

Level of Job Satisfaction among Health Extension Workers in South Gondar Administrative Zone, Northwest Ethiopia

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Abstract

Introduction: Job satisfaction is one of the key factors in health professionals' efficiency and productivity. Satisfied employees may have the biggest motivation to achieve organizational goals successfully. Therefore, this study was designed to assess job satisfaction among HEWs in South Gondar zone, Northwest Ethiopia.

Methods: Institution based quantitative cross-sectional study design triangulated with qualitative method was conducted from December to February 2020, at South Gondar administrative zone on 354 health extension workers. The data were collected by using a validated self-administered questionnaire and entered using Epi Info version 3.5.3 and exported to SPSS version 16.0 to analysis quantitative data.

Result: A total of 354 HEWs responded to the self-administered questionnaire. Only 19% satisfied with mean (\pm SD) score of 2.53 (\pm 0.50) with their overall job. Respondents were dissatisfied with all job satisfaction items except autonomy mean score 3.26 (\pm 0.99) and co-worker relationship mean score 3.39 (\pm .99). However, a very low level of job satisfaction seen with salary and other benefits mean score 1.96 (\pm 0.63), and promotion opportunity to score 1.71 (\pm 0.80).

Conclusion: The majority (87%) of HEWs in South Gondar zone were dissatisfied with their job. Major dissatisfying factors of HEWs include working conditions, professional training, salary and other benefits, the nature of work itself, promotion opportunity, recognition, supervision and organizational policies and procedures. Thus, the health sector should give attention and improve these factors to enhance the level of HEWs' job satisfaction and the quality of health service delivery.

Keyword: Job Satisfaction; Health Extension Workers; South Gander; Ethiopia

Abbreviations

FMOH: Federal Ministry of Health; HEP: Health Extension Program; HEWs: Health Extension Workers; HPs: Health Posts; HRM: Human Resource Management; MSQ: Minnesota Satisfaction Questionnaire; SPSS: Statistical Package for Social Sciences

Introduction

Human power in any organization is the most treasured of human resources [1]. However, employee performance affects high motivation and work satisfaction [2,3]. The effectiveness and productivity of health professionals is based on many reasons. Job satisfaction is one of the reasons for key reasons [1]. It can be affected by the various job measures; the quality of the employee's relationship with their supervisor, the status of the physical environment in which the individual works, supervision, co-worker relationships, job content, remuneration and extrinsic rewards, promotion and organizational structure [4].

The research definition of job satisfaction that is widely used by Locke is "a pleasurable or positive emotional state resulting from the appraisal of one's job or job knowledge" [5]. In another way, it also defines how people feel about their jobs and job components. It is the difference between the employee price and what the situation is [6].

Job satisfaction involves of intrinsic and extrinsic work results. Intrinsic outcomes are objects or events, which follow from the employee's efforts, not requiring the involvement of any other person. It is an outcome related to action on the employee's part, which includes the feeling of responsibility, challenges, recognition, and achievements. Whereas, extrinsic outcomes are objects or events, which follow from the employee's efforts in combination with other factors or persons not directly involved in the job itself. Those factors include remuneration, co-workers, working conditions, supervision, and others [2]. It affects job satisfaction that is as admiration, relationship, colleagues, work conditions and employment nature, organization, personal development, safety and control of work [7,8].

Many researchers and administrators realize that job satisfaction is important on various organizational variables. It is known that unsatisfied employees are likely to leave their jobs [9] and job satisfaction has a significant direct effect on burnout and turnover intention [10].

As part of the workforce for health policies, in particular African countries must develop national governance systems and employment policies based on a healthy work environment and conditions and equitable rewards and qualifications to promote and sustain health professionals. In addition, clear and flexible working lines should be established for all health care providers, and incentives for staff working in rural and remote areas should be considered [10]. The most important link to job satisfaction is retention. Satisfied employees are more likely to stay employed [11]. There is growing evidence of a link between the job satisfaction of health care workers and health care outcomes [12]. In low-income countries, health professionals are not satisfied with the availability of equipment and supplies, facility infrastructure, professional development [13], salaries and incentives [14].

Working conditions are important for creating a successful and efficient work environment, boosting employee morale, and reducing labor migration. Creating adequate working conditions to sustain employees is the key to creating a sustainable health system [15].

