

Job satisfaction among health workers in a sample of health centers in Baghdad/ Al-Karkh

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Abstract:

Background: one of the primary reasons for evaluating employee satisfaction is to identify problems and try to resolve them before they impact on patient care.

Objective: to assess job satisfaction among health workers (physicians and nurses) in different levels of health centers, and figure out the factors that influence this job satisfaction.

Methods: this cross sectional study was conducted in AL-Karkh side of Baghdad during the period from February through June 2017. A random sample of 15 health centers was chosen via a simple random sampling technique, and included doctors (specialists and general physicians) and nurses. A questionnaire including socio-demographic, work attitude, and job scale sections was used for data collection through a direct interview.

Result: (76.7%) of the respondents were unsatisfied, there was no significant difference in participant's job satisfaction among the three types of health centers. Age played a significant role in determining job satisfaction among nurses ($p=0.009$). Number of patients seen per day significantly affected job satisfaction among nurses and physicians ($p=0.047$). Having good friends at work, feeling that innovations and creativity being supported and being benevolent to the society and involved in institution's decisions significantly affected job satisfaction ($p=0.001$).

Conclusion: job dissatisfaction among health workers reached a very critical level in our health centers. Apparently, the main precipitating factors include the uncontrolled workload in the health centers, absence of support to innovation and creativity, and marginalizing of the employees regarding involving them in decision making.

Key words: Satisfaction, Job, Health workers, health centers, Baghdad

Introduction:

Job satisfaction is defined as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences⁽¹⁾, and how employees feel about different aspects of their jobs⁽²⁾. Work dissatisfaction among nurses may lead to a decline in the quality of nursing care and may push them to leave their careers⁽³⁾. Nursing studies showed a high correlation between workload, exhaustion, absenteeism, staff conflict and job satisfaction of health care workers^(4,5).

Doctors' job satisfaction plays an important role in their decision to reduce working hours, and influences doctor shortages and patient access to care as it is associated with patient satisfaction and quality of care⁽⁶⁻⁸⁾.

Evaluating employee satisfaction is essential to identify problems and try to resolve them before they impact on patient care and treatment⁽⁹⁾.

There are two types of job satisfaction; the first is global job satisfaction, which refers to employees' overall feelings about their jobs. The second is job facet satisfaction, which refers to feelings about specific job aspects, such as salary, benefits, and the quality of relationships with colleagues⁽¹⁰⁾. The facet approach can provide more clear picture of a person's job satisfaction⁽¹¹⁾.

There is a strong association between job satisfaction, work commitment and performance⁽¹²⁾, researches amongst nurses revealed that the factors influence job satisfaction are related to the working environment which influences the delivery of quality patient care in PHC clinics⁽¹³⁾.

Until recently, little attention was paid to physician job satisfaction as physicians were seen as surrounded by accommodating colleagues, and loyal clients, power to determine working conditions, and considerable financial rewards and

job security⁽¹⁴⁾. All that has been changed and doctor's satisfaction is now thoroughly investigated⁽¹⁵⁾.

Scales that are used to operationalize the concept of job satisfaction vary considerably and satisfaction can be measured directly or indirectly^(16,17).

In Iraq, several studies have been carried out to evaluate different clinical and administrative aspects of primary health care services⁽¹⁸⁾.

This study was set to assess job satisfaction among health workers (physicians and nurses) in different levels of health centers, and figure out the factors that influence this job satisfaction.

Methods:

Study design and sample:

This is a cross sectional study (with an analytic element) that was conducted in AL-Karkh side of Baghdad during the period from February through June 2017. A random sample of 15 health centers was chosen via a simple random sampling technique. The 15 centers were categorized according to the classification of Iraqi Ministry of Health into three types, five were primary health care centers (PHCC): Al-Hurriya-Namouthaji, Al-Jwadain, Al-Washash, Alshaheed saif zeki and Al-Jameeat, five family medicine health care centers (FMHCC): Al-Noor, Al-Aamiriya, Al-Salam Al-sakani, Al-Salam Al-tadriby and Al-Dakhiliya, in which family health care approach is applied on individual basis, and five family health models care centers (FHMCC): Al-Zahraa, Hettin, Al-Khadraa, Al-Mansour, and Al-Adel, where family health care approach is applied on whole family basis that is each family is assigned for a specific doctor.

