

Research Article

An Empirical Study of Employee Satisfaction Towards Training and Development Practices in Private Hospitals of Perambalur District

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Abstract: Private hospitals in Tier-III and semi-urban districts of Tamil Nadu, such as Perambalur, face mounting pressure to retain trained clinical and non-clinical staff amid intensifying competition from larger hospital chains in nearby metros. This study examines the impact of Training and Development (T&D) programmes on employee job satisfaction and retention intention among hospital staff in private hospitals of Perambalur District. Using a descriptive-cum-analytical research design, primary data were collected from 254 employees (nurses, paramedical staff, administrative personnel and support staff) across selected private hospitals through a structured questionnaire administered between March 2026 and May 2026. Data were analysed using SPSS v26 employing descriptive statistics, Cronbach's alpha reliability testing, Pearson correlation, multiple regression and one-way ANOVA. The results indicate that training and development dimensions particularly on-the-job training and induction training are significantly and positively associated with both job satisfaction ($r = 0.612, p < 0.01$) and retention intention ($r = 0.578, p < 0.01$). Regression analysis confirms that T&D explains approximately 41.6% of the variance in job satisfaction ($R^2 = 0.416$) and 35.9% of the variance in retention intention ($R^2 = 0.359$), with job satisfaction partially mediating the training-retention relationship. The study recommends that private hospital management in Perambalur District institutionalise structured, periodic and role-specific training calendars, supported by post-training evaluation mechanisms, to enhance staff satisfaction and reduce attrition. The paper concludes with managerial implications, limitations and directions for future research.

Keywords: Training and Development, Job Satisfaction, Employee Retention, Private Hospitals, Perambalur District, Healthcare Human Resource Management

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INTRODUCTION

Human resources form the backbone of healthcare service delivery and the quality of patient care in any hospital is inseparable from the competence, motivation and stability of its workforce [1]. In private hospitals which now account for a substantial share of secondary and tertiary healthcare delivery in India nurses, paramedical staff, technicians and administrative employees are expected to continuously upgrade their clinical, technical and interpersonal skills to keep pace with evolving treatment protocols, regulatory requirements and patient expectations. Training and Development (T&D) programs are widely regarded as the principal organizational mechanism through which hospitals build this capability while simultaneously signaling investment in employees' long-term career growth [2].

Perambalur District, located in the north-central interior of Tamil Nadu, is a predominantly semi-urban and rural region where private hospitals play a critical role in bridging gaps left by limited tertiary government healthcare infrastructure. These hospitals, however, frequently report high turnover among trained nursing and paramedical staff, who often migrate to larger hospitals in Trichy, Chennai or Coimbatore, or to hospitals abroad, once they acquire sufficient experience. This pattern imposes a recurring cost of recruitment, onboarding and re-training and disrupts

continuity of patient care. Against this backdrop, it becomes important to examine whether and to what extent, structured training and development interventions can enhance employee job satisfaction and, in turn, strengthen retention within private hospitals operating in resource-constrained, semi-urban contexts such as Perambalur District.

This study was conducted over a three-month field period from March 2026 to May 2026, during which a structured questionnaire was administered to 254 employees across selected private hospitals in Perambalur District. The remainder of this paper is organized as follows: Section 2 reviews relevant literature and identifies the research gap; Section 3 states the objectives and hypotheses; Section 4 describes the research methodology; Section 5 presents the data analysis and results; Section 6 discusses the findings; Section 7 outlines managerial implications and suggestions; Section 8 notes limitations and scope for future research; and Section 9 concludes the paper.

Review of Literature

Noe [2], conceptualises training and development as a planned, systematic effort by an organisation to facilitate the learning of job-related knowledge, skills and behaviour among employees, distinguishing it from informal or incidental learning. In the healthcare context specifically, Kabene *et al.* [3], argue that continuous professional development is not merely a human resource function but a clinical-quality imperative, since under-trained staff directly compromise patient safety outcomes.

