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Job satisfaction and associated factors among rural health extension workers in Buno Bedele Zone South West Ethiopia

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Job satisfactions have impacts on productivity and essentials provision of care for maternal and child health in the rural area. Despite Health extension workers (HEWs) have pivotal role towards improvement of maternal and child health outcome, there is scarcity of data regarding their job satisfaction, hence this study was employed to assess the level of job satisfaction and associated factors among rural HEW in Buno Bedele Zone, Southwest Ethiopia. A Facility based cross-sectional study design was conducted among 393 randomly selected HEW from May to June, 2023. A pretested; questionnaire was used to collect the data. SPSS version 25 was used for statistical analysis. Logistic regression analysis with odds ratio (OR), a 95% CI and $P < 0.05$ were used to declare statistical significance. The overall satisfaction of health extension workers was 45.5%, [95% Confidence interval CI 44.0–46.09]. Availability of residence [AOR = 2.349, 95% CI 1.352, 4.083], transfer between kebeles [AOR = 0.267, 95% CI 0.132, 0.540], availability of medical supply [AOR = 2.853, 95% CI 1.474, 5.523], Good working environment [AOR = 3.395, 95% CI 2.017, 5.717], Getting technical support during work from their supervisor [AOR = 3.656, 95% CI 1.851, 7.219] were significantly associated factors with HEW job satisfaction. More than half of the health extension workers were dissatisfied with their jobs. Availability of living home, Transfer, medical supply, Environment, Support was predictor of job satisfaction. It is crucial to encourage intervention mode that may enhance their satisfaction and motivation of HEWs to improve service provision.

Keywords Job satisfaction, Health extension workers, Buno Bedele zone, Ethiopia

Abbreviations

CHW	Community health worker
HCW	Health care workers
HEP	Health extension program
HEWs	Health extension workers
HSTP	Health sectors transformation plan
MDGs	Millennium development goals
PHCU	Primary health care unit
SDGS	Sustainable development goals
NGOs	Non-Governmental Organizations
SQLW	Survey on quality of life in the workplace
WHO	World Health Organization

The shortage of skilled health workers is become global problems in all countries, especially in the rural areas¹. Job satisfactions have impacts on productivity and essentials provision of care for maternal and child health in the rural area^{2,3,4}. It is widely accepted that have a direct impact on personal happiness and getting recognition, income, promotion, and the backbone of achievement of other goals⁵. Thus, from a human perspective, satisfied

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to job serves as a good indicator of employee effectiveness; because of employee behavior, frontrunners to positive behavior and finally, serves as a good indication of organizational developments⁶.

Job satisfaction is determined by the type of work, compensation, possibilities for growth, management, work groups, working environment, work design and other factors^{7,8}. However, without sufficiently qualified, motivated, and supported workforce staffs health systems cannot operate efficiently especially in the rural areas⁹. Alma Ata Declaration, recognized HEWs have vital role in PHC, community health workers (CHWs) have been the cornerstone of primary healthcare (PHC) for various low and middle income country (LMIC) to achieve the objective of universal health¹¹. Accordingly, an happier and satisfied HEWs with their job have pivotal role in increasing job performance¹⁰.

Worldwide Community Health Workers (CHWs) programs have been emerged as one of the most effective strategies for addressing the prevailing shortage of health workers in resource-constrained settings. Because they are a potent force for promoting healthy behaviors and expanding the reach of health systems¹². Since 2004 Health Extension program implemented in Ethiopia to make health services accessible to rural communities provide preventive, primary health services particularly to children and women¹⁵. In this regard, HEWs are credited with several achievements in improving the country's health indicators¹⁶.

Despite their achievement of HEWs, there are obstacles they overcome in order to provide health services such as health care infrastructure, health service delivery systems, and human resources. These factors negatively affect employee performance and satisfaction with their job and contributed to the underutilization of healthcare in rural areas^{16,17}. However, there is paucity of evidence in the country including the study area, therefore this study was conducted to assess job satisfaction and associated factors among rural HEWs in Buno Bedele Zone, South-West Ethiopia.

