

Comparison of Quality of Work Life and Job Satisfaction of Midwives Working in Related and Unrelated workplaces to Midwifery

Mahdieh Hardani Naemzadeh (BSc)¹, Mitra Tadayon Najafabadi (MSc)^{2*}, Amin Torabipour Hamedani (PhD)³, Tahmineh Farjokhoda (PhD)⁴, Saeed Ghanbari Chahanjiri (PhD)⁵

¹ MSc Student of Midwifery, Department of midwifery, School of Nursing and Midwifery, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

² Lecturer, Reproductive Health Promotion Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

³ Associate Professor of Health Services Management, Department of Health Services Management, School of Health, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

⁴ Associate Professor of Reproductive Health, Department of Midwifery, School of Nursing and Midwifery, Shahid Sadoughi University of Medical Sciences, Yazd, Iran

⁵ Assistant Professor of Biostatistics, Department of Statistics and Epidemiology, School of Health, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

ARTICLE INFO

Article type:
Original article

Article History:
Received: 25-Feb-2022
Accepted: 21-Dec-2022

Key words:
Quality of Work Life
Job Satisfaction
Midwifery

ABSTRACT

Background & aim: Quality of work life and job satisfaction are two important components in creating a developed and capable workforce in all health care systems. The midwifery profession needs special attention due to its feminine nature and having many job stresses. The aim of this study was to compare the quality of work life and job satisfaction of midwives working in related and non-related workplaces to midwifery in Iran.

Methods: The current study was a cross-sectional study using census sampling method, which was performed on 106 midwives (53 working in related and 53 working in unrelated workplaces) in all hospitals of Yazd, Iran in 2021. Data collection tools included demographic Questionnaire (including personal and midwifery characteristics), Walton Work Life Quality and Job Satisfaction Questionnaire. Independent t-test, Mann-Whitney test, correlation coefficient, regression analysis and Chi-square were used to analyze the data.

Results: According to the results, the mean total score of quality of work life in midwives working in related workplaces (80.03±12.62) was higher than the mean of overall scores of quality of working life in midwives working in unrelated workplaces (76.94±9.11). However, this difference was not statistically significant except in two dimensions of integration and social cohesion (P=0.027) as well as development of human capabilities (P=0.002). There was no significant difference in job satisfaction of two groups (P=0.242).

Conclusion: The results showed that quality of work life in midwives working in related departments are higher than midwives working in unrelated workplaces. Therefore, it is recommended to use midwives as much as possible in positions and workplaces related to their field of study.

► Please cite this paper as:

Hardani Naemzadeh M, Tadayon Najafabadi M, Torabipour Hamedani A, Farjokhoda T, Ghanbari Chahanjiri S. Comparison of Quality of Work Life and Job Satisfaction of Midwives Working in Related and Unrelated workplaces to Midwifery. *Journal of Midwifery and Reproductive Health*. 2023; 11(4): 3969-3980. DOI:10.22038/JMRH.2022.64032.1865

Introduction

Human resources are the most important asset of the health system and the more desirable this performance, quality and productivity are, the

more likely the survival, success and promotion of the health system will be considered (1). Today, due to the expansion of economic

* Corresponding author: Mitra Tadayon Najafabadi, Lecturer, Reproductive Health Promotion Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran. Tel: 0098916936304, Email: mahdiehhrdany@gmail.com

competition, technological development and demographic context, the demarcation between work and family life of individuals has blurred (2). Optimal use of human resources depends on positive and constructive measures that try to provide complete or partial satisfaction of employees in the organization, which are discussed under the title of quality of working life (3).

The quality of work life means the mental image and satisfaction of an employee with the physical and mental well-being of the work environment and the extent to which her. His needs are met through resources, activities and results obtained through participation with the environment (4). In analyzing the quality of work life, Walton (1973) considers eight main variables as the goal of improving the quality of work life, which are: 1- Fair payment 2- Safe and healthy environment 3- Provision of opportunity and appropriate growth 4- Legalism 5- Social relationship 6- The general atmosphere of life 7- Social cohesion 8- Development Human abilities. The important point that should be considered is that all these variables are related to each other (5-6).

