

ORIGINAL ARTICLE

Job satisfaction and influencing factors among young medical staff based on ERG theory

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ABSTRACT

Objective: On the basis of the existence, relatedness, and growth (ERG) theory, this study examines job satisfaction and its influencing factors among young medical staff at a public grade A tertiary general hospital in a prefecture level city, and explores corresponding management strategies according to the factual evidence. **Methods:** An electronic questionnaire survey was conducted on a random sample of 500 young medical staff at the hospital. Descriptive statistical analysis and single-factor variance analysis were performed. **Results:** The satisfaction of survival needs among young medical staff is reflected in their work itself and remuneration; relatedness needs are reflected by relationships with colleagues, organizational management, hospital culture, and professional identity; and growth needs are reflected in professional development. **Conclusion:** To address the ERG needs of young medical staff and improve their satisfaction, hospitals may consider optimizing the practice environment, boosting remuneration, improving internal communications, deepening hospital culture construction, and strengthening employee career management.

Key words: young medical staff, job satisfaction, ERG theory

BACKGROUND

Currently, public hospitals prioritize the enhancement of patient satisfaction; however, the fundamental objective of medical reform is to serve the interests of both physicians and patients.^[1] Improving the satisfaction of medical staff has thus emerged as a crucial subject in contemporary hospital administration. Existing research in this area has rarely focused on young medical staff members who constitute the reserve force for future medical development and whose growth potential and career planning significantly impact the hospital's future

functional orientation. Existence, relatedness, and growth (ERG) theory posits that individuals can simultaneously pursue survival, forge mutual relationships, and fulfill their essential needs for growth and development, and such needs give rise to motivational factors and corresponding managerial approaches.^[2-3] This study aims to investigate the influencing factors of young medical staff's satisfaction based on ERG theory and provide references for devising effective management strategies.

PARTICIPANTS AND METHODS

Participants

A random sample of 500 young medical staff members (≤ 35 years old) from a grade A tertiary general hospital in Nantong were selected as the research subjects.

Methods

A total of 463 questionnaires were collected, yielding an effective rate of 92.6%. The survey, based on the ERG theory, was developed through a comprehensive review of the relevant literature. The questionnaire was adapted to the specific context of the general hospital using a

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mature survey scale focusing on domestic and international material. The 5-point Likert scale assigned scores ranging from 1 (strongly disagree) to 5 (strongly agree). A threshold of 3.5 was established, with scores ≥ 3.5 indicating relative satisfaction and scores < 3.5 signifying dissatisfaction.

Statistical analysis

Data were statistically analyzed using SPSS 24.0, and the primary statistical method used was ANOVA, where the total score for each item was computed as the average of the sum of scores. Quantitative data are presented as mean \pm standard deviation, and $P < 0.05$ is deemed to be statistically significant.

RESULTS

Information for participants

Table 1 presents general information on the research subjects.

Overall job satisfaction among young medical staff

The data presented in Table 2 reveal that the overall satisfaction of young medical staff in the prefecture-level, grade A tertiary general hospital is 3.58 ± 0.56 . Among the nine aspects evaluated, organizational management, hospital culture construction, and career development yield higher satisfaction levels, while job satisfaction, salary, and professional identity exhibit lower satisfaction levels.

The top three individual satisfaction scores include “get along well with colleagues and communicate smoothly,” at 4.23 ± 0.58 , “seldom quarrel with colleagues at work,” with 4.22 ± 0.58 , and “strong team spirit among colleagues,” at 4.13 ± 0.67 . The lowest individual satisfaction scores are all associated with the nature of the work itself, featuring “high occupational risk at work,” with 1.59 ± 0.60 , “high job responsibility requirements,” at 1.65 ± 0.58 , and “heavy workload,” with 1.80 ± 0.61 .

Factors influencing the satisfaction of young medical staff

With regard to gender, significant differences were observed in the scores of young medical staff across different genders regarding the work itself, professional development, professional identity, organizational management, doctor–patient relationships, and hospital culture construction. Male participants scored higher than their female counterparts, particularly in terms of professional identity (Table 3).

Nature of position: Significant differences are observed in the satisfaction scores for the relationship with colleagues, organizational management, and hospital culture construction across various positions. In general, the satisfaction levels for each dimension follow this order: medical technology $>$ clinical $>$ nursing. The satisfaction score of medical technology is approximately 4 (Table 4).