All health workers who were available at the time of visit to the centers were included in the

study; these include doctors (specialists and general physicians) and nurses.

Data collection:

Data were collected through a direct interview by a well trained team of two female family physicians using a questionnaire form that was borrowed from Traynor and Wade⁽¹⁹⁾ and reviewed and validated by a Professor of community medicine. The questionnaire was translated and retranslated to ensure accuracy, and was divided into three sections: socio-demographic (12 questions), work attitude (seven questions in which the answer was by either "yes" or "No"), and questions of job satisfaction scale,⁽²⁰⁾ some modifications were done to suit the Iraqi health system and culture. It included 7 subscales of satisfaction: work load, financial rewards, appreciation rewards, professional opportunities, patients care, work environment and personal satisfaction. Each subscale consists of several domains and each domain had certain questions as shown in table (1). Each domain included three choices (dissatisfied, satisfied, and highly satisfied). The score of the subscale was measured by summation of corresponding domains and the total score was measured by summation of the domains, the score ranges from 30-90, the higher the score, the better the overall satisfaction. The mean score was calculated using the following equation:

$$[\text{Score} - \text{No. of questions}] * 100 / (\text{Maximum score} - \text{No. of questions})$$

The mean score was interpreted as follows: a mean score of < 60 % was labeled as dissatisfied, mean score of 60%-74% satisfied and a mean score of $\geq 75\%$ was considered highly satisfied.

Data analysis: The Statistical Package of Social Science Software (SPSS version 23) was used for statistical analysis and tabulation of the results. Central tendency measures (absolute and relative frequencies, mean and standard deviation) were computed. Chi-square, t-student's test and AVOVA were used as tests of significance with a cutoff level of significance of 0.05.

Ethical consideration:

Approvals were granted from Al-Karkh Health Directorate. A verbal consent was obtained from all participants, the questionnaire form was anonymous and the respondents were assured that all the information they give will be kept strictly confidential and will not be used for other than research purposes.

Results:

A total of 270 health workers were interviewed and 245 were responded, 130 doctors (53 specialists and 77 general practitioners) and 115 nurse, giving a response rate of 90.7%.

Table (1) shows the general demographic characteristics of the sample; the mean age of the respondents was $(43.67 \pm 10.25 \text{ yrs.})$, with a range of (22–63) years, 50 (38.46%) of the doctors and 85 (34.7%) of the nurses aged 50 years or more. More than two thirds of the sample (68.2%) were females, who constituted 69.2% of the physicians and 67% of the nurses, and 83.7% of the participants were married, 20% of the physicians and 34.7% of the nurses reported having more than three children. The mean duration of experience was $(18.81 \pm 9.4 \text{ years})$, ranged between (1-36) years, most of them (76.33%) had 10 years or more in service, and more than half of the participants (57.96%) own their houses. About half of the respondents (46.12%) said that they reach their workplace using public transportation, and 52.31% of the doctors use their own cars, The daily workload for each health worker showed a wide spectrum of 15-150 patients with a mean of 32.5, and 28.6% of the participants see 40 patients or more per day. Only 32(13.1%) of the participant admitted that they have an additional job, and 69.0% said that they are looking for an extra job.

The results showed that more than three quarters (76.7%) of the respondents were unsatisfied about their job condition, while 17.6% were satisfied and only 5.7% were highly satisfied with a significant difference ($p < 0.015$) as shown in Figure (1).

The highest percentage of dissatisfied doctors (86%) was seen in FHMCs (Table 2a), the highest percentage of dissatisfied nurses (80.6%) was seen in FHMCs. (Table 2b)

Overall mean score of job satisfaction among physicians and nurses (Table 3):

Age: doctors and nurses aged 50 years or more showed the highest overall mean score of job satisfaction (48.37 ± 20.58) and (59.46 ± 17.37) respectively with no significant difference for doctors and with a significant difference for nurses.

Gender: male doctors and male nurses demonstrated a higher overall mean score (45.50 ± 15.72) and (54.61 ± 13.74) respectively with no significant difference.

