ENSIGN GLOBAL COLLEGE

KPONG, EASTERN REGION

FACTORS AFFECTING JOB SATISFACTION OF COMMUNITY HEALTH NURSES (CHN) IN THREE MUNICIPALITIES IN THE EASTERN REGION OF GHANA

BY

NANA YAA BEMA ASIEDU-SAFORO

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SEPTEMBER, 2023

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A THESIS SUBMITTED TO THE DEPARTMENT OF COMMUNITY HEALTH, IN THE FACULTY OF PUBLIC HEALTH ENSIGN GOBAL COLLEGE IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE MASTER OF PUBLIC HEALTH DEGREE.

SEPTEMBER, 2023

DECLARATION

With the exception of the mentioned citations to other works, I, Nana Yaa Bema Asiedu-Saforo, declare that this thesis is wholly my own original work. It was not submitted anywhere else and was carried out under the supervision of Dr. Manortey.

Nana Yaa Bema Asiedu-Saforo ……………………………….

(Student ID: 227100233)

Certified by:

Dr Stephen Manortey ……………………………….

(Supervisor's Name)

Certified by:

Dr Stephen Manortey ……………………………….

(Head of Academic Program)

DEDICATION

First and above all, I thank God Almighty for providing me this opportunity and granting me guidance, strength and capability to achieve my goals successfully. I dedicate this study to my ever-inspiring parents Kwaku & Christine Asiedu-Saforo, who encouraged me in all of my pursuits and inspired me to follow my dreams. Your faith in me remained constant, your limitless love and unwavering support have fueled my journey to pursue this goal. To my loving sister Maame Afua, we prayed together, you supported me and never left my side, you have been my best cheerleader. To take a quote from Albert Schweitzer, “At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us.” You have all been the spark for me when my light blew out and this thesis showcases the values of persistence and commitment you all instilled in me. I'm deeply grateful for your sacrifices, guidance and motivation and may this achievement reflect my immense gratitude to you all.

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DEFINITION OF TERMS

MOTIVATION	The internal drive that initiates sustains and directs efforts toward achieving a goal.
STRESS	The body and mind’s reaction when faced with challenges, threats, or demands
JOB SATISFACTION	An individual’s positive feelings towards their work and work environment.
COMMUNITY HEALTH NURSE	A nurse who provides healthcare services, education and support within communities.

LIST OF ABBREVIATION

AOR	Adjusted Odds Ratio
CHN	Community Health Nurse
CHPS	Community Health Planning and Services
CHW	Community Health Worker
CI	Confidence Interval
COR	Crude Odds Ratio
COVID-19	Corona Virus Disease, 2019
GHS	Ghana Health Service
GSS	Ghana Statistical Service
LMKM	Lower Manya Krobo Municipal
LMIC	Low- and Middle-income Countries
MOH	Ministry of Health
PHC	Primary Health Care
PSS	Perceived Stress Scale
TBA	Traditional Birth Attendant
WHO	World Health Organization

ABSTRACT

Introduction: As the first line of defense against diseases in underdeveloped and isolated areas, Community Health Nurse' (CHN) perform a critical role. They relieve pressure on the healthcare system by offering illness treatment and surveillance in remote areas. A lack of job satisfaction is a major contributor to the high turnover rate of healthcare workers. There is currently little research on the factors that motivate and stress CHNs and how these factors affect job satisfaction. This study investigates the correlation between job satisfaction and related factors among Community Health Nurses in three administrative municipalities (Lower Manya Krobo, Yilo Krobo, and Asuogyaman) within Ghana's Eastern Region.

Methodology: The study was conducted using a cross-sectional study design among Community Health Nurses. A standardised, closed-ended questionnaire with pre-determined ratings for motivation, stress, and job satisfaction was used to collect data over a four-week period. Data analysis was done using STATA 17. Summary tables were produced using descriptive statistics, while work satisfaction components were found using inferential techniques such as bivariate analysis and logistic regression. A 95% confidence interval and a p-value of 0.05 were used to evaluate statistical significance.

Results: This study involved 135 participants, with the majority being female (90.4%). Among the participants, a significant portion reported moderate stress levels (71.85%), moderate motivation (47.41%), and were categorized as satisfied (57.04%) with their jobs. Analysis revealed that gender, motivation and stress were significant factors of job satisfaction. Male Community Health Nurses were projected to have a job satisfaction rate that is 19 times higher than that of female Community Health Nurses [AOR= 19.08, 95% CI: 1.87 - 194.47, p=0.013]. Additionally, Resylts revealed that Community Health Nurses with moderate and high motivation were more

likely to report feeling satisfied with their jobs. While controlling for other factors, those with moderate motivation were nearly four times more likely to be satisfied [AOR= 3.82, 95% CI: 1.20 - 12.29, p=0.024] and those with high motivation were 17 times more likely to be satisfied [AOR=17.31, 95% CI: 4.33 - 69.15, p<0.0001]. Conversely, Community Nurses with high levels of stress had a 96% lower chance of being satisfied with their jobs than those with low levels of stress [AOR =0.04, 95% CI: 0.003- 0.37, p=0.005].

Conclusion: Fewer community health nurses reported high levels of stress than the majority who reported moderate stress. Some showed great motivation, whereas the majority showed moderate drive. More than half of the nurses expressed satisfaction with their jobs. Compared to female nurses, male nurses reported greater job satisfaction. While community nurses with university education reported lower job satisfaction, those with moderate to high motivation tended to report higher job satisfaction.

Keywords: Community Health Nurses, Job Satisfaction, Health System, Eastern Region, Ghana

TABLE OF CONTENTS

DECLARATION iii

DEDICATION iv

ACKNOWLEDGEMENT v

DEFINITION OF TERMS vi

LIST OF ABBREVIATION vii

ABSTRACT viii

TABLE OF CONTENTS x

LIST OF TABLES xiii

LIST OF FIGURES xiv

LIST OF MAPS xv

LIST OF APPENDICES xvi

CHAPTER 1 1

1.0 INTRODUCTION 1
1.1 Background Information 1
1.2 Problem Statement 4
1.3 Rationale of Study 5
1.4 Conceptual Framework 5
1.5 Research Questions 6
1.6 General Objective(s) 7
1.7 Specific Objectives 7
1.8 Profile of Study Area 7
1.9 Scope of Study 9
1.10 Organization of Report 10

CHAPTER 2 11

2.0 LITERATURE REVIEW 11
2.1 Sociodemographic Factors that Influence Job Satisfaction 11
2.2 Stress Levels of Community Health Workers 15
2.3 Motivations of Community Health Workers 17
2.4 Factors associated with Job Satisfaction 20
CHAPTER 3 25

3.0 METHODOLOGY 25
3.1 Research Method 25
3.2 Research Design 26
3.3 Data Collection Techniques and Tools 26
3.4 Study Population 28
3.5 Study Variables 29
3.6 Sampling 30
3.7 Pre-testing 30
3.8 Data Handling 31
3.9 Data Analysis 31
3.10 Ethical Consideration 32
3.11 Limitations of Study 32
3.12 Assumptions 33
CHAPTER 4 34

4.0 RESULTS 34
4.1 Introduction 34
4.2 Demographic characteristics of participants. 34
4.3 Workplace stress among community health nurses 36
4.4 Cronbach's Alpha Analysis on Stress: 37
4.5 Workplace motivation among community health nurses 38
4.6 Cronbach's Alpha Analysis on Motivation: 41
4.7 Workplace satisfaction among Community Health Nurses 42
4.8 Cronbach's Alpha Analysis on Job Satisfaction: 44
4.9 Bivariate analysis of job satisfaction scores with selected variables 45
4.10 Factors associated with job satisfaction 46

CHAPTER FIVE 49

5.0 DISCUSSION 49

5.1 Stress levels of community health nurses 49

5.2 Motivations of Community Health Nurses 50

5.3 Workplace satisfaction among Community Health Nurses 51

5.4 Predictors of job satisfaction among community health nurses 52

CHAPTER 6 54

6.0 CONCLUSIONS AND RECOMMENDATIONS 54

6.1 Conclusions 54

6.2 Recommendations 55

REFERENCES 58

APPENDICES 64

APPENDIX I: CONCENT FORM 64

APPENDIX II: QUESTIONNAIRE 66

APPENDIX III: ETHICAL CLEARANCE 71

LIST OF TABLES

Table 4.1: Demographic information of community health nurses 35

Table 4.2: Workplace Stress scale of community health nurses 36

Table 4.3: Cronbach's Alpha Analysis of 8-Items Stress Likert Scale 38

Table 4.4: Workplace Extrinsic and Intrinsic Motivation Scale and Work Self-Determination Index of Community Health Nurses 39

Table 4.5: Work Satisfaction Scores among Community Health Nurses 43

Table 4.6: Bivariate analysis of job satisfaction scores with selected variables 45

Table 4.7: Factors associated with Job satisfaction among Community Health Nurses 47

LIST OF FIGURES

Figure 1.1: Conceptual Framework for Job Satisfaction 6

Figure 4.1: Stress level of Community Health Nurses... 37

Figure 4.2: Motivation level of community health nurses 41

Figure 4.3: Overall job satisfaction among community health nurses... 44

LIST OF MAPS

Map 1.1: Map of the Eastern Region of Ghana.. 9

LIST OF APPENDICES

APPENDIX I: CONCENT FORM 64

APPENDIX II: QUESTIONNAIRE 66

APPENDIX III: ETHICAL CLEARANCE 71

CHAPTER 1

1.0 INTRODUCTION

1.1 Background Information

The healthcare system worldwide has changed and advanced over the years but none of these advancements are as monumental as the Alma Ata Declaration on Primary Healthcare in 1978 (Rifkin, 2018). Preceding the implementation of the Alma Ata Declaration, Ghana had already begun the implementation of a community-based primary healthcare system, making healthcare more readily available within rural communities across Ghana. This service delivery at the community level used Community Health Workers (called Community Clinic Attendants) and Traditional Birth Attendants (TBAs). The *'Health for All by the year 2000'* initiative agreed upon at the conference served as the turning point of Primary Health Care (PHC) worldwide and Ghana is no exception. In the past, Community Health Nurses were referred to as lay health workers since they were trained to carry out functions related to healthcare delivery but without any formal or professional certificate Effective community health nursing programs have been reported to improve health care delivery and health service coverage as well as provide effective continuity of care and health care outcomes (El Arifeen *et al.*, 2013).

Ghana's healthcare system currently consists of a three-tier delivery system i.e., Primary (health centres), Secondary (District and Sub-district hospitals as well as CHPS zones) and Tertiary (Specialist and Teaching hospitals). The district level consists of district hospitals and their main responsibility is to provide comprehensive healthcare in the district, as well as, emergency services, and training for lower levels. The Sub-district health centres develop, monitor and evaluate the implementation of community-based services. Ideally, patients' first point of contact with any health service would be through the community-level facility which provides health service delivery to community members. Clinical treatment for mild diseases,

preventative and promotional services supplied through house-to-house visits, emergency service delivery, and referral to higher-level healthcare practitioners for severe cases are among the services provided.

The national strategy to deliver essential community-based health delivery to communities was termed Community-based Health Planning and Services (CHPS). Its primary focus was and remains to bring general health services closer to individuals in deprived sub-districts and communities. These facilities are staffed by Community Health Nurses (CHNs) whose main responsibility is to provide healthcare services at the community level (GHS, 2016).

According to the APA Psychological Dictionary (VandenBos, 2015), job satisfaction is "the attitude of a worker toward his or her job, often expressed as a hedonic response of liking or disliking the work itself, the rewards (pay, promotions, recognition), or the context (working conditions, colleagues)". Various studies have been done involving job satisfaction in Ghana.

A study by (Smith and Bempah, 2013), reported that generally, Community Health Workers within Ghana are satisfied with their job; however, there exists variability in the rating levels of satisfaction. Variables such as existing interpersonal relationships, supervision, and recognition resulted in high satisfaction, while pay, benefits, and working conditions received low satisfaction ratings. Job satisfaction is an important determinant of health workers' motivation, retention, and performance (Blaauw *et al.*, 2013). These findings emphasize the need to improve working conditions, motivate health workers and improve their job satisfaction.

Job satisfaction has been described as a feeling that measures the behavioural and cognitive aspects of the attitudes of workers towards their jobs (Author, 2017). It is noteworthy that Community Health Workers fall among the category of healthcare professionals, and are responsible for maintaining the health status of individuals in their communities through the

application of evidence-based medical regimens and procedures (Abate and Mekonnen, 2021). In a report by the World Health Organization (WHO) released in 2013, it was predicted that about 47% of the healthcare workforce in South East Asia, and about 25% of healthcare professionals in Africa will leave the occupation by 2035 (WHO, 2013). In Europe, however, only a 1% decrease was predicted to be the shortfall in healthcare personnel by 2035. The report clarified the huge decline in health care professionals in Asia and Africa to be as a result of poor incentives and low salaries (WHO, 2013).

Job satisfaction varies among individual health care personnel as what one considers to feel satisfied with their work may differ from another. This was evidenced in a study conducted among Iranian community health workers, who predominantly reported being satisfied with working with their co-workers and carrying out their duties as health care personnel, but were unsatisfied with the benefits they receive as health care workers, as well as their wages (Kebriaei and Moteghedi, 2009).

