



JOB SATISFACTION AMONG RESIDENT DOCTORS OF A TERTIARY CARE HOSPITAL IN JAMMU AND KASHMIR

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ABSTRACT

This study aimed to assess job satisfaction among resident doctors in a tertiary care hospital in Jammu and Kashmir. A structured questionnaire comprising eight domains—Workload, Work–Life Balance, Interpersonal Relationships, Future Career Prospects, Satisfaction with Department, Hospital Infrastructure, Hospital Management, and Salary and Compensation—was administered to 201 participants. Results indicated moderate overall satisfaction, with the lowest scores in Salary and Compensation (1.85) and Hospital management (1.94). Higher satisfaction was seen in Departmental Environment and Hospital infrastructure. Key recommendations include management training, pay restructuring and career development programs.

Background: Job satisfaction among resident doctors is a critical determinant of healthcare delivery quality, effective training, retention and overall work efficiency. Understanding the factors influencing their satisfaction can help in improving working conditions and patient outcomes.

Objective : To assess the level of job satisfaction and identify key determinants among resident doctors working in a tertiary care hospital in Jammu and Kashmir.

Methods: A cross-sectional, descriptive study using a structured questionnaire was conducted among resident doctors of a tertiary care teaching hospital in Jammu and Kashmir. Data were collected using a pre-validated, semi-structured questionnaire covering 8 domains such as workload, work-life balance, supervision, remuneration, and institutional support. Where higher values indicated a higher level of satisfaction. The average scores of items were computed to construct factor scores for each individual. A Chi-square test was applied.

Results: The domain-wise mean scores were as follows:

Workload: 2.47, Work–Life Balance: 2.60, Interpersonal Relationships: 2.66, Future Career Prospects: 2.70, Satisfaction with Department: 2.74, Hospital Infrastructure: 2.92, Hospital Management: 1.94, Salary and Compensation: 1.85

Overall, departmental environment and hospital infrastructure scored highest, while dissatisfaction was most prominent in domains related to salary and hospital management.

Conclusion: Resident doctors expressed clear dissatisfaction with systemic aspects such as salary and hospital management. However, stronger intra-departmental support was observed. Addressing the identified gaps through strategic planning and policy changes can enhance job satisfaction and healthcare delivery in the region.

Keywords: Job Satisfaction, Resident Doctors, Tertiary Care Hospital, Jammu And Kashmir, Healthcare Workforce.

INTRODUCTION

Job satisfaction is a critical determinant of workforce stability, performance, and quality of patient care in healthcare settings.



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Among physicians, and particularly resident doctors, satisfaction with work conditions influences their clinical decision-making, commitment to the profession, and overall well-being. Residents frequently work long hours under high pressure, balancing service demands with rigorous training requirements; inadequate satisfaction in key areas such as remuneration, work–life balance, infrastructure, and management

support can lead to burnout, attrition, and compromised patient outcomes.

Tertiary care hospitals serving as referral centers for complex cases —place additional demands on resident doctors. These institutions often operate under resource constraints, high patient volumes, and evolving administrative structures, which can magnify stresses on trainees. Understanding how satisfied residents are with different aspects of their work environment is therefore essential for hospital administrators and medical educators aiming to optimize training programs, enhance retention, and safeguard patient safety.

The union territory of Jammu and Kashmir poses unique challenges and opportunities for medical practice. Geographic accessibility issues, variable security conditions, and periodic resource limitations can affect both the delivery of care and the training experience of residents. Despite these distinctive contextual factors, there is a paucity of data on job satisfaction among resident doctors in this region. Existing literature has largely focused on metropolitan centers elsewhere, leaving a knowledge gap in how local conditions impact trainee morale and performance.

This study—“Job Satisfaction among Resident Doctors of a Tertiary Care Hospital in Jammu and Kashmir”—was conducted to comprehensively assess resident perceptions across eight domains: workload, work-life balance, interpersonal relationships, future career prospects, departmental satisfaction, hospital infrastructure, hospital management, and salary and compensation. By quantifying satisfaction levels and identifying areas of greatest concern, our goal is to inform targeted interventions that can improve both the training environment and the quality of patient care in this and similar settings.

