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Evaluation of Clinical Faculty Members' Satisfaction with Implementation of Health System Reform Plan in Iran: A study at Ahvaz Jundishapur University of Medical Sciences

Background: One of the most important factors in assessing the success of a health system reform plan is the periodic review of health care providers' satisfaction. Hence, this study was conducted to evaluate the clinical faculty members' satisfaction with the implementation of the health system reform plan in Iran.

Methods: This research is a descriptive and cross-sectional study. The research population of this study included all clinical faculty members employed in the university, 90 of whom were randomly included in this study. A 13-item researcher-made questionnaire was used to assess their satisfaction. Descriptive statistics (mean, standard deviation, and percentage) and inferential statistics were used for data analysis in SPSS 22 software.

Results: The mean score of general satisfaction was 56% (0.56 ± 2.17). The highest dissatisfaction was related to the way of payment of salaries and benefits (93.4%), and the highest satisfaction was related to work hours and work shifts after implementation of the health system reform plan (16.7%) compared to the past. In addition, variables of age ($P = 0.019$) and type of employment ($P = 0.027$) of clinical faculty members had a significant impact on their satisfaction with the implementation of the health system reform plan. However, the effect of other variables was not significant ($P < 0.05$).

Conclusion: Based on the results of this study, the satisfaction of clinical faculty members with the implementation of the health system reform plan in Ahvaz Jundishapur University of Medical Sciences was at a relatively undesirable level. It is necessary to pay more attention to the dimensions in which people had the highest dissatisfaction in future planning aiming at periodically monitoring this plan and resolving potential problems.

Keywords: Health System Reform Plan, Job satisfaction, Clinical Faculty Member, Iran

بررسی میزان رضایتمندی اعضای هیأت علمی بالینی از اجرای طرح تحول سلامت: یک مطالعه در دانشگاه علوم پزشکی جندی شاپور اهواز

زمینه و هدف: یکی از عوامل مهم سنجش موفقیت طرح تحول نظام سلامت، بررسی دوره ای رضایتمندی ارائه دهندگان خدمات بهداشتی، درمانی است. لذا این پژوهش به منظور بررسی میزان رضایتمندی اعضای هیأت علمی بالینی دانشگاه علوم پزشکی جندی شاپور اهواز از اجرای طرح تحول سلامت انجام شده است.

روش: جامعه آماری این پژوهش توصیفی- مقطعی، شامل همه اعضای هیأت علمی بالینی (پزشکان هیأت علمی) شاغل در دانشگاه بودند که تعداد ۹۰ نفر از آنها به صورت تصادفی ساده وارد این مطالعه شدند. برای سنجش میزان رضایتمندی آنها از یک پرسشنامه محقق ساخته ۱۳ سوالی استفاده شد. برای تجزیه و تحلیل داده ها از آمار توصیفی و استنباطی و از ورژن ۲۲ نرم افزار SPSS استفاده شده است.

یافته ها: میانگین نمره رضایت کلی از اجرای طرح تحول سلامت 0.56 ± 2.17 برآورد شد. بیشترین نارضایتی مربوط به نحوه پرداخت حقوق و مزایا (۹۳/۴٪) و همچنین بیشترین رضایتمندی مربوط به ساعت و شیفت کاری بعد از اجرای طرح تحول سلامت (۱۶/۷٪) در مقایسه با قبل بود. همچنین متغیرهای سن ($P = 0.019$) و نوع استخدام ($P = 0.027$) اعضای هیأت علمی بالینی، اثر معنی داری بر روی رضایتمندی آنها از اجرای طرح تحول سلامت داشت. اما اثر سایر متغیرها معنی دار نبود ($P > 0.05$).

نتیجه گیری: براساس نتایج این پژوهش، میزان رضایتمندی اعضای هیأت علمی بالینی دانشگاه علوم پزشکی جندی شاپور اهواز از اجرای طرح تحول سلامت در وضعیت نسبتاً نامطلوبی قرار داشت. که لازم است در برنامه ریزی های آتی که با هدف پایش دوره ای این طرح و رفع مشکلات احتمالی آن انجام می شود به ابعادی که بیشترین نارضایتی را داشته، توجه بیشتری شود.