Materials and methods

Study setting and period

A Facility based cross-sectional study design was conducted in Buno Bedele Zone, Oromia Regional State South West Ethiopia, from May to June 2023. Buno Bedele Zone is one of the 22 Zones of Oromia Regional State. Bedele is the capital city of the Zone. The zone is found 480 km far from Addis Ababa, the capital city of Ethiopia. Buno Bedelle administrative Zone has 10 districts (9 rural and 1 town administrations). The total estimated population of the zone is 880,108 (436,534 Males and 453,474 Females). Regarding the health facilities in the Zone has 3 hospitals 32 health centers and 248 health posts. The total health work force of the zone without supportive staffs was 1, 692, of which 445 (26%) of the zone health work force were rural health extension workers.

Source population

All rural health extension workers in Buno Bedele Zone.

Study population

All rural health extension workers from each health posts who fulfilled the inclusion criteria.

Eligibility criteria

All health extension workers currently working in the rural area of Buno Bedele Zone were included in the study, while those who were on annual or sick leave, left for training or refused to respond were excluded.

Sample size determination

The sample size was determined by single population proportion formula. Thus, by using 36.6% of the job satisfaction level¹⁷ and 10% non-response rate.

$$n = \frac{z_{\alpha/2}^2 p(1-p)}{d^2}$$

where n = Sample size; z = z value corresponding to a 95% level of significance = 1.96; p = level of job satisfaction among rural HEWs = (p = 36.6%); d = level of precession = (d = 5%).

$$n = (1.96)^2 * (0.366) * (1 - 0.366) / 0.05^2 = 357$$

Adding 10% non-response rate n = (357 + 357 * 0.1) = 357 + 36 = 393. Hence, the sample size was = 393.

Sampling techniques and procedures

The region was selected purposefully and the zone was selected using simple random sampling technique. After that sampling frames that contain the list of rural HEWs who currently working was obtained from the respective districts. Moreover, the total sample size 393 was identified using proportionally allocation to each of the districts based on their population size finally stud participants were included using simple random sampling techniques (Fig. 1).

Study variable

Dependent variable

Level of Job Satisfaction.

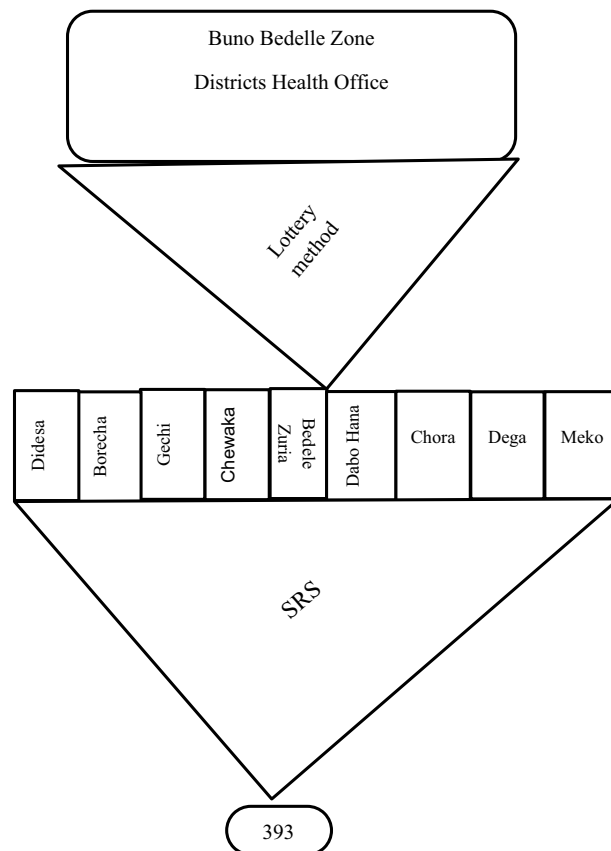


Figure 1. Sampling procedures of study participants among HEWs in Buno Bedele Zone of Oromia Region, South–West Ethiopia.

