

**ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH
SCIENCES, SCHOOL OF PUBLIC HEALTH**



Assessments of Intention to Turnover and Associated Factors amo
Health Professionals working in Hospitals in Central Oromia, Ethiopia

A thesis submitted to Addis Ababa University College of Health scienc
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Acronym

AHMC	Adama Hospital Medical College
AOR	Adjusted Odd Ratio
COR	Crude Odd Ratio
FMOH	Federal Ministry of Health
HF	Health Facility
HIV	Human Immunodeficiency Virus
HP	Health Professional
HRM	Human Recourse Management
HSDP	Health Sector Development Programmed
MDG	Millennium Development Goal
NGO	Non Governmental Organization
OGO	Other Non Governmental Organization
PPS	Probability proportional to size RHB
RHB	Regional Health Bureau
WHO	World Health Organization

Abstract

Background: Human resources for Health are a center point in improving global health problems. A health sector especially in developing countries is characterized by a high turnover by internal as well as external brain drain. The quality of health care depends on number, knowledge, skill and commitment without forgetting the importance of other resources by which to serve. Without sufficient numbers of adequately trained, supported and appropriately motivated health workers, there is a significant risk of not achieving national and global health goals. However, turnover of health workers critically affects the health system particularly in countries with limited resources. There is little information on intention to turnover among health professionals working in hospitals in Central Oromia regional state. Aim of this study is to assess turnover intention and associated factors among health professionals working in Central Oromia Hospitals.

Methods: Cross sectional study design using quantitative research method was applied. To collect data, structured questionnaire were used in six randomly selected Hospitals. A total of 408 sample sizes were used for the study. Factor analysis was used for all Liker scale instruments to identify factors representing each of the scale using Epi-info version and transferred for analysis to SPSS version 21.0.

Results: Three Hundred seventy-one (91%) of health professionals are participated in the study. Out of the respondents (75.5%) had intention to turnover. Among variables: job factor 0.55 (95%CI, (0.44 – 0.69), working environment 1.89 (95% CI 1.51 – 2.39), and organizational factor 1.89 (95% CI, (1.51 – 2.39) had statistically significant association with intention to turnover of health professionals working in Central Oromia Hospitals.

Conclusion: The overall intention to turnover among health professionals was high. Working environments: (Coworker relation, work pressure, etc...), job related factors: (Work load, nature of work, working schedule, etc...), and organizational factors: (Leaders, payment, work place condition, etc...) have statistically significant association with intention to turnover of health professionals working in Central Oromia Hospitals. The Federal Ministry of Health needs to strengthen human resources for health management especially at Hospital level in collaborating with regional state governments through implementing different retention strategies (like: BPR, BSC, Transfer Policy, Promotion Policy,...etc).

1. INTRODUCTION

1.1. Background of the study

Turnover Intention is defined as an employee's plan to resigning the present job and look forward to finding another job in the near future. The intention of resigning from position is probably the most important and immediate antecedent of turnover decisions. The concept of intention to leave differs from turnover. Turnover refers to the act of individuals actually leaving an organization whereas intention to leave is individuals' perceptions towards leaving. Yet, intention to leave is related to and is an immediate predictor of turnover. (1).

In each and every health system, the HR is the fundamental pillar. Without sufficient numbers of adequately trained, appropriately motivated and supported health workers, there is an unable to achieve national and global health goals (2). It is obviously known in many low and middle-income countries, meeting key MDGs – especially those relating to health require a significant increase in the number of health workers. Studies have shown that the shortage of human resources for health is a factor that is affecting the health system and the healthcare. Although, turnover of health workers is the most important factor that critically affects the health system particularly in countries with limited resources. As a result, developing countries have disturbed by high attrition rates, low health manpower production, geographical imbalance and skill mix of health workers at different levels (3).

Human resource is a vital asset of the health care system and it is at which an employer gains and losses employees (4). A major factor that influences desirability to leave is employee satisfaction. The relationship is especially strong when economic conditions in the external labor market are favorable (5).

In Africa, the public health sector is the most seriously affected by the turnover of health professionals for years (6). The region has been facing unprecedented human resources challenges for health sector crisis for years which was with worsening feature by health workers turnover. The service delivering system of local health sector to function effectively, efficiently and equitably in the production and delivery of health services to the poorest members of African society has been critically decreased due to the high shortage of health professionals (7).

There are many reasons which can push health professionals to decide whether to leave or stay on their work. These are lack of standardized living areas, working environments, lack of capacity building and training opportunity, low salary payment, lack of job security and good governance as well as others. In the Third world countries the health professional's density is less than the WHO minimal standards of 2.5 health workers per 1000 population especially in sub-Saharan African countries (8, 9).

In context of Ethiopia the challenges of ministry of health are shortage of qualified health professionals, professional imbalance of health workers, lack of standardized infrastructures in rural areas which makes unpreferable by the professionals than urban areas, insufficient production of trained work force, lack of motivation and migration of qualified health professionals to the developed countries (10).

As the RHB annual report says that, in Oromia region Hospitals regards to all health professionals (Specialists, Medical doctors, Midwives, Nurses, Pharmacists, Laboratory and other) exists in the sector are leaving their work and posted to the Non-Government Organizations (11). The existing HR for health in Oromia Region is totally not enough in quantity and quality and performance activities under standard because the sector is characterized by a high turnover by internal as well as external brain drain (12). Hence, the aim of this study is to assess the factors that influence the intent to turnover among health professionals working in the public hospitals of the central Oromia region.

1.2. Statement of the problem

Health work force shortage is a global problem. Ethiopia is also one of African countries with highly shortage of health workers.

As any part of the country, Oromia is facing critical challenges in health professional crises, when compared to the national status. The number of health facilities in Oromia region had been increasing dramatically; there were shortages of health professionals in the health facilities besides their high turnover. The health sector is characterized by high turnover because of internal as well as external brain drain but there is little information on intention to leave among health professionals in public health facilities in Oromia Region (12). The attrition of health professionals affects the quality of health service provided in the public health facilities mainly on those located in rural areas (13). The negative consequence of high turnover includes costs associated with recruitment and orientation of new health professionals, loss of experienced health professionals, and potential for increase in adverse patient outcomes and reduced organizational performance (14).

Different retention strategies like business process reengineering, health care financing reforms, transfer policy and performance based motivation were implemented by the RHB to overcome the problem (15). But the problem is continued to exist. There are very few studies on turnover intention in low-income countries, especially in Ethiopia.

1.3. Justification of the study

The number, quality, and arrangement of human resources shape the output and productivity of health systems. Health workers are so important - they are main constraints or contributors to progress. Currently, the major challenge of the health system is the turnover of the health professionals. This study intends to provide information on the main factors that influence the intention of turnover of health professionals from public hospitals. In order to develop appropriate and working policy and strategies, identifying the factors that influence the decisions of health professionals to choose to stay and work in the hospitals of the public health sectors is very important.

This research therefore aims to provide up-to-date information and evidence-based recommendations which may help the government to adapt, attract and retain more health care workers to the public health sector and to the areas they are most needed in a sustainable manner based on the findings and recommendations given by the study. This work also adds to our knowledge on the determinants influencing the decision of health care workers to work in the public hospitals of Oromia region.

