Assessing the Implementation of Health Reform Plan on Health Care Providers’ Job Satisfaction

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Abstract

Implementation of the health reform plan in health centers is offered by health care providers where the quality of services is important as they deal with human lives. The aim of this study is to assess the implementation of health reform plan on health care providers in health, in order to evaluate the strengths and weaknesses of this plan. This descriptive cross-sectional study was conducted in the health centers of the city of Bandar-Abbas in 2017. The sample size included 200 health care providers, and they were selected by convenience sampling method. The mean total job satisfaction score among health care providers was 2.43 ± 0.70, indicating moderate satisfaction. The highest level of satisfaction was related to the area of opportunities for capacity development (3.01 ± 1.14). The findings of this study can help managers plan to increase health care providers’ satisfaction and to improve their performance and hence to achieve the objectives of the health care reform plan.

Keywords: Health Reform Plan, Satisfaction, Health Care, Health Centers, Provider

1. Background

Nowadays, health is one of the basic priorities of an individuals’ life (1). The goals of the Ministry of Health and Medical Education are the provision of comprehensive physical, psychological, social, and spiritual health to the entire population living in Iran (2). Considering the vast urban areas and given that a wide range of people are not provided with the services offered in the healthcare network system, the Ministry of Health has decided to modify the urban service delivery system, hence, in 2013, health reform plan of the country was implemented in the form of six national programs and eight supporting projects in order to achieve the following objectives such as improving health indicators, increasing the satisfaction of clients (people) etc. (3).

Given that the one of health reform plan’s target group is the health service providers, assessment of their satisfaction is necessary in order to identify the strengths and weaknesses of the plan. It is worth noting that since the effects of the health reform plan has not yet been investigated the barriers and factors affecting the target group, especially the clients, have not yet been determined; therefore, the results of similar studies were used in this study (4).

The satisfaction of health care providers, as one of the objectives of the health reform plan, is important since the World Health Organization also realizes the achievement of improving the quality, efficiency, effectiveness, and fair access of people to services is related to the performance of human resources, which include health care professionals (5). In fact, human resources, as the most important asset of each organization, will achieve the objectives of the organization. Therefore, job satisfaction has a direct relationship with the accomplishment of organizational excellence (4, 6). Despite the critical importance of the fact, today, we are facing global neglect in human resource management at the health sector (7). Dawes defined job satisfaction as a psychological structure, consisting of two cognitive components (the perception that individuals’ needs are provided) and emotional (the emotion associated with
Implementation of health reform plan in community health centers, as the first line of health care service in the urban community, deals with the improvement of the quality of the services provided by health care workers, including providing health care coverage for the population, and identifying the high risk cases and referring them to the hospital (9, 10). Given that Hormozgan province is located in the less developed regions of the country and faces vide population dispersion and internal and external migration, and considering the need for free health services in the country, one of the objectives of the reform plan is health equity.

2. Objectives

The present research was conducted to investigate the implementation of the health reform plan on the satisfaction of health care.

3. Methods

This descriptive cross-sectional study was carried out to evaluate the implementation of the health reform plan on the satisfaction of health care providers in Bandar Abbas in 2017. The sample size included 200 health care providers that were selected by convenience sampling. Family physicians are multidisciplinary associate expert/experts who receive 147 hours of training according to the educational part of the health care reform. The inclusion criteria for health care providers was to be working as a health care provider in health centers. The exclusion criteria for health care providers was the refusal to answer questions.

This questionnaire included 20 questions that assessed the satisfaction of health providers in seven areas including fair pay and benefits, opportunities for capacity development, perception of job expectations, the value placed on workers’ labor by the organization, recognition and appreciation, job description and duties, and work atmosphere and environment. The maximum score was 100, and the minimum score was 20. This research was carried out after obtaining approval from the Ethics Committee of Hormozgan University Medical Sciences (HUMS.REC.1395.112). Pearson correlation coefficient, regression, and other suitable parametric and nonparametric tests were used to analyze the data. Finally, the statistical package for social sciences (SPSS) software was used for the data analysis.