Independent variable

Socio demographic variable: Age, Marital Status, Educational Status.

Organizational factors: Work Experience, Monthly Salary, Recognition, Getting technical support, Availability of road, Availability of living home or residence, Distance of health post from district town.

Operational definition. *Job Satisfaction:* Health extension workers were assessed to be satisfied with their work if they responded to 33 questions designed to measure respondents' levels of satisfaction and achieved a score that was higher than or equal to the mean value. Five points were used to calculate it. Using the Likert scale which is 1 (strongly dissatisfied), 2 (dissatisfied), 3 (neutral), 4 (satisfied) and 5 (Strongly Satisfied)¹⁷.

Health post: The lower tier of local public health service organization whose primary responsibility is to provide basic healthcare to residents of rural areas who have little access to curative and preventative care, typically with the help of rural health counseling staff emphasizing preventive and promotive care²⁸.

Transfer: Changing working place of HEWs from one kebeles to another usually done annually by civil service and district health office based on the request^{28,33}.

Rural Health Extension Workers: Who are primary women, must have at least 10th grade education and they are selected from the communities where they live and who have one year of pre service training³⁴.

Technical Supportive Supervision: Provide assistance for HEWs and updating them regarding to their job by experts from Federal Ministry of Health, Regional Health Bureau, Zone Health Department, and District Health Office in charge of monitoring how well HEWs work²³.

Availability of medical equipment: a standard list of equipment that it uses to provide services. such as examination beds, stethoscopes, blood pressure apparatus, scales, refrigerators ,vaccine carriers' fetoscope, delivery kits, and first aid kits^{23,32}.

Availability of living home: home/residence means the place where those HEWs actually live and provide service for the community on regular and ongoing bases^{24,31}.

Good working environment: A work environment is regarded as both the physical and psychological aspect surroundings of the workplace that encourage hard work, productivity and employees satisfaction³⁶.

Data collection procedure and instruments

A self-administered structured questionnaire was used to collect data^{18,30}. A five-point Likert scale with values ranging from 1 (Strongly dissatisfied) to 5 (strongly satisfied) was used to calculate the mean score for job satisfaction. Nine trained BSc nurse data collectors participated in this study. Three supervisors per three districts

also assigned. The questionnaires had 53 items and divided into three main categories: socio demographic characteristics, organizational component and measurement of job satisfaction.

Data quality control

To maintain data quality control training was given for data collectors and supervisors before data collection start. Pretest was also carried out on 5% of sample size in Yayo district and the questionnaires was written in English and translated into Afan Oromo and then changed back to English for verification. The data was checked its clarity, completeness and consistency in daily basis. During data collection period regular supervision was provided for data collectors.

Data analysis and procedures

Data were checked, cleaned for its completeness, coded and entered in to Epi Data version 3.1 and exported to Statistical Software for Social Science (SPSS) version 25.0 for statistical analysis. Descriptive statistics, including frequencies and percentages, was calculated to describe demographic characteristics of HEWs. Bivariate analysis, variables with a p -value less than 0.25 was candidate to a multivariable logistic regression. In the multivariable analysis, backward stepwise logistic regression at p -value ≤ 0.05 was used to identify predictors of job satisfaction. The Hosmer–Lemeshow goodness of fit for the model and multicollinearity has been checked. Finally, variables that had been showed significant associations with HEWs job satisfaction were identified by measure of association odds ratio (OR) with a 95% CI and $p < 0.05$.

Ethical approval and consent to participate

The study followed the Helsinki Declaration of Ethical Principles for Medical Research Involving Human Subjects. Letter of Ethical Approval was obtained from Institutional Review Board of College of Health Science, Mattu University. Permission letter was taken from Buno Bedele Zone Health Office and supported letter written for all selected nine districts. Informed written consent was taken from the respondents. The information obtain from the participants was keep confidential. Even, the study participants have full right to refuse or cooperate.