2. LITERATURE REVIEW

2.1.The magnitude of health professional turnover intention

In one country, the national health workforce gathers the total number of health workers working in the public facility, private, not-for-profit and for-profit sectors. Country's capacity to meet the healthcare needs of its population is showed by the quantity and quality of health workers she has. Most of the countries are with the lack of resources are having an increments of capacity to meet the heath needs of the poor, those who are typically the most hardest segregation of the society to reach the worker shortage situation. As the result of combination report of turnover of health professionals, showed that considerable shares of participants of the study in all six countries declared an intention to turnover at the time of the study, ranging from 26% in Uganda to 68% in Zimbabwe (16).

Using strongly constructed and comprehensive methodologies are not available for assessing the presence of the health workforce to deliver responded service to the health-care needs of a given society. However, some of the mechanisms used for defining worker shortage in the health care are monitoring trends of the available number of health workers over time, nurse and doctor and other health professional to population ratios, turnover and vacancy rates (17, 18). It has been estimated that countries with fewer than 23 physicians, nurses and midwives per 10 000 population generally fail to achieve adequate coverage rates for selected primary health-care interventions, as prioritized by the MDGs (4). The WHO reported that there are around 57 countries with critical shortages of HRH equivalent to a global deficit of 2.4 million doctors, nurses and midwives. The proportional deficits are greatest in sub-Saharan Africa (2).

A study on Gonder University of teaching Hospital the turnover intention of health workers and its determinants were examined. 52.5% of health professionals reported to have turnover intention. The researcher concluded that strengthening human resources for health management at hospital level through retention strategies which discourage turnover and minimize intention to leave ought to be implemented by the health sectors all level of management. Due to the usage

of cross sectional study on specific hospital and for short period of time, the research result is limited by providing only a snapshot of health workers perspectives at one Point in time only. (19)

As a study done in Jima Zone shows that Health professional's intention to leave were assessed by using cross sectional study of 63.7% Health professionals have a plan to leave their current working in public health institutions. For this reason the administrative bodies of health facilities have a great responsibility in improvement of working conditions, salary related issues, employee's promotion strategy, transfer, and its skilful and knowledgeable leadership style have to be implemented in the institution. (1)

As study shows in Ghana, in order to increase retention of health workers at district level, health managers have to use effective health workers motivation and job satisfaction strategy and the way to motivate in assuring job satisfaction for its improvements by using the methodology of cross sectional surveying study. With the criticism of provides only a snapshot of health workers' perspectives at one point in time. The findings shows over all 69% of health workers totally reported to turnover intention. This can be worth in strengthening human resource management skills at district level by supporting district managers in implementing of the retention strategies to have effective motivated and satisfied health workers at district level. (20).

According to David M, Gaynb, Human Resource Management (HRM) is a critical management area that is responsible for an organization's most important asset, its people, and typically accounts for 70%–80% of its budget. When organizations manage their investment in people wisely, the result is a satisfied and motivated work force that delivers quality health services and saves lives. It helps an organization to fulfill its mission, meet its health outcomes, and enhance its competitive advantage. HRM is perhaps the most misunderstood and poorly utilized system in the health sector today. Many organizations face pressing human resource challenges for example, staff shortages, attrition and absenteeism, and low morale all of which can be addressed by an effective HRM system because systems are weak and fragmented in the majority of health care organizations. (21, 22)

2.2. Main causes for turnover of health professionals

Voluntary Turnover: - When employees leave an organization at their own discretion, it is referred to as voluntary turnover. It is initiated by the choice of the employee. A similar definition is given by, stating that “An instance of voluntary turnover, or a quit, reflects an employee’s decision to leave an organization, whereas an instance of involuntary turnover, or a discharge, reflects an employer’s decision to terminate the employment relationship”. According to Cotton, J. (1986), it can be affected by a lack of job satisfaction, job stress as well as alternative opportunities. It is thus important to consider attractions such as alternatives when looking at voluntary turnover. However, voluntary turnover can be predicted and, in turn, be controlled (4).

Involuntary Turnover: define involuntary turnover as “an instance of involuntary turnover, or a discharge” that “reflects an employer’s decision to terminate the employment relationship”. According to involuntary turnover includes retirement, death and dismissal. Further state that turnover initiated by the employee such as resigning to take care of a terminally ill family member or accompanying a spouse to another area should also be considered as involuntary as it includes reasons over which the employee has no control. Another definition states that involuntary turnover includes the need to cut costs, restructure or downsize due to reasons which are independent of the affected employee(s), as explained by this represents a decision or choice made by the employer. (4, 22)

The movement of health professionals from one place to another is typically provoked by an increasing dissatisfaction with existing working/living conditions, so-called - ‘Push factors’, as well as by awareness of the existence of (and desire to find) better jobs elsewhere, so-called - ‘Pull factors’. Studies in South Africa recorded that both push and pull factors being important (6). According to the WHO, workers’ concerns about lack of promotion prospects, poor management, heavy workload, lack of facilities, a declining health service, inadequate living conditions and high levels of violence and crime are among the push factors for migration. Prospects for better remuneration, upgrading qualifications, gaining experience, a safer environment and family-related matters are among the pull factors (7).

After studying the relationship between wages and intent to migrate, focusing on doctors and nurses in developing countries, Vujcic et al, came to the conclusion that though wage differentials between source and destination country are an important factor affecting the supply of migrants, they are not always the most important factor. Fringe benefits, particularly housing and automobile allowances or provision, are also important on the list within Africa. Non-wage mechanisms are suggested to be more effective in altering the migration flows as shown in the findings (23). Another study done by Henderson and Tulloch on incentives for retaining and motivating health workers in Pacific and Asian countries, using an in-depth synthesis and analysis of available literature and information, indicated that while economic factors play a significant role in the decisions of workers to remain in the health sector, they are not the only factors. Rather, salaries and benefits, together with working conditions, supervision and management, and education and training opportunities are important (24).

Organizational Factors: High turnover in an organization has been attributed to instability in the management of an organization. Employees are more inclined to stay and work when the organization is stable and the work environment is consistent. In organizations where there was a high level of inefficiency there was also a high level of staff turnover. Employee empowerment the chances of continuity of employees are minimal Points out that a high labor turnover may mean poor personnel policies, poor recruitment policies, poor supervisory practices, poor grievance procedures, or lack of motivation.

Job related Factors: Presently, there has little empirical evidence which suggests that diversity of employee will reduce turnover. There are instead much evidence to support employee turnover due to poor management and lack of consistent evidence to support why employees leave one organization and move to another argue that employees quit from organization due to economic reason. (25)

Job Satisfaction: Job satisfaction was related to resignations. Thus employees having job dissatisfaction leave their current employer more easily. Gave us an idea about the relationship between job satisfaction and turnover is stronger when the time span between administration of the questionnaire and that a high labor turnover may mean poor personnel assessment of the

turnover is shorter found that military personnel have strong binding relationship with his job satisfaction and retention as compare to civilians.(25)

Pay: According to Stephen G. Cecchetti (1995), pay is something given in exchange for services rendered in an organization. It has an important role in retaining and rewarding high quality employees but at the expense of the overall labor costs for any organization. (26)

Management: state that the relationship between managers and employees influences employees' decision to staying a job. Research shows that supervisors and managers have an important impact on employee turnover. The length of time that employees stay in an organization is largely determined by the relationship between employees and their managers (27)

Career Promotion: In general terms rewards programs come within the overall concept of compensation strategies which are defined as the “deliberate utilization of the pay systems as an essential integrating mechanism through which the efforts of various sub-units or individuals are directed towards the achievement of an organization’s strategic objectives” (28).

