

# Investigation of Job Satisfaction Amongst Voluntary, Counseling and Testing Centers and Health centers in Iran

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# Abstract

**Background:** Job satisfaction is the persons' feeling about their job and if personnel haven't good feel to his work, can destroy all plans, intentionally or unintentionally. The present research aims to investigate and compare job satisfaction in the employees and therapists of Voluntary, Counseling and Testing Centers vs. Health centers in 9 provinces of Iran.

**Methods:** All employees of Voluntary, Counseling and Testing Centers were included from Fars, Bushehr, Tehran, Isfahan, South Khorasan, Kurdistan, Kermanshah, Kerman, and Yazd provinces as case group and 103 staffs of similar Health centers selected with the same ratio as the staffs of Voluntary, Counseling and Testing Centers as control samples and answered to Minnesota Satisfaction Questionnaire (MSQ).

**Results:** 50.5% of Health centers employees and 54% of Voluntary, Counseling and Testing Centers employees had high job satisfaction. Other than age and subscale management style no one of data had significant difference between 2 groups.

**Conclusion:** According to the findings, in the Iranian treatment centers, the employees' satisfaction will be at the same level regardless of their position and workplace. Also, the eastern and western regions of the country reported higher satisfaction than the southern and central regions.

## Background

Job refers to an activity or a set of activities performed during a specific period (for example, 8 hours a day) for a specific cost (1). Studies have shown that people with a common job and adequate income are more secure against psychological disorders and especially depression (2). Also, it has been found that depending on their job satisfaction, employed people can have a higher level of efficiency and mental health (3). However, as a job can make a person secure against psychological disorders, it can make him/her vulnerable, too; particularly, when the person's activity is free of mobility, creativity, social and professional associations, variety, or even with excessive mobility, high pressure, and complicated skills (4). If the job atmosphere imposes mental pressure on the individuals in long term, they will be more probable of being dissatisfied and unwilling to do work.

Job satisfaction is the persons' feeling about their job (5). Therefore, dissatisfaction means an unfavorable feeling, continuous sadness, excessive tiredness, a sense of incompetency, etc. Job dissatisfaction leads to long-term stress, chronic anxiety, and consequently, increased cortisol level in the blood (6). High cortisol levels in long term can cause depression, psychosomatic symptoms, cardiovascular disorders, digestive disorders, migraine, etc. most of which are considered conversion disorders (7). Job dissatisfaction can also affect family space, friendship, and non-organizational cooperation, etc. So, it can be expanded to various situations (8).

People such as emergency staff and firefighters who have risky jobs are more prone to job dissatisfaction. On the other hand, dissatisfaction levels can vary even in different parts of a system. According to Tavakoli et al. (2018), 61.1% of the Iranian professional nurses reported a medium level of satisfaction, 22.2% of them reported a low level of satisfaction, and 16.7% reported a high level of satisfaction (9). Nourani Sadodin et al. (2016) suggested that 16.4% of midwives in Mashhad had high satisfaction, 59% had moderate satisfaction and 22.1% couldn't decide and 2.5% were dissatisfaction (10).

Zorec, Rusac, and Ogresta (2008) suggested that the mental healthcare staff report different levels of job satisfaction. However, their satisfaction level has no significant association with their job (11). Wright and Bonett (2007) reported that job satisfaction has the strongest (negative) association with turnover (12). Zaid Al-Hamdan et al. (2017) reported a positive association between the nurses' job satisfaction and their workplace, and the nurses working in public hospitals reported higher levels of satisfaction compared to the nurses working in educational hospitals. So, there was a positive association between the nurses' workplace and their intention to stay (13). Pineau et al. (2015) reported a significant association between structural empowerment and perceived staffing adequacy and job satisfaction (14). However, Vlachos and Panagopoulos & Rapp (2013) that in corporate social responsibilities (CSRs), if the employees perceive their manager as a charismatic person, they will have higher job satisfaction and motivation. Charisma also creates a sense of job satisfaction in the leader (15). However, in their systematic review, Kuoppala et al. (2008) reported that management style has no association with job satisfaction, the number of sick leaves, and even disability (16).

(VCT) are treatment and counseling units with the exclusive activity of HIV treatment. These centers have usually few, but high-risk patients. Most of the patients referring to these centers are sex workers, addicts, and antisocial people. So, this environment can endanger the health of the employees and therapists working in these centers. All treatments and services like midwifery services, psychological and psychiatric treatment, social work, education of the disease and etc. is at their disposal and free and there are safe places without stigma and judge for HIV patients.