A study of the early stages of HEWs shows that transportation and communication systems, distance, monitoring, referrals and others affect job satisfaction. It also showed that, like other health professionals, it lacked clear guidelines on occupational structure, transfer, and annual leave. Also, most health extension workers have worked without the construction of a health post and without any basic completion [16]. There have been few studies on HEWs issues nationwide. No study has been conducted to determine the level of job satisfaction between HEWs at the national and regional levels. Hence, it is important for the zonal and regional health bureaus to understand the level of job satisfaction of the HEWs and the positive conditions of the work. Therefore, this study seeks to address current gaps in the South Gondar Zone of Amhara Region.

Methods

Study design

Institution based quantitative cross-sectional study design triangulated with qualitative method was conducted from December to February 2020. Health extension workers were enrolled from two urban and four rural woredas of South Gondar administrative zone of Amhara Region, Northwest Ethiopia.

Data collection

Quantitative data was collected using a self-administered questionnaire that adapted from the Minnesota Satisfaction Questionnaire short form. Pre-test was done to check its format, language, sequence, and comprehension of the questions among the participants. The final data collection tool was adapted by adding some corrections. The reliability and validity of the tool were again checked using Cronbach's alpha test and were found acceptable.

The questionnaire has two major parts: the first is socio-demographic variables and the second part is job satisfaction scales. All questions of job satisfaction were rated from 5-point Likert scale with 1 denoting very dissatisfied and 5 denoting very satisfied.

For qualitative part, principal investigator formulated ten broad questions that can enable to elicit information regarding to study objectives and used as guide in interview. Purposively two selected woredas' (from rural and urban districts) HEWs were recruited for the in-depth interviews by using interview guide supported with audio records.

Three unemployed diploma nurses were recruited for data collectors and a BSc environmental health officer was recruited for monitoring and supervision during data collection on the spot. For in-depth interview, the principal investigator was taken all the responsibility.

Before the actual data collection, all data collectors and supervisor were trained for one day about study objectives, the content of the questionnaire, issues related to confidentiality of the responses, and the right of respondents.

Study variables

The dependent variable is Job satisfaction of the HEWs.

The independent variables are:

- Socio-demographic (age, religion, marital status, family size, educational status, residence, service years, placement, distance from woreda town, monthly salary).
- job satisfaction scales (working conditions, autonomy, recognition, co-worker relationships, supervision, salary and other benefits, promotion, nature of the work itself, professional training and organizational policies and procedures).

Study instrument

This was an institutional-based quantitative cross-sectional study design triangulated qualitative method studies conducted from December to February 2020. Health extension workers were enrolled from two urban and four rural woredas of South Gondar administrative zone.

The Minnesota Satisfaction Questionnaire short form, a validated self-administered questionnaire, was used for this study. Pre-test was done to check its format, language, sequence, and comprehension of the questions among the participants. The final data collection tool was adapted by adding some corrections. The reliability and validity of the tool were again checked using Cronbach’s alpha test and were found acceptable.

The study was approved by the Bahir Dar University Ethical Review Board. The study participants were chosen by using the cluster sampling technique based on their residence and years of experience.

A total of 365 participants were found to be eligible for the study and they were all enrolled to answer a self-administered questionnaire. All participants were assured of confidentiality and anonymity when they gave consent to participate. The response rate was 97%. Epi Info version 3.5.3 and the Statistical Package for Social Sciences (SPSS) version 16 were used to analyze the quantitative data. All questions on job satisfaction were rated from a 5-point Likert scale with 1 denoting very dissatisfied and 5 denoting very satisfied.

The dependent variable was categorized into a dichotomous variable through the course of calculating HEWs satisfaction score from sum of response of 45 items categorized into 10 major subscales; directly satisfaction measuring items with the possible mean score could range from 1 to 5. Therefore, HEWs job satisfaction was calculated by the mean score of 3.0 and above were set into one group as “satisfied” (coded as 1), and else grouped as “dissatisfied” (coded as 0). A model goodness-of-fit was measured by Hosmer and Lemeshow’s test and yielded a p-value of 0.98.