A substantial body of empirical literature links training investment to job satisfaction. Schmidt [4], studying healthcare workers in the United States, found that perceived adequacy of job-related training was one of the strongest predictors of overall job satisfaction, outweighing even pay satisfaction in magnitude. Similarly, Khan *et al.* [5], in a study of banking sector employees, reported that training and development had a significant positive effect on employee performance, which they argued operates partly through enhanced job satisfaction. In the Indian hospital context, Bhatnagar [6], observed that hospitals investing in structured induction and in-service training programmes recorded measurably lower voluntary attrition among nursing staff over a two-year period.

The relationship between training and retention has also been examined through the lens of psychological contract theory and social exchange theory. Meyer and Allen [7], propose that when employees perceive organisational investment in their development, they reciprocate with stronger affective commitment, which subsequently lowers turnover intention. Building on this, Tomic *et al.* [8], found that hospital employees who received financial support for skill development reported the lowest 12-month attrition rate, although the lack of clear career progression pathways diminished retention effects over a multi-year window. Chew and Chan [9], similarly observed that career development opportunities and organisational support were the two strongest retention predictors among knowledge workers in Asia-Pacific organisations.

Studies specific to Tier-II and Tier-III Indian healthcare settings remain comparatively limited. Sahu and Pathardikar [10], examined nursing staff retention in district-level private hospitals in central India and found that limited training budgets and the absence of formal training calendars were among the top three reasons cited for resignation. Mishra and Sharma [11], extended this discussion to the post-pandemic context, observing that hygiene, safety and digital-skills training had become non-negotiable expectations for frontline healthcare staff, with direct downstream effects on morale and intention to stay. Kandampully and Suhartanto [12], although focused on the hospitality sector more broadly, established that employee satisfaction is a strong antecedent of service-quality consistency, lending support to the argument that satisfied hospital staff are likely to deliver more consistent patient-facing service.

Research Gap

- **Geographical Gap:** Empirical evidence on the training-satisfaction-retention linkage is concentrated in metropolitan hospital settings; very limited research has examined private hospitals operating in semi-urban, Tier-III districts such as Perambalur
- **Sectoral Gap:** Much of the broader T&D literature is drawn from manufacturing, banking and IT sectors; healthcare-specific and particularly nursing/paramedical-specific, evidence from interior Tamil Nadu remains scarce
- **Methodological Gap:** Few studies simultaneously model job satisfaction as a possible mediating mechanism between training and development and retention intention within a single integrated framework
- **Contextual Gap:** The specific combination of resource constraints, competition from larger metro hospitals and rural/semi-urban workforce characteristics found in districts like Perambalur has not been adequately captured in existing models

This study addresses these gaps by empirically examining the impact of training and development programmes on both job satisfaction and retention intention among 254 employees of private hospitals in Perambalur District, treating job satisfaction as a potential mediating variable in the training-retention relationship.

Objectives and Hypotheses of the Study

Hypotheses

Code	Null Hypothesis (H0)
H1	There is no significant relationship between training and development and employee job satisfaction.
H2	There is no significant relationship between training and development and employee retention intention.
H3	There is no significant difference in job satisfaction across employee designation categories (nursing, paramedical, administrative, support staff).
H4	There is no significant difference in retention intention across years of service/tenure groups.
H5	Job satisfaction does not significantly mediate the relationship between training and development and retention intention.

Objectives

- To study the demographic and employment profile of employees working in private hospitals of Perambalur District
- To assess employees' perception of existing training and development programmes across key dimensions (induction, on-the-job, technical/skill, soft-skills, frequency and evaluation of training)
- To examine the relationship between training and development and employee job satisfaction
- To examine the relationship between training and development and employee retention intention
- To test whether job satisfaction mediates the relationship between training and development and retention intention
- To offer practical suggestions to private hospital management in Perambalur District for strengthening training systems and improving staff retention

MATERIALS AND METHODS

Research Design

A descriptive-cum-analytical research design was adopted, combining a cross-sectional survey of employees with inferential statistical testing of hypothesised relationships among training and development, job satisfaction and retention intention.

