcare, the author describes the role and duties of nurses in the hospital and their work environment and experiences within the sector.

4. Chapter 4, 'Hospital Progress Strategies, ' focuses on issues of management progress like lean management, training programs, and OD initiatives that improve the hospital environment.

5. In Chapter 5 (Nurses' Professional Development), the prospects of professional development, mentorship, and training are examined, contributing to health workers' satisfaction.

6. Chapter 6 of this study is Methodology, which explains the systematic literature review (SLR) approach in more detail, including the data source, search strategy, inclusion and exclusion criteria, and the PRISMA framework.

7. Chapter 7 (Research Findings & Discussion) highlights the literature-generated thematic analysis, prioritizes the research concern of examining the level of workforce satisfaction of both private and public hospitals, and explores the factors that may cause differences between the two settings.

8. This Chapter (Chapter 8) on conclusion and Recommendations summarizes the study's results, theoretical and practical contribution, some limitations, and suggestions for future research.

CHAPTER 2. LITERATURE REVIEW ON WORKING ENVIRONMENT AND EMPLOYEE SATISFACTION.

The working environment and the level of satisfaction of employees play a crucial role in organizational performance in the context of the healthcare industry. It is noteworthy that these concepts are intertwined, and they all impact workforce productivity, morale, and retention. Multidimensional working conditions involve meeting the physical, psychological, and organizational requirements of working, which allows an individual to work efficiently without negatively affecting their health. A healthy work environment enables staff to bounce back from adversities in business in the same manner that a positive work environment encourages staff to achieve work-life balance and personal development of workers. Moreover, the degree of satisfaction represents a key variable that reflects an organization's ability to satisfy its workers' basic psychological and material-demographic needs. This chapter explores these themes in more detail using literature to explain why it is relevant, especially in public and private health facilities.

2.1 WORKING ENVIRONMENT

The working environment can be defined as a complex concept that includes physical, psychological, and organizational characteristics that affect the workers' productivity and contentment. According to Chandrasekar (2011), it refers to the totality of internal and external forces determining workers' experiences on a given day. The work environment is not a one-dimensional concept; instead, it encompasses several factors equally crucial in determining the functionality of an organization. Workspace characteristics, including the organization of the space, personal protective equipment, and environmental conditions, are pivotal in enhancing the workplace environment. Other features like lighting factors, adequate airflow, and quality tools used not only improve

the effectiveness of the work done but also the welfare of the people working. Employee engagement, mental health, and other prerequisites can significantly affect how employees perceive the organization and their positions within it. Organizational culture aspects such as leadership, policies, and communications directly relate to employee relations and their perception of the possible organizational patterns and opportunities for contentment. Glassdoor Team (2021) stated that these aspects determine a workplace's functionality, productivity, and supportive nature.

Management is responsible for forming the work environment since it defines the organizational culture and employee interactions. The leaders' role is to help facilitate the creation of such policies, encourage discussions, and motivate one to perform optimally. Cherry and Jacob (2016) underscore the centrality of the role of transformational leadership in cultivating trust, cooperation, and creativity in the workplace environment. Implementing this leadership style ensures that the employees feel valued and motivated to work, thus enhancing their productivity. Alternatively, authoritarianism leads to hostile work environments, reduced innovation, and low employee morale. In addition, strategies implemented in organizations, including a code of conduct or courtesy within the workplace and grievance procedures, are crucial in maintaining order within the sector. Graban (2018) states that entities with clear rules encounter fewer issues, lower employee turnover, and increased satisfaction. Leadership responsibilities go beyond enforcing policies; it also entails fostering a supportive environment by promoting two-way communication, understanding employees' needs, and being receptive to them.

Interpersonal relationships constitute another crucial component of a healthy working environment as they create and maintain positive working relations within the body. As stated by Mlambo et al. (2021), communication within the team and the harmonization of goals enhance team performance and lead to higher degrees of business success. For example, in healthcare, high-quality teamwork contributes to better outcomes for nurse engagement and patient satisfaction. Through mentorship programs, support groups, and team bonding sessions, relationships are built, and employees receive support to overcome challenges in the workplace. Moreover, encouraging positive staff interaction and cultural sensitivity improves staff morale, increases productivity and less

stress, and develops a workplace culture where everyone feels valued and welcome. Glassdoor Team (2021) states that these interpersonal aspects directly affect employee engagement, retention, and productivity, improving the organization's success rate.

2.2   Healthy work environment

Workplace health promotion can, therefore, be defined as practices that create a healthy organizational environment in which employees can thrive. The World Health Organization (WHO) (2017) describes it as an environment without harm and promoting health. Instead, it considers the physical and structural environment of the workplace and the cultural and attitudinal environment that encompasses the workplace and aims at ensuring that employees feel valued, need recognition, and are provided with all that they would require to produce optimal output. In the case of healthcare organizations, creating a healthy work environment is especially important as patient care work is traditionally associated with high-stress levels and burnout. Mlambo et al. (2021) mentioned that establishing and sustaining healthy workplaces is critical to workforce retention, minimizing sick days, and the overall operational capacity needed for organizational goals in the challenging healthcare field.

One of the primary areas in establishing a sustainable work climate is advocating for resilience or teaming among the people. They also require cooperation in decision-making and the flow of information, as well as building trust between managers and subordinates. WHO (2017) highlights participatory leadership, which implies shared responsibility and the ability to motivate employees. For instance, if the nurses and any other employees in the healthcare services are given roles in developing policies or operational strategies, they will feel valued in the organization. It might reduce conflict and enhance worker satisfaction, benefiting patients' quality of life. Furthermore, programs that strengthen employees' coping capacity, such as stress coping strategies, buddy support, and emotional intelligence training, ensure that employees are provided with optimum tools to address work challenges without compromising their welfare. These measures are significant when the pressure, stress, and expectation levels are high, leading to employees' emotional exhaustion.

Stress management and wellness programs have also been adopted and implemented in most healthcare facilities to improve the psychological health of the workforce. For example, De Simone et al. (2018) indicated that mindfulness training sessions and the adoption of flextime options yielded different results among the implemented strategies to alleviate nurses' burnout. These interventions increased the job satisfaction of the nurses, correlatively enhancing competencies to address the emotive attributes present in the field. Similarly, Rush et al. (2013) observed that when preparing newly recruited QHNs for structured transition programs, mentors and other forms of resource support during orientation are essential. They are also benevolent tools that can be employed in cultivating elements of relate-ness and assurance in the new employees as they begin to adopt an organization's corporate culture. Further, Counseling services, relaxation rooms, and recreation amenities have also emerged as another realistic solution in hospitals and clinics, aiming to enhance the psychological well-being of the staff members. Such maneuvers suggest that systematic commitment to ensuring healthy working conditions is associated with higher morale, lower turnover, and excellent organizational performance.

In an ideal work setting, employees spend their time interacting with other staff members in a positive manner whereby, through support, they overcome everyday work obstacles while working towards achieving the shared vision and mission of the organization. Interactions between managers and employees and among the employees themselves need to be healthy and encourage growth to support the positive health of all. They motivate a positive outlook toward work, boost employee morale, and eliminate health complications due to stressful working conditions. These environments give staff a safe feeling to concentrate on their roles and tasks without the concern that their emotional or basic needs will not be met.

2.3 Positive Work Environment

A Positive work environment enhances the employees' performance, keeps them busy, and makes them feel satisfied. It is an organization in which employees are treated as precious assets that must be protected to ensure efficiency in accomplishing various tasks. Some of the features that define such an environment are flexibility, promotion of career growth, adequate

remuneration, diversity, and appreciation at the workplace. Sánchez-Sánchez and Fernández Puente (2021) opine that these elements are essential to overall workers' satisfaction, especially in professions where burnout is rife, like the healthcare industry. A positive work environment benefits employees and yields organizational outcomes such as higher productivity, less absenteeism, and lower turnover. It fosters a stable and committed force that is very useful in the healthcare industry, where caregiving is all about patient focus and staff motivation.

Another aspect of maintaining a pleasant work environment is work-life balance since it enables workers to balance working hours and their other responsibilities outside the workplace. This balance is achieved by flexible work hours, parental leave, and working from home. Sánchez-Sánchez and Fernández Puente (2021) observed that public sector employees are more secure in their jobs but may have less flexibility than private sector employees with customized privileges such as performance bonuses and flexibility in working hours. Healthcare jobs involve employees working shifts and emotionally flexible hours, making the work-life balance essential. As Lambrou et al. (2010) argue, work-life promotion not only increases satisfaction with work and decreases burnout but also leads to improved patient outcomes. For example, companies that establish mental health days or wellness promotions prove that they care for the well-being of their workers, thus having a more productive and healthful team.

Promotion and development in career and training are other significant factors that people consider when it comes to job satisfaction. According to Top et al. (2015), it is also evident that transformational leadership is vital to recognizing and developing employee talent. Mentorship initiatives, regular training, and well-thought-out talent management strategies engender high workforce commitment and retention. Employers who continue to educate their staff on new advancements in medical practice help ensure employees stand ready to be productive in their work. Similarly, De Simone et al. (2018) argue that objectives, such as developing and promoting noble skill acquisition programs, are crucial as they help align people's dreams with organizational visions and enhance the general well-being of the populace by improving the quality of health care. Moreover, such attitude plays a significant role in stimulating the

activity of employees, thanks to which they are willing to fully realize themselves for the company's good, knowing that a supervisor will appreciate their opinion.

Other features specific to a positive organizational climate include diversity and respect. Companies that respect diversity and ensure employees feel appreciated for their differences have higher satisfaction levels among their workforce. Similarly, Moldabekov et al. (2025) posit that inclusion creates commitment and cohesion amongst employees, especially with a diverse workforce. Another critical factor is the appreciation of the employees' efforts, which can be verbal, written, or monetary awards. According to Sánchez-Sánchez and Fernández Puente (2021), acknowledging employees makes them more committed to their tasks and responsibilities. Another level of positive recognition in organizations is the feedback system from peers and participatory leadership, where employees feel valued and their ideas or opinions are considered.

2.4   Employees satisfaction

Employee satisfaction is complex, evolves, and is affected by multiple intrinsic and extrinsic factors. According to Hamid et al. (2013), it refers to the level of satisfaction personnel feel when performing their organizational tasks. Intrinsic factors are linked with motivation and objectives, including room for advancement and acknowledgment and quality of the work required and accomplished. Such elements create purpose and organizational commitments relevant to the demanding nature of working sectors like healthcare. External rewards such as pay, perks, employment status, and work environment are also essential because they ensure that the employee's needs for material support from the organization are adequately met. As highlighted by the study conducted by Simpplr (2022), when employees are happy, they are always likely to have a positive perception of the company, thus improving their working standards and fostering the organization's success. The levels of stress and workload have become elevated in today's healthcare organizations, which makes it critical to ensure that the employees are content in their careers and positions, particularly for the sake of delivery of positive patient care.

