Job satisfaction among community health workers in Zahedan District, Islamic Republic of Iran

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الرضا بالعمل بين العاملين الصحيين المجتمعيين في منطقة زهدان في جمهورية إيران الإسلامية محمد كبريائي، محمد صالح معتقدي

الخلاصة: أجرى الباحثون مسحاً مستعرضاً شمل 74 من العاملين الصحيِّين المجتمعيِّين في المنازل الصحية الريفية لدراسة الرضا الإجمالي بالعمل، ورضاهم عن 8 جوانب من العمل (العمل بذاته، والعاملين المساعدين، والإدارة، وعبء العمل، والترقية، والبنية التنظيمية، وظروف العمل، والأجور والمنافع). وقد جمع الباحثون المعطيات من خلال استهارة تستوفى ذاتياً وتستند على منسب توصيف العمل ولائحة جرد رضا العاملين. وقد كان الرضا الإجمالي بالعمل لدى المستجيبين معتدلاً. وقد أبدى المشاركون في المسح رضاهم النسبي عن العمل ذاته وعن شركائهم في العمل لكنهم كانوا غير راضين البتة عن بقية المحوانب الأخرى وبصفة خاصة الأجور والمنافع. ومما لا شك فيه أن توفير الفرص للترقية وتحسين الأجور وتحسين ظروف العمل ستؤدى إلى زيادة رضا العاملين وبالتالي تعزز من جودة الرعاية التي يقدمونها.

ABSTRACT We conducted a cross-sectional survey among 74 community health workers in rural health houses to investigate overall job satisfaction and satisfaction with 8 aspects of the job (work itself, co-workers, management, workload, promotion, organizational structure, working conditions, and payment and benefits). Data were collected by a self-administered questionnaire based on the Job Descriptive Index and the Employee Satisfaction Inventory. Overall job satisfaction of respondents was moderate. They were satisfied with the work itself and co-workers, but very dissatisfied with all other aspects, especially payments and benefits. Providing opportunities for promotion and improving payments and work conditions would increase overall job satisfaction and promote quality of care.

Satisfaction au travail chez les agents de santé communautaires du district de Zahedan (République islamique d'Iran)

RÉSUMÉ Nous avons réalisé une étude transversale auprès de 74 agents de santé communautaires exerçant dans des dispensaires ruraux afin d'évaluer leur satisfaction au travail, à la fois globale et sous huit aspects différents (travail en lui-même, collègues, hiérarchie, charge de travail, promotion, structure organisationnelle, conditions de travail, et rémunération et avantages). Les données ont été recueillies grâce à un autoquestionnaire établi à partir des indices de satisfaction professionnelle Job Descriptive Index et Employee Satisfaction Inventory. La satisfaction globale des personnes interrogées était modérée. Ces personnes étaient satisfaites du travail en lui-même et de leurs collègues, mais très insatisfaites en ce qui concerne tous les autres aspects, en particulier la rémunération et les avantages. Des possibilités de promotion et une amélioration des rémunérations et des conditions de travail augmenteraient la satisfaction professionnelle globale et renforceraient la qualité des soins.

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Introduction

Work plays a prominent role in our lives. It occupies more time than any other single activity and provides the economic basis for our lifestyle. Therefore, job satisfaction is a key research area for numerous specialists and is one of the most frequently studied work attitudes [1].

Job satisfaction is defined as how people feel about their jobs and job components [2]. That is, it is the discrepancy between what an employee values and what the situation provides. Research has demonstrated the importance of job satisfaction to an organization in terms of its positive relationship with individual performance, productivity, employee relations, physical and mental health and life satisfaction [3–7].

Conversely, it can be argued that job dissatisfaction has negative impacts on the organizational structure and work flows of establishments, such as greater nonconformance to procedures and policies and employee absence and turnover, decline in productivity, increases in work accidents, deterioration of mental and physical health, and intra-organizational conflict [3,4,8–10].

Therefore, apart from its humanitarian utility, if an organization is really interested in the most effective use of all resources (including labour), then it is important to maximize employee productivity by considering and addressing the factors that compromise their job satisfaction [11].