In Low-and Middle-Income Countries (LMIC), healthcare personnel are noted to leave their countries to further their careers in advanced countries due to the limitation of career development and lack of exposure to advanced technologies for health care delivery (Abate and Mekonnen, 2021). In addition, qualified health care personnel in these locations are not willing to be transferred to rural areas to work because of the lower standards of living in rural areas compared to being in urban areas (Abate and Mekonnen, 2021). Consequently, the role of community health workers cannot be underestimated, as they are the personnel who willingly carry out health care delivery in rural and under-resourced locations.

1.2 Problem Statement

Studies on the policy orientation, institutional organisation, and management of Community Health Planning Services (CHPS) as well as the actions of Community Health Workers were carried out by Baatiema *et al.* (2016), Nwameme, Tabong, and Adongo (2018), and Assan *et al.* (2019). These studies identified a few barriers to the CHPS concept's implementation, such as some community health nurses' unwillingness to live in their operational zones, insufficient logistics and equipment, an increase in workload and a gradual shift from preventive to curative care, a high attrition rate, and community health workers' desire to further their education (MOH, 2012).

Studies have reported high attrition rates among Community Health Worker programs, despite their significant impact on health care delivery at the grassroots level. Attrition rates have been reported to be as low as 3.2% and as high as 77% across various geographical locations where the community health worker program has been rolled out (Mpembeni *et al.*, 2015). Primarily, high attrition rates are attributed to low worker motivation and satisfaction. Community health worker programs were instituted to solve some of these challenges posed by health care workers.

Over the years, the Community Health Nursing program was faced with challenges pertaining to resources, organization, training, monitoring and supervision challenges, and was consequently abandoned (Smith, 2013). Following the program's failure, an evaluation indicated that most Ghanaians resided more than 8 km distant from the nearest healthcare facility (Smith, 2013). Despite the identification of these difficulties, there is limited understanding and information on the factors that influence work satisfaction among Ghanaian Community Health Nurses.

1.3 Rationale of Study

Community Health Nurses (CHNs) are the first point of contact for all citizens in the healthcare system. Health service delivery is an indicator of the effectiveness of CHN especially in low-income countries. Studies have shown that CHNs have helped provide impartial care and extensive access to hard-to-reach populations (Sakeah *et al.*, 2014). This is especially true for individuals in rural areas where larger healthcare facilities are far from their place of residence.

By assessing the motivators and stressors faced by Community Health Nurses in their work, a more caring and dedicated primary healthcare system can be established. The expected outcome of this study is to determine the motivators and level of stress Community Health Nurses ace on the job and yield more knowledge in areas that require improvement leading to a better healthcare system.

The findings in this study will add to the existing literature on the factors that affect the job satisfaction of Community Health Nurses and allow managers of primary healthcare facilities and policymakers to see the motivators of Community Health Nurses and provide needed incentives to increase job satisfaction leading to better care and a reduced burden on the healthcare system.

1.4 Conceptual Framework

The Conceptual Framework for this thesis is based on a study conducted by Tadesse and Muriithi, 2017. The two-factor hypothesis (Herzberg, 1987) is employed in this study to characterise overall job motivation as a combination of motivators and hygiene factors. Motivators are internal to the profession and relate to humans' desire to attain goals, whereas hygiene factors are extrinsic to the job and are based on the fundamental urge to avoid unpleasant things in the environment. The job stress determinants are based on Karasek's

(1979) job stress model. Job demands and decision latitudes (autonomy) determine job stress, according to this model.

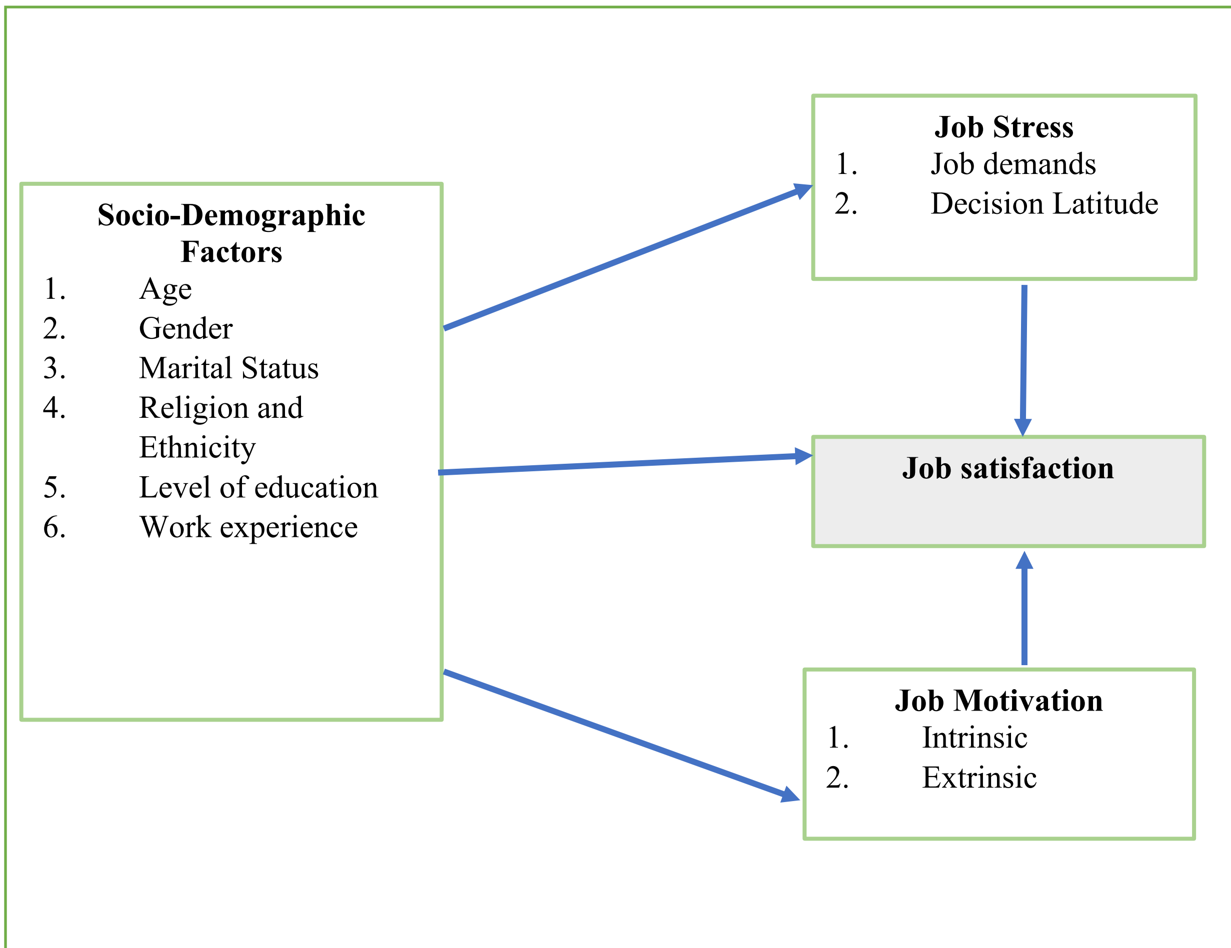

Figure 1.1: Conceptual Framework for Job Satisfaction

Source: Modified from (Tadesse and Muriithi, 2017)

1.5 Research Questions

1. What socio-demographic factors affect the job satisfaction level of Community Health Nurses?
2. What level of stress do Community Health Nurses face?
3. What are the main motivators of Community Health Nurses?
4. What are the factors associated with job satisfaction among Community Health Nurses?

1.6 General Objective(s)

This study aims to evaluate the relationship between stressors, motivation and job satisfaction among Community Health Nurses in three (3) administrative municipalities in the Eastern Region of Ghana.

1.7 Specific Objectives

Specifically, this study seeks;

1. To determine the socio-demographic factors that affect job satisfaction
2. To identify stress levels of Community Health Nurses
3. To determine the motivators of Community Health Nurses
4. To assess the factors associated with job satisfaction among Community Health Nurses

1.8 Profile of Study Area

The research was carried out in three (3) administrative municipalities in Ghana's Eastern Region: Lower Manya Krobo, Asuogyaman, and Yilo Krobo. These areas were once known as Kaoga District Council and share comparable features due to their closeness.

- **Lower Manya Kobo Municipal (LMKM)**

This is one of Ghana's 33 districts. In 2008, the Manya Krobo District was separated into Lower and Upper Manya Krobo. The district was raised to the status of municipality in July 2012, with Odumase Krobo as its capital. The Municipality accounts for approximately 1.7% (304.4 square kilometers) of the total land area of the Eastern Region. Odumase township (which contains Atua, Agormanya, and Nuaso), Akuse, and Kpong are the district's principal towns.

The municipality is bordered to the north by Upper Manya Krobo District, to the south by Yilo Krobo District, and to the east by Asuogyaman District (Ghana Statistical Service, 2014b).

- **The Yilo Krobo Municipality**

The municipality has an estimated area of 805 square kilometers, accounting for 4.2% of the total area of the Eastern Region. Somanya, the municipal capital, is roughly 45 kilometers from Koforidua and 50 kilometerS from Accra, the nation's capital. The dominance of the Krobos, one of the Dangme-speaking tribes, Dangme is the prevalent language spoken in the Municipality. Other minority languages spoken are Akwapem, Twi, Ewe, and Ga (Ghana Statistical Service, 2014c).

- **Asuogyaman District**

This district has an estimated surface area of 1,507 square kilometers, accounting for 5.7% of the total area of the Eastern Region. The district to the north is Afram Plains South District, while the districts to the south and west are Upper and Lower Manya. Asuogyaman is a traditional district located between the Volta and Eastern Regions, sharing boundaries to the east with the Volta Districts of Kpando, North Dayi, Ho, and North Tongu. The district's population is diverse in terms of race and religion. The Ewe, Ga-Adangme, and Akan are the most populous ethnic groups. Christianity is the largest religion, followed by Islam, Traditionalists, and smaller groups of individuals who follow other religions or have no religious identification (Ghana Statistical Service, 2014a).

Map 1.1: Map of the Eastern Region of Ghana

Source: Local government website (https://lgs.gov.gh/eastern/)

1.9 Scope of Study

This thesis aimed to investigate the factors that influence job satisfaction among community health nurses (CHNs) in three municipalities in the Eastern Region of Ghana. The study focused on understanding the unique challenges and experiences faced by CHNs in their roles and how these factors impact their overall job satisfaction. The study involved CHNs from various healthcare organizations and settings, including primary healthcare centres, community clinics, and outreach programs. The findings of this study will contribute to the existing literature on job satisfaction and the factors influencing it, specifically within the context of CHNs. The results will have practical implications for healthcare organizations, policymakers, and stakeholders involved in the management and support of CHNs. The research outcomes may inform the development of interventions, policies, and strategies aimed at enhancing job

satisfaction and, consequently, improving the overall well-being and effectiveness of CHNs in the selected municipalities. The findings may be restricted to the three municipalities included in the research and may not be generalized to other settings or populations. Additionally, the self-report nature of the data collection methods may be subject to response biases. However, efforts were made to minimize these limitations through rigorous data collection, analysis, and interpretation procedures. Overall, this study will provide valuable insights into the factors influencing job satisfaction among CHNs and contribute to the understanding of how to promote their well-being and job performance.

1.10 Organization of Report

This thesis is structured into six main chapters, each focusing on a specific aspect of the study. Chapter One provides an overview of the research topic, presents the background and context of the study, establishes the rationale, defines the problem statement, outlines the objectives of the research, and presents the conceptual framework. Chapter Two is a comprehensive summary of existing research and relevant literature related to the topic is presented. It serves to establish a solid foundation of knowledge and understanding for the study. Chapter Three, the methodology chapter, describes the research methodology employed in the study. It outlines the procedures, techniques, and tools used to collect and analyze data, ensuring the study's validity and reliability. Chapter Four presents the findings of the study in a clear and organized manner, utilizing tables, figures, graphs, and their interpretations. The results are presented to facilitate easy comprehension and further analysis. In Chapter 5, the results are discussed and interpreted within the context of the study. A comparison is made between the obtained results and the existing literature. Additionally, this chapter explores the limitations and challenges faced during the study. The final chapter (Chapter Six) concludes the study by summarizing the main findings and outcomes. It also offers suggestions for future research and provides recommendations to relevant stakeholders based on the study's findings.

CHAPTER 2

2.0 LITERATURE REVIEW

2.1 Sociodemographic Factors that Influence Job Satisfaction

According to Mpembeni *et al*. (2015), job satisfaction can be defined as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience". Healthcare professionals are considered the major backbone of any healthcare delivery system required to provide health and manage diseases and illnesses. Thus, their satisfaction is imperative to achieve the aim of health care delivery systems. The healthcare professionals who dedicate their time, energy and resources to carry out health duties that contribute to achieving health system goals make up the human resource, and their satisfaction as workers has a direct influence on the efficiency and productivity of health care delivery systems (Merga and Fufa, 2019). In recent years, the WHO has advocated for the evaluation of job satisfaction among health care professionals as it is a good measure for quality improvement programs of health care delivery (WHO, 2013). According to the report, less than 50% of the needed health care personnel are available to provide health care delivery in rural locations in most parts of the world. To compound this challenge, some of these areas receive health care delivery from non-qualified individuals, which consequently affects the health status of members in that community (WHO, 2013).