Professional title: The differences in satisfaction are statistically significant among young medical staff of different professional titles and other dimensions, except for the work itself. In the dimension of relationships with colleagues, individuals with primary professional titles exhibit the lowest satisfaction scores. Satisfaction in other dimensions decreases as individuals attain higher professional titles (Table 5).

Age: The differences in young medical staff’s satisfaction with work itself, professional identity, and remuneration related to age variation are statistically significant. Satisfaction scores across all dimensions exhibit a declining trend with increasing age (Table 6).

Educational level: Young medical staff exhibit a statistically significant difference in job satisfaction regarding the work itself and remuneration on the basis of educational background. Specifically, undergraduate education corresponds to the lowest job satisfaction score, with satisfaction decreasing as the educational background increases (see Table 7).

Years of working: Statistically significant differences are observed among young medical personnel regarding practice environment and remuneration on the basis of years of work experience; the scores tend to decrease as work experience increases (see Table 8).

DISCUSSION

Existence needs of young medical professionals

The urgent needs of young medical staff in the hospital mainly focus on lower-level existence needs, namely the lower satisfaction with “work itself” and “remuneration”. Young medical staff are the primary workforce in the clinical field and are deeply influenced by the distinctive aspects of medical practice, which encompass factors such as “high risk, high pressure, high technology, and high burden” in their daily work.^[4] Meanwhile, it is widely acknowledged that the remuneration of medical staff cannot fully reflect their work value.^[5] As age, professional title, and years of service increase, employees pay more attention to the fairness and rationality of remuneration. The hospital

Table 1: General information for participants

Item	Number of participants	Composition (%)
Gender		
Male	52	11.23
Female	411	88.77
Age		
20 years and below	8	1.73
21–25 years old	130	28.07
26–30 years old	185	39.96
31–35 years old	140	30.24
Educational level		
Junior college and below	78	16.85
Undergraduate	331	71.49
Master's and above	54	11.66
Nature of position		
Clinical	84	18.14
Medical technology	35	7.56
Nursing	344	74.30
Professional title		
Untitled	58	12.53
Primary	371	80.13
Intermediate	34	7.34
Years of working in the hospital		
< 1 year	51	11.02
1–3 years	120	25.92
4–6 years	101	21.81
7–9 years	105	22.68
10 years and above	86	18.57

Table 2: Satisfaction scores in respondents (mean ± SD)

Dimension	Score
Work itself	2.79 ± 0.44
Practice environment	3.74 ± 0.71
Relationship with colleagues	3.75 ± 0.40
Professional development	3.76 ± 0.70
Professional identity	3.72 ± 0.79
Remuneration	3.43 ± 0.87
Organizational management	3.85 ± 0.67
Doctor–patient relationships	3.75 ± 0.75
Hospital culture construction	3.85 ± 0.68
Overall satisfaction	3.58 ± 0.56

implements an equal pay system, but because of the general phenomenon of high risk and low income in the medical industry and young medical staff being more concerned about their actual remuneration while neglecting “invisible income” such as “five social insurance and one housing fund”, they do not have a comprehensive understanding of their remuneration structure. Therefore, they are not satisfied with the

existing remuneration. Especially according to Adams' equity theory, job satisfaction with remuneration depends on the sense of fairness in salary distribution. In this study, the higher the education level, the more the individual invests, and the higher the psychological expectation for returns. They pay more attention to whether the remuneration is proportionate to their efforts. When their psychological expectations are not

Table 3: Satisfaction among young medical staff of different genders (mean ± SD)

Dimension	Male (n = 52)	Female (n = 411)	t value	P value
Work itself	2.98 ± 0.40	2.77 ± 0.44	3.328	0.001
Professional development	4.04 ± 0.74	3.72 ± 0.69	3.052	0.002
Professional identity	4.12 ± 0.75	3.67 ± 0.79	3.969	< 0.001
Organizational management	4.11 ± 0.62	3.82 ± 0.67	2.890	0.004
Doctor–patient relationships	4.11 ± 0.65	3.71 ± 0.75	3.635	< 0.001
Hospital culture construction	4.08 ± 0.69	3.82 ± 0.67	2.595	0.010

Table 4: Satisfaction among young medical staff of different positions (mean ± SD)

Dimension	Clinical (n = 84)	Medical technology (n = 35)	Nursing (n = 344)	F value	P value
Relationship with colleagues	2.91 ± 0.42	3.05 ± 0.26	2.74 ± 0.44	4.863	0.008
Organizational management	3.90 ± 0.62	4.15 ± 0.50	3.81 ± 0.69	4.522	0.011
Hospital culture construction	3.86 ± 0.66	4.12 ± 0.60	3.82 ± 0.69	3.083	0.047