Marital status: divorced/widowed doctors and nurses showed the highest mean score of job satisfaction (56% and 58.94%) respectively with no significant difference.

Number of children: doctors that have 1-3 children revealed the highest overall mean score of job satisfaction (47.16 ± 18.80) , while nurses have more than three children showed the highest overall mean score (52.9 ± 17.16) with no significant difference.

Years of experience: doctors with 10 years of experience or more showed the highest overall mean score (45.74 ± 18.55) with no significant difference, while nurses with 5-9 years in service had the highest overall mean score (54.30 ± 18.78) .

Table (1) General Characteristics of the Study Group according to their type of job

Demographic Data	Variable	Type of Job		Total
		Doctor (%)	Nurse (%)	
Age Group	20 - 35	20 (15.4)	36 (31.3)	56 (22.9)
	36 - 49	60 (46.2)	44 (38.3)	104 (42.4)
	≥50	50 (38.5)	35 (30.4)	85 (34.7)
Gender	Male	40 (30.8)	38 (33.0)	78 (31.8)
	Female	90 (69.2)	77 (67.0)	167 (68.2)
Marital Status	Currently married	116 (89.2)	89 (77.4)	205 (83.7)
	Single	10 (7.7)	16 (13.9)	26 (10.6)
	Divorced/Widow	4 (3.1)	10 (8.7)	14 (5.8)
No. of children	0	18 (13.8)	26 (22.6)	44 (18.0)
	1 - 3	86 (66.2)	46 (40.0)	132 (53.9)
	>3	26a (20.0)	43b (37.4)	69 (28.2)
Years in job (years)	<5	3a (2.3)	15b (13.0)	18 (7.3)
	5 - 9	14a (10.8)	16a (13.9)	30 (12.2)
	≥10	113a (86.9)%	84b (73.0)	197 (80.4)
Type of Residence	Owned	90 (69.2)	52 (45.2)	142 (58.0)
	Rented	21 (16.2)	44 (38.3)	65 (26.5)
	Shared	19 (14.6)	19 (16.5)	38 (15.5)
Type of Transportation	Private Car	68 (52.3)	18 (15.7)	86 (35.1)
	Public Transportation	47 (36.2)	66 (57.4)	113 (46.1)
	Walking	15 (11.5)	31 (27.0)	46 (18.8)
Patients seen/ Day	<25	47 (36.2)	51 (44.3)	98 (40.0)
	25 - 39	45 (34.6)	32 (27.8)	77 (31.4)
	≥40	38 (29.2)	32 (27.8)	70 (28.6)
Second Job	Yes	15 (11.5)	17 (14.8)	32 (13.1)
	No	115 (88.5)	98 (85.2)	213 (86.9)
Need A second Job	Yes	86 (66.2)	83 (72.2)	169 (69.0)
	No	44a (33.8)	32a (27.8)	76 (31.0)
Total		130	115	245

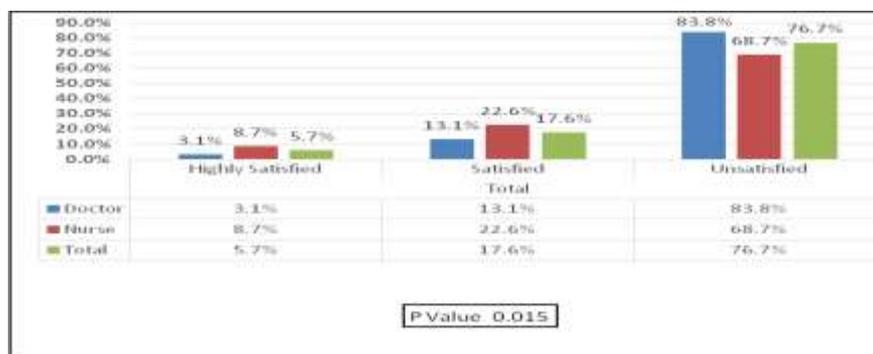


Figure (1): Distribution of physicians and nurses by level of satisfaction

Table (2a) Doctor`s job satisfaction according to the type of health center

	PHCCs		FMHCs		FHCs	
	No.	%	No.	%	No.	%
Highly satisfied	0	0	4	6.8	0	0
Satisfied	4	14.3	7	11.9	6	14
Dissatisfied	24	85.7	48	81.3	37	86
Total	28	100	59	100	43	100
P value = 0.285602						

