



## **Job Satisfaction and its Related Factors in Health Care Providers and Health Workers in Esfarayen, Iran**

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### *ABSTRACT*

**Background:** Job Satisfaction in Health care organizations is one of the important pillars of health promotion, due to the role they play in the prevention, care and treatment. The aim of this study was to determine the job satisfaction and its related factors in health workers in Esfarayen.

**Methods:** This descriptive-analytical study was carried out on 140 health care workers in Esfarayen in 2018. Data was collected using Herzberg job satisfaction questionnaire, and data were analyzed using ANOVA and t-test in SPSS21 software.

**Results:** The mean age of participant was  $37 \pm 8.34$ . Most of them were female (70%) and married (85.5%). The average of job satisfaction was  $61.45 \pm 7.65$  (out of 100). The highest job satisfaction score was work ability ( $73.54 \pm 1.08$ ) and the lowest score belonged to supervision ( $49.15 \pm 5.73$ ). Among the demographic variables, Job satisfaction was significantly associated with Employment Status ( $P < 0.05$ ).

**Conclusion:** Despite employees have job satisfaction, factors that increase job satisfaction of employees should be considered by the relevant authorities. Establishing suitable job standards, fair and reasonable salary, and the creation of facilities in the workplace can lead to improved employee satisfaction and, consequently, improved service quality.

**Keywords:** Job Satisfaction, Health Workers, Herzberg Model

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## Introduction

The organization is a social system whose survival and sustainability depend on the existence of strong links among its constituents. Nowadays, organizations have to pay more attention to their human resources in order to achieve higher levels of efficiency and effectiveness. Meanwhile, employee attitude is likely to be the most effective factor on organizations' efficiency and effectiveness (1).

Human resources are not only the subject and purpose of any kind of development but also serve as an effective leverage for achieving the goals of economic and social development. Therefore, a society that intends to move towards development is required to use its human resources effectively (2). Human resources are considered as the most important pillar of the health systems because their performance depends on the knowledge, skills and motivation of their human resources (3).

Job Satisfaction is one of the most fundamental concepts that are important at all levels of human resources management and must be considered more seriously than anything else in achieving organizational goals (4).

Job satisfaction refers to the attitude of an employee to his/her job or feelings that he/she has about his/her job. Job satisfaction is an indicator of organizational success (5).

Job satisfaction influences many of the organizational variables such as productivity, organizational commitment, appropriate communication, improvement of morale and interest at workplace, and increase of the quantity and quality of work.

Research has also shown that employees with higher job satisfaction have higher levels of physical fitness and mental ability. From organizational perspective, a high level of job satisfaction represents a highly desirable organizational atmosphere that attracts and retains employees (3).

In addition, low job satisfaction leads to antisocial behaviors such as defective products, undesirable and poor quality services, production

and distribution of malicious rumors, absenteeism, job transfer, and job quitting (6).

Job satisfaction is influenced by the circumstances and events that employees experience in the workplace. Hence, the management style, organizational culture, the nature of work, working conditions and the type of communication with colleagues play a significant role in formation of job satisfaction (3).

Job satisfaction in health care services provision institutes is an essential and valuable pillar of health promotion due to the duties of these institutes to prevent diseases and provide health care for human beings.

Job dissatisfaction in employees of such organizations not only *quantitatively* impairs doing work for the clients, but also *qualitatively* affects the health care services delivered to them (6).

Job satisfaction is also regarded as one of the most important areas of sustainable development due to its direct relationship with human health. The realization of Job satisfaction requires healthy, happy and professionally motivated therapists (7).

Today, job satisfaction is the focus of attention of researchers into organizational behavior and is considered as one of the major concepts in organizational research (8). Different studies have been done on job satisfaction in various health-care settings (9).

In different countries, the status of job satisfaction in the work system has been studied from various perspectives. The peak of job satisfaction rates have been reported from the United States (41%) followed by Scotland (38%), England (36%), Canada (33%) and Germany (17%) (10).

The results of a study in Ethiopia showed that around 46% of health care staff had job dissatisfaction, and lack of motivation, low salary and insufficient educational opportunities were among the most important reasons for job dissatisfaction (11).

The results of some studies in Iran also indicate that the health workers have low job satisfaction. In the study of Sheikh Veisi *et al.*, approximately 67%



of Zahedan health care staff (healthcare personnel, , and nurses) had job dissatisfaction or low job satisfaction (12). Furthermore, the average job satisfaction score in the employees of Khomeyni Shahr Health Network has been reported to be 55.5 out of 100 (13).

