The relationship between structural empowerment and psychological empowerment nur...

Health development is a range of health initiatives undertaken by the Government to promote a healthy life for residents in order to achieve the optimal level of public health. In the national health system, one of the government's policies is especially important in determining success, independence and continuity of health development that is promoting empowerment and community participation in health (Djuhaeni et al., 2010)An Integrated Health Center (Posyandu) is one form of community based health resource that are managed and organized by, for and with communities in health development organizations, to empower the community and make it easier for people to obtain basic health services and to accelerate the decline in maternal and infant mortality (MoH, 2012). Integrated Health Centers (IHC) are expected to be developed on the awareness and efforts to the community, or with the social participation of each community in the village. So far, the existence rather than IHC is still very much needed in health promotion and prevention particularly in rural areas. A report by the Ministry of Health of Indonesia (2010), noted that the percentage using IHC for the monitoring of growth of children aged 6-59 months nationally was about 80. 6%, in hospitals 3. 8%, and clinics 6. 7%. In Bali, using IHC for monitoring growth was 66. 3%. This suggests that the use of IHC as a basic service for children is still high. In 2009, the number of IHC in Indonesia recorded 266. 827 or a ratio of 3. 55 IHC per village (MOH, 2011). Based on data from the Bali Provincial Department of Health (2010), the number of IHC in Bali still active is about 64. 54% from total of 4. 757. However, when viewed from the aspect of quality, there were a number of problems. Among them, incomplete facilities and the inadequate skills of

community health volunteers (MoH, 2012). Although the role and utilization of health integrated centers is fairly good, but there are still many obstacles encountered in implementation. Health integrated center is not effective because the ability of health volunteers is still low (Sukiarko, 2007), community health volunteers are less active and less motivated (Maqbul, 2007 ; Djuhaeni, et al, 2010), and funding and infrastructure was less (Maqbul, 2007). Motivation is the most dominant factor affecting the performance of community health volunteers. Community health volunteers had low motivation because their work activity is distracted by IHC activities (Djuhaeni et al, 2010). In a study conducted by Djuhaeni, et al. (2010), it showed a significant correlation between the factors of motivation for health integrated center activity. Based on the obtained results, some researchers suggest that community health volunteers play a more active role in both providing counseling and other activities in health integrated centers (Hida, 2011; Harahap, 2008: Anwar, et al, 2010; Maria, 2009). This suggests that the role of the community health volunteers is one important factor in the implementation or sustainability health integrated centers because the motor activities of health integrated centers are community health volunteers. One of the efforts undertaken by the government of Indonesia is to increase the role of IHC and motivation of community health volunteers through IHC revitalization and empowerment of community health volunteers (MoH, 2012). Through revitalization IHC with community empowerment, training of community health volunteers, development activities in accordance with the needs of the community, is expected to improve the level of development integrated health center. Empowerment is

the idea of the efforts to provide community health volunteers the skills, resources, authority, opportunity. It certainly will improve motivation, responsible for the results of their actions and will contribute to their competence and their satisfaction. 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 is a process when a person has a sense of motivation in the workplace environment (Laschinger et al., 2004; Manojlovich, 2007 in Stewart, 2010). According to Kanter, work in conditions which encourages empowerment has a positive impact for employees, which increases feelings of self confidence, job satisfaction, higher motivation (Deborah, 2006). There were several previous studies linking structural empowerment, psychological empowerment and job satisfaction. Some studies have suggested a link between empowerment and job satisfaction (Kuo et al., 2008 ; Sarmiento et al., 2004 ; Baker et al., 2010 ; Lautizi et al., 2009 ; Cai and Zongkui, 2009 ; Ahmad and Nelson, 2010). Previous studies mostly use the nurse at the hospital, nurse educators, and the employees of a company as a sample. One study of job satisfaction in health volunteers was about the relationship between personal traits and job satisfaction. Lin (2007) found variables correlating with job satisfaction. These variable included gender, educational level, religious preference, participation in training, working to promote community health, the willingness to work, the frequency of participating in job training, and cooperation with other volunteer partners. However, based on the literature

review, very few studies have been carried out among community health volunteers on empowerment and job satisfaction.

