

Studying the relation of quality work life with socio-economic status and general health among the employees of Tehran University of Medical Sciences (TUMS) in 2015

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Abstract

Introduction: The importance of socio-economic variables such as level of literacy, income and occupational status and their impact on the physical and psychological wellbeing of the people is clear for experts and policymakers. In much research, the root of increase in life expectancy and improvement in other indexes of health is considered to not only progress in medicine, but also improve in socio-economic indexes. Thus, the present study aims to determine the relation between socio-economic status and general health and the consequences of disease on the quality of work life of the employees of Tehran University of Medical Sciences (TUMS).

Methodology: The present cross-sectional research is of descriptive-analytical type, and was conducted in faculties of TUMS in 2015, and the population under study included all the 1,238 non-academic employees of the TUMS. The required data was collected by the Quality of Work life (QWL) questionnaire. This questionnaire was based on Walton components and Socio-economic Status (SES) questionnaire, and was designed in order to evaluate socio-economic status and has 4 components. The data on general health was collected by Goldberg and Hillier 28-Item General Health Questionnaire (GHQ-28) (1979) that has 4 subscales. Then, the collected data was recorded by SPSS version 18 software and was then analyzed by common methods of descriptive-analytical statistics.

Results: The results demonstrated that the frequency of socio-economic status of the employees under study were 179 persons (53.3 percent) for low level, 109 persons (35.5 percent) for moderate level, and 19 persons

(6.2 percent) for high level, and the frequency of the quality of work life of the employees under study were 10 persons (3.3 percent) for low level, 108 persons (35.6 percent) for moderate level, and 185 persons (61.1 percent) for high level.

Conclusion: Considering the importance of quality of work life in socio-economic status, it is proposed that the following measures be taken into account: appropriateness of salary to economic factors such as inflation; demand and supply in fair and adequate payment; paying more attention to the physical conditions of workplace, e.g. light, cooling and heating facilities to prepare a secure and healthy workplace; preparing some possibilities for the employees so that they can further develop their personal talents and have opportunities for making progress in their specialized field by encouraging them to be creative and innovative to lead them to promotion in the organization; and providing continuous security and growth opportunities for the employees, allowing them to take initiatives, and provide them with any information or skill that they need in workplace to develop their human capabilities. In the present study no significant relationship between the quality of work life and general health, socio-economic status and quality of work life, and also general health and socio-economic status, was found.

Key words: Quality of Work Life (QWL), socio-economic status, general health, faculty employees.

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Introduction

Nowadays organizations are considered as living creatures with an identity that is independent of their members (1), and by this new identity, they can affect the behavior of their employees. This personality and identity can be organizationally healthy or ill (2). Miles introduced the notion of "organizational health" in 1969. In his view, organizational health refers to the durability and persistence of an organization in its environment and adaptability to it, and also developing its own ability to be more adaptable to it (3). Wrong choice, misuse of skills, and lack of proper atmosphere for allowing creativity to flourish can endanger the health and promotion of the organization. When a position or office is proposed to the employees that is not commensurate with their dignity, it can lead to disobedience, absence from work, delays, and resignation. In an organization, if communication at all levels is not multilaterally and openly established, and full confidence does not exist between different parts, misunderstanding and disharmony will be created. When goals are not clear, they become vague, and as the result, the employees do not make a concerted effort to achieve the goals(4).

Recently the human factor has been considered as the most important and sensitive organizational element, and most of the new theories of organization and management have referred to this sensitive factor (5). One of the most important parameters affecting the performance of human resources is the role of individual health in improving the economy of a country. Therefore, any kind of planning or investment in human resources that leads to protect and promote the health of employees, can eventually lead to increased efficiency and return on investment (ROI) (6). Nowadays the notion of Quality of Work life has turned into a major social issue all around the world, while in the past the emphasis was only on personal life. From the 1970s onward, improving the employees' quality of work life has been considered as one of the most important issues in many organizations, including health care organizations (7). Due to the inevitability of some of the stress factors in health care organizations and the need to prevent psychological stress effects, one of the duties of managers in these organizations is taking some measures and actions to improve the quality of work life, and teaching coping techniques (8). Although there is no formal definition of quality of work life, however, Walton's theory has offered the most comprehensive components of quality of work life plan (9). He has offered the main components of quality of work life in four dimensions that are as follows: meaningfulness of work; organizational and social fit of work; provocativeness, richness, and fruitfulness of work; and security, developing skills, and continuous learning in work (10).