Consequently, satisfaction becomes even more critical in the healthcare industry, given the challenges inherent in the sector. Workers in this sector will likely experience high psychological demands, including extended working hours, stressful conditions, and insufficient resources and tools. On the other hand, a positive attitude is positively related to an employee's satisfaction level in handling these challenges. Lambrou et al. (2010) observed that practicing HCWs who feel content within their roles demonstrate higher levels of resilience, alleviating burnout and enhancing organizational outcomes. On the other hand, dissatisfied employees can result in high turnover rates, absenteeism, and reduced quality of patient service. Hence, identifying and managing factors that affect satisfaction is vital in any organization desiring to sustain loyal and productive human capital.

Another interesting fact is that satisfaction trends also vary depending on whether the respondents work in the healthcare industry's public or private sector, as the priorities and pressures in these settings may vary considerably. According to Hamid et al. (2013), the motivational preferences of public sector employees include job security and the ability to advance the public good. However, they become frustrated and demotivated due to scarce resources, bureaucratic complexities, and slow promotions. On the other hand, private sector employees are often better paid and are usually provided with better facilities, along with technological developments that enhance the satisfaction related to professional duties. Despite these benefits, such outcomes can be accompanied by job insecurity and profit-oriented organizational culture, leading to pressure and decreased satisfaction. Moldabekov et al. (2025) posit that these differing experiences require sectoral approaches to enhance satisfaction. For example, state-funded health services could target disclosure and increased social support, while private companies could target work culture stability and respect.

Culture is one of the most crucial aspects that influence the satisfaction of employees. Positive organizational culture involves openness, respect, and appreciation, which increase accountability and work attachment among the employees. In the same study, Lambrou et al. (2010) pointed out that leadership is a factor that significantly determines culture by enhancing employees' morale through empathetic and effective communication.

Organizational enablers such as recognition and rewards also help promote the right culture and reward outstanding performers, which boosts job satisfaction. De Simone et al. (2018) also further stress that such systems must be effectively personalized for each person and the organizational objectives for optimal outcomes. This is why healthcare organizations that emphasize carrying out feedback regularly, clearly talking, and fairly distributing incentives across employees can witness increases in employee morale and performance. Furthermore, cultures that support peer collaboration and provide practical assistance in actual work situations enhance and stabilize employees' engagement, resulting in a stronger and more united team.

Chapter 3 Health System.

Health systems are the fundamental healthcare framework comprising institutions, procedures, human resources, and medical administration. Public healthcare is differently regulated than private healthcare as the state funds it, limiting resources. In contrast, private healthcare carefully competes and receives the funds needed to prosper. They significantly affect the quality of the working environment, staff morale, and the quality of services and patient outcomes. Therefore, it becomes imperative to get a detailed knowledge of hospital dynamics, the people working in the healthcare sector, and the issues facing public and private healthcare facilities to know how to boost productivity and staff satisfaction. This chapter focuses on an overview of hospital units, the functions of persons in the healthcare field, and the differences between private and public hospitals.

3.1 Organization and operation of hospital units.

Healthcare delivery in hospital units is organized under various structures meant to enhance efficiency, although public and private hospitals have unique frameworks. According to Andersen et al. (2024), public hospitals are managed by government agencies that focus on compliance with national policies in the healthcare sector, using strict bureaucratic rules. These governance systems consider the basic principles of accessibility, equity, and affordability of healthcare services to the population. While this concept benefits making services more accessible for minorities, it may be a disadvantage when hospital funding is a challenge, as is the case with hospitals that deal with many

patients. On the other hand, private hospitals, which corporate boards or individuals in business often run, have the advantage of operational flexibility. According to Hamid et al. (2013), this independence allows private institutions to introduce new practices, update processes, and adapt the services to the requirements of patients. However, this has a flip side, where private hospitals are more profit-oriented, which sometimes makes them inclined more toward numbers than the welfare of their employees and even the quality of care in the long run.

Hospital units are divided into hierarchical structures that resemble a pyramid, reflecting the complexity of their work and people's responsibilities. This model splits work hierarchically to increase effectiveness, establish responsibility, and uphold quality service delivery. In the public and private sectors, this structure's implementation varies significantly. Public hospitals have strongly centralized organizational structures with centralized decision-making power at the ministerial or board level, so the management style is more bureaucratic. On the other hand, many private hospitals have a less hierarchical structure to the organization and enhance cooperation among workers with more decentralization of power at the department level. These hospitals' positions are grouped under administrative, clinical, and support staff. Management tasks include decision-making by boards of directors or government ministries and containing operational functions like finance, human resources, and marketing. Clinical services encompass a comprehensive spectrum of outpatient clinics, emergency and critical care sections, intensive care, and operating room departments. Administrative and clerical services such as cleaning services and information dissemination assist in the smooth running of the hospital.

The most critical issue affecting almost all categories of hospitals currently is the distribution of resources, involving both public and private healthcare facilities, albeit in different dimensions. Public hospitals generally rely on revenues from the government; therefore, the primary source of revenue is tax collections. Although this method of funding has a way of maintaining low costs and thus making it accessible to as many institutions as possible, it is nevertheless unable to provide for the increasing needs. After reviewing the literature, Doğan et al. (2023) conducted a study revealing that due to insufficient funding in public hospitals, the shortage of staff, lack of up-to-date

equipment, and excessive pressures on the health care staff, most notably on the nurses. These conditions reduce the quality of care and cause demoralization among the employees.

On the other hand, private hospitals work under a revenue-oriented model financed through costs received from patients, insurance claims, and investors. This financial freedom means private hospitals can purchase modern medical equipment, hire qualified personnel, and maintain the facilities. However, Hamid et al. (2013) opine that the high emphasis placed on profitability, especially in private facilities, leads to injustice in providing health services where people experiencing poverty are locked out from accessing quality health services. Furthermore, the objective of financial performance tends to push the staff to be more efficient and cost-effective for health and happiness.

Contracts and organizational policies also vary depending on whether a hospital is a public or private unit and how the work environment is structured and managed, which concerns employees. Bureaucratic rules and procedures direct public hospitals, and Training receives directions from an authoritative headquarters to follow national healthcare policies. This system requires accountability and is entirely fair; on the other hand, it restricts the liberties of the staff to express creativity and make decisions independently. In the paper by Andersen et al. (2024), the authors state that these frameworks create inefficiencies and discontent among employees who dislike working within the frameworks proffered by bureaucracies. On the other hand, private hospitals are more open to decentralized operations with keen involvement in employee decision-making. This empowers the employees and creates a feeling of involvement, thus increasing morale and productivity. For instance, an independent institution may give departmental directors more flexibility to decide how specific patients may be served and where the resources will be directed, creating a more adaptable clinical setting. Though Ashmore (2013) argues that this flexibility is a significant strength, it sometimes leads to inequalities in service provision, especially when the financial aspect is prioritized over clinical needs.

The categorization of hospitals into general, executive, and university hospitals also determines their structure and functioning. These general and executive hospitals, which may be public or private, offer various kinds of medical care, from regular check-ups to surgeries or other procedures. On the other hand,

university hospitals are publicly funded and connected to universities to facilitate medical research and education. These hospitals require good quality healthcare and medical personnel training, but most face the social responsibility of delivering services while offering educational services. The organizational structures of these hospitals are further categorized into system administration, patient care, and supportive services. Support services entail public relations and financial functions to maintain efficiency, while clinical services deal with outpatient depots, emergency departments, and specified wards. Support sectors such as medical technology services and management of supplies also improve functionality and consumer satisfaction. As Lambrou et al. (2010) have mentioned, it is essential to understand the relations between these functions to provide consistent and proper healthcare services.

Resource management within public and private hospitals is essential for improving clinical activities and organizational climates. (Aeschbacher & Addor, 2018). Although public hospitals receive funding, they are usually inadequate to purchase relevant products and supplies, fix infrastructures, and provide sufficient staff. The lack of funding results in limited access to resources that is further felt by the employees and detrimental to the care of the patients. For instance, Doğan et al. (2023) have reported that public hospital nurses are exposed to overwork because of staffing shortages that lead to burnout and poor job satisfaction. As for the private hospitals, they are more prepared and equipped, yet they also have issues balancing the needs of profitability and quality service delivery. Hamid et al. (2013) state that cost-cutting in private institutions, like the number of employees being meager or the lack of benefits proposed by the institutions, leads to dissatisfaction among the employees even if advanced technologies and facilities are available. Both of these differing experiences demonstrate that strategic management of resources is crucial in maintaining viable operations and cultivating healthy working environments in these industries.

3.2 Healthcare personnel

Human resources are the building blocks of hospitals, with each category playing a critical role in providing healthcare services. Physicians, registered nurses, technical professionals, pharmacists, administrators, and other employees have significant roles in healthcare facilities. Through their respective positions, these groups contribute to the dynamics of workplaces and

the satisfaction of jobs in public and private hospitals. While Doğan et al. (2023) reveal that these roles are diverse and interdependent to contribute to achieving institutional goals, each group has different concerns based on the sector.

As caregivers and decision-makers, doctors are primarily accountable for identifying diseases, formulating a therapeutic strategy, and carrying out remedies. According to Andersen et al. (2024), their leadership role in clinical teams is associated with workplace attitudes and patient outcomes. Yet, in public hospitals, doctors are challenged by bureaucratic constraints and limited resources, compromising their efficiency in handling cases. This leads to increased pressure and job discontent, as noted by Hamid et al. (2013). On the other hand, private hospitals offer doctors more independence and technological support to advance their techniques and improve their patients' experiences. However, private hospitals are profit-based, which puts pressure on the management to earn more money, thus leading to burnout. Hence, leadership and institutional support are central to the morale and productivity of doctors in both settings.

Nurses are also the main parts of healthcare facilities as they are responsible for direct patient care, health status management, and recovery progress. Lambrou et al. (2010) posit that nurses in public hospitals are overworked and underpaid due to a lack of adequate staff and equipment. This strain is further amplified by their work and physical requirements from their jobs, for instance, administering medication, taking vital signs, and providing psychological support to patients. Nurses working in private hospitals are likely to practice in well-staffed and well-equipped facilities, thus enabling them to deliver quality care and experience job satisfaction. However, the thought of being exposed to higher patient service standards in private practice also poses stress. Rush et al. (2013) also argued that creating conditions for professional development and implementing schedule flexibility are helpful strategies that can prevent nurses' burnout and improve job satisfaction in both sectors.

Technical workers, who are mainly engaged in maintaining and delivering services related to the apparatus used in medical practice, are an essential part of the modern healthcare system. Skills acquired in handling complex imaging equipment such as X-ray, MRI, and Ultrasound ensure that diagnostic

procedures are effective and accurate. According to Doğan et al. (2023), technical personnel who gain email work in private hospitals can participate in training programs occasionally and work with advanced technologies in their careers, thus increasing their performance and job satisfaction. The challenges that technical staff in public hospitals experience include a lack of modern equipment and poor staff training. These constraints reduce the personnel's efficiency and morale, compromising service quality. According to Lambrou et al. (2010), this gap requires attention through expenditure on purchasing equipment and technology and educating the staff in the technical aspects of public hospitals.