Personality: Dispositional variables are seen as personality attitudes, characteristics, preferences, motives and needs that lead to the tendency to respond to a situation in a predetermined way (10).

Conceptual framework:

In health sector of Oromia regional state there is a lot of factors which can contribute for the intention to turnover of health professionals working in different hospitals regarding all professional categories. As this study the following variables have a lion share in increasing pushing of health professionals to leave their current jobs, especially in Central Oromia Hospitals.

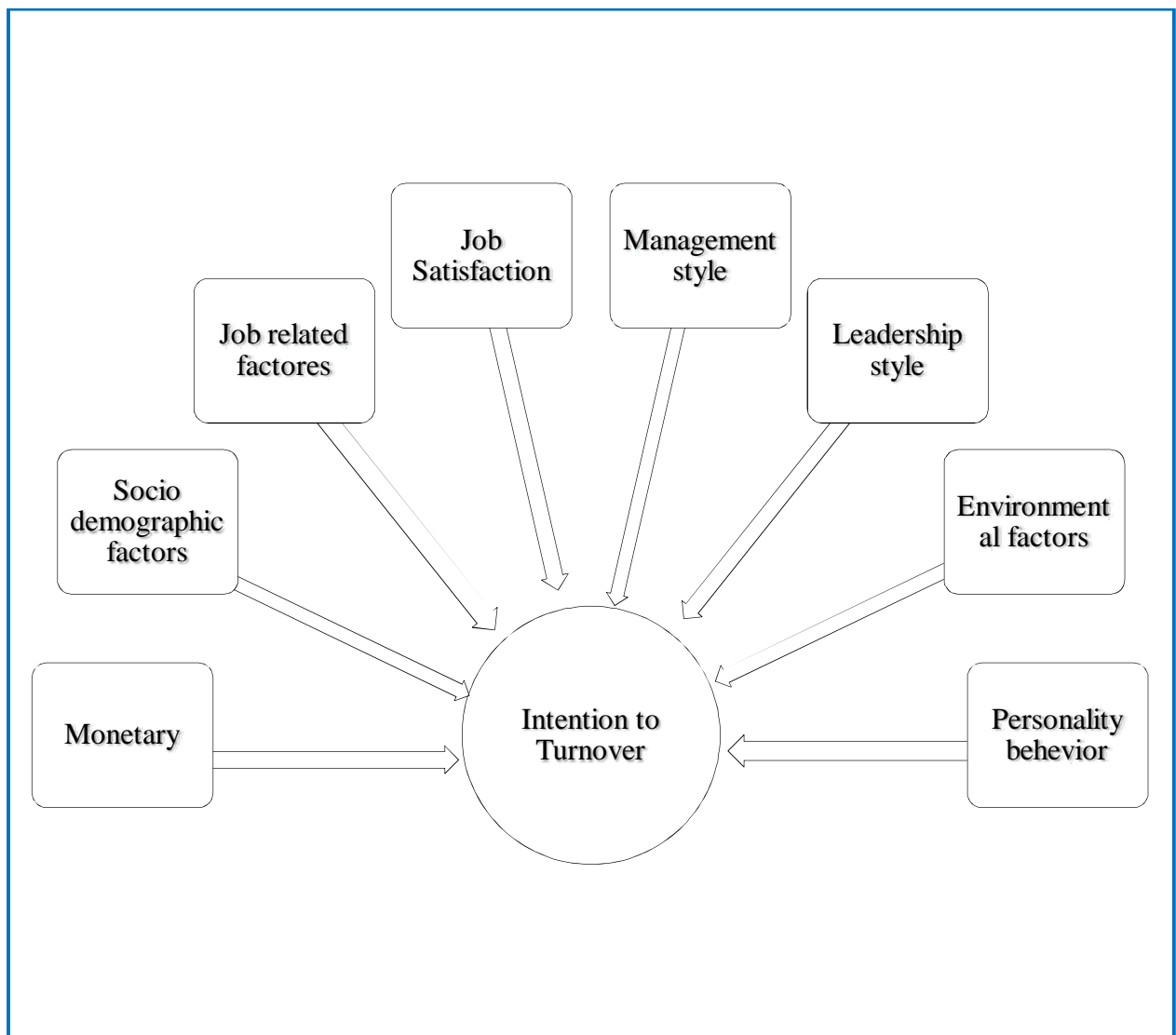


Table 2-1 Figure 2: Factors for Turnover were Job satisfaction, Training and career development, Environmental factors employees working condition and leadership style contribute to turnover, June 2017

3. OBJECTIVE OF THE STUDY

3.1. General Objective

To assess turnover intention and associated factors among health professional working in Hospitals in Central Oromia, Ethiopia

3.2. Specific Objective

- To explore the turnover intention level among health professionals working in Hospitals in Central Oromia
- To identify factors associated with turnover intention among health professionals working in Hospitals in Central Oromia

4. METHODOLOGY

4.1. Study area

The study area was central Oromia Region (West, East, South west and North shoa). According to the reports from the RHB, the attrition rate in the hospitals is very high. For that reason, this study focuses only on the hospitals. As resource is limited to cover the entire region, only those hospitals located in the central part of the region are selected for the purpose of this study. There was 13 (3 zonal, 6 district, 3 primary and 1 referral) hospitals are currently operational in this central area.

4.2. Study design: -

A cross-sectional study design using quantitative methods of study was applied.

4.3. Source population: - All health work forces working in the central Oromia's Hospitals were taken as source population.

4.4. Study Population: - Health professionals working in selected hospitals of the Central Oromia were applied as study population.

4.5. Inclusion and Exclusion Criteria

4.5.1. Inclusion

All health professionals with qualification level of diploma or above who were currently working in the hospital for at least more than one year.

4.5.2. Exclusion criteria

Those health professionals, who were on maternal, annual leave, not worked for at least one year, on short term more than two weeks and long term training and those who were seriously ill during data collection period were excluded from the study.

4.6. Sample size:

The variable intention to turnover of health professions is the proportion of intention to turnover of health professions is 59.4 % in the study done in Ethiopia to explore the intention to turnover of health professions working in the hospitals of central Oromia. This is expected proportion of intention to turnover of health professions $P(59.4)$ at statistical level of significance at 0.05, and degree of precision 5%. Considering the non-response rate of 10%, the required sample size is 408. The calculation is as follows:

Where: n = sample size

Z = is standardized normal deviate with 95% confidence level (1.96)

p = Expected prevalence of health professional turnover intention

α = Level of significance (set at 5%)

d= degree of perception (5%)

Sample Size formula. $N = Z \left(\frac{\alpha}{2} \right)^2 * P (1-P) / d^2$

$$N = (1.96)^2 * 0.594 (1 - 0.954) / (0.05)^2$$

$$= 3.8416 * 0.594 * 0.406 / 0.0025$$

$$= 370.5822 \sim 371$$

$$= 371$$

- 10% of the sample were added as non-response rate (due to different reasons) =37.1
- Total sample size= **408**

4.7. Sampling Technique and procedures

To select Hospitals simple random sampling techniques was used. By this a total of six (6) hospitals were selected. After that, Probability proportional to size sampling has been employed to assign the study subjects for each randomly selected hospital. Finally, in order to select study subjects from each hospital systematic random sampling were used by taking attendance sheet as sampling frame. The procedure has been graphically shown in Figure 1 below.

