

**Assessment of Health Professionals' Intention for Turnover and
Determinant Factors in Yirgalem and Hawassa Hospitals, Southern
Ethiopia**

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**Assessment of health professionals' intention for turnover
and determinant factors in Yirgalem and Hawassa hospitals,
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Abstract

Background: The very low level of motivation within workforce as a result of inadequate level of financial and non-financial incentives paved a way for health workers' migration much more serious in Ethiopia as in the other developing countries. It is crucial to understand health workers' turnover intention and determining factors in a broader context for designing and implementing effective retention mechanisms.

Objective: The objective of the study was to assess health workers' intention for turnover and its determinants in Yiraglem and Hawassa referral hospitals, Southern Ethiopia

Method: Health facility based cross-sectional survey was conducted in Yirgalem and Hawassa referral hospitals, Southern Ethiopia

The study population was all of the health workers who were working in the study hospitals and the data collection tool were a self-administered five point likert scale questionnaire adopted from employee satisfaction survey tools developed by the management and leadership programme.

The questionnaire was pre-tested in Dilla hospital by taking 5% of the study population and data processing and analysis was made using Statistical Package for Social Sciences (SPSS) for windows version 16.0. Frequency distribution was displayed to check for data entry errors (e.g. unrecognized or missing values). Descriptive statistics was computed and logistic regression was used to assess the effect of selected variables on health workers turn over intention.

Data collection procedures were done after ethical clearance was obtained and approved by Jimma University ethical review board and dully signed at the study hospitals and verbal consent from the study subjects was obtained.

Result: A total of 315 questionnaire was distributed to the study subjects but 270 study subjects , 123 (45.6%) from Yirgalem hospital and 147(54.4%) from Hawassa referral hospital returned the questionnaire and the total response rate was 85.7% and all were analysed, Of these, a total of 226(83.7%) of health workers have intention to leave the hospital, and about 82(30.4%) of the respondents from the study hospitals have intention of leaving their job because of low government salary scale and seeking better job for better pay, and 47(17.4%) of the respondents from the study hospitals have reported that the cumulative effects of low government salary scale, seeking better job for better pay and better incentives were factors that forces them to leave their current job.

One hundred fifty nine (58.9%) of health workers from the study hospitals prefer to work in NGOs, and 48(17.8%) of health workers of whom 10(8.1%) from Yirgalem and 38(25.9%) from Hawassa referral hospital prefer to work in private clinic after leaving their current job.

There was no statistically significant difference between health workers' intention for turnover and socio-demographic variables under multivariate logistic regression ($P>0.05$)

Conclusion: Implementation of retention mechanism has generally improved and reduces health workers' intention for turnover, Financial and non-financial remuneration is important factors that improve retention. However; retention mechanism of health workers' has to be further explored.

Key words: Intention for turnover, Health workers, Incentive, Southern Ethiopia,

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List of acronyms

AIDS	Acquired Immunity Deficiency Syndrome
BSc	Bachelor of Science
CEO	Chief Executive Officer
EHMI	Ethiopian Hospital Management Initiative
ETB	Ethiopian Birr
FMOH	Federal Ministry of Health
GPs	General Practitioners
HRH	Human Resource for Health
HRH	Hawassa Referral Hospital
HIV	Human Immunity Virus
HSDP	Health Sector Development Plan
HO	Health Officer
MDG	Millennium Development Goal
MHA	Masters of Health care Administration.
SNNPR	Southern Nations Nationalities & Peoples Region
SPSS	Statistical Package for Social Science
SSA	Sub-Saharan Africa
PI	Principal Investigator
UK	United Kingdom
WHO	World Health Organization
YAH	Yirgalem Hospital

Chapter One: Introduction

1.1 Background

Ethiopia is one of the developing countries with a critical shortage of health workers at every level (1), Health workers turn over is an important and pervasive feature of the labour market (2), and health workers turn over affects both workers' and organizations.

The current human resources shortage in the health sector, mainly of Africa countries threatens the realization of any plan for scaling-up interventions to control the spread of diseases like HIV/AIDS, Malaria and Tuberculosis. Health workers in Africa have been very low and are unable to match the rapidly growing population and needs. Indeed, Sub-Saharan Africa (SSA) has the lowest ratios of health workers to population in the world. (3)

World health report in human resources for health (1) identified 57 countries, most of them in Sub-Saharan Africa (SSA). Where there is a critical shortage of health professionals like physicians, nurses and midwives were below 2.5 per 1000 population.

The findings of survey reported by international journal of nursing studies shows that the shortage of health professionals is more critical in different health institutions and districts (4)

According to the FMOH health & health related indicators 2006/2007, the total number of all physicians (specialists and GPs), during HSDP II (2002-2005) was 2,453 and was declined to 1,806 in the second year of HSDP III (2006/06), senior midwives during the same period was declined from 191 to 178, pharmacy technicians from 1,428 to 1,023, environmental health workers from 1,312 to 1,109, laboratory technicians and technologists from 2,837 to 1,816, but the availability of BSc nurses, and Diploma nurses and Health Officers in the second year of HSDP III showed significant increment when compared to HSDP II in which the number of BSc and Diploma nurses from 17,300 reached to 18,146 and from 776 to 792 for Health Officers.(5)

The exit of important and valuable human resource from the organizations leads to the disruption of experience possessed by health workers, the need to learn new job-specific skills and find different career prospects, and organizations suffer from loss of job-specific skills, disruption in production and also has a huge effect on the cost of operation, as a result of high cost of filling the positions that are vacant. Hence, turn over negates the benefit that should have been derived by organizations when they spend scarce resources attracting, selecting, socializing employees, developing and retaining performing employees (6).

Scale-up is now being widened to include the expansion of pre-service education and training capacity for doctors and nurses. By 2009, Ethiopia aims to increase its annual medical student's intake from 250 to 1000, and to train an additional 5,000 Health Officers. The new St. Paul's Millennium Medical School and medical faculties at Bahir Dar and Haramaya Universities were opened in 2007 to assist with this. They will use an accelerated curriculum focussing on training doctors to meet Ethiopia's health needs (7).

Several recent initiatives and reports have focused in the critical role played by human resource for health (HRH) in improving health system performance, and adequate health care delivery depends on the performance of the health workforce, which is determined by the availability, competence, productivity and responsiveness of health workers, The current human resource crisis pertains to all four dimensions of performance, but the issue of availability is particularly severed (8).

The purpose of this study will be to assess health workers intention to leave the organization or stay in the organization and the perceived effect of intrinsic and extrinsic factors on health workers' turnover intention.

1.2 Statement of the problem

Harold Koontz (1925) reported that, management is the process of designing and maintaining an environment in which individuals working together in groups, efficiently accomplish selected aims (9).

Ayene (2007) reported that, the organization needs to have employees who are competent and committed to the organization they are working for. To retain a satisfied workforce that is committed to its organization the management needs to focus on creating and maintaining a suitable and conducive working condition (10)

Health workers tend to migrate where the working conditions are best. Income is an important motivation for migration, but not the only one. Other reasons include better and conducive working conditions, career opportunities and good governance (11)

At the most general level, countries are serious about reducing the outflow of health professionals to strengthen their economy across the board and improve governance and institutional reform. On the other hand, one of the less time consuming and more modest steps that can be taken to encourage the retention of health professionals in Ethiopia is to create an accurate and continuing database on the impact of health workers turnover (12).

Daily living conditions become more difficult and many professionals will look for the opportunities elsewhere. A country with a weak economy, high unemployment and considerable poverty is a prime candidate for a major brain drain. Although low pay certainly contributes to the problem in Ethiopia, it may not be the principal one (10).

A high level of health workers' turnover could be caused by many factors such as inadequate wage levels; leading health workers' to move to competitors, poor morale and low level of motivation within the work force is another contributing factor. Another stimulus to migration is the growth of professional recruiting organizations (13).

The very low level of motivation within the work force like inadequate level of financial and non-financial incentives and low morale makes health workers' migration much more serious in Ethiopia than those in developed countries. Organizations that do poorly in these areas are more likely to lose health workers (14).

According to the 2008 Southern Ethiopia Regional Health Bureau annual review meeting report, health workers turnover was very critical especially turnover of high

calibre trained health professionals like general practitioners, for example six general practitioners were left to the Capital city of Southern Ethiopia, Hawassa Referral hospital & Adama Hospitals for preferring jobs located in big cities than in district towns (15).

In Yirgalem hospital, married health professionals having children left the hospital to the Capital city being more concerned about better school for their children & health workers from Hawassa referral hospital resigned to work in private health sector & NGOs because of low government salary scale (15).