واژه های کلیدی: طرح تحول سلامت، رضایت شغلی، هیأت علمی بالینی، اهواز، ایران

تقدیم رضا أعضاء هیئت التدریس السریبیین عن تنفیذ خطة إصلاح النظام الصحي فی ایران: دراسة فی جامعة الأهواز جوندی شاپور للعلوم الطیبة فی ایران

الخلفية: من أهم العوامل فی تقييم نجاح خطة إصلاح النظام الصحي المراجعة الدورية لرضا مقدمي الرعاية الصحية. و بالتالي، أجريت هذه الدراسة لتقييم مدى رضا أعضاء هیئت التدریس السریبیین عن تنفیذ خطة إصلاح النظام الصحي فی ایران.

المنهج: هذا البحث دراسة وصفية و مستعرضة. شمل مجتمع البحث فی هذه الدراسة جميع أعضاء هیئت التدریس السریبیین العاملين فی الجامعة التي تم تضمین ۹۰ منهم بشكل عشوائي فی هذه الدراسة و استخدام استبيان مكون من ۱۳ بنداً من الباحثین لتقييم مدى رضاهم و استخدام الإحصائيات الوصفية (المتوسط و الانحراف المعياري و النسبة المئوية) و الإحصاءات الاستدلالية لتحليل البيانات فی برنامج SPSS 22.

النتائج: بلغ متوسط درجة الرضا العام 0.56 ± 2.17 كان أعلى مستوى من عدم الرضا يتعلق بطريقة دفع الرواتب و المزایا (۹۳,۴٪) ، و كان أعلى مستوى من الرضا يتعلق بساعات العمل و تغييرات العمل بعد تنفيذ خطة إصلاح النظام الصحي (۱۶,۷٪) مقارنة بالفترة السابقة. بالإضافة إلى ذلك، كان لمتغيرات العمر ($P = 0.019$) و نوع العمل ($P = 0.027$) لأعضاء هیئت التدریس السریبیین تأثير كبير على رضاهم عن تنفيذ خطة إصلاح النظام الصحي. و مع ذلك، لم يكن تأثير المتغيرات الأخرى معنوياً ($P < 0.05$).

الخلاصة: بناءً على نتائج هذه الدراسة، كان رضا أعضاء هیئت التدریس السریبیین عن تنفيذ خطة إصلاح النظام الصحي فی جامعة الأهواز جوندی شاپور للعلوم الطیبة بمستوى غير مرغوب فيه نسبياً. من الضروري إيلاء المزيد من الاهتمام للأبعاد التي يشعر فيها الأشخاص بعدم الرضا الأكبر فی التخطيط المستقبلي بهدف المراقبة الدورية لهذه الخطة و حل المشكلات المحتملة.

الكلمات الرئيسية: خطة إصلاح النظام الصحي، الرضا الوظيفي، عضو هیئت التدریس السریبیین، ایران

ایران میں صحت عامہ کے شعبے میں اصلاحات پروگرام پر کلینیکل پینل کی رضایت کا جائزہ - جندی شاپور اهواز میڈیکل یونیورسٹی میں کی گئی ایک تحقیق

بیک گراؤنڈ: صحت عامہ کے شعبے میں اصلاحات کی کامیابی کا اندازہ لگانے کا ایک طریقہ یہ ہے کہ میڈیکل خدمات فراہم کرنے والوں سے ان اصلاحات کے بارے میں پوچھا جائے۔ اسی مقصد کے پیش نظر یہ تحقیق انجام دی گئی ہے۔ اس تحقیق میں اهواز کی جندی شاپور میڈیکل یونیورسٹی کے کلینیکل پینل کے ارکان کی آرا معلوم کی گئی ہیں۔