The quality of work life is one of the important social issues that is accepted all over the world that its promotion and improvement, in addition to the effect of job satisfaction, affects the behavioral responses of employees such as organizational identity, participation and job cooperation, job effort and job performance (5). People spend about 65% of their useful life in the work environment (6). Paying attention to the quality of working life and improving it means emphasizing the methods that improve the organization, the ability and efficiency of employees and lead to the reduction of stress, leaving service and absenteeism in organizations, which is of particular importance (7). Establishing compatibility between quality of life and work, which is one of the most important factors on which job satisfaction depends (8-10). Job satisfaction is one of the basic and important concepts of organization that is the basis of many organizational policies and management to improve the productivity and efficiency of organizations (11-13). Recently, the concept of job satisfaction in health organizations has been considered

around the world. The importance of this concept is due to its impact on staff performance and consequently the quality of hospital services and health care (14). Job satisfaction refers to a person's perception of his job and performance (15). The most important factors that cause job satisfaction include internal aspects such as personality traits, emotional feelings and emotional states and external aspects such as organizational, social and cultural conditions and characteristics (16). Paying attention to job satisfaction in individuals is the simplest and most complex task of management in organizations (17). Job satisfaction is of particular importance in promoting the productivity of all jobs. Employees' dissatisfaction with the quality of work life is one of the issues that can lead to harm to human resources (18). The effects of job satisfaction can be very extensive and comprehensive in healthcare service providers, especially nurses and midwives. Good job satisfaction can improve people's quality of life, quality of care and patient satisfaction. In addition, good job satisfaction can reduce job burnout, work stress, leave and absenteeism (19). Paying attention to the quality of work life and job satisfaction in health care providers is very important. Considering that, the purpose of the health care system is to ensure the physical, mental and social health of the people and to provide an environment in which the human resources employed are ready to provide quality and effective services to other members of society (20-22). Bakhtiarpour et al. (2012) study showed that there is no difference between the job satisfaction of employees of the health and treatment department of Ilam University of Medical Sciences, but there is a difference between the qualities of their work life. Unfortunately, the inconsistency between organizational departments and the lack of estimation of human resources in job-related positions have caused the employment of people with different expertise in unrelated departments (23). Employment in the health system, in addition to expertise and skills, requires love and interest in the profession. The profession of midwifery is one of the occupations in which women play a major role, so quality of work life and job satisfaction are

two important components for the promotion and productivity of people in this profession. In such a way, that dissatisfaction in each of these two components affects the performance of other roles in these people and leads to damage in the management of family roles and the occurrence of stress and burnout. This issue can be different in related and unrelated work environments and work organizations. Considering the importance of improving the status of midwifery profession in the country, this study aimed to compare the quality of work life and job satisfaction of midwives working in related and unrelated workplaces to midwifery in Iran.

Materials and Methods

The present study was a descriptive-comparative research conducted as a cross-sectional study. Following the census method, midwives in related and unrelated workplaces to midwifery in Yazd hospitals were entered in the study in 2021. Related workplaces included gynecology and obstetrics departments, gynecologic surgery, and maternity hospital. Unrelated workplaces consisted of departments other than obstetrics, gynecology and obstetrics surgery. It should be noted that this study was conducted after approval in the research department of Ahvaz University of Medical Sciences and obtaining a code of ethics (IR.AJUMS.REC.1399.514).

Inclusion criteria included all midwives who had at least one year of clinical experience and at least a bachelor's degree in midwifery. Exclusion criteria were: record of mental illness, use of antidepressants and narcotics (self-reported) hospitalization due to mental illness in the last year, severe emotional crisis in the last 6 months (self-report).

Data collection tools in this study were: demographic questionnaire (including personal and midwifery information), Walton standard quality of work life questionnaire, job satisfaction questionnaire (JDI = Job Descriptive Index). The Walton's Quality of Work Life Questionnaire consists of 27 questions and includes eight main components, which are: Fair and adequate payment, safe and healthy work environment), providing opportunities for growth and continuous security (questions, legalism in the organization, social dependence

of work life, general living space, integration and social cohesion in the organization and development of human capabilities. Higher scores indicate a higher quality of work life (21-20). Hashempour et al. (2018) has been confirmed the validity and reliability of this questionnaire. The reliability of the questionnaire was confirmed with an alpha of 0.82 (21). Job Satisfaction Questionnaire (JDI) measures six aspects of work and job satisfaction, which are the nature of work, supervision, promotion, salary, colleagues, working environment conditions. Higher scores indicate higher job Validity and reliability of the job satisfaction questionnaire in Norbakhsh et al. (2004) study has been confirmed with Cronbach's alpha coefficient of 88%. (22). In the present study, in order to confirm the reliability, the retest test method was used, which confirmed the reliability with an alpha of 0.87.