On the other hand, health centers (HC) have a lot of patients with different emergency or non-emergency conditions. However, despite the infection risk, they are exposed to lower safety threats. Therefore, the question arises as to which one is more satisfied with the situation of counseling centers and clinics. It seems that no research has been done that has examined the satisfaction status of the VCTs and compared their situation with HCs. Therefore, the present research aims to investigate and compare job satisfaction in the employees and therapists working in VCT and HCs in 9 provinces of Iran.

## Methods

### A) Participants and research plan

This research is a cross-sectional study simultaneously performed in 9 provinces of Iran. It should be mentioned that VCTs only exist in the center of provinces. So, the statistics are only obtained from the

province centers. The population includes all the employees and therapists of the VCTs as experimental group. Attempts were made to select the control group of the same number of subjects with the same positions working in HCs. However, the number of participants in health centers increased slightly, and due to the small sample size, we preferred not to eliminate additional participants.

Include criteria: all of employees (physician, personnel, Service force, chief and ect) in VCTs and all personnel that had the VCT's employees characteristics.

Exclude criteria: everyone who didn't want to participate in the research and HC personnel that had not VCTs personnel characteristics.

Table1: Number of participants

Province	VCTs			HCs		
	No. of non-therapist staff	No. of therapists	Total	No. of non-therapist staff	No. of therapists	Total
<b>Fars</b>	20	5	25	20	5	25
<b>Bushehr</b>	3	1	4	5	0	5
<b>Isfahan</b>	11	1	12	10	3	13
<b>Kerman</b>	5	3	8	4	2	6
<b>Kermanshah</b>	10	3	13	6	1	7
<b>Tehran</b>	14	3	17	24	4	28
<b>South Khorasan</b>	2	1	3	2	1	3
<b>Kurdistan</b>	6	2	8	10	2	12
<b>Yazd</b>	2	1	3	3	1	4
total	73	20	94	84	19	103

As presented in the table1; Fars and Tehran had the most number of employees. Minnesota Satisfaction Questionnaire and its guide were sent to the researcher representatives in each province. The research was performed from January 2020 until March 2020 with cooperation of 9 co-researchers in 9 provinces.

#### B) Tools:

Minnesota Satisfaction Questionnaire (MSQ): This questionnaire has 19 items that are scored based on Likert scale including the choices of "quite disagree, disagree, no idea, agree, and quite agree". This questionnaire measures the 6 subscales include of payment system (3 items), the type of job (3 items),

achievement opportunities (33 items), the organizational atmosphere (2 items), leadership style (4 items), and the physical conditions (3 items). In this questionnaire, the scores of 19-38 indicate low levels of job satisfaction, 38-57 indicate medium levels of job satisfaction, and above 57 indicate high levels of job satisfaction. The reliability and validity of this questionnaire have been obtained equal to 0.86 in an Iranian population (17).

### C) Statistical analysis:

The collected data were analyzed by SPSS 23. The qualitative variables reported in the two groups were compared by independent t-test. One-way analysis of variance (ANOVA) and Tukey post hoc test were used to compare a factor between three or more groups. The association between two classified factors was studied by Chi-square, and the correlation between two quantitative factors was studied by Spearman's correlation coefficient. The normality of the variables was checked by the Shapiro-Wilk test. The basic significance level was considered 0.05 in all the tests.

## Results

Table 2  
Demographic Characteristics

Variable		HC	VCT	p-value
Sex	Men	25 (24.27)	41(43.61)	0.003
	Women	78(75.27)	53(56.38)	
Age(Year)	20–30	28 (27.2)	7 (7.4)	0.77
	31–40	26 (25.24)	37 (39.4)	
	41–50	37 (35.92)	36 (38.3)	
	> 50	11 (10.67)	14 (14.9)	
marital status	Single	28 (27.18)	15 (16)	0.23
	Married	73 (70.9)	72 (79.8)	
	Divorce	2 (2)	4 (4.2)	
Education	Primary education	9 (8.7)	8 (8.5)	0.23
	Associate	5 (4.9)	7 (7.4)	
	Bachelor	57 (55.3)	39 (41.5)	
	Master	13 (12.6)	20 (21.3)	
	Physician	19 (18.5)	20 (21.3)	
Employment Status	Official	46 (44.6)	51 (54.3)	0.39
	Contractual	23 (22.3)	18 (19.1)	
	Apprenticeship	8 (7.8)	2 (2.1)	
	Contracting	25 (24.3)	23 (24.5)	
	Others	1 (1)	0(0)	
Position	Physician	19 (18.4)	20 (21.3)	0.36
	Personnel	84 (81.6)	73 (77.7)	
Work time	Part time	13 (12.6)	22 (23.4)	0.39
	Full time	87 (84.5)	69 (73.4)	

