

Comparative study of job satisfaction among health and medical caring sectors' staffs; East Azarbayejan

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Abstract

Aims: Comparative investigation of satisfaction rate in the subunits of big organizations will result in recognition of the factors influenced by the managers of each subunit. The aim of this study was to compare the job satisfaction level between health and medical caring deputy staff in East Azerbaijan province, Iran.

Methods: This descriptive-analytical study was performed on 420 health and medical caring personnel in East Azarbaijan, Iran in 2011. Samples were selected by 3-stage cluster sampling. Data were collected by a researcher-made job satisfaction questionnaire that measured 5 aspects of job satisfaction including structural and managerial, individual, social, job nature, environmental and welfare factors. Data were analyzed by descriptive statistical methods and analytical tests including Friedman test and MANOVA using SPSS 11 software.

Results: The difference of job satisfaction mean was statistically significant between the GPs and midwives of healthcare centers and hospitals in all dimensions ($p < 0.05$). Hospital GPs and healthcare center midwives reported a higher level of job satisfaction and healthcare center GPs and hospital midwives reported a lower level of job satisfaction. Health and medical caring staff had the highest satisfaction average in individual factors and the lowest average in environmental and welfare factors.

Conclusion: Job satisfaction mean does significantly differ between the health and medical caring personnel. Environmental and welfare factors may be targeted to improve job satisfaction in public health care system.

Keywords: Hospital, Healthcare Centers, Job Satisfaction, Health Care Staff

Introduction

Job satisfaction is defined as harmonizing the people's understanding of needs and what they receive from their jobs and is recognized as one of the most important research variables belonging to organizational behaviors and also as a crucial variable in the organization's researches and theories [1].

In organizations which operate in service-providing sections, including hospitals in which the people are responsible for most works, the issue of giving attention to human force and human resource management are more prominent in comparison with organizations in which the majority of works is done by machine and equipments. Because stimulant, environmental, etc. factors affect the people concerned [2]. In fact, the features of each job affect the staff's tasks and these features lead to job satisfaction or dissatisfaction [3].

Each organization is set to raise its staff's productivity and efficiency and job satisfaction plays a vital role in increasing this functionality [4]. The importance of job satisfaction is due to, on the one hand, its role in improving and developing the organization and also

the workforce's health and caring and, on the other hand, the fact that concept of job satisfaction is the intersection and shared building-block of many scientific areas such as psychology, management, sociology and even economic and politics, in addition to its diverse and sometimes complex definitions and conceptualizations [5].

The issue of job satisfaction has always been considered as a problem in organizations and still is. In a way that up to the year 1980, more than 4000 articles have been published concerning this [6]. Each year, many hospital staffs quit their job because of job dissatisfaction which leads to the loss of skills, specialties and human resource, in addition to the misuse of costly training expenses [7, 8]. On the other hand, the job important of those working in healthcare sections is such that they should continue their job with love and interest, in addition to specialty and skillfulness, so as to achieve the most efficiency and effectiveness [9].

In the study done on investigating the job satisfaction among healthcare staffs, working in hospitals under the coverage of Zahedan's medical sciences university, it was showed that 0.7% of the healthcare staffs

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including nurses, physician's assistants and nurse-aids do not have job satisfaction and 9.8% have little job satisfaction and 57.6% have medium job satisfaction, and 29.2% have much job satisfaction and 2.7% have very much job satisfaction [10].

In other research, the findings showed that most Singapore's doctors are rather satisfied with their freedom of action to treat patients (92%) and the kind of their relationships with patients (94%) and their most dissatisfaction is related to their leisure time (48%) and their work improvement and promotion (38%) [11].