Results

Socio-demographic characteristics

The mean (± SD) age of the respondents was 25.34 (± 2.5) Years. Among the respondents, one hundred ninety-nine (56.2%) of respondents were married and 342 (96.6%) were orthodox Christians. Two hundred thirty-one (65.3%) of the respondents were education level of IV and 170 (48%) of the respondents were getting between 1500 and 2000 Ethiopian Birr (ETB) monthly salaries. Three hundred forty (96%) were residing in the rural kebele and almost half (49.7%) of the respondents were within the family size of < 2. Half of the respondents (51.1%) were within the range of 4 to 7 years of experience and 170 (48%) were working at a place where they come from neighboring kebele. More than half of the respondents, 209 (59%) were living at a distance of 20 km and more from the center of woreda (See table 1).

Characteristics	Number	Percent
Marital status		
Married	199	56.2
Single	125	35.3
Separated1	30	8.5
Religion		
Orthodox Christian	342	96.6
Muslim	6	1.7
Other2	6	1.7
Educational status		
Level IV	231	65.3
Level III	69	19.5
Other3	54	15.2
Residence		
Rural	340	96

Urban	14	4
Family size		
< 2	176	49.7
3-4	168	47.5
>4	10	2.8
Placement of work		
By grew up	133	37.6
Neighboring kebele	170	48
Urban	19	5.4
Other4	32	9
Estimated distance from HP to woreda town		
Within the town	14	4.0
3 - 10 km	50	14.1
11 - 20 km	81	22.9
> 20 km	209	59
Monthly salary		
< 1500	84	23.7
1500 - 2000	170	48
> 2000	100	28.3
Service years		
< 3 years	51	14.4
4 - 7 years	181	51.1
> 8 years	122	34.5

Table 1: Socio-demographic characteristics of HEWs in South Gondar zone, Northwest Ethiopia, 2020 (n = 354).

As shown in table 2, a Cronbach’s alpha was calculated to test inter-item’s reliability of job satisfaction. Working conditions (0.69), autonomy (0.72), recognition (0.65), professional training (0.68), nature of the work itself (0.67), salary and other benefits (0.74), promotion (0.64), co-workers (0.76), supervision (0.67) and organizational policy and procedures (0.67). The value of overall job satisfaction was 0.85. Most of the subscales (items) were within the acceptable range (See table 2).

Job satisfaction subscales	Cronbach’s alpha
Working conditions	0.69
Autonomy	0.72
Recognition	0.65
Professional training	0.68
Nature of the work itself	0.67
Salary and other benefit	0.74
Promotion	0.64
Co-workers	0.76
Supervision	0.67
Policy and procedures	0.67
Overall job satisfaction	0.85

Table 2: The inter items reliability analysis of job satisfaction subscales.

Respondents’ level of job satisfaction

In a total, only 19% satisfied with mean (\pm SD) score of 2.53 (\pm 0.50) with their overall job. Respondents were dissatisfied with all job satisfaction items except autonomy mean score of 3.26 (\pm 0.99) and co-worker relationship mean score 3.39 (\pm .99). However, a very low level of job satisfaction was seen with salaries and other benefits; a mean score of 1.96 (\pm 0.63), and promotion opportunity to score 1.71 (\pm 0.80). (See table 3).

Subscales	No of items	Mean score \pm SD
Working conditions	5	2.25 \pm 0.70
Autonomy	3	3.26 \pm 0.99
Recognition	3	2.31 \pm 0.98
Professional training	6	2.77 \pm 0.81
Nature of work itself	4	2.67 \pm 0.85
Salary and other benefits	7	1.96 \pm 0.63
Promotion	3	1.71 \pm 0.80
Co-workers	3	3.39 \pm 0.99
Supervision	5	2.74 \pm 0.97
Policy and procedures	6	2.18 \pm 0.73
Overall satisfaction	45	2.53 \pm 0.50

Table 3: Job satisfaction subscales and their mean scores of HEWs in South Gondar Zone, Northwest Ethiopia, 2020.

NB. 8/10= Dissatisfied.

Only 13% of respondents were satisfied with their working conditions for their job. This very low proportion of satisfaction of HEWs can be supported by the results of key informant interviews.

A 27-year rural HEW reported; “... working place with poor constructed and uncompleted health post (HP). Facilities inside the HP (like stationery, file cabinets, registers, report formats were not always sustainable), toilets, water supply and fence around the HP were not fulfilled. This negatively affects our job satisfaction”.

