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The Effect of Iran's Health Transformation Plan on Job Involvement of the Clinical Faculty Members in Ahvaz Jundishapur University of Medical Sciences

Abdolreza Gilavand [1*], Yadollah Mehralizadeh [2]

[1] Department of Education Development Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran
[2] Department of Education, Faculty of Education and Psychology, Shahid Chamran University of Ahvaz, Ahvaz, Iran

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***Corresponding Author:**
Abdolreza Gilavand
Department of Education Development Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran.

Email:
gilavand_a@ajums.ac.ir

Tel:
+98-916 642 3747

ABSTRACT

Background: Given the role of job involvement in job satisfaction and improving the organizational performance of the staff, the present study was conducted to evaluate the effect of Iran's Health Transformation Plan (HTP) on job involvement of the clinical faculty members.

Methods: This descriptive study was conducted in the academic year of 2018-2019 and in educational hospitals affiliated with Ahvaz Jundishapur University of Medical Sciences in Iran, and finally, 90 clinical faculty members participated in this study by using a convenience sampling method. To collect data, a researcher-made questionnaire was based on the standard Lodahl and Kejner's job involvement questionnaire. The data were analyzed using descriptive statistics (mean, standard deviation, percentage), inferential statistics (independent t-test and analysis of variance), and $SPSS_{22}$ software.

Results: The results revealed that the level of Iran's Health Transformation Plan on job involvement of the clinical faculty members was moderate (48.73 ± 14.40).Variables such as gender, age, education, academic rank, employment history, and having a private clinic and hospital where faculty members work, did not have a significant effect on their job involvement. (P-value > 0.05)

Conclusion: The HTP is currently one of the most important and costly health care reforms in Iran, and for better success and the staff's satisfaction, it is recommended to pay more attention to effective and influential factors in improving and increasing job involvement of service providers, especially clinical faculty members in their periodic evaluation.

Key words: Job involvement, Health transformation plan, Clinical faculty members.

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Introduction

Iranian health system has faced various problems in recent years, and these problems have caused dissatisfaction among the people and various parts of the health system. Finally, the Health Transformation Plan (HTP) began on May 6, 2014 to institute reforms regarding challenges in the field of health in Iran. The main goals of this plan included financial protection of people, seeking justice for public access to health services , improving the quality of health care services and infrastructure, providing free health insurance, ,and reducing medical expenses of patients. Implementation of HTP after 7 years has faced some problems, especially the lack of sustainable financial resources (1, 2). Studies have indicated that health care recipients (the public) are satisfied with the implementation of this plan (2). However, other studies have shown that some healthcare providers (nurses and physicians) are dissatisfied with implementation of this plan (3, 4). Job involvement is the degree to which a person is involved in his or her job mentally, cognitively, and psychologically, which is of a particular interest and importance to him or her. Job participation is an important factor that can increase the effectiveness of an organization. With increasing the job involvement level of the staff in an organization, the effectiveness will increase as well (5, 6). Low job involvement leads to burnout, neurosis, alienation from work and organization, lack of purpose or work-life unbalance of the staff (5, 6). Studies show that job involvement has an effect on employee job satisfaction and can improve their performance. (7, 8).

Studies carried out in Iran have also shown that job involvement is associated with components such as strategic adaptation, the provider's and transformational leadership, demographic characteristics, organizational culture, strategic adaptation, valuable work, the role of professional ethics, and emotional intelligence (9). The staff with job involvement rarely leave their jobs and wait to work for another organization. Job involvement also leads to the timely attendance of the staff and a sense of achievement at work. It also results in a sense of optimism about the future of the organization and aligns the personal and organizational goals. However, not addressing job involvement and the subsequent leaving of the service can impose several harms to the health care system (9). One of the factors for implementing HTP is the presence of a resident physician on a dailybasis, especially on weekends and nights, in the public hospitals with more than 64 beds, which allows the emergency patients to quickly access a specialist, and the appropriate treatment procedures can be performed in the shortest possible time by a resident specialist for emergency patients. Clinical faculty members are the same specialists engaged in the educational and therapeutic activities in educational hospitals. Therefore, given the positive role of job involvement on job satisfaction and improving organizational performance of the staff. The aim of this study was to investigate the effect of HTP on occupational involvement of clinical faculty members.