Lu et al. showed in their study in China that more than half of the nurses were much satisfied with their job [12]. But, in a study done in Iran, only about one thirds of nurses are satisfied with their job. With respect to the acquired results, the highest scores for job satisfaction go to job security in nursery profession (44.5%) and the nurses' satisfaction rate with workplace and welfare facilities (44.26%), and on the other hand, the highest scores of dissatisfaction among nurses go to the explanation of nursery profession tasks (74.75%), the social status of nursery profession in the society (70.3%) and ways and approaches to communicating with the managers (70%) respectively [13]. The lack of valid evidence in the diverse areas of defining and measuring job satisfaction and its relation with other concepts such as functionality and job efficiency, absence and the like, indicates that most of researches and studies used to determine job satisfaction have failed to determine its dimensions, aspects and factors accurately and completely [14].

With respect to the scrutiny of texts and researches done in this regard, the accomplishment of researches to investigate comprehensively weaknesses and deficiencies related to recognition and measurement of job satisfaction is necessary. That is, researches which can, on the one hand, determine and develop the theoretical and scientific foundations of job satisfaction building block and can, on the other hand, are suitable for determining and implementing politics, organizational policies and the management of human force resources and since, the staff in each area of healthcare are working in the subunits of Iran's medical sciences university, and the difference in effective factors on job satisfaction in these two areas leads to the rapid decrease in job motivation and even leads to the staff transference among above-mentioned areas, comparative investigation of satisfaction in the subunits of a big organization such as medical sciences' universities with the same management and rather similar support can help to recognize the factors under the influence of the management of each above-

mentioned subunit, so as to determine those categories of factors which can be intervened on, and attempt to remove them. The recent research was designed to compare the job satisfaction rate of staffs working in healthcare section so as to measure staffs' job satisfaction, using a realized questionnaire compatible with the conditions of healthcare system.

Methods

This research was descriptive-analytic in nature and its aim was to compare job satisfaction rate between health section staffs and those of medical caring section. The society under investigation was the staffs working in headquarters' units (healthcare deputy manager), hospital units, rural and urban healthcare centers under the coverage of Tabriz' university of medical sciences and healthcare services. These staffs included general doctors, nurses, midwives, specialized health experts, environmental health experts, public health experts, occupational health experts, doctor's assistants and nurse-aides.

The present study was done in two phases. The first phase was qualitative and with the aim of designing standard tools for job satisfaction appropriate with Iran's condition. In this stage, researches extracted experts' viewpoints and opinion-holders (70 specialists participated in 8 focus group discussions) concerning factors affecting job satisfaction, using concentrated group discussions after investigating related texts, and in the next stage, the initial questionnaire was prepared, using the results from investigating the texts and concentrated group discussions. To determine validity extent, the initial questionnaire was sent to 13 related specialists, using Delphi method in first and second rounds and was modified after collecting experts' viewpoints. In the first round of Delphi, 81 measurements, which had the most repetition in the concentrated group discussions, were scrutinized while using scales of importance, necessity, clarity, simplicity and relatedness of each measure from the experts' viewpoints. In this stage, coefficients of Content Validity Ratio (CVR) and Content Validity Index (CVI) were calculated for each question. The CVR calculation showed that the scores of 76 items are greater than table number standings (0.54). As such, the existence of related items with acceptable statistical level of significance ($p < 0.05$) were necessary in these equipments, and the rest of items were eliminated due to the inability to obtain the least related scores. The results derived from calculating CVI index showed that 71 items had CVI scores greater than 0.7 and thus, were considered

appropriate and 10 items scores were lesser than 0.7% and were unacceptable and eliminated. Also, the importance degree of each measure was investigated, according to the scales from 1 to 9 (quite unimportant-to-quite important) from the experts' viewpoints. The average degree of importance of 7 and above meant the acceptance of the intended measurement and being in the average degree of importance between 4 and 6.9, the measurement enters the second round of Delphi and the average degree of importance between 1 and 3.9, meant the elimination of the intended measurement. In this stage, 13 questions finally entered the second round of Delphi. In this stage, CVR index and their degree of freedom were assessed. Also, the similarity of 20 measures among each other was investigated and eventually, 60 closed questions and 2 open questions remained.

