THE EFFECT OF WORK FACTORS ON AFFECTIVE COMMITMENT OF GOVERNEMENT HEALTH CARE PROVIDERS IN EASTERN SHOA AND ADAMA SPECIAL ZONE, OROMIA REGION

By

Girma Tenkolu (BSC/PH)

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Girma Tenkolu (BSC/PH)

ADVISORS

Yohnnes H/Michael (BSc, DVLDP, MPH)

Mirkuzie Woldie (MD, MPH)

ABSTRACT

Introduction:- Now a days, there is a shortage of four million health workers globally. The situation is especially acute in Africa, which bears 24% of the world's burden of disease yet has only 3% of the global health workforce. Ethiopia is one of 57 countries in the world with a critical shortage of health workers. .

Objective:- To assess the effects of work factors on affective commitment of government health care providers in eastern shoa and Adama special zone, Oromia region ,2010 .

Methods;- A facility based cross-sectional study with a multi stage stratified SRS technique was employed . Self administered structured questionnaire and interview guide were used to collect data & SPSS was a statistical soft ware to analyze the data. Principal component analysis was with Varimax rotation were used. Subsequently, factor score was calculated and correlations, and a stepwise multiple linear regression analysis was performed.

Results: There was a strong positive correlation between affective commitment_1 and intrinsic factors of work_1 ($r=0.60$, $p<0.01$), extrinsic factors factor of work _1 ($r=.61$, $p<0.01$) Being working in hospital decrease their affective commitment by $B= -1.165$, $p<0.000$ as compared to those working in health post. Similarly, those health workers who were general practionners ($B= 0.305$, $p<0.000$), health extension ($B= 0.437$, $p<0.000$) and other type of health professionals ($B=0.697$, $p<0.002$) were committed as compared to all type of nurses. As there are a decrease in workers dissatisfaction level with extrinsic factors of work_1, extrinsic factors of work_2, leads to an increase in health workers commitment level by ($B= .202$, $p<0.000$,) and ($B= .231$, $p<0.000$) respectively.

Conclusions: Except age marital status, educational level, service year and monthly income of health works that had a negative effect on health workers affective commitment_1 the rest factors do have a positive effect on workers commitments. Moreover, being working in hospital, being general practionners, health extension and other type of health profusions, earning a monthly income of 885-1636 birr, intrinsic factors of work_1, extrinsic factors of work_1 & extrinsic factors of work_ become strong predictors of health workers affective commitment_1.

Recommendations: Policy makers in the ministry of health should revise their policy to bring some improvement on the extrinsic factors of work, such as, salary, fringe benefits, and the incentives system, of health care organizations

Keywords:- Health workers affective commitment, Job satisfaction, work factors

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ACRONYMS

ACs	Affective commitments
CEO	Chief Executive Officer
DHB	District Health Bureau
ENFs	Extrinsic factors of work
EQFs	Equity factors of work
ESZ	East Shwoa Zone
FMOH	Federal Ministry of health
GHI	Government health institution
H.POST	Health post
H.Center	Health center
HIS	Health institutions
HEWs	Health Extensions workers
HO	Health Officer
HRM	Human resource Management
HRH	Human Resource for Health
HSDP	Health service development program
INFs	Intrinsic factors of work
MDG	Millennium Development Goals
OC	Organizational commitment
PCAs	Principal component analysis
PHCU	Primary Health care Unit
SRS	Simple Random Sampling
WFs	Work factors

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1. INTRODUCTION

1.1. Background

Organizational commitment (OC) is an important psychological construct that has been studied for more than four decades. Meyer and Herscovitch (2002), defined commitment as the incentive that sustains a line of behavior towards one or more objectives. It has been also theorized that, commitment is a multidimensional construct with various antecedents, correlates, and consequences across various dimensions (Meyer, J.P. & Herscovitch, L. 2001).

Organizations are social systems where human resources are the most important factors for effectiveness and efficiency. Organizations cannot succeed without their employees 'efforts and commitment (Lok P, Crawford J (2003). Commitment acts as a moderator between employee's and organization in organizational change (Yousef, D. A. 2000) . Committed employees who feel organizational ownership produce quality products and services with customer satisfaction internally and externally (Johnson, R. S. 1993) . Since commitment engages emotional energy and attention to them (Ulrich, D. 1998) .

Organizational commitment has three main facets: affective, continuance, and normative, each with its own underlying "psychological states" (Meyer & Allen, 1997). Affective commitment refers to the emotional bond and the identification the employee has with the organization. For the employees, the positives include enhanced feelings of devotion, belongingness, and stability (Meyer, Allen & Smith, 1993).

Thus, this study aims at assessing the effect of work factors on affective commitment of government health care provider in eastern shwoa and Adama special zone.

1.2. Statement of the problem

Though workforce is crucial for the organization high productivity and performance, there is a shortage of four million health workers globally. The situation is especially acute in Africa, which bears 24% of the world's burden of disease yet has only 3% of the global health workforce. Of the 57 countries that fall below the threshold density of 2.5 health workers per 1,000 people, 36 are in Africa (WHO, 2006).

For this reason, it is widely acknowledged that Africa's health workforce is insufficient and will be a major constraint in attaining the MDGs (Awases M, et al.2003). The World health report (WHO, 2006), has shown that, in general, countries with fewer than 2.3 doctors, nurses and midwives per 1000 people fail to achieve an 80% coverage rate of measles immunization, or the presence of skilled birth attendants during childbirth. This has a major impact on infant and maternal mortality.

Even if the HRH situation varies by country, a range of factors including worsening socioeconomic conditions in much of sub-Saharan Africa, increasing mobility and migration of health workers and the absence of strategies to train and retain adequate supplies of appropriate health workers, contributes to the resource drain (Ogenna Manafa et al .2009).