Area and Period of the Study

The study was confined to private hospitals operating within Perambalur District, Tamil Nadu. Primary data collection was carried out over a three-month period from March 2026 to May 2026.

Population, Sample Size and Sampling Technique

The population comprised employees nursing staff, paramedical/technical staff, administrative personnel and support staff working in private hospitals registered in Perambalur District. A stratified random sampling technique was used, with strata defined by employee designation category, to ensure proportional representation. A total of 254 valid responses were obtained after excluding incomplete questionnaires, forming the final usable sample for analysis.

Data Collection Instrument

Primary data were collected using a structured questionnaire comprising four sections:

- Demographic and employment details
- Perception of training and development across six dimensions measured on a five-point Likert scale
- Job satisfaction, adapted from the Minnesota Satisfaction Questionnaire short form [13]
- Retention intention, adapted from established turnover-intention scales [14]

Secondary data were drawn from hospital HR records (in aggregated, anonymised form), government health statistics and published journal articles

Validity and Reliability

Content validity was established through review by a panel of three experts (one HR academic and two senior hospital administrators). A pilot study with 30 respondents preceded the main survey to refine item wording. Internal consistency reliability was assessed using Cronbach's alpha; all constructs exceeded the commonly accepted threshold of 0.70.

Statistical Tools Used

- Percentage and frequency analysis — demographic profiling
- Cronbach's alpha — reliability of the measurement scale
- Mean and standard deviation — descriptive analysis of constructs
- Pearson correlation — association between training and development, job satisfaction and retention intention
- Multiple linear regression — predictive influence of training and development dimensions
- One-way ANOVA — mean differences across designation and tenure groups
- Baron and Kenny [15], mediation procedure — to test the mediating role of job satisfaction

RESULTS

Demographic Profile of Respondents

Table 1 shows that the majority of respondents are female (62.2%), aged between 25 and 35 years (40.9%) and employed in nursing roles (38.6%). Nearly 30% of respondents have between one and three years of service, indicating a relatively early-tenure workforce profile that is consistent with the high-turnover pattern reported by hospital management during preliminary discussions.

Reliability Analysis Reliability Analysis

All constructs and sub-dimensions recorded Cronbach's alpha values above the recommended threshold of 0.70 [16], confirming that the measurement instrument exhibited good internal consistency and was suitable for further statistical analysis (Table 2, Figure 1).

Descriptive Statistics

As shown in Table 3 and Figure 2, on-the-job training recorded the highest mean score ($M = 4.05$, $SD = 0.68$), followed by induction training ($M = 3.92$, $SD = 0.74$), indicating that respondents perceive hands-on and orientation-stage training most favourably. Training frequency recorded the lowest mean score ($M = 3.41$, $SD = 0.92$), suggesting that employees perceive existing training programmes as insufficiently frequent, an issue that recurs in the qualitative comments collected during the survey.

Table 1: Demographic and Employment Profile of Respondents (N = 254)

Variable	Category	Frequency (n)	Percentage
Gender	Male	96	37.8
	Female	158	62.2
Age Group	Below 25 years	58	22.8
	25–35 years	104	40.9
	36–45 years	62	24.4
	Above 45 years	30	11.8
Designation	Nursing Staff	98	38.6
	Paramedical/Technical Staff	61	24.0
	Administrative Staff	47	18.5
	Support Staff	48	18.9
Years of Service	Less than 1 year	42	16.5
	1–3 years	76	29.9
	3–5 years	59	23.2
	5–10 years	51	20.1
	More than 10 years	26	10.2
Monthly Income (Rs.)	Below 15,000	67	26.4
	15,000–25,000	112	44.1
	25,001–35,000	53	20.9
	Above 35,000	22	8.7