Table (2b) Job satisfaction among nurses according the type of health center

	PHCCs		FMHCs		FHCs	
	No.	%	No.	%	No.	%
Highly satisfied	4	8.3	3	9.7	3	8.3
Satisfied	13	27.1	9	29	4	11.1
Dissatisfied	31	64.6	19	61.3	29	80.6
Total	48	100	31	100	36	100
P value 0.373788						

Table (3) Overall mean score of Job satisfaction according to socio-demographic characteristics

Variable	Doctors (n= 130)			Nurses (n= 115)		
	No.	Mean	SD	No.	Mean	SD
Age 20 - 35	20	43.13	18.68	36	48.09	18.10
36 - 49	60	43.85	16.33	44	48.58	17.31
>=50	50	48.38	20.59	35	59.46	17.37
	F=1.14 p=0.366			F= 4.865 p=0.009		
Male	40	45.50	15.72	38	54.61	13.74
Female	90	40.17	16.68	77	49.55	18.47
	t= 1.712 p=0.796			t =1.495 p=0.051		
Married	116	45.31	18.87	89	52.53	17.60
Single	10	42.50	12.43	16	42.97	16.12
Divorced/Widow	4	56.00	6.25	10	58.94	24.05
	F=1.479 p=0.240			F=1.870 p=0.139		
No. of Children None	18	41.67	15.90	26	49.76	20.12
1 - 3	86	47.17	18.80	46	51.77	18.24
>3	26	42.55	18.71	43	52.91	17.16
	F=1.075 p=0.344			F= 0.240 p=0.787		
Medical experience <5 Yrs	3	39.58	15.73	15	45.00	15.16
5 - 9 Yrs	14	44.64	18.97	16	54.30	18.78
≥10 Yrs	113	45.74	18.55	84	52.46	18.46
	F=0.177 p=0.838			F=1.262 p=0.287		
Owned house	90	45.28	19.28	52	54.69	16.55
Rented house	21	47.92	18.89	44	51.14	19.36
Shared house	19	43.75	13.82	19	45.07	18.58
	F=0.270 p=0.270			F=2.027 p=0.137		
Private Car	68	44.76	16.47	18	56.60	16.25
Public Transportation	47	45.35	20.75	66	51.14	17.78
Walking	15	49.17	20.03	31	50.20	20.06
	F=0.349 p=0.706			F=0.788 p=0.457		
No. of patients <25	47	46.81	19.80	51	51.10	15.90
25 - 39	45	49.17	19.20	32	60.74	18.39
≥40	38	39.47	14.25	32	43.75	17.82
	F=3.140 p=0.047			F=7.911 p=0.001		

Type of residence: doctors with rented houses showed the highest overall mean score (47.92±18.89), while nurses who owned their houses had the highest overall mean score (54.69±16.55) with no significant difference.

Transportation: doctors commute to work by walking had the highest overall mean score of job satisfaction (49.16±20.02) than others with no significant difference, while nurses use their private cars to

commute to work showed the highest overall mean score of job satisfaction (56.59±16.25) with no significant difference.

Number of patients seen per day: doctors and nurses see 25-39 patients per day had the highest overall mean score of job satisfaction (49.17±19.20) for doctors, and (60.74±18.39) for nurses with significant differences in both groups.

Work attitude related to overall satisfaction level (Table 4):

Having good friends at work: most of the highly satisfied (85.7%) and satisfied (90.7%) participants reported having good friends, while most of the dissatisfied (72.9%) didn't have good friends, with a significant difference (p<0.001).

Looking forward to go to work: all the highly satisfied and most of the satisfied participants (100%, 81.4%) were looking forward to go to work, while 69.1% of the dissatisfied were not eager to go to work, with a significant difference (p<0.001).

Sleep at night: most of the highly satisfied and satisfied (64.3%, 65.1%) mentioned enough sleep at night, while more than half of the dissatisfied (53.9%) mentioned not getting enough sleep at night, with a significant difference between them (p=0.005).