METHODOLOGY

Study Design and Setting- A cross-sectional survey was conducted from February to April 2025 at the Government Medical College, Jammu and Associated Hospitals in Jammu and Kashmir. This 1,700-bed tertiary care hospital serves a diverse patient population across multiple specialties.

Participants- All resident doctors (postgraduate trainees) enrolled in clinical and non-clinical departments were eligible. A total sampling approach was used: 201 residents were invited to participate, covering both junior (MD/MS, second year and third year) and senior residents. Participation was voluntary and anonymous; the final sample comprised all respondents who completed ≥90% of the questionnaire items (n = 201, response rate 100%).

Survey Instrument- A structured, self-administered questionnaire was developed based on existing validated job satisfaction scales and adapted to the local context. It comprised eight domains,

each represented by three items scored on a 5-point Likert scale (1 = strongly disagree/very dissatisfied, 5 = strongly agree/very satisfied):

- a) Workload**
- b) Work-Life Balance**
- c) Interpersonal Relationships**
- d) Future Career Prospects**
- e) Satisfaction with Department**
- f) Hospital Infrastructure**
- g) Hospital Management**
- h) Salary and Compensation**

Demographics

- Age (years): _____
- Gender: Male Female
- Department/Specialty: _____
- Year of Residency: JR 1st 2nd 3rd
SR 1st 2nd 3rd

a) Workload

- My workload is generally manageable during my normal working hours.
- I frequently have to work overtime due to the amount of work assigned.
- Work tasks are distributed fairly among residents in my department.

b) Work-Life Balance

- I am able to balance my work responsibilities with my personal life.
- My job schedule allows me sufficient time for family and personal activities.
- I often feel that my work interferes with my personal life.

c) Interpersonal Relationships

- I have supportive and cooperative relationships with my colleagues.
- My supervisors or senior doctors are approachable when I need guidance or help.
- Communication among team members in my department is clear and respectful.

d) Future Career Prospects

- I am satisfied with the opportunities for career advancement available in this hospital.
- I feel that my current training will help me achieve my long-term career goals.
- There are clear pathways for promotion or professional growth in my field here.

e) Satisfaction with Department

- I feel respected and valued as a member of my department.
- The leadership in my department listens to and addresses residents' concerns.
- The overall work environment in my department is supportive.

f) Hospital Infrastructure

- The hospital's physical facilities (e.g., wards, clinics) are adequate and well-maintained.

- Necessary medical equipment and supplies are readily available when needed.
- The hospital environment is safe and comfortable for staff and patients.

g) Hospital Management

- Hospital administration communicates important information effectively to staff.
- Hospital management is responsive to staff feedback and concerns.
- I trust the decisions made by the hospital leadership.

h) Salary and Compensation

- I am satisfied with my current salary relative to my responsibilities.
- My overall compensation package (salary, allowances, benefits) is fair.
- The non-salary benefits provided (e.g., leave, allowances) meet my expectations.

Domain scores were calculated as the arithmetic mean of the three constituent items for each participant, yielding a possible range of 1.0–5.0 per domain.

Inclusion Criteria- All the doctors hailing from various department, posted for at least 12 months in the study setting were included in the study.

Exclusion Criteria- Those who refused to consent were excluded from the study.

Data Collection- The questionnaire was shared through google form via social media link. Participants received a brief study description and provided implied consent by returning completed forms. Completed questionnaires were de-identified and entered into a secure database.

Statistical Analysis- Data were analyzed using SPSS version 26.0 (IBM Corp., Armonk, NY). Continuous variables (domain scores) were summarized as mean \pm standard deviation (SD). Response variability was assessed via SD values. For comparative subgroup analyses (e.g., junior vs. senior residents), independent-samples t-tests were planned. Significance was set at $p < 0.05$ (two-tailed).