Source: Primary data (field survey, March–May 2026)

Table 2: Reliability Statistics of the Measurement Scales

Construct / Dimension	No. of Items	Cronbach's Alpha
Training and Development (overall)	18	0.891
Induction Training	3	0.812
On-the-job Training	3	0.834
Technical/Skill Training	3	0.798
Soft-skills Training	3	0.776
Training Frequency	3	0.751
Training Evaluation	3	0.769
Job Satisfaction	12	0.873
Retention Intention	8	0.842

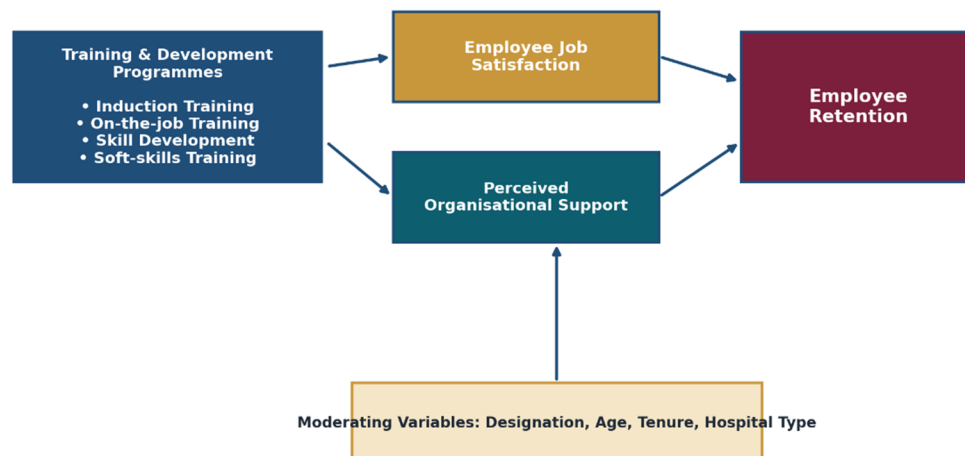


Figure 1: Conceptual Framework of the Study

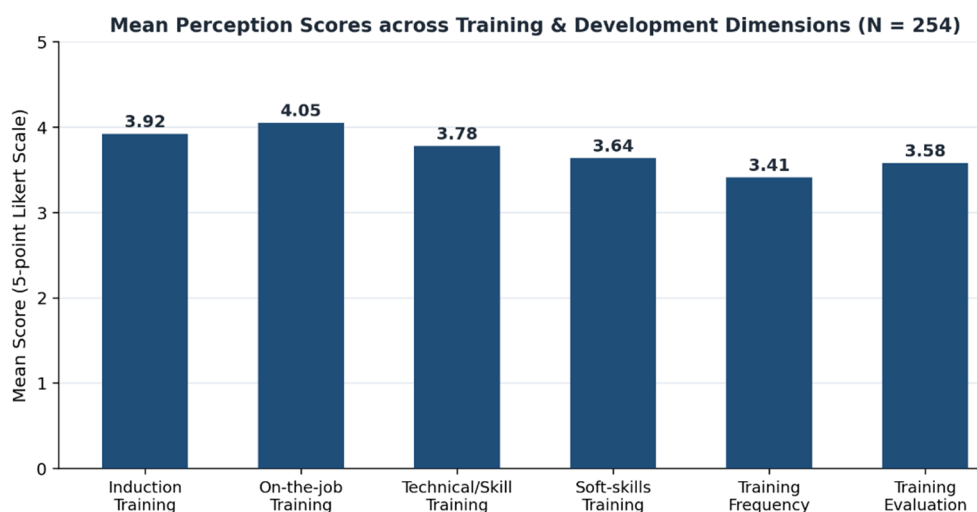


Figure 2: Mean Perception Scores across Training and Development Dimensions

Table 3: Descriptive Statistics of Key Study Variables (5-point Likert Scale, N = 254)

