The Relationships among Socio-demographic Characteristics, Structural Empowerment, and Job Satisfaction of Community Health Volunteers in Indonesia

I Gusti Ngurah Made Kusuma Negara 1, Anchaleeporn Amatayakul 2, Monthana Hemchayat 3
1Kasetsart University, Bangkok 10900, Thailand. Email: koestik75@yahoo.co.id
2 Boromarajonani College of Nursing Nopparat Vajira, Bangkok 10230, Thailand Email: uvx3sann@gmail.com
3 Boromarajonani College of Nursing Nopparat Vajira, Bangkok 10230, Thailand Email: mon550@hotmail.com

Abstract—Among different kinds of community resources, human resources are the most essential for the process of developing healthy communities. One of them is community health volunteers. However, it is not easy to keep voluntary workers as part of health programs even though they have been trained. A descriptive correlation study design was used to examine the relationships among socio-demographic characteristics, structural empowerment, and job satisfaction of community health volunteers. A total of 341 of community health volunteers participated in this study. The results showed that some of socio-demographic characteristics of community health volunteers including age, years of experience and training experience were significantly related to job satisfaction. However, the marital status, level of education and occupation of respondents were not significantly associated with job satisfaction. Structural empowerment was significantly associated with job satisfaction of community health volunteers. The study concludes that community health volunteers who had a chance to improve structural empowerment were more likely to have higher level of job satisfaction.

Keywords—structural empowerment; job satisfaction; community health volunteers

I. INTRODUCTION

Enabling empowerment and community participation are parts of the subsystems of the national health system in Indonesia. The policy is one of the Indonesian Government’s efforts to increase awareness, willingness, and ability for society to live with optimal health. It also aims to extend the reach and improve the quality of basic health services, especially for mothers and children. One of the activities to expand the reach and improve the quality of health care is through an integrated health service post [1].

An integrated health service post (Posyandu) in Indonesia is a form of community based health resource managed and organized by, for, and with communities in health development organizations, to empower the community and make it easier for people to obtain basic health services and to accelerate the decline in maternal and infant mortality [1]. The integrated health service post is expected to be developed on the awareness and efforts to the community, or with the social participation of each community in the village.

Presently, the existence of integrated health service post is still very much needed in health promotion and prevention to the community particularly in rural areas. Although the role and utilization of the integrated health services posts are fairly good, but there are still many obstacles encountered in its implementation. The integrated health service post was considered not effective because the ability of community health volunteers was still low [2], community health volunteers were less active and less motivated [3], and along with less funding and infrastructure [4].

One of the efforts undertaken by the Government of Indonesia is to increase the role of integrated health service post and motivation of community health volunteers through integrated health service post revitalization and empowerment of community health volunteers [1]. Empowerment is the idea of the efforts to provide the community health volunteers with skills, resources, authority, and opportunity.

II. METHODS

A. Design and sample

A descriptive correlation study design was used to examine the relationships among socio-demographic characteristics, structural empowerment, and job satisfaction of community health volunteers. A total of 341 of community health volunteers participated in this study.

B. Instruments

Data were collected by three questionnaires assessing socio-demographic data, structural empowerment, and job satisfaction. A demographic questionnaire was developed by the researcher. It was composed of questions assessing age, gender, educational level, marital status, occupation, years of experience as community health volunteers, and participation in training. The Conditions for Working Effectiveness Questionnaire II (CWEQ-II) was used to measure structural
empowerment. The CWEQ-II consists of 19 items that measure the 6 components of structural empowerment described by Kanter (opportunity, information, support, resources, formal power, and informal power), and a 2-item global empowerment scale which is used for construct validation purposes. The alpha reliability coefficient for the six subscales ranged from 0.87 – 0.88. Job satisfaction was measured using the job satisfaction scale developed by Soong (2000) with a total of 25 questions. This instrument used a four point Likert-type scale, of which score ranged from 1 (never) to 4 (often). In this study, the Cronbach’s α reliability coefficient ranged from 0.88 – 0.89.

C. Data analysis

Data analysis was carried out using SPSS. Descriptive and inferential statistics including Pearson’s product moment correlation and Spearman-rho were used to analysis the relationships.