Other workers include hospital managers, clerks, and insurance administrators, who are responsible for coordinating the day-to-day affairs of the hospital. They interact with clients by admitting patients, scheduling appointments, ensuring proper record-keeping in the health facilities, and handling insurance claims. Similarly, Doğan et al. (2023) also state that managerial leadership enhances workplace dynamics by encouraging accountability and effectiveness. However, one essential reality that most public hospital administrators struggle with is the current labyrinth bureaucracy, which hampers decision-making processes and compounds resource allocation challenges. In private hospitals, employee administrative procedures are more well-orchestrated than those of their public counterparts, offering them more operational autonomy, which leads to high workplace satisfaction. However, both sectors need well-developed administrative structures that consider employees' issues and allow for the proper functioning of hospital subdivisions.

3.3 Public and Private Hospitals.

There are significant differences between public and private hospitals in terms of governance structure, source of funding, and organizational objectives that affect workplace relations, employees' discretion, and job satisfaction. (Chandra and De Choudhury, 2023). These include public hospitals that exist as state or federally funded institutions aiming to deliver health services to the public at cheaper rates or even free of charge. However, this mission often involves political entrenchment and resource limitations, especially in providing services. Ashmore (2013) points out that most public hospitals are regulated, meaning that rules and regulations always bind their administrators

and are not in a position to respond to the emerging health needs of society appropriately and efficiently. This might also limit adaptability to changes in patient requirements or even employees' worries, making the organization less flexible. The private hospitals, which operate under less centralized management structures due to their profit-generating nature, focus more on service provision and customer satisfaction. Sánchez-Sánchez and Fernández Puente (2021) argue that private hospital governance is more flexible compared to the public sector, meaning that it can help make decisions quicker, distribute resources more efficiently, and offer innovative service solutions, leading to higher employee motivation and productivity.

Decision-making and employee autonomy seem to be the most distinguishing management areas compared to the public and private hospitals. Stakeholder are incapacitated by bureaucratic structures that limit their input to important organizational policies and practices prevalent in public hospitals. For example, public hospital nurses and other direct care workers hardly participate in care planning or resource allocation, which may result in job dissatisfaction (Akdere & Tarcan, 2015). This type of management indicates a more centralized approach than private hospitals, where the organizational structure is less vertically polarized. Private healthcare organizations also embrace decentralization of power by delegating more power and authority to the workers, managers, and other professionals (Ashmore, 2013). In addition to promoting skills development, this approach supports ownership of work among employees and results in higher job satisfaction than that of their counterparts in the public sector.

Analyzing factors affecting staff satisfaction in public and private hospitals reveals that many closely related variables include workload, compensation, and organizational culture. Employees in public hospitals, especially in countries such as Greece, seem motivated by job security and public service (Andersen et al., 2024). However, systemic issues like patient turnover, limited staff, and inadequate infrastructure often mask these positive attributes. Lambrou et al. (2010) further show that these challenges result in staff burnout and low morale among public hospital workers, especially nurses and other technical personnel. On the other hand, employees of private hospitals are known to be paid better and have access to better technology and working

conditions. However, these advantages are accompanied by more significant stress on achieving financial performance and obtaining a profit. According to Sánchez-Sánchez and Fernández Puente (2021), while the private hospital provides material rewards to the workforce, the institutions mainly operate based on profit, and this often makes the workplace uncomfortable despite the employees receiving various incentives such as rewards for working extra hours to cater for the needs of more patients.

The funding sources for public and private hospitals contribute to the disparities of the employees. Public institutions rely on taxpayers' money and government subsidies and tend to have strict budgets that limit their capacity to hire more staff or purchase necessary supplies. The study by Hamid et al. (2013) further notes that during an economic downturn, public hospitals may face severe financial pressures, thus reducing employment and overworking the retained staff and service delivery. In contrast, private hospitals depend on patient charges, insurance claims or premiums, and other private funds to fund their operations. This funding model provides more discretionary funds, which help private colleges to offer attractive financial packages and professional development pro-grams to attract and maintain quality performers. Nevertheless, Doğan et al. (2023) explained that profit-motivated private hospitals may focus on generating revenues and profits, leading to job insecurity and dissatisfaction, particularly during economic shocks.

Chapter 4.
NURSING PERSONNEL

Nursing staff are the backbone of healthcare organizations as they provide direct patient care while maintaining clinical and organizational operations. Nurses not only directly care for the patient through applied procedures and interventions but also embrace the roles of patient safety, informants, and teammates in interdisciplinary cooperation and coordination. However, the nursing profession is beset with challenges such as stress, physical demands, and growing workloads, especially in the overburdened public facilities. In contrast, private hospitals might be better endowed but not without challenges like heightened performance standards. This chapter explores the pivotal role of nurses, their multifaceted duties and responsibilities, and the impact of occupational health and safety standards like ISO 45001:2018 in developing measures that enhance the safety of the work environment for the nursing

personnel in the different health sectors.

4.1 The importance of their role.

Nursing is a vital part of today's healthcare institutions since nurses form the bulk of the professional workforce and are directly involved with delivering patient care. According to De Simone et al. (2018), there is always a high ratio of nurses to doctors in developed countries, primarily due to nurses' pivotal work in daily monitoring and following through on doctors' instructions. While doctors are more likely to provide specialized or diagnostic work, nurses assume responsibilities for the entire patient care process at moderate frequencies. Their support is diversified, including physical, emotional, and psychological support, which are very important for patients who are critically ill. (Jain, Leka and Zwetsloot, 2018). Also, nurses are patient advocates who ensure fair and ethical treatment in various and even complex situations (Rush et al., 2013). This dual focus on direct patient care and systemic functions highlights nurses' key contribution to mediating gaps in healthcare systems.

The requirements for psychological and physical human resources in nursing are enormous, depending on whether the country has a public or private healthcare system. Several challenges have been observed in public hospitals, including staff shortages, which lead to nurses overloading and increased stress. (Aeschbacher & Addor, 2018). This challenge is even worsened by the fact that many nurses practice from facilities in the public sector, are understaffed, and lack adequate working tools, making them work long hours to meet society's health demands. On the other hand, private hospitals tend to have more effective ways of resource management for better workload control. However, the quality and efficiency expected in private settings may put the individual under different forms of stress, including performance and competition stress (Ashmore, 2013). Such sectoral differences indicate that it is crucial to solve the problems emerging at the workplace as holistically as possible to protect the nurses' health.

The complexity of nursing's advanced role, which consists of a combination of clinical and management responsibilities, makes them more essential in any healthcare setting. Nurses serve critical roles involving caring for and observing their clients, giving out prescribed medications, and interacting with other medical professionals in clinical institutions. Other supporting activities,

including record keeping, compliance, and regulation of health facility activities, play essential roles (Peters et al., 2010). The demonstrated competence in shifting between these roles is a key factor defining the nurse's performance and ability to influence patient outcomes and the organization's operations. In public health facilities, decision-making is a preserve of the bureaucracy. Due to this, the nurses' role is that of facilitators who implement the formulated treatment plans. On the other hand, private hospitals enjoy the flexibility of a nurse to work at a complex pace involving administrative-like precision while at the same time offering patient-like gentle care (Moldabekov et al., 2025).

Nursing quality is directly linked to patient satisfaction, which has consequences for public and private healthcare sectors.   De Simone et al. (2018) explained that nurse effectiveness results in acute patient satisfaction, incorporating physical care and humane touch. The public hospital patients, in particular, appreciate the efforts of nurses. (Jain, Leka and Zwetsloot, 2018). Even if the resources to carry out their tasks are limited, they are dedicated and work round the clock. In contrast, private hospital patients often express their speed and attentiveness to the nursing attendants due to enhanced infrastructural support and training intervention (Top et al., 2015). Lastly, these results highlight that various nursing practices in establishing recovery-conducive environments concern all healthcare sectors. With increasing healthcare needs observed over time, the appreciation and reinforcement of nurses have been deemed crucial to maintaining quality care in the future and across both sectors.

4.2 Nurse duty and responsibilities

The roles of nurses in the health care system can be summarized as complex as they include clinical and organizational roles necessary for the effective and efficient functioning of health services. Nurses are crucial in patient care; they perform health assessments, administer medication, and monitor patients per the physician's instructions. According to Rush et al. (2013), nurses manage symptoms and initiate patient care, providing relevant information to patients and other healthcare providers. Furthermore, emergency care requires the involvement of the nursing staff as their ability to make quick decisions and act is critical for successful outcomes of the interventions. Such clinical responsibilities are more common among public hospitals due to resource

scarcity, often resulting in broad tasks delegated to the nurses (Hamid et al., 2013). On the other hand, nurses in private hospitals have better staffing ratios and the best equipment, and most of the time, they spend much of their time and effort in clinical areas doing clinical work. Nonetheless, similar to the arguments made above, there are also certain complementary similarities between the two sectors, as the nurses working in both settings must navigate a thin line between technical accuracy and human compassion for the patient's sake.

Moreover, it should be noted that modern nurses not only perform clinical activities but are also engaged in administrative duties, which are crucial to the smooth functioning of health care services. Some include documentation of various patients treated, organization of care from different caregivers, and adherence to different institutional guidelines. According to Peters et al. (2010), these administrative functions are about the effectiveness and productivity of hospital procedures and the integration of different healthcare teams. Administrative tasks in public hospitals are today marred with bureaucracy and poor or lack of information technology tender that serves to slow down the process (Michaels and Wagner, 2020). Conversely, private hospitals incorporate technology such as EHR, cutting the number of hours for administrative work and allowing skilled nurses to spend much time with the patients (Rojas & Seckman, 2014). However, it is common to find nurses in both sectors performing leadership tasks to junior colleagues and engaging themselves in decision-making processes geared towards enhancing the provision of health services.

Nursing duties embrace the upholding of legal and professional requirements as well as ISO facilities. By following these codes, the institutions increase safety, quality, and ethical practices in delivering healthcare services. Every hospital and healthcare organization depends on nurses to ensure that infection control, patient safety, and emergency preparedness protocols are followed (WHO, 2017). Implementing these standards is a challenge that nurses dealing with patients in public hospitals face due to challenges like lack of appropriate resources and inadequate workforce (Hamid et al., 2013). On the other hand, health care in private hospitals often provides sufficient financial means to support regular training programs and purchase modern equipment, ensuring

compliance. For example, ISO standards involving electronic systems like EHR usability have been implemented well in private sectors, improving effectiveness and patients' well-being (Rojas & Seckman, 2014). In both industries, the nurse's job reflects these essential responsibilities of maintaining the public's confidence in healthcare organizations and the importance of diligence paid to make healthcare safe and effective.

A comparison between the public and private hospitals shows that the extent and complexity of the nursing role differ. It is also important to note that nurses in public hospitals face significant challenges, such as scarcity of resources and large numbers of patients to handle. In contrast, their counterparts in private hospitals are lucky to work in hospitals that are better equipped with modern technology. Nevertheless, no matter the context, it is impossible to overestimate the role of the nurses who regard both direct clinical care and administrative duties and regulations adherence as the crucial pillars of healthcare organizations. When examining the work of Rush et al. (2013), Peters et al. (2010), and the WHO (2017), the idea of the necessity to invest in nurses with resources and policy becomes evident. Thus, by analyzing the specificities of numerous sectors and using best practices, it is possible to help nurses use their potential and achieve better outcomes, contributing to a brilliant culture in healthcare facilities and quality care delivery.

