Public Policy and Administration Research
ISSN 2224-5731(Paper) ISSN 2225-0972(Online)
Vol.3, No.11, 2013

Determinants of Job Satisfaction among Community Health Workers in the Volta Region of Ghana

Ben Smith Owusu Bempah (Ph.D) (Corresponding author)
Ghana Health Service
Policy Planning Monitoring and Evaluation Division, P.M.B, Ministries, Accra, Ghana
National Institute of Development Administration, Graduate School of Public Administration
Moo3, 118 Seri Thai Road, Klong-Chan, Bangkapi, Bangkok, 10240 Thailand
*E-mail of corresponding author: bsobempah@gmail.com

Abstract

Job satisfaction of community health workers is an important component of strategies aimed at retaining them at primary health care centres. This is a cross-sectional study conducted to examine the determinants of job satisfaction of community health workers in the Volta Region of Ghana. A factor analysis was performed on the short version of the twenty itemised Minnesota Satisfaction Questionnaire (MSQ) which resulted in five dimensions, namely; inter-personal relationship, working condition, supervision, recognition, pay and benefits. A single item question measuring overall job satisfaction was included in addition to demographic characteristics of respondents. Subsequent statistical analysis using Mann-Whitney U test to assess gender differences in level of job satisfaction was not significant. Whilst the result from ANOVA employed to determine the effect of age and years at service post grouped into three categories also yielded no significant effect. A further hierarchical regression analysis controlling for age, years at service post and salary resulted in working condition as the most important predictor of job satisfaction. This was followed by recognition and interpersonal relationship. In view of the complexities associated with job satisfaction and its multiple perspectives, the study calls for a holistic strategic approach to improve upon all the determinants considered.

Keywords: Job Satisfaction, Community Health Workers

1. Introduction

Job satisfaction is an important determinant of health workers motivation, retention and performance (Blaauw *et al*. 2013). Studies have established the relationship between employee job satisfaction and performance (Lam. & Baum, 2001; Gardner & Pierce, 1998). It is has been found that a satisfied worker has increased productivity, better physical and mental health and is loyal to his/her organisation (Fischer & Sousa-Poza, 2007). Atkins *et al*. (1996) found that dissatisfied hospital workers impact negatively on quality of care, patient loyalty and hospital profitability.

The role of community health workers in primary health care delivery for developing countries has generated much research interest in the past decade (Singh & Jeffrey, 2013). Community health workers implement health policies and priorities at the primary health care level. They further provide increased access to preventive, promotive and curative health care services, especially in deprived and hard to reach areas. According to Ofosu-Amaah (1983) review of community health programmes in 46 countries, he noted that community health workers perform numerous functions such as home visits, environmental sanitation, treatment of minor ailments, maternal, neonatal and child health interventions, family planning, surveillance of communicable diseases and referral. Although community health workers contribute to increased access to health care in deprived and hard to reach communities, there is notable problem of their high attrition rates as a result of low job satisfaction stemming from inadequate pay, family reasons, and weak community support system (Chevalier *et al*. 1993). These challenges affect continuity of service delivery, relationship with communities and investment costs inherent in their training and deployment. Studying job satisfaction of community health workers is therefore, a step in the right direction aimed at finding strategies to improve upon their commitment and performance (Ebuehi & Campbell, 2011).

Studies have documented a lot of factors that can affect an employee's level of job satisfaction. These include;

demography (Clark *et al*. 1995) the work itself and quality of work environment (Jayasuriya *et al*. 2012; Agyepong *et al*. 2004), career advancement and development (Parvin & Kabir, 2011; Kebriaei & Moteghedi, 2009), salaries and fringe benefits (Danish & Usman, 2010; Ebuehi & Campbell, 2011), recognition (Danish & Usman, 2010), supervision (Smith *et al*. 1969) and interpersonal relations (Friedlander & Margulies, 1969; Jayasuriya *et al*. 2012).