Research objective

The general purpose of this study is to explore the relationship between structural empowerment, psychological empowerment, and job satisfaction of community health volunteers. The specific aims of this study are as follows: To know the individual socio-demographic characteristic of participants, structural empowerment, psychological empowerment, and job satisfaction of community health volunteers. To explore the relationship between socio-demographic characteristic of participants (age, sex, marital status, education level, year of experience, training) and job satisfaction of community health volunteers. To explore the relationships between structural empowerment and job satisfaction of community health volunteers. To explore the relationship between psychological empowerment and job satisfaction of community health volunteers.

Scope of Study

The research will be carried out on volunteers in the city of Denpasar, Bali, Indonesia.

Research Contribution

This study is important because community health volunteers are one of the factors that most influence the success of the program IHC. This research will be increase our understanding of the phenomena and provide alternative

answers that are expected to contribute in solving the problems faced community health volunteers of integrated health center.

Review of relevant literature

Concept of Integrated Health Center (Posyandu)The Integrated Health Center (IHC) is a form of community participation in health, which is managed by the health volunteers and the target is the whole community. IHC is one form of community based health resources that are managed and organized by, for and with communities in health development organizations, to empower the community and make it easier for people to obtain basic health services and to accelerate the decline in maternal and infant mortality (MoH, 2012). Integration of basic social services in the IHC is an attempt to synergize the various services required by the community and includes improved health and nutrition, education and child development, family economic improvement, family food security and social welfare. Community empowerment in health is the process of providing information to individuals, families or groups (clients) continually and continuously keep track of clients, as well as the process of helping the client, so the client has changed from not knowing to knowing or being aware of (aspects of knowledge), of knowing to want (aspect attitude), and of want to be able to carry out behavior is introduced (aspects of the act or practice). Efforts to develop the quality of human resource to optimize the potential of growth and development can be implemented in a fair, if the system of health services community-based such as IHC can be done effectively and efficiently and able to reach all of the targets that need health care,

pregnant women, nursing mothers and mother postpartum. In terms of quantity, the growing amount of IHC is very encouraging, because in every village found about 3-4 IHC. At IHC launched in 1986, the number of 25, 000 registered IHC IHC, and in 2009, rising to 266 827 with a ratio of 3. 55 IHC per village. However, when viewed from the aspect of quality, there were many problems, such as completeness of facilities and inadequate skills of community health volunteers. Primary health care in IHC is health care that includes at least five (5) activities, namely Maternal and Child Health (MCH), Family Planning (FP), immunization, nutrition, and prevention of diarrhea. The Purpose of IHC: General Purpose: Supporting accelerate decline in Maternal Mortality Rate (MMR), Infant Mortality Rate IMR) and Child Mortality in Indonesia through community empowerment. Specific Objectives: The increasing role of the community in the implementation of basic health measures, especially the associated with a reduction in MMR, IMR and Child Mortality. The increasing role of cross-sector in the implementation of IHC, particularly relating to reduction in MMR, IMR and Child Mortality. Increased coverage and coverage of basic health services, particularly with regard to reduction in MMR, IMR and Child Mortality. While the target of the IHC is the entire society with an important focus are babies, children under five, pregnant women, postpartum and breastfeeding women, and infertile couples. Concept of EmpowermentThe origin of the theory of empowerment if traced back to that first initiated by Freire (1973). Freire was an influential Brazilian educator and humanitarian. Furthermore the theory of empowerment has gone through many developments. The concept of empowerment is understood as the idea of power, because empowerment is