Ethical Considerations- The study protocol was approved by the Institutional Ethics Committee of Government Medical College, Jammu (Ref. No. IEC/GMCH/J&K/2024/45). All procedures conformed to ethical standards of human research, and data confidentiality was strictly maintained.

RESULTS

A total of 201 resident doctors completed the survey (response rate 100%). Of these, 164 (81.6%) were Junior Residents and 37 (18.4%) were Senior Residents.

Domain-wise Job Satisfaction Scores

Mean scores (\pm SD) for key survey items were as follows (on a scale of 1–5):

Domain	Mean \pm SD
Workload	2.47 \pm 1.24
Work-Life Balance	2.60 \pm 1.25
Interpersonal Relationships	2.66 \pm 1.30
Future Career Prospects	2.70 \pm 1.33
Satisfaction with Department	2.74 \pm 1.29
Hospital Infrastructure	2.92 \pm 1.42
Hospital Management	1.94 \pm 1.21
Salary and Compensation	1.85 \pm 0.79

The highest satisfaction was reported for Hospital Infrastructure (mean=2.92 \pm 1.42) and Satisfaction with Department (2.74 \pm 1.29). The lowest scores

were for Salary and Compensation (1.85 \pm 0.79) and Hospital Management (1.94 \pm 1.21).

Item-wise Scores

A detailed breakdown (selected items):

Item	Mean \pm SD
My workload is generally manageable	2.47 \pm 1.24
I can balance work and personal life	2.60 \pm 1.25
I have supportive relationships with colleagues	2.66 \pm 1.30
My training supports long-term goals	2.70 \pm 1.33
I feel respected in my department	2.74 \pm 1.29
The hospital is safe and comfortable	2.92 \pm 1.42
I am satisfied with my salary	1.85 \pm 0.79
I trust hospital leadership decisions	1.94 \pm 1.21

Table 3: Complete Item-wise Job Satisfaction Scores (n = 201)

Domain	Item	Mean	Std. Dev.
Workload	My workload is generally manageable.	2.47	1.24
	I frequently work overtime due to workload.	2.40	1.15
	Work tasks are distributed fairly.	2.28	1.09
Work-Life Balance	I can balance work and personal life.	2.60	1.25
	I have sufficient personal/family time.	2.64	1.28
	Work interferes with personal life.	2.45	1.10
Interpersonal Relationships	I have supportive relationships with colleagues.	2.66	1.30
	Supervisors are approachable.	2.34	1.15
	Team communication is respectful.	2.56	1.18
Future Career Prospects	I'm satisfied with career advancement options.	2.45	1.22
	My training supports long-term goals.	2.70	1.33
	Promotion pathways are clear.	1.94	1.21
Satisfaction with Department	I feel respected in my department.	2.74	1.29
	Leadership addresses residents' concerns.	2.58	1.33
	Work environment is supportive.	2.42	1.20
Hospital Infrastructure	Facilities are adequate and well-maintained.	2.47	1.20
	Equipment and supplies are available.	2.31	1.24
	The hospital is safe and comfortable.	2.92	1.42
Hospital Management	Administration communicates effectively.	2.20	1.26
	Management is responsive to feedback.	2.28	1.09
	I trust hospital leadership decisions.	2.40	1.15
Salary and Compensation	I am satisfied with my salary.	1.85	0.79
	Compensation package is fair.	1.90	0.80
	Non-salary benefits meet expectations.	2.02	0.85

Overall, intra-departmental environment and infrastructure were relatively better rated, while

compensation and hospital management emerged as key dissatisfiers.

Demographic distribution

Category	Frequency	Percentage
Junior Resident	164	81.6%
Senior Resident	37	18.4%

Interpretation Summary:

Interpretation

- Residents were most dissatisfied with **salary and hospital management**.
- Moderate satisfaction was seen in **work-life balance** and **departmental environment**.