روش: اس تحقیق میں جندی شاپور میڈیکل کالج کے کلینیکل پینل میں موجود تمام اساتذہ نے شرکت کی۔ ان افراد کی تعداد نوے تھی۔ اصلاحات کے تعلق سے ان کی رائے جاننے کے لئے ایک سوالنامہ تیار کیا گیا۔ ڈیٹا کا تجزیہ ایس پی ایس ایس بائیس سافٹ ویئر سے کیا گیا۔

نتیجے: میڈیکل سروسز میں اصلاحات کے تعلق سے سب سے زیادہ ناراضگی اس بات پر تھی کہ طبی عملے کی تنخواہیں مناسب نہیں ہیں۔ ترانے اعشاریہ چار فیصد شرکاء نے یہ بات کہی ہے۔ اس کے بعد تحقیق میں شرکت کرنے والوں نے نئے شیفت شیڈول پر رضایت مندی ظاہر کی ہے۔ البتہ شرکاء تحقیق کو عمر اور ملازمت کی نوعیت پر بھی اعتراض تھا۔

سفاویش: اس تحقیق سے نتائج سے یہ پتہ چلتا ہے کہ اهواز میں جندی شاپور میڈیکل یونیورسٹی کے کلینیکل پینل کے اساتذہ اصلاحات سے پوری طرح راضی نہیں تھے۔ اس امر کے مد نظر مستقبل میں ان مسائل کو حل کیا جائے جن کی نشاندہی اس تحقیق سے ہوتی ہے۔

کلیدی الفاظ: صحت عامہ، اصلاحات، رضایت، کلینیکل پینل، اهواز

INTRODUCTION

Manpower is the main asset of any organization demonstrating continuation of life. In fact, the productivity and efficiency of any organization depend on the organizational behavior and manpower performance in that organization, so it would be possible to take steps to achieve the goals of that organization (1). Motivated manpower is the most important factor in productivity, and employees' motivation is also enhanced by increased levels of employee's morale and job satisfaction (2). In Iran, over the past 4 decades, medical education has undergone many transformations, one of the most important of which is the integration of medical education into healthcare service in 1985 (3). In addition, one of the recent changes in this area is the implementation of the health system transformation plan in early 2014. The project was implemented in the following seven service packages: reducing payment of patients' being hospitalized, supporting physicians staying at deprived areas, attendance of specialist physicians in public hospitals over 64 beds, improving the quality of hoteling in public hospitals, improving the quality of business services of visiting in public hospitals, normal delivery promotion program, and financial protection program (4). Studies have indicated that the health system transformation plan has succeeded in achieving its primary and most important goal which is reducing the level of payments from the patients' pockets (4). However, some other studies have shown that health care personnel do not have satisfaction with the implementation of the health system reform plan in Iran (5). Providing high-quality and effective educational and services in the health area has always been the most important aspect of every country and is always taken into consideration in macro planning. The most important guarantee for the success of the health system transformation plan is to pay attention to health service providers, including physicians and faculty members. Investigating their satisfaction can help designers and executives to better understand its strengths and weaknesses, so they can seek to improve it. Therefore, this study was conducted to evaluate the satisfaction of clinical faculty members of Ahvaz Jundishapur University of Medical Sciences with the implementation of the health system reform plan in the academic year of 2018-2019.

METHODS

Ahvaz Jundishapur University of Medical Sciences in southwestern Iran is one of the type 1 universities of the Ministry of Health and Medical Education having 660 faculty members at the present time (formal, contracted, committed, and conscripted). Almost half of faculty members are working at medical school in the university, two-thirds of them are working at clinical school, and one-third of them are faculty members. The present study was a descriptive cross-sectional study conducted in the academic year of 2018-2019. The research population included all clinical faculty members working at Ahvaz Jundishapur University of Medical Sciences. A total of clinical faculty members working in all teaching hospitals of Ahvaz Jundishapur University of Medical Sciences with at least one year of employment history.