Quality of work life programs deal with various objective and subjective areas of employees' issues. Quality of work life is a process by which the organization's members can participate in making decisions that generally affect their job and particularly their work environment; in doing so,

they can use open and appropriate communication ways that have been designed for this purpose. As a result, their work-related stress will diminish and employees' satisfaction will increase. An organization that pays attention to its employees' quality of work life will benefit from having a competent workforce, the signs of which are willingness to cooperate with the management and improvement in the performance of the workforce (11).

General health is a subset of the health system and is defined as a set of important social activities and measures that are based primarily on prevention strategies (12). One of the characteristics of a healthy organization is that the physical and psychological health of the employees are as important and interesting as production and productivity for its managers (13). In recent decades various studies have been conducted on the relationship between work and stress and its consequences for health care workers. In these studies, some topics such as productivity, occupational accidents, absenteeism, and increase in physical and mental damage in various occupational groups have been scrutinized (14). The profession of the people is one of the main causes of stress in their life. There is more stress in professions in which human contact is important (15). Socio-economic determinants of health such as level of income, education, job, nutrition, and social class are far more important in catching diseases than the biological factors, and they play an important role in human health (16). In the social hierarchy, people take different positions based on their occupational status and level of education and income, and the position of the people in this system is defined by their socio-economic status. Although occupation and level of income and education all determine the position of an individual in the social hierarchy, and these factors are generally not separate from each other, they should be individually studied in order to realize their role in health. Level of education makes differences in terms of having access to information and level of expertise to take advantage of knowledge, while occupation entails differences in having access to scarce material goods. Occupational status includes both of these aspects, and also includes benefits of working in certain occupations such as dignity, privilege, and technical and social skills and power (17).

The present age organizations have a strategic approach to human resources and consider it as a smart and valuable asset, and desire to further improve the quality of life and job satisfaction of their employees (18). Workplace health and psychological health are created by improving quality of life indexes, and it is necessary to pay attention to this issue in all organizations in order to prevent job burnout and low efficiency. Measuring the understanding and sense of people about their own health in order to assess the status quo, investigating the efficacy of health interventions and health care, and implementing appropriate health services are of crucial importance (19). Socio-economic status is an important factor that affects the possibility of taking advantage of medical services, while the wealthy social groups, which in every respect are better equipped than the disadvantaged groups, can sooner and better convert

their need to demand, and hence, take more advantage (20). A survey of 17,000 employees in England showed that occupation rank itself plays a more important role in health than some risk factors combined, such as smoking and high blood pressure and cholesterol. Since healthy human is the axis of sustainable development, and also modern societies call for providing a proper environment for production and having the required speed to achieve comprehensive development, it is clearly the responsibility of health practitioners and researchers to investigate and explain all the social factors influencing health, and then give feedback to the macro policy-makers in the form of scientific and practical information. In this way, they can help a great deal in sustainable development (21).

The importance of socio-economic variables such as level of education, income, and occupational status, and their impact on physical and psychological health of the people, is clear for health experts and policy-makers. It has been suggested in many studies that increase in life expectancy and improvement in the other health indexes are not merely because of medical progress, but in many cases are due to the improvement in socio-economic indexes (22).