Mean and SD of age in general was  $39.97 \pm 9.02$  and respectively in HCs and VCTs was  $38.43 \pm 9.64$  and  $41.56 \pm 7.99$ . Respectively work experience in HCs and VDTs were  $56.52 \pm 63.73$  months (about 5years) and  $94.01 \pm 65.86$  months (about 8years).

Variable		HC	VCT	p-value
Work experience (month)	1–72	79 (76.7)	44 (46.8)	0.08
	73–144	15 (14.6)	26 (27.7)	
	145–216	2 (1.9)	18 (19.1)	
	217–288	2(1.9)	2(2.1)	
	289–360	2 (1.9)	0 (0)	
Second job	Yes	14 (13.6)	25 (6.6)	0.031
	No	88 (85.4)	68 (72.3)	
Mean and SD of age in general was $39.97 \pm 9.02$ and respectively in HCs and VCTs was $38.43 \pm 9.64$ and $41.56 \pm 7.99$ . Respectively work experience in HCs and VDTs were $56.52 \pm 63.73$ months (about 5years) and $94.01 \pm 65.86$ months (about 8years).				

As presented in the Table2; there was not significant correlation found between demographic information items. It does specify the sampling method was accurate.

Table 3  
The Investigation and association between three levels of satisfaction and the health center type

Minnesota score center	19–38 N (%)	39–57 N (%)	58–90 N (%)	Total N (%)	$\chi^2$	(p-value)
HC	8(7.8)	43(41.7)	52(50.5)	103(100)	2.35	(0.31)
VCT	3(3.2)	37(39.4)	54(57.4)	94(100)		

As presented in the Table3; there was no significant association between the high levels of satisfaction and working in the two treatment centers ( $P \geq 0.05$ ).

There was no significant difference between HC and VCT in terms of the association between the total score of job satisfaction and the participants' education level ( $P \geq 0.05$ ).

Also it's no significant difference between the total score of satisfaction in HCs ( $57 \pm 13.5$ ) with VCT ( $58.2 \pm 10.3$ ) and its subscales and the participants' employment status (contractual, permanent, temporary, etc.) ( $P \geq 0.05$ ).

The results showed no significant correlation between the score of satisfaction and its subscale with the service type and period factors ( $P \geq 0.05$ ). There was only a significant negative correlation between age and management; so that the age growth led to the decreased score of management ( $P = 0.027$ ,  $r=-0.158$ ).

Finally, there was no significant difference between the men and women in terms of the total score of satisfaction and its subscales ( $P \geq 0.05$ ).

Table 4  
Dimension of the mean score of satisfaction and its subscales between the two treatment centers

Corresponding subscales	center	mean	SD	Statistical Index T	p-value
Payment system	HC	6.37	3.35	0.35	0.73
	VCT	6.52	2.66		
The type of job	HC	14.24	3.26	0.64	0.53
	VCT	14.52	2.86		
Achievement opportunity	HC	7.61	3.16	1.59	0.11
	VCT	8.31	2.97		
Work atmosphere	HC	7.09	1.96	1.42	0.16
	VCT	7.48	1.9		
Management style	HC	12.45	2.54	0.12	0.91
	VCT	12.5	2.59		
Physical conditions	HC	9.23	3.48	0.7	0.48
	VCT	8.88	3.49		
The total score of satisfaction	HC	57	13.56	0.7	0.49
	VCT	58.21	10.38		

According to Table 4, results showed no significant difference in any of the subscales between two treatment centers ( $P \geq 0.05$ ). The results showed that in HCs, the highest and lowest satisfaction scores in the subscale of achievement opportunity were respectively reported in South Khorasan and Bushehr provinces ( $p = 0.006$ ,  $x^2 = 21.41$ ). In the physical condition subscale, the highest and lowest scores were respectively reported in South Khorasan and Kermanshah with a significant difference between the two provinces ( $p = 0.009$ ,  $x^2 = 20.42$ ).