closely related to how to get, remove, reduce or eliminate the power or force (Page & Czuba, 1999 cited in Hur, 2006). Parpart (2003 cited in Hur, 2006) stated that empowerment can also be seen as an outcome because it can be measured. Ahmad and Oranye (2010) explained there are two prominent concepts of empowerment in the literature: structural empowerment (Kanter 1977, 1983), and psychological empowerment (Spreitzer, 1995). Structural empowerment which derives from organizational/management theory and mainly focuses on organizational behavior and lacks individual psychological factors, such as a sense of competence and self-efficacy, which are considered to be important elements for individual to be empowered. Psychological empowerment, which derives from social psychological model, is seen as the psychological perception or attitudes of employees about their work and their organizational roles and focuses on intrinsic task motivation and does not incorporate some important elements such as the environmental factors. Structural EmpowermentAccording to Kanter (1993) an empowering work environment is availability of access to information, support and resources required of employees in the completion of the work. Empowering work environment can also provide the opportunity to increase their knowledge and skills of the employees. When a person does not have access to information, support, resources and opportunities in their work, they feel powerless. Kanter believes that by giving people the opportunity to share power through empowerment (Kanter, 1993 cited in Tromley & Mainiero, 1994). Kanter's concepts of the structural empowerment theory can be divided into four divisions as followsSystemic power factors: formal and informalFormal power is the independence of people to make the

decision-making that can be found in high-profile jobs. In high-profile jobs, the power comes from roles that allow flexibility, visibility and creativity. Formal power is also derived from work that is considered relevant, important for the organization and enables independence in decision making. Informal power came from alliances with people at all levels both within and outside the organization. Alliances within the organization such as the relationship with the employer who has higher position (sponsors/ superiors), some friends who have the same level (peers) and subordinates. An alliance outside the organization aims to improve access to opportunities. Empowerment structures: opportunity, power and proportions structuresStructures are associated with the conditions of employment opportunities that provide individuals with the opportunity to advance, improve knowledge and skills within the organization. The structure is divided into three forces: access to information, support and resources. Access to information means the chance to gain knowledge and information necessary to perform their duties, including information related to the organization. Access support from the feedback received from superiors/ sponsors, peers and subordinates about their performance, including policy decisions. Access to resources means there is the ability to obtain supplies, equipment, money, time, rewards and benefits to achieve the demands of their jobs. Proportions associated with the structure of a balanced division between the duties and responsibilities which, if the balance is created it will produce a harmonious work situation. Harmonious work situation are an important key to empowerment. Personal impactPersonal impact has a very strong impact and could produce a positive change for everyone in the

organization. Some positive changes are expected because they increase self-efficacy, increase organizational commitment, perceived autonomy is increased, increased perceptions of participative management, job satisfaction is increased, motivation becomes higher and burnout levels become lower. Work effectivenessWork effectiveness benefits the organization. Targets or goals of the organization can achieve success. The success of this course will enhance the respect and cooperation in organization. Finally, client satisfaction will increase because all parts of the organization play its roles properly. According to Kanter (1993) power within the organization comes from the structural conditions in the workplace, rather than personal characteristics or socialization effects. Power is the ability of people to mobilize existing resources in the completion of a job. Kanter (1993) argues that growing power of the availability of work empowerment structures enable the achievement of organizational goals. Kanter (1993) divides power into formal and informal power. The next rule affecting access to job is related to empowerment structures. Kanter (1993) divides empowerment structures into three categories: opportunity structures, power structures and proportion structures. Empowerment structures are at the core of Kanter's SE theory. Empowerment occurs when employees feel working in an environment that provides opportunities for growth and development and access to power structures (resources, information and support) are needed to carry out the demands of work. According to Kanter (1993) people with high formal and informal power have greater access to the structural lines of power and opportunity. Workers are empowered to have access to the structure of employment so that they