Chapter Two: Literature Review

Turn over intention is the intention of health workers to voluntarily quit their current job and move from the poorest region to richer citizens with in a country and then to high income countries. In most countries, there is also movement from the public to the private sector (16). The rates and volumes of health personnel flow and migration vary between different health personnel. In some countries, the migration and movement of health personnel particularly affects nurses, whilst in others it may be more acute for doctors, radiographers, occupational therapists or other health professionals (17)

The more developed the private sector, inequitable distribution of health personnel between public and private sectors is more intense, a study conducted in South Africa shows, where the private sector consumes 58% of total health expenditure, private health sectors capture a higher proportion of all types of health professionals except nurses than the public sector. In 1998, 52.7% of all general practitioners and 76% of all specialists worked in South African private health sector. (18)

By 1999, 73% of general practitioners were estimated to be working in the private sector in South Africa, despite the fact that this sector catered for less than 20% of the population (19) and a study conducted in Malawi and Lesotho shows, 10.5% of the respondents prefer to work in private health sector because of less mandatory overtime work and 11.2% prefer private health sector for better work schedule available there (20)

It is by now widely acknowledged that health workers, as an integral part of health systems, are a critical element in improving health outcomes. The world health report 2006, Working together for health sounded the alarm that, without sufficient numbers of adequately trained and supported health workers, health care systems can't function adequately or effectively, particularly in the public sector and at the primary level of care and there is a significant risk of not attaining the health-related Millennium Development Goals (MDGs) (21)

The absence of well trained and properly managed health workers was also identified as one of the health systems constraints to achieve the MDGs, along with poor infrastructure, drugs and supply systems, and information systems (22).

One independent South African study reported that between 1989 and 1997 an estimated 233,609 people left the country for New Zealand, Australia, Canada, United States and United Kingdom, while official South African statistics put this figure at 82,811. There are 600 South African doctors registered to practice in New Zealand, and 10% of Canada's hospital-based physicians are South African graduates. In the UK, 6% of the total health workforce is South African as it is push factors of poor remuneration and working conditions, which are driving them out of the country (17)

The levels of nursing professions in southern African countries have also suffered from a high rate of movement and migration (21). In the past five years, Malawi has suffered a significant haemorrhage of its nurses to Europe. Ghana's loss of 328 nurses in 1999 was the equivalent of its annual output.(23, 26) In South Africa, a national nursing union predicts that more than 300 specialist nurses leave the country every month as a coping strategy to improve income. (27)

A study conducted in Palestinian nurses found that moral values and achievements were areas of high level of job satisfaction and area of moderate level of job satisfaction include responsibility, recognition, working condition, interpersonal relation ship, and supportive supervision while career advancement and organizational policies were areas of low level of job satisfaction (28).

Hanson K, and Jack W, stated that, more doctors and nurses will be motivated to work in rural areas of developing countries with a series of hypothetical job combinations of financial incentives and non-financial incentives like working conditions, housing benefits, and training opportunities. For doctors, Semellens and his colleagues, found that higher wages and quality housing incentives had the biggest impact on their willingness to practice in towns in rural areas. For nurses, improvements in the availability of medical equipment and supplies were the factors most likely to bring about a move to a rural village. Choosing the right incentive package requires a consideration of both the effects of different packages on health workers' choices and the cost of those packages (29)

A review conducted in Ethiopia in 2008 identified factors that played a role in attracting and keeping doctors and nurses to work and remain in remote rural areas of middle- and low-income countries were individual characteristics such as marital status, sex, and age, financial and non-financial incentives and the pull of jobs in high-income countries. For some of these factors, the evidence from low- and middle-income settings is only beginning to emerge (29)

In another study on nurses in South Africa, (30) found that earning twice as much money was the most attractive job characteristic. Better facility management and better equipment were next in importance. Being well staffed and having social amenities were the least important determinants of nurses' job choices. Subgroup analyses showed that younger nurses and those working in hospitals were more sensitive to salary levels, while nurses working in rural areas were more concerned about facility management.

A study on job choices of nurses working in the public sector in Malawi shows that graduate nurses appreciated higher pay but also valued highly the opportunity to upgrade their qualifications quickly, as well as the provision of housing.

Interestingly, nurses preferred jobs located in district towns compared to cities, and this preference was even stronger for nurses living in rural areas, but younger nurses need to upgrade their qualification quickly than older nurses (31).

Most recently identified studies investigate the preferences of clinical officers in Tanzania, salaries and educational opportunities were found to be the most powerful incentives, but a better working environment through improved infrastructure and equipment was also valued (32).

Factors determining health workers intention for turnover

Factors that determine the direction, rate and volume of health workers' turnover have become to be known as 'motivational/intrinsic factors' and 'hygiene/extrinsic factors' (8)

Motivational /intrinsic factors of work

The components of these factors include personal promotion, recognition for health workers' performance, opportunity for promotion and responsibilities, professional growth and supportive supervision.

Motivational (intrinsic) factors are the primary causes of job satisfaction. They are intrinsic to the job because they relate directly to the real nature or job content of the work people perform. When an organization fails to provide these factors in sufficient quality to health workers, they will experience no job satisfaction and leads to turn over. When they are provided in sufficient quality, they affect and provide job satisfaction, high performance and retain health workers. People require different kinds and degree of motivation factors. What will be stimulating to one may not be to another. To individuals who desire them, motivation factors with the right amount of quality act as stimuli for psychological and personal growth (33, 34).

The link between access to continuing education and professional advancement and retention is unclear. Much of the literature focussing on high-income countries did not find close correlations between opportunities of career advancement and turnover (35, 36) However, evidence from a six-country study in Africa (Cameroon, Ghana, Senegal, South Africa, Uganda and Zimbabwe (37) based on interviews between 5 and 20% of the total number of skilled health professionals in the public sector in each country, showed a much stronger correlation. One of the main reasons for departure to a foreign destination in Ghana and Cameroon, for example, was the desire for further professional training but a study conducted in Malawi and Lesotho showed that 35.4% of the respondents think of leavening their present job because of better advancement opportunities available elsewhere (20).

Similar study conducted in six African countries by WHO, found that only 24% of the respondents quoted better remuneration as a reason for turnover intention (WHO, 2004) and 56.2% of the respondents in Malawi think of leaving their post for better remuneration available elsewhere.

Hygiene/extrinsic factors

The components of extrinsic factors are monthly salary and financial and non-financial incentives, hospital policy, capability of hospital administration, and working relationship with immediate supervisor.

Hygiene factors are the primary causes of unhappiness on the job. They are extrinsic to the job that is, they do not relate directly to a person's work, to its real nature. These are part of a job's environment, its context, and not its content. When an organization fails to provide these factors in sufficient quality to its employees, job dissatisfaction will be the result and in turn causes employee migration. When they are provided in sufficient quality, they will not necessarily act as motivators. It is a stimulus for growth and greater effort. They will only lead to workers to experience no job dissatisfaction (38).

A study conducted in Zimbabwe found that 55% of the health workers' intention to leave their post is because of economic reasons (WHO, 2004). A study conducted in Malawi and Lesotho showed that, 23% of health workers who reported poor management, inadequate working relationship and lack of control over practice are more likely to report job dissatisfaction, have thought about leaving their jobs or are actively seeking other employment, and 56.3% of health workers who reported work over load and feel unsupported think of leaving their job (20).

There are many theories and models trying to explain factors involved in health workers' mobility, some originate in economic theory, such as the Neoclassic Wage Theory, which suggests that the choice is driven largely by financial motives and by the probability of finding employment (39). In this sense, it has been argued that a health worker will accept a job if the benefits of doing so outweigh the opportunity cost (40). There are also behavioural theories, starting with those of Maslow and Herzberg, which put at the centre of a more complex decision-making process, the satisfaction that workers get out of their job.

Conceptual frame work to the study

Motivating and hygiene factors affect health workers' retention and the presence of these factors can cause job satisfaction.

Health workers job satisfaction exists when there is alignment between motivating and hygiene factors and the absence of these factors leads to intention for turnover.

