



**COMPARISON OF JOB PERFORMANCE OF HEALTH CAREGIVERS IN URBAN  
FAMILY MEDICINE PLAN WITH PERSONNEL OF URBAN HEALTHCARE CENTERS  
IN FASA IN 2016**

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**ABSTRACT**

The present research aims to study comparison of job performance of health caregivers in urban family medicine plan with staff of healthcare centers of Fasa in 2016. This is an applied research in nature and objectives and causal-comparative method has been used in the research. Statistical population of the research is all health caregivers in urban family medicine plan and staff of urban healthcare centers in 2016. Cluster sampling will be applied. In current research, six centers of health caregivers in urban family medicine plan and personnel of urban healthcare centers were selected via one-stage cluster method. Then, questionnaires were distributed randomly among personnel of each center. Paterson job performance questionnaire (1992) has been used to collect data and it includes four dimensions of consideration of discipline in workplace, sense of responsibility in workplace, collaboration in workplace, job improvement. Data were analyzed by descriptive and inferential statistics. Descriptive statistic includes frequency, percent, mean, standard deviation. Regarding inferential statistic, t test has been used for two independent groups to test research hypotheses. Results showed that mean total score of job performance is not different between health caregivers in urban family medicine plan and personnel of urban healthcare centers thus there is no difference between them.

**KEYWORDS:** job performance, health caregivers in urban family medicine plan, personnel of urban healthcare centers, Fasa city.

**INTRODUCTION**

The most important goal in any organization is to reach the highest level of efficiency or optimal efficiency. Nowadays, experts and thinkers are aware from the importance and role of human source as a factor for development of the country and they highlight that the most important capital in any organization is its human source. Staff of healthcare organizations, as the most important human source of healthcare organizations, play critical role in health promotion of the society such that healthcare organizations cannot be successful without efficient human source (Hamid & Dehghanizadeh, 2012). Therefore, job performance of such individuals plays important role in health of society. Human source is considered as a necessity in organizations. At the moment, in spite of technologic advancements and introduction of various technologies in organizations, human source is still considered as the most important leverage in growth and promotion of organizations

(Seyedjavadin, 2015). Concerning background of studies related to management, it can be found that study of factors and variables related to job of staff in organizations dated back to several years ago. At the moment, studying and recognizing factors affecting job performance are considered as one important programs of management in macro sector. In fact, concerning theoretic basic in this regard, job performance refers to how to do delegated tasks and responsibilities and job behaviors shown by individuals. In other words, it refers to the amount of efficiency the individual obtains in his/her job (including servicing, educational and productive) (cited by Zareian, 2013). On the other hand, from social viewpoint, organizations are seeking staff who perform well in their job. Good performance increases organizational efficiency thus governmental function as well as national economy are promoted. Spector (2006) states that staff can have superior performance if they have enough capability and

motivation. Job motivation plays a central role in management in theory and practice.

Research results of Ghamari Zare et al (2012) indicated that 80.5% of nurses believed in moderate competency of matrons for playing the role of performance evaluation. In addition, 50.4 and 60.9% of nurses assessed respectively the quality of process and consequence of performance evaluation in moderate level. most of nurses (72.2%) expressed moderate satisfaction with their job. There was a significant relationship between competency level of matrons, quality of process, consequence of performance evaluation and their sense of job satisfaction. Since nurses believe that matrons' competency in playing evaluative role and implementation of evaluation process has close relationship with consequence of evaluation and their job satisfaction, managers require empowering themselves and promoting quality of performance evaluation process. Research results of Memarbashi et al (2012) showed that there was significant and positive relationship between sense of solidarity and job performance and between self-esteem and job performance. Direction of correlations suggests that the increasing sense of solidarity and self-esteem increase job performance among staff. Furthermore, these two variables predict job performance. Contribution of sense of solidarity in prediction of job performance is a bit higher than self-esteem. Grant and Vorsniovsky (2012) studied the relationship between central self-evaluations and job performance on those who are other-oriented (thinks about others) and those who are self-centered and they used 93 staff from two governmental organizations located at the north and west of the USA. Results revealed that central self-evaluations had positive and significant association with job performance. Individuals with high central self-evaluation work harder and they show higher resistance to obtain higher performance. Therefore, job performance and factors affecting it are important in any organization. Nowadays, job performance has been paid attention by researchers of organizational behavior and it is considered as one of common concepts in organizational research (Mirshahid, 2013). Generally, job performance has a special place in studies of human source & human behavior management because such structure can be effective on prediction of organizational behaviors in future including leaving the job, being late at workplace, underacting and absenteeism thus efficiency of human source. Based on conducted studies, the higher the adaptation and appropriateness between personality and job, the higher the job performance. the lower the adaptation between