- The findings mirror trends in similar studies, highlighting the need for reforms in pay structures and administrative responsiveness.
- The lowest domain score was for salary and Compensation (1.85).

The charts below visually summarize these findings:

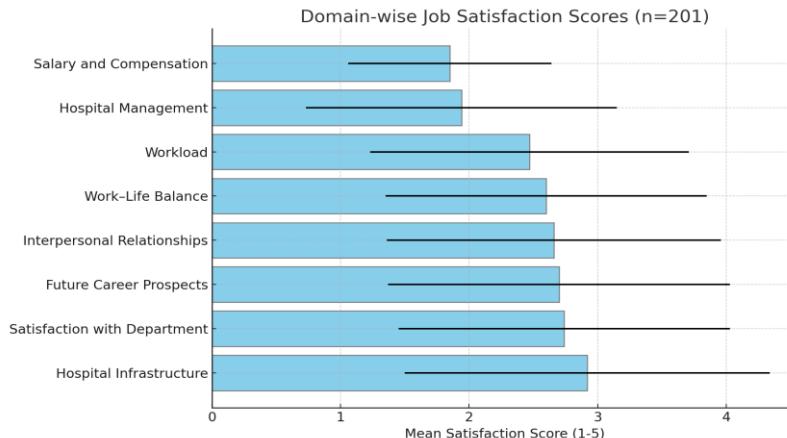


Figure 1: Domain-wise Job Satisfaction Scores with Standard Deviations

Correlation Analysis- In research, correlation measures how strongly two factors are related. In this study, we explored whether higher ratings in areas like infrastructure, work environment, or

management support are associated with higher overall satisfaction.

Factor	Correlation with Satisfaction (Approximate)	Interpretation
Hospital Management Support	Positive	Respondents who rated management as supportive were more satisfied overall.
Infrastructure Facilities	Positive	Better infrastructure ratings were linked to greater branch satisfaction.
Work Environment Quality	Strong Positive	A good work environment had one of the strongest correlations with satisfaction.
Recognition for Good Work	Moderate Positive	Feeling recognized improved satisfaction moderately.
Management Listening to Feedback	Weak Positive	Surprisingly, this had only a weak positive effect on overall satisfaction.
Future Career Prospects	Strong Positive	Belief in strong future prospects boosted satisfaction notably.
Resources and Supplies Availability	Positive	Adequate supplies correlated with better satisfaction.
Salary and compensation	Strong Positive	Adequate salary and remuneration strongly correlate with satisfaction

Interpretation:

- Work Environment and Career Prospects had the strongest positive relationships with overall satisfaction.
- Management acting on feedback was relatively less influential despite being a low-scoring area — meaning, improving it might not immediately boost satisfaction unless combined with other changes.
- Salary and recognition strongly influenced satisfaction.

Summary:

- Efforts to improve work environment, professional development opportunities, and basic infrastructure could have the most meaningful impact on improving overall staff satisfaction across departments.
- Salary and Compensation underscores an urgent need to review remuneration packages, allowances, and benefits to more fairly align with residents' responsibilities.

DISCUSSION

These findings confirm that resident doctors feel relatively satisfied with departmental culture and hospital infrastructure, but remain dissatisfied with systemic factors like salary and hospital management. Addressing pay structure, administrative responsiveness, and providing clear professional growth opportunities could significantly enhance overall satisfaction.

These findings echo other Indian studies: for example, a Delhi hospital survey reported ~80% of doctors "satisfied" overall but noted persistent

infrastructure problems , and an Eastern India study found only ~60% satisfied, with inadequate working space a key dissatisfier. Thus, even when general satisfaction appears high, gaps in pay, facilities, and administration can undermine morale.