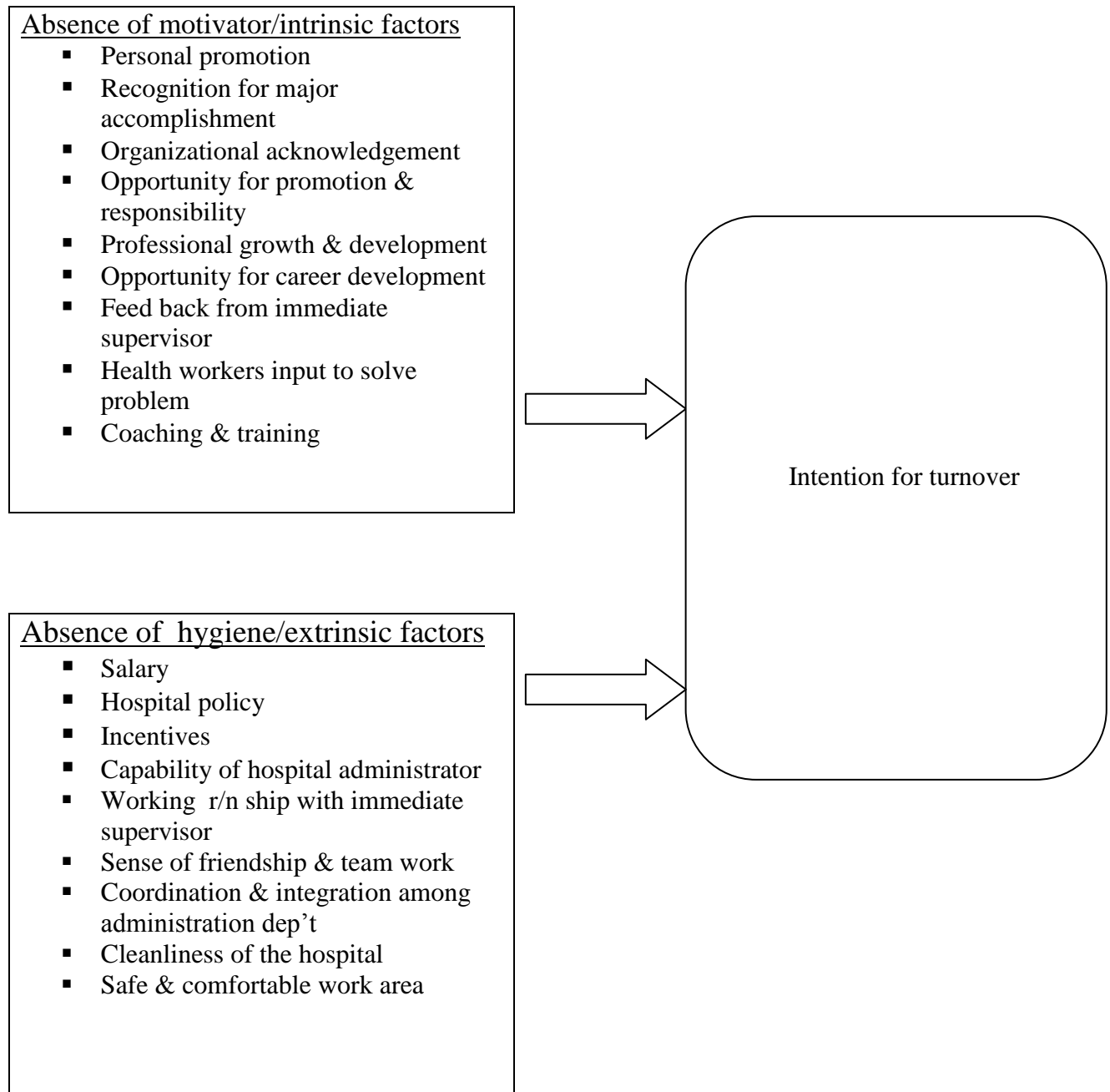


Figure 1: The Conceptual frame work showing the relation ship between turnover intention and determining factor (Adopted from Meyer et al and O'Reilly and Chatman 41, 42)

Chapter Three: Significance of the Study

The implementation of health workers retention mechanism will improve the availability of health workers' at hospital level. Although the implementation of the strategy is designed to improve the number of health workers' in the hospitals.

The findings of this study will add to the existing knowledge on the part of the hospital management at Yirgalem and Hawassa referral hospitals about the most determinant factors that can influence the health workers' decision to leave or stay in the hospital.

It is expected that the leaders of the hospital can play a critical role in communicating the vision behind hospital reform program and also in gaining health workers' commitment to implement that vision and will take the necessary measures to overcome the problems regarding health workers' turn over after going through the findings. So tackling these problems may have double benefits for health system performance contributing to adequate availability of competent health workers' as well as enhanced health workers' responsiveness to the community and it will help improve quality of health services.

Chapter Four: Objectives

General Objective

- To assess health workers' intention for turnover & its determinants in Yiraglem and Hawassa referral hospitals, Southern Ethiopia.

Specific Objectives

1. To assess health workers' intention for turnover in Yirgalem & Hawasa referral hospitals.
2. To determine level of health workers' job satisfaction in Yirgalem & Hawasa referral hospitals.
3. To identify the determinant factor that influence health workers' decision for turnover.

Chapter Five: Methods and Materials

5.1 Study area and period

The study was conducted in two public hospitals found in SNNPR; these are Yirgalem and Hawassa hospitals. The study was conducted from February to April 2011.

Yirgalem Hospital

Yirgalem hospital is found 295 km away from Addis Ababa to the south on the main road that runs from Hawassa to Yirgalem town. It is zonal hospital and has bed capacity of 240. The total numbers of health professionals are 145. Its catchments population is estimated to be 3.5 million, however; it provides services for more than 5 million populations.

Hawassa Hospital

Hawassa hospital is found 280 km away from Addis Ababa to the south on the main road that runs to Bushulo or Loke Catholic health centre at periphery of Hawassa town near Hawassa Lake. It is a referral and teaching hospital and have bed capacity of 350 and 280 beds were functional. The total numbers of health professional are 205. Its catchments population is estimated to be 5 million, however; it serves as a referral hospital for more than 3 million populations.

5.2 Study design

In this study, cross-sectional institution based study design was utilised.

5.3 Population

5.3.1 Source population

The source population was including all health care workers currently working at Yirgalem and Hawassa hospitals of Southern Ethiopia.

5.3.2 Study population

The study population was all health professionals working at Yigalem and Hawassa Hospitals of Southern Ethiopia.

5.3.3 Inclusion & exclusion criteria

Inclusion criteria; - All health professionals available in study hospitals during the administration of the questionnaire and who have served for more than six months.

Exclusion criteria;-Health professionals who have served for less than six months in both hospitals and those health workers' on sick leave, annual leave, maternity leave and study leave were excluded from the study.

5.3.4 Sample Size and Sampling Techniques

All health workers currently working in Yirgalem and Hawassa hospitals that meet the inclusion criteria (270) were included in the study.

5.4 Data collection procedures and instruments

Data collection was facilitated by two health officers recruited from Hawassa Health Science College, Hawassa and Yirgalem campus. The two facilitators was identified the study subjects using the list of the study subjects name and address with the help of the health facility attendants and additional documents after the identification of the study subjects. The facilitators confirm eligibility using the inclusion and exclusion criteria was provided and collect it back envelop sealed self administered questionnaire to the respondents to assure confidentiality.

One day training was given for data collection facilitators. The training was conducted by pre-testing the questionnaire. The training focused on briefing the purpose of the study and techniques of data collection. Data collection facilitators were actively participated in pre-testing. Data collection procedures were checked frequently through supervision and frequent checking of information collected for its consistency on the same day by the principal investigator.

Five point likert scale questions was constructed to assess factors determining health workers turnover intention, the scale have 5 response choices ranging from 1-5 from strongly disagree to strongly agree and the questionnaire was adopted from employee satisfaction survey tools developed by the management and leader ship programme.

The participant were asked to rate their intention to leave the hospitals and their perception on various aspects of motivator and hygiene factors by selecting only one number that best describes their opinion on each item of the scale.

Questions dealing with yes or no type were prepared to assess whether health workers often think about leaving their post or not and respondents comments about hospital to retain and motivate health workers was analyzed thematically for the purpose of triangulating the quantitative results .

Data collection procedure was checked frequently, through supervision & frequent checking of information collected for its consistency on the same day by the principal investigator.

5.5 Variables

Dependent variable;-

Intention for turn over

Satisfaction

Independent variables

Socio-demographic characteristics of health workers; - gender, age, marital status, current position, current work status, works experience

Motivator/intrinsic factors

Achievement, recognition, responsibility, career advancement, possibility of growth/promotion

Hygiene/extrinsic factors

Salary, job security, status or job titles, organizational policies, supportive supervision, interpersonal relation ship.