Global data show that environment, socio-economic status, housing, job security, access to health facilities, and human behavior are all crucial factors in securing or weakening health (23). Researches in many countries show extensive inequalities and differences in health conditions of various socio-economic, racial, ethnic, and geographical groups in society. This is indicative of the crucial impact of various factors on health that include reducing social exclusion, alleviating educational shortcomings, reducing insecurity and unemployment, and improving housing standards (24). Studies on the relationship between health and socio-economic status of a population have originally started from England. Gradually this type of research was of interest to researchers in other countries and useful data was collected in this field, all of which show that individuals and families who are in lower social groups, in comparison to higher and richer social groups, experience more and premature death, and diseases and defects are more common in this group; this inequality can be seen in all European countries, and is an undeniable fact that needs more attention (25). To this aim, this research has been conducted to determine the relationship between socio-economic status and general health, and show the consequences of disease that affects the quality of work life of TUMS's employees.

Methodology

This study is of descriptive-analytical type that has been conducted by cross-sectional method in faculties of TUMS in 2015, and the population under study included all the 1,238 non-academic employees of TUMS. The inclusion criterion for the study was being a non-academic employee in TUMS; data collection was conducted in 10 out of 11 faculties of TUMS, and one faculty was excluded from the study due to lack of cooperation. Quality of Work life (QWL) questionnaire was used to collect the required data.

This questionnaire was based on Walton's components, including fair and adequate payment (questions 1 to 5), safe and healthy working environment (questions 6 to 8), providing growth opportunities and continuous security (questions 9 to 11), having respect for the laws in the organization (questions 12 to 17), social dependence of work life (questions 18 to 20), the overall atmosphere of life (questions 21 to 25), social integrity and solidarity (questions 26 to 29), and developing human capabilities (questions 30 to 32). This questionnaire has been conducted by many researchers and contains 32 items, and is based on a Likert scale from very low (1 point) to very high (5 points).

Walton showed the reliability coefficient of the questionnaire to be 0.88 (26). Also in 2006 Rahimi reported the reliability coefficient of the test to be 0.85 (27). Furthermore, in this study, the Socio-economic Status (SES) questionnaire is implemented, which takes four components of income, economic class, education, and housing into account, and generally consists of 6 demographic questions and 5 key questions. The criterion scaling of questions in this questionnaire has 5 options and responses are graded on a continuum, from very low (1) to very high (5). Eslami et al. (28), by asking 12 sports experts, confirmed the face and content validity of this questionnaire. Also by applying Cronbach's alpha test, the reliability of the questionnaire was calculated as 0.83. General health data were collected by Goldberg and Hillier 28-Item General Health Questionnaire (GHQ-28) (1979). It has 4 subscales and each subscale contains 7 questions. These subscales include somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. Of the 28 items of the questionnaire, questions 1 to 7 are about somatic symptoms, questions 8 to 14 ask about anxiety and insomnia, questions 15 to 21 assess social dysfunction, and finally, questions 22 to 28 are related to severe depression (29, 30).

In standardization of GHQ-28 questionnaire in Iran, Houman (1997) implemented Cronbach's alpha coefficient for the subscales to assess the internal consistency, and reported them to be 0.85, 0.87, 0.79, and 0.91, respectively. For the overall score, that demonstrates general health, he reported 0.85. Goldberg and Blackwell (1972), by using a clinical interview checklist for 200 surgery patients in England, concluded that more than 90% of the sample was correctly classified by the questionnaire as sick or healthy. Moreover, they reported the correlation coefficient between the scores of GHQ-28 questionnaire and the result of clinical evaluation of the results to be 0.80. Also they reported sensitivity and specificity as 0.84 and 0.82, respectively.

In order to assess the socio-economic status, the Socio-economic Status (SES) Questionnaire (Ghodratnama, 2013) was generally implemented. This questionnaire contains 4 components, namely income, economic class, education, and housing, and in total contains six demographic questions and 5 key questions. Criterion scaling in this questionnaire consisted of five responses, and the scoring method for each response was from very

low (1) to very high (5). Eslami et al. (28), by asking 12 sports experts, confirmed the face and content validity of this questionnaire. Also by applying Cronbach's alpha test, the reliability of the questionnaire was calculated as 0.83 (26). Thus, the collected data were recorded by

SPSS version 18 software and then underwent statistical analysis. By using common methods in descriptive-analytical statistics, the results were demonstrated in the forms of tables, diagrams, etc.