The Specialty level of education and assistant professor degree were selected randomly. After stating the objectives of the research and taking their oral consent to the samples studied, they were ensured that the obtained information would be protected and that individuals could be excluded at any time if they did not wish to cooperate. The inclusion criteria were the clinical faculty members willing to participate in the research and having passed at least one year of their work. Withdrawing from the study and being a clinical faculty member under one year of work experience were considered the exclusion criteria. Questionnaires were distributed among clinical faculty members in 5 teaching hospitals of the university in their different shifts in workplace. Finally, 90 completed questionnaires were collected among all the questionnaires distributed after excluding incomplete questionnaires. Data collection tools including a demographic questionnaire and a researcher-made questionnaire were prepared based on previous studies and interviews through Delphi method with 16 of clinical faculty members who had the highest involvement in the health system reform plan (by convenience judgmental Sampling method). Individuals' personal information (according to Table 1) included age, gender, educational level, type of employment, employment history, academic rank and place of employment, and type of service (full-time or geographically full time). The researcher-made questionnaire included 13 major questions about the most frequently considered items by clinical faculty members. The questionnaire consisted of 13 four-option questions (strongly disagree = 0, disagree = 1, somewhat = 2, agree = 3, and strongly agree = 4), scored on a 5-point Likert scale. The minimum score was zero and the maximum score was 4 and higher scores indicated higher satisfaction of faculty members with the health system reform plan. The face and content validity of the questionnaire was assessed and approved by experts and its reliability was assessed and confirmed by Cronbach alpha coefficient of 81%. In order to observe the ethical principles, unanimous questionnaires samples were provided for faculty members and the confidentiality of the information was ensured them and the questionnaires were collected after their completion. Descriptive statistics (mean, standard deviation, and percentage) and inferential statistics were used for data analysis in SPSS 22 software.

RESULTS

As shown in Table 1, a total of 90 respondents were included in the study. According to the table, 72 (80%) were male and 18 (20%) were female. Other demographic characteristics of the samples are summarized in this table.

As shown in Table 2, 0% of clinical faculty members of Ahvaz Jundishapur University of Medical Sciences agree (strongly agree and agree) and 73.3% disagree (disagree and strongly disagree) with the health system reform plan. The mean score of general satisfaction of clinical faculty members of Ahvaz Jundishapur University of Medical Sciences was 0.56 ± 2.17 . The highest satisfaction was related to work hours and work shifts after implementation of health system reform plan (16.7%) compared to the past, and the highest

Table 1. Individual characteristics of research sample

	Variables	N	%
Gender	Male	72	80
	Female	18	20
Age	Under 40 years	36	40
	40-50 years	30	33.3
	Over 50 years	24	26.7
Education	Specialty	24	26.7
	Fellowship	14	15.5
Employment history	Sub- Specialty	52	57.8
	Under 10 years	48	53.3
Academic Degree	Over 10 years	42	46.7
	Assistant Professor	65	72.2
Type of Employment	Associate Professor	16	17.8
	Professor	9	10
	Permanent	36	40
Location (Hospital)	Temporary-to-permanent	36	40
	Service commitment	18	20
Having Clinic	Imam Khomeini	33	36.7
	Abuzar	12	13.3
	Razi	15	16.7
	Golestan	30	33.3
	Yes	45	50
	No	45	50

dissatisfaction was related to the way of payment of salaries and benefits (93.4%).

As shown in Table 3, variables of age ($P = 0.019$) and employment type ($P = 0.027$) of clinical faculty members had a significant effect on their satisfaction with the implementation of the health system reform plan. However, the effect of gender, educational status, employment history, academic rank, hospital of work place and having or not having a personal clinic (full time or geographically full time) for clinical faculty members had no impact on their satisfaction with the implementation of the health system reform plan and it was not significant ($P > 0.05$).