4. Results and Discussion

In this study, out of 200 health care providers, 12% were midwifery associate experts, 14.5% were family medicine associate experts, 52.5% were midwifery experts, and 21% were family medicine associate experts. Among the health care providers, job satisfaction score among health care providers was moderate level. The study by Kohan et al. showed that the job satisfaction was moderate level, which was consistent with the results of the present study (11). Moreover, Liu et al. reported that Health care were satisfied with their job, only to some extent, which was above average (12). Given that higher job satisfaction results in strong motivation and affects cognitive, emotional, and behavioral processes, job satisfaction may result in the achievement of personal and organizational goals. It is necessary for health care managers and practitioners in the health reform plan to realize the importance of service providers’ satisfaction since they are at the forefront in the development and to the accomplishment of the objectives of this national plan. The highest score of job satisfaction was related to opportunities for capacity development, and the lowest satisfaction was related to the fair pays and benefits (Table 1).

In addition, in the study by Kabir et al. the lowest level of satisfaction was related to income (13). Other study reported that nurses’ satisfaction increased with the increase in their basic salary level (14). Since no study has been conducted on the job satisfaction of health care providers in the country, the results if similar studies on the medical sector were used to compare with the findings of this study (15). It seems, job satisfaction of health workers in health reform plan relatively increased due to on-time salary payments of the medical sector in proportion to the health sector, thus the need for planning and implementation of this important issue is also important for health care providers, who play a key role in improving the health of the population.

According to Table 2, there was a significant correlation between job satisfaction of health care providers and marital status, age, work experience and population under the healthcare coverage ($P = 0.0006, P = 0.0001, P = 0.0001, P = 0.016$). Ward and Shields in their study on nurses in England concluded that marriage positively affects job satisfaction. The dissatisfaction of married subjects that were mostly female might have been due to their central role in their family life (16). Nowadays, the workers value work-life balance, thus, the senior management of organizations needs to improve the work environment and condition so
Table 1. Mean and Standard Deviation of Satisfaction Scores Obtained from Health Care Providers on Different Domains

| Domains                              | Number of Question | Mean ± SD | Satisfaction          | No. (%) |
|--------------------------------------|--------------------|-----------|-----------------------|---------|
| Fair pay and benefits                | 2                  | 1.60 ± 0.72| Law satisfaction       | 197 (98.5) |
|                                      |                    |           | Moderate satisfaction | 3 (1.5) |
|                                      |                    |           | High satisfaction      | 0 (0)   |
| Perception of job expectations       | 4                  | 2.36 ± 1.06| Law satisfaction       | 106 (53) |
|                                      |                    |           | Moderate satisfaction | 61 (30.5) |
|                                      |                    |           | High satisfaction      | 33 (16.5) |
| Recognition and appreciation         | 4                  | 2.76 ± 0.97| Law satisfaction       | 67 (33.5) |
|                                      |                    |           | Moderate satisfaction | 85 (42.5) |
|                                      |                    |           | High satisfaction      | 48 (24) |
| Value placed on workers’ labor       | 3                  | 2.01 ± 0.91| Law satisfaction       | 125 (62.5) |
|                                      |                    |           | Moderate satisfaction | 64 (32) |
|                                      |                    |           | High satisfaction      | 31 (16) |
| Opportunities for capacity development| 2                  | 3.01 ± 1.14| Law satisfaction       | 61 (30.5) |
|                                      |                    |           | Moderate satisfaction | 65 (32.5) |
|                                      |                    |           | High satisfaction      | 74 (37) |
| Job description and duties           | 4                  | 2.72 ± 1.06| Law satisfaction       | 88 (44) |
|                                      |                    |           | Moderate satisfaction | 57 (28.5) |
|                                      |                    |           | High satisfaction      | 55 (27.5) |
| Work pressure                        | 2                  | 2.43 ± 0.70| Law satisfaction       | 127 (63.5) |
|                                      |                    |           | Moderate satisfaction | 55 (27.5) |
|                                      |                    |           | High satisfaction      | 18 (9) |
| Total score                          | 20                 | 2.43 ± 0.70| Law satisfaction       | 80 (40) |
|                                      |                    |           | Moderate satisfaction | 104 (57) |
|                                      |                    |           | High satisfaction      | 6 (3) |

that the workers feel they are appreciated and therefore they could make more commitment to their organization and work.