Gender has been identified as a factor that influences job satisfaction among health care personnel. A report on the findings of a study conducted in a township in China indicated that gender was a significant factor in determining health care professionals' posting to specific geographical locations (Lu *et al.*, 2016). In another study, more females than males were found to be dissatisfied with their job as health care workers (Wang *et al.*, 2017). Although there was no significant association between being male or female and gender satisfaction, this conclusion was derived because many more females than males were involved in the study

(Wang *et al.*, 2017). Among health care personnel working in public hospitals in Belgrade, Serbia, job satisfaction was significantly higher among males than females (Kuburović *et al.*, 2016). In a study conducted among community health workers in the Volta region of Ghana to determine their job satisfaction, however, the researchers found no significant association between gender and job satisfaction. Similarly, an Iranian study found no significant association between job satisfaction and whether or not health care personnel were males or females (Kebriaei and Moteghedi, 2009).

The age of health care professionals has also been documented to influence job satisfaction. In a study conducted among health care personnel in selected public health facilities in Ethiopia, workers aged less than 25 years were found to experience greater job satisfaction, compared to those aged above 25 years but less than 35 years (Merga and Fufa, 2019). On the contrary, a study conducted among health care workers in health centres in Pakistan discovered that older age was associated with higher job satisfaction (Khamlub *et al.*, 2013). This finding was attributed to the fact that older health care workers are more likely to have been working for a long, which is an indication of their contentment with their job and an accumulation of years of experience (Khamlub *et al.*, 2013). Further, health care workers who have been long at the job tend to binof higher positions which garners respect a high social status (Khamlub *et al.*, 2013). Consistent with this finding is a Serbian study which reported age above 60 years to be significantly associated with job satisfaction as a health care personnel (Kuburović *et al.*, 2016). According to the findings of Kebriaei and Monteghedi (2009), however, there was no significant impact of age on job satisfaction among health care workers. Similarly, Smith (2013) reported no significant association between age of workers and job satisfaction among community health workers in the Volta region of Ghana.

Several studies have reported on the import of the level of educational status of health care professionals and its impact on job satisfaction. It is noteworthy that higher levels of educational attainment determine the responsibility of the health care provider. Consequently, professionals who attain higher levels of education are more likely to be more impactful in health care delivery compared to those without the same or similar academic qualifications. In a study conducted among health care staff in a province in China, workers' educational background was found to be significantly associated with jobs satisfaction (Wang *et al.*, 2017). The researchers identified that health care personnel who held a doctorate degree or a master's degree were more likely to experience job satisfaction over those who held a bachelor's degree or a college degree (Wang *et al.*, 2017). Job satisfaction in this instance is argued to be as a result of the opportunities for promotion and higher work status that higher levels of education afford an individual.

For the same reason, however, some studies have reported poor job satisfaction among several health care workers (Lu *et al.*, 2016). According to the findings reported by Lu *et al.* (2017), low job satisfaction stems from the fact that healthcare personnel of such educational status are expected to live up to several expectations which may be difficult to observe. Thus, due to the pressure to live up to expectation, individuals tend to experience low job satisfaction. Consequently, according to the findings of their study, healthcare professionals of lower professional status experienced higher job satisfaction compared to those of higher professional status (Lu *et al.*, 2016). A study conducted among health professionals in some selected public health facilities in Ethiopia reported that although there was no significant association between level of educational status and job satisfaction by bivariate analysis, health care workers who held degree certificates were more likely to experience higher job satisfaction, compared to those who had diploma certificates (Deriba *et al.*, 2017).

Several studies have evaluated the influence of marital status on health workers' job satisfaction. In a study conducted among health care workers in Ghana and Kenya, the researchers found no significant association between marital status and job satisfaction from bivariate analyses. However, some other models of analyses revealed that health care personnel who were married had lower odds of job satisfaction (Afulani *et al.*, 2021). Further, support from family was documented to be a significant influence in determining job satisfaction as health care personnel in these two countries (Afulani *et al.*, 2021). Similarly, Lu et al. (2017) reported no significant association between marital status of health care workers in China and job satisfaction. According to findings from a study conducted among health care workers in Athens, however, professionals who were married were more likely to experience higher job satisfaction compared to those who were not married (Diakos, Koupidis and Dounias, 2022). This finding is similar to a report on a study conducted in a health care facility in northwest Ethiopia, where married health care workers were found to be more likely to experience job satisfaction, compared to their unmarried colleagues (Gedif *et al.*, 2018). The researchers argue that married individuals are likely to receive financial, social and psychological support from their spouses, all of which are predictors of job satisfaction (Gedif *et al.*, 2018).

Another factor that has been documented to influence job satisfaction of health care workers is the number of working years. According to findings reported by Merga and Fufa (2019) in their study among health care professionals in eastern Ethiopia, workers who have had up to ten years or more working experience were more likely to be satisfied with their work, compared to those who had only been working for five years or less. Similar findings were reported in a Serbian study, where health care personnel who had thirty or more years of service were more likely to be satisfied with their work, compared to those who had worked for lesser number of years (Kuburović *et al.*, 2016). These findings can primarily be as a result of the managerial and supervisory positions health care workers are appointed to as they spend more years of

service, which is a predictor of higher levels of satisfaction (Kuburović *et al.*, 2016; Merga and Fufa, 2019).

2.2 Stress Levels of Community Health Workers

Stress can be defined as the degree to which unmanageable pressures make individuals feel overwhelmed (AlMuammar, Shahadah and Shahadah, 2022). Among health workers, stress is considered a common phenomenon. It is an organizational challenge that needs to be curbed due to its impact on job satisfaction, staff performance, and patients' outcomes (Odonkor and Adams, 2021). In a study conducted to evaluate the stress levels among health care workers in western Ghana, age was found to be a significant factor (Odonkor and Adams, 2021). According to the findings of the study, health care personnel who are aged 56 years and older are more likely to experience stress compared to those who are younger. This can be attributed to the fact that with older age comes depletion in energy, thus older health care workers are unable to provide care with the same boost of energy as younger personnel do, and are likely to get tired at the least exertion. Among health care personnel in India, a study reported findings that health workers who were aged 41 years and above were more likely to experience occupation-related stress, compared to those below 41 years (Nirmala and Suresh Babu, 2013). The researchers argued for the fact that such personnel are that age are likely to be married, or engaged in some form of romantic relationship, and experience stress due to the demands of both family and work on them (Nirmala and Suresh Babu, 2013). Further, older age presents with biopsychosocial challenges and compared with younger age, is associated with decreased mobility and dexterity (Hodges *et al.*, 2023).

Among health care personnel, gender disparities have also been documented to influence stress levels although varying studies present diverse results. In a study conducted among selected hospitals in India, male health care professionals were found to be more likely to experience

stress compared to their female counterparts (Nirmala and Suresh Babu, 2013). The researchers attributed this finding to be as a result of role expectations of male health care personnel which differs from females. Further, in Indian society, males are expected to engage in more laborious activities, whereas females are provided the opportunity to engage in seemingly menial jobs. Consequently, male personnel experience higher levels of stress and anxiety compared to females in the same work environment (Nirmala and Suresh Babu, 2013). In a different study conducted among health workers in Brazil, females were found to be more likely to experience stress compared to their male colleagues in the health sector (Muzzi, Pawlina and Schnorr, 2018). According to the researchers, the stress female health care personnel face is a result of the demands of society on them, which seem to conflict and compound their personal demands and desires, including professional, academic, personal, biological and sexual demands (Muzzi, Pawlina and Schnorr, 2018).

On the other hand, findings from a study conducted among health care personnel in western Ghana reported no significant difference in stress levels between males and females (Odonkor and Adams, 2021). Consistent with these findings, a study conducted among Iranian nurses to determine the relationship between sociodemographic factors and occupational stress reported no significant association between gender and stress (Kebriaei and Moteghedi, 2009).

A significant indicator of stress among health care workers is increased workload at the health care facility. During the COVID-19 pandemic, community health workers were documented to be effective in providing emotional support and connecting affected individuals to the right places and resources (Hodges *et al.*, 2023). CHNs were also reported to have served the role of familial support where they were not available for sick relatives (Hodges *et al.*, 2023). Notwithstanding the help they provided during the time, the increased workload presented with its own levels of stress. According to findings from a study conducted among community health

workers in India, the rate of burnout increased significantly over the period, with majority of the health workers reporting episodes of poor sleep quality (Yella and Dmello, 2022). This challenge was compounded by the inevitable fear health professionals held of contracting the infection as well as spreading it to family members (Yella and Dmello, 2022). It is noteworthy that increased working hours during the pandemic is positively associated with the burnout rates and sleep depravity experienced by health care personnel during the period. In evaluating the incidence of depression, anxiety and stress among frontline health workers during the COVID-19 pandemic, a study conducted in southern Vietnam indicated the need for adequate psychological counselling to be provided to health care personnel due to the increased experiences of fear and worry, as well as the increased exposure to infected individuals (Le Thi Ngoc *et al.*, 2022).

2.3 Motivations of Community Health Workers

Motivation for work has been defined as the "willingness to exert and maintain an effort towards organizational goals" (Mpembeni *et al.*, 2015). According to Mpembeni *et al.,* (2015), health worker motivation is a direct influence of individual, organizational and cultural factors, and it can be identified as a predictor of job satisfaction. In a study that was conducted to determine the factors that contribute to work motivation and job satisfaction among hospital nurses in Trinidad and Tobago, nurses' ethnicity was documented to be significant motivating factor, coupled with the nature of their employment (Onuoha *et al.*, 2017). The findings were related to the fact that Trinidad and Tobago is made up of individuals of various ethnicities, thus, there is cordiality amongst them and health care professionals are encouraged to provide care to all and sundry without prejudice. Similarly, Blaauw et al. (2013) indicated from the findings of their study that healthcare worker motivation impacted significantly on their performance and retention. Thus, well-motivated staff were more likely to remain in their job and produce optimum output, compared to under-motivated staff. According to Onuoha et al.

(2017), nurses who are employed on contractual basis are more likely not to be motivated to work, compared to those who had been employed on permanent basis This can be attributed to the fact that permanent staff are entitled to stable salaries and enjoy other benefits because of their work status and educational qualification.

In their study among community health workers in Morogoro region, Tanzania, Mpembeni *et al.* (2015) documented that older community health workers had different motivating factors compared to their younger colleagues. According to the findings of their study, whereas older CHNs were motivated to work due to the respect they receive from community members and their need to utilize their skills, younger CHNs were more likely to be motivated by financial compensations (Mpembeni *et al.*, 2015). It is noteworthy, however, that for both younger and older health personnel alike, a key motivator to keep doing their jobs is the motivation derived from their salaries and financial benefits they gain (Smith, 2013). According to Smith (2013) community health workers are satisfied on their job, however, their pay and benefits as well as working conditions tend to influence their motivation to work. Arguably, community health workers will be motivated to work in the instance where they are given pay rises and other financial benefits, including, but not limited to transportation costs and some allowances. Mpembeni *et al.* (2015) in their study among health care personnel in Tanzania indicated the de-motivation factor of transportation which puts a strain on the performance of community health workers. This is due to the fact that CHNs in these regions are not provided any means of transport, abut are expected to carry out their duties nonetheless.

Another factor of motivation that has been identified in the literature is recognition. In his study among community health workers in the Volta region of Ghana, Smith (2013) argued for the need to improve recognition. According to the findings of the study, the matter of recognition was the second most important predictor of motivation among community health workers. It is

imperative to appreciate that recognition is required to keep employees committed and dedicated to achieving organizational goals and objectives (Smith, 2013). Among community health workers in the Volta region, Smith (2013) identified that they place an imperative on the need to be recognized by their superiors and colleagues alike, due to their ability to work independently with very minimal supervision, and the fact that they are innovative in carrying out their duties, especially in instances when there are not the requisite resources to carry out their duties (Smith, 2013). In Trinidad and Tobago, nurses reported social recognition as a significant factor of motivation (Onuoha *et al.*, 2017). Thus, in addition to being recognized by superiors and consequently being rewarded, health care personnel are motivated to carry out their duties when they are socially recognized by members of the community whom they serve. Health care personnel who are known to spend more hours at work willingly do so because they consider providing quality health care an important duty (Khamlub *et al.*, 2013), for which reason receiving motivation would be a great source of motivation to keep them going.

According to findings from a study conducted in Ethiopia, health care personnel in low- and middle-income countries tend to be demotivated due to the lack of opportunity for career development as well as the unavailability of relevant technology to carry out effective and quality health care. Consequently, such personnel seek to leave their countries to well-advanced countries where such opportunities are available (Abate and Mekonnen, 2021). This suggests that improving working conditions in these parts of the world will serve as motivation to keep the health care personnel in their locations to render health care. In a study conducted in Pakistan, physical working conditions were found to be a significant indicator to motivate health care personnel on their job (Khamlub *et al.*, 2013). The conditions of work that serve to motivate health care personnel include, but not limited to, office buildings, adequate lighting, proper ventilation, appropriate hygiene, as well as work instruments and resources (Smith, 2013). Among nurses in Trinidad and Tobago, nurses were demotivated and consequently

dissatisfied as a result of poor state of structural conditions (Onuoha *et al.*, 2017). Such challenges can be curbed by providing adequate infrastructure as the health care personnel require, and improving both living and working conditions of staff. Further, opportunities for higher education and training should be made available for health personnel who seek higher education.