Materials and Methods

This descriptive study was conducted in the academic year of 2018-2019 and in educational hospitals affiliated with Ahvaz Jundishapur University of Medical Sciences in Iran. The statistical population of the present study included all clinical faculty members (N= 351), 90 of whom were assistant professors with at least one year of employment history and a specialty or PhD degree , included in this study by using a convenience sampling method. After stating the objectives of research and obtaining the written consent of the samples, they were ensured that their information would remain confidential, and that they can leave the study at any time if they did not want to participate. Questionnaires were distributed in different work shifts, and at the workplace of clinical faculty members in five educational hospitals of the university. Questionnaires consisting of two sections were

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used to collect data. The first section included demographic characteristics of the subjects such as age, gender, level of education, type of employment, employment history, academic rank , the place of employment, and the type of service (full-time and part-time). The second section was a researcher-made questionnaire designed based on the standard Lodahl and Kejner's job involvement questionnaire. This questionnaire was designed and developed in 1965 by Lodahl and Kejner to measure the degree of job involvement (10). The "HTP" option was added to the questionnaire. This questionnaire included 20 questions assessing the job involvement of the staff on a 4-point Likert scale (strongly agree, agree, disagree and strongly disagree). The score of 20 to 40 represents the lowest job involvement, 40 to 60 is moderate, and 60 or higher shows a high level of job involvement. The validity of this questionnaire was assessed and confirmed through the opinions of the clinical faculty members, and its reliability was confirmed using Cronbach's alpha, which was 87 %. The data were analyzed using descriptive statistics (mean, standard deviation, percentage), inferential statistics (independent t-test and analysis of variance), and $SPSS_{22}$ software. This research was derived from the research project approved by Deputy of Research and Technology in Ahvaz Jundishapur University of Medical Sciences with number SDH-9706, and ethics code of IR.AJUMS.REC.1397.370.

Results

In this study, 90 clinical faculty members answered the questionnaires. (80 % males and 20 % females) with the age groups of under 40 (40 %), 40-50 (33.30 %), over 50 (26.70 %), The educational background consisted of 57.80% with specialty, 15.50 % with fellowship, and 57.80 % with sub- specialty. 53.30 % had the employment history of less than 10 years and 46.70 % had the work experience of over 10 years. The academic degree of 72.20 % was assistant professor, 17.80 % were associate professors, and 10 % were professors. 50 % of the population worked full-time.

Table 1 presents the demographic characteristics of the statistical population.

Table 2 indicates that the level of the Iran's HTP on job involvement of the clinical faculty members was moderate (48.73 ± 14.40).

Table 3 reveals that variables of gender, age, education, academic rank, employment history, and having a personal clinic and hospital where faculty members work, did not have a significant effect on their job involvement (P-value > 0.05).

Table 1. The demographic data of the samples

Variables		N	Percentage
Gender	Male	72	80.00
	Female	18	20.00
Age	Under 40	36	40.00
	40-50	30	33.30
	Over 50	24	26.70
Education	Specialty	24	26.70
	Fellowship	14	15.50
	Sub- Specialty	52	57.80
Employment history	Less than 10 years	48	53.30
	Over 10 years	42	46.70
Academic degree	Assistant professor	65	72.20
	Associate professor	16	17.80
	Professor	9	10.00
Type of employment	Permanent	36	40.00
	Contractual employment	36	40.00
	Service commitment	18	20.00

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Variables		N	Percentage
Location (hospital)	Imam Khomeini	33	36.70
	Aboozar	12	13.30
	Razi	15	16.70
	Golestan	30	33.30
Full-time	Yes	45	50.00
	No	45	50.00

Table 2. Mean and standard deviation of job involvement components

Area (score range)	Mean	SD	Min	Max
20-100	48.73	14.40	4	72

Table 3. Investigating the effect of demographic characteristics of the faculty members on their job involvement score

Variable		Mean	SD	Test	P*
Gender	Male	28.00	6.72	Mann-Whitney	0.86
	Female	26.80	9.23		
Age	Under 40	23.80	5.67	Kruskal Wallis	0.97
	40-50	30.50	7.11		
	Over 50	30.00	7.07		
Employment history	Less than 10 years	27.00	5.30	Mann-Whitney	0.83
	Over 10 years	28.80	7.90		
Education	Specialty	26.90	7.40	Mann-Whitney	0.28
	Fellowship	26.60	5.30		
	Sub- specialty	29.60	7.90		
Full-time	Yes	27.90	5.08	Mann-Whitney	0.12