4.3 ISO 45001/2018

Implementing ISO 45001:2018 standards can be regarded as an innovation in OH&S in the health sector as it provides a basis for further improvement of work safety. These standards must define, assess, and control workplace risks to promote health, safety, and organized safety management. According to the World Health Organization (WHO, 2017), facilities adopting ISO 45001:2018 realize better employee morale, ensure patients' safe lives, and highlight the effectiveness of medical facilities. By enforcing these standards across the different processes of healthcare organizations, it is possible to enhance the workforce's satisfaction while reducing other risks like injuries, diseases, and psychological issues the worker may experience at the workplace. This emphasis on safety and sustainability aligns with broader strategic goals in both public and private healthcare sectors, underscoring the adaptability and effectiveness of ISO 45001. Specifically, for the needs of this story, 2018 was taken as the reference year regarding the global vision of health and safety.

Since nurses are considered the employees with the most significant risk of contracting occupational diseases, infections, ergonomics, and mental health issues within the health sector, they are most vulnerable to occupational hazards. Further challenges are observed in public hospitals, particularly those that operate under stretched resources, to ensure that they put in place sound OH&S measures compared to their private counterparts. Michaels and Wagner (2020) argue that ISO 45001:2018 outlines how these challenges can be met through frequent hazard identification, training, and distribution of PPE. For instance, health facilities implementing ISO standards during the COVID-19 outbreak could improve infection prevention procedures and guarantee the provision of protective gear to medical personnel, which immensely helped minimize healthcare-associated transmission. While private hospitals implemented these protocols more significantly due to better resource availability, the public health sector encountered practical and financial constraints when protecting the workforce, thereby unveiling structural disparities.

Leadership and management play pivotal roles in successfully implementing ISO 45001: 2018 employed by both public and private hospitals. Good leadership involves embracing OH&S policies, providing adequate resources, and promoting the culture of OH&S (WHO, 2017). While public hospitals face administrative issues and scarcity of resources hinders the accomplishment of these goals, private hospitals are established and have more leeway in decision-making. Graban (2018) also provides case studies that show learning organizations with OH&S committees achieve significant changes in terms of low incidence of work injuries and low instances of absenteeism. These committees are crucial in enforcing compliance with the ISO requirements, tracking safety measures, and handling employee grievances. However, the different measures of independence and responsibility in public and private hospitals clearly show how these committees can practice safety measures.

ISO 45001:2018 also highlights the importance of linking health and safety systems to other associated organizational processes to achieve objectives. The integration of OH&S with the different aspects of organizational functioning demands real-time performance monitoring, sharing of information across

departments, and the engagement of employees in the decision-making about safety. Mainly, public hospitals are formal organizations with a clear hierarchical structure and subordination of power, which makes it challenging to implement participatory approaches as their employee involvement in decision-making is generally low (Ashmore, 2013). On the other hand, most private hospitals may have more fragmented systems, thus fostering more effective communication and effective and efficient responses to safety measures. The distribution of the necessary resources also varies: private institutions, for example, can have more financial freedom to spend money on modern safety technologies, such as video surveillance systems. These technologies help better identify and mitigate risks in near-real-time, closing the gap between policy and practice (Jayaraman et al., 2021).

One of the most critical factors in the success of ISO 45001:2018 is the management of OH&S objectives and goals for organizational policies and legislation. Observance of the set legal requirements and standards checks that the healthcare structures achieve appropriate levels of responsibility and coordination in implementing safety measures (WHO, 2017). Government healthcare centres receive funds from the government and thus struggle with numerous compliance issues stemming from inadequate resources and poor management. In contrast, private hospitals are most likely to have clear and straightforward organizational structures that enable quick changes regarding regulations. For example, Lambrou et al. (2010) noted that private entities in LNG environments exhibit greater compliance with safety measures, curtailing grievances for both the staff and the patients. While they may claim extensive OH&S coverage, private hospitals' main operational aim can be primarily profit-oriented. Therefore, OH&S services might not be as complete as expected.

Chapter 5. Hospitals Progress Strategies

5.1 Lean Management in Hospitals

Applying the lean management system in hospitals has been observed to be effective. It has led to better organization and productivity, less costs incurred due to wastage, and improved workers' morale. According to Graban (2018), lean methodologies entail using concepts that require constant efforts to find and eliminate process waste. It is important to remember that these principles

contain the idea of using resources most effectively, avoiding duplication, and designing functional workflows in reporting and decision-making. (Chandra and De Choudhury, 2023). Many hospitals are situated in resource-limited environments and are continuously struggling to improve the quality of care delivery with increased efficiency, especially in developing countries; therefore, lean management can be seen as a necessity. For instance, healthcare departments and units such as hospitals have many opportunities to avoid bottleneck processes, leading to improved patient care and a happy workforce. Such balance is beneficial in turbulent settings such as large numbers of patients, shortages of time, and high turnover in large public hospitals, which also indicate the relationship between inefficiency and staff burnout.

Adopting lean management principles helps address workforce satisfaction directly by enhancing orderliness and the teamwork environment. Maphumulo and Bhengu (2019) further posited that flexibility is one of the key advantages of lean systems to an organization, especially where employee and organizational requirements are considered. When lean tools are used in hospitals, the adoption of cross-functional teams is standard, and all the staff members are involved in decision-making. This type of structure makes people feel like they are involved and part of the team, unlike the vertical structures of most healthcare organizations that put pressure on those at the bottom. The outcome is that staff find themselves in a culture that permits them to develop new ideas and be involved in improvement processes. (Almalki et al.,2012). Not only does this foster a sense of dedication to one's job, thus giving employees higher morale, but it also discourages turnovers in an occupation that is notably always in need of workers.

Evaluating the best practices of lean management across healthcare care systems provides evidence of the effectiveness in handling particular concerns in the healthcare industry. For instance, a public hospital in South Africa applies lean principles to eliminate patient admission delays, enhance patient satisfaction, and minimize workloads for staff members (Maphumulo & Bhengu, 2019). Similarly, a private hospital in the United States incorporated elements of lean-in surgical time arrangement by reducing the overtime costs by 30% and boosting the morale of the employees (Graban, 2018). These cases show that applying the lean management system positively impacts public and private hospitals because it allows for operational flexibility despite the

differences in available resources and organizational objectives. Such outcomes highlight the adaptability of lean practices, especially regarding workforce satisfaction and achievement of organizational goals.

Another critical aspect of lean management is that such a system actively creates a culture of constant improvement while encouraging employees to share their opinions and develop professionally. De Simone et al. (2018) also point out that leadership is crucial in creating cultural change. Managers who integrate lean usually encourage openness and teamwork, extending support to their staff, who can challenge the changing trends in the healthcare industry. In addition, Peters et al. (2010) found that the social implementation of lean in hospitals requires improving employee well-being, reducing workplace conflict, and enhancing trust between management and the workforce. Significantly, since the organizational culture of public and private hospitals may vary, this focus on trust and flexibility in times of changing operations pressures guarantees the workforce's continued productivity across the given contexts.

5.2 Training and Development

Training and Development have become the cornerstone of enhancing workforce engagement and organizational effectiveness in healthcare. Training enables healthcare staff to acquire relevant competencies that align with their professional responsibilities and simultaneously realize self and professional development needs. According to Mlambo et al. (2021), practical training programs develop competence, in which employees are equipped with the skills, knowledge, and attitude to grow into a profession to address the changing patients' needs and adopt new technology in health care. The stressful nature of the healthcare profession means that staff continuing education is not a 'luxury' but a crucial necessity since it allows healthcare professionals to provide safe, evidence-based, and patient-centered care. This research deduces that facilities that support professional development are not only prepared to address the existing turbulence of healthcare delivery but also boost the morale of their human resource, which has a direct correlation with their rates of retention and satisfaction levels.

Education and training have been revolutionized with the dawn of complex technologies in the healthcare profession. AI proved effective in Training as it

made the training of hospitals flexible and can be used as a game changer. Jayaraman et al. (2021) note that AI enables identifying the precise areas in which the healthcare staff lacks knowledge and generating content tailored to those needs. For instance, a healthcare facility in the United Kingdom integrated an AI learning application that allowed nurses to offer real-time feedback on appropriate best practices concerning patient health care, contributing to better decision-making of care provision and raising care standards compliance. In the same way, AI has helped in the certification of additional processes in that it mimics various experiences that enable professionals in the health sector to practice without risking the lives of individuals. It can also be integrated into an organization's training regime, which helps decrease the time and money needed to complete traditional forms of training while improving workforce competency and productivity.

Hospitals can also influence and support the professional development of aggression and innovation through mentorship and executive leadership programs. Newly qualified nurses should benefit from such mentorship programs, according to Rush et al. (2013). They go a long way in offering realistic directions and empowering nurses, enabling them to master clinical environments' challenges. Aside from that, leadership development programs represent crucial considerations for outlined participatory management styles. According to Chandrasekar (2011), corporate leadership entails involving the staff in decision-making regarding implementing ideas to ensure people actively participate in projects. Mentorship and leadership of hospital staff help to promote belonging and cohesiveness, which are critical elements of organizational culture and commitment.

Another perspective of training and development is its capacity to foster unity within the workforce with an intellectual understanding of the positions that differentiate public and private hospitals. Governmental healthcare facilities may require students to complete general training to cope with systemic resource limitations and ensure equal access across populations (Hamid et al., 2013). Private hospitals, on the other hand, focus more on professional development courses, which are congruent with the logic of the market and the drive to achieve higher standards in specific areas of health care. Both approaches present unique advantages and challenges, but the overarching goal

remains to warrant that the employees are capable and motivated to deliver on the organizational goals and objectives. As highlighted by Mlambo et al. (2021), it is crucial to understand that irrespective of the sector, the training programs must be aligned to bring together the organizational and personal goals for the employees and the organization to yield the best results.

Another major factor that can facilitate successful training activities is the incorporation of feedback from employees. Hospitals increase the odds of post-training success by including frontline workers in various aspects related to training needs and aspirations. According to De Simone et al. (2018), people would be willing to learn if they feel they own a specific process since they become more open to training. For example, the hospitals that adapted the option to schedule training sessions flexibly noted increased staff interest and fewer workplace interruptions. However, proactive programs focusing on stress, interpersonal, and teamwork have the most significant potential for staff development. Training material must improve service delivery quality based on employees' concerns, creating a professionally competent and psychologically strong workforce to thrive in the demanding hospital environment.

As with any other strategic process, the practice of training and development has its share of pros and cons. Budgeting challenges are another common factor, especially in public establishments; this leads to limited training opportunities and emphasis on daily operational requirements rather than staff development. Ashmore (2013) acknowledges that such products can often not be afforded, resulting in the differentiation between the public and private sectors. However, change resistance still presents a challenge here since employees may consider new training requirements to be an interruption to their regular schedules. Chandrasekar (2011) states that communication helps address such resistance, and leadership that facilitates openness should be encouraged. When these challenges are tackled with strategic decision-making and resource management, the hospital training programs will be sustainable and productive.