2.4 Factors associated with Job Satisfaction

Job satisfaction among health care workers tends to not only retain them as health workforce, but it also improves their performance as care providers (Mpembeni *et al.*, 2015). It has been documented that whereas higher job satisfaction leads to a better workforce performance, low experiences of job satisfaction negatively impact employees' commitment to their work duties, consequently hindering the achievement of organizational goals and objectives (Mpembeni *et al.*, 2015). In a systematic review, several factors were identified to influence the performance of community health workers, which was identified as a direct influence of their satisfaction, including, but not limited to human resource management, availability of resources and logistics, as well as the nature of duties assigned and time spent on carrying out such duties (Kok *et al.*, 2015). The review further indicated that good performance exhibited by community health workers was as multifactorial effect involving provision of incentives, training programs, incessant supervision, and a strong co-ordination between community health workers and health professionals in other locations (Kok *et al.*, 2015). Factors including, but not limited to relationships with colleagues, supervisors and patients were documented to be the third most significant predictor of job satisfaction among community health workers in the Volta region of Ghana (Smith, 2013). Consequently, improving the social and emotional factors of the work environment, particularly implementing measures to promote healthy relationships among colleagues and supervisors, as well as with patients will be significant determinant of job satisfaction among community health workers (Smith, 2013).

Community health workers must be provided with appropriate working environment to enhance their job satisfaction. In their study among community health workers in Iran, Kebriaei and Moteghedi (2009) reported that job satisfaction among CHNs was low primarily due to poor working conditions, including, but not limited to poor lighting, heating, air circulation and noise at their places of work. This is important because poor working conditions could result in both physiological and psychological stress, consequently impacting negatively on their productivity as health care personnel (Kebriaei and Moteghedi, 2009). Among community health workers in Morogoro region, Tanzania, the personnel were reported to be dissatisfied with work because although they had been promised bicycles to facilitate movement across the vast region, they still had to rely on their own means of transportation (Mpembeni *et al.*, 2015). The lack of means of transport indicates that community health workers have to travel across large stretches of land on foot to carry out their duties, resulting in a lot of strain on their physical and mental health (Mpembeni *et al.*, 2015). Further, the lack of means of transportation means more time will be spent in performing few duties, leading to less productive work being done (Mpembeni *et al.*, 2015). In a systematic review to determine which intervention design factors influence performance of community health workers in low- and middle-income countries, lack of transportation was reported as a major inhibitor to the health workers' effectiveness (Kok *et al.*, 2015). According to the findings of the review, community health workers expressed their dissatisfaction with having to pay for transportation from their personal finances. Consequently, being provided with bicycles or motorcycles would be a major boost to their work performance (Kok *et al.*, 2015). According to findings from a study conducted among community health workers in the Volta region of Ghana, availability of such factors as necessary equipment and supplies, as well as ensuring the safety

and cleanliness of the work environment would significantly improve job satisfaction among the workers (Smith, 2013).

In evaluating job satisfaction among health care staff across health centers in rural China, low job satisfaction among the personnel was reported to be as a result of the lack of training opportunities and specialties (Wang *et al.*, 2017). According to the researchers, health care personnel in this region consider the opportunities for training as a predictor of the possibilities of career development. Consequently, providing multiple training sessions for them would invariably result in higher levels of job satisfaction (Wang *et al.*, 2017). According to the findings reported by Kok *et al.* (2015), community health workers were promised the opportunity of career advancement and promotion on joining the programme. However, dissatisfaction set in when such opportunities were never presented to them as they carried out their duties and time elapsed. According to a study conducted in Bangladesh to determine the factors that affect the recruitment and retention of community health workers, the researchers reported that most people left the project because they did not receive the promised opportunities of career advancement attached to joining the program (Kumar *et al.*, 2013). Similar reports have been documented in other studies. According to Gedif *et al.* (2018), health care personnel tend to express dissatisfaction at their work when there are no opportunities for training and career growth. It has been documented that offering health care professionals training opportunities enhances their morale and self-confidence, consequently improving the quality of care they render (Kumar *et al.*, 2013). According to the findings of their study on job satisfaction among public health professionals in Pakistan, majority of health care professionals expressed low levels of job satisfaction because there was no clear structure for professional and development opportunities.

A major predictor of job satisfaction that has been reported by multiple studies is financial incentives. Health care professionals in Pakistan have been reported to be dissatisfied with work due to their meagre income (Kumar *et al.*, 2013). Community health workers are particular about the salaries they receive because of its impact on their standard of living, as well as money serving as a means of security (Kebriaei and Moteghedi, 2009). Poor levels of job satisfaction among health care personnel has been documented to result in undesirable outcomes, including brain drain (Merga and Fufa, 2019). According to Merga and Fufa (2019), providing benefits packages for health care professionals including allowances and other employment benefits are statistically significant in determining job satisfaction. In their study, participants were evaluated based on the actual salary package, the fairness of the salary when compared to other staff members and fair benefits received by all members of staff. Consequently, health workers are more likely to be satisfied with their job when they approve of these conditions of service (Merga and Fufa, 2019).

Some studies have reported the requirement of health care personnel for recognition and respect. Kebriaei and Moteghedi (2009) argue that it is typically inexpensive to give recognition to an employee for a job well done, compared to providing them with financial incentives. Consequently, managers and supervisors, in instances when providing financial incentives to community health workers is a challenge, should not refrain from providing the appropriate recognition they deserve (Kebriaei and Moteghedi, 2009). According to findings from a study conducted among health professionals in west Ethiopia, recognition by management which results in some form of reward, as well as recognition by patients, which is typically demonstrated by their appreciation, ensures job satisfaction among the workers (Deriba *et al.*, 2017). Recognition encourages health professionals to keep to their efforts in their line of work. Among health care professionals in northwest Ethiopia, Gedif *et al.* (2018) reported similar findings of their need for recognition. According to the report, a significant

predictor of job satisfaction among health care professionals pertains not only to monetary compensations, but when they are shown respect and recognition by their superiors, and consequently rewarded for their efforts (Gedif *et al.*, 2018).

CHAPTER 3

3.0 METHODOLOGY

3.1 Research Method

The quantitative nature of this study holds significant advantages for investigating the stressors and motivations of CHNs. By utilizing a structured questionnaire, data collection can be standardized, facilitating the measurement of various variables of interest. The questionnaire will encompass relevant dimensions related to stressors and motivations, allowing for the assessment of factors such as workload, interpersonal relationships, job demands, and personal aspirations. Through the systematic collection of data from a diverse sample of CHNs, the study will capture a comprehensive picture of their experiences at a specific point in time.

The statistical analysis of the collected data plays a vital role in the study's interpretation and assessment. By employing appropriate statistical techniques, such as correlation analysis, regression analysis, and descriptive statistics, the relationships between variables can be explored and quantified. This quantitative analysis provides a solid foundation for drawing objective conclusions and making evidence-based inferences about the stressors and motivations of CHNs and their impact on job satisfaction. The use of mathematical language and statistical methods ensures that the findings are precise, replicable, and interpretable by researchers and practitioners in the field.

Furthermore, the study aimed to identify predictors of job satisfaction among CHNs. Employing this research method yielded results that can be readily expressed using mathematical language and statistically interpreted, thereby enabling a comprehensive assessment of the research problem.

3.2 Research Design

The cross-sectional study design is a fundamental type of observational research that allows for the analysis of data collected at a specific point in time within a defined population. This research approach serves as an effective means to investigate various phenomena and explore potential relationships between variables. In the context of this thesis, a cross-sectional study was employed to examine the stressors and motivations experienced by Community Health Nurses (CHNs).

This design was use for this study offers several notable strengths. It allows for a comprehensive assessment of the stressors, motivations, and predictors of job satisfaction among CHNs, capturing a snapshot of their experiences at a particular moment. This approach enables researchers to evaluate multiple factors simultaneously, providing insights into the complex interplay of variables that influence job satisfaction. Furthermore, the cross-sectional design facilitates the identification of potential predictors, enabling the exploration of factors that may contribute significantly to CHNs' job satisfaction.

The results obtained from this study will not only contribute to the existing body of knowledge concerning the stressors and motivations of CHNs but also have practical implications. The findings can inform healthcare organizations and policymakers about the factors influencing CHNs' job satisfaction, enabling the development of targeted interventions and policies to improve their well-being and enhance the quality of care they provide.

3.3 Data Collection Techniques and Tools

For this thesis, a structured close-ended questionnaire was developed, drawing upon existing scales related to motivation, job stress, and job satisfaction. These scales were derived from an extensive literature review and had undergone thorough scrutiny by supervisors to ensure fairness and relevance. The questionnaire was administered through a Google Form, accessible

via a link, to facilitate convenient data collection. The data collection period took place in June 2023. During this period, the link to the questionnaire was shared with randomly selected Community Health Nurses after a brief phone call explaining the purpose of the study.

To uphold ethical considerations and safeguard participant confidentiality, a Participant Informed Consent form was included in the questionnaire. This form clearly outlined the purpose of the study, assure participants of the confidentiality of their responses, and obtain their explicit consent to participate.

The questionnaire itself is structured into four sections. Section A focuses on gathering participant demographic information, providing a comprehensive overview of the sample population. The subsequent three sections consist of standardized scales designed to measure workplace stress, motivation, and job satisfaction.

Section B utilizes an 8-item scale to assess workplace stress. Participants will be asked to rate their agreement with each item using a 5-point Likert scale. The scale employed in this section is adapted from The Marlin Company and the American Institute of Stress (2001), ensuring its reliability and validity.

Section C addresses workplace motivation and employs a 7-point Likert scale. Participants will rate the extent to which each statement corresponds to their own experience, ranging from "Does not correspond at all" to "Corresponds exactly." This scale is based on the work of Deci and Ryan (2004) and has demonstrated its effectiveness in measuring motivation in various contexts.

Finally, Section D encompasses the short form of the Minnesota Job Satisfaction Inventory, a widely recognized tool comprising twenty items. Participants will use a 5-point Likert scale to express their level of agreement or disagreement with each statement. This scale, originally

developed by Weiss, Dawis and England (1967), has proven to be a robust measure for assessing worker satisfaction or dissatisfaction.

By employing these standardized scales, the questionnaire ensures that the data collected will be both reliable and comparable. The use of Likert scales provides a consistent framework for participants to express their opinions, facilitating the quantitative analysis of the responses.

3.4 Study Population

The focus of this thesis is on Community Health Nurses within the Eastern Region, with a specific emphasis on individuals stationed in the Lower Manya Krobo, Yilo Krobo, and Asuogyaman municipalities. These municipalities were selected based on their relevance to the study area's profile and characteristics. Community Health Nurses, by nature of their profession, primarily carry out their work within the community, making them the ideal target population for this research.

Inclusion Criteria

The inclusion criteria for participants in this study comprised CHN across the three aforementioned municipalities. These individuals were required to have a minimum of one year of practical experience as a Community Health Nurse, provide informed consent to participate in the study, and possess sound mental health.

Exclusion Criteria

Individuals who did not meet the criteria of being a CHN, were on study/maternity leave, unavailable during the designated data collection period, or had less than one year of professional experience were excluded from the study. These exclusion criteria were established to ensure the homogeneity and representativeness of the sample population, as well as the validity and reliability of the study findings.

3.5 Study Variables

Independent Variables

Variables	Operational Definition	Scale of Measure
Age	Age of respondents at the time of study	Numerical (Discrete)
Gender	Sex of respondent	Binary (Male or Female)
Religion	Spiritual affiliation of the respondent	Categorical (Nominal)
Education level	Level of education attained by the respondent.	Categorical (Nominal)
Marital Status	Current marital status of the respondent at the time of the study.	Categorical (Nominal)

Dependent Variables

Variables	Operational Definition	Scale of Measure
Job Satisfaction	overall emotional and cognitive evaluation of the respondents' jobs, either positive or negative.	Categorical (Nominal)
Motivation	An internal or psychological process that motivates, focuses, and sustains a person's behavior in order to accomplish a specific objective or goal.	Categorical (Nominal)
Stress	physiological and psychological reaction to perceived or real environmental risks, difficulties, or demands	Categorical (Nominal)

3.6 Sampling

Community Health Nurses (CHNs) play a vital role in Ghana's healthcare system, providing specialized services to local communities. This thesis aimed to comprehensively study the population of CHNs in three districts in the Eastern Region of Ghana using a census method. The total reported number of CHNs, as collected from the three district health directorates, is 185. A census was chosen as the most appropriate sampling technique due to the relatively small size of the target population, making it manageable and feasible to include all individuals. This approach ensures completeness of data, reduces errors and biases, and provides a comprehensive representation of CHNs across the districts.

Conducting a census study however presents several challenges that need to be addressed. These include limited funding and resources, time constraints and difficulty reaching certain populations. To address these problems the study prioritized cost-effective data collection methods (online questionnaires/ Google forms), strict timelines and sought potential collaborations with relevant organizations (District Health Office).