Results

Socio demographic characteristics

A total of 391 health extension workers had been participated in the study with a response rate of 99.5%. In accordance with the study's findings, the respondents' average age was 28.5 years with (SD \pm 4.255). Regarding the religion majority of participant (45%) of HEWs was Muslim (Table 1).

Organizational related characteristics

Organizational aspects (64.2%) of health extension workers did not receive any kind of incentive or recognition from their manager. More than half (57.8%) of the respondents had a monthly salary of 7071 Ethiopian birr and above, but more than one third (37.1%) of the respondents they did not have access to a home or residence around their work place (Table 2).

Level of job satisfaction of the study participants

According to this study health extension workers job satisfaction was 45.5%, with a 95% [CI 44.0–46.09]. Hence, more than half of study participants experienced dissatisfaction with their job (Fig. 2). Availability of living home, transfer opportunities, availability of medical equipment, good working environment and presence of technical support were satisfaction the reason of satisfaction (Table 3).

Variable	Categories	Number	Percent
Age in Year	18–25	98	25.0
	26–30	133	34
	31 and above	160	40.9
Religion	Muslim	176	45.0
	Orthodox	110	28.1
	Protestant	105	26.9
Education	Level III	76	19.4
	Level IV	286	73.1
	Degree holder	29	7.4
Marital status	Married	294	75.2
	Single	86	22.0
	Widowed	2	0.5
	Divorced	9	2.3

Table 1. Socio demographic characteristics of HEWs in Buno Bedele Zone, Oromia Region (n = 391).

Variable	Categories	Number	Percent
Availability of home/residence	Yes	246	62.9
	No	145	37.1
Getting technical support	Yes	219	56.0
	No	172	44
Current monthly salary	<7071 ETB	146	37.3
	≥7071 ETB	245	62.7
Getting training opportunities	Yes	167	42.7
	No	224	57.3
Getting recognition/reward	Yes	140	35.8
	No	251	64.2

Table 2. Organizational characteristics related factors of HEWs in Buno Bedele Zone of Oromia Region.2023 (n = 391).

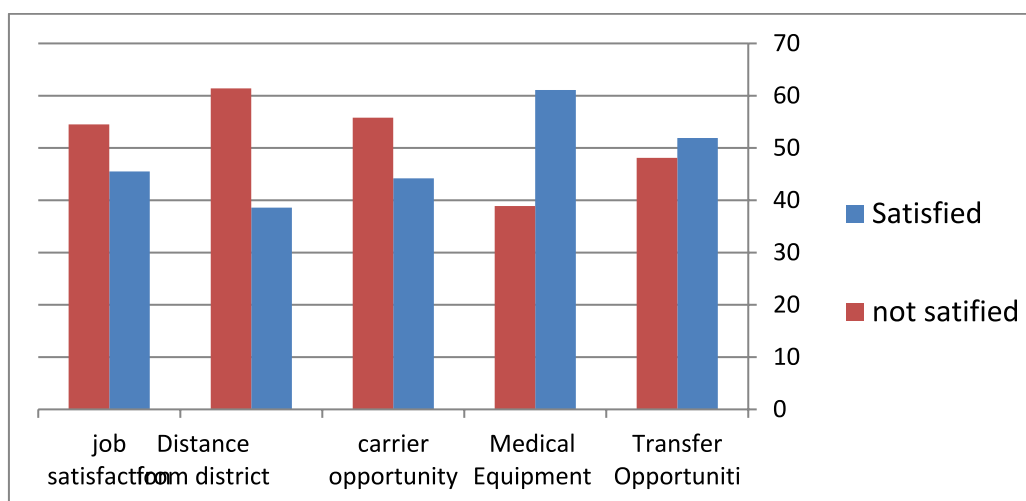


Figure 2. Level of job satisfaction of HEWs in Buno Bedele Zone of Oromia Region, South–West Ethiopia.

