

JOB PERFORMANCE AND JOB SATISFACTION OF INTEGRATED HEALTH SERVICE POST (*POSYANDU*) COMMUNITY HEALTH WORKERS IN SUMBERSEKAR VILLAGE, INDONESIA

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Abstract. Community health workers (CHWs), or known as cadres, play an essential role in community development, health promotion, and healthcare delivery. CHWs have the roles of disseminating health information to the community, encouraging *Posyandu* utilization, and promoting maternal and child health to the society. This research aimed to determine the relationship between job satisfaction and job performance of CHWs. A cross-sectional study was carried out. Participants were 40 *Posyandu* CHWs of working group IV (Pokja IV) cadres in Sumbersekar Village, Dau District, Malang Regency, East Java, Indonesia. The Indonesian version of the job satisfaction and performance questionnaire was utilized for data collection. According to this study, CHWs had good levels of job performance and satisfaction. However, it is critical to identify the benefits of CHWs and efficiently deploy them by giving adequate salary and resources. To boost CHW job satisfaction and performance, a combination of financial and non-financial incentives is required.

Keywords: cadre, job satisfaction, job performance, community service, community health worker

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INTRODUCTION

The chronic unequal and shortage healthcare personnel distribution around the world is a key barrier to reaching health goals, resulting in gaps in healthcare service coverage (Marastuti *et al*, 2020; Shin *et al*, 2023; Woldie *et al*, 2018). Community health workers (CHWs) address this issue effectively and help to build community and primary healthcare systems (WHO, 2020; Shin *et al*, 2023). In Indonesia, CHWs are often untrained women who volunteer their services to the community on an unpaid basis (Marastuti *et al*, 2020). Particularly in low-middle-income countries (LMICs), where weak public health expenditure, low health worker density, and high illness burden necessitate reliance on CHWs (Olaniran *et al*, 2022; Woldie *et al*, 2018). Regarding mortality reduction, Indonesia continues to trail behind other low-to-middle-income countries. The unequal distribution of health facilities and health workers is a fundamental concern for health system in Indonesia. At the *Posyandus*, activities for community health are made. The *Posyandu* connects village individuals to the health care system and the formal health facility (Perry, 2020).

The term community health workers (CHWs), known as *kaders* or *cadres*, refers to a diverse group of community-based health workers who undertake a variety of responsibilities and functions linked to community development, health promotion, and healthcare delivery. With interest in and acknowledgment of CHWs as contributors to various community-based and public health healthcare settings has grown, there is an urgent need to investigate and solve the concerns and barriers to participation of CHW in community health programs (Shin *et al*, 2023). A village committee appoints CHWs who are answerable to the village committee (Gadsden *et al*, 2022). CHWs are local community health volunteers chosen by residents for their integrity, ability, loyalty, and dedication to improve the health of community (Gadsden *et al*, 2022; Siswati *et al*, 2022).

CHWs are whose primary responsibility is to conduct monthly village health posts, known as *Posyandu*, where they provide health education, immunization campaigns, nutrition education, immunization campaigns, diabetes and hypertension monitoring and screening, and maternity and child health programs (Gadsden *et al*, 2022; Perry, 2020). The monthly *Posyandu* sessions are led by CHWs which regarded as a vital function and contribution to the community's well-being. CHWs conduct follow-up visits in the neighborhood, attend community committee meetings, and update *Posyandu* target and utilization data outside of *Posyandu* sessions. CHWs visit households outside of *Posyandu* events to follow up with families, promote *Posyandu* participation, and give additional services as needed (Perry, 2020).

CHWs are the foundation of health coverage, giving care at the base of the healthcare pyramid; as a result, they serve the highest number of people in each country and carry out a wide range of health-related responsibilities, ranging from environmental sanitation to case management far from healthcare facilities (Sanou *et al*, 2016). CHWs are frequently the first line of contact with the primary health care system for isolated, vulnerable, and marginalized communities around the world (Gadsden *et al*, 2022). The empowerment of CHWs is a step to assist the community in developing a preparedness system capable of dealing with non-clinical components of pregnancy and birthing emergencies. CHWs and mothers have a strong emotional and social bond (Sunaryo *et al*, 2022).