5.6 Data analysis

Before the analysis, data collected from the study hospitals was checked for completeness as per the questionnaire. Data processing and analysis was made using Statistical Package for Social Sciences (SPSS) for windows version 15.0. Frequency distributions were displayed to check for data entry errors (e.g. unrecognized or missing values). Descriptive statistics was computed and logistic regression was used to assess the effect of selected variables on health workers intention for turn over. Data was presented in tables, figures and text.

5.7 Data quality management

5.7.1 Pre-test

To maintain data quality, data collection facilitators was trained and the questionnaire was pre-tested in Dilla hospital by taking 5% of study population. Based on the pre-test, questionnaires were revised, edited, and those found to be unclear or confusing was removed.

After that, the questionnaire was amended. Frequent checking of information collected for its consistency was conducted on the same day by principal investigator.

5.8 Ethical Consideration

Before the start of data collection process, ethical clearance was obtained from Jimma University, College of public health and Medical Sciences ethical review board & the study hospitals. Informed verbal consent was obtained from the study subjects, following an explanation about the purpose of the study. The name of individuals was not being cited on the questionnaire and confidentiality was maintained by receiving the responded questionnaires in a sealed envelop and an idea of study participant was respected.

5.9 Operational definition

Turnover intention;-is the perception of leaving the current organization or post.

Job satisfaction; - is a sense of inner fulfilment and pride achieved when performing a particular job.

Satisfied;-refers to responses 5(strongly agree) and 4(agree) were classified as satisfied.

Dissatisfied; - refers to responses 2(disagree) and 1(strongly disagree) were classified as dissatisfied.

Chapter Six; Result & discussion

Socio-demographic characteristics of health workers

A total of 315 questionnaire was distributed to the study subjects but 270 study subjects, 123 (45.6%) from Yirgalem hospital and 147(54.4%) from Hawassa referral hospital returned the questionnaire and the total response rate was 85.7 %(table 1)

The mean age of the respondents was 27.89 years (SD=6.14). About 213(78.9%) of the respondents were between the ages of 20-30 years and 18(6.7%) of the respondents were between the age of 42-50 years.

Concerning gender, the majority 152(56.3%) of the respondents were female, and 169 (62.6%) of the respondents from the study hospitals were single while 99(36.7%) were married.

Hundred fifty six (57.8%) of the respondents from the study hospitals were nurses by profession, and 34(12.6%) of the respondents were general practitioners, Only 16 (5.9%) of the respondents were specialist of different discipline, of the total, 3(2.4%) were from Yirgalem hospital and 13(8.8%) of the respondents were from Hawassa referral hospital.

Hundred sixty (59.3%) of the respondents' monthly salary ranges from 884 to 1500 ETB, Only 2(0.7%) of health workers' monthly salary is more than 4500 ETB.

Two hundred nine (78%) of the respondents have served in the health sector from 1-6 years from both study hospitals while only 1(0.4%) of the respondent has served in the health sector for more than 30 years (Table 1).

A total of 152(56.3%) of health workers' in study hospitals have financial and non-financial incentives like top-up pay, housing and position allowance, short term on-job training, and the opportunity to upgrade their qualification. Among the total, 50(40.7%) of health workers' were from Yirgalem and 102(69.4%) were from Hawassa referral hospital.

Only 89(32.9%) of health workers' i.e. 35(28.4%) from Yirgalem and 45(30.6%) from Hawassa were given monetary incentives.

Thirty four (12.6%) of health workers', 15(12.2%) from Yirgalem and 19(12.9%) from Hawassa have top-up pay with in a range of 75-500 ETB. Only 1(0.4%) of health worker from Yirgalem was paid top-up greater than 5000 ETB.

Only 34(21.1%) of health workers in Hawassa referral hospital were given housing allowance. Of these 21(14.3%) of health workers were paid 400ETB and 13(8.8%) of health workers were paid 500ETB (Table 2)

Table 1: Socio-demographic characteristics of health workers' in Yirgalem & Hawassa referral hospital, Southern Ethiopia, February 2011

Characteristics	Yirgalem (%)	Hawassa (%)	Total (%)
Age			
M(SD)	27.98(6.14)		
20-30 years	99(80.5)	114(77.6)	213(78.9)
31-41 years	15(12.2)	24(16.3)	39(14.4)
42-50 years	9(7.3)	9(6.1)	18(6.7)
Gender			
Male	52(42.3)	66(44.9)	118(43.7)
Female	71(57.7)	81(55.1)	152(56.3)
Marital status			
Married	46(37.4)	53(36.1)	99(36.7)
Single	75(61)	94(63.9)	169(62.6)
Divorced	1(0.8)	0(0)	1(0.4)
Widowed	1(0.8)	0(0)	1(0.4)
Qualification			
Specialists'	3(2.4)	13(8.8)	16(5.9)
General practitioners'	14(11.4)	20(13.6)	34(12.6)
Health Officers'	6(4.9)	0(0)	6(2.2)
Nurses'	70(56.9)	86(58.5)	156(57.8)
Lab. Technologist & technicians	12(9.8)	10(6.8)	22(8.1)
Pharmacist & druggists	13(10.6)	14(9.5)	27(10)
Others	5(4)	4(2.8)	9(3.4)

Table 1: Continued

Characteristics	Yirgalem	Hawassa	Total
	(%)	(%)	(%)
Monthly salary			
884-1500 ETB	81(65.9)	79(53.8)	160(59.3)
1501-3000 ETB	38(30.9)	34(23.1)	72(26.7)
3001-4500 ETB	2(1.6)	34(23.1)	36(13.3)
>4500 ETB	2(1.6)	0(0)	2(0.7)
Total year of service in health sector			
1-6 years	100(82.0)	109(74.7)	209(78.4)
7-12 years	10(8.2)	25(17.1)	35(12.7)
13-18 years	4(2.5)	11(6.8)	15(4.7)
19-24 years	7(5.7)	1(0.7)	8(3.2)
25-30 years	1(0.8)	1(0.7)	2(0.8)
>30 years	1(0.4)	0(0)	1(0.2)
Year of service in current health institution			
1-5 years	108(87.8)	132(91.0)	240(89.4)
6-10 years	7(5.7)	12(8.3)	19(7.0)
11-15 years	3(2.4)	3(0.7)	6(1.5)
16-20 years	5(4.1)	0(0)	5(2.1)

Table 2: Benefits of health workers' in Yirgalem & Hawassa referral hospital, Southern Ethiopia, February 2011

Type of benefits	Yirgalem	Hawassa	Total
	(%)	(%)	(%)
Having incentives			
Yes	50(40.7)	102(69.4)	152(56.3)
No	73(59.3)	45(30.6)	118(43.7)
Top-up pay	35(28.4)	54(36.7)	89(32.9)
Top-up pay & housing allowance	0(0)	34(23.1)	34(12.6)
Top-up pay, housing & position allowance	1(0.8)	8(5.4)	9(3.3)
Short-term on-job training	9(7.3)	4(2.7)	13(4.8)
The opportunity to upgrade their career	5(4.1)	2(1.4)	7(2.6)
Amount of top-up pay			
75-500ETB	15(12.2)	19(12.9)	34(12.6)
1000-2000ETB	17(13.8)	33(22.4)	50(18.5)
2400-5000ETB	3(2.4)	1(0.7)	4(1.5)
>5000ETB	1(0.9)	0(0)	1(0.4)
Amount of housing allowance pay			
400ETB	0(0)	21(14.3)	21(7.8)
500ETB	0(0)	13(8.8)	13(4.8)

Intention of health workers' to leave their job

The majority (83.7%) of the respondents have reported that they have intention to leave the hospital, of these 106(86.2%) and 120 (81.6%) of the health workers were from Yirgalem and Hawassa referral hospital respectively (Figure 1)

