The Effect of Health Reform Plan on Job Satisfaction among Nurses in Governmental Hospitals at Ardebil and Khalkhal Cities

Mina Azad¹, Milad Jafari², Aziz Kamran³, Mohammadtaghi Savadpoor¹, Khadijeh Nasiri²*

¹ Medical-Surgical Department, Faculty of Nursing and Midwifery, Ardabil University of Medical Sciences, Ardabil, Iran. ORCID: 0000-0002-2111-7959
² Medical- Surgical Department, Medical Sciences Khalkhal Faculty, Khalkhal University of Medical Sciences, Khalkhal, Iran.
³ Health Education Department, Ardabil University of Medical Sciences, Ardabil, Iran.

Received: 2019/01/13    Accepted: 2019/03/17   Published: 2019/06/15

Abstract
Background: Nurses are one of the main members of the health and treatment team; therefore, attention to job satisfaction is an important factor aecting the quality of health services provided by them. In recent years, improving healthcare has been one of the main concerns of staff in this area. This study aimed to investigate the effect of the health reform plan (HRP) on job satisfaction of nurses working in public hospitals at Ardebil and Khalkhal cities.

Materials and Methods: This descriptive-analytic study was conducted on the 380 nurses who worked in public hospitals of Ardebil and Khalkhal cities, in 2017. Job satisfaction was assessed via Whiskey and Chrome occupational satisfaction, and researcher-made questionnaires on the effect of change design on nurses’ satisfaction. Data were analyzed using SPSS software.

Result: The findings of this study showed that the mean total score of nurses’ satisfaction was 22.14±6.75. Also, the mean total score of satisfaction of the HRP was 22.14±6.75. The moderate satisfaction of the HRP among nurses was 35.62%. Also, HRP could not change job satisfaction in 51.84% of nurses.

Conclusion: The findings of this study indicate that nurses’ job satisfaction was moderate and that the implementation of HRP has not been able to improve their satisfaction.

Keywords: Job Satisfaction, Health System Development Plan, Nurses

Introduction

The primary mission of the health system is to improve the health status and respond to the needs of the people and society (1). Currently, many Western European countries, which have access to high levels of financial resource, and enjoy favorable development status, achieved universal health coverage (2). Likewise, in Iran as a developing country, universal health coverage is one of the final goals of the health system, and one of the major principles of the constitution as well has become a part of overall health policy clauses communicated by the supreme leader (3). In recent years, one of the main concerns of the staff working in this area was to develop reforms for the health sector (4). In this regard, the health reform plan (HRP) issued by the Ministry of Health and Medical Education to all medical schools was put into action from the second half of May 2014 (5). In most of the healthcare organizations, nurses are the most significant human resources and play a major role in the quality of services. Thus their satisfaction and efficiency significantly affect the success of the organization (6). Regarding the critical role of nurses in patient care, paying particular attention to their mind and motivation in the form of satisfaction surveys have a high priority; it is because this factor has a direct impact on the health of patients, number of leave days, creativity, positive performance, and collaboration with the programs and organizational plans (7). To determine the factors, affecting job satisfaction is critical because this category plays a significant role in the outcome and efficiency of the organization and even individual life (8). Job satisfaction is defined as a pleasurable or positive emotional state resulting from the appraisal of own’s job or job experiences (9). Job Satisfaction is the most important determinant of the
nursing profession. The probability that a nurse willing to change its position doubled if the job satisfaction level dropped from “very satisfied” to “somewhat” (10). The degree of nurse’s job satisfaction reflects their positive or negative attitudes toward their own career, which is influenced by a multitude of factors and can directly affect the quality of nursing care. In fact, paying attention to the issue promotes community health (11). Therefore, considering the importance of nurses role in the national health system and the need to pay attention to their job satisfaction, as well as different results from numerous studies carried out in the medical school of Iran, the current study aimed to investigate the impact of HRP on the job satisfaction of nurses working in public hospitals in Ardebil and Khalkhal cities.