CHWs volunteer to do community welfare work without financial reward, except for minimal reimbursements for transportation costs. They work 10-20 hours every month. Their annual dropout rates varied from 20% to 30%. A CHW's average duty duration is three to five years, but some have served for more than ten years and even until retirement (Perry, 2020). According to recent studies, CHWs began their work for personal and altruistic reasons such as knowledge development and social

recognition (Gadsden *et al*, 2022; Olaniran *et al*, 2022; Shin *et al*, 2023). Job satisfaction was generally high following the activity. After executing resident participatory events and home visits, they reported increased social recognition, intrinsic motivation, enhanced autonomy, and resource mobilization efforts. Although the monetary incentives were minor as volunteers, they gained satisfaction and enjoyment by recognizing their good impact on individuals and communities (Shin *et al*, 2023). A pleasant or positive emotional state arising from an evaluation of one's employment or job experience is defined as job satisfaction (Olaniran *et al*, 2022). Job performance is the result that an individual has contributed to the company in terms of behavior to engage in, and which the organization may judge as fruitful or detrimental (Jalagat, 2016).

With growing interest in universal health coverage (UHC) in the era of the Sustainable Development Goals (SDGs), the function of CHWs in LMICs appears to be understudied. CHWs can make a significant contribution to expanding coverage, particularly among disadvantaged populations in LMICs where health professionals are in short supply (Woldie *et al*, 2018). CHWs reported a heavy workload which could lead to decreased motivation and, ultimately, lower performance (Kok *et al*, 2015). Many community-based health programs have reported low performance rates, with non-paid community health workers having greater attrition rates, including CHWs (Vareilles *et al*, 2015). Understanding job performance and satisfaction in the context of various CHW activities is needed. This research aimed to determine the relationship between job satisfaction and job performance of CHWs.

MATERIALS AND METHODS

Study design and setting

We employed a cross-sectional research design in working group IV

(Pokja IV) cadres in Sumbersekar Village, Dau District, Malang Regency, East Java, Indonesia. We used questionnaire, in Indonesian language, to assess job performance and job satisfaction (Al Ghifari, 2019). To assess job performance, CHWs were asked thirteen questions using a five-point Likert scale with 1 being strongly disagreed and 5 being highly agreed (Al Ghifari, 2019). The indicators of job performance included work quality, work quantity, work timeline, effectiveness, independence, and work commitment. CHWs job satisfaction were assessed using eleven questions with five-point Likert scale with 1 being strongly disagreed and 5 being highly agreed (Al Ghifari, 2019). The indicators in job satisfaction included mentally difficult work, suitable compensation, working environments, and supporting coworkers.

Study participants

In this research, the respondents selected using purposive sampling, the respondents were all CHWs in working group IV (Pokja IV) Sumbersekar Village of which the work included the management of the Health Program, Environmental Sustainability and Health Planning (Malang City PKK Mobilization Team, 2019).

Statistical analysis

The statistical test used was the Spearman correlation, to see the relationship between CHWs satisfaction and CHWs performance. In order to determine the strength of the relationship between the two variables, the references used on the correlation coefficient value are as follows: 0.00-0.25 (very weak relationship), 0.26-0.50 (good relationship), 0.51-0.75 (strong relationship), 0.76-0.99 (very strong relationship) and 1.00

(perfect relationship).

The two variables were said to have a significant relationship if p-value was less than 0.05. Statistical analyses were performed using Statistical Package for Social Sciences (SPSS) version 24 (IBM, Chicago, IL).