In the next step, the modified questionnaire was executed in the form of a preliminary study including an accidental sample of 50 people so as to investigate the possible problems of the questionnaire and its reliability (internal similarity). In this stage, Alpha Cronbach index was calculated for each subarea. Also, after two weeks, the questionnaire was re-executed on the previous sample so as to measure reliability (stability), using test and post-test in which Spearman Brown index was calculated for each subarea. The rate of these indexes turned out to be greater than 0.7% for every five dimensions existing in the questionnaire, including managerial and structural factors (Alpha=0.814, Spearman Brown index=0.924), individualistic factors (Alpha=0.841, Spearman Brown index=0.924), social factors (Alpha=0.771, Spearman Brown index=0.943), factors related to job nature (Alpha=0.760, Spearman Brown index=0.752), and environmental and welfare factors (Alpha=0.882, Spearman Brown index=0.925) which confirmed the reliability of the questionnaire. Eventually, after modifying the questionnaire again (replacing some items, elimination or adding some), the questionnaire was prepared for final study. Eventually, the questionnaire measuring job satisfaction comprised of 60 questions and it measured the staff's satisfaction in five subunits: "Structural and managerial factors" (24 questions), "individualistic factors" (9 questions), "social factors" (6 questions), "factors related to job nature" (10 questions), "environmental and welfare factors" (9 questions) and 2 general questions, including overall job satisfaction while considering all factors of one's job and the offer of employment in one's organization to the friends and others which should have been answered in the form of yes, or no. All questions in the questionnaire were considered in

Likert scale, ranging from the quite dissatisfied to quite satisfied and alternate scores of 1 to 5 in terms of the intensity of the options (5 quite satisfied, 4 satisfied, 3 mediocre, 2 dissatisfied and 1 quite dissatisfied). The second part of the questionnaire was regulated in relation with demographical factors; demographical factors included 10 items of age, gender, marital status, servicing place, educational degree, organizational status, kind of shift, employment status, work experience and monthly income.

The second phase of the study was done quantitatively and with the aim of comparing job satisfaction rate among staffs working in two sections of health section and medical caring section, which had the following subunits: Staff working in deputy management of health section were compared with staff working in deputy management of health medical caring section, general doctors in rural and urban healthcare centers with the general doctors working in hospitals, experts working in rural and urban healthcare centers with hospitals' experts, nurse-aids and doctor's assistants working in rural and urban healthcare centers with hospital's nurse-aids.

The sampling method in this stage of the research was done in three-stage cluster one; the first stage (cluster) included selecting cities as ranks. In this stage, Tabriz, one of Iran's capital cities (metropolitans), entered the study without considering selection chance and also, townships of Ahar and Shabestar were selected randomly as representative of the other townships in this province. The second phase (cluster) included random selection of hospitals, random selection of centers and also the only headquarters of health deputy and selection of the only headquarters of medical caring deputy. In this stage, out of 13 public hospitals existing in Tabriz province, 3 hospitals were selected. Also, the only hospital in Ahar, the only hospital in Shabestar, the only headquarters of deputy management in East Azarbayejan province and the only headquarters of deputy medical caring in East Azarbayejan province were selected.

Out of 52 healthcare centers existing in Tabriz province, with respect to the current working doctors in all units, there were selected 15 urban centers, 7 rural centers, and 3 rural-urban centers; out of 13 healthcare centers existing in Ahar province, there were selected 2 urban centers, 2 rural centers; out of 20 healthcare centers existing in Shabestar province, there were selected 2 urban centers, 2 rural centers and 2 urban-rural centers. The last stage of sampling (simple random) includes the random selection of the staff working in these centers. With respect to the fact

that how many staff exist in a target center and with respect to the point that how many sample are to be extracted from that center and by referring to the people's list in central employment office, the people's numbers were selected randomly. It is necessary to mention that the number of all staff working in health, who constitute out target society, was 736 people and those of medical caring section was 449 people.