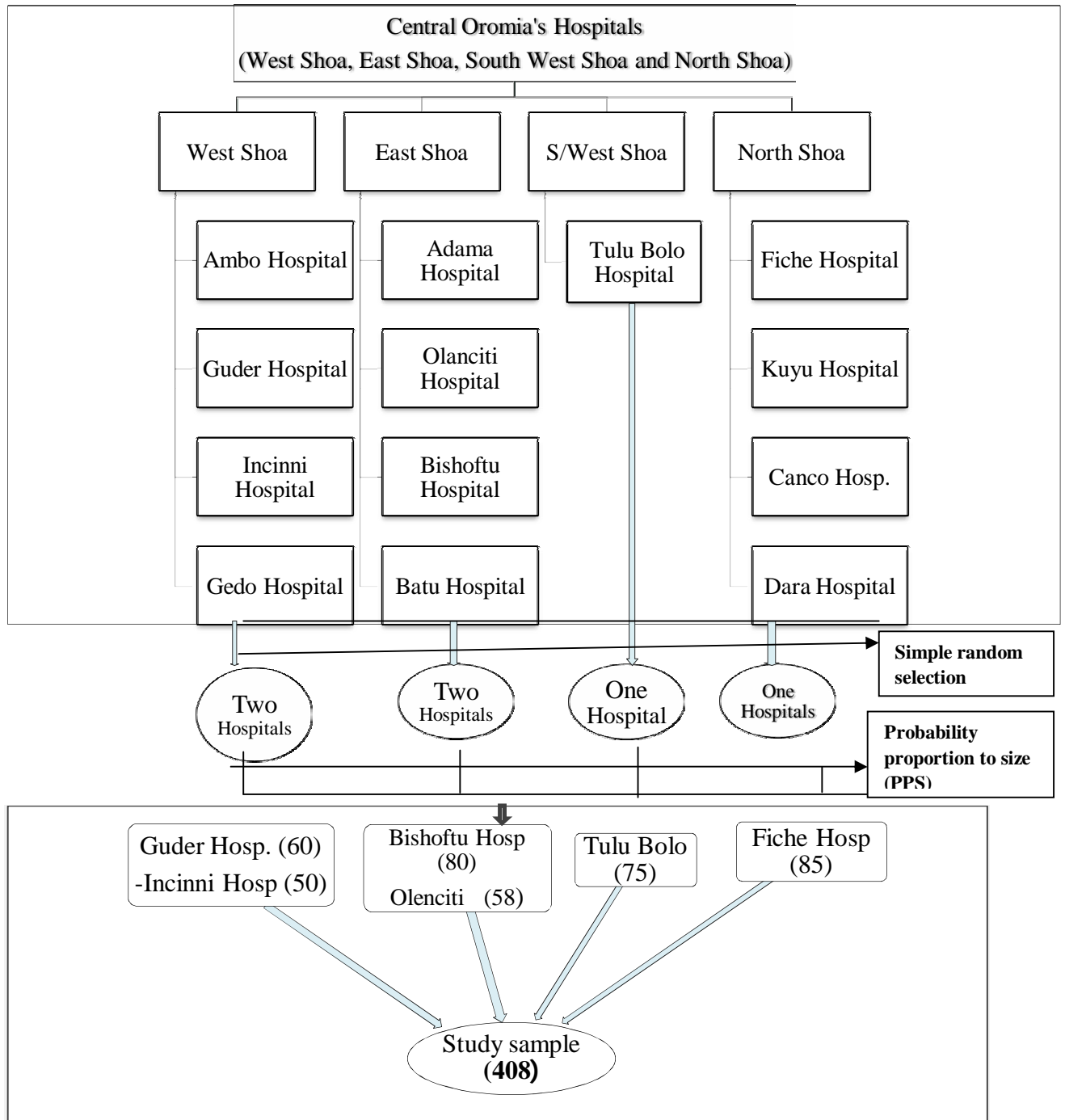


Table 4-1. Figure 1: Schematic presentation of the sampling procedure, Central Oromia, June, 2017

4.8. Data collection

Self-administered questions were used to collect the quantitative data which was developed after reviewing different literatures and similar studies as well as modified in line with objective of the study. The questionnaire was prepared in English language. Determinants of intention to turnover was measured using 5-point Likert- scale which is coded as strongly agree =1, Agree =2, Neutral=3, disagree=4, strongly disagree=5.

In the process of data collection six diploma holder data collectors and two degree holder supervisors were used. Likewise, training was given for both of them for two days, pre-testing were conducted at Adama hospital.

4.8. Data quality control

Before starting the actual study, pre-testing of the self-administered questionnaire was conducted in Adama hospital, where 5% from the total sample would be considered to check for clarity of the questions. With a minimum qualification of diploma in health sciences, recruited from each hospital and were trained on the data collection procedures. The checking system of data was on daily basis for completeness. Data entry was done after checking for completeness and coding. Questioners those which were not fully completed were excluded from analysis.

4.9. Variables

4.9.1. Dependent variable:

Intention to Turnover of Health professionals

4.9.2. Independent variables

Socio demographic characteristics (age, sex, marital status, educational status, profession, work experience, income level and work unit); Job factors (nature of work, work place condition, work load, autonomy and working schedule); Organizational factors (Salary level, work environment and coworker relationships).

4.10. Data Analysis procedures:

The data collection instruments were coded and checked before entry. The data was entered using Epi-info version and after it cleaned, it were exported to SPSS Version 21 for further analysis. The 95% confidence interval was used to assess the degree of association between dependent and independent variables and test of significance of the association were made by calculating p-values. P value of <0.05 was taken to declare statistically significant association between the independent and Dependent variable.

4.11. Operational definitions:

Intention to Turnover: The intent or predisposition to leave the organization where one is presently employed or employee's plan of intention to quit the present job and look forward to find another job in the near future.

Turnover of Health Professional: the voluntary movement of workers from one employment station to another in search of different working arrangements

Recognition at Work: It is the feeling of being valued by the organization administration.

Health professionals: all people engaged in actions whose primary intent is to enhance health.

Health workforce: in this document refers to trained and accredited professionals.

4.12. Ethical consideration

Ethical approval of the research was obtained from the ethical review committee of Addis Ababa University, College of Health Sciences. To get Permission, College of Health Science was written formal letter to Oromia regional Health bureau and then the bureau also wrote a formal letter to all selected Hospitals. A consent form was attached to each questionnaire which explains about the purpose of the study, confidentiality, and the respondent's full right to take part or not in the study. Each questionnaire was administered after a written consent attached to the questioner was obtained. Confidentiality and anonymity were ensured throughout the execution of the study.