Therefore, training and development are essential for managing workforce satisfaction and productivity in healthcare organizations. These ideas range from using artificial intelligence in the teaching modules to utilizing the

services of qualified mentors for enhanced training and development of healthcare workers. By comparing public and private hospitals' strategies, it is clear that while facilities' operational objectives may differ, their goal of qualifying the workforce remains the same. Some methods that can improve program implementation include supporting education, ensuring a level of congruity between the endorsed evidence-based programs and employees' needs and wants, and enhancing the capacity to deal with any implementation barriers that may arise in the process. According to Mlambo et al. (2021), Jayaraman et al. (2021), and De Simone et al. (2018), it is also evident that professional development is not just an organizational obligation. Still, it is also a business necessity to enhance employee and customer satisfaction and provide quality services.

5.3 Addressing Challenges

Strategies that can be used to enhance the operations of hospitals and satisfactorily address the workforce's needs are endured by many barriers. The most important one is the issue of change resistance. This resistance is most common when the organization is big and complicated, like a hospital, and the employees see specific changes threatening their routines or positions. Ashmore (2013) noted that such resistance results from poor communication and a lack of employee participation in decision-making. When employees are isolated or get information about changes in the environment that is insufficient, they are likely to resist changes because the changes seem to be imposed rather than adopted. As Chandrasekar notes, it only takes one or two people to undermine the change process, and to avoid such resistance, leaders must promote trust wherein employees feel safe and appreciated during the changes. For example, there has been a decrease in resistant tendencies because those on the receiving end are involved in framing the change process. This inclusion approach is fundamental in environments where staffing is limited and may sometimes feel overwhelmed.

Other constraints include the financial constraints of implementing progressive strategies within the limited resources available within the hospitals, especially within the public health sector. Funding in many public hospitals is minimal, influencing most managers to focus on routine operational challenges instead of long-term strategic issues such as purchasing state-of-the-art equipment and technology, infrastructure development, and training. As Ashmore (2013)

pointed out, this financial constraint often prevents integrating innovative practices depending on the financial resources available, affecting workforce morale and patient care quality. In contrast, many private hospitals may have better discretion in resource management decision-making, making it easier for them to integrate sophisticated technologies and provide better training plans than many public institutions. However, this is done on the assumption of higher returns on investment, which may pressure the employees. According to Chandrasekar (2011), it is possible to reduce such limitations by seeking other funding options like public-private partnerships. For example, collaborations with tech providers to advance value-based care models that can save money have seen some hospitals upgrade their systems without necessarily committing a lot of resources, which accounts for the possibility of emulating the moves by troubled public entities.

Apart from a culture of resistance to change and lack of adequate funds, organizational inertia presents a substantial barrier to implementing progress strategies. In bureaucratic public healthcare organizations, multiple layers of bureaucratic structures hinder or slow change. Chandrasekar (2011) expounds on how centralized structures tether employees' decision-making ability, quell creativity, and discourage risk-taking on problems. For instance, as stated by Top et al. (2015), a centralized decision-making pattern is frequently observed in public healthcare organizations, which results in putting a lot of decision-making authority in key persons and, thus, distorts the overall organizational decision-making process, making it unable to address the emerging challenges in the workplace promptly. In contrast, private hospitals, often less bureaucratic, can still experience pathologies in the form of prescriptive corporate cultures or overly conservative leadership. To overcome this inertia, there is a need for leaders of hospitals to embrace open systems thinking and managerial flexibility to foster innovation and prompt responses to guideline changes. Engagement of employees in the decision-making processes to flatten the organizations and hold people accountable for their tasks can go a long way in addressing the issues created by a strict corporal hierarchal system.

On the one hand, technological growth brings forth vast opportunities to reduce the complexities experienced in the hospital system, but on the other hand, technological advancements compound these complexities. (Almalki et

al.,2012). Change implementation may be a challenge because employees do not receive proper training or may fear losing their jobs. Similarly, Jayaraman, Salah, and King (2021) supported this transition by developing user-friendly technologies that should be used together with practical training for a smooth transition. For example, IoT devices that help perform some clerical work, such as ordering supplies or tracking inventory, and reducing the load on healthcare workers. However, when implemented without proper training, these technologies may be too complicated and hinder productivity through employee frustration. This is felt in public hospitals more due to inadequate financial and human resource provision for training compared to counterparts in private institutions. Regarding this, while addressing the technological advancement issue, such as investing in the enhancement of the techniques applied in executing the hospital's operations, it is also essential that hospitals invest in the skills of their workers to be able to harness the benefits of the new tools prudently.

Stress and workforce burnout are additional challenges to progress strategies since they depend on human time commitment while dealing with massive tasks like those offered in hospitals. Maphumulo and Bhengu (2019) support their idea with the information that burnout is usually linked to excessive workload, insufficient staffing, and a rigid working schedule, which results in decreased job satisfaction and productivity. To tackle these stressors, it has been suggested that staffing be made more adaptable with less overtime called for, mainly owing to the relative scarcity of resources in many public hospitals. Private hospitals, on the other hand, offer better resources but have performance demands similar to those that lead to such results. The World Health Organization (2017) notes that workplace wellness programs are recommended as a model for enhancing employees' health and well-being, supported by leadership. Organizations that get it right on this front are happier for it and get better patient outcomes, proving the relationship between staff satisfaction and organizational performance.

These complex issues can only be addressed through a comprehensive strategy focusing on organizational objectives and employee requirements. Inpatient care settings cannot afford to have that, so they have to ensure they have a multi-faceted approach that not only focuses on the organizational factors but

also promotes an organizational culture that is inclusive and healthy. According to Chandrasekar (2011), communication plays a significant role in engaging employees in the change process and making them appreciate the new change. Likewise, Maphumulo and Bhengu (2019) say that the establishment should maintain the proper work-life ratio to boost morale and curb employee turnover. These objectives can be expanded using technology by cutting administrative work and increasing organizational efficiency. However, according to Jayaraman, Salah, & King (2021), such innovations must be complemented with proper training programs and adequately communicated to be effective. Hospitals can develop positive environments for employees and patients by understanding and incorporating strategies to manage resistance to change, lack of resources, and organizational inertia into management processes.

Chapter 6. Nurses' professional development.

 In the rapidly evolving medical assistance scenario, the role of continuous professional development (CPD) for nurses cannot be exaggerated. Constant education and training are essential for improving nurses' skills, job satisfaction, and patient care results. As medical care systems navigate advances in technology, changes in patient demographics, and increased quality expectations of care, the need for a robust structure that supports nurses' professional growth becomes increasingly crucial.

The World Health Organization (2017) emphasizes the need to transform and expand the education and training of health professionals to meet the demands of contemporary health care. This global perspective underlines the importance of incorporating CPD into the very weave of the nursing profession. Thus, the developed and comprehensive strategy in education and training can contribute to forming competent and qualified personnel to respond to the challenges of the modern healthcare environment. (MBUTHIA, 2023). It is crucial for enhancing the quality of patient care and addressing the increasing challenges implied by the progressive changes in health services.

Still, Mlambo, Silén, and McGrath (2021) advocate promoting lifelong learning. To conduct the study, the researchers performed a meta-synthesis of the literature on the continuous professional development of nurses. (Almalki et al.,2012). These revelations have further endeared the need to promote a learning culture in health facilities. Life learning is defined by constant engagement in developing personal skills and enhancing the overall organizational and team knowledge. This culture is important because it fosters creativity in the nursing team and helps them to manage better health environments that are ever-evolving and multifaceted.

Moreover, the latest trends in health pointed to the need for comprehensive onboarding processes for new postgraduate nurses, as per Rush et al. (2013). These programs guide entry-level nurse employees in the transition process, as they offer a bridge between academic and practice environments. The transition programs contain aspects of CPD that enhance clinical competence and readiness to cope with the demands of new nurses, Thus minimizing stress levels and enhancing job satisfaction. Embracement of continuous development at the workplace improves retention and fosters a sense of belonging and competency in newly trained nurses.

Professional development affects patient care outcomes because of the skills that are acquired. With increased medical needs, equipped nurses stand to deliver patient needs effectively, improving patient satisfaction and better health outcomes. In their study, Cherry and Jacob (2016) note that integrating CPD into practice enhances critical thinking skills, clinical decision-making, and overall patient care. The indication of the contemporary requirements for applying evidence-based practices and guidelines directly contributes to a safer and more efficient patient health experience.

Chapter 7. Methodology

7.1 Research Design

The study adopted the systematic literature review (SLR) approach due to its audit style in searching, reviewing, and synthesizing the literature on workforce satisfaction and the working environment of the healthcare sector. Cherry and Jacob (2016) asserted that SLR methodology can help compile findings from different sources in presenting established outcomes for a subject area of study. This can help provide a more critical appraisal of quantitative and/or qualitative investigations focusing on the topic, which is desirable. Besides, applying such

an approach ensures that the study is scientific, traceable, and can be repeated, which is crucial in academic studies.

The SLR complied with the PRISMA guidelines commonly used to conduct systematic reviews. PRISMA proved useful in categorizing eligibility criteria that assisted in identifying, screening, and including studies. They facilitate the elimination of possible sources of bias in the review process, thus promoting impartiality and transparency (WHO, 2017). This was helpful when determining the satisfaction level of the workforce in both the public and private healthcare sectors because it meant that observations could be made under different themes. It also entailed structuring the material published between 2010 and 2024 to make the findings outlined herein relevant to work relations in the healthcare field.

The PRISMA flowchart provides an illustrated view of the different stages of study inclusion, making it easier for the reader to comprehend the number of studies included or excluded. Even the process of selecting the studies, from the initial database search up to the final stage of the study inclusion, was documented to improve the methodological conditions of the research. This increases the validity of the conclusions drawn at the final stage of the review since only studies of good quality and relevance are considered.

7.2 Data Sources and Search Strategy

Identifying the data involved using various databases to conduct a broad search and ensure that as many studies as possible were captured. The sources used were PubMed, Scopus, CINAHL Complete, and Google Scholar, which addressed healthcare literature and humanities. The use of multiple databases decreased the likelihood of elimination of essential articles. It is important to mention that the chosen keywords reflected the research objectives adequately. They used some touchstone keywords like ''workforce satisfaction', 'public healthcare,' 'private healthcare,' 'work environment,' and 'health sector, which are highly specific, and they used Boolean operators like AND OR while searching for articles (Hamid et al., 2013; Kumari & Pandey, 2011).

Study selection criteria were used to filter out articles; only those related to the

research question were included. Articles published from 2010 to 2024 were to capture the current developments and practices in the respective fields. Research had to be conducted on the level of workforce satisfaction or work setting offered to the public in health facilities, whether of a government or private nature. Since both concepts are well-defined, only peer-reviewed articles published in English were selected. Conversely, exclusion criteria narrowed down the results to exclude the studies, which led to the healthcare sector outside of healthcare facilities, theoretical papers not supported by empirical evidence, and articles targeting patients or reporting outcomes other than Adverse Drug Reactions (ADRs) (Andersen et al., 2024; Ashmore, 2013).