The criteria to enter the study included people working in rural-urban healthcare centers, the headquarters of health deputy whose educational degrees were general physicist, bachelor of environmental health, professional, general, midwifery, and nursery-aid diploma, or holding nursery-aid position, and the staff working in hospitals, the headquarters of medical caring deputy whose educational degrees were general physicist, nursery, midwifery, bachelor of environmental health, nursery-aid diploma or work experiences as nursery-aid. The criteria to be dismissed from the research included those holding associate degree of environmental health, professional, the family working in healthcare centers, the specialist doctors working in hospitals, and other unrelated majors with the objectives of the study. In field researches, by designing instruments for realized questionnaire, the number of sample will be 6 to 10 times more than the questionnaire's items [15]. With respect to the number of items of the final questionnaire, the number of sample was estimated as 420 people.

At the beginning of each of questionnaires, participants in the research were ensured of behavioral observations, including having freedom to participate in the research, the right to quit the research, confidentiality of information, being anonymous in the questionnaires. SPSS 11.5 was used in statistical analysis. Data was reported for qualitative and quantitative variables, in the order of mean (Standard Deviation) and frequency (Percentage). To prioritize the items related to satisfaction, Friedman ranking test was used. To compare the rate of satisfaction from every dimension of job satisfaction among different groups, Multivariate Analysis of Variance (MANOVA) was used.

Results

In the present study, out of 420 sampled cases 374 questionnaires were gathered. The most percentage of the units under investigation was in the age group of 30 to 44 years of age (218 people, 58.2%), female (290 people, 77.5%), married (300 people, 80.2%),

holding bachelor degree of nursery (123 people, 32.9%), working in health centers (166 people, 44.4%), and hospital (167 people, 44.7%), organizational status of nursery (111 people, 29.7%), in terms of officially employed (182 people, 48.7%), working in the fix shift in the morning (237 people, 63.4%), with work benefits of 15 to 20 years and more (111 people, 29.7%), and that the salary of most participants was between 400,000 and 600,000 (223 people, 59.6%).

Based on the results of the multi-variable test, there was a significant difference between the two groups of health and medical caring simultaneously for all dimensions ($p=0.003$). Also, the mean score of job satisfaction in healthcare section was reported more than the medium. The mean of the other dimensions of job satisfaction between the above two groups is provided in Table 1. As you can see in Table 1, the most dissatisfaction of staffs working in the two sections of health and medical caring related to existing environmental and welfare factors in the organization.

The results showed that the average job satisfaction had a significance difference among doctors in healthcare centers and the hospitals in East Azarbayejan ($p=0.016$) and job satisfaction among general doctors of hospitals is greater than the medium and job satisfaction in general doctors working in healthcare centers is lower than the medium. That is, job satisfaction of general doctors in centers has been lower (Table 2).

The average job satisfaction among midwives working in healthcare centers and in East Azarbayejan province hospitals had a significant difference ($p=0.028$) and job satisfaction among hospital midwives has been lower than medium and job satisfaction among healthcare midwives has been greater than medium, that is, job satisfaction among hospital midwives has been lower (Table 3).

Also, with respect to the research findings, the average overall job satisfaction had no significant difference among the remaining groups, including the staff working in headquarters of health deputy with the staff working in headquarters of medical caring deputy, hospital doctor's assistant with rural healthcare nursery-aid and doctor's assistant working hospital with those working in centers, hospital expert with those working in centers ($p>0.05$).

The results of prioritizing the factors affecting job satisfaction in two sections of health and medical caring is provided in Table 4, based on Friedman scoring test.

Table 1- Comparing the mean of job satisfaction and its dimensions among the staffs working in the two sections of health and medical caring

Name of dimension	The workplace section	Number	Mean (SD)	Confidence distance 95%	
				Least band	Most band
Managerial and structural factors	Health	193	47.90 (18.81)	45.23	50.58
	Medical caring	181	50.79 (17.62)	48.20	53.37
Individualistic factors	Health	193	64.83 (18.50)	62.21	67.46
	Medical caring	181	63.55 (17.44)	60.99	66.10
Social factors	Health	193	60.51 (19.55)	57.60	63.41
	Medical caring	181	57.87 (18.66)	55.31	60.43
Factors related to job nature	Health	193	51.95 (15.50)	49.28	54.63
	Medical caring	181	50.56 (17.21)	48.15	52.97
Environmental and welfare factors	Health	193	38.47 (23.47)	35.65	41.29
	Medical caring	181	36.83 (18.79)	34.12	39.53
Job satisfaction	Health	193	51.07 (16.60)	48.72	53.43
	Medical caring	181	51.29 (14.65)	49.14	53.44

