

The Association of Social Capital with Job Satisfaction of Employees of Health Centers in Iran: A Cross-Sectional Study

Abstract

Background: Job satisfaction is one of the key factors influencing the performance quality of health workers. Although numerous factors affect job satisfaction, there are few studies on social capital and its relationship with the job satisfaction of health center employees. The purpose of this study is to determine the association of social capital with job satisfaction of employees of health centers. **Materials and Methods:** In this analytical cross-sectional study, a total of 206 employees from health centers in East Guilan, northern Iran, were surveyed between May 2020 and January 2021 using a multistage sampling method. Participants completed Nahapiet and Ghoshal's social capital questionnaire, Spector's job satisfaction questionnaire, and demographic questions. Data were analyzed using descriptive statistics, independent *t*-test, ANOVA, Pearson's correlation, and multiple regression analysis. **Results:** The mean (SD) of total social capital and total job satisfaction were 2.92 (0.60) and 3.21 (0.64), respectively. There was a positive and significant correlation between social capital and job satisfaction ($r = 0.70, p < 0.01$). Linear regression analysis showed that social capital explained 51% of the variance of job satisfaction. **Conclusions:** Promoting social capital may enhance the job satisfaction of the employees in comprehensive health centers, leading to improved service quality for clients and increased organizational productivity.

Keywords: Community health centers, job satisfaction, occupational groups, social capital

Introduction

The efficiency and productivity of human resources in the workplace depend on various factors, among which Job Satisfaction (JS) is one of the most important.^[1] JS is the sum of employees' positive feelings toward their job. It is considered an important variable in all organizations, including health service provider systems, because it is related to the most critical factor in achieving organizational goals- human resources.^[2] JS is a complex concept influenced by various factors, such as salary, working conditions, interpersonal interactions, and job responsibilities.^[3,4]

JS is essential for employees' well-being and the effective performance of an organization.^[5] Positive JS helps prevent job tension and stress,^[4] whereas a low level of JS negatively affects employee commitment and may lead to turnover.^[6] In healthcare organizations, JS is largely associated with employee turnover intentions, service quality and efficiency, and patient satisfaction.^[3] Therefore, it is important for managers to

understand the needs of their employees and enhance their level of JS.^[7] Health centers play a vital role in ensuring public health; therefore, the JS of health workers is essential, as it is associated with improved employee performance. A study conducted in China found that the majority of health center employees were dissatisfied with the factors affecting JS, such as income, benefits, and training opportunities.^[6]

However, Social Capital (SC) in the workplace has been identified as a psychological construct that influences employees' health.^[8] SC refers to a set of norms, informal values, and moral obligations through which individuals' mutual behaviors are shaped. It facilitates social relationships, promotes cooperation and participation, and fosters the interaction among human, material, and economic capital to achieve growth and dynamism.^[9] However, SC enables employees and organizations to facilitate collective activities through interpersonal interactions and cooperation.^[4]

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SC is one of the key characteristics of a healthy work environment that embraces a group-oriented culture by fostering a positive atmosphere. It enhances participation, and cooperation, reduces burnout, promotes independence in decision-making and vitality, and ultimately leads to higher JS.^[10] Existing Iranian studies have primarily focused on other industries and public sector employees^[9]; however, there is a lack of detailed information in the literature regarding the healthcare sector, whose employees play a crucial role in community health. Since the success of an organization depends on the efforts and JS of its employees, a comprehensive understanding of how SC may be related to JS of healthcare employees is of particular importance. Therefore, this study aimed to determine the association between SC and JS among employees of health centers.

Materials and Methods

This cross-sectional analytical study was conducted on 206 employees of comprehensive health centers in East Guilan, northern Iran, from May 2020 to January 2021. The statistical population consisted of 400 personnel from urban health centers in the cities of Astaneh, Lahijan, Langarud, Siahkal, Rudsar, and Chaboksar. Based on Tsounis' study,^[4] and considering 80% power and a 5% significance level, with a Pearson's correlation coefficient of 0.2 and a 5% allowance for nonresponse, the calculated sample size was 206. The participants were selected using multistage sampling method. First, several centers were randomly selected in any city. Then, within each selected center, all employees who met the inclusion criteria and were willing to participate were included in the study through census sampling. The inclusion criteria were having at least a diploma or higher and a minimum of one year of experience as a full-time employee in one of the health centers in East Guilan. The exclusion criteria included experiencing severe psychological stress in the past six months and incomplete the questionnaire.