DISCUSSION

Our research is valuable because until now there were not many studies concerning the evaluation of the clinical faculty members' satisfaction with the implementation of the health system reform plan in Iran. This study was conducted at one of Iran's largest medical universities. Based on the results of this study, the satisfaction of clinical faculty members with the implementation of the health system reform plan in Ahvaz Jundishapur University of Medical Sciences was at a relatively undesirable level. The highest dissatisfaction was related to the way of payment of salaries and benefits, while the highest satisfaction was related to work hours and work shifts after implementation of the health system reform plan compared to the past. In addition, variables of age and type of employment of clinical faculty members had a significant effect on their satisfaction with the implementation of the health system reform plan.

However, the effect of other variables was not significant. Studies have shown that Iran's medical education system and

Table 2. Evaluation of clinical faculty members' satisfaction with health system reform plan

Items	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
	Number (Percentage)				
1- Implementing a health system reform plan has had a positive impact on my educational activities.	0(0)	9(10)	15(16.7)	48(53.3)	18(20)
2. Implementing a health system reform plan has had a positive impact on my research activities.	0(0)	9(10)	12(13.3)	51(56.7)	18(20)
3. Are you satisfied with the number of clients after health system reform plan?	0(0)	9(10)	27(30)	42 (46.7)	6(6.7)
4- Are you satisfied with the quality of diagnostic and therapeutic activities after implementing the health system reform plan?	3(3.3)	9(10)	36(40)	30(33.3)	12 (13.3)
5-Are you satisfied with the way of dealing with your recommendations and demands (related to the health system reform plan)?	0(0)	3(3.3)	36 (40)	36(40)	15(16.7)
6. Are you satisfied with the treatment patients and their caregivers after health system reform plan compared to before?	0(0)	6(6.7)	27(30)	30(33.3)	27(30)
7. Are you satisfied with the trainings provided on the details of the health system reform plan?	0(0)	12(13.3)	30(33.3)	39(43.3)	9(10)
8- Are you satisfied with the accommodation facilities of your workplace compared to before implementing a health system reform plan?	0(0)	3(3.3)	36(40)	30(33.3)	18(20)
9. If you were active in the private health sector before the health system reform plan, were you satisfied with change in your position after the transformation plan (lack of activity in the private sector)?	3(3.3)	12(13.3)	9(10)	27(30)	15(16.7)

Table 2. Continued					
Items	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
	Number (Percentage)				
10- Are you satisfied with your work hours and shifts after implementing a health system reform plan?	0(0)	15(16.7)	30(33.3)	33(36.7)	9(10)
11. Are you thinking that the number of specialist physician of the hospital proportional to health system reform plan?	0(0)	3(3.3)	24(26.7)	33(36.7)	30(33.3)
12. Are you satisfied with your payments and benefits after implementing a health system reform plan?	0(0)	3(3.3)	3(3.3)	42(46.7)	42(46.7)
13-How do you evaluate the satisfaction of clinical faculty members (other colleagues) with the implementation of the Are you satisfied with your payments and benefits after implementing a health system reform plan?	0(0)	0(0)	24(26.7)	45(50)	21(23.3)

Table 3. Evaluation of the effect of demographic variables of clinical faculty members on their satisfaction with implementation of health system reform plan					
Variables		Mean	SD	test	P-value
Gender	Male	28	6.72	Two-sample t test	0.735
	Female	26.8	9.23		
Age	Under 40 years	23.8	5.67	Analysis of variance	0.019
	40-50 years	30.5	7.11		
	Over 50 years	32	7.07		
Education	Specialist	29.6	7.93	Analysis of variance	0.651
	fellowship	26.6	5.32		
	Specialized PHD	26.8	7.36		
History	Under 10 years	27	7.39	Two-sample t test	0.511
	Over 10 years	28.8	6.73		
Academic rank	Assistant Professor	26.7	6.44	Analysis of variance	0.253
	Associate Professor	31.2	10.52		
	professor	32.7	7.23		
Employment history	Official	32.6	7.63	Analysis of variance	0.027
	Contractual	25.4	5.11		
	Committed to service	25	7.64		
Service place at hospital	Imam Khomeini	27.8	6.61	Analysis of variance	0.550
	Abuzar	23.7	6.75		
	Razi	24.8	6.06		
	Golestan	28.3	5.37		
Having clinic	yes	27.9	5.08	Two-sample t test	0.827
	No	28.5	9.2		