In 2011, a technical taskforce was set-up by the Earth Institute of Columbia University to assess best practices to scaling-up community health workers participation in health care systems. The team noted that achieving the MDGs will require about one million community health workers to be trained and deployed in Sub-Sahara Africa by 2015 (Singh & Jersey, 2013). The Ministry of Health, Ghana following the 1978 Alma-Ata Declaration of "Health for All" has pursued a number of strategies to promote scaling-up and increasing access to primary health care services (Morrow, 1983). These included the use of village health workers to promote affordable health services in the 1970s, which suffered from organisational, resources, training monitoring and supervision problems. The strategy was therefore, abandoned in the 1980s (Cole-King *et al*. 1979). In the 1980s, Community health nurses were trained and deployed to operate at health centres at the sub-district level to offer professional and quality health services (Nyonator *et al.* 2005). However, due to the static nature of services provided coupled with logistics constraints the provision of services closer to clients became difficult (Nyonator *et al.* 2005). Through evidenced based research, it was found out that more than 70% of all Ghanaians lived more than 8km from the nearest health providers. The Ministry of Health therefore, adopted the Community Health and Planning Services (CHPS) in 1999 as a national health policy (Nyonator *et al.* 2005). The CHPS strategy seeks to reduce geographical access to health by placing community health nurses at communities instead of the usual facility-based and outreach services (MoH, 2012).

Studies have been undertaken to assess the policy orientation, structural organisation and administration of CHPS and the activities of community health workers (Awoonor-William *et al.* 2013; MoH, 2012). These studies identified a couple of challenges with CHPS implementation which include; the reluctant of some community health nurses to reside in their operational zones, weak supervision of the CHPS programme and works of community health workers, inadequate logistics and equipment, increasing workload and gradual shift in focus on promotive and preventive to curative care, high attrition rate and desire of community health workers to further their educational career in other disciplines (Awoonor-William *et al.* 2013; MoH, 2012). Despite these challenges there is scant knowledge and information on determinants of job satisfaction of community health workers in Ghana. This study therefore, offers a considerable insight into what factors affect job satisfaction of community health workers in Ghana and provide strategic directions for managers of primary health care services as well as policy makers for action.

2. Methods

2.1 Study Population and Data Collection

The study is cross-sectional and takes data from 144 sub-district community health workers in the Volta Region of Ghana. The Volta Region is one of the ten political administrative regions. A self-administered questionnaire was distributed to 144 sub-district community health workers in the Volta Region of Ghana attending training. The respondents consisted of community health workers working in 58 out 147 health centres and 86 out of 156 Community Health Planning and Services zones (CHPS)1 in May, 2013. On the top of each questionnaire was a brief about the purpose of the research, the voluntarily nature and a note to assure data confidentiality.

The research instrument consisted of adaption of the short version of Minnesota Satisfaction Survey Questionnaire (MSQ) (Weiss *et al*, 1967) with added demographic characteristics of respondents. The demographic information included, age, sex, marital status, educational level and years at service post. The long version of the MSQ measures job satisfaction with 100 itemised questions. The shorter version adapted for this study consisted of 20 questions with five items from each of the 100 items which included a single item question

[1] The sub-district is made up of health centres where facility-based services are provided and group of communities that are referred to as Community Health Planning and Service zones (CHPS) with services delivered close to clients by trained community health workers; usually community health nurses resident at of one of the communities in a zone.

measuring overall job satisfaction. The short version of the MSQ was used because it enhances the assessment of workers specific satisfaction and dissatisfaction. Its simplicity and ease of administering enabled the gathering of the required data from the health workers attending the training. A pilot test was initially conducted using 20 community health nurses which facilitated the review and improvement of the instrument.

The survey elicited the level of satisfaction or dissatisfaction of respondents on each of the 20 items of their job using a five-point Likert scale ranging from 1 to 5 with 1 being very dissatisfied, 2 =dissatisfied, 3= neutral, 4=satisfied and 5=very satisfied. In a bid to facilitate ease of analysis and interpretation, a reclassification of the five responses was undertaken to derive three categories; dissatisfied, indifferent (neither being dissatisfied or satisfied) and satisfied. In categorisation, if the sum of responses of different items divided by the number of items was between 1.0 and 2.0 the respondent is classified as "dissatisfied". If the average value of responses was between 2.01 to 3.0, then the respondent is "indifferent". The workers were classified as "satisfied" if the average value of their responses ranged between 3.01 and 5.0.