Data were collected using three questionnaires; the SC questionnaire, JS questionnaire, and demographic questions, which included age, gender, marital status, education, type of employment, work experience, and income. Spector's JS survey (JSS) was used to assess the JS of the participants.^[11] Originally, this scale consisted of nine subscales, each containing four items, for a total 36 items. Gholami-Fesharaki *et al.*^[12] psychometrically evaluated JSS among Iranian health care workers. Explanatory factor analysis revealed seven subscales with a total 29 items (salaries and benefits, promotion, supervision, operating procedures, coworker, nature of work, and communication). The results were also confirmed with confirmatory factor analysis (relative Chi-square = 1.18, RMSEA = 0.04, GFI = 0.93, AGFI = 0.91). Additionally, the reliability of the questionnaire in the study by Gholami-Fesharaki *et al.*^[12] and Tsounis *et al.*^[4] was assessed using Cronbach's alpha, which was 0.87 and 0.92, respectively. In the present study, the reliability of the instrument was assessed using the internal consistency in

a sample of 30 of employees of health centers. For each JS subscale, Cronbach's alpha coefficient ranged from 0.6 to 0.90, and Cronbach's alpha coefficient for total JS was estimated at 0.87. The JSS items were scored using a six-point Likert scale, ranging from "completely disagree" to "completely agree". For positively worded items, the scores ranged from one (completely disagree) to six (completely agree), whereas for negatively worded items, the scoring was reversed. Total JS and its subscales were calculated by the summing the scores of the constituent items and dividing by the number of items. The range of scores was from 1 to 6, with higher scores indicating a higher level of JS. To measure SC, we used the SC questionnaire designed and psychometrically evaluated by Jafari *et al.*,^[13] based on the theory of Nahapiet and Ghoshal. Validity (content and face) of the questionnaire was assessed through expert opinion. In addition, the test-retest reliability of the scale was reported to be 0.92. The questionnaire consisted of 31 items with three structural dimensions (11 items), cognitive (6 items), and relational dimensions (14 items). Each item was rated on a five-point Likert scale from completely disagree (1) to completely agree (5). The total SC score and its subscales were calculated by summing the scores of the constituent items and dividing by the number of items. The range of scores was from 1 to 5, with higher scores indicating higher SC of the participants. In the present study, to determine the reliability of the SC questionnaire, it was filled out by 30 employees of health centers. Cronbach's alpha was calculated for each subscale from 0.63 to 0.90, and the total questionnaire 0.93.

Data analysis was conducted using SPSS21 software (IBM Corp., Armonk, NY, USA), with a significance level set at 0.05. Descriptive statistics, including mean, standard deviation, frequency, and percentage, were used for the main variables and demographic indicators. An Independent *t*-test and one-way ANOVA were used to compare total SC and total JS between two (gender) and three or more different groups (other sociodemographic characteristics), respectively. Pearson's correlation coefficient was applied to explore the association between total SC and its subscales with total JS and its subscales. In addition, linear regression was conducted to determine the extent to which the independent variables explained the variance in JS. The assumptions required for regression analysis, including multicollinearity, normality of errors, linearity, equal variance and independence of errors, were examined. Tolerance for independent variables was 0.98, with a VIF of 1, indicating no collinearity among the variables. Normal data distribution and the non-correlation of errors were recognized. Finally, assumptions and prerequisites for using regression were confirmed.

Ethical considerations

The current study has been approved by the ethics committee of Guilan University of Medical Sciences (code: IR.GUMS.REC.1399.194). The participants were

given information about the purpose of this project, and informed consent was obtained from interested individuals.

Results

The study participants included 170 women and 36 men with a mean (SD) age of 42.78 (7.89) years. The education level of more than half of the participants was a bachelor. Less than half of them had more than 20 years of work experience (44.17%). The majority were regular employees (72.82%). Regarding occupation, 30.6% were healthcare providers [Table 1].