Specifically, this study used the Scopus, PubMed, CINAHL Complete, and Google Scholar databases in the search process to allow for the inclusiveness of all potential articles. Scopus was given wider database coverage of peer-reviewed publications, and PubMed and CINAHL were used to focus on health and nursing research papers. Google Scholar was used to supplement the search by considering grey literature. Keyword Essentials (e.g., workforce satisfaction; private hospitals; public hospitals) enhanced the results when Boolean operators (AND, OR) were used. Criteria mentioned in section 6.4 are as follows: a) Studies had to be published between January 2010 and December 2024, b) the Target population of the studies had to be healthcare professionals, c) The studies had to compare public and private hospitals, d) The studies need to be empirical and methodologically sound, e) Only peer-reviewed articles in English were considered. The selection process was conducted through title, abstract, and full text utilizing the PRISMA framework. It also helped in the selection of quality sources, thereby minimizing bias and achieving an extensive comparison of workforce satisfaction and work environment in healthcare contexts. This strict approach of selecting only the relevant papers guaranteed that the final sample included only the documents that dealt with the research objectives on the direct level, thus providing solid material to work with.

7.3 Data Extraction and Synthesis

Thus, the procedure of the data extraction was maintained in a standardized manner to avoid any sources of bias and improve the accuracy of the results. Amongst the bias that was considered during extraction, there was selection

bias whereby some studies may deliberately or involuntarily be given preference over others due to databases, language, or accessing constraints (Boell & Cecez-Kecmanovic, 2015). To this end, the studies were selected based on clear inclusion and exclusion criteria, wherein studies regarding workforce satisfaction in only public and private hospitals were selected. In addition, publication bias, whereby only studies with positive findings are more likely to be published as compared to the negative ones or those that drew inconclusive results was controlled by involving both published journal articles as well as other publications like; conference papers and reports.

Data from each article was categorized depending on the following factors, namely, title and author(s), publication year, research approach, participants' description, findings, and relevancy to the study's objectives. These criteria were developed based on the aspects of the literature review that are found in the literature (Jayaraman et al., 2021; Doğan et al., 2023). After reviewing the above-stated methodological studies, the extraction process was undertaken by the author of this dissertation. Thus, the choice of the structuring of the data lent itself to issues and categories categorization, synthesis across studies, and further comparative analysis.

This research used secondary data which is one of the typical methods of systematic literature reviews (Snyder, 2019). The usage of secondary data was not done because the authors failed to collect primary data; instead, it was done to take advantage of the methodological advantages of the approach. Secondary data analysis means a wider comparative study of the sources already available which tries to spare the costs and time spent in primary data collection to a great extent (Johnston, 2017). This approach means that results are obtained from different studies, thus increasing the failure or generalization and reduction of limitations by individual studies.

To account for a comprehensive picture of the state of workforce satisfaction in private and public hospitals, qualitative and quantitative reports were all taken into consideration. Thematic analysis of the qualitative data was done to establish prominent trends, challenges, and influencing factors while the quantitative data was synthesized to indicate the differences in workforce satisfaction across the hospital sectors. The use of this mixed-method approach provided a broader perspective on the workforce experience, meaning that the study incorporated numerical data and qualitative reasoning.

To ensure that data is accurate, the following measures were taken in order to

avoid gross inaccuracies: Both the coder and researcher cross-checked extracted data with the original source and findings were coded systematically according to the theme and method of the research. Furthermore, NVivo software was applicable as a qualitative data analysis tool that also helped in cataloguing the data for coding of themes and development of patterns. The structured data extraction templates and categorization frameworks that were adopted also helped to make the synthesis process as transparent and replicable as possible.

The structure of this research strictly adhered to an implementation process of data collection and analysis ensuring synthesis of existing data on workforce satisfaction in both the public and private health sectors. The systematic approach to the process makes the research outcomes more valid and objective and guarantees that the conclusions drawn correspond to the general tendencies in the field of the research topic.

7.4 Study Selection and Screening Process

creening of the studies was done using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist to meet the required standard in the review process. PRISMA involves four main steps which are Identification, Screening, Eligibility and Inclusion of articles (Moher et al., 2009). Thus, this minimizes selection bias, increases the method's replicability and ensures the quality and relevance of the selected studies (Page et al., 2021).

The initial search resulted in 7,200 records across the three key Academic databases which include; PubMed, CINAHL Complete, and Scopus. All in all, 10,704 articles were screened and 30 studies were finally included into the review. The databases were chosen to conduct the study with focus on the healthcare workforce research:

• PubMed useful to explore research in the biomedical and health sciences especially for searches involving clinicians' health, workforce, and dealing with hospitals.

• CINAHL Complete: This is a nursing and allied health research database that guarantees access to Workplace satisfaction studies in health sectors.

• Scopus: This is a multidisciplinary database and covers the topics like organizational behavior, health care management and workforce studies which are wider in scope and can be used to compare the public and private hospitals.

These databases were selected in order to cover as many topics as possible

from the field of healthcare, nursing and organization studies.

Inclusion and Exclusion Criteria

In order to avoid acquiring useless or irrelevant information before the start of the screening, a list of inclusion and exclusion criteria was developed beforehand in an effort to include only the most suitable and quality studies on the final review.

Inclusion Criteria:

Population: The following are the population of the study: All the healthcare workers such as nurses, doctors, and other health care givers in public or private hospitals.

Special Emphasis: Workforce Utilization, Work Setting, Work Satisfaction, Leadership, and Hospital Administration.

Methodological Approach: Probability and Non-Probability Sampling –a quantitative or qualitative research or both.

Publication Type: Peer-reviewed journals in the English language that have appeared in the time between 01-01-2010 and 31-12-2024 to incorporate the current factors and policies affecting the hospital staff satisfaction.

Exclusion Criteria:

Population: Specific to patients, other than patients employed in health care professions, or primary care settings such as clinics.

Exclusion criteria: manuscripts investigating workforce satisfaction or hospital work environments other than the ones where people receiving the transplant received their treatment; articles that focus solely on clinical results or specific treatments and procedures for transplant patients.

Type of Papers: Only review articles, editorial pieces, theoretical, and papers with no actual empirical data or experiments.

The rationale for these criteria was simply to keep the features as pertinent as possible to the research question: How the workforce satisfaction and working environment of public and private hospitals compare? This way, the analysis relies only on empirical research, thus, the findings are valid and accurate.

Search Strategy and Filters Applied

A structured search strategy was used, combining Boolean operators (AND, OR) and keyword variations to ensure a comprehensive search. The following search terms were used:

- *("workforce satisfaction" OR "employee satisfaction" OR "job satisfaction")*
- *AND ("public hospitals" OR "private hospitals" OR "healthcare workforce")*

- *AND ("working environment" OR "organizational culture" OR "leadership" OR "workplace conditions")*

  The search results were filtered using several layers of screening to ensure relevance and quality. The filters applied included:

  Publication Year: 2010–2024 (to focus on modern workforce trends).

  Language: English (to maintain consistency in data interpretation).

  Study Type: Empirical research only (to exclude theoretical discussions).

  Peer Review: Only peer-reviewed articles (to ensure credibility).

  These filters helped narrow down the vast number of studies and exclude irrelevant or low-quality sources.

  Screening and Study Selection Process

  Following the PRISMA framework, the screening process involved three main phases:

  1. Initial Screening (Title & Abstract Review)

  After applying the first set of filters, all articles were screened by title and abstract to remove irrelevant studies.

  2. Full-Text Screening

  The remaining studies underwent full-text assessment to determine relevance and methodological quality. Exclusion was based on:

- Population mismatch (e.g., studies on patient satisfaction instead of workforce satisfaction).

- Lack of measurable workforce-related outcomes (e.g., studies focusing solely on hospital performance).

- Methodological issues (e.g., weak sample sizes, poor research design).

  3. Final Inclusion

  A total of 30 studies were included in the final review after this rigorous selection process.

  Detailed Database Search and Screening Results

  PubMed Search

- Records Identified: 3,500

- After Applying Filters: 1,400 (Removed: 2,100 for unrelated topics, patient focus, or pre-2010 publication).

- Full-Text Articles Assessed: 80 (from 1,400) → Articles were prioritized based on relevance to workforce satisfaction.

- Full-Text Exclusions: 70 (Reasons:

1. Population mismatch (25),

2. Lack of measurable outcomes (20),

3. Methodological issues (15),

4. Unrelated focus (10)).

- Studies Included: 10 (e.g., Hamid et al., 2013; Andersen et al., 2024).

    CINAHL Complete Search

- Records Identified: 2,200

- After Applying Filters: 600 (Removed: 1,600 due to non-healthcare focus).

- Screened After Peer Review & Language Filters: 300

- Full-Text Articles Assessed: 50

- Full-Text Exclusions: 40 (Reasons:

    1. Non-healthcare settings (20),

    2. No measurable workforce-related outcomes (10),

    3. Methodological limitations (10)).

- Studies Included: 10 (e.g., Doğan et al., 2023; De Simone et al., 2018).

    Scopus Search

- Records Identified: 1,500

- After Applying Filters: 400

- Full-Text Articles Assessed: 50

- Full-Text Exclusions: 40 (Reasons:

    1. Study design issues (20),

    2. Unrelated focus (15),

    3. Population mismatch (5)).

- Studies Included: **10** (e.g., Sánchez-Sánchez & Fernández Puente, 2021; Top et al., 2015).

    Summary of Included Studies

    The final dataset comprised 30 empirical studies, categorized as follows:

- Qualitative studies: 10 (exploring employee experiences, job satisfaction, and workplace culture).

- Quantitative studies: 15 (measuring workforce satisfaction using statistical analyses).