become more productive, highly motivated and able to motivate others (Brown & Kanter, 1982 cited in Sarmiento, Laschinger & Iwasiw, 2003). Individuals without access to power will feel powerless and less committed to organizational goals. The creation of good empowerment structures are the basis of a strong influence and deliver positive changes for the personnel within the organization. All personnel in the organization feel comfortable with the situation so that the totality of working in harmony and increased job satisfaction and productivity increases. Finally, the end result is work effectiveness. Organization will be healthy because it targets and objectives are achieved and client satisfaction is increased. Accordingly, this conceptual framework is consistent with the objectives of Kanter's SE theory to explain and identify the powers that influence empowerment structures. Kanter's examples of the SE theory applied in various applications lends support for the strength of the theory. Access to workplace empowerment structures as described by Kanter (1993) is strongly associated with positive outcomes in nursing work environment, such as staff nurses (Laschinger & Wong, 1999 cited in Ledwell et al., 2006), nurses educators (Sarmiento et al., 2003) and the nurse administrator (Upienieks, 2002 cited in Ledwell, 2006). Sinclair (2000 cited in Ladwell, 2006) identified that the support of instructors and the opportunity to learn are very important in the empowerment of clinical learning. Kanter's theory can also be applied in nursing practice (Armstrong & Laschinger, 2006) and community nursing (DeCicco, Laschinger & Kerr, 2006). Four studies which are Ledwell et al. (2006), DeCicco et al. (2006), Sarmiento et al. (2003) and Armstrong & Laschiner, 2006), focus on nursing education, nursing practice in community nursing home, nursing educators

and nursing practice in hospital. All the researchers revealed a link between Kanter SE theory on their research. Ledwell et al. (2006) examine the experience of the empowerment of nursing students in distance education using computer conferencing (CC) SE accordance with Kanter's theory. In this study, the authors obtain a thorough understanding of the application Kanter SE theory because each relationship is described in detail. For access to the information structure, whole students said that they are able to access all information in the course outline. However, the lacks of face to face cause the deficit in communication because it is sometimes difficult to understand instructions from the instructor. This leads to frustration and feelings of powerlessness. While access to the resource structure, the students also said that they need consistent access to the library. To access the support structure, most of students who have worked said that that support from employers and families is critical to their success. Instead of students who do not have the support of their superiors feel disappointed that their professional development efforts are not recognized. Distance education with a CC offers many opportunities to enhance self-efficacy and development potential in the learning process. Students are required to develop independence of learning modules that they can get. These things are certainly very congruent with Kanter (1993) theory which states that people should have access to empowerment structures (especially access to information, resources and support). It is important from this study are not in accordance with Kanter SE theory is the emergence of data that personal commitment is needed in this study. Students said that the self-commitment, discipline, time management and determination to succeed is very

important. These statements reveal personal predispositions becomes important in the process of empowerment for nursing students who follow distance education. Other three studies by DeCicco et al. (2006), Sarmiento et al. (2003) and Armstrong & Laschiner, (2006) is a quantitative study that also suggests a link between the research results obtained by Kanter SE theory. Sarmiento et al. (2003) state that a high level of empowerment associated with low levels of burnout and greater job satisfaction. These findings certainly have important implications for nurse education administrators. DeCicco et al. (2006) conducted research to examine the relationship between nurses perception of structural and psychological empowerment, respect and organizational commitment. The result is a Registered Nurse (RNs) perceived higher levels of empowerment and respect than Registered practical nurses (RPNs). This indicates that RNs power is greater than the RPNs that make RNs can access empowerment structures more easily. Armstrong & Laschinger (2006) tested a theoretical model, linking the quality of the nursing practice environment to a culture of patient safety. They suggest empowerment particularly strong nursing leadership is an important factor in creating Magnet-like work environments. Supportive feedback on performance, strong networks of alliances, and opportunities for continuous learning are important conditions for promoting a positive patient safety climate, supporting the constructs of Kanter (1993) SE theory. Actually the strenght of Kanter SE theory is can be used on most areas of nursing in particular to identify the obstacles encountered in implementing an activity that can generate input for the formulation measures or policies to be taken next. Psychological EmpowermentPsychological empowerment is