To collect data, the method and objectives of the study were explained to all study participants. All study participants were assured that their information would be kept confidential and will be used without mentioning the name of individuals. Written informed consent was obtained from all participants in the study. If any problems were observed, the necessary instructions for follow-up were provided to the candidates. At the time of data collection, all the protocols related to the Covid-19 disease were followed. All questionnaires were given to the study participants to complete in the presence of the researcher.

To analyze the data, SPSS (version 22) software was used and a level of 0.05 was considered as significant. In this study, in order to analyze the data, descriptive-analytical statistical method including descriptive mean, standard deviation, and frequency table and inferential statistics including independent t-test, Mann-Whitney test, correlation coefficient, multiple regression analysis and Chi-square were used.

Results

Data analysis was performed on 106 midwives (53 in related wards and 53 in unrelated wards). The results showed that there are significant differences between the groups in terms of age ($p < 0.001$), spouse age ($p = 0.004$), and work experience ($p < 0.001$) (Table 1).

Table 1. Comparison of quantitative demographic variables in two related and unrelated groups

variables	Number	Mean± Standard deviation	Test statistics	P-value Independe nt t-test
Age				
Related	53	32.64±6.96	.	3.674 < 0.001
Unrelated	53	28.21±5.36	.	
Spouse age				
Related			.	3.674 < 0.001
Unrelated	32	33.38±6.84	.	
Work Experience				
Related	53	104.72±78.71	.	4.145 < 0.001
Unrelated	53	49.85±55.59	.	

The results of the Chi-square test showed that there are significant differences in the two groups in terms of the number of children (P-

value = 0.012), housing status (P-value = 0.030) and employment status (P-value= 0.008)(Table 2).

Table 2. Comparison of qualitative demographic variables in two groups of related and unrelated

Variable	Related group (N=53) Number (%)	Unrelated group (N=53) Number (%)	Total (N=106) Number (%)	Test statistics	P- value
Marital status					
Married	38 (71.7)	30 (56.6)	68 (64.2)	5.71	0.057
Single	15 (28.6)	23 (43.4)	38 (35.9)		
Number of children					
0	22 (41.5)	31 (58.5)	53 (50.0)	10.95	0.012
1	9 (17.0)	15 (28.3)	24 (22.6)		
2	17 (32.1)	6 (11.3)	23 (21.7)		
3	5 (9.4)	1 (1.9)	6 (5.7)		
Degree of education					
B.A	46 (86.8)	44 (83.0)	90 (84.9)	9.50	0.009
M.A	7 (13.2)	9 (17.0)	11 (10.4)		
Income level					
Weak	2 (3.8)	3 (5.7)	5 (4.7)	3.42	0.331
Average	34 (64.2)	27 (50.9)	61 (57.5)		
Good	17 (32.1)	23(43.4)	40(37.7)		
Housing Situation					
Personal	37 (69.8)	26 (49.1)	63 (59.4)	4.73	0.03
Rental	16 (30.2)	27 (50.9)	43 (40.6)		
Employment situation					
Plan	13 (24.5)	19 (35.8)	32 (30.2)	11.96	0.008
Contractual	7 (13.2)	18 (34.0)	25 (23.6)		
Contract	14 (26.4)	6 (11.3)	20 (18.9)		
Official	19 (35.8)	10 (18.9)	29 (27.4)		

Since the two groups working in related and unrelated sectors were heterogeneous in terms of some demographic variables (there was a significant difference), multiple regression analysis was used to measure the difference between the two groups in terms of quality of life and job satisfaction scores. The results showed that working life is significantly higher in people whose job status is official. Also, there

is no significant difference in job satisfaction between the two groups in the presence of other variables. In this study, job satisfaction in single people was significantly lower than married people.

The results of comparing job satisfaction and its dimensions in two related and unrelated groups using the independent t-test showed that none of the mentioned variables had significant differences in the two groups (Table 3).

Table 3. Comparison of job satisfaction and its dimensions in two related and unrelated groups

Dimensions of job satisfaction	Number	Mean± Standard deviation	Test statistics	P-value Independent t-test
Work				
Related	53	43.71±3.89	0.259	0.796
Unrelated	53	43.55±2.77		
Supervision				
Related	53	43.07±5.81	1.612	0.110
Unrelated	53	41.43±4.61		
Colleague				
Related	53	40.19±6.81	0.731	0.467
Unrelated	53	39.26±6.19		
Promotions				
Related	53	20.00±2.33	1.262	0.210
Unrelated	53	19.30±3.29		
Monthly salary				
Related	53	20.94±2.22	-0.817	0.416
Unrelated	53	21.26±1.79		
Overall job satisfaction score				
Related	53	167.92±14.41	1.177	0.242
Unrelated	53	164.81±12.76		

In addition, the results of comparing the quality of work life and its dimensions in two related and unrelated groups using the independent t-test showed that the dimensions of social integration and the development of human capabilities are significantly different in the two groups (Table 4).

