

Title of the article: Study of the level of job satisfaction and psychological symptoms and related factors among health care staff in Zahedan

Abstract

Job satisfaction is one of the characteristic reasons for any organization's success and promotion, especially health organizations. Dissatisfaction can lead to psychological-social problems. This study assesses the level of job satisfaction and psychological symptoms, and related factors among healthcare staff in Zahedan.

This cross-sectional descriptive research studied a Convenience Sampling of 168 employees of health care staff in Zahedan through the census. The demographic information questionnaire, Wysocki and Krumm job satisfaction questionnaire (JDI) and SCL90 questionnaire were used to collect data. Collected data was analyzed by descriptive and analytical statistics using SPSS19 software. Data was analyzed using (mean and standard deviation), independent t-tests, one-way ANOVA analysis, and multivariate analysis of variance were applied to estimate the means.

The study showed that employees' average level of job satisfaction was Mean=3.30(SD=0.60), with the highest satisfaction being for colleagues and the lowest satisfaction for salaries and benefits. The highest psychological symptoms were for health and treatment. There was a significant correlation between education, gender, indigenoussness and non-indigenoussness with job satisfaction ($p < 0/05$). Also, there was a fundamental relationship between service categories and psychological symptoms ($p < 0/001$). This study underlined the need for effective proceedings to standardize administrative and medical staff job satisfaction. Paying attention to the mental health of health care workers, especially medical staff, is essential to improve their working lives.

Keywords: *job satisfaction, psychological symptoms, health care staff*

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1. Introduction

Human resource is one of the pillars of an organizational development and the main factor in achieving realistic goals (1). The workforce is one of the most important assets that determine how to use and exploit other resources of that organization(2). When organizations manage these resources well, the result is a great motivated and satisfied workforce that plays a key role in the prosperity and development of society and the organization by providing proper care and services(3). The World Health Organization (WHO) considers the achievement of the goals of health systems in the context of efficiency, effectiveness, quality improvement and equitable access to health care to be dependent on the performance of related human resources. Therefore, job satisfaction is very important and necessary since most workers spend about half of their wakeful, valuable time at work (4). Job satisfaction means how people feel about their job and the following components, the extent to which employees like their jobs and their perceptions of their work (5). In other words, job satisfaction is defined as an emotional response to work tasks, and social and physical conditions in the workplace can be positive or negative. These attitudes are work-related and refer

to specific factors(6). As an important part of every employee's life, it can have disadvantages and deeply affects their mental and physical health, called dissatisfaction.

Moreover, satisfaction, employee performance, and a strong commitment to the organization significantly modify service quality. It is generally accepted that employee performance plays a crucial role in corporate success, and an employee who is happy and satisfied with the job performs better than one who is dissatisfied(2). Building on these definitions, consequences can cause serious problems such as physical and mental disease, anxiety and depression disorders, burnout of employees, internal conflicts, work-related accidents and absenteeism, which produce negative and harmful effects on the system's efficiency (7). Other factors include working conditions, wages, how to evaluate employees, and demographic characteristics such as age, marriage, education, and indigenouss or non-indigenouss contribute to job satisfaction and high performance, as well as to the overall development of the whole organization (8). Therefore, one of the important priorities in health care organizations is reviewing and making concrete proposals to create more job satisfaction and efficiency. Human organs should try to improve the health of

their skilled and efficient workforce as the main body of services(9).

Mental health disorders are one of the problems observed among people working in hospitals and medical centers at large rates, which can cause many psychosocial issues. For example, there will be some disruption in the quality of work, and some employees have real problems managing their job and family responsibilities simultaneously. As a matter of fact, health care workers face more work stress and anxiety than other occupations due to overload, which leads them to tolerate lower stress and develop mental symptoms(10). A study by Haipeng Wang on job satisfaction of Chinese health workers illustrated that 4 out of 10 staff take grim satisfaction from their jobs, Particularly the highest dissatisfaction with staff income, benefits and training(11). Ziapour found that more satisfaction is related to colleagues, and dissatisfaction refers to factors correlated to unfavorable working conditions such as income, facilities and benefits(12). In a study by Khorshidian et al. on medical staff in Shiraz, it was shown that aggression was the main factor in predicting burnout among the symptoms of mental disorders and also, and the symptoms of aggression and paranoid thoughts could significantly impede performance(13). Also, Shohreh Alavi in Qom province confirmed that a significant percentage of employees are suspected of mental health disorders due to job stress, and people with more mental health use better decision-making power at work(14). Davood Kaheh performed a study on employees in relation to job satisfaction and mental health, which resulted in a significant correlation between the total score of the Mental Health Questionnaire and the Job Satisfaction Questionnaire. Hence, people with higher job satisfaction got higher mental health scores(15).