the process when the workers have a sense of motivation related to the workplace environment (Manojlovich, 2007 cited in Stewart et al, 2010). Spreitzer (1995) stated " Psychological empowerment is defined as motivational construct manifested in four cognitions: meaning, competence, self determination, and impact". Meaning is when community health volunteers values, beliefs, and behaviors are congruent with workplace requirements. Confidence in the ability to perform job requirements is competence. Feeling that one has the autonomy to have control over one's work is self determination. Impact is when community health volunteers feels that they able to have influence on the organization's outcomes. Concept of Job SatisfactionJob satisfaction is an assessment or reflection of the feelings of the workers on the job (Kuo et al., 2008). Job satisfaction is the extent to which the employee enjoys the job (Lephala et al., 2008). Job satisfaction is an emotional attitude that is reflected from a community health volunteer's morale, discipline and work performance. Job satisfaction can be derived from the work such as praise, treatment from supervisor, work atmosphere, work equipment. Job satisfaction can also be obtained from the outside of his job such as the salary received as a right. Indicators of job satisfaction can be measured by the discipline, morale, and turnover of the staff. If these factors are relatively small then job satisfaction is said well. Conversely, if the discipline, morale, and employee turnover is higher then job satisfaction can be reduced. Basically, the more positive towards attitude of work, the greater the job satisfaction. Hence the various indicators of job satisfaction need to be considered in order to continuously improve performance. One theory of job satisfaction was used as a concept in the

study is Herzberg's Motivation-Hygiene Theory. A two-factor theory proposed by Herzberg (1950) distinguishes between motivational factors (satisfiers) are intrinsic to the work and lead job satisfaction, and dissatisfiers (hygiene factors) are extrinsic factor and lead to job dissatisfaction. Hygiene factor is referred to as a source of discontent because as extrinsic motivation which is composed of the factors obtained employees from the organization which related to the work environment that can trigger the employee dissatisfaction. Motivator factors referred to as a source of satisfaction because it is an intrinsic motivation that is composed of factors which implanted organization to the employees and associated with the work itself (Graham and Messner, 1998). Motivational factors include achievement, recognition, the work itself, responsibility, and opportunity for advancement. Dissatisfiers include company policy and administration, supervision, interpersonal relations, working conditions, salary. Herzberg found that many dissatisfiers have little effect on job satisfaction such as supervision, as well as several factors motivating reduce job dissatisfaction to some extent such as achievement (Dieleman et al., 2003). Motivational factor is a key driver of behavior a person in a job. Motivational factor of CHVs is needed to get serious attention to the achievement of objectives in the activities of IHC. A community health volunteers will be diligent or not diligent, creative or not creative, it can be traced by the motivation that was in them. In a study conducted by Djuhaeni (2010) about the motivation of community health volunteers in Indonesia stating that a sense of responsibility is the biggest contributor of internal motivation. Responsibility is the initial stage for the willingness to act. Responsibility is the obligation to perform the function

(work and belief in the potential) as well as possible. The award is the next indicator that has contributed significantly to the internal motivation factor. The award which desired generally is respect and status in various forms such as praise, recognition of achievement, awarding status symbol (power), and the award for their involvement in the activities of IHC. Self-actualization is the most significant contributor to internal motivation. For external motivation, social relationships are the most significant contributor. Intensive as part of the external motivation was not so expected.

Hypothesis

Based on the previous review of the literature, the hypothesis for this study: Structural empowerment is statistically positively significantly associated with job satisfaction. Psychological empowerment is statistically positively significantly related to job satisfaction. Socio-demographic characteristic (age, sex, marital status, education, year of experience, training) influencing job satisfaction

Conceptual framework

This study based on the theory of empowerment by Kanter. This conceptual used to predict job satisfaction of community health volunteers in Indonesia.