The results of examining how the overall score of quality of life is related to job satisfaction and its dimensions using the correlation coefficient test showed that in the group of midwives working in the respective departments, quality of life has a significant and direct relationship with the dimension of monthly salary

($P < 0.005$) (The intensity of the relationship is moderate). In the group of midwives working in unrelated sectors, the quality of life has a significant and direct relationship with the dimension of labor rights ($P < 0.05$) (the intensity of the relationship is moderate). In general, the quality of life has a significant and direct relationship with the dimensions of work ($P = 0.009$) and monthly salary ($P < 0.05$). The strength of the relationship is generally weak. The results of examining the relationship between job satisfaction and the overall quality of life score and its dimensions in two groups showed that the level of job satisfaction in the

group of midwives working in related departments has no significant relationship with the dimensions of the quality of work life. In addition, in the group of midwives working in unrelated areas, job satisfaction has a significant

relationship with the dimensions of safe and healthy working conditions ($P < 0.05$) and social cohesion ($P < 0.005$) (in both cases, the intensity of the relationship is moderate).

Table 4. Comparison of quality of work life and its dimensions in two related and unrelated groups

Dimensions of quality of working life	Number	Average± Standard deviation	Test statistics	P-value Independent t-test
Fair and adequate payment				
Related	53	7.26±3.71		
Unrelated	53	7.64±3.47	-0.541	0.590
Safe and hygienic working conditions				
Related	53	9.01±2.02		
Unrelated	53	9.08±1.69	-0.156	0.876
Provide opportunities for continuous growth and security				
Related	53	8.74±2.24		
Unrelated	53	8.51±1.94	0.557	0.579
Legalism in the organization				
Related	53	11.68±2.66		
Unrelated	53	11.32±2.06	0.775	0.440
Social life working relationships				
Related	53	10.07±2.02		
Unrelated	53	9.60±1.77	1.276	0.205
The general atmosphere of life				
Related	53	7.72±2.55		
Unrelated	53	7.92±1.60	-0.501	0.617
Social integration and cohesion				
Related	53	12.19±2.62		
Unrelated	53	11.13±2.21	2.242	0.027
Development of human capabilities				
Related	53	13.36±2.32		
Unrelated	53	11.74±2.88	3.196	0.002
Overall score of quality of working life				
Related	53	80.04±12.62		
Unrelated	53	76.94±9.11	1.447	0.151

Since the two groups working in related and non-related sectors were heterogeneous in terms of some demographic variables (they had a significant difference), therefore, multiple regression analysis was used to measure the difference between the two groups in terms of quality of life and job satisfaction. The results of Table 5 show that there is no significant difference in the quality of working life of the

two groups in the presence of other variables. In this survey, it has been shown that the quality of working life is significantly higher in people whose employment status is official. It can be accurately said that the quality of work life for people whose employment status is official is more than 11 points higher than those whose employment status is planned (P -value=0.007).

Table 5. Comparison of the overall quality of life score in two related and unrelated groups in the presence of other variables

variables	Coefficient	Standard deviation of the coefficient	T statistic	P-Value*	R-squared
Group (Reference: Related)	-3.03	2.42	-1.25	0.214	
Marital status (reference: married)	2.11	3.04	0.69	0.489	
Housing (reference: personal)	0.51	2.79	0.18	0.855	
Employment status (reference: plan)					
contractual employment	-2.23	3.49	-0.64	0.523	0.260
Employment contract	1.32	3.65	0.36	0.718	
Official hiring	11.47	4.16	2.76	0.007	
Age	0.17	0.51	0.33	0.741	
work experience	-0.042	0.04	-1.05	0.297	
number of children	-1.22	1.94	-0.63	0.533	

Dependent variable: overall quality of life score * Multiple regression analysis

The results of Table 6 show that the level of job satisfaction of the two groups is not significantly different in the presence of other variables. In this study, it has been shown that the level of job

satisfaction in single people is significantly lower than that of married people. The level of job satisfaction for single people is almost 8 units lower (P=0.047).

