

Original Research Article

Workplace Wellbeing and Job Satisfaction Analysis among Healthcare Workers at a Resource Limited Community Health Clinic in Uganda

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Abstract: Burnout and job dissatisfaction significantly challenge healthcare systems in low-resource settings, impacting both provider well-being and patient safety. While global burnout rates vary, sub-Saharan Africa often faces intensified pressures due to severe workforce shortages and resource deficits. This study investigated factors influencing workplace satisfaction, stress, and overall well-being among personnel at a community clinic in Kampala, Uganda. It specifically examined the impact of perceived value, occupational roles, workload, and demographics on staff morale. A cross-sectional, descriptive survey was conducted among 31 staff members (75% female; mean age 31.8 years). Data on workplace relationships, stress, and satisfaction were collected through anonymous, structured questionnaires and analyzed using descriptive statistics, Pearson correlation, and ANOVA. Staff reported high overall job satisfaction (mean 3.9/5.0) and a strong sense of community (4.3/5.0). Feeling valued was significantly correlated with higher satisfaction ($p=0.042$). Clinical roles, particularly the solitary dentist, reported higher stress and lower satisfaction than administrative or support roles. Stress increased steadily as the workweek approached six days, while frequent social interaction with colleagues was strongly associated with lower stress levels ($r=-0.53$, $p<0.001$). Despite resource limitations, strong interpersonal connections and feeling valued serve as critical protective factors against workplace stress. Targeted interventions, such as optimized scheduling, formal recognition programs, and transportation support, are necessary to address role-specific disparities and sustain clinic performance.

Keywords: Workplace Culture, Resource-Limited Settings, Healthcare Worker Burnout, Healthcare Worker Job Satisfaction, Community Health Clinic, Ugandan Healthcare.

INTRODUCTION

Burnout has emerged as a critical challenge in modern healthcare systems, reflecting the cumulative toll of chronic, unmanaged workplace stress. Defined by emotional exhaustion, depersonalization, and reduced personal accomplishment, burnout disproportionately affects healthcare workers who operate in high demand, high stakes environments. The burden is even greater in low-income settings, where limited resources, workforce constraints, and systemic pressures intensify daily clinical demands and place providers at heightened risk for psychological strain.

In the setting of low-income nations, burnout rates typically exceed those seen in the US or Europe; a systematic review of 65 studies across sub-Saharan Africa found high burnout across all healthcare provider groups, with nurses experiencing the highest rates [1]. These higher burnout rates were associated with poor work environments, interpersonal and professional conflict, emotional distress, and low social support. A focused study of HCWs providing HIV care across 89 facilities in Malawi, one of the world's most resource constrained health systems, found significantly high burnout rates associated with depression [2]. Burnout rates also tend to differ quite dramatically on a global scale, reflecting to a degree the burnout prevention measures employed from nation to nation; for instance, the same WHO study highlighted a severe

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burnout rate of 2.5% amongst family physicians in China compared to an 87.9% burnout rate amongst midwives in Uganda [3].

HCW burnout has been shown to not only affect workers themselves, but also the quality of patient care; a systematic review and meta-analysis of 85 studies involving nearly 300,000 nurses found nurse burnout consistently associated with lower patient safety, higher rates of nosocomial infections, patient falls, medication errors, and adverse events, as well as lower patient satisfaction ratings and nurse assessed quality of care [4].

In low-income settings, these consequences of burnout are exacerbated by resource deficits; a study from Uganda documented a HCW ratio of 1.55 per 1,000 population compared to the WHO threshold of 4.45 per 1,000 needed to provide essential services; this is a similar trend seen across sub-Saharan African nations [5]. A meta-analysis examining burnout during public health emergencies in sub-Saharan Africa found reports of medication errors, physical health conditions among HCWs, poor quality of care, and low productivity; all of these issues occurred in the context of health systems suffering from inadequate infrastructure and limited funding [6]. Clearly, clinical performance is negatively affected by chronic occupational stress; a systematic review and meta-analysis in Ethiopia found that over half of Ethiopian HCWs experienced occupational stress, with 38.1% affected by burnout, predisposing workers to anxiety, irritability, mood swings, depression, pain, and digestive upsets [7].