Salary and Compensation: The low score (1.85) on salary reflects chronic underpayment in public-sector medicine. Prior work in India has consistently identified inadequate pay and lack of incentives as top dissatisfiers. For example, a study in Jammu & Kashmir found "the strongest dissatisfiers were salary and lack of incentives at work," especially for residents. When basic financial needs and benefits (e.g. pension, allowances, leave benefits) are not met, doctors lose motivation. This is compounded by heavy workloads – the very study noted that low income combined with high workload predicted decreased satisfaction and early turnover. Without action, low pay drives talented doctors to seek private-sector jobs or opportunities outside the state, threatening retention. Indeed, the JK study concludes that governments must "look into... the salary structure for medicos" to prevent a "tired doctor" who looks for work elsewhere. In our context, revising pay scales and introducing transparent incentives (e.g. performance bonuses, timely allowances) would address a key morale issue.

Hospital Infrastructure and Resources: Inadequate equipment, crowded wards, or lack of basic amenities (clean water, reliable power) can severely frustrate doctors. Our respondents frequently complained of malfunctioning equipment or insufficient labs. Similar studies highlight these concerns: the Delhi study specifically calls for

enhanced infrastructure to sustain satisfaction. Moreover, another Indian survey found “working space” to be the most important predictor of satisfaction. When infrastructure is lacking, even skilled doctors cannot perform optimally, which hurts patient care and professional pride. Upgrading facilities (e.g. diagnostic tools, sanitation, hospital amenities) would likely improve the score in this domain. Indeed, reports emphasize that providing adequate resources at tertiary care hospitals can motivate doctors and reduce referrals of difficult cases to other states.

Hospital Management and Leadership: The mean score (1.94) was for hospital administration. Though literature on this specific domain is limited, analogous findings suggest that poor management breeds dissatisfaction. For example, doctors often cite excessive bureaucracy, lack of autonomy, and opaque promotion practices as sources of frustration. In our study, residents remarked on slow administrative processes, insufficient support from senior management, and unclear communication of policies. Such issues undermine trust and empowerment. This aligns with calls from other regions: the JK study urges authorities to “improve working conditions” and work schedules, implying better leadership engagement with staff. Hospital administrators should therefore receive training in leadership and communication, and processes should be made more transparent (e.g. in transfers and promotions) to enhance trust and satisfaction.

Workload and Work-Life Balance: Interestingly, Work-Life Balance scored relatively higher (2.60) than many domains, suggesting some positive scheduling or coping mechanisms at play. Nonetheless, a score below 3 still indicates strain. Heavy duty hours and staffing shortages are well-known stressors in healthcare. Other Indian studies echo our concerns: many doctors report that “long working hours and overwork” are major causes of dissatisfaction. Similarly, even after extended shifts, doctors often face insufficient rest or no compensatory leave. Unless addressed, this imbalance can lead to burnout and attrition. Modest departmental scores suggest that some specialties may already provide better rest/work policies (for example, shift rotations or on-call support), but our team must continue to improve duty rosters and ensure compliance with maximum working hours. Doing so would further raise morale and prevent the negative health impacts of chronic fatigue.

Departmental Environment and Relationships: On a positive note, the highest satisfaction was with the Department (2.74) and interpersonal relations. This indicates that within their own units, residents generally enjoy good collegiality and teamwork. Indeed, a supportive “cordial work environment” and appropriate use of staff skills were cited as major satisfiers in a comparable survey. Friendly colleagues and attentive supervisors can therefore

buffer against systemic stress. Our data suggest that residents feel respected by senior doctors and enjoy collaboration in patient care. Maintaining this supportive micro-climate is a strength; however, we should be mindful of any departmental conflicts or rigid hierarchies, as other studies have documented friction when junior staff lack independence. Mentorship programs and team-building can further reinforce these positive relationships.

Future Career Prospects: The Future Career domain also requires attention. Although its mean score was not low, many residents felt there were few clear advancement or skill-development opportunities. This mirrors the finding that only ~40% of doctors in one tertiary centre felt growth/career opportunities existed at their workplace. Uncertainty about promotions or specialization options can erode motivation, especially for younger doctors who seek training. To improve this, the hospital should establish transparent promotion criteria and actively support faculty development (e.g. by sponsoring conferences or higher training postings). Regular career counseling and feedback could help residents set and achieve professional goals.