personality and job, the lower the job performance. Job satisfaction increases individual efficiency, commitment of individual to the organization, physical and psychological health and spirit thus individuals are satisfied with their lives and they will learn new occupational skills more rapidly (Poryousef and Dastourani, 2011). Concerning importance of job performance of staff particularly in healthcare organizations, the present research aims to compare job performance of health caregivers in urban family medicine plan and staff of urban healthcare centers of Fasa. The research is going to answer the following question: is job performance different between health caregivers in urban family medicine plan and staff of urban healthcare centers of Fasa?.

## METHOD

This is an applied research and descriptive method (causal-comparative) has been used in the research. Statistical population of the research includes 113 individuals (54 health caregivers in urban family medicine plan and 59 staffs of urban healthcare centers). To collect data, Paterson job performance questionnaire has been used which is specific to staffs rather than managers. The questionnaire consists of 16 items used to measure job performance of staff. The questionnaire includes four dimensions of consideration of discipline in work place, sense of responsibility in work place, collaboration in work place, job improvement. Scoring was based on four point Likert scale and the scores 0, 1, 2, 3 have been considered for items "rarely", "sometimes", "often" and "always" respectively. To measure validity, Na'ami (2002) correlated scores of the job performance questionnaire and scores of competency & job performance questionnaire and validity coefficients were 0.43 and 0.36 respectively in significance level of  $P < 0.001$ . In addition, Na'ami (2002) has reported reliability coefficients of 0.74 and 0.68 for the questionnaire using Cronbach' alpha and split method. In current research, reliability obtained by Cronbach's alpha has been considered as 0.86 for the questionnaire. Furthermore, the validity of the questionnaire was obtained as 0.58 via correlating total score and validation score with significance level of  $P < 0.001$ . After data collection and omission of incomplete and non-answered questionnaires, data were described and analyzed statistically. Descriptive statistic will be used to summarize and classify information, to plot diagrams and tables of means and standard deviation. Independent T test in inferential statistic was used to analyze data. All statistical calculations were done by SPSS.

## RESULTS

### Descriptive results

**Table 4-5: mean and standard deviation of job performance in groups under study**

Variable	Group	Number	Mean	Standard deviation
Job performance	Health caregivers in urban family medicine plan	54	3.59	0.536

	Staffs of urban healthcare centers	59	3.75	0.497
Consideration of discipline in workplace	Health caregivers in urban family medicine plan	54	3.43	0.696
	Staffs of urban healthcare centers	59	3.87	0.652
Sense of responsibility in work place	Health caregivers in urban family medicine plan	54	3.47	0.550
	Staffs of urban healthcare centers	59	3.78	0.472
collaboration in work place	Health caregivers in urban family medicine plan	54	3.56	0.880
	Staffs of urban healthcare centers	59	3.43	0.681
Job improvement	Health caregivers in urban family medicine plan	54	3.90	0.830
	Staffs of urban healthcare centers	59	3.91	0.865

As seen in table 4-5, mean and standard deviation of job performance and its dimensions have been shown for health caregivers in urban family medicine plan and staffs of urban healthcare centers.

#### Inferential results

This section includes research hypotheses and each hypothesis is presented with results obtained from analysis.