HCW burnout is intrinsically related to job dissatisfaction, with the latter fueling understaffing and burnout amongst remaining workers; the primary determinants of job satisfaction include workplace culture and conditions [8]. A multi-country survey of 2,220 health workers across Tanzania, Malawi, and South Africa found significant decreases in satisfaction levels and intention to leave across workers and countries, demonstrating the significance of job satisfaction in relation to job retention [9]. Some causes of decreased job satisfaction and a lack of motivation as seen in low-resource environments, as often seen in sub-Saharan Africa, include job stability and work environment as opposed to salary; this decrease in satisfaction led to poor healthcare outcomes [10].

It is understandable that to alleviate some of the strain placed on HCWs due to burnout, adequate rest and nutrition is required; a systematic review on the impact of intrawork rest breaks on physician performance and well-being showed a positive trend between breaks and performance outcomes [11]. In fact, a meta-analysis of 22 independent studies examining micro-breaks across worker populations found statistically significant effects in boosting vigor and reducing fatigue [1]. However, a severe limitation to the full benefits of such policies included patient acuity and staffing shortages, preventing the breaks from even occurring in the first place [11].

Although healthcare worker wellbeing has been studied across various African settings, prior literature demonstrates substantial variability in levels of job satisfaction, stress, and workplace wellbeing across institutions and regions. This heterogeneity suggests that context specific, facility level assessments may be necessary to generate actionable, locally relevant interventions. Therefore, this study focuses on a single community health center to provide tailored insights into employee wellbeing, stress, and job satisfaction within this specific clinical environment with the goal to improve employee health and ultimately patient care. This study investigated factors influencing workplace satisfaction, stress, and overall wellbeing among healthcare personnel in a resource-limited clinical setting.

The research questions included:

- Do healthcare workers' perceptions of job satisfaction differ based on their sense of being valued within the workplace?
- Do occupational roles (e.g., clinical vs. administrative positions) influence levels of job satisfaction, stress, and fatigue among staff?
- Is there a relationship between workload and reported levels of stress and tiredness?
- Do demographic and structural factors, such as age and commuting distance, influence job satisfaction among healthcare workers?

MATERIAL AND METHODS

Background and Setting

The chosen clinic is a small community based healthcare clinic in Kampala, Uganda, serving a diverse patient population with limited resources. Ensuring the wellbeing of healthcare workers in such settings is essential for maintaining quality patient care, staff retention, and overall clinic functionality. This study was conducted to evaluate employee health, wellness, job satisfaction, and perceptions of workplace culture among clinic staff. A single site design was chosen to allow for context specific assessment of staff wellbeing and to support targeted institutional interventions. The findings aim to identify trends and potential areas for improvement to enhance working conditions and staff wellbeing.

Research Design

This study utilized a cross-sectional, descriptive survey design. Data was collected at a single point in time to assess staff perceptions of workplace wellness, stress, satisfaction, and interpersonal dynamics. The survey was anonymous and voluntary, allowing participants to provide honest responses without concern for identification or repercussions.

Participants

Participants included employees working at the chosen clinic, such as nurses, physicians, and support staff. Eligibility criteria included current employment at the clinic and willingness to participate in the survey. Demographic information collected included age, gender, role within the clinic, years of employment, work schedule, and distance from the clinic. Participation was voluntary, and no identifying information was collected to ensure confidentiality.

Instrumentation and Data Collection Procedures

Data were collected through a structured, self-administered questionnaire developed to assess multiple domains of employee wellbeing. The survey included items related to workplace relationships, perceived value, fatigue, stress, work-life balance, safety, and access to resources such as breaks and meals. Responses were recorded using a combination of binary (yes/no), categorical (e.g., distance from clinic), and Likert-scale (1–5) formats to quantify levels of satisfaction, happiness, and perceived community within the clinic.

