

## Comparing Quality Of Life Midwives Working In the Field Of Health with Midwives Working In the Field Of Health and Medical Treatment of Shahid Beheshti University of Medical Sciences in Tehran

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### ABSTRACT

Regarding the developments of our time, the individuals' tendency as well as legal requirements are increasing to choose a brand to differentiate a specific business character from the others and to choose a trademark to distinguish goods and services. Brands and trademarks are the central elements of marketing and the strategy for the supply of goods or services. In essence, business competition is the competition of brands and trademarks rather than merchants. The increase in the trade transactions has a direct relation with the increase of the insidious business competitions which have developed in recent decades with the use of new technologies in different ways. Currently, the most common fraud in the field of trade and the most insidious competition is the simulation of the trademarks which is considered as the most common claims in the court of justice. Hence, according to the value and commercial and economic importance of these marks and the development of science and new technologies, opportunists always seek opportunities for abuse, forgery, fraud and unauthorized exploitation of the rights of these marks. Therefore, it is necessary to clarify and strengthen the enforcement mechanisms and forecast and create an efficient and effective laws and regulations as well as preventive and supportive measures in this field.

**KEYWORDS**  
trademark, penalty, rights, prison, court, Iran

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### Introduction

One of the jobs that quality of life is important, is field of the health care. The aim of the health system is to provide physical, psychological, social gathering and an atmosphere that Human resources working in it, are ready to provide

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higher quality services and more effective. Can pointed out to stressful occupations such as nursing and midwifery More than 80 percent of direct patient care In health system is responsible for the two groups (Knezevic et al., 2011). Midwifery is one of the occupations that is considered with the aim of protect public health, Promote and improve the health of mothers and babies is One of important fields of public health and protection (Nourani Saadoldin et al., 2013). One of the important issues that appeal in their lives is Quality of life for this group of people. World Health Organization quality of life of each individual's personal interpretation has defined the state of his life in the context of culture and value system in which to take over. Based on the effects of overwork and lack of proper balance between work and personal and family life, Quality of life for many people and families has put at serious risk (Theofilou, 2013). In fact quality of life is beyond the conceptual and physical health and is an important indicator that Measurement it in various health research as one of the important consequences for independent is necessary (King, 2003). Cimete (2003) in a study to determine the relationship between job satisfaction and quality of life of nurses showed 501 items of quality of life (Such as age, economic status, marital status, duration of working's life) has significant difference with job satisfaction. Quality of life is one of the main factors of the quality of work; as a result with reduced quality of life midwives, reduce the quality of the work would not be far-fetched. On the other hand Midwifery is considered one of the most important professional and Protect public health, thus increasing work-family conflict and reduced quality of life for women Midwives Can have a significant impact on their performance and threaten the health of mothers and babies It is therefore important that women midwives be familiar with, with detrimental consequences of work-family conflict on their family and career (Ahmadian Mazhin, 2015). Sakaki, Haji Miri, Farsi (2012) showed 38/8% of the midwives has low quality of life and 61/2 percent has the average quality of work life and did not report high quality of life. Between quality of life for midwives based on age, marital status, shift work, type of employment, work experience and hospital service significant relationship wasn't observed. Soltani et al (2010) in their study found that 51 percent students have average quality of life and 11 percent have a poor quality of life As well as female students compared to boys are distasteful situation that is consistent with the results of the present study (27). Dargahi and et al (2007) in the study in Tehran Came to this conclusion that 5.74% of nurses were dissatisfied with the quality of their working lives and having high income Interesting and satisfying work, are most important factor for the high quality of work life. Most of the amount of dissatisfaction was related to basic needs and basic working life. Khaghanizade et al (2008), reported quality of work life from average 81 percent nurses and 4.7% of the nurses every week abscond due to aging or disability caused by stress. Study Yandi Moghaddam et al (2009) to evaluate the quality of life of nurses In Sabzevar Hospitals In 2006-2005 showed that Quality of life score was lower in mental aspect than the physical aspect and most of them has average Quality of Life. According to the Study Almalki et al (2012) Quality of work life significant impact on employee reactions Such as organizational identity, job satisfaction, partnership working, working job, job