Table 6. Comparison of overall job satisfaction score in two related and unrelated groups in the presence of other variables

Variable	Coefficient± Standard deviation of the coefficient	T statistic	P-value*	R-squared
Group (Reference: Related)	-2.03±3.09	-0.66	0.512	
Marital status (reference: married)	-7.82±3.88	-2.01	0.047	
Housing (reference: ersonal)	0.63±3.57	0.18	0.859	
Employment status (reference: plan)				
Contractual employment	1.35±4.45	0.30	0.762	0.280
Employment contract	-1.34±4.66	-0.29	0.773	
Official hiring	-4.48±5.32	-0.84	0.402	
Age	0.15±0.65	0.24	0.812	
Work experience	0.01±0.05	0.13	0.895	
Number of children	-0.47±2.48	-0.19	0.850	

Dependent variable: overall job satisfaction score * Multiple regression analysis

Discussion

The results showed that the mean total score of quality of work life in midwives working in related wards was higher than the mean of overall quality of life scores among midwives working in unrelated wards. In addition, the results of data analysis showed that the two dimensions of integration and social cohesion and development of human capabilities in the two groups were significantly different.

However, there was no statistically significant difference in the overall score of quality of work life. In this regard, the results of the study of Bakhtiarpour et al. (2012) showed that there is a statistically significant difference between the mean score of quality of work life in health workers and medical workers (23). The efficiency of human resources working in the system is done to maintain and protect their body and soul, and one of the most important of them is job fit, and attention to the job position

of people in hospitals. Of course, in the quality of working life, the type of attitude people have towards their jobs, the level of mutual trust, attention, appreciation and suitable opportunities provided by managers for employees to invest (materially and spiritually) in the work environment are of great importance. It seems that people in both groups are able to adapt to the demands of their learning and professional mission.

It is generally believed that quality of work life fosters a more flexible, motivated and honest workplace. Therefore, it is recommended that managers and officials pay attention to various aspects of the quality of work life of employees and through it improve other organizational dimensions, including job performance, job satisfaction and job psychological escape (24).

The results also showed that the mean of overall job satisfaction score in midwives working in related wards was higher than the mean of overall job satisfaction scores in midwives in unrelated wards but there was no statistically significant difference between the two groups.

The results also showed that the mean of overall job satisfaction score among midwives working in related wards was higher than the mean score of overall job satisfaction scores in midwives in unrelated wards but there was no statistically significant difference between the two groups.

The results also show that in the group working in a related sector, the quality of life has a significant and direct relationship only with the dimension of monthly salary dimension. In the group working in an unrelated sector, the quality of life has a significant and direct relationship only with the dimension of labor rights. In general, there is a significant and direct relationship between quality of life, and only two dimensions of work and monthly wages. None of the studies that were reviewed and compared examined the relationship between the dimensions of the questionnaires' dimensions with each other, so these cases were not compared with other studies. In addition, the results show that the level of job satisfaction in the group working in the sector is not significantly related to any of the dimensions of quality of work life. In the unrelated group, job

satisfaction has a significant relationship with the two dimensions of safe and healthy working conditions and social integration and cohesion. None of the studies that were reviewed and compared examined the relationship between the dimensions of the questionnaires' dimensions with each other, so these cases were not compared with other studies.

Lack of rewards and encouragement reduces people's motivation to perform well and creates a feeling of discouragement and separation from the organization (25-26) ultimately leads to reduced job satisfaction and reduced employee retention (27). This issue should be considered and reviewed by the authorities and appropriate conditions should be created for the material and spiritual encouragement of the staff. Stress in the hospital environment has been mentioned for a long time as a key factor affecting job satisfaction and retention (28). Stressful work environments can have negative consequences. This can undermine the quality of patient care and be seen as a costly item for the health system. Therefore, ways to create job stress in order to reduce them in the workplace should be identified. On the other hand, the more the employees are satisfied with the working conditions, the less the possibility of leaving the service and the more dissatisfaction, the more absenteeism, resignation and escape from the organization. Therefore, job satisfaction has an effect on employee retention, productivity and quality of their work (29). The lively presence of employees is effective in their productivity. Creating facilities that facilitate the thinking and rejuvenation of employees and can be considered by the authorities.

Contrary to the results of the present study, Goodarzvand Chegini et al. (2012) reported in a study that there is a positive and significant correlation between all components of quality of work life and job satisfaction of Rasht hospitals (30). However, the results of our study showed that in the group working in the related sector, the quality of life has a significant and direct relationship with the monthly wage dimension, and in the group working in the unrelated sector, the quality of life has a significant relationship with the labor wage dimension. This may be due to the separate sections in our study and the smaller sample size in our study.

Also, the results of the study by Soltanzadeh et al. (2012) showed a positive and significant relationship between quality of work life and job satisfaction of faculty members of Shiraz University of Medical Sciences (31).