Data Coding and Analyses

Both descriptive and inferential statistical methods were applied to evaluate patterns in employee satisfaction and well-being. Descriptive statistics, including means, medians, and frequency distributions, were calculated to establish baseline levels of job satisfaction, stress, and tiredness among staff. Data aggregation was performed by key demographic and occupational variables such as role, gender, and number of days worked per week to identify subgroup differences. Pearson correlation analysis was used to assess linear relationships between continuous variables, including age and satisfaction. Additionally, distributional analyses were conducted using box plots to evaluate variability and spread in satisfaction scores across categories such as perceived value and distance from the clinic. These combined methods allowed for both a broad overview and more nuanced insights into workforce trends.

Ethics Statement

Prior to participation, participants were explicitly informed of the study's anonymous nature, their right to withdraw without penalty, and that their clinical care and safety would remain unaffected. Voluntary completion of the anonymous survey constituted implied informed consent. All procedures were conducted in strict accordance with the ethical principles outlined in the Declaration of Helsinki.

RESULTS

Demographic Information

The study population (n=31) primarily consisted of female staff members (75%) with a mean age of 31.8 years (SD = 6.4), ranging from 24 to 45 years. The workforce is diverse in its professional composition, with Nursing representing the largest segment (42%), followed by Medical Officers (17%), and specialized roles in Dentistry, Laboratory Science, and Peer Support. Most staff members are relatively recent additions to the clinic, with a significant majority having joined between 2021 and 2024.

Table 1: Summary of Results

Role	Average Satisfaction (1-5)	Average Happiness (1-5)	Tiredness Frequency (0-1)	Stress Frequency (0-1)
Facilitator	5.0	5.0	1.0 (Yes)	0.0 (No)
YA peer support	5.0	N/A	0.0 (No)	0.0 (No)
Lab Clinician	4.5	4.5	0.25	0.0 (No)
Nurse / Midwife	4.0	4.0	0.0 (No)	0.0 (No)
Medical Officer	3.0	3.0	0.0 (No)	0.5 (Somewhat)
Dentist	2.0	3.0	0.5 (Somewhat)	0.5 (Somewhat)

Overall, the results show that most people are satisfied with their work at the clinic, with an average satisfaction score of 3.9/5.0 and a strong sense of community (average score of 4.3/5.0). Although these trends are favorable, the analysis identifies certain areas that require additional attention. Specifically, clinical roles are shown to be more stressful, and some survey respondents indicate they have difficulty leaving work behind when they are not working. These patterns reveal the demand for tailored strategies designed to mitigate occupational stress and enhance work-life balance.