performance, turnover intention, organizational transformation. Nasiripour et al (2014) Study entitled Work-life quality work-Family Conflict nurses with affiliated hospitals conducted in Tehran University of Medical Sciences that results of this study showed there is a significant relationship between the qualities of work life of nurses with work-family conflict. Quality of Life are factors affecting on everyday life, performance, efficiency and job satisfaction of midwives. Considering the importance of carrying out studies in this area to determine the quality of life for midwives and estimate the percentage of people with a low quality of life and, if necessary informing the managers and the relevant authorities with the aim of planning for improvement of health from community is essential. Therefore, this study attempts to pay to compare the quality of life of Employed midwives in the field of health with Employed midwives in the field of health and medical treatment Shahid Beheshti University of Medical Sciences in Tehran. Because recognition of the amount of quality of life midwife can change politics hospital administrators in educational courses to reduce work-family conflict factors influencing; In fact by holding Educational courses, People can identify factors affecting their work and personal life and improves the quality of their family life and work.

### **Research method**

The research method was descriptive comparison. The statistical population included all Employed midwives in the health sector and the health sector Shahid Beheshti University of Medical Sciences. From the society based on Cochran sampling formula, a sample size of 300 people (150 in each group) have selected by available sampling method After obtaining informed consent and consideration of inclusion and exclusion criteria, Data from the World Health Organization Quality of Life questionnaire (Short Form) and questionnaires demographic characteristics were collected. The World Health Organization Quality of Life questionnaire contains 26 questions and four physical health, mental health, environmental health and social health. The collected data were analyzed by using T-test and software 16 SPSS.

#### **1) Demographic characteristics questionnaire**

The researcher- made questionnaire includes nine questions. To validate "demographic questionnaire" content validity was used; thus that adjusted questionnaire and after confirming respected professors and advisors, given ten members of the Board of Midwifery and Reproductive Health and Health Services Shahid Beheshti University of Medical Sciences and questionnaire was developed based on their final feedback.

#### **2) World Health Organization Quality of Life Questionnaire-Short Form**

This questionnaire has four areas: measures physical health, psychological, social and environmental. This questionnaire by the World Health Organization In 1993, was designed to evaluate quality of life, Consisting of 26 questions In Likert five-part form (not at all, little, medium, high, maximum) To each from options awarded between 1 and 5 points and more points indicates a better



quality of life. The highest score in this test (26 questions) 130 and the lowest score is 26. Also score of 55 or lower levels, low quality of life and from score 56 to 95, Average score of 96 or higher is considered good. (World Health Organization, 2004). World Health Organization Quality of Life Questionnaire validity have been confirmed in several studies (Skevington et al., 2004; Yousefi et al., 2010; Fathi Ashtiani, 2011; WHOQOL, 1998).

## Findings

**Table 1.** Comparison of physical health and mental health components among midwives of Group Health

U-Mann – Whitney test	Valid percent	Percent	Frequency	Intensity	Place of employment	Row	
Z= -4.449 Sig= 0/000	10.7	10.7	16	Ever	Hygiene	physical health	
	14.7	14.7	22	Slightly			
	39.3	39.3	59	Average			
	21.3	21.3	32	much			
	14.0	14.0	21	too much			
	10.0	10.0	15	Ever	Treatment		
	43.3	43.3	65	Slightly			
	28.7	28.7	43	Average			
	13.3	13.3	20	much			
	4.7	4.7	7	too much			
Z= -0.071 Sig= 0/943	6.7	6.7	10	Ever	Hygiene	Mental health	
	24.0	24.0	36	Slightly			
	29.3	29.3	44	Average			
	30.7	30.7	46	much			
	9.3	9.3	14	too much			
	10.7	10.7	16	Ever	Treatment		
	23.3	23.3	35	Slightly			
	23.3	23.3	35	Average			
	28.7	28.7	43	much			
	14.0	14.0	21	too much			

As can be seen In Group Health, The most frequent physical health related to 39.3% is in the average, however, that most frequent in the treatment group in

related to physical health is low (43.3 percent). In order to determine the statistical difference among the two groups of healthcare U-Mann Whitney test was used. As is clear from the above table significant differences between the two groups of healthcare is observed in terms of and physical condition. The average rating among Department of Health is 172.07 and is 128.93 among treatment groups. So in terms of physical health, the health group have better conditions. In this test, a significance level is 0.000, Hence can be said with 99 percent the difference between the two groups of healthcare is statistically significant. Also in the field of mental health In Group Health Also most frequent is related to mental health in much level with 30.7 and 28.7 percent. U-Mann-Whitney test showed that there isn't a significant relationship between the two groups.

