

นิพนธ์ต้นฉบับ

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

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บทคัดย่อ

ความสัมพันธ์ระหว่างลักษณะทางสังคมประชากร พลังอำนาจแบบมีโครงสร้าง พลังอำนาจทางด้านจิตวิทยาและความพึงพอใจในการปฏิบัติงานของอาสาสมัครสาธารณสุขในประเทศไทยอินโดนีเซีย

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วารสารศูนย์การศึกษาแพทยศาสตรบัณฑิต โรงพยาบาลพระปกเกล้า 2557;31:6-17

ที่มาของปัญหา

อาสาสมัครสาธารณสุขเป็นบุคคลที่มีบทบาทสำคัญในการสนับสนุนดูแลสุขภาพประชาชนในชุมชนให้มีสุขภาพดี โดยผ่านกระบวนการอบรมให้ความรู้จากเจ้าหน้าที่สาธารณสุข และปฏิบัติงานด้วยความเสียสละและสมัครใจโดยมีหน้าที่หลักในฐานะผู้นำการเปลี่ยนแปลงด้านพฤติกรรมสุขภาพอนามัย การสื่อสารสาธารณสุข การแนะนำเผยแพร่ความรู้ การวางแผน และประสานกิจกรรม

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พัฒนาสาธารณสุข ตลอดจนให้บริการสาธารณสุขด้านต่างๆ เช่น การส่งเสริมสุขภาพ การเฝ้าระวังและป้องกันโรค การช่วยเหลือและรักษาพยาบาลขั้นต้น ซึ่งโดยทั่วไปความพึงพอใจในการปฏิบัติงาน มีผลทางบวกต่อผลลัพธ์และประสิทธิภาพในการทำงาน การศึกษาครั้งนี้จึงศึกษาความสัมพันธ์ ระหว่างพลังอำนาจแบบมีโครงสร้าง พลังอำนาจทางด้านจิตวิทยาและความพึงพอใจในการปฏิบัติงานของอาสาสมัครสาธารณสุขในประเทศอินโดนีเซีย

วัตถุประสงค์

เพื่อศึกษาความสัมพันธ์ ระหว่างลักษณะทางสังคมประชากร พลังอำนาจแบบมีโครงสร้าง พลังอำนาจทางด้านจิตวิทยาและความพึงพอใจในการปฏิบัติงานของอาสาสมัครสาธารณสุขในประเทศอินโดนีเซีย

วิธีการศึกษา

รูปแบบการวิจัยเป็นแบบการศึกษาความสัมพันธ์เชิงพรรณนาในอาสาสมัครสาธารณสุขจังหวัด Denpasar ประเทศอินโดนีเซีย เก็บรวบรวมข้อมูลโดยใช้แบบสอบถามจากกลุ่มตัวอย่าง จำนวน 341 คน

ผลการศึกษา

กลุ่มตัวอย่างทั้งหมดเป็นเพศหญิง ส่วนใหญ่เป็นแม่บ้าน อายุเฉลี่ย 39 ปี 5 เดือน และจบการศึกษาระดับมัธยมศึกษาตอนปลาย ผลการศึกษาพบว่า ลักษณะทางสังคมประชากรที่คัดสรร ได้แก่ อายุ จำนวนปีของประสบการณ์ และจำนวนปีของการฝึกอบรม มีความสัมพันธ์ ทางบวกอย่างมีนัยสำคัญทางสถิติกับความพึงพอใจในการปฏิบัติงานของอาสาสมัครสาธารณสุข อย่างไรก็ตามสถานภาพสมรสระดับการศึกษา และอาชีพ มีความสัมพันธ์อย่างไม่มีนัยสำคัญทางสถิติกับความพึงพอใจในการปฏิบัติงานของอาสาสมัครสาธารณสุข นอกจากนี้ยังพบว่าพลังอำนาจแบบมีโครงสร้าง พลังอำนาจทางด้านจิตใจมีความสัมพันธ์ทางบวกอย่างมีนัยสำคัญทางสถิติกับความพึงพอใจในการปฏิบัติงานของอาสาสมัครสาธารณสุขในประเทศอินโดนีเซีย