Research shows that people with job dissatisfaction are at comparably higher risk of accidents (14). Due to the importance of the impact of job satisfaction on the quality of services provided to clients, it is therefore recommended to *continuously* measure job satisfaction in the working environment.

Considering the different job satisfaction levels of health workers reported in various studies depending on the type and conditions of their working environments and the lack of a similar study in Esfarayen, North Khorasan Province, this study was aimed to investigate job satisfaction and potentially related factors in health care providers and health workers in Esfarayen city.

### Materials and Methods

This cross-sectional, descriptive-analytical study was done in Esfarayen city in 2018. The study population consisted of 140 health care providers and health workers working in the Esfarayen health posts in cities and health homes in rural.

All members of the study population were enrolled in the study by census method. The data collection instrument was a questionnaire consisting of two sections. The first section includes items about the demographic characteristics (including age, gender, education level, field of studies, work experience, marital status and type of employment), and the second section, Herzberg's standard job satisfaction questionnaire, includes items to assess job satisfaction.

This questionnaire was designed to investigate job satisfaction in eight areas, ie, job security, salary and benefits, working environment conditions, interpersonal relationships, job position, supervision, management systems and the ability to work. This questionnaire consists of 72 five-choice (very low, low, moderate, high and very high) items.

For items that denote a positive concept, 1 represents very low, 2 represents low, 3 represents moderate, four represents high, and 5 represents very high; items that imply a negative concept are scored *inversely*.

Regarding the classification of the scores, the mean scores of less than 25% was considered to represent job dissatisfaction, 25.1-50% relative job dissatisfaction, 50.1-75% relative job satisfaction, and over 75% job satisfaction. The validity and reliability of the questionnaire have been confirmed in previous studies.

Heidari *et al.* reported the Cronbach's alpha coefficient of the questionnaire to be 90% (3). The data were collected after the study protocol was approved by the Ethics Committee of the the Esfarayen Faculty of Medical Sciences (ethics code: IR.ESFARAYENUMS.REC.1396.30).

The interviewers, after giving necessary explanations about the research purposes to participants, received oral consent to participate in the study from them. Then, the questionnaires were distributed among them. To observe data confidentiality, the questionnaires included no identifying information (name, surname, etc.).

Descriptive statistic mean [ $\pm$ standard deviation (SD)] and ANOVA and *t*-test in the SPSS version 21 were used to do data analysis.

### Results

Out of 140 distributed questionnaires, 130 questionnaires (92%) were collected back. In this study, a total of 30 health care providers and 100 health workers participated. Seventy percent of participants were female and 85.5% of them were married.

The mean( $\pm$ SD) age of health workers and health care providers was 40( $\pm$ 7.32) and 27.76( $\pm$ 2.32), respectively. Regarding employment type, most of health workers were officially employed (79%) and most of health care providers were not official employees (90%). Regarding field of studies, half of the health care providers had public health academic degree.



The mean ( $\pm$ SD) scores of job satisfaction by participants' demographic characteristics are presented in Table 1.

Our results showed out of demographic characteristics, only employment type was significantly associated with job satisfaction ( $P=0.031$ ), so that the job satisfaction levels of official and contractual employees were comparatively higher. Other demographic variables were not significantly associated with job satisfaction score ( $P>0.05$ ) (Table 1).

The status of eight job satisfaction areas in health workers and health care providers is shown in Table 1.

Findings indicate that the mean( $\pm$ SD) scores of job satisfaction were 57.8( $\pm$ 1.76) (relative satisfaction) in working environment conditions, 65.86( $\pm$ 1.71) (relative satisfaction) in

interpersonal relationships, 54.15( $\pm$ 1.02) (relative satisfaction) in salaries and benefits, 65.86( $\pm$ 1.6) (relative satisfaction) in the job position, 49.16( $\pm$  5.73) (relative satisfaction) in supervision, 62.11( $\pm$ 1.19) (relative satisfaction) in management systems, 65.12( $\pm$ 1.48) (relative satisfaction) in job security, and 54.53( $\pm$ 1.08) (relative satisfaction) in the ability to work. The total job satisfaction was obtained 61.45( $\pm$ 7.65) (relative satisfaction).

The results show that the job satisfaction score of the health workers [24.2( $\pm$ 17.7)] is slightly higher than that of health care providers [60.7( $\pm$ 9.12)]. Regarding different areas of job satisfaction, the highest level of job satisfaction in both groups was obtained for the ability to work [73.54( $\pm$ 1.08)] and the lowest level for supervision [49.16( $\pm$ 5.73)].