5. RESULTS

5.1. The socio demographic characteristics of health professionals

Out of the proposed 408 samples, 371 health professionals were completed the questionnaire by making a response rate of 91%. The mean age was 29 years. Majority of respondent were male 208 (56.1%), from this married health professionals are 256 (69%). Those respondents 183 (49.3%) have educational status of diploma holder and 181 (48.8%) of the respondents have work experience of less than 5 year. Similarly, most of them 126 (34.5%) were from nursing profession.

Other health professionals 43(11.6%) were including Medical Doctors, Anesthesia, Radiology, Ophthalmology, Dentist, Physiotherapist, and Psychiatrist and Environmental health.

Table 5-1. Table 1: Socio-demographic characteristics of HP working in Central Oromia Hospital, June 2017.

Variable		Number	%
Sex	Male	208	56.1
	Female	163	43.9
Age	20-25	94	25.3
	26-30	106	28.6
	31-35	108	29.1
	>36	63	17
	Marital status	Married	256
	Unmarried	115	31
Education status	Diploma	183	49.3
	Degree	79	21.3
	Others	109	29.4
Work experience	0-5	181	48.8
	6 -10	128	34.5
	11-15	44	11.9
	>16	18	4.9
Profession	Nurse	126	34
	Midwife	86	23.2
	Laboratory	51	13.7
	Pharmacy	65	17.5
	Others	43	11.6

Table 5-1. Table 2. Organizational and Level of job factor among health professionals working in Central Oromia Hospitals, June 2017.

Variable	Number	%
Job Factor: I feel satisfied in my Job		
Strongly agree	61	16.4
Agree	123	33.2
Neutral	32	8.6
Disagree	115	31
Strongly Disagree	40	10.8
Organizational Factor: I am working under un favorable working environment		
Strongly agree	120	32.3
Agree	146	39.4
Neutral	54	14.6
Disagree	32	8.6
Strongly Disagree	19	5.1
I am satisfied with payment in my organization		
Very satisfied	27	7.3
Satisfied	36	9.7
Dissatisfied	196	52.8
Very dissatisfied	112	30.2
Fairly Work load distribution		
Strongly agree	49	13.2
Agree	89	24.0
Neutral	61	16.4
Disagree	87	23.5
Strongly Disagree	85	22.9
Involvement in decision making		
Agree	74	77
Disagree	26	24

The overall mean score of intention to turnover among health professionals working in central Oromia hospitals is 75.5%. Most of the respondents 146 (39.4%) were agreed to the working environment in their organization is unfavorable and 19 (5.1%) of them are responds strongly agree with their working environments unsafe. Whereas 112 (31.0%) and 196 (52.8%) of the study participants were respond dissatisfied with their job and payment respectively. (Table 2)

5.2. The demographic characteristic of health professionals

The relationship between socio demographic variable and intention to turnover factor is quantified in table (3). While, Age, Work experience sex and level of education of the health workers among the socio-demographic variables which is candidate for multivariate analysis. Though, health professionals' whose age were 20-25 years were intention to turnover more likely 0.81 times than age range of > 36 years (95% CI, (0.35 -1.84). And health professionals' whose work experience <5 years increases intention to turnover more likely 0.43 times than whose experience were above 16 years (95% CI, (0.22 - 0.84). Likewise, respondents whose level of education were Diploma holder were more likely increases intention to turnover 0.47 times than other professions (95% CI, (0.24 - 0.98). There are also sexually male professionals were less likely 2.86 times to intention to turnover than female professionals between professionals in central of oromia hospitals (95% CI (1.93 – 3.97).

Table 5-2. Table 3. Multi variable regression of demographic factor associated with intention to turnover of health professionals working in Central Oromia Hospital, June 2017.

Variable	Number	Intention to Turnover		COR (95% CI)	AOR (95% CI)
		Yes	No		
Sex					
Male	208 (56.1)	154	54	1.19 (0.74 -1.93)	2.86(1.93 – 3.97)*
Female	163 (43.9)	126	37		1
Age					
20-25	94 (25.3)	35	10	0.95 (.455-1.988)	0.81 (0.354 -1.846) *
26-30	106 (28.6)	155	48	0.72(.346-1.524)	1.48 (0.681- 3.234)
31-35	108 (29.1)	73	26	1.18(.5855-2.391)	1.96(0.7391 - 4.859)
>36	63 (17.0)	17	7		1
Marital status					
Married	256 (69.0)	188	68	1.44(0.848-2.469)	1.56(2.587- 6.342)
Unmarried	115 (31.0)	92	20		1
Education level					
Diploma	183 (49.3)	126	57	0.47 (0.247- 0.918)	0.47 (0.24 - 0.98) *
Degree	79 (21.3)	65	14	0.64 (0.332- 1.226)	0.63 (0.332 -1.226)
Others	109 (29.4)	37	5		1
Work Experience					
< 5	181 (48.8)	142	39	1.02(.532- 1.953)	0.43 (0.22 -0.84) *
6 – 10	128 (34.5)	28	91	1.02(.504-2.048)	1.41 (0.701- 2.847)
11-15	44 (11.9)	37	33	0.81(.402-1.628)	1.18 (0.626 - 2.257)
>16	18 (4.9)	11	14		1
Profession					
Nurse	126 (34.0)	89	37	0.74 (0.387-1.413)	1.25(2.565-5.356)
Midwife	86 (23.2)	70	16	0.76(0.377-1.553)	1.573.265-5.963)
Laboratory	51 (13.7)	35	16	0.45 (0.205-0.987)	1.53.(4.598-6.598)
Pharmacy	65 (17.5)	52	13	0.64(0.294 -1.4040)	1.45(2.589-4.625)
Others	43 (11.6)	34	9	1	1

• *P < 0.05, 1 references

Table 5 -2. Table -4-Multi variable regression of job and organizational factors associated with intention to turnover among health professionals working in Central Oromia Hospitals, June 2017.

Variable	Number	Intention to Turnover		COR (95% CI)	AOR (95% CI)
		Yes	No		
Job Factor: I feel satisfied with my Job					
Strongly agree	61 (16.4)	22	39	0.10(0.050 - 0.211)	0.04 (0.061-0.329)
Agree	123 (33.2)	104	19	0.34 (0.140 - 0.821)	0.45 (0.155- 0.294)
Neutral	32 (8.6)	20	12	0.09 (0.043- 0.192)	0.12 (0.050 -1.341)
Disagree	115 (31.0)	99	16	0.08 (0.028 - 0.036)	0.55 (0.44 – 0.69)*
Strongly Disagree	40 (10.8)	35	5		1
Fairness of Work load distribution					
Strongly agree	49 (13.2)	58.8	41.2	0.27(0.568-0365)	1.38 (0.620-3.091)
Agree	89 (24.0)	70	30	1.24 (0.356-3.456)	0.40(0.33-0.69) *
Neutral	61 (16.4)	75	25	0.85(0.895-1.235)	0.94(0.426-2.100)
Disagree	87 (23.5)	81	19	0.24(1.235-4.563)	0.81(0.523 -0.663)
Strongly Disagree	85 (22.9)	75	25		1
Organizational factor: I am working under unfavorable working environment					
Strongly agree	120 (32.3)	106	14	1.41 (0.694-2.889)	1.89 (1.51 – 2.39)*
Agree	146 (39.4)	123	23	13.94 (6.336-30.702)	7.68 (3.22, 18.330)
Neutral	54 (14.6)	19	35	4.54(1.834-11.253)	3.49 (1.357, 8.980)
Disagree	32 (8.6)	20	12	4.417(1.491-13.085)	3.88(1.266, 11.934)
Strongly Disagree	19 (5.1)	12	7		1
Payment satisfaction					
Very satisfied	27 (7.3)	12	15	0.23 (0.077-0.682)	0.50 (0.145, 1.764)
Satisfied	36 (9.7)	28	8	0.19 (0.083- 0.445)	0.34 (0.126, 0.916)
Dissatisfied	196 (52.8)	158	38	0.293(0.213 - 0.696)	1.90 (1.52 – 2.39)*
Very dissatisfied	112 (30.2)	82	30		1
Involvement in decision making					
Agree	156 (42.0)	74	77	0.96(0.456-0.653)	0.65(0.576- 0.956)
Disagree	215 (58.0)	26	24	0.869(0.235-0.859)	1