สรุป

ผลการศึกษาบ่งชี้ว่า อาสาสมัครสาธารณสุขในชุมชนที่ได้เพิ่มพลังอำนาจแบบมีโครงสร้างและพลังอำนาจทางด้านจิตวิทยามีความพึงพอใจในการปฏิบัติงานเพิ่มสูงขึ้นด้วย อย่างไรก็ตาม ปัจจัยอื่นๆ ที่ไม่รวมอยู่ใน การศึกษาครั้งนี้ ควรมีการพิจารณาศึกษาสำหรับการวิจัยในครั้งต่อไป

คำสำคัญ : พลังอำนาจแบบมีโครงสร้าง พลังอำนาจทางด้านจิตวิทยา ความพึงพอใจในการปฏิบัติงานอาสาสมัครสาธารณสุข

- Abstract** : The relationships between socio-demographic characteristics, structural empowerment, psychological empowerment and job satisfaction of community health volunteers in Indonesia
- Background** : Generally, human resources are the most essential for the process of developing healthy communities. One of them is community health volunteers (CHVs). However, it is not easy to keep voluntary workers as part of health programs even though they have been trained. One of the efforts undertaken by the Government of Indonesia is to increase the role of integrated health service post and motivation of CHVs through integrated health service post revitalization and empowerment of CHVs.
- Objective** : To examine the relationships between socio-demographic characteristics, structural empowerment, psychological empowerment and job satisfaction of CHVs.
- Methods** : A descriptive correlation study design was used in this study. Three hundred and forty one CHVs were participated. Data were collected by questionnaires and were analyzed by computer program.
- Results** : Most of the samples were housewife with the average age of 39 years 5 months and were high school graduates. The results showed that some of socio-demographic characteristics of CHVs including age, years of experience and training experience were significantly positively related to job satisfaction. However, the marital status, level of education and occupation of respondents were not significantly associated with job satisfaction. It was also found that structural empowerment and psychological empowerment were significantly positively associated with job satisfaction of CHVs.
- Conclusion** : The results of this study suggest that CHVs who had a chance to improve structural empowerment and psychological empowerment were more likely to have higher level of job satisfaction. Other factors which were not included in this study should be taken into account for further research about job satisfaction in CHVs.
- Keywords** : structural empowerment, psychological empowerment, job satisfaction community health volunteers

Introduction

The idea of community participation as a model for community health initiatives has been supplanted since 1960s by programs focused on ideas of partnership, collaboration, community empowerment, and community capacity¹. The mobilization of community resources through the implementation of various health programs is a key to achieve the process of development of healthy communities, and the most essential community resources are human resources².

Enabling empowerment and community participation are parts of the subsystems of the national health system in Indonesia. The policy on health is one of the Indonesian Government's efforts to increase awareness, willingness, and abilities for society to live with optimal health. It also aims to extend the reach and improve the quality of basic health service, especially for mothers and children, which can provide health services through an integrated health service posts³.

An integrated health service post (*Posyandu*) in Indonesia is a form of community-based health resource managed and organized by, for, and with communities in health development organizations in order to empower the community and make it easier for people to obtain basic health services and to accelerate the decline in maternal and infant mortality³.

Presently, the existence of integrated health service post is still very much needed in health promotion and disease prevention to the community, particularly in rural areas. The

integrated health service post was considered not effective because the ability of community health volunteers (CHVs) still low⁴. The CHVs were less active and less motivated to carrying out their roles in integrated health services post⁵. A number of CHVs were inactive or drop out⁵. There were limited funding and infrastructure^{5,6}. In addition motivation is the most dominant factor affecting the performance of CHVs. It advocates that the role of the CHVs is one important factor in the implementation or sustainability integrated health service post, since the activity drivers of integrated health service post are the CHVs. However, the problems faced by CHVs in integrated health service post cause many CHVs to be inactive or drop out even though they have been trained. One reason is the dissatisfaction with their job as a CHVs⁷.

CHVs are volunteers who were elected or appointed to take part in the activities and development of integrated health service post because of their skills or abilities, and they have received training on family planning and health³. CHVs have a major role in improving the abilities of communities to help themselves to achieve optimal health status of people in community. Different roles of CHVs can occur in different settings and health programs.

Empowerment is an idea of the efforts to provide the CHVs with skills, resources, authority, and opportunity. In the workplace, there are various perspectives of empowerment. These include structural empowerment that can occur when people have access to information, support,

resources, opportunities, as well as psychological empowerment which is a process when a person has a sense of motivation in the workplace environment^{8,9}.