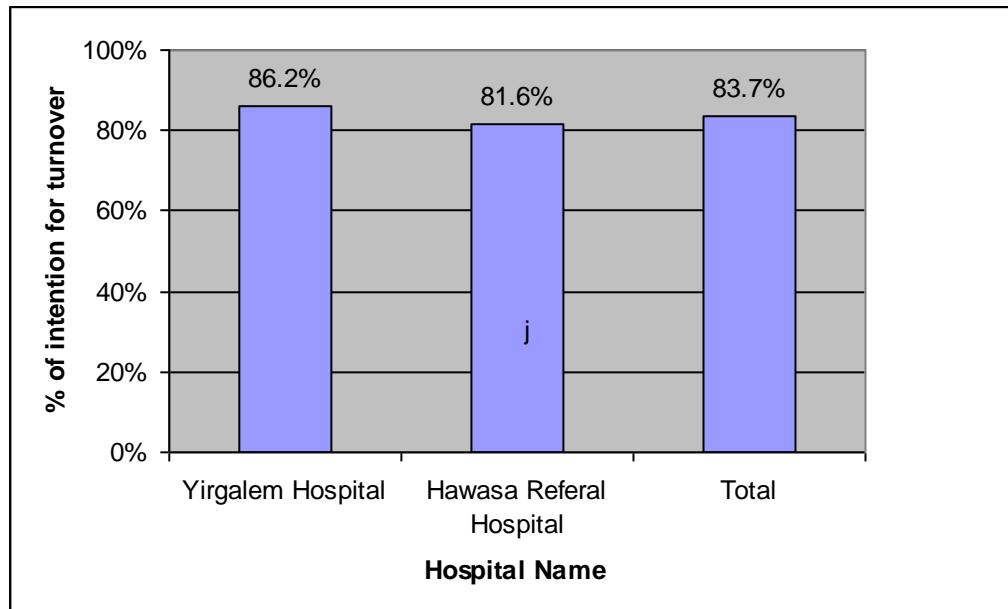


Figure: 1 Intentions of health workers' to leave their current job in Yirgalem & Hawassa referral hospital, Southern Ethiopia, February 2011

Preference of work place for health workers' after leaving their current job

One hundred fifty nine (58.9%) of health workers from the study hospitals prefer to work in NGOs, of these 82(66.7%) and 77(52.4%) of the respondent belongs to Yirgalem & Hawassa referral hospitals respectively, 48(17.8%) of health workers of whom 10(8.1%) from Yirgalem and 38(25.9%) from Hawasssa referral hospital prefer to work in private clinic after leaving their current job (Figure 2)

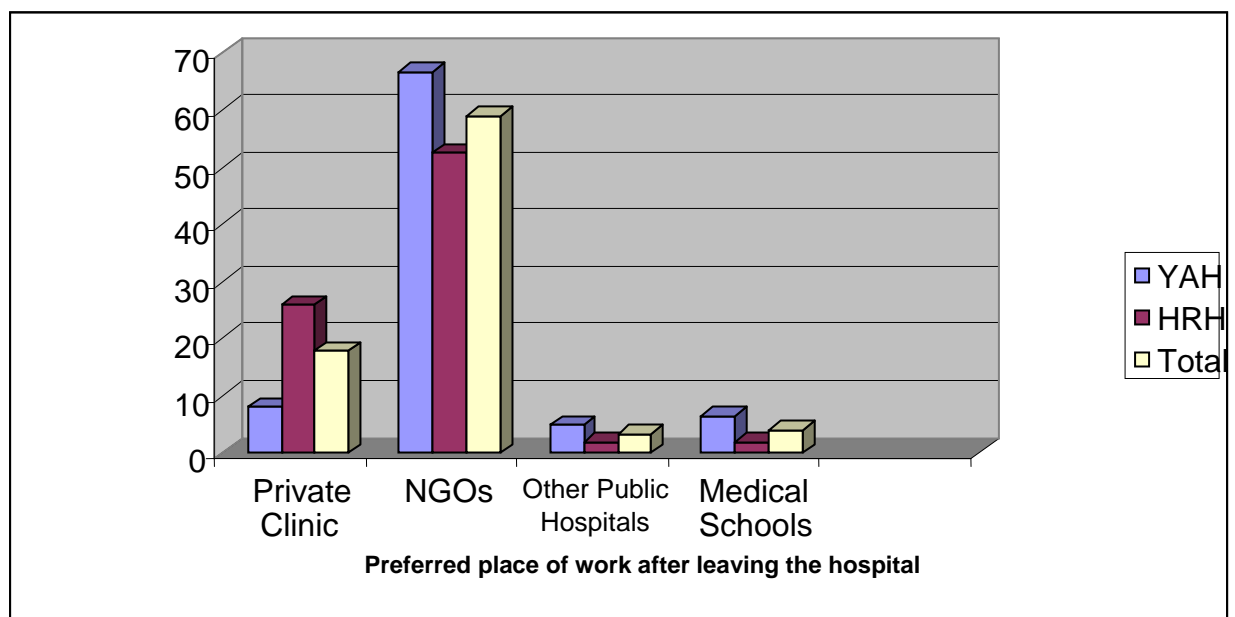


Figure 2: Work place preference by health workers after leaving their current job in Yirgalem & Hawassa referral hospital, Southern Ethiopia, February 2011

Factors that forces health workers' to leave their current job

About 82(30.4%) of health workers from the study hospitals have intention of leaving their job because of low government salary scale and seeking better job for better pay, 47(17.4%) of health workers from the study hospitals have reported that the cumulative effects of low government salary scale, seeking better job for better pay and. better incentives were another factors that discourages them to leave their current job And 40(14.8%) of health workers have intention to leave their job because they feel unsupported, on top of seeking better job for better pay as a result of low government salary scale (Figure 3)

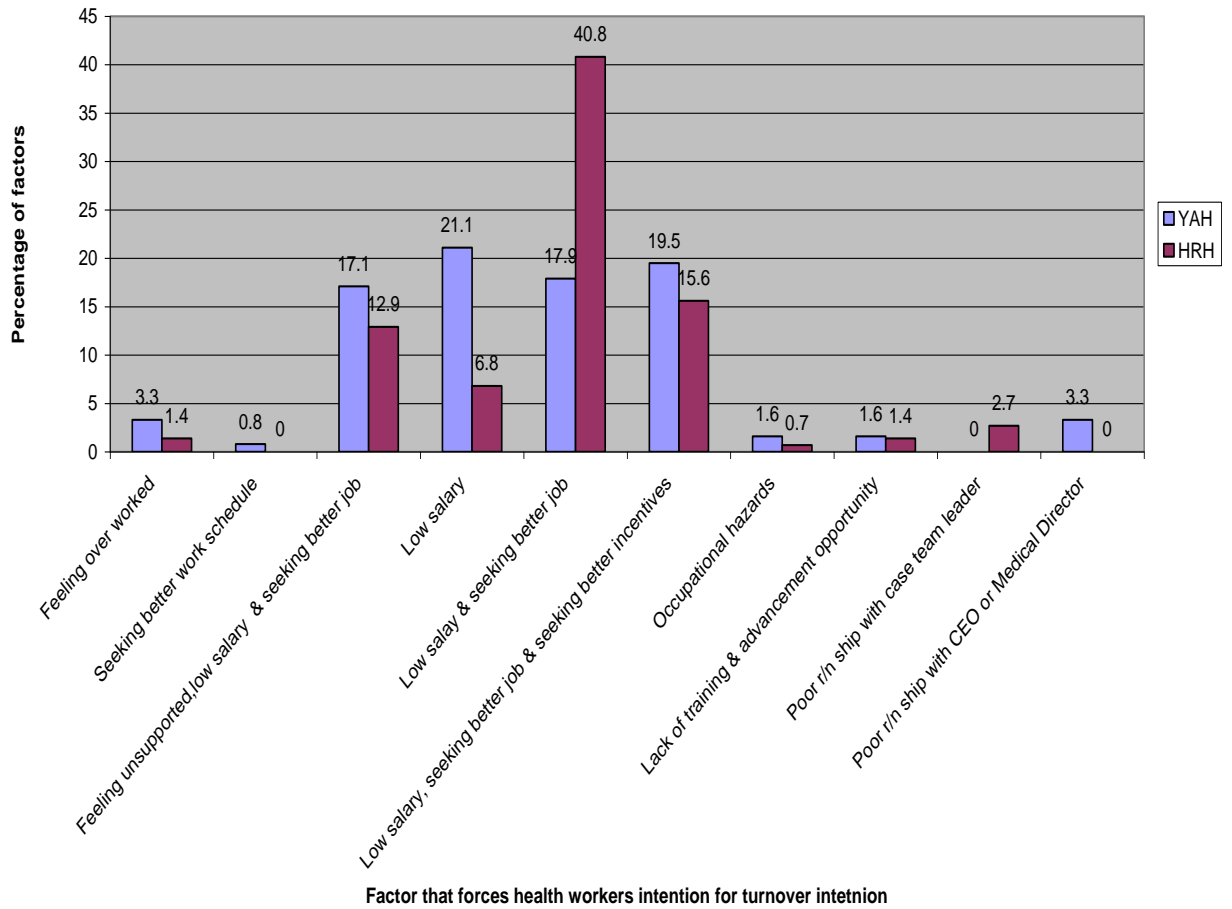


Figure 3: Factor that forces health workers' intention for turn over in Yirgalem & Hawassa referral hospital, Southern Ethiopia, February 2011

Agreement and disagreement of health workers' for motivator /intrinsic factors

Health workers who agree by personal promotion in the hospital based on good work performance and achievements are 53(43.1%) and 22(15.1%) in Yirgalem and Hawassa referral hospital respectively (Table 4). Those who disagree by recognition for major accomplishment in their job in Yirgalem and Hawassa referral hospital account 62(50.4%) and 37(25.2%) respectively

Concerning the organizational acknowledgement and giving value for the job of health workers, 66(53.6%) and 120(81.6%) of health workers' agree in Yirgalem and Hawassa referral hospital respectively (Table 3).