3.7 Pre-testing

To assess the effectiveness and feasibility of the data collection method and questionnaire, a pilot study was conducted. The pilot study involved 10 randomly selected Community Health Nurses stationed in Accra. These participants performed similar roles to those stationed in the Lower Manya Krobo, Yilo Krobo, and Asuogyaman municipalities within the Eastern Region.

The primary objective of the pilot study was to evaluate the participants' understanding of the questionnaire and assess the efficacy of the data collection method. By administering the questionnaire to the pilot group, it was possible to identify any potential issues or challenges that could arise during the main data collection phase.

The insights gained from the pilot study allowed for necessary adjustments and improvements to be made to both the data collection method and the questionnaire. The modifications were implemented to enhance the clarity and comprehensibility of the questionnaire, ensuring that participants could easily understand and respond to the items. Additionally, the revisions aimed to optimize the efficiency and effectiveness of the data collection process.

Through this pilot study, valuable feedback was obtained, enabling refinements to be made to the questionnaire and data collection method. The changes implemented based on the pilot study's findings ensured that the main data collection phase would proceed smoothly, enabling the collection of high-quality and meaningful data from the targeted Community Health Nurses in the Eastern Region.

3.8 Data Handling

The data collected from the respondents were carefully reviewed to identify any errors or missing information. This screening process aimed to ensure the accuracy and completeness of the dataset. To facilitate data cleaning and management, the decision was made to export the information gathered through Google Forms into a Microsoft Excel document. This approach offers several advantages, including enhanced ease of data cleaning, identification of errors, as well as the handling of missing or inconsistent data entries, data organization, and analysis of the data. The decision to export the data to Excel also ensures compatibility and interoperability with other statistical analysis software enabling more advanced statistical analyses and modelling.

3.9 Data Analysis

STATA statistical software package (*StataCorp.2007. Stata Statistical Software. Release 17*. StataCorp LP, College Station, TX, USA) was used for analysis. Summary tables and graphs were used to represent the demographic characteristics of research participants. Bivariate and

odds ratio analysis was performed to assess key determinants of job satisfaction and their relationships. A 95% confidence interval and a p-value less than 0.05 was used to assure statistical significance.

3.10 Ethical Consideration

Ethical clearance was given from Ensign Global College's Institutional review board and Administrative Clearance from the various Municipalities involved in the study. The main ethical issues observed was confidentiality and the inconvenience to participants. Consent was via the consent page of the questionnaire. The consent page ensured participant anonymity and confidentiality, as well as, stated that research participation is voluntary. Participant names and other identifying information was not taken aside from those relevant to the study. Participants were assured that the data collected is for research purposes only.

3.11 Limitations of Study

The limitation of this thesis lies in the scarcity of literature available specifically on the subject of Community Health Nursing (CHN), as the implementation of the Alma Ata declaration varied across different countries. Most of the existing literature revolves around community health workers, a broader category that includes community health nurses. Consequently, the specific role and experiences of CHNs may not be extensively explored or documented. Obtaining contact information of CHNs from the respective Directorates of the Ghana Health Service posed challenges during the data collection process. Understandably, such information is often considered confidential and not readily accessible. This difficulty in procurement limited the researcher's ability to reach a comprehensive sample of CHNs, potentially impacting the representativeness and generalizability of the study. Some CHNs exhibited initial reluctance to participate in the study. However, as assurances of confidentiality and anonymity were provided, the response rate improved. While efforts were made to establish trust and

encourage participation, it is important to acknowledge that the willingness to engage in the study may have influenced the results, potentially introducing a response bias.

Another limitation pertains to the potential for participant comprehension issues and self-report biases. The understanding of the questionnaire by the CHNs is assumed, but variations in interpretation and subjective understanding may have occurred. Additionally, self-report biases, such as social desirability bias or memory recall errors, may have influenced the responses, leading to potential inaccuracies or over- or underrepresentation of certain aspects. These limitations will be taken into account when interpreting the findings and drawing conclusions from this study. Future research should strive to address these limitations and provide more comprehensive insights into the specific role of CHNs.

3.12 Assumptions

It is assumed that participants understood the administered questionnaire, provided truthful and accurate responses, and that the sample size was large enough for generalizability. It is also assumed that the lack of supplementary data verification methods and reliance on self-reported information introduce potential sources of error.

CHAPTER 4

4.0 RESULTS

4.1 Introduction

Chapter Four provides the key findings from the field data gathered on the study participants working as Community Health Nurses within three (3) administrative districts in the Eastern Region of Ghana. Out of the projected census data for 185 participants for the study, cleaned data for the analysis was generated on a total of 135. Thereby yielding a study response rate of about 73%.

4.2 Demographic characteristics of participants.

One hundred and thirty-five Community Health Nurses were involved in this study and their demographic information is summarized in Table 4.1 below. The majority (63.0%) of the participating nurses in the study were aged 30-39 years, with just eight (8) nurses within the age range 40-49 years representing 5.9% of the total respondents. A greater proportion (90.4%) were female and Christians (96.3%). More than half were single (57.0%) and at the rank of Community Health Nurse (56.3%). The census of community health nurses was done in three administrative districts in the Eastern Region of Ghana; Asuogyaman (38.5%), Lower Manya Krobo (35.6%) and Yilo Krobo (25.9%). Regarding the duration of work since graduating from their respective training institutions, the result revealed a larger number of the study participants (46.7%) had been working for 1-3 years, with just one (1) out of five (5) reporting he/she has been in active service for more than 10 years (20.0%).

Table 4.1: Demographic information of community health nurses

Characteristic	Frequency	Percentage
Age		
20-29	42	31.1
30-39	85	63.0
40-49	8	5.9
Sex		
Female	122	90.4
Male	13	9.6
Marital status		
Married	58	43.0
Single	77	57.0
Education		
Diploma	39	28.9
Tertiary	96	71.1
Religion		
Christian	130	96.3
Muslim	5	3.7
Job title		
Community Health Nurse	76	56.3
Principal Community Health Nurse	10	7.4
Senior Community Health Nurse	49	36.3
Area stationed		
Asuogyaman	52	38.5
Lower Manya Krobo	48	35.6
Yilo Krobo	35	25.9
Work experience (years)		
1-3	63	46.7
4-6	25	18.5
7-9	20	14.8
10+	27	20.0

Source: *Field Data, 2023*

4.3 Workplace stress among community health nurses

Stress levels were measured among the participants using the Workplace Stress Scale, which is an eight (8) item questionnaire with a five-point Likert Scale. The mean scores and their respective standard deviations are presented in Table 4.2 below. The highest mean score was recorded against "Unpleasant conditions at work" (2.6±0.93), which was followed by "Doing too much or having unreasonable deadlines" (2.5±1.18) and "Receiving inadequate recognition or rewards for good performance" (2.5±1.14). The least mean score was recorded for the "Inability to fully utilize one's skills and talents at work (1.7±0.95) (Table 4.2).

Table 4.2: Workplace Stress scale of community health nurses

Statement	Mean	SD
1. Conditions at work are unpleasant or sometimes even unsafe	2.6	0.93
2. I feel that my job is negatively affecting my physical or emotional well-being.	2.0	1.07
3. I have too much work to do and/or too many unreasonable deadlines.	2.5	1.18
4. I find it difficult to express my opinions or feelings about my job conditions to my superiors.	2.3	1.18
5. I feel that job pressures interfere with my family or personal life.	2.3	1.13
6. I feel that I have inadequate control or input over my work duties.	1.9	0.98
7. I receive inadequate recognition or rewards for good performance.	2.5	1.14
8. I am unable to fully utilize my skills and talents at work.	1.7	0.95

Measurement done on 5-point Likert Scale:
1-Never, 2-Rarely, 3-Sometimes, 4-Often and 5-Very often

An aggregate score was then generated on the chosen responses to the 8-item scale on Stress, where a total score of 0 represented No Stress and a higher score of 40 represented "extreme stress". Using the Perceived Stress Scale (PSS), the stress levels of the participants were then determined to be 71.85% moderately stressed and 5.93% highly stressed on their job (Fig.4.1).

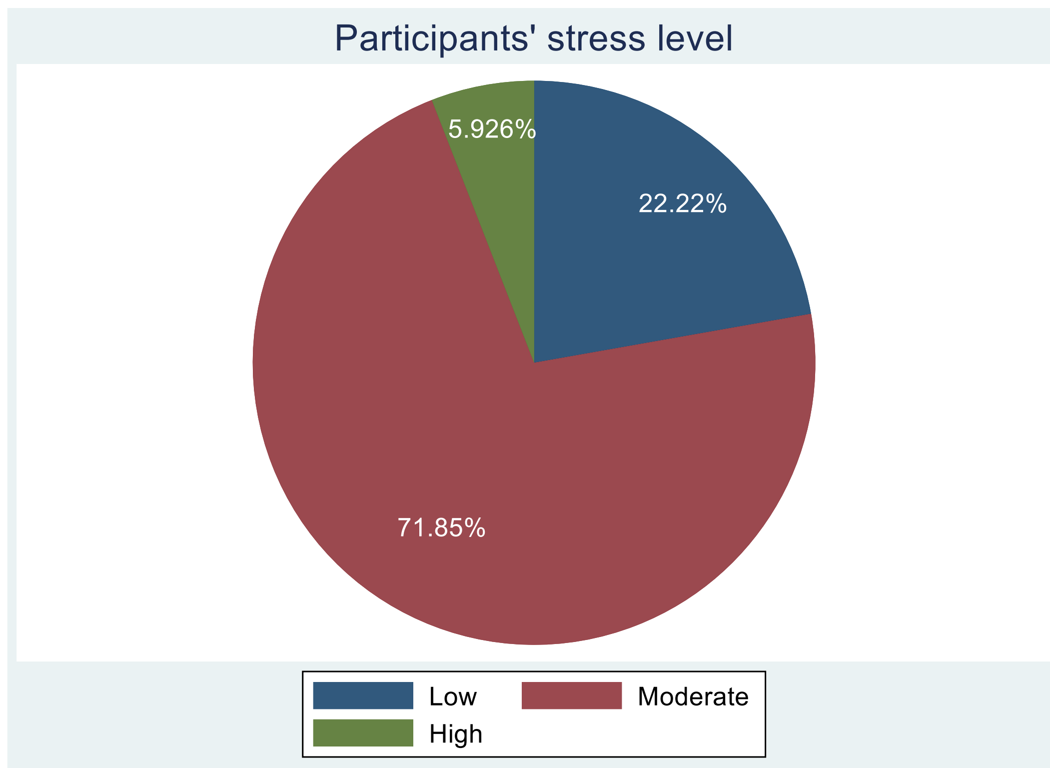

Figure 4.1: Stress level of Community Health Nurses

4.4 Cronbach's Alpha Analysis on Stress:

A set of 8-item questions was adopted to evaluate what the participants perceived to be the effect of stress on their work performances. Each item was scored on a scale of 1 to 5, with a score of 1 indicating a "Never" of the specific question with 5 depicting a "Often" on the scale. Table 4.3 displays the distribution characteristics of the participant's responses to the 8-item Likert Scale Questions on Stress. A standardized Cronbach's alpha (α) analysis was conducted on the 8-item questions. A reliability coefficient of **0.844** was derived which demonstrated a "G*ood Reliability*" in the responses provided. The item-total correlation ranged from 0.438 to

0.832 where Item Stress8 **“I am unable to fully utilize my skills and talents at work”** had the lowest correlation coefficient depicting the level of stress resulting from that.

Table 4.3: Cronbach’s Alpha Analysis of 8-Items Stress Likert Scale

Items	Sign	Item-test Corr.	Item-rest Corr.	Average Interitem Cov.	Alpha	Label
Stress1	+	0.755	0.659	0.387	0.816	Conditions at work are unpleasant or sometimes even unsafe
Stress2	+	0.705	0.595	0.401	0.824	I feel that my job is negatively affecting my physical or emotional well-being.
Stress3	+	0.795	0.712	0.377	0.809	I have too much work to do and/or too many unreasonable deadlines.
Stress4	+	0.711	0.602	0.399	0.823	I find it difficult to express my opinions or feelings about my job conditions to my superiors.
Stress5	+	0.832	0.761	0.367	0.802	I feel that job pressures interfere with my family or personal life
Stress6	+	0.718	0.612	0.397	0.822	I feel that I have inadequate control or input over my work duties.
Stress7	+	0.580	0.441	0.434	0.843	I receive inadequate recognition or rewards for good performance.
Stress8	+	**0.438**	0.275	0.471	0.862	**I am unable to fully utilize my skills and talents at work.**
Test scale				**0.404**	**0.844**	**Mean (standardized items)**

4.5 Workplace motivation among community health nurses

The distribution of all six (6) subscales of the Workplace Extrinsic and Intrinsic Motivation Scale and the Work Self-Determination Index are summarized in Table 4.4 summarizes. Three of the subscales: Intrinsic motivation, Integrated regulation and Identified regulation had mean scores of 4.1 and 4.0 respectively. The lowest mean score was recorded for the subscale of Amotivation, 2.7 (±1.40). The nurses had good work motivation with an average work self-determination index of 6.4±6.74.