Based on the literature review, very few studies have been carried out between CHVs on empowerment and job satisfaction. The factors related to job satisfaction of CHVs in integrated health service post are yet unknown. Therefore, this study is conducted.

The general purpose of this study was to explore relationships between socio-demographic characteristics, structural empowerment, psychological empowerment and job satisfaction of CHVs in Indonesia.

Materials and Methods

A questionnaire assessing demographic data was developed by the researcher. It was composed of questions assessing age, gender, educational level, marital status, occupation, years of experience as CHVs, and participation in training.

The Conditions for Working Effectiveness Questionnaire II (CWEQ-II) was used to measure structural empowerment. The CWEQ-II⁸ consists of 19 items that measure the 6 components of structural empowerment described by Kanter (opportunity, information, support, resources, formal power, and informal power). Higher scores represent higher perceptions of empowerment. The Cronbach's alpha reliability coefficient of CWEQ-II in this study was 0.88.

Psychological empowerment was measured using Psychological Empowerment

Scale (PES). This instrument developed by Spreitzer¹⁰, which consists of 12 items that measure 4 components, including meaningful work, competence, autonomy, and impact components. The Cronbach's alpha reliability coefficient of PES in this study was 0.89.

Job satisfaction was measured using the job satisfaction scale developed by Soong¹¹ with a total of 25 questions. In this study, the Cronbach's alpha reliability coefficient of job satisfaction questionnaire was 0.89.

A cross-sectional design with a descriptive correlation approach was used to examine the relationships between socio-demographic characteristics (age, gender, marital status, educational, occupation, year of experience, training experience), structural empowerment, psychological empowerment, and job satisfaction of CHVs in Denpasar, Indonesia.

The population of this study were active CHVs of integrated health service posts at seven public health centers in Denpasar, Bali. The participants in this study were 341 CHVs. The CHVs for each public health centers were selected using simple random sampling technique. Data were analyzed by descriptive and inferential statistics. Pearson's product moment correlation, Point-biserial correlation and Spearman-rho were used to analysis the relationships.

Results

All of the 341 respondents in this study were female CHVs (100 percent). The results showed that 332 (97.4 percent) CHVs were

married. Regarding the level of education, the study found that 260 (76.2 percent) respondents were high school graduates. In respect of occupation, 202 (59.2 percent) CHVs were housewives. The respondents' age ranged from 18 to 75 years old, with the mean age of 39.50 years old (SD = 8.19 years). The mean score of overall structural empowerment was 19.22 (SD = 3.31). The total mean score of psychological empowerment was 42.48 (SD = 6.85). The mean score of job satisfaction was 84.12 (SD = 10.42).

Table 1. Relationships between socio-demographic characteristics and job satisfaction of CHVs (n = 341)

Variables	Job satisfaction	
	r	p-value
Age	0.17	< .001
Marital status	0.03	0.54
Education	- 0.06	0.21
Occupation	0.04	0.37
Year of experience	0.20	< .001
Training experience	0.23	< .001

The results showed in Table 1 indicated that there were statistically significant positive relationship between job satisfaction and age ($r = 0.17$, $p\text{-value} < .01$), training experience ($r = 0.23$, $p\text{-value} < .001$), and year of experience ($r = 0.20$, $p\text{-value} < .001$). Thus, it can be pointed out that the higher the age of CHVs, the more the training experience and length of experience as CHVs, also the higher the CHVs perceived job satisfaction. However, there were no statistically significant relationships between marital status, occupation, year of education, and job satisfaction of CHVs.

Table 2 Relationships between structural empowerment and job satisfaction of CHVs (n = 341)

Variables	Job satisfaction	
	r	p-value
Structural empowerment	0.39	< .001
Opportunity	0.28	< .001
Information	0.35	< .001
Support	0.30	< .001
Resources	0.32	< .001
Formal power	0.26	< .001
Informal power	0.25	< .001

In table 2, the results confirmed a statistically significant correlation between structural empowerment and job satisfaction of CHVs. By using Pearson correlation test, the structural empowerment was significantly positively related to a total score of job satisfaction ($r = 0.39$, $p\text{-value} < .001$). The job satisfaction of CHVs was significantly positively associated with all of the structural empowerment subscales. Access to information showed the strong relationship with job satisfaction ($r = 0.35$, $p\text{-value} < .001$), while informal power had the weakest relationship with job satisfaction, if compared to other components ($r = 0.25$, $p\text{-value} < .001$).