2.2 Data Analysis

The data was analysed using SPSS version 20. The reliability analysis of the 20 items yielded a Cronbach Alpha Coefficient of 0.844. This is relatively high and supports the internal consistency of the measurement (Sekaran, 2000). A Cronbach Alpha Coefficient of 0.7 and above is desirable in social science research (Pallant, 2007; Nunally, 1978). The survey instrument was further subjected to expert review by some human resource managers within the Ghana Health Service to promote its content validity. A Principal Component Analysis (PCA) was conducted on the 19 items of the research instrument (see Table 1). The approach employed maximum-likelihood extraction and varimax rotation with Kaiser normalization to ascertain the dimensions underlying the research constructs. Many of the correlations were in excess of .30.

Using Kaiser rule and scree test, five items were examined to be important. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was .754 exceeding the recommended value of 0.6 in social sciences (Pallant, 2007). The Bartlett's test of sphericity also reached a statistical significant probability level ($p < 0.001$). Subsequent rotation showed factor 1 being loaded on six items which reflected interpersonal relationship with an eigen value of 4.71 and accounted for 24.61 percent of the total variance explained. The second factor named working condition, loaded on five items with an eigen value of 2.01 and explained 10.60 percent of the total variance. The third factor named supervision, loaded on three items with an eigen value of 1.40 and explained 7.39 percent of the total variance. The fourth factor loaded on three items and was named recognition with an eigen value of 1.35 and variance explained was 7.15 percent of the total variance. The last factor, pay and benefits, loaded on two items with an eigen value of 1.08 and explained 5.69 of the total variance. The total cumulative variance explained was 55.62 percent.

The data was subsequently, analysed by first looking at the descriptive statistics of respondents. This was followed by assessing Pearson's Product Moment Correlation between the five main items of job satisfaction. Mann–Whitney U tests was also conducted to explore gender differences in overall job satisfaction. Additionally, ANOVA was employed to examine the impact of respondents' age and years at service post grouped into three categories on job satisfaction. Further statistical analyses was carried out using hierarchical multiple regression to examine the predictive effects of the five items on job satisfaction by controlling for age of respondents, years at service post and annual salary.

Table 1:Descriptive Statistics and Factor Analysis of Items (N=144)

			Component				
Items	Mean	S.D	F1	F2	F3	F4	F5
Your relationship with other co-workers	4.13	.82	.683				
The relationship between the head and co-workers	4.02	.81	.675				
Respect and relationship with community members	3.92	.87	.620				
Effective conflict resolution on the job	3.20	.98	.613				
Team participative decision making	3.69	.89	.571				
Prompt feedback and communication received from management and seniors	3.38	.90	.511				
Opportunities for career development	3.60	.85		.733			
Conditions of work environment (office buildings, lighting, ventilation, hygiene, noise,)	3.27	.84		.661			
Promotions: Career advancement on your job	3.03	.86		.638			
Workload (Adequate Work Schedule)	3.41	.94		.595			
The general working conditions (work instruments and resources, fringe benefits, job security, accommodation)	2.92	.82		.564			
The application of code of ethics and conduct to guide administration	3.56	.89			.768		
There exists clearly defined standard operating procedures to work effectively	3.64	.82			.715		
My supervisor delegates work to me and provides supportive supervision	3.81	.86			.606		
Working alone and innovatively	3.65	.78				.792	
Feeling of accomplishment: recognition for good work done	3.69	.90				.630	
My Colleagues recognises my career and professional achievement	3.20	1.04				.590	
Your pay in relationship with amount of work perform monthly	2.59	1.13					.738
My pay meets personal financial obligation for a month (Income Adequate to meets monthly expenses)	3.40	.91					.646
Eigenvalue			4.71	2.01	1.40	1.35	1.08
5 % of variance			24.81	10.60	7.39	7.13	5.69
Cumulative %			24.81	35.41	42.81	49.93	55.62

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization. a. Rotation converged in 8 iterations.

3. Results

Regarding the profile of respondents, 68 percent were females and in all 44 percent were married (see Table 2).