In VCTs, the highest and lowest satisfaction scores in the payment system subscale were respectively reported in Kerman and Yazd ( $p = 0.027$ ,  $x^2 = 17.35$ ). In the subscale of achievement opportunity, the highest and lowest scores were respectively reported in Kerman and Tehran ( $p = 0.001$ ,  $x^2 = 27.33$ ). In the work atmosphere subscale, the highest and lowest scores were respectively reported in Bushehr and Yazd with a significant difference ( $p = 0.001$ ,  $x^2 = 40.39$ ). In the physical condition subscale, the highest and lowest scores were respectively reported in Kerman and Isfahan with a significant difference ( $p = 0.002$ ,  $x^2 = 24.2$ ).

The provinces were classified into four groups including the central provinces (Isfahan and Tehran), eastern provinces (Kerman, South Khorasan, and Yazd), western provinces (Kurdistan and Kermanshah), and southern provinces (Fars and Bushehr). Accordingly, the results are classified as the following: In HCs, the eastern provinces reported the highest score of satisfaction subscales among the provinces ( $68.18 \pm 10.11$ ). In VCTs, the eastern ( $71.2 \pm 8.4$ ) and southern ( $70.08 \pm 9.46$ ) provinces reported higher satisfaction levels than the western ( $51.62 \pm 15$ ) and central provinces ( $56.11 \pm 9.03$ ).

Table 5  
Investigation and Comparison of the total mean scores of satisfaction in each center of the provinces

Center	Province	participants	Mean	SD	Statistical Index T	p-value
HCs	Fars	25	64.96	11.82	18.4	0.018
	Kurdistan	12	59.92	18.88		
	Kermanshah	6	49.67	7.92		
	Kerman	6	56.17	16.64		
	Yazd	4	49.75	12.18		
	Isfahan	13	55.15	8.17		
	South Khorasan	3	63	4.58		
	Tehran	28	53.89	12.87		
	Bushehr	5	45.8	13.14		
	VCTs	Fars	25	56.84		
Kurdistan		8	58.15	3.58		
Kermanshah		13	61.15	8.56		
Kerman		9	71	9.76		
Yazd		3	53	5.19		
Isfahan		12	53	9.07		
South Khorasan		3	62.33	8.38		
Tehran		17	52.47	8.05		
Bushehr		4	68.75	10.78		

As seen in Table 5, there is a significant difference between the HCs in terms of job satisfaction level; so that the highest satisfaction levels were reported in Fars and Kurdistan provinces and the lowest satisfaction levels were reported in Kermanshah and Yazd provinces ( $P \geq 0.05$ ).

In VCTs, the highest satisfaction levels were reported in Kerman and Bushehr provinces and the lowest satisfaction levels were reported in Tehran, Isfahan, and Yazd provinces ( $P \geq 0.05$ ).

Classifying the provinces into 4 groups showed that there was no significant difference between the provinces in terms of satisfaction in HCs ( $F = 1.86, p = 0.14, p \geq 0.05$ ). However, there was a significant difference between the 4 groups of provinces in terms of satisfaction in VCTs ( $F = 6.65, p \leq 0.001$ ). According to the results of the post hoc test, there was a difference between the central and western provinces ( $60.14 \pm 7.09, p = 0.38$ ) and the central and eastern provinces (Respectively  $52.69 \pm 8.32$  and  $65.65 \pm 11.11, p \leq 0.001$ ).

## Discussion

The present research was aimed to investigate and compare job satisfaction in Health centers (HC) and Voluntary, Counseling and Testing Centers (VCT) in 9 provinces of Iran. According to the results, the average population of the studied in both centers included young employees (about 39 years) with a working background between five months to thirty years.

Although it was expected to find a significant difference between the occupational status in HCs and VCTs, the results included in Table 1 showed that about 50% of the therapist and employees working in both centers reported high levels of satisfaction and 45% of them reported medium levels of satisfaction. These findings is according with the results reported by Tavakoli et al. (2018) and Nourani Sadodin et al. (2016) (9, 10). So, it can be stated that the large number of patients referring to HCs and the pressure and risks imposed on VCTs create an almost similar condition.