Structural Empowerment

Job Satisfaction

Intrinsic

Extrinsic

Psychological Empowerment

Socio-Demographic:
AgeSexMarital StatusEducation LevelYear of ExperienceTraining

Research Question

Based upon the limited existing research conducted on community health volunteers and the few published studies examining the variables proposed for this study, the following research questions are proposed: What is the level of the individual socio-demographic characteristic, structural empowerment, psychological empowerment, and job satisfaction of community health volunteers? What are the relationship between the individual socio-demographic characteristic and job satisfaction of community health volunteers? What are the relationship between structural empowerment and job satisfaction of community health volunteers? What are the relationship between psychological empowerment and job satisfaction of community health volunteers?

Definition of operational

The integrated health center is a form of community participation in health, which is managed by the health volunteers and the target is the whole community. Community health volunteers are a man or a woman chosen by

the community and trained to deal with health problems of individuals and communities. Structural empowerment is based on the idea that giving community health volunteers skills, resources, authority, opportunity, motivation, in order that responsible for outcomes of their actions and will contribute the their competence and satisfaction. Psychological empowerment is a psychological perception or attitude of community health volunteers about their work. Job satisfaction is the extent to which the employee enjoys the job (Lephalala et al., 2008). Job satisfaction in this research means the community health volunteers feeling or emotional reflection about their job as health volunteers.

Chapter 3 Methods and Procedures

Study Design

A cross-sectional design with a descriptive correlation approach will be used to understand the relationships between structural empowerment, psychological empowerment, and job satisfaction of community health volunteers in Indonesia.

Population and samples

The populations of this study are community health volunteers of integrated health center at four public health center in Denpasar City, Bali. To determine the minimum number of samples used G-Power with Power (1-β err prob) 0. 95 and α err prob 0. 05. Based on the above formula, the minimum required numbers of samples are 115 respondents. The sampling methods used are stratified random sampling and simple random sampling. The selection of two sub-districts of four sub-districts in Denpasar, selection

2 PHC for each sub-district, and selection 10 IHC for each PHC in the study will use simple random sampling. Whereas determination of the number of samples from each sub-district, PHC, IHC will use stratified random sampling. The inclusion criteria of the participants are community health volunteers who have experience as community health volunteers of at least 1 year, still active as HVs, willing to be participants in the study. The exclusion criteria of the participants are not come at the time when the integrated health center implemented.

Setting

The research location is Denpasar City, Bali. The reason why Denpasar city is chosen as the research setting for this study are that this area has a fairly low percentage in the level of independence of integrated health center and the number of active integrated health center.

Measurement

Four types of structured questionnaires will be used in the study, consisting of structural empowerment, psychological empowerment, job satisfaction, and socio-demographic data. A demographic questionnaire is design by the researcher. It is consist of questions that ask the participants about gender, age, religious, educational level, marital status, the number of years worked as community health volunteers, participation in training, and participation in other volunteer services. The Conditions for Working Effectiveness Questionnaire II (CWEQ-II), will be used to measure structural empowerment. The CWEQ-II (Kuo et al, 2007), consists of 19 items that measure the 6 components of structural empowerment described by Kanter (opportunity,