Table 2: Profile of Respondents

Characteristics	Component	Freq	%
Gender	Male	46	31.94
	Female	98	68.06
Age in years (Grouped)	<= 30.0years	54	37.50
	31.0 - 45.0years	43	29.86
	46.0+years	47	32.64
Educational Qualification	Certificate	121	84.03
	Diploma	23	15.97
Marital Status	Single	69	47.92
	Married	64	44.44
	Divorced	4	2.78
	Separated	4	2.78
	Widowed	3	2.08
Level of Service Delivery	Health Centre	58	40.28
	CHPS_Zone	86	59.72
Years at service post (Grouped)	<= 3.00years	65	45.14
	3.01 - 6.00years	38	26.39
	6.01+years	41	28.47

The majority of the respondents, representing 38% were either 30years or below, 30 percent were within 31 and 45 years and 33 percent being 46 years and above. The mean age of the respondents was 35years (S.D=11.7). In terms of their educational qualification, 84 percent were certificate holders and 16 percent diploma. All of the respondents were community health care workers at the sub-district level, with 60 percent operating in CHPS zones and 40 percent in health centres. In terms of years at service post, 45 percent had worked for a maximum of three years, 26 percent beyond 3 to 6 years and 28 percent above 6 years.

Table 3 presents the mean score of ratings by respondents for the various determinants of job satisfaction considered.

Table 3: Descriptive results and average rating of respondents on various determinants of Job Satisfaction

	Mean	Median	Mode	S.D	Min	Max
Interpersonal Relationship	3.72	4.00	4.00	0.60	2	5
Working Conditions	3.25	3.83	4.00	0.58	2	4
Supervision	3.67	3.30	3.60	0.65	2	5
Recognition	3.51	3.67	4.00	0.68	1	5
Pay and Benefits	2.99	3.67	4.00	0.83	1	5
Overall Job Satisfaction	3.78	3.00	3.00	0.86	1	5

Interpersonal relationship had the highest mean rating of 3.72 (S.D=0.60) with pay and benefits recording the least, 2.99 (S.D=0.83). These generally, indicate that a lot of the respondents were indifferent when asked about satisfaction with their pay and benefits, that is neither being too much or low in relation to the work they performed and meeting their financial obligations. Notwithstanding, the mean rating of 3.78 (S.D=0.86) for the overall job satisfaction affirms that most respondents were generally satisfied on the job.

The descriptive results of the levels of satisfaction which are dissatisfied, indifferent and satisfied for all variables examined are presented in Table 4.

Table 4: Descriptive results of level of satisfaction for the determinants and overall job satisfaction

Domains of sob satisfaction	Dissatisfied %	Indifferent %	Satisfied %	Total %
Interpersonal Relationship	0.69	11.81	87.50	100.00
Working Conditions	4.17	32.64	63.19	100.00
Supervision	1.39	20.83	77.78	100.00
Recognition	3.47	25.00	71.53	100.00
Pay and Benefits	18.06	45.14	36.81	100.00
Overall Job Satisfaction	9.72	17.36	72.92	100.00

The results show that about 87 percent of respondents were satisfied in terms of interpersonal relationship and about 12 percent being indifferent and only 1 percent not satisfied. Similarly, supervision and recognition recorded higher levels of satisfaction with about 78 percent and 72 percent of respondents being satisfied respectively. Working conditions was rated low compared to others with 14 percent not satisfied, about 33 percent being indifferent and 63 percent satisfied. Pay and benefits in relation to work was the lowest rated factor with only 37 percent satisfied. The rating of overall job satisfaction depicts that most respondents were generally satisfied recording about 73 percent satisfied and 10 percent not satisfied.

Table 5: Descriptive statistics and correlation between determinants of job satisfactions (N=144)

	1	2	3	4	5	6	7	8	9
Your overall satisfaction with your job	1								
Age in years	.217**	1							
Years working at service post	.090	.672**	1						
Annual Salary	.348**	0.023	0.098	1					
Interpersonal Relationship	.547**	.260**	0.117	.208*	1				
Working Condition	.592**	0.102	0.132	.179*	.341**	1			
Supervision	.343**	0.079	-0.087	.264**	.413**	0.124	1		
Recognition	.535**	0.123	0.099	.328**	.439**	.252**	.319**	1	
Pay Benefits	.374**	0.133	0.052	0.113	.394**	.208*	.349**	.285**	1
Mean	3.78	35.13	5.35	10399.08	3.72	3.25	3.67	3.51	2.99
S.D	0.86	11.68	6.39	2302.21	0.6	0.58	0.65	0.68	0.83
Min	1	21	1	7200	1	1	1	1	1
Max	5	60	38	16800	5	4	5	5	5