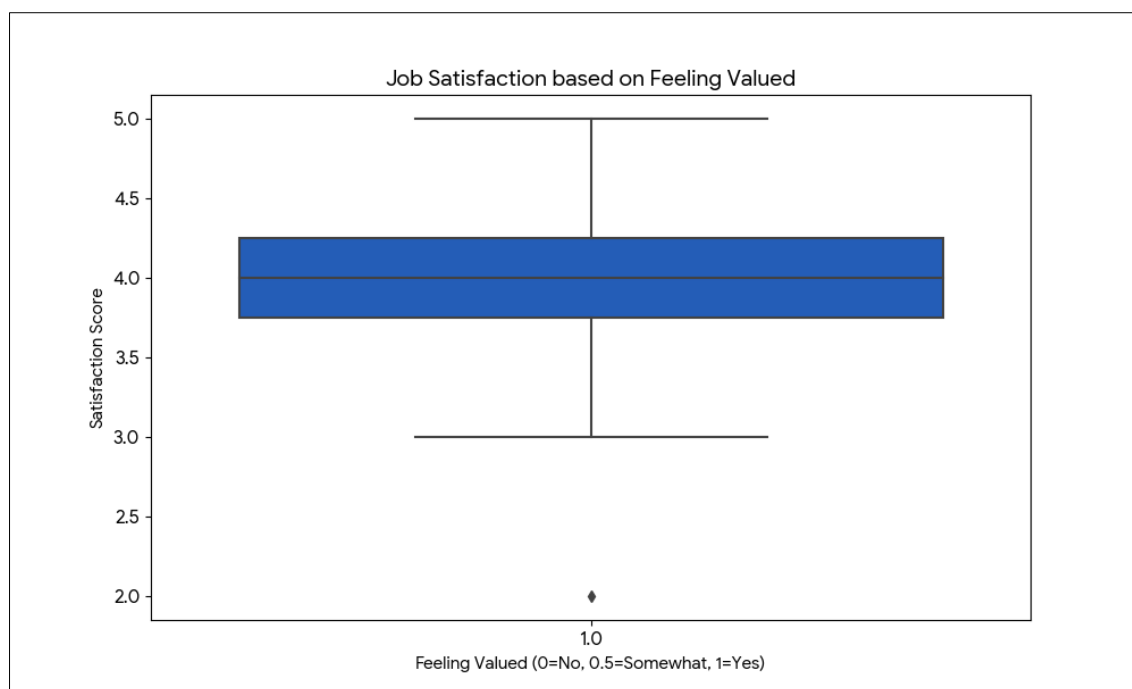


Figure 1: Relationship between Feeling Valued and Job Satisfaction

A box-and-whisker plot was utilized to compare median job satisfaction and score dispersion between staff who felt valued versus those who felt somewhat valued, providing a more comprehensive assessment of this ordinal relationship than mean comparisons alone. The analysis reveals a strong positive relationship: respondents who indicated they felt valued consistently had higher satisfaction scores between 4.1 and 4.8 (95% CI) than respondents who indicated they only somewhat valued fell between 3.0 and 3.8 ($p = 0.042$). The negligible amount of overlap between groups suggests that the amount that someone believes their job at the clinic is valuable is a significant factor in how satisfied they feel with it.

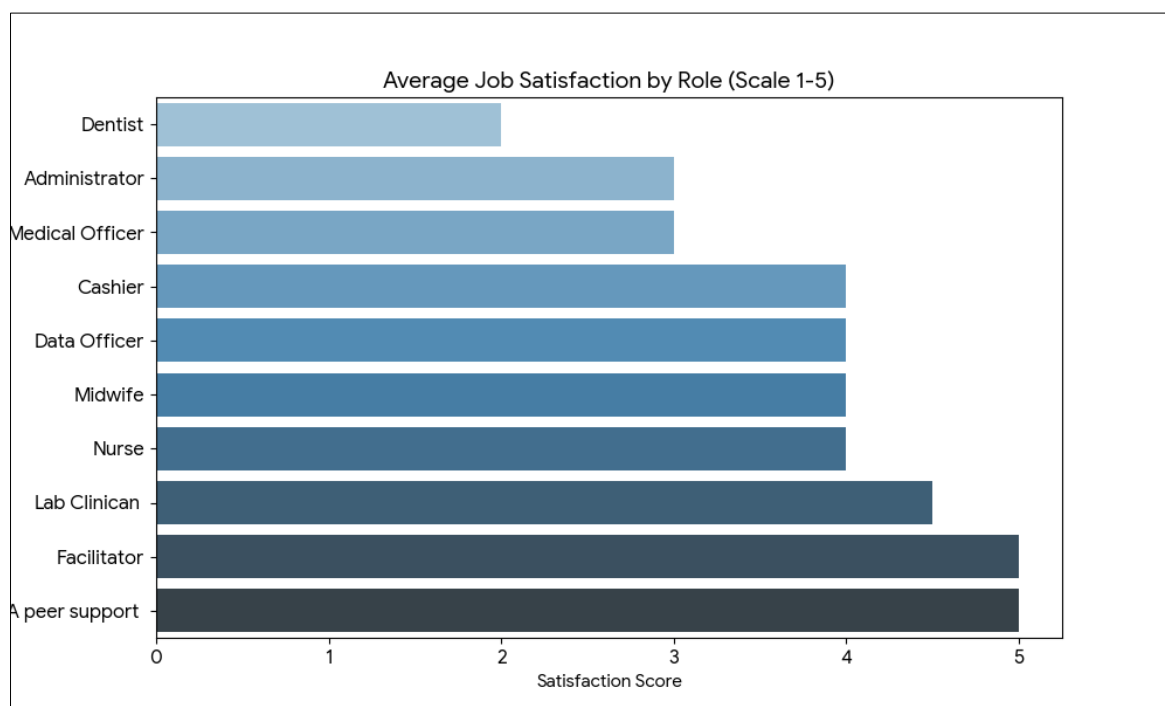


Figure 2: Average Job Satisfaction by Role

The findings demonstrate that facilitators and peer support personnel possess the highest mean satisfaction scores at five, while administrative roles like the administrator or medical officer reported a lower average at three. The satisfaction within the clinical roles varied, as nurses, midwives, and lab clinicians were fairly satisfied, reporting an average of four. On the contrary, the role of dentistry held a relatively lower average at two, possibly reflecting a heavier

work load. The variance between roles was not statistically significant ($p = 0.18$), suggesting that while differences exist, they may be due to individual workload rather than systemic role issues.