Table 4.4: Workplace Extrinsic and Intrinsic Motivation Scale and Work Self-Determination Index of Community Health Nurses

Motivation subscale	Mean	SD	Min	Max
Intrinsic motivation				
Because I derive much pleasure from learning new things	4.2	1.86	1	7
For the satisfaction I experience from taking on interesting challenges	4.1	1.78	1	7
For the satisfaction I experience when I am successful at doing difficult tasks.	4.0	2.05	1	7
Subscale	***4.1***	***1.70***	***1***	***7***
Integrated Regulation				
Because it has become a fundamental part of who I am	4.1	1.92	1	7
Because it is part of the way in which I have chosen to live my life	3.5	2.02	1	7
18 Because this job is a part of my life	4.3	1.96	1	7
Subscale	***4.0***	***1.73***	***1***	***7***
Identified regulation				
Because this is the type of work I chose to do to attain a certain lifestyle.	3.5	2.00	1	7
Because I chose this type of work to attain my career goals	4.5	1.81	1	7
Because it is the type of work I have chosen to attain certain important objectives	4.1	1.85	1	7
Subscale	***4.0***	***1.56***	***1***	***7***

Motivation subscale	Mean	SD	Min	Max
Introjected regulation				
Because I want to succeed at this job, if not I would be very ashamed of myself	3.2	1.96	1	7
Because I want to be very good at this work, otherwise I would be very disappointed	3.9	2.09	1	7
Because I want to be a "winner" in life	3.8	2.12	1	7
Subscale	***3.7***	***1.79***	***1***	***7***
External regulation				
For the income it provides me.	2.9	1.78	1	7
Because it allows me to earn money.	3.0	1.84	1	7
Because this type of work provides me with security	3.0	1.97	1	7
Subscale	***3.0***	***1.54***	***1***	***7***
Amotivation				
I ask myself this question, I don't seem to be able to manage the important tasks related to this work	2.0	1.58	1	7
I don't know why; we are provided with unrealistic working conditions.	2.9	1.68	1	7
I don't know, too much is expected of us.	3.4	2.04	1	7
Subscale	***2.7***	***1.40***	***1***	***7***
W-SDI	+6.4	6.74	-13	26.3

W-SDI= Work Self-Determination Index ***Source:*** *Field data, 2023*

Of the 18-item questions score on the Motivation scale of 1-7, an aggregate score was generated for each of the study participants. A total score of 40 and below was classified to be "Low" motivation, a score of 41-80 was classified as "Moderate" motivation and any score of 81 and above was categorized as "High" motivation. (Fig.4.2).

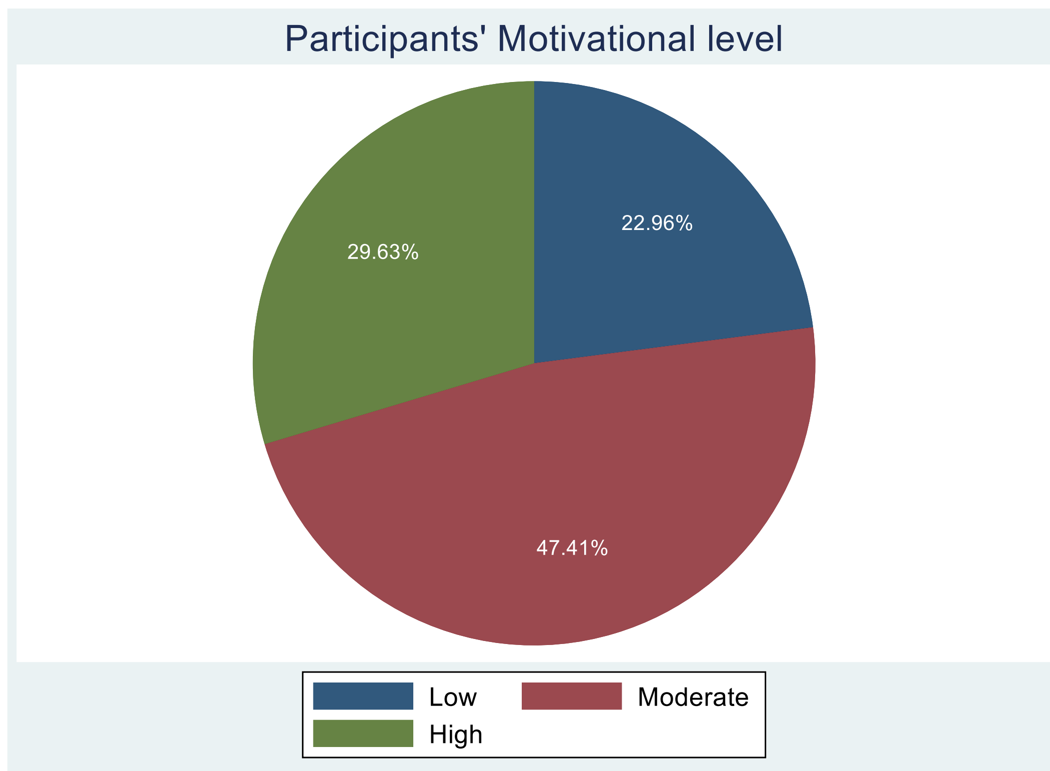

Figure 4.2: Motivation level of community health nurses

4.6 Cronbach's Alpha Analysis on Motivation:

A set of 18-item questions was also used to evaluate what the respondents perceived to be the source of motivation for their service. Each item was scored on a scale of 1 to 7, where 1 implies ***"Does not correspond at all"*** and 7 depicts ***"Correspond exactly"*** of the specific question on the scale. A standardized Cronbach's alpha (α) analysis was conducted on the 18-item questions. A reliability coefficient of **0.942** was derived which demonstrated an *"Excellent" internal consistency* in the responses provided. The item-total correlation ranged from 0.441 to 0.855. Item 3 ***"I don't seem to be able to manage the important tasks related to***

this work" had the lowest correlation coefficient depicting the level of a sense of demotivation to work and *Item 18* ***"Because this job is a part of my life"*** revealed a positive sense to duty.

4.7 Workplace satisfaction among Community Health Nurses

The responses of the short form of the Minnesota Satisfaction Questionnaire used to assess job satisfaction among the participants are summarized in Table 4.5 below. Generally, there were low levels of satisfaction. For instance, under the intrinsic satisfaction domain, the highest satisfaction rate was 43.7% regarding the chance to do things for other people. Under the same domain, 40% were satisfied with the feeling of accomplishment they get from their job. The lowest level of satisfaction (15.5%) was recorded in the freedom to use one's judgment at the workplace. Under the extrinsic satisfaction domain, only 8.1% of the Community Health Nurses were satisfied with the pay and the amount of work they do while 25.9% were satisfied with the praise they receive for performing well at their job. Also, 11.1% were satisfied with the working conditions and 37.8% were satisfied with how their co-workers interact at the workplace.

Table 4.5: Work Satisfaction Scores among Community Health Nurses

Statement	Satisfaction categories, n(%) 1	2	3	4	5	% Satisfied	Mean (SD)
Intrinsic Satisfaction							
Being able to keep busy all the time	15(11.1)	50(37.0)	44(32.6)	19(14.1)	7(5.2)	19.3	2.65(1.02)
The chance to work alone on the job	37(27.4)	46(34.1)	22(16.3)	23(17.0)	7(5.2)	22.5	2.38(1.20)
The chance to do different things from time to time	17(12.6)	41(30.4)	32(23.7)	27(20.0)	18(13.3)	33.3	2.91(1.24)
The chance to be "somebody" in the community	9(6.7)	35(25.9)	44(32.6)	26(19.3)	21(15.6)	34.9	3.11(1.16)
Being able to do things that don't go against my conscience	14(10.4)	41(30.4)	40(29.6)	23(17.0)	17(12.6)	29.6	2.91(1.18)
The way my job provides for steady employment	22(16.3)	36(26.7)	39(28.8)	22(16.3)	16(11.9)	28..2	2.81(1.24)
The chance to do things for other people	11(8.1)	26(19.30	39(28.9)	37(27.4)	22(16.3)	43.7	3.24(1.18)
The chance to tell people what to do	16(11.8)	28(20.7)	42(31.10	31(23.0)	18(13.3)	36.3	3.05(1.20)
The chance to do something that makes use of my abilities	8(5.9)	29(21.5)	41(30.4)	28(20.7)	29(21.5)	42.2	3.30(1.20)
The freedom to use my own judgment	29(21.5)	48(35.6)	37(27.4)	15(11.1)	6(4.4)	15.5	2.41(1.08)
The chance to try my own methods of doing the job	23(17.0)	41(30.4)	41(30.4)	20(14.8)	10(7.4)	22.2	2.65(1.15)
The feeling of accomplishment I get from the job	15(11.1)	33(24.4)	33(24.4)	31(23.0)	23(17.0)	40.0	3.10(1.26)
Intrinsic job satisfaction							***34.55(10.70)***
Extrinsic satisfaction							
The way my boss handles his/her workers.	24(17.8)	31(23.0)	48(35.6)	24(17.8)	8(5.9)	23.7	2.71(1.13)
The competence of my supervisor in making decisions	18(13.3)	38(28.2)	49(36.3)	20(14.8)	10(7.4)	22.2	2.75(1.10)
The way company policies are put into practice	21(15.6)	42(31.1)	50(37.0)	17(12.6)	5(3.7)	16.3	2.58(1.02)
My pay and the amount of work I do	76(56.3)	37(27.4)	11(8.2)	10(7.4)	1(0.7)	8.1	1.69(0.96)
The chances for advancement on this job	40(29.6)	40(29.6)	30(22.2)	13(9.6)	13(8.9)	18.5	2.38(1.25)
The praise I get for doing a good job	20(14.8)	43(31.8)	37927.4)	23(17.0)	12(8.9)	25.9	2.73(1.17)
Extrinsic job satisfaction							14.84(4.84)
Unclassified							
The working conditions	54(40.0)	48(35.6)	18(13.3)	11(8.1)	4(3.0)	11.1	1.98(1.06)
The way my co-workers get along with each other	20(14.8)	34(25.2)	30(22.2)	35(25.9)	16(11.9)	37.8	2.95(1.26)
Overall Satisfaction							54.32(16.46)

1= ***Very dissatisfied: 2=Dissatisfied: 3 = Neither dissatisfied nor satisfied: 4 = satisfied 5= Very satisfied; *Percent satisfied includes 4 & 5***

Source: *Field data, 2023*

Of the 20-item questions score on the Job Satisfaction scale of 1-5, an aggregate score was generated for each of the study participants. A 50% benchmark was then used to categorize the perceived satisfaction level. All respondents whose total scores were less or equal to 50 were classified as "*Not Satisfied*" with their job. Alternatively, all study participants whose aggregate scores were more than 50 were categorized as being satisfied with their job. The finding therefore resulted to having 77 of them representing 57.04% falling into the category of being satisfied with their job (Fig. 4.3).

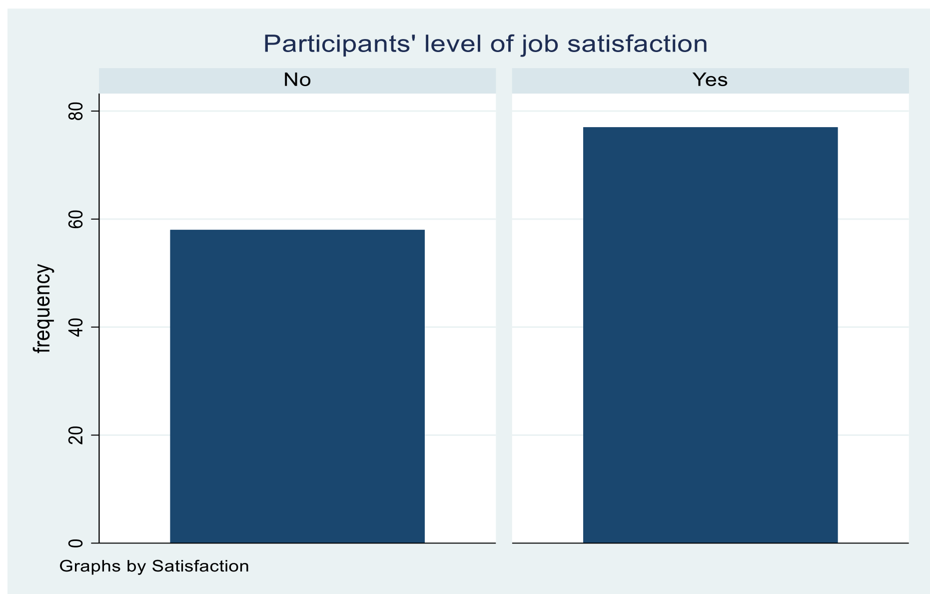

Figure 4.3: Overall job satisfaction among community health nurses

4.8 Cronbach's Alpha Analysis on Job Satisfaction:

Similarly, the Minnesota Satisfaction Questionnaire comprising a set of 20-item questions was analysed to ascertain respondents' perception of the satisfaction they derived from their service on a five (5) point Likert Scale, where 1 denotes "***Not Satisfied"*** and 5 implies **"Extremely Satisfied".** A standardized Cronbach's alpha (α) analysis revealed an "*Excellent"* reliability coefficient of **0.948.** The Item-total correlation ranged from 0.473 to 0.813. Item 13 ***"My pay and***

the amount of work I do" had the lowest correlation coefficient depicting the level of a sense of dissatisfaction with work and Item 20 ***"The feeling of accomplishment I get from the job"*** revealed a sense of joy to the work they do.