*P<.05 (1-tailed test), **P<.01 (2-tailed test)

The Pearson Correlation table shows that all the aspects of job satisfaction examined had a correlation below 0.70, which indicates no problem with multi-collinearity (Pallant, 2007, p. 150). As shown in Table 5, working condition recorded the highest correlation with job satisfaction (r= 0.592, n=144, p<0.01), followed by interpersonal relationship (r=.547, n=144) and recognition (r=.535, n=144). Years at service post (r=0.090, n=144, p>0.05) did not have any significant contribution on job satisfaction.

3.1 Differences in Gender, Age, Years at Service Post and Salary on Job Satisfaction

A Mann-Whitney U test conducted showed no significant difference in the job satisfaction levels of males

(Md=4, N= 46) and females (Md=4, N= 98), U=1997, z=-1.23, p=.22, r=.10 which is taken as very small effect size employing Cohen (1988) criteria. A one-way between groups analysis of variance conducted to ascertain the impact of age on job satisfaction by dividing respondent into three groups, 30 years or younger, 31 years to 45years and 46 years and above showed no statistically significant difference at $F_{2,141}$=3.005, P>0.05 level in job satisfaction scores. An examination of the years at service post by dividing it into those who have worked for three years and below, above three years to six years and above six years also revealed no statistical difference on job satisfaction levels, $F_{2, 141}$=2.058, P>0.05.

3.2 Effects of the Determinates of Job Satisfaction: Hierarchical Multiple Regression Analysis

A two-step hierarchical regression was undertaken, with overall job satisfaction being firstly regressed on years at service post, age in years and annual salary (amount in Ghana Cedis). In the second step the main research variables, interpersonal relationship, working conditions, supervision, recognition and pay and benefits were added and regressed on overall job satisfaction. The results are summarised in Table 6.

Table 6: Hierarchical Regression Analysis of Determinants of Job Satisfaction

		Dependent Variable : Overall Job Satisfaction	
Model Number			
Independent Variables		Model 1	Model 2
Age in years		0.314***	0.174**
Years working at service post		-.156	-.145
Annual salary		0.356***	0.141**
Interpersonal relationship			0.180*
Working conditions			0.417***
Supervision			.037
Recognition			0.257***
Pay and benefits			.099
Summary Statistics	df	3	8
	R^2	.178	.606
	Adj. R^2	.160	.583
	F	10.108	25.956
	P <	.000	.000
Change Statistics	df	3	5
	R^2 Change	.178	.428
	F	10.109	29.329
	P <	.000	.000

NOTE: The coefficients in the cells are standardized beta values
Method: Enter, *** = P < 0.001, ** = P < 0.05, * = P < 0.01

As depicted in Table 6, the first model had a significant predictive effect on job satisfaction, $F_{3, 143}$=10.108, P<0.05, however, it explained only 16 percent of the variance in overall job satisfaction. Annual salary (beta=0.356, p<0.001) contributed the largest to model 1 and is considered the most important factor. This was followed by age in years (beta=0.314; p<0.001). It is noted that years at service post (beta=-.156; p>0.05) did not have significant predictive effect on overall job satisfaction for model 1.

The second model explained 58.3 percent of job satisfaction after the entry of interpersonal relationships, working conditions, supervision, recognition, pay and benefits. This showed an added contribution of 42.8 percent to the variance explained in job satisfaction as indicated by the r-square change. The result further showed model 2 having significant contribution to the prediction of job satisfaction, $F_{8, 135}$=25.956; P<0.001. Working condition with coefficient (beta=0.417; p<0.001) contributed the highest to the variance explained followed by recognition (beta=0.257 p<0.001) interpersonal relationship (beta=0.180; p<0.05), age (beta=.174, p<0.05) and annual salary (beta=.141, p<0.05). The remaining variables, years at service post, supervision, pay and benefits did not make significant predictive contributions. Years at service post (beta=-0.145; p>0.05) continued to make a negative contributory effect on job satisfaction.