In the study by Nakhaei et al. a significant relationship was observed between satisfaction with age and work experience of nurses (17). In the study by Mousavi et al. there was no statistically significant relationship between work satisfaction and experience and age (15). This inconsistency can be attributed to the socio-economic and cultural differences in the studied societies. Since the implementation of the health reform plan, especially in the health sector, was associated with fundamental changes in the implementation and structure of health programs, and because it is difficult for older people to adapt themselves to new situations and programs, the work satisfaction of the older employees might be more affected. The results of this study showed that the lowest level of job satisfaction was related to associate graduates of midwifery (53.3%). Perhaps the disparity between specialized knowledge of midwifery and service delivery influence their satisfaction. Therefore, given the importance of the mortality and morbidity index of pregnant mothers and the need to promote the maternal and women health, it is recommended that these specialized services be provided by the midwife in healthcare centers.

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Footnotes

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Table 2. Job Satisfaction Survey of Health Care Providers According to the Studied Variables

| Variables                      | Low Satisfaction | Moderate Satisfaction | High Satisfaction | Degree of Freedom | P Value |
|--------------------------------|------------------|-----------------------|-------------------|------------------|---------|
| Gender                         |                  |                       |                   | 2                | 0.411   |
| Female                         | 79 (40.7)        | 109 (56.2)            | 6 (3.1)           |                  |         |
| Male                           | 1 (16.7)         | 5 (83.3)              | 0 (0)             |                  |         |
| Marital status                 |                  |                       |                   | 2                | 0.006   |
| Single                         | 8 (20.5)         | 31 (79.5)             | 0 (0)             |                  |         |
| Married                        | 72 (44.7)        | 83 (31.6)             | 6 (3.7)           |                  |         |
| Age, y                         |                  |                       |                   | 4                | 0.0001  |
| 20 - 29                        | 30 (29.7)        | 69 (68.3)             | 2 (2)             |                  |         |
| 30 - 39                        | 22 (36.7)        | 34 (56.7)             | 4 (6.7)           |                  |         |
| Above 40                       | 28 (71.8)        | 11 (28.2)             | 0 (0)             |                  |         |
| Education                      |                  |                       |                   | 8                | 0.177   |
| Associates in midwifery        | 12 (50)          | 12 (50)               | 0 (0)             |                  |         |
| Associates in public health    | 9 (31)           | 20 (69)               | 0 (0)             |                  |         |
| Bachelor of midwifery          | 44 (41)          | 57 (53.3)             | 6 (5.7)           |                  |         |
| Bachelor of public health      | 14 (35)          | 26 (65)               | 0 (0)             |                  |         |
| Work experience, y             |                  |                       |                   | 4                | 0.0001  |
| Less than 5                    | 39 (27.9)        | 96 (68.6)             | 5 (3.6)           |                  |         |
| 5 - 10                         | 9 (52.9)         | 8 (47.1)              | 0 (0)             |                  |         |
| More than 10                   | 32 (74.4)        | 10 (23.3)             | 1 (3.3)           |                  |         |
| Population under healthcare coverage |                   |                       |                   | 4                | 0.038   |
| Less than 1500 persons         | 1 (33.3)         | 1 (33.3)              | 1 (33.3)          |                  |         |
| 3000 - 15000                   | 71 (41.8)        | 94 (55.3)             | 5 (2.9)           |                  |         |
| More than 3000 persons         | 8 (29.6)         | 19 (70.4)             | 0 (0)             |                  |         |

Conflict of Interests: The authors declare that they have no conflicts of interest.

Ethical Considerations: This paper was carried out after obtaining approval from the Ethics Committee of Hormozgan University Medical Sciences (HUMS.REC.1395.12) and then researcher informed consent was obtained from the health care providers.