**Table 2.** Comparison of environmental health and public health Components Between midwives of health department

U-Mann - Whitney test	Valid percent	Percent	Frequency	Intensity	Place of employment	Row	
Z= -0.845 Sig=0.398	9.3	9.3	14	Ever	Hygiene	Environmental health	
	11.3	11.3	17	Slightly			
	38.0	38.0	57	Average			
	30.0	30.0	45	much			
	11.3	11.3	17	too much			
	0	0	0	Ever	Treatment		
	13.3	13.3	20	Slightly			
	40.0	40.0	60	Average			
	44.7	44.7	67	much			
	2.0	2.0	3	too much			
Z= -0.777 Sig=0.437	13.3	13.3	20	Ever	Hygiene	social health	
	27.3	27.3	41	Slightly			
	41.3	41.3	62	Average			
	15.3	15.3	23	much			
	2.7	2.7	4	too much			
	8.0	8.0	12	Ever	Treatment		
	28.7	28.7	43	Slightly			
	46.0	46.0	69	Average			
	12.7	12.7	19	much			
	4.7	4.7	7	too much			

As can be seen in health area the most frequent is related to moderate level (38%) and in the field of treatment is related too much level (44.7 percent).



However, no significant difference can not be seen in terms of having environmental health of the two groups of healthcare. Also in the field of public health In between two groups of healthcare Also most frequent is related to Social health at moderate level with 41.3 and 46 percent Frequency. According to U Mann Whitney Significant differences between the two groups of healthcare can not be seen in terms of environmental and social health.

**Table 3.** Check the status of among quality of life and age of studied population In terms of employment field

Taos Kendall test	Valid percent	Percent	Frequency	Place of employment	Quality of Life age
Kendall,s tau-c=0.978 Sig=0.071	30.7	30.7	46	Hygiene	25-20 years
	13.3	13.3	20		30-26 years
	35.3	35.3	53		35-31 years
	8.7	8.7	13		40-36 years
	12.0	12.0	18		41 years and older
Kendall,s tau-c=0.475 Sig=0.078	29.3	29.3	44	Treatment	25-20 years
	10.7	10.7	16		30-26 years
	38.7	38.7	58		35-31 years
	10.0	10.0	15		40-36 years
	11.3	11.3	17		41 years and older

The results showed that no significant relationship between quality of life and the age can not be observed in any of the treatment groups and health. Significance level in both groups is more than 0.05.

**Table 4.** Check the status of quality of life and Education of studied population in terms of employment field

Taos Kendall test	Valid percent	Percent	Frequency	Place of employment	Quality of Life Education
Kendall,s tau-c=0.378 Sig=0.158	8.7	8.7	13	Hygiene	Associate Degree
	79.3	79.3	119		Masters
	12.0	12.0	18		Senior
Kendall,s tau-c=0.234 Sig=0.326	10.7	10.7	16	Treatment	Associate Degree
	73.3	73.3	110		Masters
	16.0	16.0	24		Senior

The results showed that no significant relationship between quality of life and education can not be observed in any of the treatment groups and health.

**Table 5.** Check the status of among studied population In terms of quality of life and the type of contract employment the field

Valid percent	Percent	Frequency	Place of employment	Place of employment	Quality of Life type of contract
Kendall,s tau-c=0.320 Sig=0.068	25.3	25.3	38	Hygiene	Official
	32.7	32.7	49		Contractual
	42.0	42.0	63		Projective
Kendall,s tau-c=0.320 Sig=0.061	28	28	42	Treatment	Official
	38.6	38.6	58		Contractual
	33.4	33.4	50		Projective

The results showed that no significant relationship between quality of life and the type of contract can not be observed in any of the treatment groups and health. Significance level in both groups is more than 0.05.