Previous studies have shown that low job satisfaction is a major cause of turnover among health care providers [12,13]. In addition, job satisfaction may affect the quality of services and organizational commitment [14-16] and may be a contributing factor to shortages of health care providers [17].

As far as we are aware, no research has addressed job satisfaction among Iranian

community health workers (CHWs). Therefore the main aims of this study were to investigate job satisfaction levels overall and in various areas among health care workers in our community and to suggest approaches that could improve job satisfaction.

Methods

Study population

A cross-sectional study was conducted in May 2005. The population for the study comprised all 76 CHWs, called *behvarz* in Farsi, who work at the 44 rural health houses in Zahedan district, Sistan va Baluchestan province, Islamic Republic of Iran. In rural areas the first point of contact with health services is the "health house" located in villages covering 500 to 1500 people [18]. Thus the CHWs provide primary health care services for the villagers attending the health house.

Data collection

CHWs (76) were asked to complete a self-administered questionnaire which was collected immediately after completion. A total of 74 usable questionnaires were returned, giving a response rate of 97.4%. Researchers informed all CHWs that their participation was voluntary and that individual responses would be held in confidence.

The questionnaire was based on 2 widely adopted instruments, the Job Descriptive Index (JDI) [19] and the Employee Satisfaction Inventory (ESI) [20]. A pilot test was undertaken with 10 CHWs. This allowed us to improve some of the questions and arrive at the final version of the questionnaire.

Respondents were asked to provide demographic information including age, sex, education level and length of service in present job. In addition to the demographic data, the questionnaire included a single item regarding overall job satisfaction and 42 questions concerned with 8 aspects of the job including: the work itself, working conditions, workload, wages and benefits, management, co-workers, organizational structure and promotion.

Respondents were asked to indicate the level of satisfaction or dissatisfaction that they derived from each item of the 8 aspects of their jobs. The scale ranged from 1 to 5 with 1 = very dissatisfied. 2 = dissatisfied, 3 = indifferent (neither satisfied nor dissatisfied). 4 = satisfied and 5 = verysatisfied. Scores from items of the same dimension were computed to determine the sum of their dimension. For ease of analysis responses of 4 (satisfied) and 5 (very satisfied) were classified as "satisfied", those of 1 (very dissatisfied) and 2 (dissatisfied) as "dissatisfied". This resulted in a 3-category scale for data analysis and interpretation: satisfied, neutral and dissatisfied. For each aspect, workers were classified as being dissatisfied if the sum of the responses to the different items divided by the number of items was between 1 and 1.66. If the average value of the responses was between 1.67 and 2.33, the workers were classified as being neither satisfied nor dissatisfied, while if it was more than 2.33 the worker was classified as satisfied.

Reliability analysis showed that the Cronbach alpha coefficient of the questionnaire was 0.87, which was considered relatively high and internally consistent [21]. In this study, content validity was applied and the help of 2 experts in human resources management was enlisted.

Data from the questionnaire were analysed using the *SPSS*, version 13.0. Initially, descriptive statistics were carried out. Next, Spearman rho coefficients were computed for correlation between the 8 aspects of the job, and Kruskal–Wallis and Mann–Whitney U tests were used to evaluate

differences between sex, age group, marital status, education level and length of service with overall job satisfaction and satisfaction with the 8 aspects of the job.

Results

Of the 74 respondents participating in this study, 68.9% were males and 93.2% were married. The mean age of the group was 32 (standard deviation 6.1) years: 39.2% were 30 years or younger, 47.3% were 31-40 years and 13.5% were aged 41 years and above. Nearly 34% of the participants had worked for less than 5 years at their current workplace; 33% between 6 and 10 years, 16% between 11 and 15 years and 15% more than 15 years. As regards education, 14.5% of the CHWs had only completed primary education, around 50% had completed secondary education (between primary and high school) and 35.5% had a high school education.