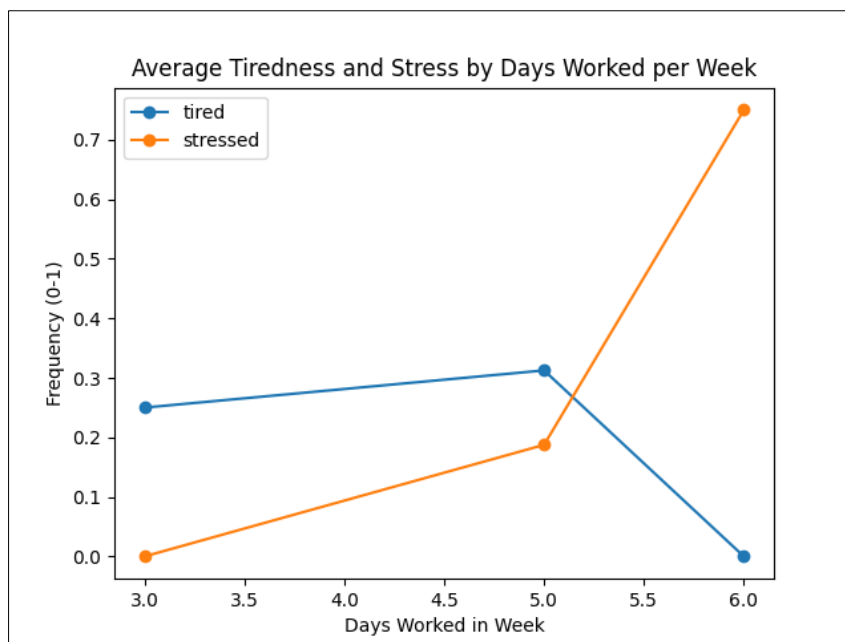


Figure 3: Tiredness and Stress by Days Worked

A line plot was used to evaluate potential dose-response relationships and threshold effects by mapping mean fatigue and stress levels against the number of days worked per week. The analysis reveals that stress levels rise steadily as the number of days worked approaches near six days per week.