• * $P < 0.05$ and 1 Reference

5.3. Factors associated with intention to turnover of health professionals

The results of multivariable analysis show that level of education, work experience, sex and age were statistically significant predictors for intention to turnover of health professionals working in Central Oromia Hospitals. Though, those whose level of education is diploma has 0.47 times more likely to intention to turnover than others health professionals (95%CI, (0.24 - 0.98)). Those work experience ranged in 20-25years were 0.43 times more likely to intention to turnover than age ranged greater than 16 years (95%CI, (0.22 -0.84)).

Additionally, from the demographic factors of health professionals the gender difference makes its own contribution in pushing them to leave their current work. For this reason female health professionals are more likely increases intention to turnover by 0.55 when compared with male health professionals (95%CI, (0.44 – 0.69)).

The entire variable such as job factor, working environment, and organizational factor were taken as factor analysis. Such as I am satisfied with my job, I am working under unfavorable working environment, I am satisfied in the payment which my organization pays me, Work load and Involvement in Decision making are taken as factor analysis (Table 3).

From the factor used to measure job related factors, respondents who disagreed with the statement “*I am satisfied with my job*” were 0.55 times more likely than those who agreed to have not agree with intention to turnover (95%CI, (0.44 – 0.69)). Health professionals those disappointed with their work by different reasons are complain their routine work supervisors as well as the whole hospital managers. Because of their not having satisfaction there approach to the patient, communication with anybody, response they give for the question they asked are showed from their personal appearance and the serves quality customer satisfaction they provide also under question.

The finding of this study explains there were significant association between intention to turnover and working environment. Health professionals those strongly agreed in a statement “*I’m working under unfavorable working environment*” were 1.89 times more likely to intention to turnover when compared to those who strongly disagreed (95% CI, (1.51 – 2.39)). As this result shows working and living in polluted and suffocated environment demoralizes the health professionals

in their services giving situations. In addition to turnover of professionals the services provided by that organization were not looks like the services of health institution.

Obviously, a person who efforts mentally or physically in services giving organization he has to earn the consequences of his performance implementations. Among health professionals working in Central Oromia Hospitals professionals who dissatisfied in the “*payments provided by the organization*” are more likely to intentions to turnover by 1.90 times when compared with those who respondents very dissatisfied in payment (95% CI, (1.52 – 2.39)). Now satisfaction in every step of the hospitals can have its own negative and positive side because payment related with workers humanitarian life weather the amount of payment makes then in their daily life surviving.

From the allocated factor variables work load distribution system of the organization in between the health professionals guides them to decide their duration of staying or leaving the institution. The responds of health professionals regarding the fairness distribution of work load there between health professionals were association between intention to turnover and working load. Health professionals those agreed in a statement “Work load” were 0.40 times more likely to increase intention to turnover when compared to those who strongly disagreed (95% CI, (0.33- 0.69)). In the qualification variety between any professionals the structural system of health service giving institution can shows how distribution of work load had been taken place through the line of profession. But if it is not fairly shared to all by depending on their qualification it causes more institutional performance rather than service provider or health professionals to see an other job.

There was negative side effect in not involving in decision making of any health professionals because the professionals must have to have his own confidence by the duty he performs weather don well or not. His decision guides him to the way of improving daily activities depending on the reforms in the organization as well as the standards level of customer satisfaction. Health professionals those agreed in a statement “Involvement in decision making” were 0.65 times increases more likely to have intention to turnover when compared to those who disagreed in its fairly distribution of work load (95% CI, (0.58- 0.96)).

6. Discussion

As different studies shows that health professional's turnover increases time to time because of different reason. Especially in developing countries there is high migration of qualified professionals to more developed countries in need of fulfillment of personal satisfaction or external pushing situations. Yearly country like Ethiopia also invest so much moneys in upgrading of health professionals starting from diploma level to specialists to make the services providing to the society more intellectual in quality. But there are now high crises of loosing qualified health professionals by the means of different systematical bran drainage. Though, this country looses the cost of education, moral loose in sustainability of sponsoring in upgrading of professionals and crises of losing her society in death by different communicable and non communicable diseases.

Health professionals are important resources in health service giving institution where managerial, clinical, technical, and others are principal inputs to facilitate health interventions to be performed. The study attempted to identify the decision of health professionals working in the hospitals on the intention to turnover. Though, by considering the responding ideas of health professional the probability calculation of health professionals staying or leaving duration in the institution have been done in summarized result.

According to this finding out of 371 health professionals who respond to the questionnaire 75.5% of them have intention to leave their current working organization. The main causes are institutional lost of conducive working environment, the payment satisfaction, fairness of work load distribution between the same qualification of health professionals, the professionals level of satisfaction not reaching its maturity point in their job, influence of institutional leaders, and lack of Good governance.

Now, when the findings in intention to turnover of health professionals working in Central Oromia Hospitals shows the result of seventy five percent increments in loosing health professionals. But, the comparison with the similar studies done in different African countries, this finding is higher than different study findings result in some African countries like; Ghana

(9%) (20), this result shows the difference between both countries by sixty four percent. Also the studies done in South Africa shows the result of (41.4%) by (95%CI, 37.3- 45.1) (15), now the balance turnover in Ethiopia increases by 34%, this shows the gap of health professionals staying duration of health professionals.

Additionally the study done in another African country Malawi also shows there is a great gap between both countries regarding intention to turnover of health professionals which is Malawi scores the result (26.5% and Tanzania decreases intention to turnover of health professionals by 18.8% (35) when compared with Ethiopia.

In the comparison of this study with the above mentioned countries there is reason why difference may happen. It is due to cultural differences between countries, it depends on working hour differences, countries health services delivering institution structural differences and the capacity of all countries socioeconomic differences can contributes for its own role.

As the study findings done in Ethiopia, the result of this finding is lower than some studies. For example the study done in Southern Ethiopia Nation and Nationality Peoples of Sidama Zone public Health facilities Nurse Professionals intention to turnover is greater than this study by (84.3%) (8). The study done in Oromia Regional State Government of Jimma University Specialized Hospital the result of intention to turnover of health professionals shows (79.3%) (37) by the difference of 9% with this finding.