Given the above, job satisfaction is one of the most important aspects of the job. A challenge for organizations. the main objectives of the study are (1) to identify the factors that can lead to dissatisfaction among health care employees in Zahedan; and (2) to make recommendations to the leaders of organizations that can help increase the job satisfaction of those working in the organization, and thus improve organizational performance.

2. Objectives

This study assessed the level of job satisfaction and psychological symptoms and related factors among health care staff in Zahedan city in the year 2021.

2. Methods

2.1. Study design

In the course of the descriptive cross-sectional study, which statistical population consists of all health and medical employees originally targeted, including staff of medical,

financial and educational departments in Baharan, Khatam Al-Anbia, and psychiatric hospitals in 2021.

2.2. Sampling and data collection

The data were collected by Convenience Sampling through the census, selected from the three health centers, which included 168 people, 80 men and 88 women. Several organizational characteristics were assessed during the survey. The inclusion criteria included employment in the center, fluency in the Persian language and the signed consent and those who did not answer the questionnaire questions were excluded. Participants in this study are holders of associate and bachelor's degrees, master's, doctorates and above.

2.3. Instrument

So, data collection tools included demographic information such as age, marital status, gender, education, indigenous or non-indigenous and service category (health, medical, administrative, financial, and educational staff). In addition, a 39-item Wysocki and Krumm questionnaire was chosen that measured the degree of job satisfaction in five levels. Its validity is ensured using the content validity method approved by the professors. In the study of Ghanbari et al. (2021), its reliability was calculated, and Cronbach's alpha coefficient was obtained with the value of 0.89 (16). The Cronbach's alpha of this questionnaire was given 0/88. In the case of numbers on the questionnaire, 1 is no job satisfaction, 2 low, 3 average, 4 high, and the score of 5 indicates very high satisfaction.

A questionnaire SCL90 was used to investigate the psychological symptoms of individuals. This instrument was designed by Dragottis et al.(1972) on the 5-point Likert scale ranging from strongly disagree, disagree, neither agree nor disagree, agree to strongly agree with the statement, which includes scores of 0,1,2,3,and4, respectively. To determine the spread rate of psychiatric symptoms in each area, the cut-off point reveals the average score of 1 and above for morbidity and above 3 for psychosis. Mosalla Nejad et al. reported a 0.88 reliability for this tool(10). The Cronbach's alpha of this questionnaire was obtained at 0.94.

2.4. Data analysis

Descriptive statistics (mean and standard deviation) and inferential statistics, independent t-test, one-way ANOVA and multivariate analysis of variance were applied to estimate the means. Also, SPSS19 was used for data analysis.

2.5. Ethics approval

The ability to conduct research by applying ethical considerations of Zahedan University of Medical Sciences based on 31 ethical codes and the approval of the Vice Chancellor for Research according to the code number of ethics IR.ZAUMS.REC.1399.490 was confirmed .Informed consent was obtained from all respondents before the survey was conducted.

3. Results

As mentioned, the sample comprised 168 respondents, of which 80 (47.6%) were male, and 88 (52.4%) were female. In addition, 125 (74.4%) of these participants were married, and 43 (25.6%) people were single. In age groups, 89 (53%) people were under 35 years old, and 79 (47%) lived at age 35 and over. Moreover, 110 (65.5%) participants were indigenous and 58 (34.5%) non-indigenous. In terms of graduation, 14 (8.3%) were educated in associate degree, 84 (50%) bachelor, 24 (14.3%) master and 46 (27.4%) doctoral and above participated in the evaluation. In the service category, 65 people (38.7%) were employed in the medical field, 51 people (30.4%) worked in the administrative and financial parts, and the remaining in the educational group (31%).

According to table 1, the total satisfaction of all employees by using average and standard deviation was Mean=3.30 (SD =0.60), which showed an average satisfaction. The largest share of employee satisfaction was dedicated to co-workers with M=3.91 (SD=0.79). The nature of work with M=3.59 (SD =0.79), and the lowest was about salaries and benefits, job promotion and supervisor, which were M=2.34 (SD =0.88), M=2.46 (SD =0.80) and M=2.89 (SD =0.93), respectively. (Table 1).