**Table 6.** Check the status of among studied population In terms of Quality of life and income of studied population in employment field



Taos Kendall test	Valid percent	Percent	Frequency	Place of employment	Quality of Life income
Kendall,s tau- b=0.436 Sig=0.678	48.0	48.0	72	Hygiene	Less than 750 dollars
	50.0	50.0	75		750 to one million five hundred thousand dollars
	2.0	2.0	3		More than one million five hundred thousand dollars
Kendall,s tau- b=0.413 Sig=0.078	42.0	42.0	63	Treatment	Less than 750 dollars
	54.0	54.0	81		750 to one million five hundred thousand dollars
	4.0	4.0	6		More than one million five hundred thousand dollars

The test results of Taos Kendall demonstrate that there is not significant relationship between quality of life and income in the field of health care.

**Table 7.** Check the status of among studied population In terms of quality of life and marital status in employment field

Taos Kendall test	Valid percent	Percent	Frequency	Place of employment	Quality of Life marital status
Kendall,s tau- c=0.318 Sig=0.168	48.0	48.0	72	Hygiene	Never married
	50.0	50.0	75		Married
	2.0	2.0	3		Other
Kendall,s tau- c=0.254 Sig=0.226	42.0	42.0	63	Treatment	Never married
	54.0	54.0	81		Married
	4.0	4.0	6		Other

The test results of Taos Kendall demonstrate that there is not significant relationship between quality of life and marital status in the field of health care.

### Discussion and conclusion

Along with numerous improvements in various aspects of life and levels of interest in measuring the quality of life has grown as a concept (GHanbari, Yekta, Rooshan, 2001). Hankilif et al (1993) argue that nowadays proper way to determine the need and enhance the level of health care, is measuring the quality of their lives. According to some experts believe the country's health systems, Conducted a study on quality of life to improve society's health are remarkable help (Skevington et al., 2004). The concept of quality of life in the areas of health and mental illness were limited initially, But over the past two

decades, the concept from health, Environmental and psychological spend an improved multi-dimensional is located concept and the attention of a large number of fields of study (Anbari, 2010). In fact a lot of jobs that are associated with psychological and physical stress, this is due to the nature of the work, are type of duties and responsibilities of these jobs. Obviously, the staff depressed, anxious, hostile and unhealthy physically and mentally can not have joy and peace of mind necessary and establish stability in the workplace. So along with the development of the concept of health in human societies and to enhance the level of health, it is necessary to identify factors affecting quality of life Karim Zadeh, 2008). The results showed that the midwives working in the field of health and midwives working in the field of health and medical treatment martyr Beheshti University of Medical Sciences of Tehran there is a significant difference in quality of life. In other words, the average score in the group health status, quality of life is more than the average score achieved in the treatment group. Means health sector workers apparently have better quality of life conditions from employment treatment, but there is significant relationship between quality of life by education, age, type of contract, Income and marital status in the field of health care. In terms of quality of life, midwives working in the health sector, reported less Score than midwives working in health centers that this could be because Employed midwives in the field of treatment with conditions have such as dealing with emergency situations and unpredictable, much noise in the workplace and working shifts, long working hours, Wage disproportionate amount of responsibility, pressure of workload and greater stress and these factors can affect on perception of from quality of work life. If the hospitals and health centers can improve the quality of working life of midwives and provide conditions in the workplace and They sense of fairness, equality, development of and promotion, have the opportunity to develop their capabilities, Then Can see an increase in motivation, followed by dynamic growth of institutions and health centers / therapy. Also in each of quality of life, findings showed that Department of Health In physical health domain compared to treated group had Better conditions. But in terms of mental health, environmental health and social health was no significant difference between the two groups of healthcare. This finding is consistent with the findings of other researchers including Sakaki et al (2012) did as well as in a study on 85 midwives working in hospitals Zanjan University of Medical Sciences, Came to the conclusion that 38.8 percent of the midwives have lower quality of working life and 61.2 percent have moderate quality of working life and none of them did not report their high quality of work life. Masumi et al (1390) in a study examined QoL 70 midwives working in hospitals in Hamadan. The results showed that quality of life mean midwives working in the maternity ward in total is higher midwives working in the emergency department and women.

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## Disclosure statement

The Authors reported that no competing financial interest.

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