**Table 1.** Job satisfaction of employees and its relationship with demographic variables

Variable	Category	Percentage (n)	Mean ( $\pm$ standard deviation)	P-value
Age (Yr)	20-30	33/9	63/78 $\pm$ 9/49	0/091
	31-40	24/8	64/48 $\pm$ 7/78	
	41-50	39/7	64/93 $\pm$ 6/17	
	51-60	1/7	63/33 $\pm$ 3/14	
Gender	man	78/5 (102)	64/02 $\pm$ 7/38	0/175
	women	21/5 (28)	66/25 $\pm$ 8/43	
Work experience(Yr)	<5	29/2 (38)	64/7 $\pm$ 9/89	0/406
	5-10	15/4 (20)	62/36 $\pm$ 6/31	
	11-15	10 (13)	62/3 $\pm$ 8/33	
	16-20	6/9 (9)	66/57 $\pm$ 5/23	
	>20	38/5 (50)	65/41 $\pm$ 6/21	
Education level	Diploma and under diploma	59/2 (77)	65/15 $\pm$ 6/81	0/395
	Associate	14/6 (19)	62/29 $\pm$ 7/68	
	Bachelor	26/1 (34)	63/96 $\pm$ 9/49	
Field of studies	Public health	26/2 (34)	64/6 $\pm$ 8/07	0/145
	Nurse	3/8 (59)	57/16 $\pm$ 11/85	
	Midwife	8/5 (11)	63/23 $\pm$ 9/98	
	Diploma of health worker	61/5 (80)	69/02 $\pm$ 6/69	
Marital status	Single	4/6 (6)	67/17 $\pm$ 6/14	0/384
	Married	95/4 (124)	64/37 $\pm$ 7/71	
Employment type	Not official	6/2 (8)	66/16 $\pm$ 5/81	0/031
	contractual	20/9 (27)	61/22 $\pm$ 8/92	
	official	62 (80)	67/13 $\pm$ 6/41	
	Others	10/8 (14)	64/39 $\pm$ 8/67	

**Table 2.** The Mean ( $\pm$ standard deviation) scores of job satisfaction and its areas in participants

Job satisfaction areas	Health workers (n=100)	Health monitor (n=30)	Health workers And monitor
Working environment conditions	57/20 $\pm$ 1/28	59/83 $\pm$ 2/06	57/8 $\pm$ 1/76
Interpersonal relationships	65/85 $\pm$ 1/75	65/50 $\pm$ 1/59	65/76 $\pm$ 1/71
Salary and benefits	55/70 $\pm$ 9/08	49/09 $\pm$ 1/21	54/15 $\pm$ 1/02
Job position	66/11 $\pm$ 1/18	65/04 $\pm$ 1/51	65/86 $\pm$ 1/26
Control and Supervision	51/58 $\pm$ 5/88	46/76 $\pm$ 5/02	49/17 $\pm$ 5/73
Policy and management	62/45 $\pm$ 1/11	61/10 $\pm$ 1/45	62/11 $\pm$ 1/19
Job security	65/26 $\pm$ 1/48	64/66 $\pm$ 1/52	65/12 $\pm$ 1/48
The ability to do work	73/48 $\pm$ 1/08	73/74 $\pm$ 1/09	73/54 $\pm$ 1/08
Total job satisfaction	62/2 $\pm$ 7/71	60/7 $\pm$ 9/12	61/45 $\pm$ 7/65

## Discussion

In the current study conducted to investigate job satisfaction and its allied factors in the health workers and health care providers of Esfarayen, a total of 130 individuals participated. The mean job satisfaction score was 61.45( $\pm$ 7.65), which indicates relative job satisfaction and is partly similar to the results of most studies conducted in this field.

In this regard, the studies of Dashti *et al.* in the employees of Hamedan Health Center (15), Kousha *et al.* in East Azerbaijan Province health care staff (16), and Rafiei *et al.* in the employees of Gonbad-e Kavous Health Center (17) also showed the relative employee satisfaction in the studied settings.

Similar studies conducted in Turkey (18) and Spain (19) also indicated that most health staff had job satisfaction. However, in the study of Heydari *et al.* (3) in Golestan Province, the job satisfaction score of the health workers was relatively undesirable.

According to the results of this study, the highest satisfaction score in health care providers and health workers was obtained for the area the ability to do work, followed by the areas job position and interpersonal relationships and the lowest score for the area supervision followed by the area salaries and benefits. Similar to the results of this study, in a study (13) conducted in Khomeyni Shahr Health Network staff, the highest satisfaction was related to the area relationship with colleagues and the lowest satisfaction to salaries and benefits.