In intrinsic or motivating factors that determine the level of health workers' motivation, 105(38.9%) of health workers agree with their present job which provide them with a good opportunities and assuming higher responsibilities, among agreed health workers, 65(52.8%) of health workers' were from Yirgalem hospital and 40(27.2%) were from Hawassa referral hospital. but 58(47.2%) and 107(72.8%) of health workers' were agree by their present job in Yirgalem and Hawassa referral hospitals respectively. Those who agree by development of professional career in Yirgalem and Hawassa referral hospital were 55(44.7%) and 30(20.4%) respectively; and those who disagree by the development of their professional career were 68(55.3%) and 117(79.6%) in Yirgalem and Hawassa referral hospital respectively. Health workers who agree by getting clear feedback from their supervisor about how well they are performing their job were 38(30.9%) and 24(16.3%) in Yirgalem and Hawassa referral hospital respectively but 85(69.1%) of health workers' from Yirgalem hospital and 123(83.7%) in Hawassa referral hospital were agree by feedback given from their supervisor.

Health workers who agree by the approach of their supervisor were 49(39.8%) in Yirgalem and 43(29.3%) in Hawassa referral hospitals but 74(60.2%) and 104(70.7%) of health workers were agree in Yirgalem and Hawassa referral hospital respectively, and those who agree by coaching and training in Yirgalem and Hawassa referral were 52(42.3%) and 38(25.9%) respectively; but 71(57.7%) and 109(74.1%) of health workers were disagree in Yirgalem and Hawassa referral hospital (Table 3)

Table 3: Agreement & disagreement of health workers' for intrinsic factors in Yirgalem & Hawassa referral hospital,

Southern Ethiopia, February 2011

Intrinsic factors	Yirgalem Agree (%)	Yirgalem Disagree (%)	Hawassa Agree (%)	Hawassa Disagree (%)
Personal promotion.	53(43.1)	70(56.9)	22(15.1)	125(84.9)
Recognition for major accomplishments.	62(50.2)	61(49.8)	37(25.2)	110(74.8)
Organizational acknowledgment.	57(46.3)	66(53.7)	27(18.4)	120(81.6)
Opportunity for promotion & responsibilities.	65(52.8)	58(47.2)	40(27.2)	107(72.8)
Professional growth & development.	55(44.7)	68(55.3)	30(20.4)	117(79.6)
Opportunity for career development	44(35.8)	79(64.2)	21(16.3)	123(85.7)
Clear feed back from immediate supervisor	38(30.9)	85(69.1)	24(16.3)	123(83.7)
Health workers input to solve problems along with supervisor	49(39.8)	74(60.2)	43(29.3)	104(70.7)
Essential coaching & training.	52(42.3)	71(57.7)	38(25.9)	109(74.1)
Total	475	632	282	1038

Agreement & disagreement of health workers' for hygiene

/extrinsic factors

Nineteen(15.4%) of health workers' in Yirgalem hospital and 9(6.1%) in Hawassa referral hospital were agree by their present monthly salary, Those who agree by hospital policy related to salary and allowance were 37(30.1%) in Yirgalem and 13(8.8%) in Hawassa referral hospital. Those health workers' who agree by their stay in the hospital were 45(36.6%) in Yirgalem hospital and 30(20.4%) in Hawassa referral hospital.

Those who agree by the capability of hospital administration were 46(37.4%) in Yirgalem and 21(14.3%) in Hawassa referral hospital. Those health workers' who agree by good working relation ship with their immediate supervisor were 68(55.3%) in Yirgalem and 58(39.5%) in Hawassa referral hospital.

Those who agree by having a sense of friend ship and team work were 81(65.9%) in Yirgalem and 64(43.5%) in Hawassa referral hospital, Those who agree by coordination and integration among various administrative departments were 63(51.2%) in Yirgalem and 28(19%) in Hawassa referral hospital, Health workers' who agree by the cleanliness of the facilities in the hospital were 60(48.8%) and 90(65.3%) in Yirgalem and Hawassa referral hospital respectively and 50(40.7%) of health workers in' Yirgalem hospital and 89(60.5%) in Hawassa referral hospital were agree by safety of office or area of work condition. (Table 4)

Table 4: Agreement & disagreement of health workers' for extrinsic factors in Yirgalem & Hawassa referral hospital, Southern Ethiopia, February 2011

Extrinsic factors	Yirgalem Agree (%)	Yirgalem Disagree (%)	Hawassa Agree (%)	Hawassa Disagree (%)
Sufficient salary with health workers productivity & achievement.	19(15.4)	104(84.6)	9 (6.1)	138(93.9)
Hospital has policy related to salary & allowance.	37(30.1)	86(69.9)	13(8.8)	134(91.2)
Health workers stay in the hospital is beneficial	45(36.6)	78(63.4)	30(20.4)	117(79.6)
Capable hospital administrator.	46(37.4)	77(62.6)	21(14.3)	126(85.7)
Good working r/n ship with immediate supervisor.	68(55.3)	55(44.7)	58(39.5)	89(60.5)
Sense of friendship & team work.	81(65.9)	41(34.1)	64(43.5)	84(56.5)
Coordination & integration among the various admin. dep't.	63(51.2)	60(48.8)	64(43.5)	119(56.5)
The facilities in the hospital are clean.	60(48.8)	63(51.2)	96(65.3)	51(34.7)
The office/area of work condition is comfortable & safe	50(40.7)	73(59.3)	89(60.5)	58(39.5)
Total	469	637	444	916

Socio-demographic characteristics and intention of health workers' to leave their current job

A total of 226(83.7%) of health workers have the intention to leave the hospital and 44(16.3%) do not have intention to leave, of those who don't have intention to leave 125(46.3%) of health workers' were female. Pertaining to the age classification and professional category, those who are in the age range of 20-30 years and those who are nurses think about leaving the hospital and 132(48.9%) of health workers whose monthly salary ranges from 884-1500 ETB have intention to leave their current job.

There was no statistically significant difference between health workers' intention for turnover and socio-demographic variables under multivariate logistic regression ($P>0.05$); however (Table 5).

Table 5: Participants characteristics of intention to leave their job in Yirgalem & Hawassa referral hospital, Southern Ethiopia, February 2011

Variables	Intention to leave (%)	COR (95%CI)	AOR (95%CI)
Hospital name			
YAH	106(86.2)		
HRH	120(81.6)	0.7(0.36,1.38)	0.21(0.03,1.33)
Gender			
Male	101(37.4)		
Female	125(46.3)	0.78(0.40,1.50)	3.42(0.65, 7.98)
Age			
20-30 years	183(67.8)		
31-40 years	28(10.4)	0.8(0.2,3.0)	0.9(0.13, 8.92)
41-550 years	15(55.6)	1.9(0.5, 8.1)	1.7(0.33, 11.0)
Qualification			
Specialist	13(4.8)		
Physician	30(11.1)	0.60(0.11,2.91)	2.6(0.23, 28.9)
HOs	5(1.9)	0.90(0.7,10.42)	0.23(0.03, 17.4)
Nurse	129(47.8)	0.90(0.24,3.44)	0.6(0.14, 28.2)
Lab.tech.	17(6.3)	1.31(0.26,6.32)	1.0(0.02, 47.7)
Pharmacist	24(8.9)	0.53(0.92,3.11)	0.43(0.01, 22.9)
Others	8(3)	0.50(0.53,6.14)	0.41(0.01, 27.7)

Table 5: Continued

Variables	Intention to leave (%)	COR (95%CI)	AOR (95%CI)
Monthly salary			
884-1500 ETB	132(48.9)		
1501-3000 ETB	62(23)	0.70(0.345, 1.60)	0.78(0.3, 1.95)
3001-4500 ETB	32(12.8)	0.59(0.19,1.8)	0.27(0.02, 3.37)
>4500 ETB	0(0)		
Having incentives			
Yes	77(28.5)		
No	12(4.4)	0.72(0.35, 1.49)	0.47(0.84, 1.20)

Health workers' who agree by personal promotion in the hospital are 53.2 % less likely to leave the hospital than those who disagree by personal promotion and those who agree by recognition for their major accomplishments are 67% less likely to leave the hospital than those who disagree by recognition for their major accomplishments.