**Hypothesis 1:** job performance is different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

**Null hypothesis:** job performance is not different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

**Table 4-6: T test used for comparing total score of job performance in both groups**

*	Number	Mean	Standard deviation	T	Freedom degree	Significance level
Health caregivers in urban family medicine plan	54	3.59	0.536	-	111	0.107
Staffs of urban healthcare centers	59	3.75	0.497	1.627		

Concerning results of the table, t value is - 1.627 and significance level is 0.107. Since amount of significance level is above 0.05, it is concluded that both groups have no statistically significant difference with each other and null hypothesis is not rejected. Therefore, it can be said that mean score of job performance is not different between health caregivers in urban family medicine plane and staffs of urban healthcare centers.

**Hypothesis 2:** consideration of discipline in work place is different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

**Null hypothesis:** consideration of discipline in workplace is not different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

**Table 4-7: T test used for comparing total score of consideration of discipline in work place in both groups**

*	Number	Mean	Standard deviation	T	Freedom degree	Significance level
Health caregivers in urban family medicine plan	54	3.43	0.696	- 3.446	111	0.001
Staffs of urban healthcare centers	59	3.87	0.652			

Concerning results of the table, t value is 3.446 and significance level is 0.001. Since amount of significance level is below 0.05, it is concluded that both groups have statistically significant difference with each other and null hypothesis is rejected. Therefore, it can be said that mean score of consideration of discipline in work place is different between health caregivers in urban family medicine plane and staffs of urban healthcare centers. Thus, staffs of urban healthcare centers have better status.

**Hypothesis 3:** sense of responsibility in work place is different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

**Null hypothesis:** sense of responsibility in workplace is not different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

**Table 4-8: T test used for comparing total score of sense of responsibility in work place in both groups**

*	Number	Mean	Standard deviation	T	Freedom degree	Significance level
Health caregivers in urban family medicine plan	54	3.47	0.550	- 3.215	111	0.002
Staffs of urban healthcare centers	59	3.78	0.472			

Concerning results of the table, t value is 3.215 and significance level is 0.002. Since amount of significance level is below 0.05, it is concluded that both groups have statistically significant difference and null hypothesis is rejected. Therefore, it can be said that mean score of sense of responsibility in work place is different between health caregivers in urban family medicine plane and staffs of urban healthcare centers. Thus, staffs of urban healthcare centers have better status.

**Hypothesis 4:** collaboration in work place is different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

**Null hypothesis:** collaboration in workplace is not different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

**Table 4-9: T test used for comparing total score of collaboration in work place in both groups**

*	Number	Mean	Standard deviation	T	Freedom degree	Significance level
Health caregivers in urban family medicine plan	54	3.56	0.880	0.902	111	0.369
Staffs of urban healthcare centers	59	3.43	0.681			

Concerning results of the table, t value is 0.902 and significance level is 0.369. Since amount of significance level is above 0.05, it is concluded that both groups have no statistically significant difference and null hypothesis is not rejected. Therefore, it can be said that mean score of collaboration in work place is not different between health caregivers in urban family medicine plane and staffs of urban healthcare centers.

**Hypothesis 5:** job improvement is different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

**Null hypothesis:** job improvement is not different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

**Table 4-10: T test used for comparing total score of job improvement in work place in both groups**

*	Number	Mean	Standard deviation	T	Freedom degree	Significance level
Health caregivers in urban family medicine plan	54	3.90	0.830	- 0.049	111	0.961
Staffs of urban healthcare centers	59	3.91	0.865			

Concerning results of the table, t value is 0.049 and significance level is 0.961. Since amount of significance level is above 0.05, it is concluded that both groups have no statistically significant difference and null hypothesis is not rejected. Therefore, it can be said that mean score of job improvement is not different between health caregivers in urban family medicine plane and staffs of urban healthcare centers.

caregivers in urban family medicine plane and staffs of urban healthcare centers.