Results

The results demonstrated that the frequency of socio-economic status of the studied employees were 179 for low status (58.3%), 109 for medium status (35.5%), and 19 for high status (6.2%).

Table 1: Socio-economic Status

Socio-economic status	Frequency	Percentage
low	179	58.3
medium	109	35.5
high	19	6.2
total	307	100

The results demonstrated that the frequency of QWL of studied employees were 10 for low status (3.3%), 108 for medium status (35.6%), and 185 for high status (61.1%).

Table 2: Frequency and percentage of Quality of Work life (QWL) status

QWL	Frequency	Percentage
low	10	3.3
medium	108	35.6
high	185	61.1
total	303	100

The results demonstrated that the mean and standard deviation of dimensions of quality of work life were 17.09 and 3.65 for fair and adequate payment, 8.44 and 2.95 for safe and healthy working environment, 9.62 and 2.61 for providing growth opportunities and continuous security, 19.76 and 6.39 for having respect for the laws of the organization, 9.12 and 4.30 for social dependence of work life, 15.41 and 5.04 for the overall atmosphere of life, 12.84 and 2.49 for social integrity and solidarity, and 9.08 and 2.83 for developing human capabilities.

Table 3: Status of QWL's dimensions

Dimensions of QWL	Mean	Standard Deviation
Fair and adequate payment	17.09	3.65
Safe and healthy working environment	8.44	2.95
Providing growth opportunities and continuous security	9.62	2.61
Having respect for the laws in the organization	19.76	6.39
Social dependence of work life	9.12	4.30
Overall atmosphere of life	15.41	5.04
Social integrity and solidarity	12.84	3.49
Developing human capabilities	9.08	2.83

The results demonstrated that in the somatic dimension of employee's general health, 135 persons were at very low level (43.4%), 120 persons were at slight level (38.6%), 43 persons were at medium level (13.8%), and 13 persons were at severe level (4.2%). In anxiety dimension, 108 persons were at very low level (35.3%), 125 persons were at slight level (40.8%), 60 persons at medium level (19.6%), and 13 persons at severe level (4.2%). In social dimension,

101 persons were at very low level (32.5%), 171 persons at slight level (55.0%), 34 persons at medium level (10.9%), and 5 persons at severe level (1.6%). In depression dimension, 260 persons were at very low level (83.6%), 40 persons at slight level (12.9%), 7 persons at medium level (2.3%), and 4 persons at severe level (1.3%). In total, the number of employees at very low, slight, medium, and severe levels were 129 (41.5%), 138 (44.4%), 41 (13.2%), and 3 (1.0%), respectively.

Table 4: Status of general health and its dimensions

Dimensions of General health	Status				
	very low	slight	medium	severe	total
Somatic	135 (43.4%)	120 (38.6%)	43 (13.8%)	13 (4.2%)	311 (100%)
Anxiety	108 (35.3%)	125 (40.8%)	60 (19.6%)	13 (4.2%)	306 (100%)
Social	101 (32.5%)	171 (55%)	34 (10.9%)	5 (1.6%)	311 (100%)
Depression	260 (83.6%)	40 (12.9%)	7 (2.3%)	4 (1.3%)	311 (100%)

The results of the test show that among the employees that in terms of quality of work life those who were at a low level, 5 persons (50%) had slight general health. Also those of the employees that had medium quality of work life, 53 persons (49.5%) were at very low level of general health. 82 persons (44.3%) of the employees that experienced a high level quality of work life, had slight general health. The results of Fisher Test demonstrated that there is no significant relationship between quality of work life and general health ($p=0.211$).