In my opinion the reason why increases the gap of difference might be happened because of: the study time gap, and in using of study participants professional mixing strategy. For example the study done in Southern Ethiopia Sidama Zone was on single professionals (Nurse Profession) only.

On the other hand, the result of this study is higher than those studies done in Gonder University Specialized Hospital. It scores result of (52.5%) in intention to leave of health professionals their current working organization. And although the study done in public Health facility of Jimma Zone result shows (63.7%) by difference gap of 12 % when compared with this study.

As the result of different study done on the intention to turnover of health professionals working in different counties Hospitals majority of the hospital health professional workers were not satisfied with their working environment, their leaders or managers decision making style, nature payment differences between the same profession, work load and chance of increasing the development of risky in some professions but payment is the same with non risky developer professions, nature of work load imbalance. These factors can increase the level of intention to turnover health professionals working in Hospitals.

Frankly speaking, this study raises the intention to turnover of health professionals in hospitals in different ways when compared with other studies, which is because doing such like topic at institutional (hospitals) based and includes in the study only qualification of health professionals. This idea was in line with quantities finding in which most of health professionals had intention to leave due to unmet needs like; educational development, long and short term training opportunity, working environment, family problem, the transfer policy rule followed by their institutions/Hospitals..

As age increases it can decreases intention to turnover which the findings suggests that when age and experience in the organization increases the plan to leave decreases (36), because duration of stay in one institution can cause, build family, social life, economic activity establishments. In another way it is not similar with the study done in Tanzania; intention to leave decreases significantly with age (35). Health professionals decreases there assumption to leave by considering their age group. For example as working experience increases the career policy can make them advantages in salary than fresh health professionals.

Organizational factor also contributes more to measure intention to turnover of health professionals than the others variable used in the study which was significantly associated. Most of the respondents were unhappy with the organizational management system of the hospital which had increased their intention to turnover. This study were comparable with the study conducted in Oomia region Hararge Zone; most of the respondents (51.8%) revealed that poor

management and leadership skills takes place the highest contribution for causes of workers attrition.(37).

Governmental Health service providers institutions are most of the time not give services for the institutional profitability. When we see their mission and vision they forecast to full fill the health service need of society. But the managers or leaders of such like institution can have a chance to guide in way of development or not. For this reason all the health work forces in the institutions or some of them are diverts their attitude of work with their leader's body. Obviously, in different literatures leaders or managers of any organization assumed as a model of their followers.

Working environment is the other possible factor affecting intention to turnover. Health professionals or respondents who strongly agreed with the working environment are unfavorable by 1.89 times more likely in increasing intention to turnover because of work environment when compared with those respondents strongly disagreed (95% CI, (1.51 – 2.39). Lack of conducive working environments in health service giving organization are influence health professionals to intention to leave their current work.

As health science shows that good environment of health service giving institutions have its own role in improvement patients from their pain of sicknesses. As well as having attractive working environment of the organizations initiates ton increase employees performance, in securing their health status, makes them to love their daily work activities. But if the working environment of Hospitals or health service giving institutions are not attractive and unsafe the chance of losing health professionals were increased.

Generally, as the result of this findings the chance of intention to turnover of health professionals working in Central Oromia Hospitals are very high. Then concerned bodies have to give attention and dig out the strategic system of improving the challenges.

7. CONCLUSION

The overall intention to turnover among Health professionals was high. Working environments: (Coworker relation, work pressure, etc...), job related factors: (Work load, nature of work, working schedule, etc...), and organizational factors: (Leaders, payment, work place condition, etc...) has statistically significant association with intention to turnover among health workers in central Oromia Hospitals. So, ORHB, MOH and stakeholders has to give attention and work on the causes identified like; promotion interims of training, education opportunity, payment improvement, working environment, transfer of health professionals, capacitating leaders there. On the other hand sine this study focuses only on variables related to health professionals and working environment. Other variables such as: social environment, cultural, economic related, and infrastructure of the area to be addressed further more.

8. RECOMMENDATION

The RHB, FMOH, Regional State Administration and Other Stakeholders need to strengthen human resources for health management through implementing different retention strategies (like: BSC, BPR, Transfer policy, Promotional Policy, etc...) especially at Hospital level.

In addition doing on the Improvement of factors: **job related factors:** (Work load, nature of work, working schedule, etc...), **working environment:** (Coworker relation, work pressure, etc...), and **organizational factors:** (Leaders, payment, work place condition, etc...) shall help the organization in minimizing turnover of HP in the Central Oromia Hospitals.

Furthermore, researchers need to conduct qualitative study to explore the detail determinants of intention to turnover of health professionals.

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Annexes 1

1. Questioner

Questionnaires to be filled by intention to turnover of health professional from Central oromia Hospitals

Dear respondents: -

This questionnaire is designed to gather information on assessment of Health professional's intention to turnover and associated factors among central oromia Hospitals. The purpose of the study is for academic requirements as masters of public Health degree requisite for **Jirata FidaMamade** With main advisor **Dr. Masfin Addisei** to assure you that all your responses will be kept in confidentiality and you will not be held with responsible for the research outcome. Therefore your genuine, frank and timely response are quite vital to determine the success of this study. So I kindly request your contribution in giving and filling the questionnaire honestly and responsibly.

Information for respondents,

I am seeking to conduct a research regarding on assessment of Health professional's intention to turnover and associated factors among central Oromia Hospitals.

To assess the factors contribute for health professional's intention to turnover of the Hospital during the study period. You and your organization are selected randomly for participation in this study. Therefore, I will be asking you questions, interview other staff members or review documents in your health facility to obtain relevant data that can help achieve the research objectives.

Benefits of the study

The findings of the study will be used to show the mechanisms how to apply retention as demanded and for decision makers to formulate new or restructure previous policies and procedures regarding employee motivations in Hospitals.

Risk /privacy/confidentiality

The information gathered from document review or interviews will not be used for any other purpose outside this study objective. This research is for general purpose information; no body's name will be mentioned on responses. The responses of each individual will not be disclosed to others including the study subjects or no one will be affected, in anyway, physically or psychologically for producing the information.

Institution: **Addis Ababa University**

College of Health Science School of Public Health

Personal Information and Address: **Jirata Fida**

Mobile 09-11-94-53-37/09-66-93-39-28, Email: jiree2010@gmail.com.

Respondent's consent form

01. Date of data collection -----, **2017** 02. Code of data collector _____

Introduction:

This questionnaire is intended to collect information from health professional's intention to turnover from Central Oromia Hospitals. The information your organization provides is very important to understand assessment of Health professional's intention to turnover and associated factors among central oromia Hospitals. Thus, you are kindly requested to provide us with genuine information. The information you provide will be confidential. You have every right not

to be involved in this study or to discontinue completing this questionnaire at any point in the course if you decide to do so. I hereby verify that I have read and fully understood the above notice and am willing to fill the questionnaire.

Agreed **Yes** **No**

I confirm that this questionnaire has been filled by a voluntary respondent/organization.