III. RESULTS

All of the 341 respondents in this study were female community health volunteers (100%). The respondents’ age ranged from 18 to 75 years old, with the mean age of 39.50 years old (SD = 8.19 years). The results showed that the majority of respondents were 35 years of age. In terms of the marital status, the result showed that 332 (97.4 %) were in the married group, while 9 of them (2.6 %) were widowers. Regarding the level of education, the study found that 260 (76.2 %) respondents were high school graduates. Forty one (12 %) community health volunteers were secondary school graduates. As regard the year of experience, the period ranged from 1 to 32 years with the mean of 6.50 years and a standard deviation of 5.64 years. The study also showed that most of respondents had participated in community health volunteers for 5 years. Professional training program attended by community health volunteers was 2.53 (SD = 1.19) and ranged from 1 – 6 times. Most of the respondents had joined training for 3 times.

| TABLE I. RELATIONSHIPS BETWEEN SOCIO-DEMOGRAPHIC CHARACTERISTICS, STRUCTURAL EMPOWERMENT AND JOB SATISFACTION |
|-----------------|------------------|
| Independent Variables | Job Satisfaction |
| Age              | 0.17*            |
| Marital status   | 0.03             |
| Education level  | -0.06            |
| Occupation       | 0.04             |
| Year of experience | 0.20**          |
| Training experience | 0.23**          |
| Structural Empowerment | 0.39**          |
| **P-value < .001** |                  |
| *P-value < .01   |                  |

In this study found that there were statistically significant positive relationship between job satisfaction and age ($r = 0.17, p -value < .01$), training experience ($r = 0.23, p -value < .001$), and year of experience ($r = 0.20, p -value < .001$). It indicates that the higher the age of community health volunteers, the more the training experience and length of experience as community health volunteers, also the higher they perceived their job satisfaction. However, there were no statistically significant relationships between marital status, occupation, year of education, and job satisfaction of community health volunteers.

The mean score of overall structural empowerment was 19.22 (SD = 3.31). The structural empowerment subscale that obtained highest score was the access to information (mean = 3.45, SD = 0.70). While, in the lowest level among structural empowerment subscale was the formal power (mean = 2.89, SD = 0.78). The overall job satisfaction of community health volunteers was significantly related with all of the structural empowerment subscales. Access to information showed the strong relationship with job satisfaction ($r = 0.35, p -value < .001$), while informal power had the weakest relationship with job satisfaction, if compared to other components ($r = 0.25, p -value < .001$).

The results confirmed a statistically significant connection between structural empowerment and job satisfaction of community health volunteers. By using Pearson correlation test, the structural empowerment was significantly positively related to a total score of job satisfaction ($r = 0.39, p-value < .001$).

IV. DISCUSSION

Regarding the relationship between age of community health volunteers and their job satisfaction, the weak relationship between them was found ($r = 0.17$ and $p -value < 0.01$). This result indicated that older community health volunteers were more satisfied with their job than younger community health volunteers. This result was consistent with other studies stated demographics characteristics i.e. age was additional factor associated with job satisfaction [5] and job satisfaction appeared to be parallel with age [6]. One possible reason of why younger community health volunteers were less satisfied was higher expectations about their activities in the community such as incentives and moral status of volunteers. However, it was different from the previous studies [7], [8], [9] which found no significant relationship between age and job satisfaction.

In relation to the relationship between gender and job satisfaction of community health volunteers, the test of statistic about gender in this study cannot be done because all of the samples in this study were women. However, other studies about gender indicated that there were significant relationships between gender and job satisfaction [6], [7], [10], indicating that female health volunteers were more likely to have higher levels of job satisfaction. Different result shown in the study by [9] that there was no significant relationship between gender and job satisfaction. Even though the previous studies indicated relationship between gender and job satisfaction, some studies did not convince as whether males or females were more satisfied [7]. No simple conclusions were formulated about the differences between males and females and their job satisfaction.
Regarding the relationship between marital status of community health volunteers and their job satisfaction, no relationship between them was found in this study \( (r = 0.03, p \text{-value} = 0.548) \). The result in this study was consistent with findings in other studies in different settings that there was no significant associated between marital status and job satisfaction \[7\]. However, the study in Taiwan conducted by \[11\] found any relationship between marital status and job satisfaction. Reference \[11\] stated that group of married community health volunteers had more job satisfaction than other groups.

In this study, education level was not correlated with job satisfaction of community health volunteers \( (r = -0.06, p \text{-value} = 0.162) \). The same results were shown in other previous studies \[7\], \[8\], \[9\], \[12\]. However, it was inconsistent with some studies. In the samples of several studies \[6\], \[11\], significant relationship between educational level and job satisfaction has been shown. Reference \[6\] and \[11\] stated that lower educated people were generally more satisfied than their higher educated colleagues. In this study, educational level was found to be negatively correlated with job satisfaction, although this relationship was not statistically significant. Thus, it is still uncertain whether or not any relationship between job satisfaction and educational level of community health volunteers exist.

This study indicated a weak positive relationship between years of experience and job satisfaction of community health volunteers with \( r = 0.20 \) \( (p \text{-value} < 0.001) \). It indicated that the increased year of experience of community health volunteers will be increasing their job satisfaction. The other study stated that seniority has a clear relationship with job satisfaction, in which more senior personnel had higher levels of job satisfaction \[6\]. As described earlier in this study that the younger group (1-5 years) in years of experience was more likely to be community health volunteers. One possible reason is the frequent turnover of community health volunteers in the community. Turnover can be caused by dissatisfaction of community health volunteers in their activities. While the community health volunteers who felt satisfied with the work would remain to work as volunteers. This statement was supported by some studies \[8\], \[13\]. In their studies, job satisfaction has a negative relationship with turnover intention.