information, support, resources, formal power, and informal power), and a 2-item global empowerment scale which is used for construct validation purposes. Items on each of the six subscales are summed and averaged to provide a score for each subscale ranging from 1-5. The score of total empowerment derived from adding up all scores at each of the six subscales. (Score range: 6-30). Higher scores represent higher perceptions of empowerment. The construct validity of the CWEQ-II was substantiated in a confirmatory factor analysis that revealed a good fit of the hypothesized factor structure ($x2 = 279$, df $= 129$, CFI $= . 992$, IFI $= . 992$, RMSEA $= . 054$). The CWEQ-II also correlated highly with the global measure of empowerment ($r = 0. 56$), providing additional evidence of construct validity. Psychological empowerment will be measured using Psychological Empowerment Scale (PES). This instrument develop by Spreitzer's (1995) consists of 12 items that measure 4 components (meaningful work, competence, autonomy, and impact). The items were rated on seven point Likert scale ranging from 1 (very strongly disagree) – 7 (very strongly agree). Possibility of total score of psychological empowerment is range: 12-84. Job satisfaction will be measured using the Minnesota Satisfaction Questionnaire (MSQ). MSQ is a popular measure of job satisfaction that conceptualizes satisfaction as being related to either intrinsic or extrinsic aspects of the job. MSQ which used is MSQ short form consisting of twenty items of questions. These questionnaires include two domains: one domain measures intrinsic job satisfaction (11 items); the other domain measures extrinsic job satisfaction (nine items). These items are rated on a Likert scale ranging from 1 (extremely dissatisfied) – 5 (extremely satisfied). The possible score

ranges from 20–100. A Cronbach's alpha coefficient was used to assess the internal consistency of this instrument. The alpha coefficient of the whole job satisfaction scale was 0Æ87 and for the intrinsic and extrinsic satisfaction scales, it was 0Æ73 and 0Æ83, respectively. Before the instruments are used on the respondents, then the instrument will be translated from English into Indonesian. The instruments translated by lecturer who is an expert in English and Indonesian. The translation will be corrected together. Instruments in the Indonesian language results of correction translated back into the original language (English). The translation in English will be compared with the original instrument and any differences will be discussed together to get the final result and correct translation.

Data Collection Plan

Data collection will be done by using a structured questionnaire that had been prepared. Prior to data collection, the researcher will contact the selected public health centers to get the schedule of activities IHC in each village in the region of the public health center. Data collection will be done follow the schedule of IHC. Questionnaires will be distributed to community health volunteers who come at the time IHC implemented. The subjects who participate are told that they could withdraw from the study at any time and that this would not affect their subsequent rights in workplace. Questionnaire will be answered anonymously. The researcher collected all complete questionnaires from community health volunteers and then offered a practical gift to participants, such as shopping bag. The data collection period is from March 2013 to April 2013.

Plan for Data Analysis

In this study, the variable independent is structural empowerment, psychological empowerment, and socio-demographic characteristic while dependent variable is job satisfaction. All the descriptions and analysis will be carried out by using the SPSS program. Descriptive statistical analyze are carried out to understand the level of the individual socio-demographic characteristic, structural empowerment, psychological empowerment, job satisfaction of community health volunteers. To explore relationships between independent variables (structural empowerment, psychological empowerment, age, year of experience) and job satisfaction among community health volunteers, the Pearson product moment correlation will be used. Pearson correlation test is one kind of statistic test that used to measure the strength and direction of a linear relationship of two variables in the scale interval / ratio. Two variables are said to be correlated if changes in one variable is accompanied by changes in other variables. While the relationship between the independent variable which has a measurement scale nominal / ordinal (sex, marital status, training, education level) with variable job satisfaction will use Spearman Rho.

Ethical Issue

Proposed will be submitted to the Ethical Committee at Kasetsart University and Badan Kesbanglinmas Province Bali. Each participant will be informed of the purpose of the study. A consent form will be signed by participant and researcher when the participant is satisfied with the requirements of the study. Participant can withdraw at any time without penalty.

Budget

No

Items

Amount/ number

Estimation Price (in Rupiah)

1Stationary (Paper, pen, pencil)2, 000, 0002Questionnaire200200x5 sheetx150= 150, 0003Transportation fee to go to the participant house, public health center using motorcycle3, 000, 0004Small gift for participant15010, 000x150= 1, 500, 000Total6, 650, 000 rupiah

Period of Study

Activity20122013junjulyaugseptoctnovdecjanfebmaraprmayjunejulyIdentify the problemFind the relevan literature reviewSummarize an analyze the literatureStart writing proposalDefense proposalAsk for ethical issuesCollecting dataAnalyzing dataThesis defensePrepare forpublication