Variable	Category	Number	Percent
Transfer opportunities	Yes	203	51.9
	No	188	48.1
Availability of medical equipment	Yes	239	61.1
	No	152	38.9
Availability of Carrier opportunity	Yes	173	44.2
	No	218	55.8
Distance from district town	< 10 km	151	38.6
	≥10 km	240	61.4

Table 3. Factors associated with working environment of HEWs in Buno Bedele Zone, Oromia Region, 2023 (n = 391).

Factors associated with rural health extension workers job satisfaction

Availability of living home, transfer opportunities, availability of medical equipment, good working environment and availability of technical support were found to have statistically significant association with rural health extension worker’s job satisfaction. Those health extension workers who technical supportive supervision from their supervisors were 3.656 times more likely to be satisfied with their job than their counterpart [AOR = 3.656, 95% CI 1.851, 7.219].

The presence of living home around the health post for rural health extension workers was found 2.349 times to increase the likelihood of job satisfaction of HEWs in the study area than their counter parts [AOR = 2.349,

95% CI 1.352, 4.083]. Furthermore, job satisfaction among rural health extension workers was 2.853 times greater in those HEWs who had medical equipment in workplace than who didn't [AOR = 2.853, 95% CI 1.474, 5.523].

Likewise, the likelihood of job satisfaction among health extension workers who work in good working environment was 3.395 times satisfied than those who work in poor working environment [AOR = 3.395, 95% CI 2.017, 5.717]. Finally, health extension workers who got transfer opportunities had a 0.267 times higher likelihood of satisfied with their job than their contrary groups [AOR = 0.267, 95% CI 0.132, 0.540] (Table 4).

Discussion

According to this study health extension workers job satisfaction was 45.5%, with a 95% [CI 44.0–46.09]. Hence, more than half of study participants experienced dissatisfaction with their job. Factors such as availability of living home, transfer opportunities, availability of medical equipment, good working environment and presence of technical support were significantly associated with job satisfaction.

This finding have harmony with study conducted in the Harari (44.2%) of respondents²⁵, west Ethiopia (43.0%) respondents²³. The result of this study was higher than the study conducted in Sidama Region (36.6%) respondents³¹, Horo Guduru Zone (41.46%) respondents⁹, Dire Dawa administrative city 34.5%³⁵. In contrary the result was lower than the study conducted in Western Harar Zone (51.8%) respondents²⁸, Hadiya Zone (52.7%) respondents²⁶, Nigeria (90.4%) respondents³⁶, Tanzania (82.4%) respondents³⁷. The disparity could be due to attributed to country-based healthcare and health professional support, the payment of the employees, the economic situation, the administration style, the socio demographic variation which could be satisfied with their job.

The odds of being satisfied for those who got technical support is 266 percent higher than those who did not get technical support. This reinforced and supported by the study conducted in West Ethiopia⁹, Hadiya zone²⁶, East Shoa Zone¹⁹. The plausible justifications might be regular support obviously reduce stress during work over load and motivate, inspire and encourage HEWs to be satisfied with their job.

Health extension workers who had a good working environment were more likely to be satisfied when compared to their counterpart. The finding in line with the study conducted in North Wollo Zone and East Shoa Zone^{20,26} respectively. This could be explained by a poor working environment influences their motivation and satisfaction on both a physical and psychological level. In contrary, health extension workers who had available medical supply in their health post were two times more satisfied than who did not available medical equipment supply in work place. This agreed with the study conducted in East Shoa Zone¹⁹ Hadiya Zone²⁶. This revealed that availability of medical equipment at workplace may inspire HEWs to offer their communities in full attention in order to accomplish the organization's goals, and that this could ultimately result in job satisfaction.