health services need to be reformed (5, 6). The Health Reform Program began in Turkey in 2002, and it started in Thailand in 2003; however, it started as the Iranian Transformation Plan in Iran in 2014. In these three countries, service recipients were satisfied; however, the providers of health services were less satisfied (7, 8). Based on the results of this study, the satisfaction of clinical faculty members with the implementation of the health system reform plan in Ahvaz Jundishapur University of Medical Sciences was at a

relatively undesirable level. Their highest dissatisfaction was related to the way of their payment and benefits after implementing the health system reform plan. A study conducted by Heydarzadeh et al at Rafsanjan University of Medical Sciences in the center of Iran also showed that most physicians were dissatisfied with the implementation of the health system reform plan and the highest dissatisfaction was related to the way of payment of salaries and benefits (9). The study conducted by Gholami et al also showed that the

highest dissatisfaction in the staff of teaching hospitals of Qazvin University of Medical Sciences in Iran was the way of payment of salaries and benefits after the implementation of the health system reform plan (2). Moreover, Bastani et al showed that only 56 percent of physicians in a teaching hospital in Shiraz University of Medical Sciences in the center of Iran were satisfied with the health system reform plan (10). Their results are in line with those of our study. Numerous similar studies have also been conducted among nurses indicating their dissatisfaction with the implementation of this plan (11-14). Shariati et al conducted a study to evaluate nurses' satisfaction with the implementation of health system transformation plan in teaching hospitals of Ahvaz in southwestern Iran. The results of this study showed that 83.1% were dissatisfied, 16.4% had moderate satisfaction and 0.5% was completely satisfied. In this study, most nurses were dissatisfied with the implementation of the health system reform plan (11). Bahman Ziyari et al also conducted a study to evaluate the level of nurses' satisfaction with the implementation of the health system transformation plan in Shiraz teaching hospitals in the center of Iran. The research conducted by Ghorbani Nia et al also showed that many nurses in Pasteur Hospital in Bam city in 2015 were not satisfied with the implementation of the health system reform plan (13). The study conducted by Nakhee et al also showed that many nurses working in hospitals affiliated with Birjand University of Medical Sciences in northeastern Iran were not satisfied with the implementation of this plan (14). In a review study conducted by Gilavand in 2017, it was found that most nurses working in Iran's medical universities were dissatisfied with the implementation of this plan (5). This study also showed that the age of clinical faculty members had a significant effect on their satisfaction with health plan implementation. The results of the research conducted by Nakhee also showed that satisfaction of the nurses aged over 40 years was more than that of other age groups (14). Moreover, in the study conducted by Bastani, there was a significant and inverse correlation between age and their satisfaction with health plan implementation (10). Despite its advantages, the health system reform plan has some disadvantages leading to dissatisfaction of interest groups, so it needs periodic monitoring and evaluation. Uncertainty in level of health services on one hand and the limited resources of this area, on the other hand, have always

created challenges and disruptions in the Iranian health care system. These challenges have led to physicians' dissatisfaction. They need to cope with the large volume of clients and tolerate delays in payment of their wages. Therefore, in the financial dimension, increasing the dissatisfaction of medical staff following the injustice of payments and the lack of sustainable resources to continue the project can be considered as the main challenges of this plan. Hence, given the importance of continuing the health system reform plan and the necessity of reviewing its executive processes with the pathological approach and developing effective interventions to reform the implementation strategies and executive plans, strategic counseling of health system transformation plan has been determined by Minister of Health and Medical Education in 2017 to resolve some design challenges. However, it is necessary to pay more attention to the dimensions in which there is the highest dissatisfaction in future planning which aims to periodically monitor this plan and resolve potential problems.

The limitation of the present study is this study was conducted only at one of Iran's largest medical universities and authors are not sure to extend the results of this study to all medical universities in Iran.

Ethical considerations: Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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