4. Discussion

Job satisfaction generally, implies the attitudes and feelings that one has about his/her job which stimulates him/her to deliver expected performance outcome (George & Jones, 2008; Armstrong, 2006). It further underscores the contentment of an employee to his/her job (Parvin & Kabir, 2011). This study has explored the factors affecting job satisfaction of community health workers in the Volta Region of Ghana. The study adapted the MSQ short version instrument for measuring job satisfaction and added demographic factors such as age, years at service post and salary as controlled variables. The items on the questionnaire were subjected to factor analysis which resulted in five key variables, interpersonal relationships, working conditions, supervision, recognition, pay and benefits as determinants of job satisfaction of community health workers. These variables are akin to the Herzberg's Two Factor theoretical dimensions which are; hygiene-related factors (such as, company policies, supervision, interpersonal relations, work condition and salary), and motivator-related factors (such as, achievement, recognition, advancement and responsibility (Herzberg *et al*. 1959).

The findings from the current study have demonstrated that generally, community health workers in Ghana are satisfied on their job; however, there exist variability in the rating levels of satisfaction. In this study community health workers were highly satisfied with existing interpersonal relationship, supervision and recognition, whereas pay and benefits and working conditions received low satisfaction rating, which call for managerial attention for improvement. These findings are consistent with researches which have documented the need to improve working conditions and salary in a bid to motivate health workers and improve their job satisfaction (Jathanna *et al*. 2011; Peters *et al*. 2010). Ofosu-Amaah (1983) noted that high turn-over of community health workers is as a result of poor selection and remuneration. This current study finding is contrary to that by Kebriaei & Moteghedi (2009) who found the proportion of community health workers dissatisfied to be higher than satisfied.

The findings from the hierarchical regression analysis with age in years, salary and years at service post controlled provides useful insight for strategic management decisions to improve job satisfaction. The first model showed age to have positive significant effect on job satisfaction which is in line with findings by (Jathanna *et al*. 2011). It is important to state that Clark *et al*. (1995) found a u-shaped relationship, in which satisfaction without controlled variables declines on average until age 31 and increases thereafter. In fact Clark *et al*. (1995) point out that, cultural specific factors, country's job market, level of development and sampling frame can have influence on the nature of relationship between age and job satisfaction. In the second model, annual salary continued to make a positive and significant predictive effect on job satisfaction which supports studies that have shown the importance of improving workers salaries as an important factor to enhancing their job satisfaction (Jathanna, Melisha, Mary, & Latha, 2011; Yami, Hamza, Hassen, Jira, & Sudhakar, 2011, Danish & Usman, 2010).

The strategic finding from this study is that in a bid to improve and sustain job satisfaction of community health workers the first priority should be on improving working conditions. The positive and highly significant effect of working condition implies that primary health care managers should pay particular attention to creating enabling opportunities for career advancement of community health workers; improve conditions of work environment (buildings, lighting, ventilation, hygiene, accommodation) provide adequate incentives and resources for working and further put in place well planned schedule of work in order to have a considerable change in job satisfaction. This assertion is similar to that of Ebuehi & Campbell (2011) study of factors

affecting the attraction and retention of rural and urban health workers in Nigeria. In their study, improving working conditions emerged as one of the important facets of job satisfaction. The general explanation has been that in resource-constraint environment primary health care workers are normally dissatisfied with the available infrastructure, heavy workload, inadequate equipment and commodities needed to deliver quality and effective services (Agyepong *et al*. 2004).

The second priority should be to improve recognition. The study found a positive and significant effect of recognition on community health workers' job satisfaction. This finding is akin to that of Danish & Usman (2010) who found a significant relationship between recognition and relationship with co-workers. Recognition is needed to keep employees motivated, appreciated and committed to organisational objectives and work demands (Danish & Usman, 2010). Baron (1983) posited that when employees are recognised it leads to improve working capacity and high performance. Community health workers attach importance to the recognition they gain from their co-workers and superiors with respect to their ability to work independently and innovatively, career achievement and accomplishment of good work done. It is therefore, imperative for managers at the primary health care level to put in place systems to effectively appraise the performances of community health workers and provide them with needed reward and status.