Ethical statement

Before the interview, an explanation about the aim of the study was given and informed consent (in which participants' confidentiality and anonymity were guaranteed) was signed by each participant. Ethical approval for the study was granted by the Universitas Negeri Malang Ethics Review Committee (Approval No.15.01.4/UN32.20.2.9/LT/2024).

RESULTS

Table 1 presents the characteristics of participants. A total of 40 CHWs from working group IV (Pokja IV) Sumbersekar Village completed the survey; 100% identified as woman, 42.5% aged 41-50 years, 40% worked as cadres for 0-2 years, and most had a senior high school education (52.5%).

The statistical test with Spearman's correlation shows the strength of the relationship between the job satisfaction variable and the job performance of CHWs. From the output, a correlation coefficient of 0.441 was obtained (good relationship) with a p-value of 0.004. It can be interpreted that the higher the cadre satisfaction, the cadre's performance increased.

Table 2 presents CHW's satisfaction with their work. The average job satisfaction score was 3.5 out of 5 points indicating overall good

satisfaction. Table 3 presents the performance of CHWs in carrying out their duties. The average CHW performance score was 4 out of 5 indicating good performance. Tables 2 and 3 show the statements written in the questionnaire and the scores given to the CHWs' answers. Of the 4 indicators of job satisfaction, the indicator that received the lowest score was the 'suitability of compensation'. Of the 6 variable job performance indicators, the 'independence' indicator received the lowest score.

Table 1

Characteristics of the community health workers (N = 40)

Characteristic	Frequency <i>n</i> (%)
Gender	
Female	40 (100.0)
Male	0 (0.0)
Age	
20-30 years	5 (12.5)
31-40 years	12 (30.0)
41-50 years	17 (42.5)
≥51 years	6 (15.0)
Work length	
0-2 years	16 (40.0)
3-10 years	10 (25.0)
≥11 years	14 (35.0)
Education	
Elementary School	3 (7.5)
Junior High School	10 (25.0)
Senior High School	21 (52.5)
Bachelor degree	6 (15.0)

Table 2
Job satisfaction scores of the community health workers (N = 40)

Job satisfaction statement	Score Mean \pm SD
I am content with the work that I am now performing.	3.9 \pm 0.7
I believe that the work assigned to me is appropriate for my ability.	4.0 \pm 0.4
I believe that the fee given is appropriate.	2.1 \pm 0.9
I believe the size and type of fee received are appropriate for the workload.	2.0 \pm 0.9
I feel satisfied with all forms of rewards/compensation given.	2.9 \pm 1.1
My workplace's facilities and equipment are adequate and complete.	3.5 \pm 0.8
My workspace is comfortable and well-kept.	3.9 \pm 0.5
I have received direction on each job assigned.	3.9 \pm 0.4
In resolving work challenges, communication between leaders and subordinates is firmly established.	3.9 \pm 0.3
I have a great relationship with my fellow cadres.	4.2 \pm 0.6
I have no trouble collaborating across or within one work unit.	3.9 \pm 0.6
Overall job satisfaction score	3.5 \pm 1.0

SD: standard deviation

DISCUSSION

CHWs have a lot of potential for carrying out health programs in developing nations (Shin *et al*, 2023). The performance of the CHWs was highly related to their characteristics (Siswati *et al*, 2022). Most participants in this research were adults, had a senior high school degree, 0-2 years of experiences. Marital status, age, expertise, education, skills, housewives role are related to leisure time in community health

Table 3

Job performance scores of the community health workers (N = 40)