A 25-year urban HEW expressed; “... we have good working conditions, but materials like computers, sun and rain umbrellas, shoes and document bags are not yet fulfilled”.

As per the study subjects, by the existing organizational policy and procedures, (12%) were satisfied. It is also supported by the report of key informant interviews.

The word of one of the study subjects goes as follows; “... I have no full information about different policies and procedures of the sector like transfer, annual leave and staff benefit packages. I am doubtful of the fairness of the implementation of procedures. No orientation is given for new staffs. The sector simply orders to perform tasks without creating awareness about the nature of the work and rules and regulations. As HEW, I felt that I was neglected. Due to this the community does not consider us as like other health professionals”.

Another rural HEW respondent added her grievances as; “... In principle, the number of households given to an HEW is not that much, but I am forced to serve more than 500HHs in practice. I am very much fun of prevention services than curative. But the load of the work for prevention is like pushing a mountain”. 32.2% of HEWs were satisfied with the nature of the work itself. The key informant report supports the results of the quantitative data.

27 years rural HEW recommended; "... distribution of health extension package (HEP) services among HEWs will increase the quality of service given to the communities than enforcing all health packages to be addressed by a single HEW. It consumes time and power which negatively affects the quality of work".

"... It disperses our concentration into different aspects of the job... because of the nature of this work, I am getting sick". This is the word for urban HEW.

As shown clearly in table 4, 22.3% of HEWs were satisfied with giving recognition. Results from interviews also support this data.

A rural HEW said; "... reward principle which is on paper does not always work. Though the program is there on paper, selection of HEWs in social relations is by far more common than using performance evaluations and clear criteria for any privileges and benefit packages".

With professional training, 36.4% of HEWs were satisfied with their job.

"... Further education became difficult, for us. We worried about that... no curriculum designed for HEWs... no orientation is given to the newly coming staff on how to do their duties and responsibilities... this will make the work get worse. We are doing the job without hope and this is the most dissatisfying aspect of their job". Urban HEW said.

Out of 354 respondents, only 3.7% of HEWs were satisfied with salary and other benefits. This result also supported by the key informant interviews.

One rural HEW said "... We HEWs are not treated properly with salary and other benefit adjustment done by the government, but other professions are favored by the adjustment".

Six-point-two percent of HEWs were satisfied with the promotion opportunity at their job. This very low proportion of satisfaction of HEWs can be supported by the results of key informant interviews.

"... Position shifts seem to be forbidden. We thought that even the government assumes that HEWs are always health extension workers throughout our lives... we were born to be HEWs. No place/positions are available at different levels of the health sector and any other sectors for HEWs". Said 32 years of rural HEW. "Our profession not incorporated in civil service manual". Another HEW said (See table 4).

Subscales	Satisfied number of HEWs (%)	Dissatisfied number of HEWs (%)
Working conditions	46 (13.0)	308 (87.0)
Autonomy*	208 (58.8)	146 (41.2)
Recognition	79 (22.3)	275 (77.7)
Professional training	129 (36.4)	225 (63.6)
Nature of work itself	114 (32.2)	240 (67.8)
Salary and other benefits	13 (3.7)	341 (96.3)
Promotion	22 (6.2)	332 (93.8)
Co-workers*	226 (63.8)	128 (36.2)
Supervision	144 (40.7)	210 (59.3)
Policy and procedures	43 (12)	311 (88)
Overall job satisfaction	67 (19)	287 (81)

Table 4: Job satisfaction of HEWs based on job satisfaction subscales in South Gondar Zone, Northwest Ethiopia, 2020.

*HEWs have better job satisfaction on these two job satisfaction subscales.

Discussion

In this study, only 19% of respondents were satisfied with their job. This study finding is supported by a study conducted in South Africa that found that lowest job satisfaction and high intention to leave. i.e. 48% of the respondents were satisfied with their job and 41.4% were actively seeking other jobs [17] and According to a study by health professionals at Jimma University Specialized Hospital, 39.3% of the subjects were satisfied with their job. The main factors affecting the satisfaction of the job of health professionals in the hospital are motivation and bureaucracy, insufficient resources and supplies, poor infrastructure, poor participation, and interaction with team members and supervisors [18]. This study also supported by a study done on working conditions of the first batch of HEWs in Ethiopia reported that lack of promotion opportunities, insufficient resources and supplies, poor interaction with supervisors and poor building of HPs, poor management of organizational policies and procedures were conditions which affect the job performance negatively [17].