The mean (SD) of total SC among the participants was 2.92 (0.60) [min = 1.10, max = 4.03]. Among its dimensions, the structural, cognitive, and relational dimensions had mean (SD) of 2.78 (0.46), 2.81 (0.85), 3.07 (0.71), respectively [Table 2]. As shown in Table 3, participants who were men, aged over 50 years, had a bachelor's degree, job status indicated as other, temporary employment contract, 16–20 years of work experience, and an income of more than 70 million Rials reported a higher mean SC score. Also, the results of independent *t*-tests and analysis of variance showed a statistically significant difference between SC score with gender ($t_{204} = 3.95, p < 0.001$), education ($F_{3, 202} = 3.48, p = 0.017$), and marital status ($F_{2, 203} = 4.50, p = 0.012$).

The mean (SD) total JS score was 3.21 (0.64), [min = 1.55, max = 4.55]. Among the JS subscales, the field of nature of work had the highest mean (SD) ($m = 4.35 (0.96)$), while salaries and benefits had the lowest mean (SD) ($m = 2.17 (0.62)$) [Table 2]. According to the results of Table 3, participants who were male, aged between 24 and 29 years, had a bachelor's degree, worked as midwives, under mandatory service employment, marital status as other (separated or deceased), 16–20 years of work experience and income more than 70 million rials reported a higher mean JS. The results of independent *t*-tests and analysis of variance showed a statistically significant difference between JS and education level ($F_{3, 199} = 3.73, p = 0.012$).

Table 4 presents the relationship between the components of SC with JS and their respective dimensions. A positive and significant correlation was found between total SC and total JS ($r = 0.70, p < 0.01$). Additionally, there was a positive and significant correlation between all SC dimensions and JS dimensions (r ranging from 0.27 to 0.68), except for the correlation between the structural and cognitive dimensions of SC with that of the nature of work of JS (r ranging from 0.11 to 0.12). Linear regression analysis indicated that total SC explained 51% of the observed variance of total JS (adjusted $R^2 = 0.51$) [Table 5].

Discussion

The present study investigated the relationship between SC and JS among employees of health care centers. The findings revealed a positive and significant correlation between SC and JS, indicating that SC could explain approximately half

Table 1: Demographic characteristics in the study population

	<i>n</i> (%)
Gender	
Women	170 (82.48)
Men	36 (17.52)
Age (years)	
24–29	12 (5.82)
30–35	24 (11.65)
36–41	65 (31.56)
42–49	50 (24.28)
>50	55 (26.69)
Educational level	
Diploma	13 (6.31)
Associate	45 (21.84)
Bachelor	111 (53.88)
Above bachelor	37 (17.97)
Job status	
Midwife	43 (20.87)
Nurse	7 (3.40)
Health provider	63 (30.58)
Health (environmental-occupational)	59 (28.65)
Other (psychologist, doctor)	34 (16.50)
Employment status	
Contracted	16 (7.77)
Official	150 (72.82)
Temporary contract	22 (10.68)
Mandatory service	17 (6.79)
Other	4 (1.94)
Marital status	
Single	28 (13.59)
Married	176 (85.43)
Other	2 (0.98)
Work experience	
<5	17 (8.25)
5–10	25 (12.14)
11–15	50 (24.27)
16–20	23 (11.17)
>20	91 (44.17)
Monthly salary (in rial)	
<40,000,000	31 (15.05)
40,000,000–70,000,000	173 (83.98)
>70,000,000	2 (0.97)

of the variance in overall JS. A study conducted by Tsounis *et al.*^[4] reported that SC was related to employee JS and SC acts as a valuable resource that can enhance employee satisfaction in various contexts. In line with this, SC can be considered an important predictor of the JS of employees.^[14] Jutengren *et al.*^[15] found a direct positive predictive effect of SC on JS. Moreover, a study conducted among hospital employees revealed that SC had a significant relationship with JS and higher JS among employees could influence the quality of service provided.^[16]

Although the results of various studies indicated the existence of a relationship between SC and JS,^[17–19] the result

Table 2: Means, standard deviations, job satisfaction, and social capital

Variable	Mean (SD)
Pay and fringe benefits	2.17 (0.62)
Promotion	2.32 (0.89)
Supervision	3.43 (1.19)
Operating procedures	3.22 (0.90)
Coworker	4.18 (0.90)
Nature of work	4.35 (0.96)
Communication	3.48 (1.07)
Total job satisfaction	3.21 (0.64)
Structural	2.78 (0.46)
Cognitive	2.81 (0.85)
Relational	3.07 (0.71)
Total social capital	2.92 (0.60)

SD=Standard Deviation

of Dwanti and Syahlani's^[20] study showed no significant relationship between SC and JS. Such discrepancies may be attributed to differences in organizational atmospheres that influence individuals as well as to the personal characteristics of the participants in the study.