The third priority is to build and sustain effective interpersonal relationship among community health workers. Interpersonal relationship in this study had a positive and significant contributory effect on job satisfaction of community health workers. The finding is similar to that by Friedlander & Margulies (1969) who found that relationships with immediate supervisors have influence on job satisfaction of workers in pharmaceutical industries. Job satisfaction through interpersonal relationship can be achieved through good relationship with co-workers and supervisors, effective work place conflict resolution, team participative decision-making and good communication with appropriate feedback.

5. Conclusion

The study has given considerable insights into determinants of job satisfaction among community health workers. Particularly, it has been demonstrated that working condition, recognition, interpersonal relationship and salary are fundamental to improving job satisfaction of community health workers regardless of factors such as gender and years at service post. The study calls for a holistic approach in strengthening all the factors considered to affect job satisfaction of community health workers. Although the study have contributed to managerial understanding of factors affecting community health workers job satisfaction, it is important to mention that the sample was conveniently taken from community health workers from only the Volta Region of Ghana and as such the findings cannot be overtly generalised.

References

Agyepong, I. A., Anafi, P., Asiamah, E., Ansah, E. K., Ashon, D. A., & Narh-Dometey, C. (2004). Health worker (internal customer) satisfaction and motivation in the public sector health care providers. *International Journal of Health Planning and Management , 19* (4), 319-36.

Armstrong, M. (2006). *Handbook of human resource management practice* (10 ed.). London and Philadelphia: KOGAN PAGE.

Atkins, P. M., Marshall, B. S., & Javalgi, R. G. (1996). Happy employees lead to loyal patients. Survey of nurses and patients shows a strong link between employee satisfaction and patient loyalty. *Journal of Health Care Marketing , 16* (4), 14-23.

Awoonor-William, J. K., Sory, E. K., Nyonator, F. K., Phillips, J. F., Wang, C., & Schmit, M. L. (2013). Lessons learned from scaling up a community-based health program in the Upper East Region of Northern Ghana. *Global Health: Science and Practice , 1* (1).

Baron, R. A. (1983). *Behaviour in organisations.* New York: Allyn & Bacon, Inc.

Blaauw, D., Ditlopo, P., Maseko, F., Chirwa, M., Mwisongo, A., Bidwell, P., et al. (2013). Comparing the job satisfaction and intention to leave of different categories of health workers in Tanzania, Malawi, and South Africa. *Glob Health Action , 6* (19287), 127-137.

Chevalier, C., Lapo, A., O'Brien J, J., & Wierzba, T. F. (1993). Why do village health workers drop out? *World Health Forum , 14* (3), 258–261.