Table 5: Satisfaction among young medical staff of different professional (mean ± SD)

Dimension	Untitled (n = 58)	Primary (n = 371)	Intermediate (n = 34)	F value	P value
Relationship with colleagues	3.87 ± 0.41	3.72 ± 0.40	3.79 ± 0.34	3.482	0.032
Professional development	4.14 ± 0.60	3.72 ± 0.71	3.53 ± 0.62	11.301	< 0.001
Professional identity	4.15 ± 0.61	3.66 ± 0.80	3.57 ± 0.75	10.488	< 0.001
Remuneration	3.75 ± 0.84	3.39 ± 0.88	3.34 ± 0.72	4.718	0.009
Organizational management	4.16 ± 0.54	3.82 ± 0.69	3.75 ± 0.55	7.258	0.001
Doctor–patient relationships	4.03 ± 0.68	3.72 ± 0.76	3.65 ± 0.65	4.857	0.008
Hospital culture construction	4.16 ± 0.59	3.82 ± 0.69	3.85 ± 0.68	7.412	0.001

Table 6: Satisfaction among young medical staff of different ages (mean ± SD)

Dimension	< 20 years (n = 8)	21–25 years old (n = 130)	26–30 years old (n = 185)	31–35 years old (n = 140)	F value	P value
Work itself	3.07 ± 0.27	2.91 ± 0.40	2.77 ± 0.43	2.70 ± 0.47	6.409	< 0.001
Professional identity	4.37 ± 0.74	3.85 ± 0.77	3.74 ± 0.70	3.53 ± 0.88	5.911	0.001
Remuneration	4.05 ± 0.88	3.63 ± 0.80	3.42 ± 0.84	3.21 ± 0.92	6.782	< 0.001

Table 7: Satisfaction among young medical staff of different education levels (mean ± SD)

Dimension	Junior college and below (n = 78)	Undergraduate (n = 331)	Master's and above (n = 54)	F value	P value
Work itself	2.87 ± 0.39	2.75 ± 0.45	2.92 ± 0.41	4.590	0.004
Remuneration	3.63 ± 0.82	3.39 ± 0.88	3.30 ± 0.84	3.088	0.027

met in reality, the sense of unfairness increases, leading to lower satisfaction and affecting their work enthusiasm.

Relatedness needs of young medical staff

We observed that the hospital's young medical staff

place greater emphasis on fostering harmonious interpersonal relationships in the workplace^[6] and demonstrate relatively high satisfaction levels in areas such as organizational management, hospital culture construction, and relationships with colleagues, indicating that their mutual relationship needs are adequately met. They acknowledge the positive team

Table 8: Satisfaction among young medical staff of different years of working (mean ± SD)

Dimension	< 1 year (n = 51)	1–3 years (n = 120)	4–6 years (n = 101)	7–9 years (n = 105)	10 years and above (n = 86)	F value	P value
Practice environment	4.19 ± 0.53	3.70 ± 0.74	3.80 ± 0.66	3.57 ± 0.72	3.66 ± 0.71	7.505	< 0.001
Remuneration	3.84 ± 0.84	3.41 ± 0.85	3.53 ± 0.83	3.29 ± 0.88	3.27 ± 0.89	4.655	0.001

atmosphere within their departments and the overall organizational leadership, which reflects a favorable organizational cultural value within the hospital. The hospital's overall cultural construction atmosphere is favorable, fostering a strong sense of belonging among employees.

Our findings reveal that medical technology staff displayed higher satisfaction levels compared with clinical and nursing staff, which is consistent with other domestic studies,^[7] particularly in the area of relationships with colleagues. Medical technology workers serve as auxiliary department members, with job responsibilities and content that differ from those of clinical and nursing staff. In most cases, they can independently rely on advanced medical equipment for clinical diagnosis, while clinical and nursing staff need to collaborate to provide patient care. Young medical staff entering the workforce—especially those with junior titles—are still undergoing a period of adjustment with their colleagues and may face conflicts due to technical limitations and communication difficulties when confronting significant risks and responsibilities.