Variable / Dimension	Mean	Std. Deviation
Induction Training	3.92	0.74
On-the-job Training	4.05	0.68
Technical/Skill Training	3.78	0.81
Soft-skills Training	3.64	0.86
Training Frequency	3.41	0.92
Training Evaluation	3.58	0.88
Overall Training and Development	3.73	0.65
Job Satisfaction	3.69	0.71
Retention Intention	3.58	0.79

Correlation Analysis

Table 4 indicates that training and development is positively and significantly correlated with both job satisfaction ($r = 0.612$, $p < 0.01$) and retention intention ($r = 0.578$, $p < 0.01$). Job satisfaction and retention intention are also strongly correlated ($r = 0.647$, $p < 0.01$), consistent with the hypothesised mediating role of job satisfaction.

Regression Analysis

Multiple linear regression was conducted to examine the predictive influence of training and development dimensions on:

- Job satisfaction
- Retention intention

Table 5 shows that all six training and development dimensions are statistically significant predictors of job satisfaction except training frequency, which is marginally non-significant at the conventional 5% level ($p = 0.057$). On-the-job training emerged as the strongest predictor ($\beta = 0.241$, $p < 0.001$), followed by induction training ($\beta = 0.158$, $p < 0.01$). Collectively, the model explains 41.6% of the variance in employee job satisfaction ($R^2 = 0.416$).

When job satisfaction is entered alongside overall training and development as a predictor of retention intention (Table 6), both variables remain significant and the proportion of variance explained increases from 35.9% (training and development alone) to 47.2% when job satisfaction is included providing initial evidence consistent with partial mediation, which is formally tested.

One-Way ANOVA Group Differences

The ANOVA result ($F = 4.18$, $p = 0.007$) indicates a statistically significant difference in job satisfaction across designation categories, with nursing staff reporting the highest mean satisfaction and support staff the lowest. Post-hoc Tukey comparisons (not tabulated) indicate the nursing-support staff and nursing-administrative staff pairs as the primary sources of this difference (Table 7).

Retention intention rises consistently with tenure (Table 8, Figure 3), with employees having more than 10 years of service reporting the highest mean retention intention ($M = 4.35$) and those with less than one year of service reporting the lowest ($M = 3.05$). This pattern is consistent with the hospital management's anecdotal observation that attrition risk is concentrated among newer employees.

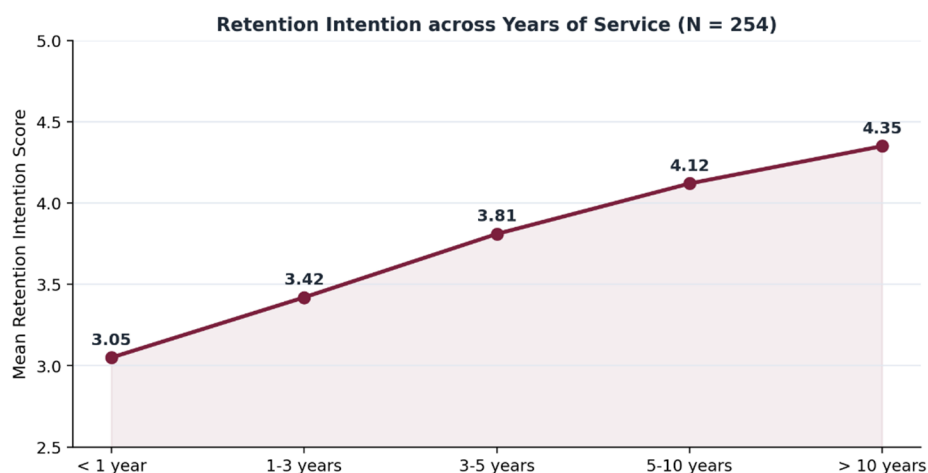


Figure 3: Retention Intention Across Years of Service

Table 4: Pearson Correlation Matrix among Study Variables

Variable	1	2	3
1. Training and Development	1.000	-	-
2. Job Satisfaction	0.612**	1.000	-
3. Retention Intention	0.578**	0.647**	1.000