Materials and Methods

This descriptive cross-sectional study was performed on 380 nurses who worked in public hospitals of Ardebil and Khalkhal cities after obtaining permission and code of ethics from the Deputy of Research of Ardabil University of Medical Sciences. Sampling was performed using a quota sampling method. At first, a list of the number of nurses working in each of the public hospitals in Ardebil and Khalkhal was provided; then, the simple random sampling was performed through allocating quotas proportional to the total number of nurses in each hospital. The inclusion criteria were having at least three years of work experience, willingness to participate in the study, and exclusion criteria included nurse’s aide and assistants working closely with the nurse in hospital departments. The sample size was calculated by the following formula:

\[ N = \frac{z^2 \times s^2}{d^2} \]

The sample size was determined 380 people by taking into account a 95% confidence interval, d=0.1, and 10% drop rate in samples. The data collection instrument was a two-section questionnaire, which was provided to the participants after explaining the objectives of the study. The first section relates to the demographic characteristics of the nurses participating in the study; the second section to the Whiskey and Chrome occupational satisfaction questionnaire consisting of 39 items and five dimensions. Ten items measure the nature of the job the (minimum score=10, maximum score=50), 8 items measure the supervisor dimension (minimum score=8, maximum score=40), 10 items measure the colleague dimension (minimum score=10, maximum score=50), 5 items measure the promotion system (minimum score =10, maximum score=50) and 6 items measure the payment dimension (minimum score =6, maximum score=30). In the qualitative tool report, the mean score from 31-91 indicates low satisfaction, 91-143 moderate satisfaction, and, 143-195 high job satisfaction. The items were rated based on the semantic differential scale and 5-point Likert scale (1=low and 5=high). The minimum score is 39 and the maximum is 195, and the higher score indicates higher job satisfaction. Cronbach’s alpha coefficient (=0.92) was used to assess the reliability of the questionnaire (12). The third section consists of a researcher-made questionnaire that assesses the effect of health development plan on nurses’ job satisfaction. The questionnaire composes five items based on the dimensions of the job satisfaction questionnaire and is rated based on 5-point Likert scale ranging from 1=very much worse, 2= much worse, 3=no change, 4= much better, and 5= very much better. The minimum score is 5, and the maximum is 25, and the higher the score showed higher satisfaction from HRP. To assess the content validity of the questioner, it was given to ten faculty members of the nursing department, and their suggestions and comments have been taken into consideration in the questionnaire. Also, its reliability was calculated 0.82 using Cronbach’s alpha.

Data were entered into SPSS software version 13 and the normality of data was confirmed using the Kolmogorov–Smirnov test. The data were then analyzed using descriptive statistics (mean, standard deviation, frequency, and relative frequency) as well as Kruskal–Wallis test, ANOVA, and Pearson correlation coefficient. The significant level was set at less than 0.05.

Result

The mean age and work experience of participants were 30.90±5.63 years and 9.35±3.32 years, respectively. The demographic characteristics of the studied subjects are presented in Table-1. According to our results, the mean total score of nurses’ satisfaction was 122.85±20.60. The highest score was related to the dimension of colleagues’ satisfaction (34.32±8.63), and the lowest score was related to the dimension of the promotion system (15.93±3.77). Besides, the total score of satisfaction of the HRP was 22.24±6.75 (Table-2). Pearson’s correlation coefficient test was used to measure the correlation between the total score and job satisfaction dimensions and satisfaction of HRP. The results showed a significant positive correlation between all dimensions except for the colleague dimension (R=0.038). The strongest correlation was found between the satisfaction of the supervisor and the HEP, and the lowest correlation was related to the satisfaction of the promotion system (P-value=0.006). As shown in Table-3, there was a negative correlation between the score of the HRP and a colleague’s satisfaction. Nurses’ satisfaction of HRP showed that it has led to the improvement of the status in the dimensions of supervisor (36.6%), job nature (43.1%), colleagues (31.3%), system promotion (34.2%), and payment (32.9%). The level of satisfaction of the HRP among the nurses was 35.62%. Also, 51.44% of nurses believed that the HRP did not
contribute to the nurse’s job satisfaction (Table-4). The results of Table-5 showed that there was no statistically significant relationship between job satisfaction and participants’ demographic characteristics.