Chevalier, C., Lapo, A., O'Brien J, J., & Wierzba, T. F. (1993). Why do village health workers drop out? *World Health Forum , 14* (3), 258–261.
Clark, A. E., Oswald, A. J., & Warr, P. B. (1995). Is job satisfaction U-shaped in age? *Journal of Occupational and Organizational Psychology* , 57-81.
Cohen, J. W. (1988). *Statistical power analysis for the behavioral sciences* (2 ed.). Hillsdale, New Jersey: Lawrence Erlbaum Associates.
Cole-King, S., Gordon, G., & Lovel, H. (1979). Evaluation of primary healthcare - A case study of Ghana's rural health care system. *Journal of Tropical Medicine and Hygiene , 82*, 214–28.
Danish, K. Q., & Usman, A. (2010). Impact of reward and recognition on job satisfaction and motivation: an empirical study from Pakistan. *International Journal of Business and Management , 5* (2), 159-167.
Ebuehi, O. M., & Campbell, P. C. (2011). Attraction and retention of qualified health workers to rural areas in Nigeria: a case study of four LGAs in Ogun State, Nigeria. *The International Electronic Jouranl of Rural and Remote Health Research, Education Practice and Policy , 11* (1515).
Fischer, J. A., & Sousa-Poza, A. (2007). *Does job satisfaction improve the health of workers? new evidence using panel data and objective measures of health.* IZA Discussion Paper , IZA , Bon, Germany.
Friedlander, F., & Margulies, N. (1969). Multiple impacts of organization climate and individual values system upon job satisfaction. *Personnel Psychology , 22*, 77-183.
Gardner, D. G., & Pierce, J. L. (1998). Self-esteem and self-efficacy within the organizationa context. *Group and Organization Management , 23*, 48-70.
George, J. M., & Jones, G. R. (2008). *Understanding and managing organizational behavior* (5 ed.). New Jersey: Pearson/Prentice Hall.
Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). *The motivation to work.* New York: John Wiley & Sons.
Jathanna, R., Melisha, R. D., Mary, G., & Latha, K. S. (2011). Determinants of job satisfaction among health care workers at a tertiary care hospital. *Online Journal of Health and Allied Sciences , 10* (3).
Jayasuriya, R., Whittaker, M., Halim, G., & Matineau, T. (2012). Rural health workers and their work environment: the role of inter-personal factors on job satisfaction of nurses in rural Papua New Guinea. *BMC Health Services Research* , 12:156.
Kebriaei, A., & Moteghedi, M. S. (2009). Job satisfaction among community health workers in Zahedan District Islamic Republic of Iran. *Eastern Mediterranean Health Journal, , 15* (5), 1156-1163.
Lam., T., & Baum, T. (2001). Study of managerial job satisfaction in Hong Kong's Chinese restaurants. *International Journal of Contemporary Hospitality Management , 13* (1), 35-42.
McCloskey, J. (1974). Influence of rewards and incentives on staff nurse turnover rate. *Nursing Research , 23*, 239-247.
MoH. (2012). *Brief on status of CHPS implementation.* Ministry of Health,Ghana, Accra.
MoH. (2010). *The Health Sector Medium-Term Development Plan (HSMTDP) 2010-2013.* Republic of Ghana, Ministry of Health, Accra.
Morrow, R. H. (1983). *A Primary health care strategy for Ghana practising health for all.* (D. Morley, J. E. Rohde, & G. Williams, Eds.)
NDPC. (2010). *Medium-term national development policy framework: Ghana Shared Growth and Development Agenda(GSGDA), 2010-2013.* Government of Ghana, National Development Planning Commission, Accra.
Nunally, J. C. (1978). *Psychometric theory.* New York: McGraw-Hill.
Nyonator, K., Robert, A. M., Awoonor-Williams, J. K., & Jones, T. C. (2005). The Ghana community-based health planning and services initiative for scaling up service delivery innovation. *Health Policy Planning , 20* (1), 25–34.
Ofosu-Amaah, V. (1983). National experience in the use of community health workers. A review of current issues and problems. *WHO Offset Publ , 71*, 1–49.
Pallant, J. (2007). *SPSS Survival manual, a step by step guide to data analysis using SPSS for windows* (12 ed.). Crows: Allen and Urwin.
Parvin, M. M., & Kabir, M. M. (2011). Factors affecting employee job satisfaction of pharmaceutical sector. *Australian Journal of Business and Management Research , 1* (9), 113-123.
Peters, D. H., Chakraborty, S., Mahapatra, P., & Steinhardt, L. (2010). Job satisfaction and motivation of health workers in public and private sectors: cross-sectiona analysis from two Indian states. *Human Resources for Health* .
Sekaran, U. (2000). *Research methods for business: a skill building approach* (3 ed.). New York: John Wileyand Sons.
Singh, P., & Jeffrey, D. S. (2013, March). 1 million community health workers in Sub-Saharan Africa, by 2015. *Viewpoint* .
Smith, P. C., Kendall, L. M., & Hulin, C. L. (1969). *The measurement of satisfaction in work and retirement: a*

strategy for the study of attitudes. Chicago: Rand McNally.
Steers., L., & Porter, W. (1992). *Motivation and work behavior.* New York: McGraw Hill.
Weiss, D., Dawis, R., England, G., & Lofquist, L. (1967). *Manual for the Minnesota satisfaction questionnaire.* University of Minnesota., Minneapolis.
Yami, A., Hamza, L., Hassen, A., Jira, C., & Sudhakar, M. (2011). Job satisfaction and its determinants among health workers in Jimma university specialized hospital, Southwest Ethiopia. *Ethiopian Journal of Health Science , 21* (Special Issue).