## DISCUSSION AND CONCLUSION

**The first research result:** job performance is different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

Concerning results of the table 4-6, t value is - 1.627 and significance level is 0.107. Since amount of significance level is above 0.05, it is concluded that both groups have no statistically significant difference and null hypothesis is not rejected. Therefore, it can be said that mean score of job performance is not different between health

No researches were found that have been particularly done on this regard but research results of Wang and Li (2009), Dikson and Lorenz (2009), Grant and Berg (2011), Ghazanfari and Abedi (2008) are consistent with results of current research. To explore these results, it can be said that job performance of staffs is one of the main and important subjects and managers are going to increase job performance (Spector, 2000). Job performance refers to a series of responsibilities that are performed officially by practitioners and it is considered as the technical core of the organization. Job performance is a part of performance that is considered in description of permanent job (Bormenomotovildo, 1993; cited by Motowidlo, 2003). Performance as an individual behavior is a function of personality, motivations, organizational variables and situational variables such as job, organizational demands. On the

other hand, success associates with orientation, behavior and performance of individual and group but effectiveness refers to internal status and primary readiness of individual and group for doing the job. Therefore, it is orientating and motivational in nature (Gharehkhani, Kouzehchian, Ehsani, 2008). Creating necessary motivation for doing a job and paying attention to motivational sources of staff are among the most important and complex tasks. From social viewpoint, organizations are going to recruit staffs who can perform well in their jobs. Good performance increases organizational efficiency thus it promotes governmental functions and national economy. Spector (2006) stated that staff could have superior performance when they had essential capability and enough motivation. Pinder (1998) believes that job motivation is a set of energetic powers that originated from inside and they are beyond existence. Motivation is the starting behavior related to the job and determines its shape, direction and continuity. Therefore, motivation is a psychological process and it is the result of the interaction between individual and environment. Dichenzo and Robins (1996) believe that job motivation determines performance in the work place. Motivation is an internal state and force that encourages individual to a special activity. What is considered as motivation for an individual or a special group may not be important for another individual or group. In other words, the individual and the field in which he/she is working are among the most important factors affecting motivational forces. If managers can encourage staffs to the works, they will be able to do easily their managerial responsibilities. Paying attention to motivational forces in governmental organizations is one of important management skills particularly in organizations where staffs have to do hard works with low incomes. Therefore, concerning above mentioned and current research background, results obtained from job performance in healthcare centers can be explored as follows. Staffs of such organization have enough capability and motivation which increase favorable job performance. Therefore, such power has originated from inside of individuals and it is the starting behavior related to job and determines its shape, direction and continuity.

**The second research result:** dimensions of job performance (consideration of discipline, sense of responsibility in work place, collaboration in work place and job improvement) are different between health caregivers in urban family medicine plan and staffs of urban healthcare centers in Fasa city.

Concerning results of the tables 4-7 and 4-8 where two groups have statistically significant difference, it is concluded that mean score of consideration of discipline and sense of responsibility is different between health caregivers in urban family medicine plane and staffs of urban healthcare centers and such staffs have better status. But concerning results of tables 4-9 and 4-10, it can be concluded that both groups do not have

statistically significant difference with each other thus mean score of collaboration in work place and job improvement is not different between health caregivers in urban family medicine plane and staffs of urban healthcare centers. Nowadays, the importance of human source and its role as a strategic source, designer of systems and organizational processes have gained a higher place than the past such that in advanced organizational thinking, human being is the most important source and asset for any organization. Nowadays, to reach survival, discipline and growth, organizations try to obtain globally rapid growth, continuous improvement, efficiency, profitability, flexibility, compatibility, future readiness and superior position in their activity via educated human sources (Golparvar and Balali, 2010). Therefore, the most important goal of any organization is to reach the highest level of performance or optimal efficiency (Zeinabadi et al, 2008). Therefore, concerning abovementioned and current research background, obtained results can be explored as follows. Based on coordination theory, staffs of an organization are encouraged to act in accordance with their self-concepts. Individuals with highly central and positive self-evaluations have more motivations for high performance because they are going to protect their positive self-concepts. In addition, since such individuals have features such as purposefulness in work place, stability and resistance against stressful condition, more adaptation with changes and higher physical and psychological health, they show more favorable performance.

Of limitations of current research are that this is a descriptive-causal research. Therefore, results are less certain than experimental and quasi-experimental methods. Questionnaire was used in the research to collect data. Since self-report questionnaire has been used, it is possible that some answers given to items are conservative thus they influence on results.

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