Table 3 Relationships between psychological empowerment and job satisfaction of CHVs (n = 341)

Variables	Job satisfaction	
	r	p-value
Psychological empowerment	0.50	< .001
Meaning	0.46	< .001
Competence	0.49	< .001
Self-determination	0.45	< .001
Impact	0.24	< .001

The results showed in Table 3 that all components of psychological empowerment were significantly positively related to job satisfaction, with competence showing the greatest relationship ($r = 0.49$, $p\text{-value} < .001$), followed by meaning ($r = 0.46$, $p\text{-value} < .001$), self-determination ($r = 0.45$, $p\text{-value} < .001$), and impact ($r = 0.24$, $p\text{-value} < .001$). It was also revealed that CHVs' perceptions of psychological empowerment was moderately strongly correlated to their job satisfaction ($r = 0.50$, $p\text{-value} < .001$).

Discussion

Regarding the relationship between age of CHVs and their job satisfaction, the weak relationship between them was found ($r = 0.17$ and $p\text{-value} < .01$). This result indicated that older CHVs were more satisfied with their job than younger CHVs. This result was consistent with other studies stated demographics characteristics i.e. age was an additional factor associated with job satisfaction¹² and job satisfaction appeared to be positively correlated with age¹³. However, the result of this study was different from the previous studies^{14,15,16} which showed no significant relationship between age and job satisfaction. The possible reason why job satisfaction increases with age may include older people who tend to value different things at work. For instance, they may be less interested in task variety than younger people are¹³. The other reason why younger CHVs were less satisfied might due to higher expectations about their activities in the community such as incentives

and the moral status of volunteers.

In this study, the education level was not correlated with job satisfaction of CHVs ($r = -0.06$, $p\text{-value} = 0.162$). The similar results were shown in other previous studies¹⁴⁻¹⁷. However, the samples of several studies^{2,13} showed a significant relationship between the education level and job satisfaction. They stated that lower educated people were generally more satisfied than their higher educated colleagues. In this study, the education level was found to be negatively correlated with job satisfaction although this relationship was not statistically significant. This may be related to better educated people having higher expectations of their jobs and believing that their work should provide greater fulfillment and responsibility, but unfortunately, most jobs do not¹³. In this study, education was not related to job satisfaction of CHVs because they may not have high expectations about their work as CHVs. Thus, it is not conclusive whether or not any relationship between job satisfaction and educational level of CHVs exists.

Years of experience were the other factor that was related with job satisfaction. This study indicated a weak positive relationship between years of experience and job satisfaction of CHVs with $r = 0.20$ ($p\text{-value} < .001$), which showed that the increased years of experience of CHVs will increase their job satisfaction. This result was consistent with another study which stated that seniority has a clear relationship with job satisfaction, in which more senior personnel had higher levels

of job satisfaction¹³. The reason for this may be that years of experience often bring increased confidence, competence, self-esteem and responsibilities of CHVs and these characteristics will increase their job satisfaction.

The result of the study also showed a statistically positively weak relationship between training experience and job satisfaction of CHVs ($r = 0.23$, $p\text{-value} < .001$). It means, the more often CHVs receive training, the higher their job satisfaction. This result was consistent with the previous study in Taiwan², which pointed out that one factor significantly related to job satisfaction was the frequency of participating in volunteer training courses. In addition, another study in Nepal stated that the female CHVs who were motivated by a desire to learn would be more likely to stay as health volunteers if they receive regular training¹⁸. One factor to consider in achieving job satisfaction is employees' confidence in performing tasks¹⁹. Many studies have shown that people are happier at work if they use their abilities they believe they possess¹³. Training obtained by CHVs will certainly increase their knowledge and skills needed in the job. The more often CHVs receive training, the more information and skills they have. This type of training that is needed is about the growth and development of children, communication skills, basic health care, prevention and early treatment of a common disease in the community. Sufficient knowledge and skills will certainly be able to increase the confidence of CHVs in performing

their duties⁵. Therefore, the experience of the training course of CHVs may improve their job satisfaction.