Feel that their work is of benefit to the society: a high percentage of the highly satisfied and satisfied (92.9%, 97.7%) feel that their work is of benefit, while 45.7% of the dissatisfied feel that their work is of no benefit to the society (p<0.001).

Feeling being involved in decisions that affect their institution's quality of work: The results revealed that 71.4% of the highly satisfied and 72.1% of the satisfied feel involved in the decisions that affect their institution's quality, while 60.1% of the dissatisfied don't feel that, with a significant difference between them (p<0.001).

Creativity and innovation are supported: 64.3% of the highly satisfied and 51.2% of the satisfied feel that creativity and innovation are supported, while 72.3% of the dissatisfied don't feel that, with a significant difference between them (p=0.001).

Need to improve their skills: 92.9% of the highly satisfied, 90.7% of the satisfied and 86.7% of the dissatisfied said that they need to improve their skills.

Mean scores of job satisfaction according to job satisfaction scale (Table 5):

Work load: in all PHCC, FMHCC, FHMCC, nurses

showed higher mean scores than doctors (2.14 vs. 1.91), (2.10 vs. 1.97) and (1.86 vs. 1.83) respectively, but only health workers in PHCC showed a significant difference (p <0.005). Doctors in FMHCC showed the highest mean score (1.93±0.74) than others with no significant difference, while nurses in PHCC had the highest mean score (2.14±0.33) (p=005).

Financial Support: Doctors showed higher mean scores than nurses in PHCC and FHMCC (1.73 vs. 1.43) and (1.47 vs. 1.35) respectively, while nurses had a higher mean score in FMHCC (1.71 vs. 1.53) with a significant difference only in PHCC (p=0.023), doctors in PHCC had the highest score (1.73 ±0.55), while nurses in FMHCC had the highest mean score (1.71±0.67), both with a significant difference.

Appreciation: in all PHCC, FMHCC, FHMCC, nurses showed higher mean scores than doctors (2.54 vs. 2.33), (2.56 vs. 2.07), and (2.26 vs. 2.19) respectively, with significant difference only in FMHCC, (p=0.001).

Professional opportunities: in all PHCC, FMHCC and FHMCC nurses showed higher mean scores than doctors (1.59 vs. 1.41), (1.67 vs. 1.43), and (1.64 vs. 1.54) respectively, with a significant difference only in FMHCC (p=0.030), and doctors in FHMCC showed the highest mean score (1.54±0.50) with no significant difference. **Patients Care:** in PHCC and FMHCC, nurses revealed higher mean scores than doctors (2.13 vs. 1.59) and (2.08 vs. 1.72), while in FHMCC doctors showed a higher mean score (2.05 vs. 2.03), with a significant difference in PHCC(p=0.001).

Workplace: in PHCC, FMHCC and FHMCC nurses showed higher mean scores than doctors (2.16 vs. 2.00), (2.06 vs. 1.93) and (2.06 vs. 1.95) respectively.

Personal Satisfaction: again in all PHCC, FMHCC and FHMCC, the nurses showed higher mean scores than doctors (2.49 vs. 2.08), (2.35 vs. 1.95) and (2.02 vs. 1.91) respectively, with a significant difference only in PHCC (p=0.001) and in FMHCC (p= 0.003), doctors and nurses in PHCC had the highest mean scores (2.08 ±0.49), (2.49±0.52) than in other health centers.

