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Original Article

Job Satisfaction on Primary Health Care Providers in the Rural Settings

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Abstract

Background: Job satisfaction remains as an important concern for both employer and employee. The leaving of workplace and migration to city centers is one of the main results of Job dissatisfaction among the primary health care (PHC) providers in rural setting of Iran, Behvarzes. Determining the predictor's factors of the PHC providers' job dissatisfaction and providing appropriate strategies to address these factors can most likely improve their performance and diminish the problem.

Methods: Data were collected from 290 of the PHC providers worked full-time in Kurdistan rural health-house by a survey for identifying the individual, environmental, and work factors that influence job satisfaction.

Results: Only 17% of the participants' overall job satisfaction was high. Furthermore, the developed model presented statistically significant differences between job satisfaction and village population size, satellite villages covered, and distance between health-house and city center.

Conclusion: It is expected that the finding of the study can help Iran health system policymakers and managers for planning and implementing effective policies in order to meet the PHC providers' needs and so improve quality of primary health care in the rural areas.

Keywords: *Health care systems, Rural health, Primary health care, Job satisfaction, Iran*

Introduction

The definition of job satisfaction varies from person to person and even for one person from time to time. Job satisfaction is considered as an evaluation that the employee makes of the job and the environment surrounding the job (1). It is also defined as the feelings an employee has about the job in general (2). Generally, job satisfaction can be defined as the difference between the amount of rewards workers receive and the amount they believe they should receive (3).

A primary health care (PHC) provider, Behvarz, who gives the life-saving care to rural population, is one of most important health-worker of Iran health system. In addition, the PHC providers cover the major proportion of the population. Therefore, the outcomes of the whole health services mostly depend on their performance. Unfortunately, they are dissatisfied with some of the work features such as managerial, facilities, training, and structural aspects (4-7). Job dissatisfaction among the PHC providers has contributed with the leaving of workplace and migration from villages to the nearest city centers in all over the country (8, 9). In contrast, one published paper has demonstrated that studied the PHC providers were satisfied with their overall job (10).

Job satisfaction is of great importance to the PHC provider for several reasons. First, for many PHC providers, job satisfaction is an intrinsic aspect of work, something to be valued in them. This is important in an occupation that is quite varied and may have moments of great stress as well as joy. Second, there is the potential impact of health-worker's job satisfaction on client care. Absenteeism is linked to poor job satisfaction and that job satisfaction may influence health-worker performance at work (11). A study has showed that patients' satisfaction with their care was related to the level of health-worker job satisfaction (12). Some writers have acknowledged the importance of job satisfac-

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tion to the health-worker and client by discussing the relationship between satisfaction, morale, and stress. They have also suggested that job satisfaction, absenteeism, morale, and stress at work can influence client care (13).

Finally, there are organizational issues of staff turnover. Evidence exists to suggest there is a causal relationship between job satisfaction and turnover. Being satisfied at work will lessen the likelihood of changing jobs (14, 15).

Many attempts have been made to identify factors, which can influence job satisfaction. In an extensive review of the nursing literature, nineteen factors have been considered important to acknowledge when examining job satisfaction such as age, sex, intelligence, education, experience, tenure, and position in the hierarchy. Environmental factors have been also found to be imperative, including, the services, and type of work, care delivery model, degree of professionalization, organizational climate, supervision, and interpersonal relationships. In addition, certain job characteristics have been considered as essential such as status, autonomy, repetition of duties, the nature of tasks to be performed, job outcomes, and pay. This wide range of factors begins to give some indication of the complexity of job satisfaction and the difficulties in assessing and improving levels of job satisfaction within a workforce (16).

Job satisfaction may be measured in many different ways; therefore, many studies are not measuring the same phenomenon. Two well-established instruments for measuring job satisfaction in nursing are the Mc-Closkey and Mueller Satisfaction Scale (MMSS) and the Index of Work Satisfaction Questionnaire (IWS) (17, 18). Since, this study did not use to measure nurses job satisfaction, MMSS nor IWS tools were used. Although this survey is not as well established as the MMSS or the IWS, many items on the survey measure the same phenomenon of job satisfaction among nurses.

The aim of this study is to determine which factors affect job satisfaction of the PHC providers in rural health network. The findings should raise policymakers and managers' awareness and may inspire them to take steps to improve the level of job satisfaction of the PHC providers.