Based on results, it can be said that by increasing all aspects of the quality of working life of employees in the organization and creating conditions that lead to justice, progress, success, security, growth and a sense of job satisfaction, we can witness an increase in the performance of employees and growth and dynamism in the organization. In other words, it can be said that the quality of work life in which fair pay provides the opportunity for growth and a safe environment for the development of human capabilities, can lead to integration and cohesion. In other words, the better the quality of work life of employees, the higher the job satisfaction of employees. Hospitals and organizations that care about the quality of work life of their employees will enjoy the benefits of having a capable workforce, which is indicated by the willingness to work with management to achieve organizational goals. The damage caused by not paying attention to the quality of work life and job satisfaction causes each person to look for ways to satisfy their needs, which are often in conflict with collective interests and lead to more disruption in social relations and the emergence of evil. Obviously, if there is no hope in an organization for fairness and discipline in career advancement, it seems unlikely that employees have much motivation to advance the goals of the organization. For this purpose, it is recommended that the job satisfaction and quality of work life of working midwives be periodically reviewed and the barriers and problems of its promotion be corrected.

Examining the relationship between demographic variables and the quality of work life showed that the quality of work life of the two groups does not differ significantly in the presence of other variables. In this survey, it has been shown that the quality of working life is significantly higher in people whose employment status is official. It can be accurately said that the quality of work life for people whose employment status is official is more than 11 points higher than those whose

employment status is planned. According to the results of this study, it seems that people who have a stable job and are safe in terms of their job have a higher quality of work life because they are not worried about their future job status and perform assigned tasks with more confidence. In this regard, in the study by Faizi et al. (2015), the results showed that the employment of the wife and the number of children are among the factors that influence the quality of life of nurses and paramedics. In families where both spouses are employed, interference in work and family roles has increased, and this causes a decrease in the quality of life in the family (32).

Examining the relationship between demographic variables and job satisfaction, the results show that the two groups are not significantly different in the presence of other variables. In this study, it has been shown that the level of job satisfaction in single people is significantly lower than that of married people. The level of job satisfaction for single people is almost 8 points lower. In explaining these results, it can be said that married people consider their activities as purposeful and have higher job satisfaction due to being purposeful in life and believing in trying to earn for the welfare of the family. Contrary to the results of the present study, the results of Foladovandi et al. (2016) showed that there is no significant relationship between demographic variables (age, education, experience, gender, organizational unit) with job satisfaction and its dimensions (33). The results of Mirmolaei et al. (2016) showed that there is no statistically significant relationship between overall job satisfaction and age, educational qualification, marital status, number of children, and salary. However, there is a statistically significant relationship between the level of overall job satisfaction with the housing situation, years of service, employment status, place of service, shift work and interest in the field at the time of selection (34). Job satisfaction can be influenced by several factors, therefore, in order to generalize the results, studies should be conducted with maximum control of related matters (35-39).

Although all study participants were assured that the information received would remain

confidential and would be used without mentioning individuals, some working midwives refused to cooperate due to dissatisfaction with the system and working conditions. Because of this, access to all people was not available. Doing this study on midwives working in related and non-related departments (related to the field) is one of the strengths of this study, because the workplace can affect the two variables under study.

Conclusion

The results showed that job satisfaction and quality of work life in midwives working in related departments are higher than midwives working in unrelated departments. In general, the quality of life has a significant and direct relationship with only two dimensions of work and monthly salary. As a result, it seems necessary to pay attention to the quality of work life and job satisfaction of midwives as a group of the health community who are related to the lives of two people simultaneously. It is suggested that in future studies, the level of job satisfaction and the quality of work life of all employees of hospitals and healthcare centers should be measured. It is also possible to compare the level of job satisfaction of midwives in different work sectors. In addition, it is possible to compare the level of job satisfaction and quality of work life of midwives in urban healthcare centers with midwives in rural healthcare centers. It should be mentioned that the impact of in-service classes and training workshops on job satisfaction and quality of work life of midwives could be investigated. It is also possible to examine the effect of increasing empowerment (dimensions of sense of competence, sense of independence, sense of effectiveness, sense of meaningfulness of job and sense of trust among colleagues) on job satisfaction and quality of life of midwives.

Acknowledgements

The present study is the results of the master's thesis of the first author (MHN) in Midwifery approved by the Vice Chancellor for Research of Ahvaz Jundishapur University of Medical Sciences under the code of IR.AJUMS.REC.1399.514. For this purpose, the Vice Chancellor for Research of Ahvaz Jundishapur University of Medical Sciences and

all midwives participating in the study are appreciated.