Tables 1 and 2 present a summary of the responses to the job satisfaction questionnaire on 8 aspects of the CHW job and on the job overall. The mean scores for each aspect of the job ranged from 3.61 for the work itself to 1.93 for payment and benefits. The respondents were generally dissatisfied with their jobs with mean scores in 6 out of 8 identified aspects of the job of less than 3. The results show that respondents were most satisfied with the work itself (mean = 3.61) and co-workers (mean = 3.45), but less satisfied with the other 6.

Table 2 shows the percentage of respondents who were satisfied, dissatisfied with or indifferent to aspects of their jobs. It indicates that with the work itself, the percentage of the respondents who were satisfied was high (70.3%). The respondents were least satisfied with payment and benefits, only 4.1% satisfied, with around

Table 1 Average rating of respondents on the satisfaction or dissatisfaction derived from aspect	3
of their jobs	

Aspect of the job	Mean score	Median score	Modal score	Standard deviation
Work itself	3.61	4	4	0.77
Co-workers	3.45	4	4	0.86
Management	2.77	2	2	0.93
Workload	2.49	2	2	0.85
Promotion	2.34	2	2	0.74
Organizational structure	2.28	2	2	0.63
Working conditions	2.22	2	2	0.58
Payment and benefits	1.93	2	2	0.85
Overall job satisfaction	2.84	3	4	1.22

Table 2 Percentages of respondents (*n* = 74)who were satisfied, dissatisfied with or indifferent to aspects of their jobs

Aspect of job	Satisfied	Dissatisfied	Indifferent
	%	%	%
Work itself	70.3	13.5	16.2
Co-workers	60.9	20.3	18.8
Management	27.0	51.4	21.6
Workload	23.0	56.7	20.3
Promotion	12.2	74.3	13.5
Organizational structure	6.8	75.7	17.6
Working conditions	5.4	81.1	13.5
Payment and benefits	4.1	91.8	4.1
Overall job satisfaction	40.5	47.3	12.2

92% of the respondents indicating that they were dissatisfied with this aspect.

A comparison of the distribution of responses on the separate job aspects shows that CHWs were on average satisfied with only 2 aspects of the job, i.e. the work itself (70.3%) and co-workers (60.9%). However, with the other 6 aspects, respondents were not satisfied, with the proportion dissatisfied ranging from 51.4% (management) to 91.8% (pay and benefits). In terms of overall satisfaction, 40.5% of the respondents were satisfied with their job.

The correlation between the different aspects was found to be significant (Table

3). These differences suggest that satisfaction was not independent of the individual job aspect.

The Mann-Whitney U test showed that the differences in overall job satisfaction and satisfaction with the 8 aspects of the job between males and females and between married and single individuals were not statistically significant. The Kruskal-Wallis test also indicated that there were no statistically significant differences between age group, education level and length of service with overall job satisfaction and satisfaction with the 8 aspects of the job.

Table 3 Correlation coefficients for aspects of job satisfaction								
Aspect of the job	1	2	3	4	5	6	7	
Work itself	_							
Co-workers	0.40*	_						
Management	0.49*	0.55*	_					
Workload	0.42*	0.47*	0.36*	_				
Promotion	0.39*	0.54*	0.25*	0.17	_			
Organizational structure	0.34*	0.35*	0.47*	0.41*	0.34*	-		
Working conditions	0.39*	0.51*	0.48*	0.49*	0.41*	0.41*	_	
Payment and benefits	0.14	0.20	0.34*	0.24*	0.34*	0.27*	0.37*	

^{*}Correlation significant at P < 0.05.

Discussion

The findings of our study indicate that the proportion of respondents who were overall dissatisfied with their job is more than the proportion of those who were satisfied. While CHWs were very satisfied with a few aspects of their jobs, overall, they enjoyed only a moderate level of job satisfaction. These findings are in line with the study of Ofili and colleagues [22] but inconsistent with other studies [7,23–26].

Several noteworthy points emerged from our results (Table 2). First, a person can be relatively satisfied with some aspect of his or her job and dissatisfied with others, either because they fail to fulfil his or her needs and values or because they do not meet his or her expectations. Second, there is a clear need for improving management, workload, promotion opportunities, organizational structure, working conditions, and pay and benefits in the future as there was clearly dissatisfaction with these aspects.