Materials and Methods

The purpose of this study was to explore a model of the theoretical relationship between selected variables and job satisfaction using a structural modeling technique.

Job satisfaction can be considered both as an independent and as a dependent variable. As an independent variable, job satisfaction is recognized as the cause of phenomena such as turnover, absenteeism, retention, and productivity. As a dependent variable, job satisfaction is seen as caused by factors such as individual, organizational characteristics, and mechanics of the job (19). In this study, job satisfaction was treated as a dependent variable.

The study of factors that affect the job satisfaction among health-worker has been extensive over the last 30 yr. Job satisfaction is influenced by individual, organization (work or job), and environmental characteristics (20). The conceptual framework for this study is based on existing literature and research and is determined by characteristics of the individual, the work, and the environment (Fig. 1). This conceptual framework is drawn from the mentioned theoretical perspectives of Maslow's hierarchy of needs, Herzberg's two-factor theory, expectancy theory, and general causal theory (20-24).

This study used a cross-sectional study design to identify the individual, environmental, and work (job) factors that influence the PHC providers' job satisfaction at the first level of prevention. The target population for this study was the PHC providers currently working in rural network of Kurdistan province (899 people). Since April to September 2004, 290 ques--tionnaires were eligibly completed by directly observing the PHC providers in the rural health-house (30% of total number). When surveys are made of homogeneous populations (a group whose members share a strong group identity [e.g., the PHC providers in the rural settings] concerning attitudes, opinions, and perspectives); significant response-rate bias is probably unlikely. Leslie has indicated that if researchers design surveys directly related to homogeneous groups, representativeness would most likely be excellent (25).

The dependent and independent variables were already in place and not subject to manipulation by the researcher. Subjects were required to complete a questionnaire. A two-part 69-item survey was developed for this study. The instrument consisted of two parts: (1) individual and environmental items with 19 questions, and (2) work measurements with 50 items. Based on the survey, the dependent and independent variables used in the study were as follows:

Dependent Variable Main dependent variable was Overall Measure of the PHC providers' Job Satisfaction that was grouped on seven dimensions: physical aspects with 7 questions, managerial aspects with 13 questions, structural aspects with 6 questions, psychological aspects with 10 questions, social aspects with 6 questions, training aspects with 3 questions, and facilities aspects with 5 questions (totally 50 questions). These items scored on a five-point scale (Likert symmetrical five-point scale) ranging from 1: very dissatisfied to 5: very satisfied (Fig. 1) (26).

Independent Variables The independent variables consisted of: (1) Individual-related factors with 8 items and (2) environmental-related factors with 11 items (in all 19 items).

To test the reliability of the job satisfaction instrument, internal consistency reliability was performed on the 50 work questions in the survey. The Cronbach coefficient alpha was 0.82, indicating good internal consistency (27). Validity was determined by using factor loading, these ranged from 0.54 to 0.89.

The questionnaires were scored and the results tabulated. A Pearson correlation and X^2 test were performed. The data were analyzed using SPSS 13 for windows software.