- Mixed-method studies: 5 (combining qualitative insights and quantitative metrics).
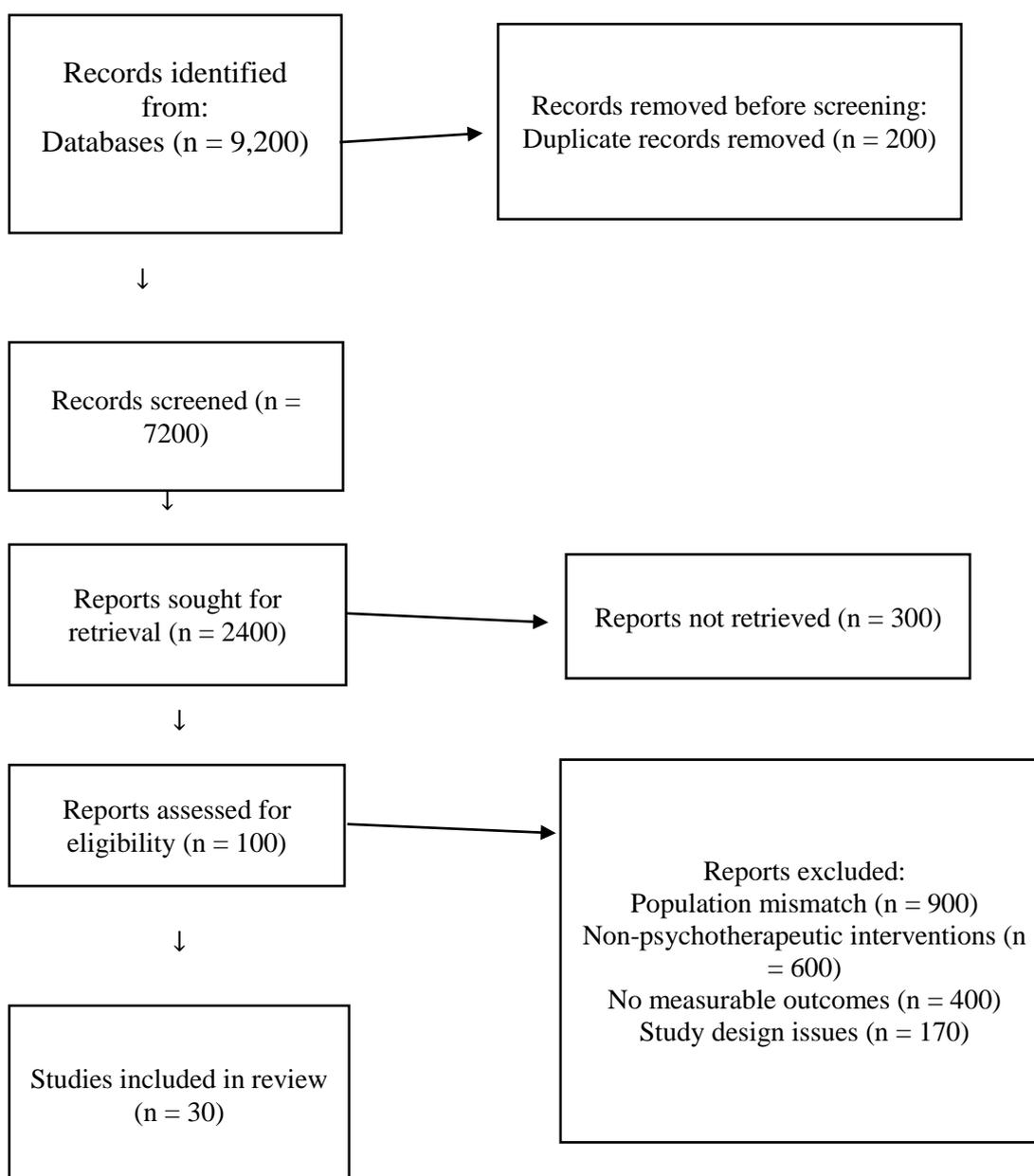
    Key themes identified:

    Impact of leadership styles on workforce satisfaction (e.g., Sánchez-Sánchez & Fernández Puente, 2021; Top et al., 2015).

Sectoral differences in workforce satisfaction (e.g., Hamid et al., 2013; Andersen et al., 2024).

Role of organizational culture and compensation (e.g., De Simone et al., 2018; Doğan et al., 2023).