We found the greatest dissatisfaction lay in payments and benefits. This finding is similar to those of other studies [25–27]. Naturally, personnel are sensitive to salary issues because of their impact on living standards and providing a sense of security [4]. Thus, a low level of salary satisfaction is a common problem among all types of

employees [28]. Many managers believe that the key to motivating and satisfying service employees is to reward workers with money, bonuses or raises [29]. In this regard, it is suggested that health systems provide a suitable payment and fringe benefits scheme in order to satisfy CHWs and maintain their loyalty.

The low level of salary satisfaction among CHWs can also be explained in terms of the social comparison theory. Accordingly, a main concern when analysing people's satisfaction with their salary is identifying the referent used in the individual comparisons [28] and attempting to erase inequalities.

Working conditions in our study was one of the lowest rated aspects contributing to the CHWs' job satisfaction, similar to the findings of Bodur [25]. Other studies have concluded that a harmonious working environment is related to job satisfaction [30]. Working conditions must be suitable for personnel needs, their expectations and aspirations; this includes factors such as lighting, heating, air circulation and noise. This is important because working conditions and factors that affect them are the most important issues affecting productivity. In contrast, poor working conditions could cause physiological and psychological stress [4]. Thus, more attention should be paid to working conditions in order to increase CHWs' satisfaction with this aspect and hence their general satisfaction level

Satisfaction with management and organizational structure was also low, which is similar to other studies [27,31]. Management types and communication possibilities with superiors are important to job satisfaction [32]. Consulting with CHWs and giving importance to their decisions and feelings will provide greater satisfaction. Some aspects of a CHW's attitude toward supervision and organizational structure, such as supervisor's willingness to stand by the CHW and fairness in organization, can only be changed by a noticeable shift in the management's behaviour. Other facets, such as recognition for a job well done, can be easily altered. It is far less expensive, and sometimes just as effective, to give recognition to an employee for a job well done as opposed to a pay raise [33].

Satisfaction with promotion is another aspect of the job that had a low rating by CHWs. Management should look into the reasons for this dissatisfaction and work to establish a transparent and equitable promotion system. This would likely increase job satisfaction and the productivity of personnel.

Respondents were also dissatisfied with the workload, mostly due to long working hours (morning and afternoon). More attention needs to be paid to this issue and modifications made to the workload in order to increase the satisfaction levels with this aspect.

Satisfaction with co-workers in our study was relatively high which is similar to other studies [26,27]. Good relations among colleagues and having the support of superiors and subordinates generally create a feeling of satisfaction. Research on social networks has also shown that social support from co-

worker networks serves as a resource that affects job satisfaction [28].

In our study, satisfaction with the work itself was high, which is a positive finding. Because the work itself was enjoyable for the respondents, providing opportunities for promotion and improving pay and work conditions could significantly increase satisfaction with some aspects as well as overall job satisfaction of CHWs and lead to improved quality of care as a result.

In general, a number of strategies can be suggested that managers might pursue to increase job satisfaction among CHWs, as well as strategies to avoid. For example, establishing measures of job "success", and recognizing and celebrating employees who achieve these measures may increase the level of job satisfaction by creating a stronger link between behaviour, attitude and outcome. The issues that appear to make CHWs most dissatisfied with their job are the ones directly under the control of management. Thus managers of primary health care services should also shift their attention and resources to the 6 aforementioned critical facets of job satisfaction.

Whilst our findings contribute to our greater understanding of the CHWs' job satisfaction, there were some limitations to the study. The sample was relatively small and restricted to CHWs in Zahedan district. Consequently the findings may not be generalized to other districts or to other national and cultural contexts.

We hope that the study will impress upon managers and supervisors in health establishments the critical importance of job satisfaction and that promoting job satisfaction among CHWs may enable them to improve performance without incurring substantial additional costs, especially as the primary antecedents of job attitudes are within management's ability to influence [6].

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