In this study, 81% of respondents scored below average, which means that they were generally dissatisfied with the overall work satisfaction sub-levels, while the remaining 19% were at the satisfaction level.

Of the 354 respondents, 13% were satisfied with their work environment, and 87% of respondents were dissatisfied. This result is similar to a study done in Sidama Zone, South Ethiopia [19] and the assessment report done with the first batch of HEW by FMOH [20]. This lowest proportion of satisfaction of HEWs can be supported by the results of key informant interviews.

One of the rural HEW said; "... we HEWs are forced to work in non-conducive working conditions with very poor health facilities. These factors negatively affect job satisfaction for us".

As shown in table 4, the nature of work itself (67.8%), recognition (77.7%), professional training (63.6), salary and other benefits (96.3%), promotion opportunity (93.8%), and supervision (59.3%) were reported as dissatisfying factors. However, 58.8% and 63.8% of the study participants were satisfied with autonomy and co-workers' subscales in their jobs, respectively. This study is supported by a study done among public health facilities' nurses in Sidama zone, South Ethiopia; participants were satisfied with job satisfaction items: working environment (57%), professional training availability (43%), recognition (40%), promotion (41.3%), autonomy (47%) and salary and benefit (34%) [13,19]. It is also consistent with a study done in three countries in Africa (Tanzania, Malawi, and South Africa) [21].

Significance of the Study

Ethiopia launched Health Extension Program (HEP) in 2004 GC to expand the national health program by expanding community based health interventions as a primary component of the Health Sector development program (HSDP). It is based on the assumption that access to and quality of primary health care in rural communities can be improved through transfer of health knowledge and skills to households.

Rapid expansion of HEP services, which is a core component of the broader health system, became one of the strategies adopted with a view to achieving universal coverage of primary health care to the rural population, in a context of limited resources. For this, HEWs are the backbone for the health extension program (HEP) made it possible to target those who mostly need improvement in their access to services.

To fully implement the program Job satisfaction is Crucial. Job satisfaction is the total feeling likeness or dislikes that an individual has about his or her job. It is an effective or emotional response towards the various facets of one's job. It is an individual total attitude and perception towards one's job. Health extension workers satisfied by their job and work environment are believed to be one of the key factors that influence the health sector's performance. Despite the fact that rural health extension workers are the backbone for the implementation of promotion and prevention-based quality health care provision for rural communities, there is limited researches/literature

in the areas related to factors affecting job satisfaction level of them at the health post level. Therefore, this study was aimed at assessing rural HEWs' job satisfaction level in south Gondar administrative zone, northwest Ethiopia

Limitation of the Study

There could be measurement bias which might be resulting due to Likert's scale used in measuring job satisfaction.

Conclusion

This study revealed that the majority of HEWs in South Gondar administrative zone were dissatisfied with their overall job. However, very small numbers of HEWs (19%) were satisfied with the overall job.

Factors such as working conditions, recognition, professional training, the nature of the work itself; salary and other benefits, promotion opportunities, supervision and policy and procedures were found to be causes of dissatisfaction.

Competing Interests

The authors declare that there is no conflict of interests regarding the publication of this paper.

Ethics Approval and Consent to Participate

Before data collection ethical clearance was obtained from the Institutional Review Board of the Bhar dar University, Institute of Public Health. Official permission letters was obtained from Farta district Health Office. Only those who gave verbal consent was involved in the study. Questionnaire was administered anonymously at respondent home. Confidentiality of information obtained from the study participant was assured by all data collectors and the principal investigators.

Consent for Publication

Not applicable.

Availability of Data and Material

The data are available at hand

Funding Support

There is no funding.

Authors' Contributions

Getnet Tesfaw is the principal investigator and designed the study, participated in the data quality control, analyzed the data, and drafted the paper. Belaynew Wassie and Tesfaye Setegn advised and commented across the paperwork from beginning to the final. Kassaw Wubneh, Yalew Ebabu, and Wondimu Girma Mengistu assisted with the design, approved the proposal, and revised drafts of the paper. All authors read and approved the manuscript and agreed on which journal to submit the publications.

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