Table 2- Comparing the mean of job satisfaction and its dimensions among general doctors in hospitals and healthcare centers

Name of dimension	The workplace section	Number	Mean (SD)	Confidence distance 95%	
				Least band	Most band
Managerial and structural factors	Hospital	21	53.67 (21.46)	43.89	63.44
	Healthcare centers	42	41.81 (17.98)	36.21	47.42
Individualistic factors	Hospital	21	72.61 (13.21)	66.60	78.63
	Healthcare centers	42	55.95 (16.76)	50.72	61.17
Social factors	Hospital	21	61.90 (19.55)	53.00	70.80
	Healthcare centers	42	51.98 (18.66)	46.16	57.79
Factors related to job nature	Hospital	21	60.95 (15.50)	53.89	68.00
	Healthcare centers	42	44.70 (17.21)	39.33	50.06
Environmental and welfare factors	Hospital	21	44.84 (23.47)	34.15	55.52
	Healthcare centers	42	31.74 (18.79)	25.89	37.60
Job satisfaction	Hospital	21	57.34 (17.02)	49.59	65.09
	Healthcare centers	42	44.00 (14.99)	39.33	48.68

Table 3- Comparing the mean of job satisfaction and its dimensions among midwives in hospitals and healthcare centers

Name of dimension	The workplace section	Number	Mean (SD)	Confidence distance 95%	
				Least band	Most band
Managerial and structural factors	Hospital	23	45.78 (15.88)	38.91	52.65
	Healthcare centers	50	48.05 (20.06)	42.34	53.75
Individualistic factors	Hospital	23	61.71 (19.35)	53.34	70.08
	Healthcare centers	50	68.61 (18.68)	63.30	73.92
Social factors	Hospital	23	54.52 (16.08)	47.57	61.48
	Healthcare centers	50	63.00 (21.40)	56.91	69.08
Factors related to job nature	Hospital	23	44.56 (13.56)	38.70	50.42
	Healthcare centers	50	51.70 (20.08)	45.99	57.40
Environmental and welfare factors	Hospital	23	25.72 (16.75)	18.47	32.97
	Healthcare centers	50	39.27 (20.61)	33.41	45.13
Job satisfaction	Hospital	23	45.83 (12.70)	40.34	51.33
	Healthcare centers	50	52.06 (17.65)	47.04	57.08

Table 4- Ranking of the factors affecting job satisfaction in the health and medical caring sector staffs based on the Friedman test

Name of dimension	Satisfaction level	Health sector	Friedman rate	Medical caring sector	Friedman rate
Managerial and structural factors	Max	Merit and competence of the immediate manger	15.25	The rate of access to immediate manager in the required time	15.93
	Min	The encouragement and gratitude system existing in organization	7.57	The encouragement and gratitude system existing in organization	8.90
Individualistic factors	Max	The rate of "one's skillfulness and competence	5.92	The rate of one's self-esteem to do works	5.80
	Min	The sense of self-valued in the organization	3.95	The rate of balance between work and personal life	4.01
Social factors	Max	The rate of customer's and clientele's satisfaction in the organization	3.99	The relation between the same-rank staffs in the organization	3.46
	Min	The relation between manager and staff	3.19	The rate of patient involvement	3.26
Factors related to job nature	Max	The rate of one's work usefulness in the society	8.01	The rate of one's work usefulness in the society	5.92
	Min	The clarity rate of career promotion path for the staff in the organization	4.21	The rate of job stress	3.75
Environmental and welfare factors	Max	The possibility to take absence in required times	7.32	Workplace internal facilities	6.49
	Min	Existing welfare facilities in the organization	3.35	Existing welfare facilities in the organization	3.72

Discussion

The results show that the overall average of job satisfaction in healthcare section has been reported more than average which is in harmony with *Monjamed's* research findings in Tehran, with *Mir Molayee's* in Tehran, with *Jahani's* in Arak and *Fernandez's* in Madrid [16, 17, 18, 19].