*P < 0.01 was considered as significant

Discussion

The research results revealed that the effect of Iran's HTP on job involvement of the clinical faculty members was moderate. In addition, their demographic variables did not have a significant effect on their job involvement. A study conducted in educational and medical centers affiliated with Kurdistan University of Medical Sciences also reported a moderate level of job involvement among the staff (10). A study carried out in Jiroft also reported a moderate level of job involvement among the clinical nurses (11). Furthermore, a study carried out in educational hospitals affiliated with Birjand University of Medical Sciences reported a moderate level of job involvement among the nurses (12). A study carried out in a hospital in Tehran reported a moderate level of job involvement (13). The results of these studies were consistent with the present study. However, in a study by Saeed et al. (14) the job involvement of nurses in selected hospitals in Tehran and Kerman was evaluated to be low, which was not consistent with this study (15). HTP is one of the most important, costly, and recent reforms in Iran. Despite solving many problems, it still suffers from some structural problems, which has caused dissatisfaction among physicians. Also, financially, injustice in payments and lack of sustainable financial resources to continue this plan can be considered the main challenges leading to dissatisfaction of medical staff (2). In this regard, results of a recent research carried out in educational hospitals affiliated with Jundishapur University of Medical Sciences revealed that only 56% of the clinical faculty members were satisfied with implementation of the plan and the highest dissatisfaction was related to the way wages and fees are paid (4). The results of a study carried out in educational hospitals affiliated with Rafsanjan University of Medical Sciences also revealed that most physicians were dissatisfied with

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implementation of HTP, particularly with the methods of paying wages and fees (15). A recent review article also indicated that, in addition to physicians, nurses were also dissatisfied with implementation of HTP (3). Also, the results of a study conducted in educational hospitals affiliated with Shiraz University of Medical Sciences revealed that 68.90 % of the nurses were dissatisfied with HTP (16).

Six years after the implementation of this plan, the change in conditions and problems caused by the plan led to strategic challenges, the most important of which included (1-4,17):

- Change in the demographic pyramid: increase in government's financial obligations due to a decrease in population growth and increase in the mean age of Iranian population in the next years

- Increase in government roles: The main mission of the Ministry of Health is policy-making, regulating the rules, monitoring and evaluating, this is while this ministry is currently the largest provider of health services.

-Lack of prediction of sustainable financial resources: The dependence of the government's public budget on unsustainable oil resources has challenged the possibility of providing sustainable financial resources for the HTP.

- Prioritizing treatment over prevention in the plan's policies and surpassing of the treatment costs over preventive care costs

-Fast growth of medical costs regarding the social security insurance and the health insurance as the basic health insurance organizations in Iran

- A sharp increase in debts of the healthcare sector, especially the debt of the Ministry of Health to pharmaceutical organizations and physicians regarding the payment of their salaries

- Injustice in paying the staff salaries and a big income gap between specialist and general physicians and nurses

- Lack of workforce in Iran's health system

-Bankruptcy of the public hospitals: The increase in medical tariffs in the third step of HTP increased the financial burden of basic insurance; and thus, increased the insurance debt of public hospitals, such that public hospitals faced large debts to pharmaceutical companies and medical equipment entities which made them bankrupt.

Conclusion

Different individual, organizational and environmental variables are involved in the success rate and job involvement of the employed people and recognizing them can prepare the conditions for effective decisions and measures. Finding characteristics related to the level of job involvement will be crucial, since increasing job involvement increases efficiency, and by recognizing the related components and improving them, the job involvement increases, and organizational goals are achieved. Given high complexity and sensitivity of the issue, it is crucial to pay attention to the job involvement of the staff in working environments, especially hospitals and health care centers, since human resources play the key role regarding people's lives. Managers should try to make good use of the staff's potential by creating an appropriate environment and improving job involvement, and thus, the performance of the organization. Therefore, it is recommended to pay more attention to effective and influential factors for improving and increasing job involvement of the clinical faculty members in the periodic evaluation of the HTP.

Non-participation of all clinical faculty members in this study is one of its limitations. Also, according to the studies conducted so far, a similar study has not been conducted with this research, which is one of the strengths of this research.

It is suggested that in future research, non-faculty physicians and other medical staff be evaluated and then compared.

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Conflict of interests

The authors declared no conflict of interests.

Authors' contributions

Gilavand A and Mehralizadeh Y designed

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research; Gilavand A and Mehralizadeh Y conducted research; Mehralizadeh Y analyzed data; and Gilavand A and Mehralizadeh Y wrote the paper. Gilavand A had primary responsibility for final content. All authors read and approved the final manuscript.

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