The results of the current study showed that the mean score of the total SC and its components among the participants was at a moderate level. SC, which is considered an important predictor for interpreting workplace quality and JS, plays an essential role in promoting employees' well-being and mental peace. It is influenced by the existence of various factors, such as interpersonal trust and social relationships.^[14] Organizations with high levels of SC foster the development of new ideas among employees, enhance teamwork activities, and encourage members' participation in achieving organizational goals, ultimately improving overall organizational performance.^[18]

In the present study, the total JS score was at a moderate level. Similar to the current findings, several other studies have reported JS at moderate^[21] or low^[22] levels. This result suggests that managers can enhance employees' JS through proper planning, by providing favorable working conditions and promoting employees' social well-being, which in turn leads to improved organizational outcomes.

The results of this study showed that the highest level of satisfaction was related to the nature of work, while the lowest level was related to salaries and benefits. In Zhang *et al.*'s^[19] study, the nature of work was closely related to the JS of employees, and the level of income was also identified as one of the factors influencing JS.^[17] Perhaps one of the most important predictors of JS among employees is their salary and wages.^[23,24] In Bello *et al.*'s^[25] study, employees were three to four times more satisfied with their jobs when they had an acceptable level of income and received bonuses. Moreover, a safe work environment, which promotes mental health and peace of mind, is another factor that can affect JS. In fact, mental health can influence SC and positively impact JS.^[17] Employees who feel

secure in their jobs and are free from psychological pressure in the workplace tend to be more satisfied with their work.^[25]

According to the results of this study, participants aged between 24 and 29 years, with a bachelor's degree, working as midwives, being separated or having a deceased spouse, and work experience between 15 and 20 years, income of more than 70 million Rials, had a higher mean JS. However, there was a statistically significant difference only between educations with JS. In the study of Cao *et al.*^[17] and Gholami-Fesharaki *et al.*,^[26] a higher level of education was associated with greater JS. In this regard, it can be argued that a higher level of education induces positive feelings and contributes to a greater sense of mental well-being.

In the study of Bello *et al.*,^[25] being married was identified as a determinant of JS. Marriage and family life may play a stabilizing role in individuals' lives. The effect of marriage on JS may be indirect, as it is often linked to overall life satisfaction, which has been shown to have a positive correlation with JS.^[27] However, contradictory results have also been reported regarding marital status and JS. Studies conducted in Germany and Italy found that individuals who were separated or single reported higher levels of JS,^[28] which may be attributed to the cultural difference between the two study communities. However, in Inayat *et al.*'s^[29] study, they found no significant relationship between marital status and JS.

Regarding the gender difference in JS, Gholami-Fesharaki *et al.*^[26] reported no significant association between gender and type of employment and JS. In contrast, the studies Cao *et al.*'s and Zhang *et al.*^[17,19] found that men tended to be less satisfied with their jobs, which may reflect variations in workplace environments across countries. Overall, these findings suggest that the values and motivational drivers of Iranian employees differ, to some extent, from those of their Western counterparts. Specifically, Iranian employees appear to be more motivated by extrinsic factors. Unlike in Western contexts, teamwork in Iran does not seem to be strongly associated with job satisfaction, as employees often do not perceive colleagues as part of their inner circle of trust and instead expect managers to maintain authority and control.^[30] Such differences may stem from broader sociocultural and economic distinctions between Iranian and Western societies. The limitations of the study include the relatively small sample size and the presence of numerous confounding variables. Self-reporting and respondent fatigue may also increase the likelihood of the response errors.