The mutual relationship needs also underscore the importance of external respect.^[1] Young medical staff in the early stages of their careers possess a strong sense of mission in saving lives and treating illnesses, as well as a positive understanding of the value of medical work. They find psychological satisfaction in the public respect and recognition they receive through their work, maintaining a high level of professional identity. In the study of employee satisfaction across all age groups, professional identity satisfaction follows a “U-shaped” pattern with age, with the lowest point occurring among medical professionals aged 26–35 years.^[8] This study encompasses this age range, with an upper age limit of 35 for survey respondents. Satisfaction with professional identity is inversely proportional to age, as young medical staff with limited professional experience, unskilled operations, and criticism from patients and superiors enter a career bottleneck as they age, questioning their personal work values and becoming increasingly eager for social recognition. Satisfaction differences caused by gender vary depending on each hospital's situation.^[9,10] Professional identity is found to be higher among men than among women, as young women in the workplace face multiple influencing factors, endure greater work pressure, and are more

affected by external evaluations in their professional attitude.

Growth and development needs of young medical staff

The ERG theory transcends the unidirectional advancement of needs emphasized by Maslow's hierarchy, positing that individuals may simultaneously experience multiple needs and that higher-level needs can be pursued even if lower-level needs remain unfulfilled.^[1] In this study, the relatively high satisfaction with professional development indirectly demonstrates the hospital's commitment to fostering young employees and the benefits of being a grade A tertiary public hospital in terms of medical, educational, and research resources. This affords a more expansive development platform for young medical staff, enabling them to enhance their professional competencies, actualize their personal worth, and fulfill their aspirations. As employees progress in their professional titles, their attention to career planning intensifies; however, promotional avenues become increasingly challenging. Constrained by the hospital's talent development and incentive mechanisms, resources are limited; thus, young medical staff's skills and abilities are not readily showcased in their medical work. Consequently, meeting their higher-level needs for career progression and self-realization becomes more difficult with age, resulting in diminished job satisfaction. Motivating physicians to actively engage in training and learning, enhancing their professional practice and research capacities, and attaining advancements in professional titles and academic credentials can all substantially elevate their job satisfaction.^[11]

SUGGESTIONS

Improving and optimizing the internal work environment to increase employee satisfaction with work

In this study, satisfaction related to the work itself was found to be relatively low, primarily due to high workload and occupational risks. Addressing the high workload issue necessitates long-term planning and collaborative efforts from various stakeholders, including society, government departments, hospitals, and individuals. For hospitals, providing high-quality working environments and conditions is a fundamental

requirement for enhancing satisfaction.^[10] Essential measures for the growth of large public hospitals include bolstering equipment support to improve medical service levels, accommodating the increasing demand for medical services, and alleviating the burden on the medical staff. Although the hospital has recently undergone renovations and introduced numerous advanced hardware facilities, the primary focus has been on patient experiences; consequently, efforts should also be directed toward addressing the work-related needs of medical staff. This can be achieved by resolving technical and spatial limitations in their medical service processes, optimizing equipment, facilities, and treatment layouts, and continuously refining the work allocation and arrangement mechanism. Such actions will promote efficiency, standardization, convenience, and rationality in the work of medical staff. Considering the high-risk nature of medical work—particularly during the ongoing normalization management stage of the COVID-19 pandemic—it is crucial to enhance medical risk prevention measures and emergency response plans as well as bolster the capacity to handle major epidemics and establish systematic safety protection mechanisms for medical staff. Through feedback collection, it was discovered that young medical staff were particularly concerned about cafeteria dining and logistic services—aspects that have not been extensively explored in existing research.^[12] Nonetheless, hospital administration can actively seek to understand their specific needs regarding cafeteria services.

Building a scientific and reasonable compensation assessment system and improving the incentive mechanism

The satisfaction of young medical staff's survival needs is closely linked to remuneration, acting as a crucial incentive factor. The two-factor theory highlights the stabilizing role of healthcare factors in reducing employee dissatisfaction. A fair performance appraisal system is central to achieving equitable remuneration distribution in public hospitals. The majority of research has indicated that performance appraisal systems should favor key departments and positions characterized by high technical demands and workloads, adhering to principles such as distribution based on labor input, rewards for hard work, and merit-based compensation.^[13] Currently, the hospital is undergoing a significant transitional phase, concentrating on the creation of a regional medical service center and the innovation of high-level talent recruitment strategies. It is particularly essential to enhance remuneration allocation for young, highly educated, and high-level talents to attract more skilled professionals. Further, incorporating information about remuneration distribution systems and associated benefits in new employee orientation training is necessary. This will heighten

young medical staff's understanding of the hospital's salary structure and improve their perception of fairness and rationality, enabling them to establish more focused career objectives.