There was no significant difference in the average score in job satisfaction among staff in two areas of the headquarters of health deputy and the headquarters of medical caring deputy. This similarity can be assigned to job nature and the same benefits of the work in headquarters. Also, there has been a significant difference in average job satisfaction among general doctors working in hospitals with general doctors working in healthcare centers. This can be assigned to the doctors' low salary and benefits working in centers, the lack of financial motivation and their high work volume. *Bodar* has declared the same in his study in Turkey in which he stated that salaries and conditions of the staff working in health centers are graver than those working in hospitals [20].

According to the results, the average score of job satisfaction in midwives working in centers had significant difference from those working in hospital and that midwives working in hospitals show less satisfaction. *Monjamed et al.* in their research reported the low satisfaction rate of most midwives in terms of salary and benefits, job security, managerial policy-making, workplace conditions and status, monitoring and supervision and relation with personal life [16]. Perhaps, the low satisfaction rate of midwives working in hospitals can be ascribed to high job stress and direct contact with mother and child's health.

In terms of managerial and structural factors, the highest satisfaction among staff working in health area was related to "merit and competence of the immediate manager" and in the area of medical caring was related to "the rate of access to immediate manager in the required time". *Zahedi et al.* stated in their research that the majority of staff expressed satisfaction from their direct supervisor and define proper management as one of the factors leading to success in healthcare networks [21]. Also, the findings of *Monjamed's* research showed that the majority of staff has expressed satisfaction from the rate of access to the authorities in required times [16]. But *Mir Molayee's et al.* research findings indicated that the majority of midwives are dissatisfied with the rate of access to the authorities in required times [17]. This contradiction comes from the way of managing the

system. In the same dimension, the most dissatisfaction among staff working in two areas of health and medical caring derived from "the encouragement and gratitude system existing in organization" which is in harmony with *Mir Molayee* and *Jahani's* research findings [17 and 18]. Lack of reward and encouragement has led to the decrease in people's motivation to function appropriately and creates in the people, feelings of disinterestedness and separation from the organization [22]; eventually it will lead to the decrease in job satisfaction and decrease in the staff's staying in their workplace [23]. This should be considered and revised by the authorities and the proper conditions for financial and mental encouragement to be provided.

In terms of individualistic factors, the staff working in health section had the highest satisfaction with the rate of "one's skillfulness and competence" and those working in medical caring section with "the rate of one's self-esteem to do works". The results of *Candal's* reviewing research show that specialty is one of the important factors affecting the nurses' job satisfaction [23]. Also, in the same respect, the majority of dissatisfaction among staff working in health section stemmed from "the sense of self-valued in the organization" and those working in medical caring section from "the rate of balance between work and personal life". The results of the research on nurses' job satisfaction in Iran showed that more than half of the nurses are dissatisfied with relation between job and their personal life [13].

In terms of social factors, the staff working in health section had the highest satisfaction with "the rate of customer's and clientele's satisfaction in the organization". The results of *Newman* and *Millers's* research showed that the desired patient caring, talking with the patients about their needs, monitoring the progression procedure of treating patients will have great impact on nurses' job satisfaction [24]. Also, staff working in medical caring section had the highest satisfaction with "the relation between the same-rank staffs in the organization" which is in harmony with *Jahani's et al.* research findings. In the same respect, the staff working in health section had the highest dissatisfaction with "the relation between manager and the staff" which is in harmony with the results of *Mirza Baygi, Monjamed et al.* research [12, 16 and 18]. But the findings of *Land's* research showed that 68% of nurses are satisfied with their relation with their employers [25].