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References

1. Albalushi RM, Sohrabi MR, Kolahi AA. Clients’ satisfaction with primary health care in muscat. Int J Prev Med. 2012;3(10):713-7. [PubMed: 23112898], [PubMed Central: PMC3482999].
2. Zareei E, Majidi S, Anisi S, Bay V. Achievement of health sector evolution objectives in the vaginal delivery promotion plan: A study in a large public hospital in Tehran. J Health Field. 2014;3(2):27-32. Persian.
3. Hasan Y, Parviz SS, Bahram N. Health system reform plan and performance of hospitals: An Iranian case study. Mater Sociomed. 2017;29(3):201-6. doi: 10.5455/msm.2017.29.201-206. [PubMed: 29099667], [PubMed Central: PMC5644919].
4. Esmailzadeh H, Rajabi F, Rostamiigooran N, Majdzadeh R. Iran health system reform plan methodology. Iran J Public Health. 2013;42(Suppl):213-7. [PubMed: 23865001]. [PubMed Central: PMC372604].
5. Hess S, Sidler P, Chmiel C, Bogli K, Senn O, Eichler K. Satisfaction of health professionals after implementation of a primary care hospital emergency centre in Switzerland: A prospective before-after study. Int Emerg Nurs. 2015;23(4):286-93. doi: 10.1016/j.ienj.2015.04.001. [PubMed: 25951785].
6. Deriba BK, Sinke SO, Ereso BM, Dadacho AS. Health professionals’ job satisfaction and associated factors at public health centers in West Ethiopia. Hum Resour Health. 2017;15(1):36. doi: 10.1186/s12960-017-0206-3. [PubMed: 28558840], [PubMed Central: PMC5450336].
7. Barnes A, Brown GW, Harman S. Understanding global health and development partnerships: Perspectives from African and global health system professionals. Soc Sci Med. 2016;159:22-9. doi: 10.1016/j.socscimed.2016.04.031. [PubMed Central: PMC5450336].
8. Pereira J, Veloso A, Silva IS, Costa P. Organizational commitment and job satisfaction: an exploratory study in family health units in Portugal. Cad Saude Publica. 2017;33(4). Portuguese. e00153914. doi: 10.1590/0102-311X00153914. [PubMed: 28538792].
9. Gholami S, Oveis S, Ghamari F, Etedal MG, Rajaee R. Study of educational hospital employees' satisfaction with the administration of the health reform plan in Ghazvin, 2015. Electron Physician. 2015;7(7):1500–4. doi: 10.19082/1500. [PubMed: 2676704]. [PubMed Central: PMC4700896].
10. Yarmohammadian MH, Khorasani E, Darab MG, Etemadi M, Mohammadi M. Inputs of Iranian health system reform plan from health sector managers and policy-makers’ points of view. J Educ Health Promot. 2018;7:126. doi: 10.4103/jehp.jehp_16_18. [PubMed: 30505854]. [PubMed Central: PMC6225403].
11. Danesh Kohan A, Alipour M, Ahmadi N, Sajjadi F, Sari M. Job satisfaction among employees of Azna district health network. J Rafsanjan Univ Med Sci. 2013;12(7):505–18. Persian.
12. Liu M, Kunakiktikul W, Senaratana W, Tonmukayakul O, Eriksen L. Development of competency inventory for registered nurses in the People's Republic of China: Scale development. Int J Nurs Stud. 2007;44(5):805-13. doi: 10.1016/j.ijnurstu.2006.01.010. [PubMed: 16519890].
13. Kabir MJ, Heidari A, Etemad K, Gashti AB, Jafari N, Honarvar MR, et al. Job burnout, job satisfaction, and related factors among health care workers in Golestan province, Iran. Electron Physician. 2016;8(9):2924-30. doi: 10.19082/2924. [PubMed: 27790345]. [PubMed Central: PMC5074751].
14. Ghorbani-Nia R, Khezri A, Kamali S, Ghorbani N. Survey of nurses' satisfaction with the healthcare reform plan at Pasteur Hospital of Bam, Iran, 2016. Health Inf Manage. 2017;14(3):338-41. Persian.
15. Mousavi SS, Movahedi Rad S. The study of job satisfaction among nurses in Tehran military hospitals in 2014. J Nurse Phys Within War. 2015;5(2):183-9. Persian.
16. Shields MA, Ward M. Improving nurse retention in the National Health Service in England: The impact of job satisfaction on intentions to quit. J Health Econ. 2001;20(5):677-701. [PubMed: 11558644].
17. Nakhaei Z, Abdolreza Gharehbagh Z, Ja Lalmnesh S. A survey on nurses' satisfaction concerning the health system reform plan in hospitals affiliated to Birjand University of Medical Sciences in 2016. J Rafsanjan Univ Med Sci. 2017;16(1):61-72. Persian.