Supervisor's name _____ Signature _____ Date -----2017

Note that

- No need to write your name
- Encircle the letter of your choice and mark letter of your choice
- Please respond as accurately as possible and at your earliest possible time.
- The questionnaires have five parts

Thank you in advance for your cooperation!

Part one: - Demographic information of the respondents

1. Sex : Male Female
2. Age _____ years
3. Education qualification

A. Diploma holder	D. BSC/BA
B. Level IV	E. Specialists
C. MA/MPH	F. MD+MPH
4. Working experience in your current organization _____ years
5. Marital status : A. Married B. Unmarried C. Divorced
6. Your Current position in the organization _____

Part two: - General Questions

7. How do you rate the cause of turnover intention of your organization?

A. Very high <input type="checkbox"/>	B. High <input type="checkbox"/>	C. low <input type="checkbox"/>	D. very low <input type="checkbox"/>
---------------------------------------	----------------------------------	---------------------------------	--------------------------------------
8. Do You involved in decision making in your organization/Health facility

A. Yes B. No

If Yes, By How much? A. Always B. Some times C. Never at all

9. How your working experience did possess you personal skill that helps you to stay in your organization?

A. Very high B. hig C. Ld D. Very Ld

10. If you have a better job opportunity, in other organization, do you wants to stay in your current organization? A. Yes B. No

11. How do you satisfied with the amount of compensation you paid by your current organization?

A. Very satisfied B. Satisfied C. dissatisf D. Very dissat ed

12. Male workers leave organization more than female workers. A. Yes B. No

13. Which push factor is the main cause for your intention to turnover?

A. Governments' Instructio C. Outside/external opportu D. Personal
B. D. Monitory/payment E. Othe

14. Do you finish your service periods expected of you before you leave organization? Yes No

No

Part three: - Issues related to cause of health professional intention to turnover.

15. The following statements related to **demographic factors**, please indicate your level of agreement/disagreement by ticking in the box for your exact feeling based on the scale below.

1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

S n	Statements of the demographic factors	Scale				
		1	2	3	4	5
1	As your age increase your stay in the organization is increase					
2	More qualified workers have great chance to leave the organization than less qualified					
3	Single workers have greater chance to leave the organization than married workers					
4	More experienced health professionals have great chance than less experienced to leave					
5	As income increase employees are leaving the organization.					

16. The following statement related to your states of **job satisfaction** at your organization. Please indicate your level of agreement /disagreement your exact ticking in the box for your exact feeling based on the following. 1. **Strongly agree** 2. **Agree** 3. **Neutral** 4. **Disagree** 5. **Strongly disagree**

Sn	Statements of the job satisfaction	Scale				
		1	2	3	4	5
1	I feel I have satisfied with my job					
2	I were interested with my job responsibility					
3	My job gave me greater achievement/better performance					
4	I have had recognition for my work performance					
5	My job responsibility gave me promotional opportunities					
6	Workers with better infrastructure have more job satisfaction					
7	Work performance and promotion have positive relationship					

17. The following statement related to **monetary reward** at your organization; please indicate answer by options provided below by ticking over your options.

1. **Strongly agree** 2. **Agree** 3. **Neutral** 4. **Disagree** 5. **Strongly disagree**

sn	Statements of the Monetary payment	Scale				
		1	2	3	4	5
1	I have got adequate satisfactory payment for my job					
2	My payment were sufficient for my living expenses					
3	My organizations payment were depends on my performance					
4	Payment increase with work load and risk					
5	The current area socioeconomic problem will force me to leave.					
6	There is a clear Health professionals Career development motives					
7	There was a clear duty professional payment systems over the region					
8	My organization has been paying me that my professional allowance					
9	Money will helps me to stay in my current working position					

18. The following statement related to **leadership style** at your organization; please indicate your level of agreement/disagreement by ticking in the box for your exact feeling based on the scale below.

1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

S n	Statements of the leadership style	Scale				
		1	2	3	4	5
1	My immediate boss was using collective decision making actions.					
2	My immediate boss has been supporting my ideas that will helps to enable to win my job.					
3	My boss was highly influential on decision in the organization.					
4	I am getting better close supervision for my job accomplishment					

19. The following statement related to **training opportunity** at your organization; please indicate your level of agreement/disagreement by ticking in the box for your exact feeling based on the scale below.

1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

S n	Statements of the training available	scale				
		1	2	3	4	5
1	My organizations training criterion has been taking place clearly					
2	Inclusive training was given for me at ORHB to motivate us.					
3	pre training assessment and Post training evaluation is held in my organization					
4	My on job skill gap training is provided for me to win my skill gaps.					

20. The following statement related to **Promotional opportunity** at your organization. Please indicate your level of agreement/disagreement by ticking in the box for your exact feeling based on the scale below.

1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

S n	Statements of the Promotional opportunity	Scale				
		1	2	3	4	5
1	There was a clear promotional criteria in my organization					
2	Promotion have been focus on work efficiency and performance					
3	The promotion related to service year by default simply.					
4	Internal vacancy can be filled only external job seekers than internal workers					

21. The following statement related to scope of the job (**Work assignment**) at your organization, please indicate your level of agreement/disagreement by ticking in the box for your exact feeling based on the scale. **1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree**

S n	statements of the scope of the job (Work assignment)	scale				
		1	2	3	4	5
1	The is a good job fit with my current profession					
2	The organization is fully utilizing my current effort for the job					
3	I am working less than what is expected from me due to job scope					
4	I was assigned according to my educational specialty on my previous duty.					
5	The amount of work load in my current job is reasonable					
6	The work load was equally distributed among all workers in the organization.					
7	My organization was rewarding and appraising me for my additional work					

22. The following statement related to **working environment** at your organization; please indicate your level of agreement/disagreement by ticking in the box for your exact feeling based on the scale below.

1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

S n	statements of the working environment	scale				
		1	2	3	4	5
1	I have been working under un-save working environment					
2	The unfavorable working and leaving environment force me to leave organization					
3	If I will placed to urban working environment I will stay in the organization.					
4	I wanted to stay in remote environment to leave soon					

23. The following statement related to at **your social problem**; please indicate your level of agreement/disagreement by ticking in the box for your exact feeling based on the scale below.

1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

Sn	Statements of the Social problem	Scale				
		1	2	3	4	5
1	I have good relationship with all my coworkers					
2	I have been working peacefully with my co-workers					
3	I am discussing my social problems with my co-workers					
4	I know important information about my co-workers					
5	I am a member of social committee in the organization					
6	My organization has been supporting me in social problems I faced yet.					

Part Four: - Intention to Turnover

24. The following statement related to intention to turnover at your organization; please indicate your level of agreement/disagreement by ticking in the box for your exact feeling based on the scale below.

1. Agree 2. Disagree

Sn	Statements of the intention to turnover	Scale	
		1	2
1	I plan to leave my current working organization		

25. Which of the following reasons determines/causes you to have intention to leave organization?
(Please rank them in priority)

SN	Statements of the intention to turnover	Rank
1	Demographic factors (Age, Sex, Mariel status, experience, qualification, etc.)	
2	Job satisfaction	
3	Monetary/pay systems	
4	Leadership style	
5	Peer group relationship	
6	Available training opportunity	
7	Working environment	
8	Lack of promotion	
9	Job scope	
10	Better employment opportunity	