Table 5: Quality of work life status in terms of general health

QWL	General health					probability
	very low	slight	medium	severe	total	
low	3 (30%)	5 (50%)	2 (20%)	0 (0%)	10 (100%)	0.211
medium	53 (49.5%)	45 (42.1%)	8 (7.5%)	1 (0.9%)	107 (100%)	
high	71 (38.4%)	82 (44.3%)	30 (16.2%)	2 (1.1%)	185 (100%)	

The results of the test demonstrate that among the employees in terms of socio-economic status those who were at a low level, 5 persons (50%) had low quality of life. Of those employees who had a medium socio-economic status, 59 persons (55.1%) had low quality of life. Also, 106 persons (59.2%) of the employees with high socio-economic status, had low quality of work life. The results of Chi-squared test show that there is no significant relationship between socio-economic status and quality of work life ($p=0.106$).

Table 6: QWL's Status in terms of socio-economic status

Socio-economic status	Quality of work life				probability
	low	medium	high	total	
low	5 (50%)	2 (20%)	3 (30%)	10 (100%)	0.106
medium	59 (55.1%)	41 (38.3%)	7 (6.5%)	107 (100%)	
high	106 (59.2%)	64 (35.8%)	9 (5.0%)	179 (100%)	

The results of the test show that among the employees with a very low level of general health, 71 persons (55.9%) had high quality of work life, while among the employees with slight general health, 82 persons (62.1%) had high quality of work life. Also among the employees with a medium general health, 30 persons (75.0%) had high quality of work life, and among the employees with severe general health, 3 persons (66.7%) had high quality of life. The results of Fisher test show that there is no significant relationship between general health and quality of work life ($p=0.211$).

Table 7: General health in terms of quality of work life

General health	Quality of work life				probability
	low	medium	high	total	
very low	3 (2.4%)	53 (41.7%)	71 (55.9%)	127 (100%)	0.211
slight	5 (3.8%)	45 (34.1%)	82 (62.1%)	132 (100%)	
medium	2 (5%)	8 (20%)	30 (75.0%)	40 (100%)	
severe	0 (0.0%)	1 (33.3%)	2 (66.7%)	3 (100%)	

The results of the test show that among the employees with a very low level of general health, 69 persons (54.8%) had a low socio-economic status, and among the employees with a slight level of general health, 78 persons (58.2%) had a low socio-economic status. Also among the employees with a medium level of general health, 29 persons (70.7%) had a low socio-economic status, and among the employees with severe general health, 2 persons (66.7%) had a low socio-economic status. The results of Fisher test show that there is no significant relationship between general health and socio-economic status ($p=0.071$).

Table 8: General health in terms of socio-economic status

General health	Socio-economic status				probability
	low	medium	high	total	
very low	69 (54.8%)	52 (41.3%)	5 (4%)	126 (100%)	0.071
slight	78 (58.2%)	42 (31.3%)	14 (10.4%)	134 (100%)	
medium	29 (70.7%)	12 (29.3%)	0 (0.0%)	41 (100%)	
severe	2 (66.7%)	1 (33.3%)	0 (0.0%)	3 (100%)	

Discussion and Conclusion

The results of the study show that the frequency of socio-economic status of the employees under study were 179 (53.3%) for low level, 109 (35.5%) for medium level, and 199 (6.2%) for high level. Also the frequency of employees quality of work life were 10 (3.3%) for low level, 108 (35.6%) for medium level, and 185 (61.1%) for high level.

The results also demonstrated that the mean and standard deviation of QWL's dimensions respectively are as follows: 17.09 and 3.65 for fair and adequate payment, 8.44 and 2.95 for safe and healthy working environment, 9.62 and 2.61 for providing growth opportunities and continuous security, 19.76 and 6.39 for having respect for the laws in the organization, 9.12 and 4.30 for social dependence of work life, 15.41 and 5.04 for the overall atmosphere of life, 12.84 and 3.49 for social integrity and solidarity, and 9.08 and 2.83 for developing human capabilities. In the physical dimension of employees' general health, 135 persons (43.4%) are at very low, 120 persons (36.6%) at slight, 43 persons (13.8%) at medium, and 13 persons (4.2%) at severe level. On the anxiety dimension, 108 persons (35.3%) are at very low, 125 persons (40.8%) at slight, 60 persons (19.6%) at medium, and 13 persons (4.2%) at severe level. On the social dimension, 101 persons (32.5%) are at very low, 171 persons (55%) at slight level, 34 persons (10.9%) at medium, and 5 persons (1.6%) at severe level. On the depression dimension, 206 persons (83.6%) are at very low level, 40 persons (12.9%) at slight, 7 persons (2.3%) at medium, and 4 persons (1.3%) at severe level. In total, the number of employees at very low, slight, medium, and severe levels are 129 (45.5%), 138 (44.4%), 41 (13.2%), and 3 (1%), respectively.