This research showed no significant association between satisfaction and education level. This finding is contradictory to the results reported by Nourani Sadodin et al. (2015) (10). Meanwhile, the association between the satisfaction levels in the two treatment centers with the association between the satisfaction and working hours, service type and period were not significant association. These findings are also contradictory to the results reported by Al-Hamdan et al. (2007) (13). This difference may be due to the nature of work in these centers with hospitals because there is no work shift in these centers.

Present research showed no significant association between recruitment type, education, work type, hour of work and etc. with satisfaction. while Ogresta, Rusac, and Zorec (2008) and Bonett and Wright (2007), reported that the payment system and financial affairs are directly effective in the employees' satisfaction (11, 12). This difference can be related to the Iranians' psychological attributes. Perhaps they are patient and resilience; and medical jobs are sacred to them. Perhaps. However, the mentioned results are related to 9 provinces, and separating the provinces leads to different results.

The results showed no significant difference between job satisfaction and gender in Iran. Since findings of job satisfaction between women in USA showed higher level than men (18) and lower between men in china(19). Certainly this dispute in finding originates of social factors between three countries. Perhaps salary of china women workers is lower than men and in USA men have to tolerance of difficultly tasks

over women. But in Iran, both genders are exposed to the same occupational pressure and benefits and harms.

The only factor in which the satisfaction indicators and demographic information were significantly different was the association between age and satisfaction with management style. The results showed increasing in employees' age, their satisfaction with management status decreases. In other words, gain more experiences, personnel's can assessment the managers' competency and cannot cope with inexperienced managers. This finding is contradictory to the result reported by Vlachos and Panagopoulos & Rapp (2013). They suggested that whatever a manager is more charismatic, employees will be more satisfied. In this regard, the individuals' experience and background determine the satisfaction level (15).

As seen in Tables 2 and 3, the subscales of job satisfaction in the HCs and VCTs of the eastern and southern provinces were reported at a higher level than the other provinces. The total satisfaction was reported at a higher level only in VCTs of the western and eastern provinces.

## **Conclusion**

This research suggested that in the questioned treatment centers, the employees' satisfaction will be at the same level regardless of their position and workplace. Meanwhile, the eastern and western regions of the country reported a higher level of satisfaction compared to the southern and central regions. However, the employees' dissatisfaction with management styles suggests the necessity of assigning the experienced employees as the managers of health centers. The difference between the satisfaction levels in the studied provinces can make this question: Is the current situation the result of differences in the culture of the regions or the lack of work justice in medical centers?

## **Abbreviations**

Abbreviations: HIV, Human immunodeficiency virus.

HC: Health Centre

VCT: Voluntary, Counseling and Testing Centers

MSQ: Minnesota Satisfaction Questionnaire

## **Declarations**

### **Ethics approval and consent to participate**

This study was conducted according to the guidelines laid down in the Declaration of Helsinki and all procedures involving research study participants were approved by the Shiraz University of Medical Sciences (SUMS) ethics board committee, reference number: IR.SUMS.REC.1398.865. Written informed

consent was obtained from all participants and questionnaires were anonymous and encoded. For the participants, all processes were free of charge, and interviews were conducted individually by the same gender.

### **Consent for publication**

“Not applicable” in this section.

### **Availability of data and materials**

The datasets during and/or analysed during the current study available from the corresponding author on reasonable request.

### **Competing interests**

There is no competing interests.

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### **Authors' contributions**

**MM** have involved in the study concept and design, acquisition of data, drafting the manuscript, administrative, statistical analysis, technical and study supervision and final proof of the manuscript.

**MF** have involved in statistical analysis and interpretation of the data, critical revision of the manuscript for intellectual content and final proof of the manuscript.

**YKZ** have drafting the manuscript, administrative, translate the munscrip and final proof of the manuscript.

**FGH** have import the data to SPSS, critical revision of the manuscript for intellectual content and final proof of the manuscript.

**HJ** and **ZH** and **SASA** and **FH** and **FY** and **MRM** and **FP** and **WA** and **MM** and **PAK** and **NNM** have help in Collecting data, drafting the manuscript and final proof of the manuscript.

**MRH** have involved in the study concept and design, acquisition of data, drafting the manuscript, administrative, technical and study supervision and final proof of the manuscript.

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