Conflicts of interest

Authors declared no conflicts of interest.

References

1. Asgari, Nasiripour, Amirashkan, Nazari Manesh, Riahi. Evaluating the performance of knowledge workers in the health system. *Health Management*. 2020; 11 (No. 3): 55-65. [Persian]
2. French KA, Dumani S, Allen TD, Shockley KM. A meta-analysis of work-family conflict and social support. *Psychological Bulletin*. 2018; 144(3): 284.
3. Koonmee K, Singhapakdi A, Virakul B, Lee D-J. Ethics institutionalization, quality of work life, and employee job-related outcomes: A survey of human resource managers in Thailand. *Journal of Business Research*. 2010; 63(1): 20-26.
4. Summers JK, Smith LM, Harwell LC, Buck KD. The development of a human well-being index for the United States: IntechOpen; 2017.
5. Pujiyanto TI, Suprihati S, Nursalam N, Ediyati A. Improving Nursing Work Services through Development Model of Quality of Nursing Work Life. *Journal Ners*. 2017; 12(2): 212-218.
6. Sinal J, Sirgy MJ, Lee D-J, Marôco J. The quality of work life scale: validity evidence from Brazil and Portugal. *Applied Research in Quality of Life*. 2020; 15(5): 1323-1351.
7. Sirgy MJ, Lee D-J. Work-life balance: An integrative review. *Applied Research in Quality of Life*. 2018; 13(1): 229-254.
8. Hosainabadi Z, Veisani Y, Hosainabadi P, Mohamadian F. Relationship between quality of life and job satisfaction in staffs of Ilam University of Medical Sciences. *Journal of Preventive Medicine*. 2018; 5(1): 9-12.
9. Rezaee Moradali, M., Hajian, S., Alavimajd, H., Rahbar, M. R., Entezarmahdi, R. Job Satisfaction and its Related Factors in Midwives Working in the Health Services System in Iran: A Systematic Review. *Journal of Midwifery and Reproductive Health*, 2023; 11(2): 3650-3663.
10. Hadizadeh Talasaz, Z., Nourani Saadoldin, S., Taghi Shakeri, M. The Relationship Between Job Satisfaction and Job Performance Among Midwives Working in Healthcare Centers of Mashhad, Iran. *Journal of Midwifery and Reproductive Health*. 2014; 2(3): 157-164.
11. Tala Helmi, & Malak Abunar. The Impact of Job Satisfaction on Employee Job Performance. *PalArch's Journal of Archaeology of Egypt / Egyptology*. 2021; 18(14): 510-520.