Health workers' who agree on the hospital acknowledgement and value given by the hospital are 46.9% less likely to leave the hospital than those who disagree by hospital acknowledgement.

Pertaining to the opportunity for their promotion and assuming higher responsibilities, those who agree are 76.8% less likely to leave the hospital than those who disagree by the opportunity for their promotion and assuming higher responsibilities and those health workers' who agree by development of their professional growth are 65.5% less likely to leave the hospital than those who disagree by development of professional growth.

The opinion of health workers approached by their supervisor when he faced challenge or problem is maintained statistically significant association and those who agree by the approach of the supervisor demanding the health workers' input when he faced challenge or problem are 61.5% less likely to leave the hospital than those who disagree by the approach of their supervisor (P-value <0.05) (Table 6)

Table 6: Intrinsic variables in relation to health workers' agreement and disagreement in Yirgalem & Hawassa referral hospital, Southern Ethiopia, February 2011

Intrinsic factors	COR (95%CI)	AOR (95%CI)
Personal promotion.		
Agree	0.468(0.238,0.921)	2.013(0.736,5.511)
Disagree		
Recognized for major accomplishment		
Agree	0.330(0.170,0.641)	0.851(0.329,2.199)
Disagree		
Hospital acknowledgment		
Agree	0.531(0.274,0.030)	0.614(0.218. 1.63)
Disagree		
Opportunity for promotion & responsibilities		
Agree	0.232(0.116,0.463)	0.449(0.168,1.195)
Disagree		

Table 6: Continued

Intrinsic factors	COR (95%CI)	AOR (95%CI)
Professional growth & development		
Agree	0.345(0.178,0.668)	0.759(0.319,1.806)
Disagree		
Opportunities for career growth.		
Agree	0.379(0.192,0.750)	0.935(0.356,2.456)
Disagree		
Clear feed back from supervisor		
Agree	0.243(0.123,0.480)	0.549(0.222,1.356)
Disagree		
Health workers input to solve problem along with supervisor		
Agree	0.200(0.100,0.398)	0.389(0.160,0.948)*
Disagree		
Essential coaching & training.		
Agree	0.385(0.199,0.742)	0.812(0.349,1.889)
Disagree		

*p-value < 0.05

Health workers who agree by their present monthly salary compared with their productivity and achievement are 79.7% less likely to leave the hospital than those who are disagree by their present monthly salary and those who agree by hospital policy related to salary and allowance are 76.2% less likely to leave the hospital than those who are dissatisfied by hospital policy.

Those who agree by their stay in the hospital are 83% less likely to leave the hospital than those who disagree by their stay in the hospital.

Concerning the capability of hospital administration, those who agree are 68.5% less likely to leave the hospital than those who disagree by the capability of hospital administration.

Health workers' who agree by working relation ship with their immediate supervisor are 65.5% less likely to leave the hospital than those who disagree by working relation ship with their immediate supervisor.

The opinion of health workers about their present monthly salary compared with their productivity and achievement and the stay of health workers' in the hospital are maintained statistically significant association and those who agree by their present monthly salary are 69.4% less likely to leave the hospital than those who disagree (p-value <0.05) (Table7)

Table 7: Extrinsic variables in relation to health workers' agreement and disagreement in Yirgalem & Hawassa referral hospital, Southern Ethiopia, February 2011

Extrinsic factors	COR (95%CI)	AOR (95%CI)
Sufficient salary for health workers productivity & achievement.	0.203(0.088,0.469)	0.306(0.111,0.840)*
Agree		
Disagree		
Hospital has policy related to salary & allowance	0.238(0.117,0.484)	0.688(0.249,1.904)
Agree		
Disagree		
Health workers stay in the hospital is beneficial.	0.170(0.086,0.337)	0.238(0.101,0.559)*
Agree		
Disagree		
Capable hospital administrator	0.315(0.160,0.619)	0.988(0.386,2.529)
Agree		
Disagree		
Good working r/n ship with my immediate supervisor.	0.345(0.173,0.685)	1.096(0.399,3.011)
Agree		
Disagree		
Sense of friend ship & team work	0.286(0.135,0.607)	0.344(0.113,1.044)
Agree		
Disagree		

P-value <0.05

Table 7: Continued

Extrinsic factors	COR (95%CI)	AOR (95%CI)
Coordination & integration among various admin. dep't		
Agree	0.491(0.255,0.946)	1.933(0.767,4.873)
Disagree		
The facilities in the hospital are clean		
Agree	0.746(0.383,1.456)	0.421(0.157, 1.184)
Disagree		
The office/work conditions are comfortable & safe.		
Agree	0.619(0.320,1.197)	0.583(0.142, 1.804)
Disagree		

6.1 Discussion

Health professionals in Yirgalem hospital are better satisfied compared to those in Hawassa referral hospital, however; there is no difference in intention to leave.

And access to the considerable number of private health facilities in Hawassa push most of the health professionals in Hawassa referral hospital initiate them to leave but can't lead to dissatisfaction.

By 1993 73% of general practitioners were estimated to be working in private health sector in South Africa(18) and a study conducted in Malawi showed that, 10.5% of the respondents prefer to work in private health sector because of less mandatory overtime work and 11.2% prefer private health sector for better work schedule available there(19) but this study showed that 8.1% of health workers in Yirgalem hospital and 25.9% of health workers in Hawassa referral hospital prefer to work in private health sector and the study findings in Yirgalem hospital is comparable with the study conducted in Malawi and work place preference of health workers in Hawassa referral hospital was two times higher when compared with the study conducted in Malawi, the possible explanation for the difference was increased demand for high calibre trained health professionals in the private health sector.

Forty (14.8%) of health workers in the study hospital have the intention to leave their current job because they feel unsupported, low pay and seeking better job for better pay, and this finding is much more higher than the study conducted in Medicine Sans Frontiers survey which confirms results indicating that sufficient remuneration is one of the major reason for job satisfaction, and 28 out of 65 nurses in Lesetho who reported to the survey, 47(72%) of the respondents said they were considering leaving the post and 77% of the said the main factor was the need for more money(43). This might be explained by the difference in socio-economic status.

Intention of health workers to leave their current job because of the absence of personal promotion is 76%, opportunities for promotion and higher responsibilities is 71%, and development of professional and career growth is 72.9% and this study showed that health workers having intention to leave their current job were much more higher than the study finding conducted in Malawi and Lesetho by Elish McAuliffe (19) which are 35.4% of the respondents think of leaving their current job because of better advancement opportunities.

The possible explanation for the difference was preference of training opportunities and career structure by health professionals.

One study (42) concluded that 25% of the respondents suggest that a mix of financial and non-financial remunerations is most important to strengthen the motivation of staff. In particular, the importance of recognition, and clear feedback after supportive supervision can result in health workers job satisfaction and this study is consistent with the study conducted by McAuliffe(19) and 23% of health workers who reported the absence of recognition for their major accomplishment, supportive supervision and poor management are more likely to report job dissatisfaction have thought about leaving their job or are actively seeking other employment. The difference might be explained by the difference in providing incentives about individual performance.

A study conducted in Lesetho about factors affecting retention of health workers, 91% of health workers felt that supervisory visits were important for motivation but in this study, 73.7% of health workers who were satisfied by recognition for their major accomplishment and 66.1% of health workers who were satisfied by getting clear feedback after supervisory visit have the intention to leave the hospital. This could be attributed to difference in the relationship of health workers with the leadership.

In this study 57.1% of health workers who have been satisfied by their present monthly salary have the intention to leave the hospital. This may be due to insufficient non-financial remuneration and 30.4% of the respondents from the study hospitals are think about leaving their job because of low government salary scale and seeking better job for better pay, but the opinion of health workers' present monthly salary compared with their productivity and achievement and the stay of health workers in the hospital was a significant predictor of intention to leave and those who were satisfied by their present monthly salary is 69.4% less likely to leave the hospital than those who dissatisfied. (P-value < 0.05) and those who were satisfied by their stay in the hospital is 76.2% less likely to leave the hospital than those who were dissatisfied.(P-value<0.05)

Major challenges in motivating and retaining health workers

Among 270 health workers from the study hospitals, 78(28.9%) of health workers from Yirgalem and 101(37.4%) from Hawassa have responded to the qualitative questions, However; they have identified major challenges negatively influencing health workers' motivation and retention. Accordingly, the major challenges faced by hospitals in motivating and retaining health workers were,

- Lack of awareness of health workers about selection criteria for staff development based on the criteria identified in the directive.
- Failure to provide fair opportunities for professional career development.
- Financial and non-financial remuneration is not uniform for all health workers.
- Failure to recognize and appraise best performers.