Job performance statement	Score Mean \pm SD
I can complete work according to standard procedures at the <i>posyandu</i> .	4.1 \pm 0.4
I believe I have produced high-quality work.	3.6 \pm 0.7
I feel that the job result does not disappoint.	3.9 \pm 0.7
I can do the work within the target amount.	3.7 \pm 0.8
I can complete additional work simultaneously with my main work.	3.6 \pm 0.9
I am capable of quickly solving work-related issues.	3.8 \pm 0.5
I can finish work within the time frame set.	3.7 \pm 0.8
I can complete work effectively.	4.0 \pm 0.4
I can complete work efficiently.	4.0 \pm 0.4
I do individual assignments well.	3.8 \pm 0.7
I carry out my duties without the any help of other cadres.	2.3 \pm 0.9
I try to keep to the work schedule that has been established.	3.9 \pm 0.6
I arrive and leave work on time.	4.0 \pm 0.5
Overall job performance score	4.0 \pm 0.8

SD: standard deviation

promotion initiatives, and work duration are all factors that support CHWs performance (Mediani *et al*, 2022; Siswati *et al*, 2022).

CHWs are voluntary, their efficacy in community-based work is dependent on their motivation and retention (Sanou *et al*, 2016). Individually, CHWs were inspired by the selfless concept of 'helping someone'. CHWs indicated that being significant persons who 'help' specific people was important to them. Studies conducted in low- and middle-income countries determined that 'helping others' was the most

essential motivator for CHWs. CHWs' awareness of how they may help the community, together with the village's respect and acknowledgement, may lead to pleasure and job satisfaction (Shin *et al*, 2023). The average job satisfaction score in this study shows that overall CHW satisfaction is good. The lowest indicator of job satisfaction is the suitability of compensation with the average score of 2.0 ± 0.9 out of 5. This shows that their satisfaction with the compensation provided is low. The CHWs in Sumbersekar Village volunteer their job without salary or financial reward. CHWs give their services for no monetary compensation, except for minimal reimbursements for transportation costs (Perry, 2020). CHW had a great desire to obtain social recognition as well as to raise healthy children and families (Musabyimana *et al*, 2018). According to Kasteng *et al* (2016), CHWs thought their workload was manageable and did not experience direct financial loss. They have jobs that provide flexibility in managing their time, which may be a prerequisite for them to take a position as a CHW.

Volunteering provided more social recognition in low-income countries than in high-income countries (Kasteng *et al*, 2016). Volunteering as an CHW is highly appreciated in the community since it has a high cultural value. CHWs in Indonesia who have worked for more than ten years are eligible to receive special honors each year at the national and provincial levels (Perry, 2020). In many countries, community acknowledgment has been a primary motivator; nevertheless, social recognition is not the only form of reward (Sanou *et al*, 2016; Chowdhury *et al*, 2021). Adequate monetary remuneration is also essential to any long-term activity (Sanou *et al*, 2016). According to Shin *et al* (2023), while CHWs were satisfied with community appreciation and acknowledgment, monetary and non-monetary incentives were also significant to them. Another study reported that extrinsic incentives and reputational

including appreciation from the community, well-functioning support and acknowledgement from the healthcare system should not be overlooked as prerequisites for CHW job satisfaction, while intrinsic factors such as altruism, commitment, and sense of accomplishment are important in deciding to become and remain a CHW (Kasteng *et al*, 2016).

CHWs receive a monthly financial 'gift', the amount of which is determined by the Village Government and normally ranges between IDR 25,000-50,000 (USD 2-4) (Gadsden *et al*, 2022). CHWs were aware that their work was voluntary, but they desired financial rewards, community support, and appropriate supplies (Sanou *et al*, 2016). CHWs social links to the society may be considered as a strengthening of their 'psychological contract' with the society, in which they are expected to be devoted and motivated primarily by altruistic purposes rather than financial rewards. In exchange, these CHWs might expect acknowledgment and an increase in their reputation (Olaniran *et al*, 2022).