Conclusion

High SC is linked to enhanced employee JS, and its improvement can elevate overall employee contentment. Managers must tailor diverse management strategies to strengthen SC, aligning with distinct organizational structures and cultures to enhance JS and organizational efficiency. Inadequate SC may reduce JS and impede organizational performance, posing risks to societal health systems. In

Table 3: Associations between social capital and job satisfaction with sociodemographic characteristics

Variable	SC			JS		
	Mean (SD)	Test* (df)	p**	Mean (SD)	Test* (df)	p**
Gender		$t_{204}=3.95$	<0.001		$t_{201}=1.56$	0.123
Women	2.85 (0.60)			3.17 (0.66)		
Men	3.24 (0.51)			3.36 (0.64)		
Age (years)		$F_{4,201}=1.83$	0.124		$F_{4,198}=1.65$	0.165
24–29	2.96 (0.52)			3.39 (0.40)		
30–35	2.85 (0.51)			3.17 (0.79)		
36–41	2.89 (0.60)			3.17 (0.70)		
42–49	2.79 (0.61)			3.06 (0.62)		
>50	3.09 (0.61)			3.35 (0.54)		
Educational level		$F_{3,202}=3.48$	0.017		$F_{3,199}=3.73$	0.012
Diploma	2.80 (0.21)			2.82 (0.40)		
Associate	2.96 (0.68)			3.16 (0.72)		
Bachelor	3.01 (0.59)			3.33 (0.62)		
Above bachelor	2.65 (0.53)			3.05 (0.61)		
Job status		$F_{4,201}=0.74$	0.056		$F_{4,198}=2.27$	0.063
Midwife	3 (0.49)			3.44 (0.58)		
Nurse	2.72 (0.94)			3.35 (0.91)		
Health provider	2.9 (0.69)			3.13 (0.63)		
Health (environmental–occupational)	2.86 (0.53)			3.08 (0.58)		
Other (psychologist, doctor)	3.01 (0.58)			3.27 (0.74)		
Employment status		$F_{3,202}=2.22$	0.070		$F_{3,199}=5.41$	0.638
Contracted	2.93 (0.48)			3.33 (0.76)		
Official	2.89 (0.62)			3.19 (0.63)		
Temporary contract	3.23 (0.57)			3.33 (0.52)		
Mandatory service and other	2.79 (0.50)			3.13 (0.78)		
Marital status		$F_{2,203}=4.50$	0.012		$F_{2,200}=2.62$	0.075
Single	3.06 (0.38)			3.27 (0.68)		
Married	2.89 (0.62)			3.19 (0.63)		
Other	4.03 (0)			4.2 (0)		
Work experience		$F_{4,201}=1.69$	0.153		$F_{4,198}=2.18$	0.072
<5	2.77 (0.53)			3.17 (0.51)		
5–10	2.98 (0.47)			3.34 (0.76)		
11–15	2.77 (0.64)			3.05 (0.71)		
16–20	3.07 (0.57)			3.49 (0.57)		
>20	2.97 (0.61)			3.20 (0.59)		
Monthly salary (in Rial***)		$F_{2,203}=0.01$	0.993		$F_{2,200}=0.01$	0.989
<40,000,000	2.91 (0.76)			3.20 (0.64)		
40,000,000–70,000,000	2.92 (0.57)			3.21 (0.65)		
>70,000,000	2.96 (0)			3.27 (0)		

*Independent samples *t*-test analysis was conducted for gender, and one-way ANOVA was conducted for all other sociodemographic features. ** $p<0.05$. ***Currency unit of Iran. SD=Standard Deviation, SC=Social Capital, JS=Job Satisfaction

Table 4: Correlation between social capital and job satisfaction

Variable	Pay and fringe	Promotion	Supervision	Procedures	Coworker	Nature of work	Communication	Total JS
Structural	0.48	0.42	0.52	0.41	0.48	0.11	0.60	0.61
Cognitive	0.42	0.27	0.46	0.40	0.53	0.12	0.53	0.55
Relational	0.50	0.42	0.59	0.43	0.65	0.24	0.68	0.71
Total SC	0.51	0.42	0.59	0.45	0.62	0.18	0.68	0.70

SC=Social Capital, JS=Job Satisfaction

this regard, several strategies can be suggested, including organizing social events, forming support groups to strengthen interpersonal relationships among employee, providing training

programs focused on communication skills and conflict resolution, fostering a culture of trust through transparency in decision-making, and encouraging feedback.

Table 5: Relationship between social capital and job satisfaction

Variable*	B	Std. error	Beta	t	p
Total SC	0.77	0.05	0.72	14.43	<0.001
Education	0.11	0.41	0.14	2.76	0.006
Adjusted R ²			0.51		
F (p)			104.92 (<0.001)		

*Dependent variable: JS, predictors: (constant), Total SC, demographic variables with $p < 0.05$ (education). SC=Social Capital

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Conflicts of interest

Nothing to declare.

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