The result of the study was found a statistically positively weak relationship between training experience and job satisfaction of community health volunteers \( r=0.23, p \text{-value} <0.001 \). It means, the more often community health volunteers received training, the higher their job satisfaction. This result was consistent with the previous study conducted by \[11\] in Taiwan. In that study, one factor significantly related to job satisfaction was the frequency of participating in volunteer training courses. The other study in Nepal, \[14\] stated that the female community health volunteers who were motivated by a desire to learn would be more likely to stay as health volunteers if they receive regular training. Training obtained by community health volunteers will certainly increase their knowledge and skills needed in the job. The more often community health volunteers received training, the more information and skills they have. Sufficient knowledge and skills will certainly be able to increase the confidence of community health volunteers in performing their duties. One factor to consider in achieving job satisfaction is employee confidence in performing tasks. So experience of the training course of community health volunteers can improve their job satisfaction.

The study found a positive relationship between structural empowerment and job satisfaction \( (r = 0.39, p \text{-value} <0.01) \). Those who had chance to improve structural empowerment were more likely to have good satisfaction about their job. In this sample of community health volunteers, structural empowerment and job satisfaction were moderately correlated. The mean of structural empowerment score was 19.22 indicating a moderate level of structural empowerment. It means, the perception of community health volunteers about structural empowerment in this study was moderate level. The findings in this study were consistent with some studies \[9\], \[12\], \[13\], \[15\], \[16\], \[17\], \[18\], \[19\], \[20\]. This study has proven that structural empowerment was factor affecting job satisfaction of community health volunteers.

As regard the components of structural empowerment, this study found that all components of structural empowerment had statistically significant relationship with job satisfaction. Moderate relationships (information, support, resources) and weak relationships (opportunity, formal power, informal power) were found in this study. Access to information showed greatest relationship with job satisfaction \( r = 0.35 \), while informal power had smallest relationship with job satisfaction \( r = 0.25 \). The findings in this study support the theory proposed by Kanter saying organizational factors in the workplace are very important \[21\]. Kanter’s believes that all components of structural empowerment have positive effects on employees in shaping organizational behaviors and attitudes. It also means that the component of structural empowerment is very important to improve job satisfaction of community health volunteers. High job satisfaction will trigger the community health volunteers to accept the challenges in the organization and increase their responsibility towards their role.

Access to information means the chance to gain knowledge and information necessary to perform community health volunteer duties, including information related to the organization. A theory of job satisfaction proposed by Herzberg’s (Motivation-Hygiene Factors) explained that factors leading to job satisfaction were growth, work itself, responsibility, achievement, advancement and recognition \[22\]. Growth factor included the actual learning of new skills. To fulfill the growth factor in Herzberg’s theory, the community health volunteer would need smooth access to information. A better access to information would improve the knowledge and skills of community health volunteers needed in the job. The study on community health volunteers in Indonesia stated that knowledge of community health volunteers, information about activities of integrated health services post, and motivation of community health volunteers were factors that affect the community health volunteers and
people to engage in activities of integrated health services post [3]. Community health volunteers can complete their work properly if they have sufficient knowledge and skills. They will fell the satisfaction if they can complete their job properly. Therefore, access to information is necessary to increase the job satisfaction of community health volunteers.

Informal power in this study was the component that had the lowest relationship with job satisfaction. Informal power is the alliances between community health volunteers with communities, friends, staff of public health centers, head of villages and relationship with factor outside the community or outside the organization. Alliances between community health volunteers with others were important to achieve success in their roles. For example, collaboration with public health centers on health issues faced by the society, cooperation with public health centers or superiors in solving existing problem. A relationship with people was also important in determining the acceptance of support from around the workplace environment. Community health volunteers desperately need the support from friends, family, the community, supervisors and others. All supports were needed to complete all duties as community health volunteers. If all these things are met, then a community health volunteer will feel the satisfaction in their work. Although in this study, components of informal power had the lowest relationships with job satisfaction, but it is still need to get serious attention for improving job satisfaction of community health volunteers.

V. CONCLUSION

The result indicated that community health volunteers who had chance to improve structural empowerment was more likely to have good satisfaction. It suggests that the use of empowerment concept as part of the community health volunteers training program will be able to improve the satisfaction, confidence and motivation of community health volunteers in performing their duties.

ACKNOWLEDGMENT

We would like to thank all participants in this study. Our thanks also to Ministry of Health of Denpasar City and public health centers in Denpasar. High appreciation is directed to Kasetsart University and Director of Boromarajonani College of Nursing Nopparat Vajira who gave us many facilities during my study in Thailand.

REFERENCES