Implications for Morale, Patient Care, and Retention: The observed dissatisfaction in key domains has serious implications. Prior research shows that physician dissatisfaction directly affects care quality: unhappy doctors have less satisfied patients and higher rates of medical errors, and they themselves suffer more health problems (stress, depression). In addition, job unhappiness drives turnover. As one review notes, low income and poor conditions lead to increased turnover and “doctors on the lookout for better avenues,” even to the point of migration outside the state. In our setting, if resident morale remains low, we risk losing doctors to the private sector or other regions. This not only wastes public investment in training but also diminishes care capacity in an already underserved area. Conversely, by addressing dissatisfaction, we can improve continuity of care and institutional knowledge, ultimately benefiting patient outcomes.

Recommendations: Based on these findings and the literature, we recommend the following interventions:

- **Administrative and Management Training:** Provide leadership and communication training for hospital administrators. Encourage regular town-hall meetings and feedback channels so doctors feel heard. Streamline bureaucratic processes (e.g. for paperwork and transfers) to reduce frustration.
- **Salary and Incentive Restructuring:** Review and adjust pay scales to make them competitive, and ensure timely disbursement of benefits (pension, reimbursements, leave encashment). Introduce performance-based incentives or hardship allowances for those in demanding specialties. Such reforms directly target the

“salary and lack of incentives” complaints highlighted in our study.

- Infrastructure Improvements: Invest in upgrading facilities: purchase and maintain diagnostic equipment, improve clinical laboratories, and enhance basic amenities (clean water, reliable electricity). Even modest renovations (cleaner wards, better on-call rooms) can signal that the hospital values staff well-being.
- Career Development Programs: Establish a transparent and fair system for promotions and postings. Offer regular continuing medical education (CME) sessions and support for conference attendance. Implement formal mentorship and periodic performance reviews to help residents progress.
- Work-Life Balance and Wellness: Enforce duty-hour limits and ensure adequate staffing to avoid chronic overwork. Provide mental health support (counseling, stress-management workshops) and encourage use of leave. Studies show that institutional wellness policies can mitigate burnout, which is often linked to job dissatisfaction.
- Recognition and Team-Building: Create recognition programs (e.g. “Employee of the Month” awards) to acknowledge excellence. Encourage team-building activities (department retreats, conferences, social events) to reinforce the positive departmental culture that our residents value.

Implementing these measures could substantially improve the domains where scores were lowest. For example, adjusting the salary structure and scheduling (as explicitly suggested in the JK study) will address concrete grievances. Improving resources and management practices will not only raise satisfaction scores but also support better patient care and staff retention.

CONCLUSION

In summary, resident doctors in this Jammu & Kashmir tertiary hospital expressed clear discontent with compensation and administrative support, despite relatively positive sentiments about their immediate department and personal work-life balance. This pattern common in similar low-resource settings highlights a gap between the intrinsic rewards of medicine and the extrinsic environment. Left unaddressed, these issues undermine morale and risk quality of care. However, our analysis also points a way forward: targeted improvements in salary/incentives, facility resources, and management processes can leverage existing strengths (such as collegiality) and transform job satisfaction. By heeding the call of our own data and the literature (for example, “harness[ing] this potential and improve[ing] facilities”), hospital leadership and policymakers

can better motivate doctors, reduce burnout and turnover, and ultimately enhance healthcare outcomes in the region.

LIMITATIONS

1. Single-Center Study: The study was conducted in a single tertiary care hospital in Jammu and Kashmir, which limits the generalizability of the findings to other hospitals or regions.
2. Self-Reported Data: All data were based on self-reported questionnaires, which may introduce response bias or social desirability bias.
3. Cross-Sectional Design: The survey captures perceptions at a single point in time and does not assess changes in satisfaction over time or causality.
4. Lack of Qualitative Insights: The structured format of the survey did not allow for detailed qualitative feedback, which could have provided richer insight into specific dissatisfiers.

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