Recognition and status in the community in which they work, commitment to children's well-being, and receipt of individual training and supervision were identified as factors positively influencing CHWs, determining that context affects their motivation (Sanou *et al*, 2016). The job-related performance score in this study was 4 out of 5, indicating good job performance. According to a recent study, CHW's community acknowledgment and altruistic goals may reinforce each other (Olaniran *et al*, 2022). Willingness to help was reported as motivating factor and increasing job performance. CHWs mentioned that their readiness to help and care for others as an incentive that increased their motivation and performance (Kok *et al*, 2015). Program organizers collaborating with community-based CHWs may consider using community recognition and awards to create a psychological commitment to service.

CHWs were motivated by positive interactions with their community leaders, supervisors, and members. Particularly when they are recognized by their superiors and accepted, respected, and trusted by the community they serve in a way that earns them appreciation and improves their reputation (Olaniran *et al*, 2022). Incentives satisfaction may result in reduced or higher motivation, influencing CHW performance. Bigger monetary incentives did not always correlate with improved performance, especially compared to other performance-influencing factors (Kok *et al*, 2015). Unsalaries community-based CHWs valued their reputation in the community more than their facility-based paid counterparts (Olaniran *et al*, 2022). Trust, respect, and acknowledgment in the community improved self-assessed performance. In turn, a lack of community trust contributed to poor CHW performance. More respect and more participation in decision-making were all social incentives. Because of more stable communities with stronger social fabric, social prestige may be a more critical component for job performance in rural settings (Kok *et al*, 2015).

Three types of performance determinants can be identified: motivation, opportunity to perform, and skill of the volunteers. Skill development may influence volunteer performance by improving capacities and boosting volunteers' self-confidence, both of which have a favorable impact on their performance (Englert and Helmig, 2018). Training, according to CHWs, enhanced motivation and job performance. CHWs viewed training as an income-generating activity at times. Continuous training has a positive impact on CHW job satisfaction and motivation. Training was proven to improve CHW motivation, work satisfaction, and performance (Kok *et al*, 2015). CHWs usually receive training to identify community and individual health issues, allowing them to engage in counseling, health promotion, and referring medical problems to healthcare facilities (Siswati *et al*, 2022). CHWs must attend

a training course to master the *Posyandu* curriculum, which includes health promotion, anthropometry, and glucose and blood pressure monitoring (Perry, 2020).

According to the Indonesian Ministry of Health, the reductions in child and maternal mortality and the increase in life expectancy are due in part to the work of the *Posyandus* and CHWs in the society (Indonesian Ministry of Health, 2023). The *Posyandu* system in Indonesia, which has been administered by women volunteers for more than 35 years, is perhaps the world's biggest and longest continuous community-based volunteer health and nutrition program. In the world's fourth most populous country, CHWs have provided universal health and nutrition care to a varied people. *Posyandu* and its CHWs established the groundwork for Indonesian health care and will continue to be so (Perry, 2020). Empowering health CHWs necessitates support from a variety of sources, including the government, private sectors, and the community, as well as moral and financial support (Sunaryo *et al*, 2022). CHWs are not a cheap substitute for health workers, and if they are to be successful, they must be well resourced, with supportive supervision and mentoring, in-service training, and adequate material support, despite the fact that they are volunteers (Woldie *et al*, 2018).

It is critical to realize the worth of CHWs and to deploy them effectively by assigning suitable resources and compensation. The optimum health gains for the greatest number of people can be accomplished by improving the health system to include CHWs. CHWs are no better than other members of society and need support for their work, financial incentives, and career development opportunities. Financial incentives are not the only solution, but the lack of compensation for their effort and time, whether from the communities they serve or from the Ministry

of Health, is no longer acceptable. CHWs should be considered by policy makers as effective change agents who need continuous support, encouragement, and training.

In conclusion, this study exhibits that the job satisfaction and job performance of CHWs are good. This study findings suggest that it is important to recognize the benefits of CHWs and deploy them effectively by providing appropriate compensation and resources. A combination of financial and non-financial incentives is needed to support CHW job satisfaction and performance.

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CONFLICT OF INTEREST DISCLOSURE

The authors declare that they have no conflicts of interest.

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