12. Susanto P, Hoque ME, Jannat T, Emely B, Zona MA, Islam MA. Work-Life Balance, Job Satisfaction, and Job Performance of SMEs Employees: The Moderating Role of Family-Supportive Supervisor Behaviors. *Frontiers in Psychology*. 2022; 13: 906876.
13. Rachman M. The Impact of Work Stress and the Work Environment in the Organization: How Job Satisfaction Affects Employee Performance. *Journal of Human Resource and Sustainability Studies*. 2021;9:339-354.
14. Chien W-T, Yick S-Y. An investigation of nurses' job satisfaction in a private hospital and its correlates. *The open Nursing Journal*. 2016; 10:99-112.
15. Nedvėdová D, Dušová B, Jarošová D. Job satisfaction of midwives: a literature review. *Central European Journal of Nursing and Midwifery*. 2017; 8(2): 650-656.
16. Dugani S, Afari H, Hirschhorn LR, Ratcliffe H, Veillard J, Martin G, et al. Prevalence and factors associated with burnout among frontline primary health care providers in low- and middle-income countries: a systematic review. *Gates Open Research*. 2018; 2(4): 122.
17. Buchanan DA, Huczynski AA. *Organizational behaviour*: Pearson UK; 2019.
18. Dhamija P, Gupta S, Bag S. Measuring of job satisfaction: the use of quality of work life factors. *Benchmarking: An International Journal*. 2019;26(1)
19. Rabiei M, Shirani S, Sharifi T. Study the effectiveness of cognitive-behavioral intervention on the quality of life, job satisfaction, and nurses' organizational performance. *Journal of Clinical Nursing and Midwifery*. 2018; 4(3):42-54..
20. Hadizadeh Talasaz Z, Nourani Saadoldin S, Shakeri M T. Relationship between Components of Quality of Work Life with Job Satisfaction among Midwives in mashhad, 2014. *Hayat*. 2015; 21 (1): 56-67.
21. Hashempour R, Hosseinpour Ghahremanlou H, Etemadi S, Poursadeghiyan M. The relationship between quality of work life and organizational commitment of Iranian emergency nurses. *Health in Emergencies and Disasters*. 2018; 4(1); 49-54.
22. Norbakhsh M, Mirnaderi A. Investigate relationship the organization culture with job satisfaction in between the physical education teachers in Ahvaz City. *Olympic J*. 2004; 13(5): 77-90.
23. Bakhtiarpoor S, Darabi F. Comparison of Job Satisfaction and Quality of Working Life Between Health Care Staff and Therapeutic Mohajerrahbari M. Job satisfaction of Staff. *Journal of Behavioral Sciences*. 2012; 3(10): 9-24.
24. Bakhshi E, Kalantari R. Investigation of quality of work life and its relationship with job performance in health care workers. *Journal of Occupational Hygiene Engineering*. 2017; 3(4): 31-37.
25. Kousha A, Bagheri S, Janati A, Asghari Jafar Abadi M, Farahbakhsh M. Comparative study of job satisfaction among health and treatment sectors' staffs; East Azarbaijan. *Journal of Military Medicine*. 2012; 14(2): 105-112.
26. Stone PW, Mooney-Kane C, Larson EL, Pastor DK, Zwanziger J, Dick AW. Nurse working conditions ,organizational climate, and intent to leave in ICUs: an instrumental variable approach. *Health Services Research*. 2007; 43(3p1): 1085-1104.
27. Sengin KK. Work-related attributes of RN job satisfaction in acute care hospitals. *JONA: The Journal of Nursing Administration*. 2003; 33(6): 317-320.
28. Stolzenberger KM. Beyond the magnet award: The ANCC magnet program as the framework for culture change. *JONA: The Journal of Nursing Administration*. 2003; 33(10): 522-531.
29. Koelbel PW, Fuller SG, Misener TR. Job satisfaction of nurse practitioners: an analysis using Herzberg's theory. *The Nurse Practitioner*. 1991; 16(4): 52-56.
30. Goudarznand-Chegini M, Mirdoozandeh G. Relationship between quality of work-life and job satisfaction of the employees in public hospitals in Rasht. *Zahedan J Res Med Sci*. 2012; 14(2): 108-111.
31. Soltanzadeh V, ghalavandi H, Fatahi M. A Study of the Relationship between the Quality of Work Life and Job Satisfaction Among the Faculty Members of Shiraz University. *Journal of Research in Human Resources Management*. 2013; 4(2): 125-149.
32. Feyzi V, Jafari Roodbandi A, Farahbakhsh S, Rezaei H. The Investigation of Occupational and Demographic Factors Effective on the Quality of Life of Nurses and Nurse Aides Working in Teaching Hospitals Affiliated to Kerman University of Medical Sciences in 2014. *Iran J Ergon*. 2016; 4 (3): 33-40.
33. Foladvandi M, Sadeghi H, Tofighi M, Asadabadi A. Relationship between Job Satisfaction and Emotional Intelligence in Critical and Emergency Nurses. *Journal of Sabzevar University of Medical Sciences*. 2017; 24(1): 1-8.
34. Mirmolaei T, Dargahi H, Kazemnejad A, midwives. *Journal of Hayat*. 2016; 11(2 and 1):

- 87-95.
35. Rezaei F, Mohebbi-Dehnavi Z. Evaluation of the readiness of hospitals affiliated to Isfahan University of Medical Sciences in unexpected events in 2017. *J Educ Health Promot.* 2019;8:14.
 36. Saeidi R, Ziadi Lotf Abadi M, Saeidi A, Gholami Robatsangi M. The Effectiveness of Mother Infant Interaction on infantile colic. *Iranian Journal of Neonatology*, 2014; 4(4): 34-38 .
 37. Saeidi R, Banihashem A, Hammoud M, Gholami M. Comparison of oral recombinant erythropoietin and subcutaneous recombinant erythropoietin in prevention of anemia of prematurity. *Iran Red Crescent Med J.* 2012 Mar;14(3):178-81.
 38. Gholami M, Moallem SA, Afshar M, Etemad L, Karimi G. Maternal exposure to silymarin leads to pathological changes in mouse fetuses. *Pharmacologyonline.* 2015;2:38-43.
 39. Noroozi M, Mohebbi-Dehnavi Z. Comparison of the effect of two educational methods based on mindfulness and cognitive emotion strategies on psychological well-being and anxiety of eighth-semester midwifery students before the final clinical trial. *J Educ Health Promot.* 2022;11:295.