4.9 Bivariate analysis of job satisfaction scores with selected variables

A Pearson's Chi-Square test was conducted on selected variables with the perceived levels of job satisfaction by the study participants at a p-value set at 0.05. It was observed that only the participants' gender, level of education and assessed motivational levels had a statistically significant association with their job satisfaction with p-values of 0.041, 0.020 and <0.001 respectively. All other correlates measured revealed p-values far greater than the threshold of 0.05, thereby rendering them statistically not having a significant association (Table 4.6).

Table 4.6: Bivariate analysis of job satisfaction scores with selected variables

	Job Satisfaction		
Variable	**No n (%)**	**Yes n (%)**	**P-value**
Age (years)			
20-29	21 (36.21)	21(27.27)	0.596
30-39	34 (58.62)	51(66.23)	
40-49	3 (5.17)	5 (6.49)	
Sex			
Female	56 (96.55)	66 (85.71)	**0.041**
Male	2 (3.45)	11 (14.29)	
Marital status			
Married	30 (51.72)	28 (36.36)	0.082
Single	28 (48.28)	49 (63.64)	
Education			
Diploma	10 (17.24)	29 (37.66)	**0.020**
Tertiary	48 (82.76)	48 (62.34)	
Religion			
Christian	57 (98.28	73 (94.81)	0.791
Muslim	1 (1.72)	4 (5.20)	

Job title			
Community Health Nurse	31 (53.45)	45 (58.44)	0.796
Princ. Community Health Nurse	4 (6.90)	6 (7.79)	
Senior Community Health Nurse	23 (39.66)	26 (33.77)	
Area stationed			
Asuogyaman	22 (37.93)	30 (38.96)	0.882
Lower Manya Krobo	22 (37.93)	26 (33.77)	
Yilo Krobo	14 (24.14)	21 (27.27)	
Work experience (years)			
1-3	26 (44.83)	37 (48.05)	
4-6	13 (22.42)	12 (15.58)	0.738
7-9	9 (15,52)	11 (14.29)	
10+	10 (17.24)	17 (22.08)	
Stress Level			
Low	10 (17.24)	20 (25.97)	0.104
Moderate	42 (72.41)	55 (71.43)	
High	6 (10.34)	2 (2.60)	
Motivational Level			
Low	22 (37.93)	9 (11.69)	**<0.001**
Moderate	27 (46.55)	37(48.05)	
High	9 (15.52)	31 (40.26)	

Source: *Field data, 2023*

4.10 Factors associated with job satisfaction

Both crude and multivariate logistic regression models were used to predict factors associated with job satisfaction. In the unadjusted model, level of education, stress and motivation levels were shown to be significantly associated with job satisfaction. However, in the adjusted model, sex, stress level and motivation level were discovered to be significant factors in job satisfaction. The model predicted that male Community Health Nurses were 19 times more likely to be satisfied with their job compared to their female counterparts [AOR= 19.08, 95% CI: 1.87 – 194.47, p=0.013] controlling for other variables. Additionally, the results showed that Community Health Nurses with moderate and high motivation were more likely to be satisfied with their jobs. Those with moderate motivation were almost four (4) times more likely to be satisfied with their jobs [AOR= 3.82, 95% CI: 1.20 – 12.29, p=0.024] when compared to those with low motivation

adjusting for all other covariate. Similarly, those who with high motivational levels were 17 times more likely to be satisfied with their jobs [AOR=17.31, 95% CI: 4.33 – 69.15, p<0.0001] compared with the counterparts with low motivational level controlling for all other variables. However, community nurses with high-stress levels had a 96% reduction in their odds of being satisfied with their job compared to those with low-stress levels [AOR =0.04, 95% CI: 0.003- 0.37, p=0.005] (Table 4.7).

Table 4.7: Factors associated with Job satisfaction among Community Health Nurses

			Job Satisfaction				
Variables	**n**	**COR**	**COR (95% CI)**	**p-value**	**AOR**	**AOR (95% CI)**	**p-value**
Age (years)							
20-29	42	1	-		1	-	
30-39	85	1.50	(0.71 – 3.16)	0.286	1.09	(0.37 - 3.21)	0.872
40-49	8	1.67	(0.35 – 7.88)	0.519	1.01	(0.10 – 9.92)	0.989
Sex							
Female	122	1	-		1	-	
Male	13	4.67	(0.99 – 21.95)	0.051	19.08	(1.87 – 194.47)	0.013 *
Marital status							
Married	58	1	-		1	-	
Single	77	1.87	(0.94 – 3.75)	0.076	1.38	(0.53 – 3.62)	0.513
Education							
Diploma	39	1	-		1	-	
Tertiary	96	0.34	(0.15 – 0.78)	0.011*	0.36	(0.12 – 1.03)	0.059
Religion							
Christian	130	1	-		1	-	
Muslim	5	3.12	(0.34 – 28.71)	0.314	9.11	(0.69 – 119.64)	0.093
Job title							
Community Health Nurse	76	1	-		1	-	
Princ. Community Health Nurse	10	1.03	(0.27 – 3.96)	0.962	0.53	(0.07 – 4.14)	0.542
Senior Community Health Nurse	49	0.78	(0.38 – 1.60)	0.498	0.56	(0.18 – 1.79)	0.333
Area stationed							

Variables	n	COR	COR (95% CI)	Job Satisfaction p-value	AOR	AOR (95% CI)	p-value
Asuogyaman	52	1	-		1	-	
Lower Manya Krobo	48	0.87	(0.39 – 1.91)	0.723	1.40	(0.49 – 4.01)	0.532
Yilo Krobo	35	1.10	(0.46 – 2.63)	0.830	2.04	(0.66 – 6.33)	0.218
Work experience (years)							
1-3	63	1	-		1	-	
4-6	25	0.65	(0.26 – 1.64)	0.362	0.36	(0.08 – 1.66)	0.193
7-9	20	0.85	(0.31 – 2.37)	0.769	0.79	(0.15 – 4.08)	0.783
10+	27	1.19	(0.47 – 3.02)	0.707	1.54	(0.29 – 8.18)	0.612
Stress Level							
Low	30	1	-		1	-	
Moderate	97	0.65	(0.28 – 1.55)	0.334	0.44	(0.13 – 1.47)	0.183
High	8	0.17	(0.03 – 0.98)	0.047*	0.04	(0.003 – 0.37)	0.005 *
Motivational Level							
Low	31	1	-		1	-	
Moderate	64	3.35	(1.33 – 8.41)	0.010 *	3.38	(1.20 – 12.29)	0.024 *
High	40	8.42	(2.88 – 24.63)	<0.0001 *	17.31	(4.33 – 69.15)	<0.0001*

Source: *Field data, 2023*

CHAPTER FIVE

5.0 DISCUSSION

5.1 Stress levels of community health nurses

The results of the Workplace Stress Scale administered to the Community Health Nurses in this study indicate that this population experiences moderate to high levels of work-related stress. The highest mean score was recorded for unpleasant conditions at work, too much work or unreasonable deadlines and inadequate recognition or rewards. This aligns with existing research showing that unfavorable work environments, heavy workloads, and lack of appreciation are major contributors to stress among nurses (McVicar, 2003; AbuAlRub, 2004). The nurses' ratings on these items reflect the demanding nature of their roles, which often involve visiting patients in their homes and community settings that may be unsafe or lack proper equipment (Harris & Cumming, 2003).

The Workplace Stress Scale further demonstrate different stress levels among the study participants, with 71.85% of them exhibiting moderate stress and 5.93% showing high stress. These findings are comparable to McVicar's (2003) study of Community Nurses in the UK, which found average stress levels in the moderate range. The proportion of nurses experiencing high stress is notably greater than the 10-25% prevalence typically reported among general nurse populations (McGrath *et al.,* 2003). This discrepancy highlights the uniquely taxing stressors community health nurses face, including geographic isolation from colleagues, threats to personal safety, and role ambiguity (Harris & Cumming, 2003; Chircop & Keddy, 2003).

Stress is argued to be an endemic among health care workers in general and has the adverse effects of decreased efficiency and productivity as well as negatively impacting the quality of life of health care professionals (Odonkor & Adams, 2021). This finding from the study sounds an alarm

regarding the degree of work-related stress borne by community health nurses. If left unaddressed, such stress can lead to burnout, attrition, and poorer patient care (AbuAlRub, 2004; Jourdain & Chênevert, 2010). The evidence presented suggests interventions are needed at the organizational level, such as improved supervision, team building, and recognition programs (McVicar, 2003). Individual stress management training may also prove beneficial. Further research should explore predictive relationships between specific job stressors and outcomes. With proper support, community health nurses can gain resilience and continue providing quality care to vulnerable populations.

5.2 Motivations of Community Health Nurses

The Workplace Extrinsic and Intrinsic Motivation Scale results reveal that Community Health Nurses in this study derive motivation primarily from intrinsic factors and integrated regulation. This indicates that this cadre of nurses are driven by inherent enjoyment of their work and a sense that it aligns with their values and identity (Ryan & Deci, 2000). High intrinsic motivation is associated with persistence, creativity, and wellbeing (Gagné & Deci, 2005). Among nurses, intrinsic motivation positively predicts patient safety and quality of care (Fernet *et al.,* 2015).

In contrast, the lowest mean score was found for amotivation, suggesting unfavorable levels of disconnection from one's work. Prior research links amotivation in nurses to emotional exhaustion and depressive symptoms (Fernet *et al.,* 2015). While not the predominant motivational profile, the presence of amotivation signals a risk of detachment and disengagement among some community nurses.

The moderate mean scores for external regulation and introjected regulation indicate that extrinsic factors like rewards and guilt also play a role in motivation, though to a lesser degree. This accords

with studies showing that alongside intrinsic motivation, controlled types of extrinsic motivation help explain nurse retention (Chiang & Liu, 2008).

The aggregate motivation scores classify the majority of participants (47.4%) as moderately motivated, while 22.9% have low motivation. High motivation was less prevalent at 29.6%. This distribution is comparable to research by Fernet *et al.,* (2015) demonstrating above average but not optimal motivation among nurses. Enhancing autonomous and intrinsic motivation is needed to fully engage community nurses and maximize persistence in their demanding roles. Researchers recommend motivational interventions involving greater staff participation, decision latitude, and supervisor autonomy support (Chiang & Liu, 2008). Overall, these findings provide a nuanced picture of motivational orientations among community health nurses. While intrinsic drives predominate, targeted efforts to reduce amotivation and bolster self-determined extrinsic motivations could further improve nurse satisfaction and performance. Monitoring motivation levels is key for supporting this essential nursing workforce.

5.3 Workplace satisfaction among Community Health Nurses

The Minnesota Satisfaction Questionnaire results revealed low levels of job satisfaction among the community health nurses surveyed. Under intrinsic satisfaction, the highest rate was just 43.7% satisfied with the chance to do things for others, followed by 40% satisfied with feelings of accomplishment. This indicates inadequate fulfillment of nurses' altruistic motivations and achievement needs, which are key drivers of satisfaction (Lu *et al.,* 2019). Dissatisfaction with these intrinsic aspects suggests suboptimal engagement and meaning in their work.

Even lower satisfaction was seen in extrinsic areas like pay (8.1% satisfied), praise (25.9%), and working conditions (11.1%). Insufficient extrinsic rewards have been linked to burnout,

absenteeism, and turnover intention among nurses (Hayes *et al.,* 2010; Lu *et al.,* 2012). The low satisfaction with praise highlights the need for greater recognition, as supervisor support and feedback consistently predict nurse satisfaction (Lu *et al.,* 2019). Overall, these results align with evidence that nurses' satisfaction with extrinsic factors falls below other healthcare professionals (Zangaro & Soeken, 2007). The categorized satisfaction scores show just 57.04% of participants were satisfied, while 42.96% were dissatisfied. This is lower than the 60-80% satisfaction rates typically reported for nurses globally (Liu *et al.,* 2016). Unique stressors of community-based nursing, like social isolation and safety risks, likely contribute to this discrepancy (Chircop & Keddy, 2003). Targeted improvements are imperative to combat the high dissatisfaction demonstrated in this vulnerable nursing group. Researchers recommend interventions at organizational and leadership levels, including strengthened peer support programs, supervisory training, and compensation restructuring (Lu *et al.,* 2019). With proper changes, community health nurses can gain greater fulfillment and continue providing quality, accessible care. Monitoring satisfaction will be key to identifying problem areas and evaluating solutions.

5.4 Predictors of job satisfaction among community health nurses

Gender, education level, and motivation as having significant associations with job satisfaction among the community health nurses surveyed. These findings align with prior research showing that demographic factors and motivational orientations predict nurse satisfaction (Lu *et al.,* 2019). Males were more likely to be satisfied, which could reflect gendered socialization and differing expectations, though the small number of males in the sample warrants caution. As nursing is a female-dominated profession, male nurses may receive added affirmation and rewards, contributing to higher satisfaction (Whittock & Leonard, 2003).