The results show that of those among the employees who were at a very low level of general health, 69 persons (54.8%) had a low socio-economic status. Among the employees who had slight general health, 78 persons (58.2%) were at a low socio-economic status. In the group with medium general health, 29 persons (70.7%) had a low socio-economic status, and in the group with a severe level of general health, 2 persons (66.7%) had a low level of socio-economic status. The results of Fisher test show

that there is no significant relationship between general health and socio-economic status ($p=0.071$).

In a study entitled "The relationship between socio-economic status and general health in single mothers", Shahram Mami, et al (2014) investigated the most important factors that have an influence on the general health of single mothers. This study was of cross-sectional-analytical type, the population under study was all the women covered by the State Welfare Organization of Iran-Illam Branch, and the sample size was 750 people. The data was collected by using Socio-economic Status (SES) questionnaire and GHQ-28, and were recorded by SPSS version 16 software and then underwent various statistical analyses such as mean, standard deviation, and logistic regression analysis. The mean and standard deviation of the age of participants were 19.88 and ± 53.3 , respectively. According to the results of this study, 79.8% of the participating women did not have good general health. In the logistic regression analysis, the most important predictors of general health for single mothers were age ($p=0.004$), extending the time of coverage (0.001), and having a diagnosed illness ($p=0.001$). Moreover, low literacy, undesirable economic status, and having chronic illnesses were the most important factors influencing the general health of single mothers. Therefore, paying more attention to this stratum of society, which in terms of general health is at a lower level than the other strata, requires planning and collective effort (24).

In his study entitled "Characteristics of economy, society, demography, and mental health in old age", Seifzadeh has implemented a survey method and questionnaire. The statistical population of the study was all the residents of Azarshahr 65 years old or more. In this study, stratified random sampling method (proportional) was implemented, and the sample size consisted of 312 persons. The results show that:

- 1- Men's mental health was more than that of women.
- 2- Mental health of participants who live with their spouse is more than those who have lost their spouse.
- 3- With aging, the health of the elderly deteriorates.
- 4- By increasing social support, the health of the elderly increases, and those of the elderly with higher social support, have better mental health than their peers with less social support.

5- There is a one-to-one relationship between socio-economic status and mental health, so that the elderly with a high socio-economic status are more healthy than other elderly. (25) Javadi, et al (2011) in a study entitled "Economic burden and health costs of chronic diseases in Iran and the World", investigated the economic burden and health costs of this world crisis and the challenges ahead, and proposed a number of prevention and control strategies. This study was a review of library resources and digital and printed literature from different scientific journals, and searching in valid websites such as Pubmed, SID, ISI, etc. Noncontagious diseases cause 35 million deaths annually, and are considered as a major obstacle to development in countries. These diseases have had extremely bad effects on the poor and vulnerable groups of the society, and have left many people in poverty (32).

In a study entitled "Predicting quality of life based on general health, social support, and self-efficacy in cardiovascular patients of Yasouj in 2014", Moghadam et al studied 70 cardiovascular patients going to medical centers and clinics of Yasouj. These patients were selected by convenience and purposive sampling methods. In this study, there was a significant relationship between quality of life, self-efficacy, general health, and social support ($p < 0.001$). The results of the regression analysis show that all the predictor variables can predict 76% of the changes in the criterion variable (quality of life); furthermore, the results of stepwise regression analysis show that each one of the variables of general health, self-efficacy, and social support can respectively predict 69%, 4%, and 3% changes in criterion variable. By developing supportive social networks and educating self-efficacy skills, we can improve general health and quality of life of cardiovascular patients (33).