In the studies of Bodur *et al.* in Spain (19) and Ansari-poor *et al.* (20) in Isfahan, the highest level of dissatisfaction was reported to be related to salaries and benefits. However, in the study of Dashti *et al.* (15) in Hamedan, the health workers were most satisfied with the presence of intimate atmosphere and relationships with colleagues, which confirms our results.

It is argued that intimate relationship with colleagues leads to emotional correlation and plays a protective role against the factors leading to job dissatisfaction;

Therefore, managers and authorities should pay attention to this important argument and provide the ground for establishing open and healthy communication in the workplace.

In addition, paying attention to fairness of rewards and salaries and flexibility in employee monitoring and control can partly reduce employee dissatisfaction.

Many scholars have argued that an unfair system of rewards and punishments, cumbersome rules and inappropriate occupational regulations for employees, and strict control and lack of adequate volition over duties can lead to employee dissatisfaction (21,22).

Regarding the relationship between demographic variables and job satisfaction, our results, consistent with some studies (9,13), show that employee age is not significantly associated with the level of job satisfaction, while the results of similar studies have suggested direct (23) or inverse (24) correlation between age and job satisfaction.



According to the results of this study, there was no significant difference in job satisfaction between male and female employees; consistently, in studies carried out in Gonbad-e Kavous (17), Isfahan (20) and Turkey (18) on the health care staff, no significant relationship was found between job satisfaction and gender. In one study in Tehran, the job satisfaction of male health workers was higher than that of female ones (9). This inconsistency in the findings can be attributed to cultural factors.

The results of our study indicate no significant relationship between education level and total job satisfaction, but employees with high school diploma and lower education level, all of whom were health workers, had higher job satisfaction than others. The studies of Heydari *et al.* (3), Safi *et al.* (9), and Rafiee *et al.* (17), in agreement with the current study, indicated that job satisfaction was not significantly associated with education level.

In two studies conducted in Khomeyni Shahr (13) and Kashan (24), an inverse correlation was found between education level and job satisfaction. In the study of Safi *et al.* (9), education level and the recreational and financial resources were significantly associated, so that the higher the employees' education level, the lower their satisfaction with welfare facilities available in the workplace.

This means that as people's education level increases, the level of their expectations also increases and they expect to have better financial and recreational conditions at the workplace. It is believed that promotion of education level and fair promotion policy can play a significant role in creating employee satisfaction and motivation (13, 24).

In the present study, employees with 16- to 20-year work experience had the highest level of job satisfaction, but no significant relationship was observed between work experience and job satisfaction.

In the studies conducted in Gonbad-e Kavous (17) and Khomeyni Shahr (13), the level of employee satisfaction was not associated with

work experience. In the study of Heydari *et al.* (3), health workers with higher work experience had significantly higher job satisfaction. The health workers with high work experience may be more adapted to working conditions and rural communities and can *better* manage life and work-related problems.

The results of this study showed that employment type and job satisfaction level were associated, so that official and contractual employees had comparatively higher job satisfaction. It is likely that employees who have higher job security status will have higher levels of job satisfaction.

In the study of Rafiee *et al.* on the employees of the Gonbad-e Kavous Health Center (17) and the study of Heydarin *et al.* on the midwives in selected hospitals of Tehran (25), no relationship was found between the two variables. However, in the study of Safi *et al.* (9), financial and recreational facilities and employment type were associated, so that the official employees had less satisfaction with recreational facilities of their workplace than contractual and project-based employees. It seems that this inconsistency in the results of studies is due to the working environments and difference in the levels of expectations between the official employees and other employees.

### Conclusion

The job satisfaction level of health workers and health care providers in Esfarayen was moderate. Despite the fact that in some areas, employees had a high level of job satisfaction, the level of employee satisfaction in certain areas such as supervision and salaries and benefits was not desirable.

Respective authorities are recommended to take into account factors that increase job satisfaction among employees to realize job satisfaction.

Setting appropriate job standards to reduce job stress and increase productivity, applying appropriate and fair policies for rewards and punishments, and creating recreational facilities at the workplace can improve employee satisfaction



and, consequently, increase the quality of services provided in health bases and health homes.

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### Conflict of interest

The authors declare no conflict of interests.

### Authors' contributions

Sadeghi A, Rouhani H designed study; Zhianifard A, Siavashi M. gathered data; Sadeghi A, Jafari H, Rouhani H analyzed data; all the authors wrote the manuscript, read and approved the final manuscript.

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