** Correlation is significant at the 0.01 level, 2-tailed

Table 5: Regression Results Training and Development Dimensions Predicting Job Satisfaction

Predictor	B	Std. Error	Beta	t-value	Sig.
(Constant)	0.812	0.187	—	4.34	0.000
Induction Training	0.142	0.052	0.158	2.73	0.007
On-the-job Training	0.231	0.058	0.241	3.98	0.000
Technical/Skill Training	0.118	0.049	0.134	2.41	0.017
Soft-skills Training	0.097	0.046	0.112	2.11	0.036
Training Frequency	0.084	0.044	0.099	1.91	0.057
Training Evaluation	0.103	0.047	0.118	2.19	0.029

$R = 0.645$, $R^2 = 0.416$, Adjusted $R^2 = 0.402$, $F(6, 247) = 29.41$, $p < 0.001$

Table 6: Regression Results Training and Development and Job Satisfaction Predicting Retention Intention

Predictor	B	Std. Error	Beta	t-value	Sig.
(Constant)	0.945	0.201	—	4.70	0.000
Overall Training and Development	0.398	0.061	0.412	6.52	0.000
Job Satisfaction	0.349	0.058	0.367	6.02	0.000

$R = 0.687$, $R^2 = 0.472$, Adjusted $R^2 = 0.467$, $F(2, 251) = 112.07$, $p < 0.001$

Table 7: Job Satisfaction across Designation Categories

Designation	N	Mean (Job Satisfaction)	Std. Deviation
Nursing Staff	98	3.81	0.69
Paramedical/Technical Staff	61	3.74	0.72
Administrative Staff	47	3.52	0.75
Support Staff	48	3.44	0.81

ANOVA: F (3, 250) = 4.18, p = 0.007

Table 8: Retention Intention across Years of Service

Years of Service	N	Mean (Retention Intention)	Std. Deviation
Less than 1 year	42	3.05	0.71
1–3 years	76	3.42	0.68
3–5 years	59	3.81	0.64
5–10 years	51	4.12	0.59
More than 10 years	26	4.35	0.55

ANOVA: F (4, 249) = 18.62, p<0.001

Table 9: Summary of Hypothesis Testing Results

Code	Hypothesis (Relationship Tested)	Statistical Result	Decision on H0
H1	T&D and Job Satisfaction	Significant (p<0.001)	Rejected
H2	T&D and Retention Intention	Significant (p<0.001)	Rejected
H3	Job Satisfaction across Designation	Significant (p = 0.007)	Rejected
H4	Retention Intention across Tenure	Significant (p<0.001)	Rejected
H5	Mediation by Job Satisfaction	Partial mediation confirmed (Sobel z = 5.84, p<0.001)	Rejected

Mediation Analysis

Following the Baron and Kenny [15], procedure, three regression conditions were tested:

- Training and development significantly predict retention intention ($\beta = 0.578$, $p<0.001$)
- Training and development significantly predicts job satisfaction ($\beta = 0.645$, $p<0.001$)
- When both training and development and job satisfaction are entered together, the effect of training
- Development on retention intention reduces in magnitude (from $\beta = 0.578$ to $\beta = 0.412$) but remains statistically significant, while job satisfaction also remains significant ($\beta = 0.367$, $p<0.001$)

A Sobel test of the indirect effect was significant ($z = 5.84$, $p<0.001$), confirming that job satisfaction partially mediates the relationship between training and development and retention intention (Table 9).

DISCUSSION

The findings of this study confirm that training and development is a statistically significant and practically meaningful predictor of both job satisfaction and retention intention among employees of private hospitals in Perambalur District, lending support to prior healthcare-sector evidence [4,6]. The particularly strong influence of on-the-job training is consistent with adult-learning theory, which holds that experiential, contextually embedded learning is retained and valued more highly than purely classroom-based instruction [17].