Strength and limitation of the study

Strength

1. The study used the entire health workers in Yirgalem and Hawassa referral hospital.
2. The study utilized a valid and standardized employee satisfaction survey tools.
3. It dealt with important component of intrinsic and extrinsic factors to assess health workers intention for turnover.

Limitation

Health workers intention for turnover is universal and inevitable at each level of health facilities, so this study was conducted into two hospitals only. Due to budget constraint, the study may not be generalized for whole public hospitals in SNNPR.

Chapter Seven: Conclusion and recommendation

7.1 Conclusion

Implementation of retention mechanism has generally improved and reduces health workers' intention for turnover, Financial and non-financial remuneration is important factors that improve retention. However; retention mechanism of health workers' has been assessed by taking Yirgalem & Hawassa referral hospital and it should be to be further explored. The conclusions drawn from the study is as follows.

- Financial remuneration may be important determinant of health workers motivation but they alone can't resolved all health workers motivation problem, Moreover, Human resource management strategies is a system of health facilities that incorporate activities that retain and motivate health workers by providing opportunities for professional career development and personal promotion as a means to create incentives for health workers to build capacity to perform but staff development strategy in Hawassa referral hospital is not uniform for physicians and mid level health professionals.
- Health workers performance based evaluation in Yirgalem & Hawassa referral hospital has no closer link between performance and reward through performance appraisal and performance related pay.
- There is no recognition for health workers' performance in both study hospitals, and generating commitment among all health workers is not practiced. Thus it can be concluded that health sector reform strategy is not properly implemented.

7.2 Recommendation

Based on the conclusions drawn above, the following recommendation is forwarded for implementation.

- Health workers' pay level and financial remuneration are not reasonable in public health sector to meet minimum livelihood of individuals and house hold. Regional Health Bureau of Southern Ethiopia and governing board of Yirgalem hospital should restructure financial incentive and should support the hospital to establish private wing in order to generate income both to motivate health workers' & to improve service delivery of the hospital.
- The regional health bureau of Southern Ethiopia and Ministry of Education as well as Hawassa referral hospital management team should supervise and support on those hospitals lagging behind and ensure the overall improvement.
- Ministry of Education and Hawassa University management team should influence health workers behaviour in Hawassa by assessing already implemented health sector reform and assist policy makers seeking to evaluate how proposed reforms might affect health workers motivation.
- Regional Health Bureau of Southern Ethiopia should aware hospital administrator of Yirgalem hospital to work on staff development. In addition, selection criteria based on the criteria identified in the directive should be refined in such a way that orientation should be given to all health professionals at all levels. In Hawassa referral hospital the proportion of staff development should become uniform for physicians and mid level health professionals.

- Hospital leadership and human resource department of Yirgalem and Hawassa referral hospital should create a closer link between performance based evaluation scheme and reward through performance appraisal and performance-related pay.
- The leadership of Yirgalem and Hawassa referral hospital have to establish scheduled mechanism to recognize best performers to gain health workers commitment and willingness to exert effort in order to implement reform activities.
- Finally, this study is done at two public hospital levels. But the new hospital reform is implemented at hospital and health centers. Therefore, it is very important to strengthen this study by assessing the situation of health workers intention for turnover in other public hospitals and health centers.

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Jimma University

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Department of Health Services Management

Questionnaire for data collection on assessment of health workers turn over intention and determining factors in Yirgalem and Hawassa referral hospitals, Southern Ethiopia 2010.

Instruction

Jimma University College of Public Health and Medical Sciences, Department of Health Planning and Health Services Management is conducting this study on health workers turn over intention and determinant factors in Yirgalem and Hawassa Hospitals

This survey is aimed at better understanding of the belief attitudes, and work conditions that contribute to health workforce turn over and job satisfaction. By gathering much information from many employees, we hope to learn what factors are most important for health workers turn over.

This questionnaire contains a series of questions that take about 15 minutes to complete. Please answer every question in the booklet. Instructions for how to respond to the different part of the questionnaire are provided at the top of each section. Please note that there is no right or wrong answers, just what you think and how you perceive your work situation.

All the information that you provide will be kept confidential; your participation is voluntarily and you are not obliged to respond to any questions you don't want to respond. If you are not still comfortable with the study, please feel free to not participate.

Please after you have completed answering all the questions check once that all questions are answered and finally, put the questionnaire in the envelop, seal it and give it to the data collection facilitator.

Thank you so much for your time!

Part I. Socio-demographic characteristics of health workers

Please circle your best choices or fill in the blank spaces

101. Name of the Hospital _____

- 102.** Your sex. **1.** Male
 2. Female

103. Your age in year _____

- 104.** Marital status.
- 1.** Married
 - 2.** Single
 - 3.** Divorced
 - 4.** Widowed
 - 5.** Other (specify) _____

105. Your qualification and speciality _____

106. Your present monthly salary _____

107. Total year of service in health sector _____

108. Year of service in the current health institution _____

109. Do you have any incentives?

- 1.** Yes
- 2.** No

1010. If your answer is yes for question ” **109** ”, please circle all that apply.

- 1.** Top-up pay.
- 2.** Housing allowance.
- 3.** Position allowance.
- 4.** Other (specify).

1011. If your answer is yes for question ” **1010** ” # 1, How many Ethiopian birr do you get as top-up pay? _____

1011. If your answer is yes for question ” **1010** ” # 2, How many Ethiopian birr do you get as housing allowance? _____

1011. If your answer is yes for question ” **1010** ” # 3, How many Ethiopian birr do you get as position allowance? _____

Part II. To what extent do you agree or disagree with the following items of motivator/intrinsic factors, please circle the number of your choice.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
201. The personal promotion in the hospital is based on the good work performance and achievements.	1	2	3	4	5
202. I have been recognized for my major accomplishments on my job.	1	2	3	4	5
203. The hospital acknowledges and values my work.	1	2	3	4	5
204. My present job gives me a good opportunity for promotion and assuming higher responsibilities	1	2	3	4	5
205. The hospital helps me to develop my professional growth.	1	2	3	4	5
206. The hospital works (as much as possible) to provide me with opportunities for career growth.	1	2	3	4	5
207. I get clear feed back from my supervisor about how well I am performing my job.	1	2	3	4	5
208. My supervisor seeks my input when faced with a challenge or problem.	1	2	3	4	5
209. The hospital provides me with the essential coaching and training to do my job.	1	2	3	4	5

Part III. To what extent do you agree or disagree with the following items of hygiene/extrinsic factors, please circle the number of your choice.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	1	2	3	4	5
301. My salary is sufficient compared with my productivity & achievement.	1	2	3	4	5
302. I feel the hospital has a clear policy related to salaries and allowances.	1	2	3	4	5
303. My stay in this hospital will be beneficial to me.	1	2	3	4	5
304. There is a capable administration in the hospital.	1	2	3	4	5
305. I have good working relation ship with my immediate supervisor.	1	2	3	4	5
306. I have a sense of friend ship and team work.	1	2	3	4	5
307. There is coordination and integration among the various administrative departments.	1	2	3	4	5
308. The facilities in the hospital are clean.	1	2	3	4	5
309. The office/area of work conditions is comfortable and safe.	1	2	3	4	5

Part IV. Intention for turnover and associated factors

401. Do you often think about leaving this hospital? **/Please circle your choice/**

- 1. Yes
- 2. No

402. If your answer is " YES "for the above question, where do you prefer to work? **/Circle your choice/**

- 1. Private clinic.
- 2. NGOs.
- 3. Other public hospitals.
- 4. Medical School

403. If you are considering leaving this hospital, which of the following reasons discourages you to leave? **/Circle all that apply/**

- 1. I feel over worked
- 2. Better work schedules available elsewhere
- 3. I feel unsupported and better managerial support available elsewhere.
- 4. Low government salary scale.
- 5. Seeking better job for better pay.
- 6. Better incentive available elsewhere.
- 7. Concerned with occupational exposure or injury
- 8. Better training & advancement opportunities available elsewhere.
- 9. Poor relation ship with my case team leader
- 10. Poor relation ship with CEO/Medical Director/Managing Director/Chief Clinical Director.

404. What do you generally comment your hospital to motivate and retain health workers and achieve its objectives too?