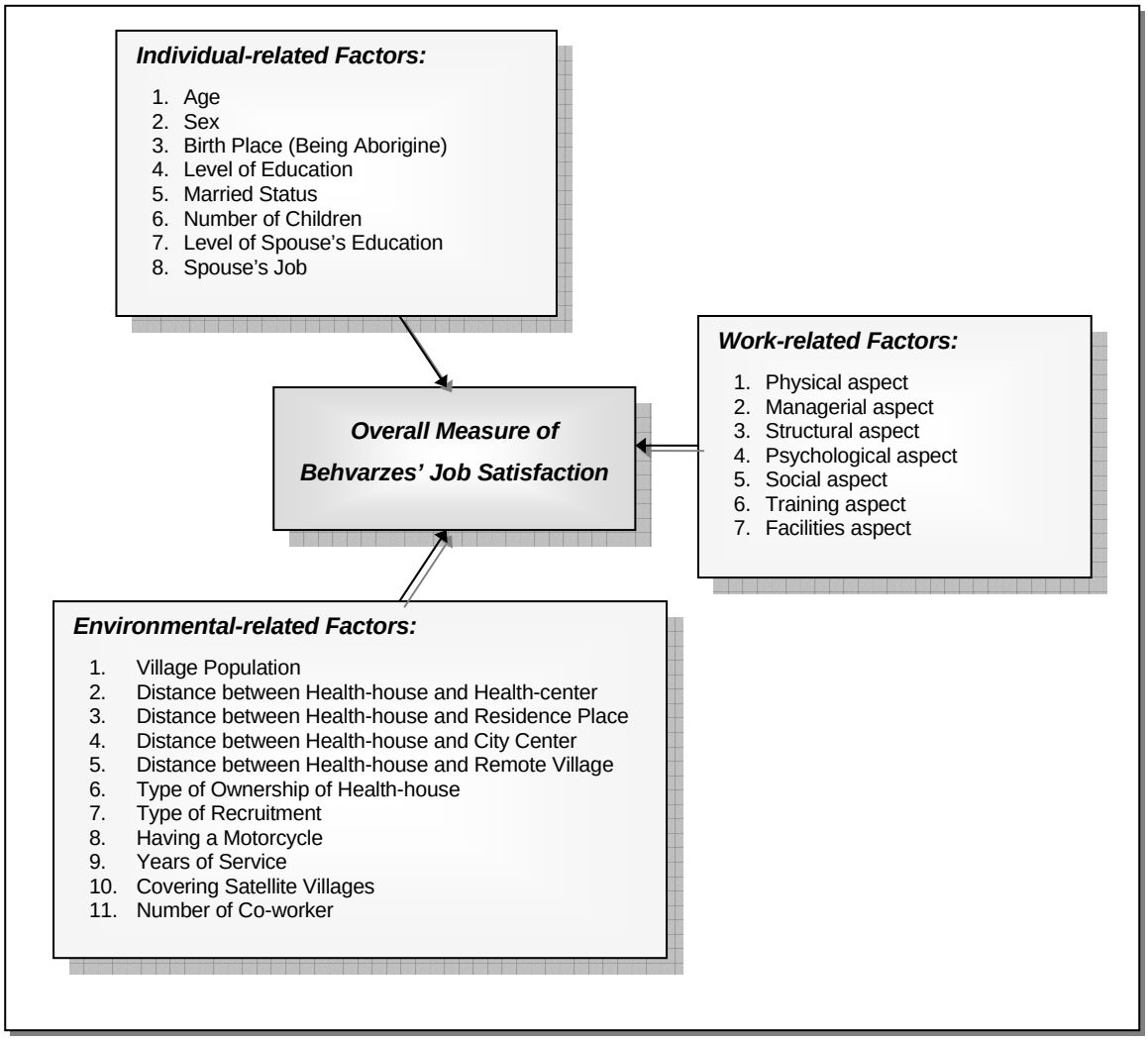

Fig. 1: Conceptual framework of the study

Results

49.7% of the participants' age ranged form 30 to 39 years. 55.5% of the sample sex was male. 87.7% were married. Only 13.8% had completed a high-school diploma. Other descriptive findings are summarized in Table 1 and Table 2 based on the most frequency range and by separation of "individual" and "environmental" variables.

Only 17% of the PHC providers' "overall job satisfaction" was high (satisfied and very satisfied), while 41% of the PHC providers participating in the study ranked their overall job satisfaction poor (dissatisfied and very dissatisfied). Table 3 represents the rate of the PHC providers' job satisfaction based on the seven job dimensions (dependent variables).

Statistical analysis demonstrated that the PHC providers' overall job satisfaction significantly related to three environmental factors including; "village population", "distance between health-house and city center", and "satellite villages covered" at the 0.05 level (Table 4).

The relation between overall job satisfactions and other environmental and individual factors did not statistically significant at 0.05 levels. Furthermore, as shown in Table 4, from 133 differences between independent variables (19 Individual and environmental factors) and dependent variables (7 job factors), only 19 differences was statistically significant at the 0.05 level.