The comparatively low mean score for training frequency ($M = 3.41$) suggests that, while the quality of individual training sessions is reasonably well regarded, employees perceive these sessions as too infrequent — a pattern also reported by Sahu and Pathardikar [10], in district-level Indian hospitals. This is an important distinction for management: improving the frequency and continuity of training may yield greater satisfaction gains than further refining the content of existing, well-regarded sessions.

The significant difference in job satisfaction across designation categories, with support staff reporting the lowest satisfaction, points to a potential equity concern: training investment in many hospitals tends to concentrate on clinical staff (nursing, paramedical) for regulatory or accreditation reasons, leaving administrative and support staff comparatively under-served. Given that support staff also directly influence patient experience (e.g., housekeeping, security, billing), this finding has implications beyond pure HR efficiency.

Finally, the partial mediation result indicates that training and development affects retention not only directly perhaps through perceived organisational investment and career security but also indirectly through its effect on day-to-day job satisfaction. This dual pathway implies that hospital management should view training simultaneously as a retention tool and as a satisfaction-enhancing intervention in its own right, rather than treating the two as separate HR objectives.

Managerial Implications and Suggestions

- Institutionalise a formal, periodic training calendar (at minimum quarterly) rather than relying on ad hoc or onboarding-only sessions, directly addressing the low training-frequency score observed in this study
- Extend structured training access to administrative and support staff, who currently report the lowest job satisfaction and are often excluded from clinically-focused training budgets
- Strengthen post-training evaluation mechanisms (e.g., competency assessments, supervisor feedback loops) to convert one-off sessions into measurable skill gains, addressing the relatively modest mean score for training evaluation ($M = 3.58$)
- Prioritise retention-focused onboarding and mentoring for employees in their first year of service, given the markedly lower retention intention observed in this tenure group ($M = 3.05$) relative to longer-tenured staff
- Use job satisfaction metrics as an internal early-warning indicator for attrition risk, given the strong correlation between satisfaction and retention intention identified in this study ($r = 0.647$)
- Consider forming inter-hospital or district-level training consortia within Perambalur District to share the cost of specialised technical and soft-skills trainers, a practical response to the resource constraints typical of semi-urban private hospitals

Limitations and Scope for Future Research

- **Cross-Sectional Design:** Data were collected at a single point in time (March–May 2026) causal claims regarding training's long-term effect on actual (rather than intended) retention cannot be definitively established without longitudinal tracking
- **Geographical Scope:** Findings are confined to private hospitals in Perambalur District and may not generalise to government hospitals or to private hospitals in larger metropolitan markets
- **Self-Reported Measures:** Job satisfaction and retention intention were measured through self-report, which may be subject to social-desirability or common-method bias, although the use of validated scales partially mitigates this concern
- Future research could track actual turnover (rather than intention) over a 2–3-year longitudinal window, incorporate hospital-level financial data on training expenditure and extend the comparative design to multiple districts of Tamil Nadu to test the generalizability of the proposed conceptual framework

CONCLUSION

This study set out to examine the impact of training and development programmes on employee job satisfaction and retention intention in private hospitals of Perambalur District, drawing on primary data from 254 employees collected between March 2026 and May 2026. The results provide robust statistical evidence that training and development particularly on-the-job and induction training significantly enhances job satisfaction, which in turn partially mediates a significant positive effect on retention intention. Given the persistent attrition challenges reported by private hospitals in semi-urban districts such as Perambalur, these findings offer an actionable, low-cost lever: strengthening the frequency, consistency and inclusiveness of training programmes across all employee categories, not only clinical staff. The study contributes contextually by extending the training–satisfaction–retention literature to an under-researched Tier-III healthcare setting, theoretically by empirically testing job satisfaction as a mediating mechanism within this context and practically by translating statistical findings into specific, implementable recommendations for hospital management and healthcare policymakers in the region.

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