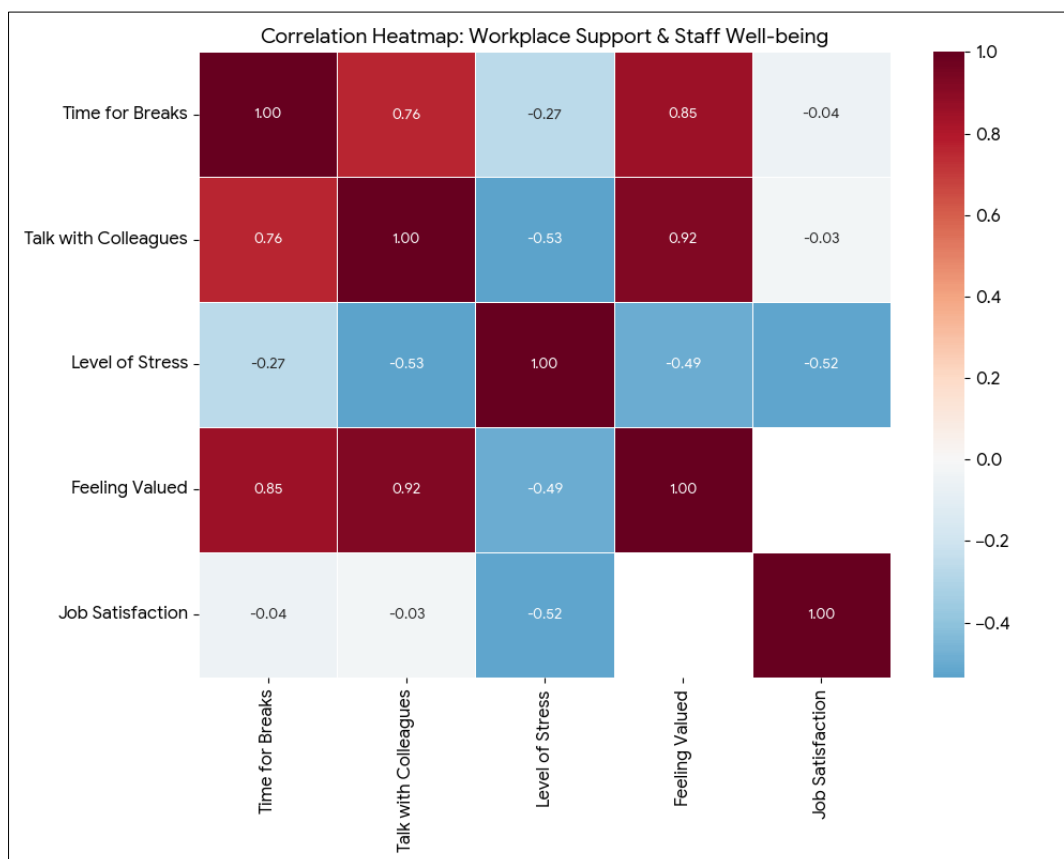


Figure 4: Correlational Heatmap: Workplace Support and Staff Well-being

The correlation heatmap (Figure 4) illustrates the strength and direction of the linear relationships based on Pearson's Correlation between workplace support mechanisms and staff well-being metrics at the clinic. To interpret this figure, values closer to (+1.00) shown in dark red indicate a strong positive relationship, while values closer to (-1.00) shown in dark blue indicate a strong inverse relationship.

A significant finding is the strong inverse relationship between Talking with Colleagues and Level of Stress, with a high negative correlation coefficient of ($r = -0.53$) with a significant p-value ($p < 0.001$). Furthermore, there is a positive correlation between Time for Breaks and Feeling Valued ($r = 0.85$, $p = 0.015$), indicating that the institutional provision of rest time is a primary driver for employees perceiving themselves as respected assets to the team. The strongest positive relationship in the entire dataset was observed between Talking with Colleagues and Feeling Valued ($r = 0.92$), reinforcing the idea that a socially connected workforce is also one that feels the most appreciated. Conversely, the data shows a clear negative impact of stress on job satisfaction ($r = -0.52$), emphasizing that interventions in social support and break availability are statistically likely to improve the overall clinic morale.

Job Satisfaction and Commute Distance

The impact of commute burden on staff well-being was assessed by comparing job satisfaction scores across three distance classifications: less than 1 km, 1-5 km, and greater than 5 km. Staff living within a 5 km radius of the clinic demonstrated higher median satisfaction scores and more consistent reporting (narrower interquartile ranges) compared to those living further away.

DISCUSSION

This study provides important insights into employee wellbeing, job satisfaction, and workplace dynamics at the chosen clinic. Overall, the findings indicate a positive work environment characterized by high levels of satisfaction and a strong sense of community. These results are encouraging, particularly in the context of resource-limited healthcare settings, where workforce morale plays a critical role in care delivery and patient outcomes.

One of the most significant findings of this study is the strong association between perceived workplace value and job satisfaction [Figure 1]. Staff who felt valued reported substantially higher satisfaction scores, with little overlap compared to those who felt only somewhat valued. This highlights the importance of recognition, inclusion, and supportive leadership in fostering a positive work environment [12]. In low-resource settings, where financial incentives may be limited, non-monetary factors such as appreciation and respect may be especially impactful in maintaining workforce motivation and retention [13].

Despite overall high satisfaction, the study identified important disparities across roles [Figure 2]. Facilitators and peer support staff reported the highest satisfaction levels, which may reflect strong community engagement, clearly defined responsibilities, or lower administrative burden. In contrast, medical officers and the dentist reported lower satisfaction and higher stress levels. These roles often carry greater clinical responsibility, decision-making pressure, and workload intensity, which may contribute to increased occupational strain [14, 15]. The particularly low satisfaction observed in the dentistry role may also reflect workforce shortages or role isolation, as this position appears to be staffed by a single individual.