In terms of the factors related to job nature, the staff working in two sections of health and medical caring had the highest satisfaction with "the rate of one's

work usefulness in the society" which is in harmony with *Jahani's* et al. research findings [18]. In the same respect, the staff working in health section had the highest dissatisfaction with "the clarity rate of career promotion path for the staff in the organization" which is in harmony with *Zahedi's* et al. research findings, which was done among the health staff working in Chahar Mahal Bakhtiari province based on the point that the majority of staff had the highest dissatisfaction with the promotion rate [21]. *Jo Kick* et al. mentioned in their study the opportunity to promote as one of effective variables on job satisfaction [26]. In the same respect, the staff working in medical caring had the highest dissatisfaction with "the rate of job stress". *George's* et al. meta-analysis showed that job stress has the strongest negative relation with job satisfaction [27]. Stress in hospital environments for long time has been indicated as a central effective factor of job satisfaction and the staying the course [28]. Stressful workplace may have negative effects and weak medical caring. This can decrease the quality of patients' caring and is considered as a costly item for doctors, and the institutions in which the service is provided and eventually the whole health system. As such, the methods creating job stress should be recognized so as to decrease them in work environments.

In terms of environmental and welfare factors, the staff working in the health section had the highest satisfaction with "the possibility to take absence in required times" which is in harmony with *Monjamed's* et al. research findings and the staff working in medical caring section had the highest satisfaction with "workplace internal facilities" which is in harmony with *Jahani's* et al. research findings [16 and 18]. In the same respect, the highest dissatisfaction among staff working in two areas relates to "existing welfare facilities in the organization (mortgage to buy house, etc.)" which is in harmony with *Monjamed's* research findings [16]. The more satisfaction among staff with work conditions, the less the possibility of quitting the job and the more dissatisfaction increases, the more absence, resignation and escape from the organization will be. Thus, job satisfaction affects the staff's staying in the organization, efficiency and the quality of their work performance [29]. The high-spirit presence of staff will affect their efficiency. The provision of facilities which lead to easiness of mind, and staff regaining strength can be considered by authorities. With respect to the research findings, it is advised to the Health Ministry's authorities to attempt to increase ever more the salary and benefits and also

to provide welfare facilities to these people.

Applebaum investigated in his research the effects of environmental factors such as smell, sound, lighting and color on stress and job satisfaction and nurses' decision to leave their job and found a significant relation between sound and received stress rate and job satisfaction. But the staff working in healthcare section did not express any dissatisfaction with this; perhaps, it can be ascribed to the appropriate physical conditions in their workplace [30]. The majority of staff working in two sections of health and medical caring, including nurses, midwives, nurse-aids, doctor's assistant, general doctor and health experts participated in this study and this is among the strengths of this research in comparison with other related researches. But in most researches, the nurses' satisfaction has been taken into account. The other strength point of this research is the entire support by the authorities concerning this research. Lack of collaboration from some staff in hospitals to participate in this study, due to dissatisfaction with the system and working condition, lack of easy access to some rural healthcare centers, lack of faithful response on the part of some staff due to the fear of getting dismissed are among the limitations of this study. It is suggested that in future studies, the rate of job satisfaction among all staff working in hospitals and healthcare centers be measured. Also, it is possible to compare job satisfaction rate among the staff working in different working units such as job satisfaction rate among staff working in the hospitals' infant unit with satisfaction rate among staff working in intensive caring units, or satisfaction rate among staff working in urban healthcare centers with those of rural ones. To increase job satisfaction among staff working in health section and medical caring section, based on the results of the present research, the implementation of appropriate encouragement and gratitude systems, the decrease in staff's working volume, modifying the relation between manager and subordinate staff, clarifying the career promotion path for the staff in the organization, the establishment of appropriate job standards to decrease job stress, and to increase work efficiency, the establishment of facilities and welfare equipments for the staff, all will lead to improvement in job satisfaction among staff working in two sections of health and medical caring.

The results of the present research can be used as a useful prescription for policy makers and managers so as to make some effective interventions in order to improve job satisfaction among staff working in health and medical caring sections.

Conclusion

The average job satisfaction among staff working in health and medical caring sections shows significant difference. According to the results, considering environmental and welfare factors belonging to workplace can probably lead to increase in job satisfaction among staff working in these two sections.

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