In correlation analysis, it was examined whether there was a correlation between each factor. There was no clear relationship between job satisfaction, age, and marital status in the results of the independent t-test ($p > 0.05$). At the same time, it was found a fundamental relationship between determining job satisfaction (table 2) in terms of gender and

indigenous-non-indigenous using an independent t-test ($p < 0.05$). Moreover, the results of a one-way analysis of variance (ANOVA) between job satisfaction and service category showed a significant, meaningful correlation ($p = 0.001$) (Table 2).

According to Table 3, it was shown that the results of the one-way analysis of variance test had a meaningful correlation between overall job satisfaction and education level ($p = 0.047$). Furthermore, it was found a great link between the Components of job satisfaction and education level ($p = 0.47$ and $P < 0.001$, respectively) (Table 3).

Determining the level of psychological symptoms among three service categories, which was done using a one-way analysis of variance test, showed a good interaction between psychological symptoms and service category ($P < 0.001$). Table 4 presents a significant relationship between service category and scales of physical complaints such as obsession and compulsion, interpersonal sensitivity and depression and anxiety, $P < 0.001$. There was no fundamental difference in aggression and paranoid thoughts, $p > 0.05$. Moreover, it showed a significant correlation in the phobia scale, $P = 0.035$ and service and psychosis, $p = 0.015$. Moreover, the general symptom index did not significantly affect the service category, $P = 0.001$ (Table 4).

Based on the obtained results, we cannot find a significant relationship between health workers' job satisfaction, despite the presence or absence of psychological symptoms performed using multivariate analysis of variance ($p > 0.824$).

Table 1. Overall job satisfaction and its components

Indicators	Number	Minimum	Maximum	Mean(SD)	p. value
components of Job Satisfaction					
The Nature of Work	168	1/40	5/00	3.59(0.79)	
Supervisor	168	1/00	5/00	2.89(0.93)	
Colleague	168	1/60	5/00	3.91(0.79)	P<0.001
Promotion	168	1/00	4/40	2.46(0.80)	
Salary and Benefits	168	1/00	5/00	2.34(0.88)	
Overall Satisfaction	168	1/60	4/63	3.30(0.60)	

Table 2. Comparison of job satisfaction by gender, indigenous or non-indigenous and service category

Indicators		Number	Mean (SD)	P.value
Gender	Men	80	2.92(0.61)	P=0.029
	Women	88	3.13(0.58)	
Indigenous or non-Indigenous	Indigenous	110	2.95(0.59)	P < 0.001
	non-indigenous	58	3.18(0.60)	
Service Category	Medical	65	3.06(0.56)	P=0.001
	Administrative and Financial			
	Educational	51	2.78(0.66)	
		52	3.23(0.52)	

Table 3. Comparison of job satisfaction by the level of education

Indicators		Number	Mean (SD)	p.value
Components of Satisfaction		the Level of Education		
The Nature of Work	Associate	14	3.12(0.52)	P < 0.001
	Bachelor	84	3.35(0.77)	
	Master	24	3.58(0.69)	
	PhD and above	46	4.19(0.60)	
Supervisor	Associate	14	3.00(0.82)	P < 0.001
	Bachelor	84	3.21(0.84)	
	Master	24	3.15(0.76)	
	PhD and above	46	2.15(0.77)	
Collogues	Associate	14	3.67(0.99)	P < 0.001
	Bachelor	84	3.95(0.84)	
	Master	24	4.11(0.65)	
	PhD and above	46	3.81(0.68)	
Promotion	Associate	14	2.08(0.69)	P < 0.001
	Bachelor	84	2.32(0.79)	
	Master	24	2.40(0.68)	
	PhD and above	46	2.87(0.78)	

Salary and Benefits	Associate	14	1.98(0.71)	P < 0.001
	Bachelor	84	1.98(0.79)	
	Master	24	2.38(0.73)	
	PhD and above	46	3.08(0.68)	

Overall Satisfaction	Associate	14	2.72(0.50)	P=0.047
	Bachelor	84	2.97(0.67)	
	Master	24	3.18(0.52)	
	PhD and above	46	3.16(0.50)	

Table 4. Determining the level of psychological symptoms of employees according to service category