Table (4) Relation of overall satisfaction Level to attitude at workplace

Question	Answer	Overall Satisfaction Group			Total	P Value
		Highly Satisfied	Satisfied	Unsatisfied		
Do you have friends at work?	Yes	12 (85.7%)	39 (90.7%)	51 (27.1%)	102 (41.6%)	< 0.001
	No	2 (14.3%)	4 (9.3%)	137 (72.9%)	143 (58.4%)	
Looking forward to go to Work	Yes	14 (100.0%)	35 (81.4%)	58 (30.9%)	107 (43.7%)	< 0.001
	No	0	8 (18.6%)	130 (69.1%)	138 (56.3%)	
Getting enough sleep at night	Yes	9 (64.3%)	28 (65.1%)	76 (40.4%)	113 (46.1%)	0.005
	No	5 (35.7%)	15 (34.9%)	112 (59.6%)	132 (53.9%)	
I feel that my work is of benefits	Yes	13 (92.9%)	42 (97.7%)	102 (54.3%)	157 (64.1%)	< 0.001
	No	1 (7.1%)	1 (2.3%)	86 (45.7%)	88 (35.9%)	
involved in decisions affect my institution	Yes	10 (71.4%)	31 (72.1%)	75 (39.9%)	116 (47.3%)	< 0.001
	No	4 (28.6%)	12 (27.9%)	113 (60.1%)	129 (52.7%)	
Creativity/innovation are supported	Yes	9 (64.3%)	22 (51.2%)	52 (27.7%)	83 (33.9%)	0.001
	No	5 (35.7%)	21 (48.8%)	136 (72.3%)	162 (66.1%)	
I feel the need to improve my skills	Yes	13 (92.9%)	39 (90.7%)	163 (86.7%)	215 (87.8%)	0.644
	No	1 (7.1%)	4 (9.3%)	25 (13.3%)	30 (12.2%)	

Table (5): Mean Scores of Assessment Domains of Job Satisfaction for Physicians & Nurses

Satisfaction Category	Primary Health Care Centers					FMHCC					FHMCC			
	Doctors =28		Nurses = 48		P value	Doctors = 59		Nurses= 31		P value	Doctors = 43		Nurses= 36	
	Mean	SD	Mean	SD		Mean	SD	Mean	SD		Mean	SD	Mean	SD
Work Load														
Time balance	1.89	0.63	2.08	0.68	.005	1.76	.727	2.16	.779	.155	1.56	.548	1.78	.832
Work stress	1.82	0.67	1.77	0.63		1.69	.676	1.97	.752		1.77	.649	1.72	.815
Leisure time	1.61	0.69	2.02	0.84		1.49	.728	1.77	.845		1.53	.702	1.42	.649
Managerial	1.89	0.63	2.08	0.74		1.86	.730	1.90	.790		1.86	.774	1.72	.849
No. of colleagues	1.57	0.69	2.29	0.82		2.19	.798	1.94	.814		1.84	.754	1.72	.849
Patient load	2.36	0.49	2.52	0.50		2.22	.418	2.58	.502		1.98	.707	2.33	.632
Job responsibilities	2.43	0.50	2.44	0.50		2.59	.495	2.32	.475		2.30	.803	2.25	.770
Personal interests	1.68	0.72	1.85	0.77		1.93	.740	2.10	.746		1.81	.627	1.89	.820
Total	1.91	0.33	2.14	0.33		1.97	0.41	2.10	0.36		1.83	0.33	1.86	.36
P Value Between Doctors in HCC (0.178) / P Value Between nurses in HCC (0.001)														
Financial Support														
Enough income	1.79	.686	1.33	.595	.023	1.56	.650	1.68	.748	.18	1.51	.668	1.33	.632
Income vs efforts	1.68	.612	1.58	.577		1.49	.653	1.74	.729		1.42	.626	1.36	.639
Total	1.73	0.55	1.46	0.46		1.53	0.60	1.71	0.67		1.47	0.50	1.35	.46
P Value Between Doctors in HCC (0.134) / P Value Between nurses in HCC (0.018)														
Appreciation														
Patients Appreciat.	2.32	.670	2.40	.707	.087	1.83	.673	2.45	.768	.00	2.05	.754	2.14	.899
Good relationships	2.43	.634	2.73	.449		2.31	.793	2.81	.402		2.37	.578	2.44	.773
Manager Appr.	2.25	.701	2.48	.714		2.08	.749	2.42	.672		2.16	.754	2.19	.856
Total	2.33	0.53	2.54	0.47		2.07	0.61	2.56	0.50		2.19	0.53	2.26	0.69
P Value Between Doctors in HCC (0.132) / P Value Between nurses in HCC (0.041)														
Professional opportunities														
Edu. opportunities	1.39	.629	1.52	.583	.101	1.32	.539	1.81	.833	.03	1.60	.660	1.81	.920
Edu. satisfaction	1.71	.854	1.71	.683		1.69	.725	1.74	.815		1.81	.764	1.72	.849
Library access	1.25	.518	1.44	.616		1.34	.576	1.45	.675		1.33	.606	1.44	.773
Conferences	1.18	.476	1.54	.771		1.31	.500	1.52	.724		1.35	.573	1.56	.809
Training	1.54	.637	1.75	.786		1.51	.704	1.84	.820		1.60	.660	1.69	.856
Total	1.41	0.42	1.59	0.46		1.43	0.46	1.67	0.53		1.54	0.50	1.64	0.56
P Value Between Doctors in HCC (0.43) / P Value Between nurses in HCC (0.783)														
Patients Care														
Service quality	1.75	.518	2.48	.618	.001	1.90	.662	2.32	.702	.002	2.16	.652	2.31	.822
Good work place	1.68	.670	2.19	.734		1.80	.738	2.23	.762		2.26	.759	2.28	.882
Available Dx.tools	1.46	.576	2.04	.849		1.69	.701	1.97	.752		2.05	.722	1.97	.878
Drugs availability	1.46	.576	1.79	.651		1.51	.569	1.81	.543		1.74	.621	1.56	.735
Total	1.59	0.37	2.13	0.53		1.72	0.50	2.08	0.52		2.05	0.55	2.03	0.64
P Value Between Doctors in HCC (<0.001) / P Value Between nurses in HCC (0.738)														
Workplace														
Managerial support	1.71	.713	2.04	.798	.121	1.51	.704	1.84	.820	.229	1.53	.592	1.94	.860
Work venue	1.75	.645	1.98	.758		1.75	.733	2.06	.814		2.12	.697	2.00	.926
Good ventilation	2.68	.476	2.77	.425		2.47	.504	2.55	.506		2.30	.887	2.50	.737
Evaluation	1.86	.705	1.83	.808		1.98	.777	1.77	.845		1.84	.754	1.81	.856
Total	2.00	0.39	2.16	0.43		1.93	0.46	2.06	0.52		1.95	0.48	2.06	0.58
P Value Between Doctors in HCC (0.758) / P Value Between nurses in HCC (0.599)														
Personal Satisfaction														
Work enjoyment	2.04	.637	2.52	.684	.001	1.95	.705	2.29	.739	.003	1.84	.615	1.94	.826
Work performance	2.18	.723	2.46	.798		2.07	.740	2.39	.882		2.07	.737	1.94	.826
Job description	2.11	.629	2.48	.652		2.07	.807	2.52	.677		1.88	.697	2.08	.937
Time to eat/ pray	2.00	.609	2.52	.684		1.71	.696	2.19	.601		1.86	.639	2.11	.854
Total	2.08	0.49	2.49	0.52		1.95	0.58	2.35	0.60		1.91	0.51	2.02	0.69