Figure 1.   PRISMA Flowchart

Identification of studies via databases

```
┌────────────────────────┐          ┌────────────────────────────────┐
│  Records identified     │          │  Records removed before         │
│  from:                  │─────────▶│  screening:                     │
│  Databases (n = 9,200)  │          │  Duplicate records removed      │
│                         │          │  (n = 200)                      │
└────────────────────────┘          └────────────────────────────────┘
            ↓
┌────────────────────────┐
│  Records screened       │
│  (n = 7200)             │
└────────────────────────┘
            ↓
┌────────────────────────┐          ┌────────────────────────────────┐
│  Reports sought for     │─────────▶│  Reports not retrieved          │
│  retrieval (n = 2400)   │          │  (n = 300)                      │
└────────────────────────┘          └────────────────────────────────┘
            ↓
┌────────────────────────┐          ┌────────────────────────────────┐
│  Reports assessed for   │─────────▶│  Reports excluded:              │
│  eligibility (n = 100)  │          │  Population mismatch (n = 900)  │
└────────────────────────┘          │  Non-psychotherapeutic          │
            ↓                        │  interventions (n = 600)        │
┌────────────────────────┐          │  No measurable outcomes         │
│  Studies included in    │          │  (n = 400)                      │
│  review (n = 30)        │          │  Study design issues (n = 170)  │
└────────────────────────┘          └────────────────────────────────┘
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Chapter 8. Research results.

This chapter integrates the outcomes of the 30 articles identified to analyze the patterns and trends concerning workforce satisfaction and work environments in healthcare's public and private sectors. In presenting the studies, this chapter highlights their findings on the antecedents of employee satisfaction, such as leadership behavior, organizational culture, and career advancement. The review maintains common themes, including leadership engagement, organizational worker incorporation, and worker self-governance, as factors that define satisfaction levels in various healthcare settings. (Turkyilmaz et al. 2011). It further explores how organizational work environments in public and private hospitals are developed and how scarcity of resources, large organizational structures, and profit motives impact staff morale and productivity. Through these dimensions, this chapter presents a comprehensive picture of factors that define workforce satisfaction and paves the way to

solutions in other sections of the paper.

8.1 Overview of Selected Studies

The summary of the 30 articles reveals that the perception of workforce satisfaction and work environments in public and private healthcare sectors is well covered. These results indicate specific trends, which are crucial to understanding the motivation and relations that define the loyalty and productivity of professionals and the effectiveness of hospitals. For example, Hamid et al. (2013) show that due to a shortage of resources and organizational red-tapism, the nurses in the public hospitals they studied were less satisfied than the employees of private hospitals, who suffered from job insecurity despite better remuneration packages public sector employees consider job security and the social importance of their positions important, private sector employees attribute job satisfaction to autonomy and organizational support. These two contrasting cases show how organizational factors and occupational health intersect. Moreover, Sánchez-Sánchez and Fernández Puente (2021) have also examined how public hospitals value equality and community services but are weak on competitive remuneration and career advancements. On the other hand, as private hospitals tend to be financially more potent and have better revenue generation capabilities, the issue of employee satisfaction is again compromised by profit margin concerns.

Another significant trend that can be identified is the work done on leadership behavior, organizational climate, and culture. Aristana et al. (2023) note that transformational leadership substantially influences workforce morale by promoting trust, professional development, and effective communication. Zullo (2021) also notes that the lack of communication within organizations, such as those in the public hospital systems that follow the hierarchy, often leads to employee dissatisfaction, while private hospitals that espouse a participatory leadership culture are likely to maintain high employee satisfaction. The analyzed papers also show that fair acknowledgment of employees' efforts significantly enhances job satisfaction within both sectors. For instance, Top et al. (2015) underscore that transformational leadership practice and employee engagement through decision-making strengthen employee commitment and organizational attachment, particularly in private hospitals.

However, trends in professional learning are one more moniker that significantly contributes to workforce satisfaction. According to Mlambo et al. (2021), professional development is a key component that enhances employee performance and motivation. Budget restrictions also dictate that public hospitals offer insufficient training practices compared to private hospitals, where professional development is a retention tool. In the private sector, Lambrou et al. (2010) claimed that the employees of private hospitals received frequent training sessions and well-defined career ladders and, hence, were more satisfied than their counterparts in the public sector, who complained of lack of mobility in training.

8.2 Themes Identified in the Literature

The literature review shows several patterns that openly impact workforce satisfaction in the healthcare industry, with leadership, organizational culture, and employee independence being the most considerable. Leadership styles are one of the most influential factors determining organizational behavior, especially if it is as delicate as the healthcare industry. Transformational leadership is often recommended as the best practice for increasing satisfaction among the workforce, as pointed out by Aristana et al. (2023). It focuses on procedural communication, decentralization of power, and the fostering of interpersonal trust to develop an organizational culture that is highly engaged and employee-centric. In private hospitals, leaders who use this style may find that the staff morale is high and the turnover rate is low. On the other hand, the ability to practice public hospital leadership, which often lacks flexibility and proper organizational culture, does not turn out to be as successful. Zullo (2021) further supplements these findings because participatory leadership boosts communication and creativity, which is fundamental for retaining worker satisfaction where resources are scarce.

Another interesting theme is the organizational culture. Positive organizational culture is essential in any workplace since it helps encourage employees to abide by policies and procedures, perform effectively, and have job satisfaction and organizational commitment. According to Sánchez-Sánchez and Fernández Puente (2021), private hospitals encourage organizational cultures that recognize and reinforce high performance and innovation, thus enabling

individuals in conformance with employee goals to work in compliance with the company's goals. In turn, the public hospital's culture may foster purpose by valuing equality and service to the community. However, this focus can sometimes lead to overemphasizing the group goals to the detriment of the individual, and in the process, the employees end up frustrated and burned out. Top et al. (2015) state that a lack of recognition causes disengagement, while private hospitals that provide feedback and recognition with tangible incentives often see greater satisfaction.

Another constantly emerging theme is the level of employee autonomy that affects satisfaction. In the competitive environment of private hospitals, the employees are granted a higher autonomy in decision-making. Hamid et al. (2013) stated that this autonomy increases employee responsibility and ownership of work, leading to increased satisfaction levels. As for public hospitals, there are many restrictions as they are bound by their organizational structure and bureaucratic rules, often depriving their employees of a significant degree of freedom. This limitation can lead to dissatisfaction and lower innovation (Chandrasekar, 2011). These two sectors can be compared where more independence and responsibility are seen in their effect on workforce happiness.

8.3 Sector-Specific Challenges

Work satisfaction and productivity differ significantly between public and private hospitals. Public hospitals face many constraints, such as human and financial resources, internal and external bureaucracy, and centralized structures. According to Top et al. (2015), these factors result in workload pressures, insufficient infrastructure, and limited training, all of which create low employee morale. For example, Lambrou et al. (2010) revealed that the employees of public hospitals often complain of organizational devaluation because of lapses in appreciation and promotion. Also, public hospitals have a rigid top-down structure that constrains creative practices and dependency on upper management, which leads to dissatisfaction. Still, general population hospitals offer meaningful experiences and opportunities to serve others, as mentioned by Sánchez-Sánchez and Fernández Puente (2021). Some employees see their positions as helping to fulfill the needs of those other service providers do not reach; this serves as partial compensation for a perceived shortage of resources.

On the other hand, challenges experienced by private hospitals stem from financially motivated operation strategies. Hamid et al. (2013) pointed out that though private hospitals offer better-paying jobs and resource centers, this organizational culture concentrates more on financial results, creating pressure. Workers can quickly get the impression that they are only essential in as much as they produce profits. Furthermore, Ashmore (2013) states private hospitals face high staff turnover because of perceived job insecurity. Nevertheless, private hospitals also have advantages such as career progression and a relatively liberal approach to working policies. According to Graban (2018), lean techniques implemented in private hospitals enhance performance and workforce satisfaction, decreasing some of the adverse impacts of the profit-oriented system.

The differences in problems experienced by public and private hospitals explain why one cannot apply the exact solutions as the other. The state has to bring changes in public hospitals; they are bound to ticket constraints of resources and should also focus on improving the recognition systems to improve employee satisfaction. Potential solutions for bureaucratic barriers include utilizing the participatory leadership system and focusing on equity in its professional development programs. In contrast, private hospitals should establish a supportive environment that accentuates the financial rewards while paying attention to the employees' health. It has been postulated by Zullo (2021) that approaches like the implementation of the employees' mentorship and other programs, as well as the enhancement of largely open communication, could facilitate the building of the appropriate employee's trust and commitment.

Chapter 9: Conclusions and Recommendations

9.1 Summary of Key Findings

The systematic literature review conducted in this research has offered significant findings about the dynamics of workforce satisfaction and work environment in the healthcare sector, with special attention to the comparisons between the public and private sectors. Among the significant research findings is that organizational structure and culture are the key determinants of worker

satisfaction. According to Andersen et al. (2024), public sector HCWs appreciate the security and the opportunity to serve the community that comes with employment in the sector but experience barriers like management hindrances and lack of decision-making power. On the other hand, private sector employees receive higher remunerations and have better tools but face layoffs and higher performance expectations. Based on these findings, it can be concluded that workforce satisfaction is a multifaceted construct, and both intrinsic and extrinsic motivators affect it.

This review also showed that leadership and management behaviors are influential in creating positive work environments. Specifically, De Simone et al. (2018) identified transformational leadership as a significant element in enhancing morale and organizational commitment. Managerial practices of inclusiveness, recognition, and clear communication from leaders also increase job satisfaction in both sectors. Also, the policies the respondents thought enhanced satisfaction at the workplace, including professional development and work-life balance, with Sanchez-Sanchez and Fernández Puente (2021) pointing towards the need for fair chances to grow and flexibility at the workplace.

Workload and stress emerged as prominent factors affecting employee satisfaction throughout all the studies, especially in the healthcare industry, where the pressure is high due to excessive patient traffic and scarcity of amenities. Studies like Hamid et al. (2013) and Lambrou et al. (2010) outlined the negative impact of burnout and stress arising from the bureaucratic complexities in public institutions and the profit-greed motives in the private sector. Nonetheless, efforts to promote healthy workplace relationships for work engagement, as suggested by Mlambo et al. (2021), have proven to minimize these adverse effects.

Finally, the gaps in the review suggested that public and private hospitals differ in their capacity to make improvements that increase the workforce's satisfaction. Public hospitals are more bureaucratic and financially challenged and are often slow in implementing new strategies, while private counterparts can allocate resources and enact policies more liberally. According to Top et al. (2015), these differences imply that the societal aspects generate a more

comprehensive view of the causes of satisfaction in each sector.

9.2 Recommendations

Considering the results of the systematic literature review, several recommendations that should be based on the evidential data can be provided to increase workforce satisfaction in public and private healthcare institutions. First, organizations should adopt transformational leadership practices as empirical evidence shows that they promote employee trust, motivation, and cooperation. Graban (2018) also identifies good leadership practices such as leaders spending time on the factory floor, communicating effectively, and acknowledging individuals' or groups' contributions to the organizational goals. Leadership training programs must be developed to ensure managers can shape a positive work culture in both sectors.

Furthermore, workload and stress management are essential factors that can impact employees' general health and job satisfaction. Institutions should embrace policies involving applying for shift options, staffing, and accessing mental health services. According to Lambrou et al. (2010), equal opportunities should embrace a working time balance, claiming that personal time should be enabled and excessive working hours discouraged. Specifically, public hospitals should lobby the government to increase their financial support to reduce pressure in terms of resources and workload dispersion.

It should also encourage professional development activities to improve job satisfaction and organizational commitment. Promotion plans, coaching engagements, and learning and development efforts can help employees fulfill their career aspirations. According to Mlambo et al. (2021), embracing a continuous learning culture is crucial to enhancing the culture of excellence and innovation. Training and educational programs, which offer tailored solutions as described by Jayaraman et al. (2021), along with other AI-driven training modules, should initially be introduced in private hospitals that are assumed to have more opportunities to navigate flexible resources.

In addition, organizations must embrace equality and diversity as keys to building equitable workplaces. Employers should adopt equal opportunity

policies that endorse equality and eliminate prejudice and discrimination in the workplace. Sánchez-Sánchez and Fernández Puente (2021) note that equal pay is crucial to prevent dissatisfaction over remunerations, as some workers in specific healthcare settings, such as public hospitals, may earn more than others. Both sectors should always ensure that they periodically review their remuneration structures to remain attractive enough to retain experienced and skilled employees.

Lastly, it is possible that enhanced cooperation between public and private actors in healthcare can help disseminate the best practices and develop more effective strategies. These collaborations can also influence systems by addressing issues like professional burnout and the allocation of resources. Hamid et al. (2013) state that sector-specific programs like cross-training and research can foster shared cooperation and lead to a strong, integrated healthcare workforce.

Limitations and Implications

Limitations

However, there some limitations in this study due to the strict adherence to the systematic literature review methodology that was adopted in the research.. First, there might be selection bias resulting from using only English articles and scientific journals, offering no consideration for non-English publications or industry reports that can be useful. Second, only three academic databases, including PubMed, CINAHL Complete, and Scopus without any language restriction were considered whereby some of the related research works conducted in specialized journals may not have been included in this analysis. Third, the time span (2010–2024) comprised current but does not include previous years that might have influenced the current state of workplaces. Firstly, variations in study approaches and designs used in all the articles included may result in discrepancies and make it difficult to conduct head to head comparisons, in or out, private and public hospitals. However, as it is an SLR, it does not include primary empirical evidence, like interviews or surveys that would present a real time opinion of the workforce.

Theoretical and Practical Implications

This study enriches the body of knowledge on the topic of workforce satisfaction by providing a systematic review on the hospital work environment, Sectoral differences, and the roles of elements like, leadership,

organization culture, and job security. It builds the basis of further meta-synthesis and empirical research regarding workforce health.

In practical terms, the findings present implications for hospital management and policy making in the sphere of the organization's workplace and employment policies, staff retention, as well as leadership development. By showcasing these challenges, the overall satisfaction of employed personnel can be improved and thus the burnout rate can be decreased leading to better and quality patient care for both the public and private hospitals.

9.3 Future Research Directions

This dissertation contributes to understanding the workforce's satisfaction levels and the nature of work environments, but several gaps in knowledge have been identified. One of the most promising areas for future research is the effects of leadership behaviors on turnover and performance. According to Cherry and Jacob (2016), although cross-sectional leadership may be effective, its longevity has not been comprehensively explored in contexts including public hospitals with limited resources.

Moreover, cross-sectional and cross-cultural investigations of workforce satisfaction in healthcare would afford a richer understanding of the tested construct. It should be pointed out that elements defining satisfaction may differ depending on the extent of socio-economic and cultural disparities (Sánchez-Sánchez & Fernández Puente, 2021). Examining such differences is crucial to identifying potential approaches to enhance satisfaction across various contexts.

Future research studies can, therefore, focus on how technological advancement can help determine the environment in which employees work and the extent to which these environments offer satisfaction to the employees involved. As explained by Doğan et al. (2023), using EHRs and other sources of digital technology helps eliminate roles and responsibilities that incorporate time and effort. However, there is still a need to determine the adverse effects of the idea, including increased screen time and technological stress. Analyzing the positive and negative aspects of using technology in the workforce may help to create better digital tools.

Last, exploratory studies on the outcomes of partnerships between public and private healthcare sectors may illuminate the systems' general enhancement. According to Hamid et al. (2013), there is a fundamental idea that the sectors should work together to solve common problems such as shortage of staff and lack of resources. Assessing the effectiveness of such integrated efforts can help develop policies addressing the healthcare sector's value, production, and job happiness.

Υπεύθυνη Δήλωση Συγγραφέα:

Δηλώνω ρητά ότι, σύμφωνα με το άρθρο 8 του Ν.1599/1986, η παρούσα εργασία αποτελεί αποκλειστικά προϊόν προσωπικής μου εργασίας, δεν προσβάλλει κάθε μορφής δικαιώματα διανοητικής ιδιοκτησίας, προσωπικότητας και προσωπικών δεδομένων τρίτων, δεν περιέχει έργα/εισφορές τρίτων για τα οποία απαιτείται άδεια των δημιουργών/δικαιούχων και δεν είναι προϊόν μερικής ή ολικής αντιγραφής, οι πηγές δε που χρησιμοποιήθηκαν περιορίζονται στις βιβλιογραφικές αναφορές και μόνον και πληρούν τους κανόνες της επιστημονικής παράθεσης.

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Appendices

Summarizing article characteristics.

Author(s)	Year	Title	Key Focus	Findings/Insights
Andersen et al.	2024	Does work quality differ between the public and private sectors?	Comparison of work quality in public vs private sectors	Identified significant differences in autonomy and flexibility.
De Simone et al. ...	2018	The role of job satisfaction, work engagement, self-efficacy.	Factors influencing satisfaction in nurses	Highlighted the importance of self-efficacy, engagement, and turnover intention.
Hamid et al.	2013	Job satisfaction among nurses working in the private and public sectors	Satisfaction levels in private vs public hospitals	Private hospitals offer better pay but higher stress; public hospitals provide job stability.
Mlambo et al.	2021	Lifelong learning and nurses' continuing professional development	Professional development in nursing	Emphasized CPD's role in improving satisfaction and workforce performance.
Sánchez-Sánchez & Fernández	2021	Public versus private job satisfaction	Job satisfaction differences	Public employees valued stability;

Puente			across sectors	private employees emphasized flexibility and compensation.
Lambrou et al.	2010	Motivation and job satisfaction among medical and nursing staff	Motivation and satisfaction factors	Leadership and opportunities for growth positively impacted satisfaction.
Top et al.	2015	Examining transformational leadership, job satisfaction, organizational commitment	Leadership styles in healthcare	Transformational leadership increases trust, satisfaction, and loyalty.
Rush et al.	2013	Best Practices of Formal New Graduate Nurse Transition Programs	Onboarding programs in nursing	Transition programs improved nurse retention and satisfaction levels.
Graban	2018	Lean hospitals: improving quality, patient safety, and employee engagement	Efficiency and engagement in healthcare	Lean management improved workflow and enhanced job satisfaction.
Ashmore	2013	'Going private': A qualitative comparison of medical specialists' job satisfaction	Specialist satisfaction in public and private hospitals	Highlighted disparities in resources, autonomy, and workload.

PRISMA Flowchart

Identification of studies via databases

Records identified from: Databases (n = 9,200)	→	Records removed before screening: Duplicate records removed (n = 200)

↓

Records screened (n = 7200)

↓

Reports sought for retrieval (n = 2400)	→	Reports not retrieved (n = 300)

↓

Reports assessed for eligibility (n = 100)	→	Reports excluded: Population mismatch (n = 900) Non-psychotherapeutic interventions (n = 600) No measurable outcomes (n = 400) Study design issues (n = 170)

↓

Studies included in review (n = 30)