Indicator	service category	Number	Mean (SD)	p.value
Physical complaints	Medical	65	2.98(0.82)	P < 0.001
	Administrative	51	1.12(0.17)	
	Financial	52	1.16(0.16)	
	Educational			
Obsession and compulsion	Medical	65	2.13(0.48)	P < 0.001
	Administrative	51	1.22(0.22)	
	Financial	52	1.23(0.18)	
	Educational			
Sensitivity in reciprocal relationships	Medical	65	1.48(0.36)	P < 0.001
	Administrative	51	2.77(0.77)	
	Financial	52	1.34(0.22)	
	Educational			
Depression	Medical	65	3.06(0.84)	P < 0.001
	Administrative	51	2.39(0.67)	
	Financial	52	1.21(0.16)	
	Educational			
Anxiety	Medical	65	2.85(0.75)	P < 0.001
	Administrative	51	1.65(0.40)	
	Financial	52	1.23(0.16)	
	Educational			

Phobia	Medical		65	1.28(0.41)	P = 0.035
	Administrative	and	51	1.19(0.23)	
	Financial		52	1.12(0.21)	
	Educational				
Psychosis	Medical		65	1.27(0.47)	P = 0.015
	Administrative	and	51	1.12(0.18)	
	Financial		52	1.12(0.16)	
	Educational				
Global Symptom Index (GSI)	Medical		65	1.91(0.34)	P < 0.001
	Administrative	and	51	1.53(0.18)	
	Financial		52	1.23(0.11)	
	Educational				

4. Discussion

The study aimed to assess the level of job satisfaction, psychological symptoms, and related factors among health care staff in Zahedan, which showed that job satisfaction at a medium level, Mean=3.30 (SD =0.60). In the study, the highest degree was for colleagues, M=3.91 (SD=0.79) and the lowest was dedicated to salaries and benefits, M=2.34 (SD=0.88). Women had more job satisfaction than men, M=3.13 (SD=0.58), and Non-natives were more satisfied than natives (M = 3.18 (SD=0.60)). At the level of graduation, people with doctoral and higher degrees were most satisfied with the nature of work, M=4.19 (SD=0.60) and salaries and benefits (M=3.80 (SD=0.68)). In contrast, People with an associate degree of education had the lowest job satisfaction in all dimensions. Based on the Global Symptoms Index (GSI), the largest share of those operating in the medical service category accounting for psychological symptoms and the educational group was the lowest (M = 1.23 (SD=0.11)).

The results showed that the overall satisfaction of all employees was moderate, which was consistent with the study of Kalantari and colleagues (17). In specific areas of job satisfaction, the highest level was for the group of colleagues, which has a positive effect on employee job satisfaction and the lowest level of job satisfaction was related to salaries and benefits, which was consistent with studies conducted in the country(18-20). These data also confirm the findings of some studies about no relationship between age and job satisfaction(21, 22). At the same time, the latter stated a great relationship(23), although the main reasons for these differences can be culture, work environment, sample size and society. A comparison between gender and job satisfaction showed that women have more job satisfaction than men, and it was matched perfectly with the study of Mojtaba Rad et al.(24) and Tazhibi et al. in Kermanshah (25). However, it was contradicted by Asgari et al. in Hamedan(26). Perhaps women

are more satisfied because they pay more attention to social factors and participation in society. However, men are expected to be less satisfied due to their higher responsibilities and more economic and financial pressure from the family, especially regarding salaries and benefits(27).

In the survey, comparisons of job satisfaction of indigenous and non-indigenous participants showed that non-indigenous people felt more job satisfaction than indigenous people. Mahboubeh Mehrabi found a weak relationship between these two variables in the study of job satisfaction of faculty members of Payam-e-Noor University of Hormozgan(28). The impact of these variables may be more correlated to cultural differences. On the one hand, Indigenous people may expect non-Indigenous people to put on an act according to their wishes. On the other hand, when non-Indigenous people get to the new work environment, they may cultivate old working relationships in their minds. The best solution is to maintain monotonous regularity. Among the three service categories, the highest level in connection with job satisfaction was related to the educational group, and then the medical field and the administrative and financial variables were at the lowest level; Perhaps this is because educational members take a greater interest and responsibility for students and their training and learning. It can be evidence that faculty members are satisfied with their job and interested in their profession. If the factors bring their dissatisfaction are eliminated, they will be more motivated to do their job. Administrative staff may be due to routine and repetitive work, lower salaries and benefits feel more grim satisfaction.