Coordinating internal communication mechanism to build a harmonious interpersonal relationship

Satisfying mutual relationships requires the maintenance of vital interpersonal connections through efficient bidirectional communication mechanisms. Young medical staff primarily need to address internal relationship demands involving management departments, supervisors, and colleagues. Taking into account the specific factors influencing young medical staff's mutual relationship needs, the hospital can initially establish a three-tiered communication mechanism comprising the hospital, departments, and individuals. This system will be based on regular employee satisfaction surveys coordinated across multiple departments, accurately capturing the dynamic shifts in employee needs and specifically addressing various concerns and challenges within the medical staff group, such as professional identity for female employees. Scientific and practical data can assist the hospital in developing effective management policies, humanizing management, increasing employee participation in hospital administration, and enhancing employee satisfaction. As direct managers, senior leaders should maintain respectful and equal communication with young medical staff.

The hospital's young medical staff enjoy a highly harmonious relationship with their colleagues. This strength can be leveraged to direct informal organizations toward a positive guiding role, boosting young medical staff's awareness of teamwork, the hospital's unity, and, ultimately, work efficiency. To ease potential conflicts during the assimilation phase between young doctors and nursing staff, as indicated in this survey, innovative management approaches like holistic integrative medicine can be adopted. By adhering to the principles of equality and respect, the emphasis should be on fostering medical and nursing communication through joint ward rounds and routine meetings, highlighting the collaborative participation of medical and nursing staff. It is important to provide training in communication methods for young medical and nursing staff, gradually transitioning from a hierarchical to a parallel, complementary model of the medical–nursing relationship.

Deepening the construction of hospital culture and giving full play to core values

Strengthening hospital culture construction through the development of individual values derived from organiza-

tional values, which then serve as behavioral guidance, can improve employees' satisfaction and their sense of belonging within the hospital.^[14] Currently, hospital culture construction exists primarily at the superficial, material-shallow, behavioral-intermediate system cultural tiers. With a rich history of over a century, the hospital has made considerable progress in cultural development. By capitalizing on its existing regional influence and reputation, the hospital can fully delve into its deep spiritual culture and trace its historical origins to create a distinctive cultural value system. In light of the COVID-19 pandemic, public evaluations of public medical institutions have risen, leading to increased respect and acknowledgment for medical staff. Within this social context, it is crucial to emphasize and maintain the positive anti-pandemic and professional spirit, set exemplary standards, highlight the hospital's technical strengths, and publicize pioneering anti-pandemic accomplishments while incorporating them into the hospital's culture construction. This approach will optimize the constructive influence of hospital culture in augmenting the medical staff's sense of professional purpose, responsibility, honor, and belonging, allowing young medical staff to accurately comprehend the interplay between ability, effort, external appraisal, and personal work value. By adopting the appropriate mindset, young medical staff can circumvent overly high self-expectations, overcome the professional "confusion" phase accompanying age, and ultimately enhance their self-awareness of professional identity to a certain extent.

Strengthening career management to form a personalized development mechanism for employees

In this study, young medical staff prioritize professional development as a high-level need. Organizations assume a leading role in facilitating individual professional development, with the primary focus on establishing a long-term talent development mechanism aimed at enhancing the clinical expertise and research capabilities of young medical staff. To further foster young medical professionals, offer diverse career planning paths, and assist them in identifying the appropriate professional positioning, the following aspects should be considered. At the individual level, it is crucial to devise reasonable and tailored talent development plans for various types of young staff groups, taking into account factors such as age, professional title, and nature of work. Broadening promotion channels, addressing the legitimate needs of different groups, and advocating for fairness and rationality in the allocation of medical education and research resources are also essential. At the organizational level, special attention should be paid to the hospital's underprivileged departments, with the hospital administration implementing timely support measures,

such as providing relevant training courses to address their needs. Internally, it is vital to encourage the establishment of a mentorship mechanism within departments, acknowledge the significant role of department leaders, and create more opportunities for young medical professionals to pursue education, exchange, and training outside the institution, thereby improving their clinical skills. Further, to ensure an appropriate research environment for talent development, the deepening and execution of the integrated development of the Yangtze River Delta strategy and collaboration between the hospital and top domestic hospitals for the establishment of a new institution can serve as opportunities. It is crucial to extend cooperation channels with premier research institutions, supply ample professional learning resources, increase research funding, and reinforce research grant management. By forming research teams, clinical departments are encouraged to hire part-time academic leaders to steer research work and discipline development.

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Conflicts of interest

There is no conflict of interest among the authors.

Data sharing statement

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