Discussion:

Many studies identified some of the factors that might contribute to job satisfaction as: wages, benefits, accomplishment, independence, acknowledgment, communication, working job conditions, job importance, co-workers, professionalism, relationships, working for a reputable agency, supervisor support, positive job security, workplace flexibility, team environment and leadership style⁽²¹⁾.

Most of the doctors (83.8%) were dissatisfied, this disagrees with a study in Iran⁽²²⁾, and Kuwait⁽²³⁾, researches showed widespread dissatisfaction and low morale among medical Chinese doctors⁽²⁴⁾

Age plays a role in determining job satisfaction, this study showed that the older participants had higher mean scores of job satisfaction than the young, this could be attributed to the better adjustment at work, more rewards, and less conflict between work and personal life, this goes with some studies^(25,26) and disagree with others⁽²⁷⁾.

Male doctors and male nurses showed a non-significant higher overall mean score of job satisfaction than females in the study, this could be explained by that females in Iraq are under a higher stress attributed to the unstable security situation, this is on the same line with the study of Moguerou⁽²⁸⁾ who found that females were less satisfied with their job than males, while in a study in Saudi Arabia⁽²⁰⁾, female nurses were found to have a significantly higher mean score of job satisfaction than male nurses, but female doctors showed a lower mean score compared to male doctors, also a study in Egypt⁽²⁹⁾, which demonstrated that neither age nor gender were significantly associated with the degree of job satisfaction.