It was shown that the relationship between job satisfaction and employee's education level was clear, which increased with increasing education level, which was consistent with the study of Gholamali Fesharaki et al.(8)and some other studies(29, 30). In the work nature, people with doctoral and higher education had the highest job satisfaction, and the lowest level belonged to associate graduates. It could be pointed out that the

reason is that people who graduate with higher degrees usually have a better social and executive status, as well as better salaries and benefits, resulting in greater satisfaction. On the other hand, in the supervisory, the lowest satisfaction was related to doctoral and higher levels of education, which was entirely consistent with the study of Mehrabian et al.(30) and Foroughi et al.(31). It is common that the higher educated people, the higher the expectations of managerial support. In addition, do not engage members in decision-making, lack of attention to them and not appreciating them because of the quality of their work can cause more dissatisfaction and discourage employees. The rest of the groups had experienced moderate satisfaction with the supervisor's support.

Regarding colleagues, all employees showed moderate to high satisfaction, which was consistent with Kamal Dehkordi(32). Despite the unfavorable hospital conditions, especially during the Covid-19 epidemic, the satisfaction of colleagues and having a good relationship with them can create a source of motivation. Also, the research results on interaction with colleagues were parallel with the results of Mirmolaei et al. and Jahani et al.(33, 34). In terms of promotion, all four groups presented low satisfaction, which was consistent with a study conducted by Zahedi and colleagues in Chaharmahal-o-Bakhtiari province, where most employees were dissatisfied with the promotion conditions(35). It was also consistent with the results of Kuosha et al.(3). A comparison between salaries and benefits and level of education depicted that members with higher education such as doctorate had moderate and desirable satisfaction with their salaries, compared to those with lower education.

Furthermore, satisfaction with salaries and benefits increased with increasing level of education. These results showed that education is an effective factor in increasing job satisfaction. Usually, people with higher degrees have higher salaries, benefits and social status than others.

As stated earlier, no significant connection between job satisfaction and marital status of employees was observed, which was aligned with the studies of Fesharaki et al.(8), Mojtaba Rad et al.(24), and Goesslin et al.(36) Comparison of the level of psychological symptoms based on the three service categories presented that the medical staff had the highest average in physical complaints, which was consistent with the study of Aziz Shahraki(10) In addition, obsessive-compulsive disorder and anxiety, the treatment staff had more share in symptoms and depression, which was a sign of severe depression. It was consistent with the results of Ariapooran et al.(37). The main proof probably is that, given the Covid-19 virus epidemic and the direct daily exposure of the staff, it has caused more psychological symptoms than other staff. Here, the most common disorder found as depressive symptoms relates to the treatment staff. Also, the administrative and

financial staff showed the most symptoms about sensitivity in interpersonal relationships. There was no real difference between aggression and paranoid thoughts. In terms of psychosis and phobia, although all employees had some of these psychological symptoms, there was not much difference, and the averages of all three groups were almost at the same level. However, it should be noted that the study's results compared the level of job satisfaction of employees with or without psychological symptoms showed that the relationship is insignificant. The results were inconsistent with the study of Shahraki Vahed et al., Which showed that job satisfaction is associated with reduced stress and the high mental health of colleagues(10).

5. Conclusion

In general, in the supervision domain, the lowest satisfaction was related to people with higher education, which is suggested to investigate the causes in future studies. Concentrating on the service category showed that the treatment category faces psychiatric symptoms. Mental health and workplace satisfaction can result in better service quality to clients. Therefore, paying attention to the negative consequences of dissatisfaction can help managers and health officials in planning to increase employee satisfaction by providing financial incentives and creating opportunities for promotion, employee participation and decision-making, and reviewing solutions to reduce employee psychological symptoms and to create a work environment that meets the psychological needs of individuals for autonomy, motivation, and work atmosphere.

Footnotes

Limitations of the research

The low percentage of return and lack of motivation of the educational group in completing the questionnaire could be pointed out. The reasons include the high volume of their educational duties, presence in apprenticeships, internships and hospitals, and difficult access to some of them due to their positions.

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Conflicting Interest

All authors declare no conflicts of interest in this paper.

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Informed consent

Participants' consent was obtained before the survey, and they were assured they could leave the survey whenever they wanted.

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