Discussion

According to our results, the job satisfaction level of nurses working in Ardebil and Khalkhal hospitals was moderate, which was consistent with those findings of the studies by Faramarzpour et al., Dabirian et al., Asghari et al., Monjamed and Foruzanfar, Zibapour et al. and Seo et al. (13-19). However, Lavasani et al. reported the job satisfaction level of nurses lower than the average, which was congruent with the findings of our study (20). In another study, Pourghaz et al. reported the nurses’ job satisfaction at a desirable level (21). We also found that there was no significant statistical correlation between job satisfaction and demographic characteristics such as age, sex, work experience, organ-
izational position, educational level, and marital status. Our findings are not in line with those results of the studies by Mastaneh et al. (significant relationship between the marriage statuses, age and satisfaction (22), Asghari et al. (significant relationship between age and job satisfaction) (15), Abbaschian et al. (significant relationship between sex and job satisfaction) (23), Gholami Fesharakie et al. and Mehrabian et al. (significant relationship between job position and educational level) (24, 25) and Nasrabadie et al. between work experience and job satisfaction (26). Likewise, the results of a study on African nurses showed a significant relationship between age and job satisfaction (27), which is inconsistent with the findings of our study. Similarly, no significant correlation was found in the studies carried but by Mousavi et al. between the age, work experience, and job satisfaction (28), and Forozanfar et al. between the marriage, sex, and job satisfaction (17), which does not corroborate the findings of the present study. Further analysis also showed that the implementation of the HRP did not improve job satisfaction in more than half of the nurses, and only 35.62% of nurses were satisfied with this plan. Consistent with our finding, the results of a study in Ahwaz showed that 83.1% of the nurses were unsatisfied with the implementation of HRP (29). Likewise, Ziari et al. reported that 68.9% of the nurses were dissatisfied with the implementation of the HRP (30).

The satisfaction of the HRP was also at a moderate level among the majority of nurses (75.4%) in Nakhaie et al. study (31). Therefore, from the findings of above-mentioned studies, we can conclude that the majority of nurses were not satisfied with the HRP. Furthermore, a significant positive correlation was found between the satisfaction score of the HRP and all dimensions of the job satisfaction questionnaire except for the satisfaction dimension. It is suggesting that implementation of HRP led to the satisfaction in the dimensions of the supervisor, promotion, and payment system that was in line

| Table 4. Impact of HRP on the dimensions of job satisfaction from nurses’ viewpoints |
|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Items                        | Much better N (%)            | Very much better N (%)        | No change N (%)               | Much worse N (%)              | Very much worse N (%)        |
| Supervisor                   | 16 (4.2)                     | 123 (32.4)                    | 214 (56.3)                    | 24 (6.3)                      | 3 (0.8)                      |
| Job nature                   | 21 (5.5)                     | 143 (37.6)                    | 189 (49.7)                    | 26 (6.8)                      | 1 (0.3)                      |
| Colleague                    | 16 (4.2)                     | 103 (2.1)                     | 212 (55.8)                    | 46 (11.6)                     | 5 (1.3)                      |
| Promotion system             | 5 (1.3)                      | 125 (32.9)                    | 18 (49.5)                     | 56 (14.7)                     | 6 (1.6)                      |
| Payment                      | 9 (2.4)                      | 116 (30.5)                    | 182 (47.9)                    | 48 (12.6)                     | 25 (6.6)                     |
| Satisfaction of HRP          | 10 (3.22)                    | 122 (32.4)                    | 197 (51.84)                   | 41 (9.23)                     | 10 (3.22)                    |

| Table 5. Relationship between job satisfaction and some demographic characteristics of nurses |
|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Variables                     | Statistics                   | P-value                      |
| Age                           | r=0.12                       | 0.17*                        |
| Work experience               | r=0.96                       | 0.061*                       |
| Educational level             |                               | 0.15**                       |
| Sex                           | df=89                        | 0.084**                      |
| Marital status                | df=1                         | 0.15**                       |
| Organizational position       | df=89                        | 0.91**                       |

* Pearson correlation test
** ANOVA
with the result of the study by Nakhaie et al. (31). A limitation of this study is that the number of nurse manager was low, and non-nursing personnel did not participate in the study. Further research should be considered to the investigation of nursing managers’ viewpoints and their comparison with other medical sciences staff in hospitals.

Conclusion

The findings of this study indicate that the job satisfaction level of nurses working in hospitals affiliated to Ardabil and Khalkhal universities was moderate. It was also found that the implementation of the HRP did not improve the job satisfaction status in more than half of the nurses.

Acknowledgment

The present study was approved and funded by Research Deputy of Khalkhal Medical Sciences Faculty (Ethics code: IR.ARUMS.REC.1396.188). Thereby, the authors thank all subjects for their participation in our study.

Conflict of interest

None declared.

References

8. Lu KY, Chang LC, Wu HL. Relationship between professional commitment, job satisfaction, and work stress in public health nurses in Taiwan. J Prof Nurs. 2007; 23(2):10-6. DOI: 10.1016/j.profnurs.2006.06.005
20. Lavassani MG, Keyvanzade M, Arjmand N.