The study found a positive relationship between structural empowerment and job satisfaction ($r = 0.39$, $p\text{-value} < .001$). Thus, who had chance to improve structural empowerment were more likely to have good satisfaction about their job. Among the CHVs in the present study, structural empowerment and job satisfaction were moderately correlated. The mean score of structural empowerment score was 19.22 indicating a moderate level of structural empowerment, which means, the perception of CHVs about structural empowerment in this study was at a moderate level. The findings in this study were consistent with other studies^{16,17,20-26}. This study has proven that structural empowerment was a factor related to job satisfaction of CHVs.

With regard to the components of structural empowerment, this study found that all components of structural empowerment had statistically significant relationships with job satisfaction. Moderate relationships (information, support, resources) and weak relationships (opportunity, formal power, informal power) were found in this study. Access to information showed the greatest relationship with job satisfaction ($r = 0.35$, $p\text{-value} < .001$), while informal power had the smallest relationship with job satisfaction ($r = .25$, $p\text{-value} < .001$). The findings in this study support the theory proposed by Kanter²⁷ arguing that organizational factors in the workplace are very important. Kanter²⁷ believes

that all components of structural empowerment have positive effects on employees in shaping organizational behaviors and attitudes, which means that the component of structural empowerment is very important to improve job satisfaction of CHVs. High job satisfaction will trigger the CHVs to accept the challenges in the organization and increase their responsibilities towards their roles.

The results also showed that psychological empowerment had a positive relationship and significance with job satisfaction. The relationship between psychological empowerment and job satisfaction was $r = 0.50$ ($p\text{-value} < .001$), which indicated the strong relationship between psychological empowerment and job satisfaction. CHVs who had chance to improve psychological empowerment were more likely to have good satisfaction about their job. The mean psychological empowerment score was 42.48 ($SD = 6.85$) indicating a moderate level of psychological empowerment. The findings in this study were consistent with several studies^{16,20,25,28,29}. The results of this study indicated that the CHVs who experience psychological empowerment had the high level of job satisfaction.

All components in the psychological empowerment also showed positive relationships with job satisfaction. This evidence suggested that the CHVs who feel meaningful, are more competent or have confidence in performing the work load, have self-determination, and feel able to give an impact on the organization would experience

the high job satisfaction. The moderate relationships were found between components of meaning, competence, self-determination and job satisfaction. The weak relationship was found between the component of impact and job satisfaction. Competence had the strongest relationship with job satisfaction.

Competence was one of the essential components in structural empowerment to achieve the high level of satisfaction of CHVs. Most of the employees sincerely want to do a good job and that was one premise inherent in Herzberg's theory³⁰. Therefore, the achievement of CHVs in performing their duties needs to be considered. Achievement as a motivational factor in Herzberg's theory includes personal satisfaction of completing a job, solving problems, and seeing the results of one's efforts. Therefore, the CHVs should have the competence to carry out their work. Competence is confidence of CHVs in the ability to perform job requirements. The CHVs with good confidence will be ready to accept a great responsibility and increase their job satisfaction.

The component of impact on psychological empowerment received less attention in the literature compared with other components. However, the theory stated that the impact component of empowerment should have a positive relationship with job satisfaction²⁸. The impact component in psychological empowerment was the feeling of individual who can influence on strategic, administrative, or organization's outcomes. The impact is one of the components that

needs to be considered in the organization. The CHVs who do not feel the impact of the organization or place of work will lead to a feeling of indifference toward the organization and low levels of job satisfaction. The feeling that the work as health volunteers is beneficial for the organization needs to be considered for improving the job satisfaction of CHVs.

In summary, the results of this study showed that some of socio-demographic characteristics of CHVs had relationships between job satisfaction such as age, year of experience, and training experience. However, the marital status, level of education and occupation of respondents were not associated with job satisfaction. This study found a positive relationship between structural empowerment and job satisfaction of CHVs. The relationship between psychological empowerment and job satisfaction was also found. The results indicated that CHVs who had chance to improve structural empowerment and psychological empowerment were more likely to have good satisfaction. These results suggest that the use of empowerment concept as part of the CHVs training program will be able to improve the satisfaction of CHVs in performing their work.

In conclusion, this study only describes the relationships of job satisfaction with socio-demographic characteristics of respondents as well as empowerment factors. The reviewed literatures explain many factors affecting job satisfaction such as management styles, organizational structure, and personal

traits. Other factors which were not included in this study should be taken into account for further research about CHVs job satisfaction.

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