Likewise, the availability of living home near to the health post, those HEWs who had living home around their health post were more than two times to be satisfied compared to who didn't have living home around

Variable	Categories	Level of satisfaction		Adjusted odd ratio (95% CI)	P value
		Satisfied	Not satisfied		
Age	≥31	52 (24.4%)	46 (25.8%)	1	
	26–30	80 (37.6%)	53 (29.8%)	1.455 (0.861, 2.459)	0.161
	18–25	81 (38%)	79 (44.4%)	1.819 (0.998, 3.312)	0.051
Work experience	≥10 years	107 (50.2%)	95 (53.4%)	1	
	6–10 years	62 (29.1%)	53 (29.8%)	1.411(0.850, 2.342)	0.183
	1–5 years	44 (20.7%)	30 (16.8%)	2.82 (0.265, 1.99)	
Salary	<7071 ETB	87 (40.8%)	59 (33.1%)	1	
	≥7071	126 (59.2%)	119 (66.9%)	0.700 (0.436,1.125)	0.14
Distance	< 10 km	82 (38.5)	69 (38.7%)	1	
	10 km and above	131 (61.5%)	109 (61.3%)	0.930 (0.578, 1.496)	0.765
Transfer opportunity	Yes	102 (47.8%)	101 (56.7%)	1	0.000*
	No	111 (52.2%)	77 (43.3%)	0.267 (0.132, 0.540)	
Medical equipment	Yes	138 (64.7%)	101 (56.7%)	1	0.002*
	No	75 (35.3%)	77 (43.3%)	2.853 (1.474, 5.523)	
Home/residence	Yes	139 (65.2%)	107 (60.1%)	1	0.002*
	No	74 (34.7%)	71 (39.8%)	2.349 (1.352, 4.083)	
Further education	Yes	81 (38.1%)	53 (29.7%)	1	0.085
	No	132 (61.9%)	125 (70.3%)	0.633 (0.377, 1.065)	
Working environment	Yes	128 (60.1%)	90 (50.6%)	1	0.000*
	No	85 (39.9%)	88 (49.4%)	3.395 (2.017, 5.717)	
Technical support	Yes	127 (59.6%)	92 (51.6%)	1	0.000*
	No	86 (40.4%)	86 (48.4%)	3.656 (1.851, 7.219)	

Table 4. Multivariable logistics regression analysis of factor affecting job satisfaction among HEWs in Buno Bedele Zone of Oromia Region, South West Ethiopia, 2023. (n = 391).

health post. This in line with study conducted in East Shoa Zone¹⁹, and study conducting in Hadiya Zone²⁶. The possible justification might be the availability living home near to health post helps HEWs like their jobs and do a better job and as a result it enhance their level of satisfaction and good leadership style. Meanwhile the provision of housing close to the health facility implies easy access to community services and enhances productivity as well increases their job satisfaction.

Regarding the availability of work place transfer opportunity health extension workers who got transfer opportunity according to their need more level of job satisfaction than counterparts. This supported by the study conducted in Addis Ababa University, Pakistan^{35,29} and Hadiya Zone²⁶. Moreover, job happiness has more to do with patient care than just when personal requirements fulfilled²¹. This could be explained by the fact that lack of availability of transfer reduces their motivation and henceforth reduce job satisfaction.

Strength and limitation of the study

The aim of the study was to assess level of health extension workers job satisfaction and contributing factors with broader scope and large sample size might be its strength with contributing factors. However, some limitation during interpretation of the results and discussion might be introduced. Recall and social desirability bias may be due to self-reported question even though efforts were done to reduce bias and the study only uses quantitative data analysis thus lacking of qualitative components identifying of degree of job satisfaction.

Conclusion

This study showed that more than half of the rural health extension workers reported being unsatisfied with their job. The transfer opportunities, medical equipment availability, availability of living homes or residences close to health posts, good working environment, and the availability of technical supervision were predictors of job satisfaction. Rural health extension workers should be encouraged; concerned bodies apply intervention that may enhance their satisfaction and motivations to improve service provision.

Availability of data and material

The datasets used and/or analysed during the current study available from the corresponding author on reasonable request.

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Author contributions

Daniel Nega conceived and designed the study planned participated in data collection and analysis. Samuel Ejeta Chibsa and Yared Nigusu revised wrote the draft and develop the manuscript. Geremew Tolasa and keno Melkamu Kitili supervised the whole activities starting from conception to final manuscript preparation. Moreover, all the authors checked and approved the final manuscript.

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Competing interests

The authors declare no competing interests.

Additional information

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