Divorced/widowed doctors and nurses showed the highest overall mean score of job satisfaction, this may be due to that many individuals find their solace in their work during the period of trauma, that renewed sense of identity can translate to job satisfactions and performance gain⁽³⁰⁾, this disagrees with the study of Mirzraie et al, in Iran 2006⁽³¹⁾ who found a significant correlation between marital status and job satisfaction where married individuals had higher job satisfaction.

The current study revealed that doctors and nurses who have 1-3 children, and more than three children respectively had the highest overall mean score of job satisfaction, this might be due to that family and work are inter-related and interdependent to the extent that experiences in one area affect the quality of life in the other⁽³²⁾, this disagrees with the study of Jahani in Arak city/Iran 2009⁽³³⁾, which revealed that the number of family members had no effect on job satisfaction.

The current study also showed that doctors with more than 10 years' experience in service had the highest overall mean score of job satisfaction, this might be explained by more experience in

communication with patients and stability in their work place, this disagrees with Mehdi et al study⁽³⁴⁾ who stated that the more the work experience, the higher the job dissatisfaction, while nurses with 5-9 years in service showed the highest overall mean score, and this disagrees with Campbell et al, USA⁽³⁵⁾ who found that the number of years of employment for nurses were significantly correlated with their job satisfaction.

The daily workload had significant effect on job satisfaction among doctors and nurses with a lower mean score of job satisfaction in the group that see 40 patients or more per day, this could be attributed to the effect of job overload that causes an impact on the mental and physical health status of employees affecting their job satisfaction, this agrees with a study in Qatar 2002⁽³⁶⁾.

Presence of good friends at work had a significant positive effect on job satisfactions and this goes with a study in Pakistan⁽³⁷⁾ and with other studies which revealed that good physician-nurse relationships reduces stress, anger and frustration and is an important factor in job satisfaction^(38,39).

Getting enough sleep at night showed a significant positive effect on job satisfaction, A study in Japan revealed that sleep is directly associated with job dissatisfaction.⁽⁴⁰⁾

Supporting creativity was significantly associated with job satisfaction, this agrees with a study conducted in Canada in 2010⁽⁴¹⁾. Participants who feel being involved in the decisions that affect their institution's quality were significantly more satisfied than those who don't, this agrees with a study in Ghana which revealed that participating in decision making creates a good working environment, and increases employees moral since they feel recognized and all this improves productivity⁽⁴²⁾.

In respect with domains of job satisfaction scale, the results showed that the most frequent theme for job dissatisfaction among respondents was in financial reward (91.5% for doctors and 93% for nurses), this is because all these workers are the bread winners for their families and most of them have no other source of income.

Training is a very important factor in improving the capacity and skills of health care providers, employees who understand their job, complain less, are more motivated, and hence, more satisfied⁽⁴³⁾.

In Iraq, training of health professionals was neglected as they were cut off from the outside world, and unable to keep up with modern knowledge and practice⁽⁴⁴⁾. A study in Saudi Arabia revealed that dissatisfaction among the included subjects was due to lack of opportunities for professional growth (81% for physicians, 77.7% for nurses) while dissatisfaction on the financial reward was encountered among only 33.5% of the nurses and 50.5% of the doctors⁽²⁰⁾.

The appreciation reward was the most obvious domain in doctors and nurses' satisfaction. A study in Tehran showed that the main factor in job satisfaction is related to sense of responsibility in task, existence of appropriate conditions for work environment and job security⁽⁴⁵⁾. Relation with the manager plays also an important role in employees' satisfaction as proved by recent studies⁽⁴⁶⁾.

After the 2003 war, the health system in Iraq suffered from continuous deterioration. Thousands of doctors have fled the country, the major health indicators witnessed a substantial fall, the unmet mental health needs increased and the pace of health care reconstruction and reform remains slow⁽⁴⁷⁾, this significantly reflected on the job satisfaction as working environment plays a vital role in attaining job satisfaction⁽⁴⁸⁾.

It can be concluded from this study that job dissatisfaction among health workers reached a very critical level in our health facilities. Apparently, the main precipitating factors include the uncontrolled workload in health centers, absence of support to innovation and creativity, and margining of the employees regarding involving them in decision making. Quick and sincere efforts are needed to restore the employees' satisfaction as this may cause more deterioration in the already limping health system.

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