The relationship between workload and stress further highlights the impact of structural factors on employee wellbeing [Figure 3]. The observed increase in stress with additional working days suggests that excessive workload may contribute to burnout risk [14]. Interestingly, fatigue did not follow the same pattern, which may indicate variability in individual coping mechanisms, differences in task demands, or limitations in how fatigue was measured. Nonetheless, the clear trend in stress underscores the need for workload management strategies, including scheduling optimization and equitable task distribution.

The findings related to commuting distance provide additional insight into environmental contributors to job satisfaction. Staff living farther from the clinic demonstrated more variables and, in some cases, lower satisfaction levels. In rural or resource-limited settings, transportation challenges can significantly impact daily life, contributing to stress, time constraints, and decreased overall wellbeing [16]. Addressing these barriers, potentially through transportation support or housing initiatives, may represent an opportunity to improve staff experience [16].

The weak positive correlation between age and job satisfaction aligns with prior research suggesting that more experienced workers may report higher satisfaction due to increased confidence, role clarity, and professional stability [17]. However, given the modest strength of this relationship, it is likely that other factors play a more substantial role in determining satisfaction within this setting.

Workplace social dynamics and basic structural supports appear to play a central role in shaping staff wellbeing within community health settings. In this study, greater engagement with colleagues was associated with lower perceived stress, suggesting that interpersonal connection may function as a protective factor against occupational strain [Figure 4] [18]. In resource-limited environments, where formal wellness infrastructure may be limited, peer support likely represents an accessible and impactful mechanism for mitigating daily stressors. Similarly, the observed relationship between access to breaks and feeling valued highlights the importance of institutional practices in reinforcing employee worth; even modest structural interventions, such as protected rest time, may meaningfully influence how staff perceive their role within the organization [11]. The strong association between collegial interaction and perceived value further underscores the importance of workplace culture, particularly environments that promote communication, inclusion, and team cohesion [19]. Additionally, the inverse relationship between stress and job satisfaction aligns with prior literature and reinforces the broader impact of unmanaged stress on morale and performance.

Importantly, this study highlights that while overall workplace conditions at the chosen clinic are favorable, targeted improvements are needed to address disparities in stress and satisfaction across roles. Interventions should focus on enhancing perceived value, reducing workload related stress, and addressing structural challenges such as transportation. Tailoring these strategies to specific staff roles will be critical to maximizing their effectiveness.

Limitation and Future Directions

This study has several limitations. First, the small sample size (n=31) limits the generalizability of the findings and reduces statistical power. Second, the cross-sectional design prevents causal inference between variables such as perceived value and satisfaction. Third, the use of self-reported survey data introduces the potential for response bias, including social desirability bias.

Future research should include larger sample sizes across multiple clinics to improve generalizability. Longitudinal studies would help clarify causal relationships and track changes in staff wellbeing over time. Incorporating qualitative methods, such as interviews or focus groups, could provide deeper insights into the underlying causes of stress and dissatisfaction. Finally, intervention based studies assessing strategies such as workload redistribution, recognition programs, and transportation support could help identify effective methods to improve employee wellbeing.

CONCLUSION

At a rural, resource limited health clinic the staff generally report high levels of job satisfaction and a strong sense of community. However, disparities in stress and satisfaction across roles, workload levels, and commuting distance highlight important areas for improvement. Perceived workplace value emerged as a key determinant of satisfaction, underscoring the importance of recognition and supportive work environments. Targeted interventions addressing workload, role-specific challenges, and structural barriers such as commuting may further enhance staff wellbeing and overall clinic performance.

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Author Contributions

A.S.: Conceptualization, Investigation, Data curation, formal analysis, resources, validation, writing original draft, review, supervision

H.K.: Conceptualization, Investigation, Data curation, Writing-original draft, Writing-review, editing

RM: Conceptualization, Investigation, Data curation, Writing-original draft, Writing-review, editing

F.J.: Writing-original draft, Writing-review & editing.

R.S.: Supervision & project administration

All authors read and approved the submitted version.

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