Rezghi Shirsavar et al conducted an applied research entitled "A survey of the relationship between occupational stress, general health, organizational intelligence, and job satisfaction with the performance of employees of Islamic Azad University – Shahre Qods Branch". The statistical population of this study consisted of all the employees of Islamic Azad University – Shahre Qods Branch that were in total 222 persons, and based on Morgan Table, 144 persons were selected as sample. In this study, GHQ-28 questionnaire, which explains people's cognitive, emotional, and behavioral performance, was used. The Standard 12-item Job Descriptive Index (JDI) questionnaire was used for investigating components of job satisfaction, and Alireza Faghihi's questionnaire (2009), which was reduced to 20 items, was used for investigating components of organizational intelligence. The results of this study show that the variables under study, namely general health, job satisfaction, and organizational intelligence have positive impact on the performance of the employees of Islamic Azad University – Shahre Qods Branch, but considering the provided data, there was a negative impact between occupational stress and performance (meaning the more occupational stress, the less score on performance). Generally, job satisfaction had the highest level of impact. Considering

the regression results, and in order to get the highest score on performance, it is suggested to managers of Islamic Azad University – Shahre Qods Branch to enhance the job satisfaction of the employees and at the same time reduce their occupational stress. (34) Bakhshayesh in a study entitled "Investigating the relation between general health and personality types and job satisfaction of employees working in Yazd Health Center", which investigated the relation between general health and personality types and job satisfaction of employees, 71 of the 21 to 56-year-old male and female employees working in Yazd Health Center were selected by consensus sampling method and studied by the use of GHQ-28 questionnaire, Standard 12-item Job Descriptive Index (JDI) questionnaire, and NEO Five-Factor Personality Inventory. The method of study was descriptive-correlational, and the data was analyzed by statistical tests of Pearson correlation coefficient, t-test, ANOVA, and stepwise regression. The results of the study showed that general health has a direct relationship with neurotic personality type ($r = 0.542$), and has an inverse relationship to extroversion and favorability ($r = -0.34$ and $r = -0.38$, respectively), and has no relationship to flexibility and responsibility. There was an inverse relationship between general health and three components of job satisfaction (nature of work, job promotion, salary and total score of job satisfaction), and had no relationship to satisfaction of coworkers and supervisors. Low general health was consistent with neurotic personality type, and high general health was related to extrovert personality type and favorability. Low general health was consistent with low job satisfaction, and vice versa. In this study, in terms of personality types and job satisfaction, there was only a correlation ($p = 0.01$) between satisfaction of the nature of work and extroversion. Therefore, we can conclude that any change in personality types or with any decrease or increase in general health, the level of job satisfaction changes (35).

The results of this study show that age, sex, and academic degree have a direct relationship with socio-economic status. In addition, it was noticed that age and academic degree have a positive relationship with general health, however, age, sex, and academic degree did not have a positive relationship to quality of work life. Among the various dimensions of quality of work life, socio-economic status had a significant relationship with fair and adequate payment, safe and healthy working environment, providing growth opportunities and continuous security, and developing human capabilities. As a result, considering the importance of quality of work life in socio-economic status, it is proposed that the following measures be taken into account: appropriateness of salary to the economic factors like inflation; demand and supply in fair and adequate payment; paying more attention to the physical conditions of workplace, e.g. light, cooling and heating facilities to prepare a secure and healthy workplace; preparing some possibilities for the employees so that they can further develop their personal talents and achieve the opportunities for making progress in their specialized field by encouraging them to be creative and innovative that leads to the promotion of the organization; and providing

continuous security and growth opportunities for the employees, allowing them to take initiatives, and provide any information or skill that they need in the workplace to develop their human capabilities. In investigating the relationship between general health and quality of work life, there was a significant relationship between physical and anxiety dimensions of general health and quality of work life. Therefore, by improving any component of general health, a positive impact on the quality of work life will be achieved. On the other hand, in this study, there was no significant relationship between quality of work life and general health, socio-economic status and quality of work life, and general health and socio-economic status.

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