Nurses who had attained up to tertiary level of education were found to be less satisfied with their jobs compared to those who had less than tertiary level of education. This can be attributed to the fact that community health workers are typically members of the community who are trained to provide healthcare delivery and interventions without any formal or professional training (Mpembeni *et al.,* 2015). Thus, individuals who attain tertiary level education do not consider their educational level to be at par with their job description. This is corroborated by the desires of community health workers for opportunities for higher education and career development (Ejigu *et al.,* 2023).

Motivation showed the strongest association with job satisfaction, underscoring its importance as an antecedent of satisfaction. This emphasizes the crucial role of motivation in driving nurse engagement and fulfillment. This aligns with Self-Determination Theory indicating that autonomous and intrinsic motivations promote wellbeing, while controlled motivations undermine it (Gagne & Deci, 2005).

In contrast, nurses with high stress were less likely to be satisfied than those with low stress. Chronic work stress impedes satisfaction by exhausting mental resources and negativity biasing perceptions (McVicar, 2003). Interventions to improve nurse satisfaction should prioritize stress management training and workload modifications along with motivational enhancement strategies. These findings advance understanding of satisfaction drivers in a vulnerable nursing population. Bolstering motivation and reducing job strain emerge as key targets to heighten community health nurses' workplace fulfillment. Monitoring predictor variables will be essential for developing the most impactful initiatives to retain satisfied and engaged nurses in community settings.

CHAPTER 6

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

This study shed light on a number of significant elements of community health nurses' experiences, including their stress levels, motivations, job satisfaction, and factors that influence job satisfaction. The findings highlight the variety of difficulties these nurses confront and offer useful information for developing interventions to improve their performance and well-being.

Community health nurses' stress levels found that a substantial proportion of nurses (77.8%) experience moderate to high levels of work-related stress. Unfavorable work conditions, excessive workloads, and inadequate recognition are some of the main causes of this stress according to the mean scores. The growing prevalence of stress highlights the need for organizational initiatives to reduce stress and maintain a strong nursing workforce and raises questions about potential burnout and attrition.

The motivations of community health nurses were studied, and it was found that intrinsic motivation and integrated regulation play a dominant role with the highest mean scores. Their strong intrinsic motivation is consistent with the meaningful and helpful relationships that characterize their profession. However, the fact that some nurses exhibit amotivation highlights the need to address the dangers of disengagement. Additionally, promoting self-determined extrinsic motivations may improve performance and job satisfaction, supporting this crucial nursing workforce.

Job satisfaction among community health nurses appeared as a critical issue in this study, with low levels of satisfaction seen in both intrinsic and extrinsic categories. Dissatisfaction with intrinsic

aspects indicates a desire to broaden the meaning and engagement in the job, whilst dissatisfaction with extrinsic factors emphasizes the importance of recognition, pay, and working conditions. To increase job satisfaction and create a more meaningful workplace, focused organizational and leadership interventions are essential given the fragile character of community-based nursing.

Analysis showed that Gender (p-value = 0.041), education level (p-value = 0.020), motivation (p-value < 0.001), and stress (p-value = 0.047), were identified as key factors impacting community health nurses' job satisfaction. These findings illustrate the complex interplay of demographic factors, intrinsic motivations, and stress levels in shaping nurses' job satisfaction with their role. Addressing these factors through interventions that encourage autonomous motivation, stress management, and supportive work settings may pave the path for increased job satisfaction and retention.

While this study provides valuable insights, there are some limitations to consider. The study's cross-sectional design limits the ability to establish causal relationships between variables. Additionally, the study was conducted in specific administrative districts in Ghana, which may limit the generalizability of the findings to other settings.

6.2 Recommendations

Based on the study findings the following recommendations should be considered:

1. Municipal Health Directorates should partner with the Ghana Psychological Association to establish stress management programs that are specific to the difficulties faced by community health nurses, given the strong negative impact of stress on job satisfaction.

These programs might provide resources, coping mechanisms, and emotional support to assist nurses deal with their stressors.

2. Given the crucial role that motivation plays in determining job satisfaction, the Municipal and Regional health directorates should give priority to programs that give community health nurses a sense of autonomy, intrinsic motivation, and purpose. This could entail giving nurses the chance to develop their skills, encouraging them to participate in decision-making, and providing positive feedback in the form of awards and incentives.

3. The Municipal and Regional Health Directorates, in partnership with the Ghana Health Service and Ghana Education Service, should offer pathways for professional development and career growth in order to improve the lower job satisfaction seen among nurses with tertiary education. The gap between educational achievement and job satisfaction can be closed by providing chances for continuing education and specialization.

4. Ghana Health Service, Regional and Municipal Health Directorates should adopt gender-responsive policies that recognize and address gender-related discrepancies in job satisfaction. All nurses may experience improved job satisfaction if gender-inclusive policies are developed, equal recognition is encouraged, and gender-specific difficulties are addressed.

For Future Research:

In future studies, longitudinal research methodologies should be used to solve the drawbacks of the cross-sectional design. This sort of research will look at the temporal relationships between stress, motivation, and job satisfaction among community health nurses. By tracking changes over time, researchers can identify causal links and gain insights into how these characteristics interact and vary across nurses' careers.

This study was restricted to three municipalities in Ghana's Eastern region; future research should broaden its reach to encompass a larger range of geographical locations. Comparative research across different regions in Ghana would provide a more thorough knowledge of how cultural and contextual factors influence community health nurses' experiences, stress levels, and job satisfaction.

Qualitative research techniques could be used to better understand community health nurses' experiences, views, and variations that underlie stress, motivation, and job satisfaction experienced by Community health nurses. A qualitative study would result in rich narratives and contextual insights that may not be fully captured by quantitative measures.

Although this study has shed light on important aspects of community health nurses' experiences, more research and focused interventions are necessary to adequately support these healthcare professionals. Stakeholders can contribute to a more fulfilling and resilient community health nursing workforce by implementing strategic interventions, ultimately benefiting patient care and the broader healthcare system.

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APPENDICES

APPENDIX I: CONCENT FORM

FACTORS AFFECTING THE JOB SATISFACTION OF COMMUNITY HEALTH NURSES IN THREE MUNICIPALITIES IN THE EASTERN REGION OF GHANA

INTRODUCTION AND INFORMED CONSENT FORM TO PARTICIPANTS

Hello Sir/ Madam,

My name is ……………………………, I am a student at Ensign Global College, Kpong**.** I am researching the job satisfaction levels among Community Health Nurses three (3) municipalities in the Eastern Region. Results from this study could be used to formulate and influence policy. I would greatly appreciate it if you could spare some time to answer this questionnaire.

CONFIDENTIALITY

Information received will not be disclosed to anyone outside the research team. Personal details such as your name, number, and address will not be used but a unique code will be assigned to your questionnaire. All information provided will be kept confidential.

RISKS

There are no risks associated with this study. This questionnaire requires the provision of some personal details as well as your perceptions of your work and environment.

BENEFITS

There is no direct benefit to participants in this study. Compensation will not be given for participation in the study, however, motivators and stressors that affect your job can be found that will ultimately influence policy to make your work easier and more fulfilling by informing employers of your needs so they will be taken into consideration when decisions are made.

DURATION

Due to the detailed nature of the questions, the entire questionnaire should take 25 to 30 minutes to complete. It will involve some personal information and your perceptions related to job satisfaction.

WITHDRAWAL FROM STUDY

Participation in this study is not compulsory and participants are not obligated to answer questions that make you uncomfortable.

Do you consent to share your information in this study?

[ ] Yes [ ] No

EMERGENCY CONTACT

Name: Nana Yaa Asiedu-Saforo

Phone number: 0242577299

Email address: **yaa.asiedu-saforo@st.ensign.edu.gh**

APPENDIX II: QUESTIONNAIRE
SURVEY #: …………………………………………………….

SECTION A: Demographic Information

Please tick the appropriate answer

1	Age	[ ] below 20 [ ] 20-29 [ ] 30-39	[ ] 40-49 [ ] 50-59 [ ] 60 +
2	Sex	[ ] Female	[ ] Male
3	Marital Status	[ ] Single [ ] Living together [ ] Married	[ ] Separated/ Divorced [ ] Widowed
4	Education Level	[ ] None [ ] Primary	[ ] Secondary [ ] Tertiary
5	Religion	[ ] Christian [ ] Muslim [ ] Traditional	[ ] None [ ] Other specify ……..
6	Job Title	[ ] Community Health Officer [ ] Community Health Nurse [ ] Other specify ……..	
7	Work experience	[ ] >2 years [ ] 2- 4 years [ ] 5 - 7 years	[ ] 8-10 years [ ] 10 years +

SECTION B: The Workplace Stress Scale
Thinking about your current job, how often does each of the following statements describe how you feel?

	Never	Rarely	Sometimes	Often	Very Often
Conditions at work are unpleasant or sometimes even unsafe	1	2	3	4	5
I feel that my job is negatively affecting my physical or emotional well-being.	1	2	3	4	5
I have too much work to do and/or too many unreasonable deadlines.	1	2	3	4	5
I find it difficult to express my opinions or feelings about my job conditions to my superiors.	1	2	3	4	5
I feel that job pressures interfere with my family or personal life.	1	2	3	4	5
I feel that I have inadequate control or input over my work duties.	1	2	3	4	5
I receive inadequate recognition or rewards for good performance.	1	2	3	4	5
I am unable to fully utilize my skills and talents at work.	1	2	3	4	5

SECTION C: Work Motivation Scale

Using the scale below, please indicate to what extent each of the following items corresponds to the reasons why you are presently involved in your work.

	Does not correspond at all		Corresponds Moderately			Corresponds Exactly	
Because this is the type of work I chose to do to attain a certain lifestyle	1	2	3	4	5	6	7
For the income it provides me	1	2	3	4	5	6	7
I ask myself this question, I don't seem to be able to manage the important tasks related to this work	1	2	3	4	5	6	7
Because I derive much pleasure from learning new things	1	2	3	4	5	6	7

Because it has become a fundamental part of who I am	1	2	3	4	5	6	7
Because I want to succeed at this job, if not I would be very ashamed of myself.	1	2	3	4	5	6	7
Because I chose this type of work to attain my career goals	1	2	3	4	5	6	7
For the satisfaction, I experience from taking on interesting challenges	1	2	3	4	5	6	7
Because it allows me to earn money.	1	2	3	4	5	6	7
Because it is part of the way in which I have chosen to live my life.	1	2	3	4	5	6	7
Because I want to be very good at this work, otherwise I would be very disappointed.	1	2	3	4	5	6	7
I don't know why, we are provided with unrealistic working conditions	1	2	3	4	5	6	7
Because I want to be a "winner" in life	1	2	3	4	5	6	7
Because it is the type of work I have chosen to attain certain important objectives	1	2	3	4	5	6	7
For the satisfaction I experience when I am successful at doing difficult tasks	1	2	3	4	5	6	7
Because this type of work provides me with security.	1	2	3	4	5	6	7
I don't know, too much is expected of us	1	2	3	4	5	6	7
Because this job is a part of my life.	1	2	3	4	5	6	7

SECTION D: Job Satisfaction

Ask yourself: How satisfied am I with this aspect of my job?

	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Extremely Satisfied
Being able to keep busy all the time	1	2	3	4	5
The chance to work alone on the job	1	2	3	4	5
The chance to do different things from time to time	1	2	3	4	5
The chance to be "somebody" in the community	1	2	3	4	5
The way my boss handles his/her workers.	1	2	3	4	5
The competence of my supervisor in making decisions	1	2	3	4	5
Being able to do things that don't go against my conscience	1	2	3	4	5
The way my job provides for steady employment	1	2	3	4	5
The chance to do things for other people	1	2	3	4	5
The chance to tell people what to do	1	2	3	4	5
The chance to do something that makes use of my abilities	1	2	3	4	5
The way company policies are put into practice	1	2	3	4	5

My pay and the amount of work I do	1	2	3	4	5
The chances for advancement on this job	1	2	3	4	5
The freedom to use my own judgment	1	2	3	4	5
The chance to try my own methods of doing the job	1	2	3	4	5
The working conditions	1	2	3	4	5
The way my co-workers get along with each other	1	2	3	4	5
The praise I get for doing a good job	1	2	3	4	5
The feeling of accomplishment I get from the job.	1	2	3	4	5

APPENDIX III: ETHICAL CLEARANCE

OUR REF: ENSIGN/IRB/EL/SN-233
YOUR REF:

May 3, 2023.

INSTITUTIONAL REVIEW BOARD SECRETARIAT

Nana Yaa Asiedu-Sarforo
Ensign Global College
Kpong

Dear Nana Yaa,

ETHICAL CLEARANCE TO UNDERTAKE POSTGRADUATE RESEARCH

At the General Research Proposals Review Meeting of the *INSTITUTIONAL REVIEW BOARD (IRB)* of Ensign Global College held on Wednesday, May 3, 2023, your research proposal entitled **"Factors Affecting Job Satisfaction of Community Health Workers (CHWs) in three Municipalities in the Eastern Region of Ghana."** was considered.

You have been granted Ethical Clearance to collect data for the said research under academic supervision within the IRB's specified frameworks and guidelines.

We wish you all the best.

Sincerely

Dr. (Mrs.) Rebecca Acquaah-Arhin
IRB Chairperson

P. O. Box AK 136 | Tema-Akosombo Highway, Kpong, Eastern Region, Ghana |
https://www.ensign.edu.gh | +233 245 762 229 | irb@ensign.edu.gh

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