Table 1: Frequency of the most range (type) of the individual variables

No	Variable	The Greatest Range or Type	Frequency %
1	Age	30-39	49.7
2	Sex	Male	55.5
3	Being Aborigine	Based on Workplace	60.7
4	Level of Education	Under High-school	86.2
5	Married Status	Married	87.7
6	Number of Children	Two	29.5
7	Level of Spouse's Education	Primary School	37.8
8	Spouse's Job	Employed	59.4

Table 2: Frequency of the most range (type) of the environmental variables

No	Variable	The Greatest Range or Type	Frequency %
1	Village Population	Less than 500 people	45
2	Distance between Health-house and Health-center	More than 16 km	30
3	Distance between Health-house and Place of Residence	More than 16 km	46
4	Distance between Health-house and City Center	More than 16 km	**78**
5	Distance between Health-house and Remote Village	5-10 km	41
6	Type of Ownership of Health-house	Public	97/9
7	Type of Recruitment	Registered (Life-longt)	97.2
8	Having a Motorcycle	Public	51.7
9	Years of Service	11-15 Years	31
10	Number of Co-worker	Two	64.5
11	Covering Satellite Villages	Yes	86.2

Table 3: Rate of the PHC providers' job satisfaction from the view of job aspects and overall job factors (sorted by satisfaction rate)

No	Satisfaction Rate % Job Dimensions	Low	Intermediate	High
1	Physical aspect	16	63.5	20.5
3	Structural aspect	12.8	66.5	20.7
2	Managerial aspect	18	65.1	16.9
5	Social aspect	11.9	69.7	18.4
4	Psychological aspect	14.4	67.2	18.4
6	Training aspect	10.5	74.3	15.2
7	Facilities aspect	18.8	67	14.2

Table 4: Statistically relation of the individual and the environmental factors (independent variables) with satisfaction of the job aspects (dependent variables)

	Physical aspect	Managerial aspect	Structural aspect	Psychological aspect	Social aspect	Training aspect	Facilities aspect	Overall Job Satisfaction
Individual-related Factors (8 Variables)								
Age			×					
Sex								
Birth Place (Being Aborigine)								
Level of Education								
Married Status								
Number of Children								
Level of Spouse's Education		×					×	
Spouse's Job								
Environmental-related Factors (11 Variables)								
Village Population		×	×	×				×
Distance between Health-house and Health-center			×	×				
Distance between Health-house and Place of Residence							×	
Distance between Health-house and City Center	×	×		×			×	×
Distance between Health-house and Remote Village	×	×						
Type of Ownership of Health-house								
Type of Recruitment								
Having a Motorcycle								
Years of Service								
Number of Co-worker								
Covering Satellite Villages	×	×	×	×				×

[+] Statistically significant at the 0.05 level

Discussion

The pattern of The PHC providers' overall job satisfaction indicates that the PHC providers are dissatisfied with their work in some degree. This result is consistent with the findings of the some unpublished studies in Iran (4-7). The longer the PHC providers worked on one remote health-house, the greater the likelihood they were dissatisfied with their job and experiencing psychological distress. The result of job dissatisfaction is that the PHC providers may leave a place of work or leave the profession entirely. This finding is a good sign for Iran health sector administrators who are looking for better strategies to retain their existing and new staff. The implications of this finding are broad and complex because every single factor can affect the job satisfaction of the PHC providers to some degree.

A considerable finding of this study is that "village population size", and "satellite villages covered" are the main factors that affect the job satisfaction of the PHC providers. The PHC providers, who cover large population, have lower levels of job satisfaction. These results are consistent with the studies too (4-7). This finding can serve as a road-map for policymakers in Iran health system for restricting the volume of the rural service-package by eliminating or integrating the some services.

Other findings of the study demonstrate that providing the essential facilities such as appropriate residence place and transportation might increase the level of the PHC providers' job satisfaction and preventing their migration or leave the workplace.

Unfortunately, we only found one published paper that its results were directly comparable with our study results (10). In spite of all that the results were not completely consist with together. We found that the PHC providers were satisfied with the job aspects in following order: Physical, structural, managerial, social, psychological, training, and facilities (Table 3). In case, the satisfaction order of the job aspects in the other study was as follows: social, psychological, managerial, training, facilities, and physical.

According the mentioned issues, however, Iran health sector policymakers and administrations could:

- Chang the work context, especially restricting the number of services or integrating the services in rural health network
- Add to the number of health-house staff, especially in large villages
- Create variety incentives (e.g. financial motives) for the PHC providers who agree to work full-time in large and/or remote villages
- Promote the quality of life by providing the necessary facilities such as providing the transportation costs, improving the residence place standards and so on.

A longitudinal study would be useful at different time intervals (e.g., every 2 yr) or different area. Continuing the study over a 6-yr period to observe for change in job satisfaction is also recommended. As well as, a cross-sectional research for studying the relation between the PHC providers' job satisfaction and quality of care and client satisfaction can add to growing body of conception about performance of the PHC providers.

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