In addition to brain drain, there is also turnover of staff which contributing for the shortage of health staff in Sub-Saharan Africa. Among the numerous antecedents to turnover have been examined, employee satisfaction and commitment often emerge as the best predictors (Griffeth, R.W., Hom, P.W. and Gaertner, S. 2000, Jaros, S.J. 1997). This is appropriate as human capital may be the most critical strategic component (Roepke, R. 2000) and the most direct route to enhance organizational effectiveness (Stewart, T.A. 1997). Moreover, employee commitment could possibly be the only sustainable competitive advantage for many organizations (Wooldridge, A. 2000).

As far as the Ethiopian situation is concerned, although one of the HSDP policy objectives was the development of human resources, the increase in the number of health professionals registered in 2004/2005 as compared to 1996/1997 is still low to assure an effective and equitable provision of health care throughout the country. In 2004/2005 there were 46,000

health workers in Ethiopia (against 37,000 in 1996/1997), yet, with a population of about 70 million people (Danila Serra, Pieter Serneels and Magnus Lindelow, 2008). This implies, shortage of staff in Ethiopia has always been critical. Health worker/population ratios, for example are 3 to 4 times lower than even East African standards (Lindelow et a l, 2005).

According to the FMoH, (2006/07) statistics , the total number of available human resources for health and availability during 2nd year of HSDP III and its ratio indicate as flow: total number of all physicians was 1,806 the ratio to population is 1:42,706, total number of specialists are 974 with the ratio to population is 1:79.055, General practitioner total of 832 with the ratio to population is 1:92,548, health officer total of 792 with the ratio to population is 1:97, 222, Nurses BSC and diploma total of 18,146 with the ratio to population is 1:4;250, midwife senior a total of 1,023 with the ratio to population is 1:76,086, pharmacists a total of 178 with the ratio to population is 1:432,584 ,pharmacist technology a total of 1,023 with the ratio to population is 1;75,286, environmental health a total of 1,109 with the ratio to population is 1:69,546, lab technicians and technologists a total of 1,816 with the ratio to population is 1;42,400 and HEW a total of 24,571 with the ratio to population is 1:3,134. When this number is compared with HSDPII (2002/03-04/05), it indicates the presence of a great gap in number of health professionals.

In addition to the limited availability of qualified and well trained health workers, there are at least three other challenges regarding human resources for health in Ethiopia; they are: (i) the potentially low satisfaction and motivation of health workers, (ii) the geographical imbalances in the distribution of health workers; and (iii) the high likelihood for health workers' to migrate abroad (Danila Serra, Pieter Serneels and Magnus Lindelow, 2008).

Therefore, this study focuses on health workers, a key workforce for any countries growth and development which is designed to answer the basic questions related to the above issues and contributing a lot on the alleviation of the above problems in the country particularly in the study area related to health workers.

2. LITERATURE REVIEW

2.1. Literatures and theories

Hang and Finsterbusch (1987) as quoted in Ukaegbu, stated that building and sustaining effective and productive organizations is a prerequisite for achieving economic, social and political development. Attracting employees to an organization, retention of committed employees to their organization, and job satisfaction are outcomes of good human resource management. Employees join, and continue to work, for an organization as long as their needs are reasonably satisfied. Poor working condition results in abandonment of organizations by employees (Christian, Ukaegbu 2000, p. 298).

In this part, literatures regarding motivation theories, equity theories and commitment be seen. Since the theoretical basis for this paper is the theories of Hertzberg, more emphasis will be given for a broad discussion of this motivational theory. Similarly, organizational commitment will broadly be reviewed.

2.1.1. Review of Motivation Concepts

2.1.1.1 Frederick Hertzberg - Hygiene Theory

Hertzberg's two factor theories was based on interview research that he carried out on about two hundred accountants and engineers in 1959. The objective of the interview was for the accountants and engineers to recall what they thought created satisfaction and what created dissatisfaction at work. The ones that created satisfaction, he called motivators while the ones that created dissatisfaction he called hygiene or maintenance factors.

The resulting Motivators are as follows:-Achievement, Recognition, Work itself, Responsibility, Promotion and Advancement, Prospect for growth. On the other hand, the hygiene factors that were identified were: Company Policy and administration , Supervision, Relationship with Supervision, Work Conditions, Salaries, Relationship with Peers , Personal Life , Relationship with Staff , Status , Job Security .

Herzberg believed that the motivators can create job satisfaction but the hygiene factors cannot. Rather, the hygiene factors if taken care of can only play a preventative role i.e.

preventing existing satisfaction from declining though they themselves cannot improve satisfaction. Hertzberg called his research “hygiene” theory as the concept is derived from the principles of hygiene, which is that hygiene only plays a preventative role and is not a cure.

Thus, managers should not be complacent in thinking that once the hygiene factors are tackled the staff would have been motivated. Instead, what it simply means is that the condition is now right for the motivators to be applied to achieve a positive result the hygiene factors should be taken care of first. This clearly shows that consideration of both factors is important (Dr Prince Efere .2005).

This model will be used to assists in clarifying the complex issue of motivation for health workers .The theory distinguishes between motivating factors (or 'satisfiers') that are intrinsic to the job and the primary causes of job satisfaction, and dissatisfies (which Hertzberg also calls 'hygiene factors') that are extrinsic to the job and the primary causes of job dissatisfaction, or "unhappiness on the job". Job satisfaction and job dissatisfaction are not opposites. Motivating factors lead to job satisfaction. Their absence leads to lack of job satisfaction. Dissatisfies determine the level of job dissatisfaction (Herzberg F. 2003.P.87-96).

The relevance of Hertzberg’s theory for Human Resources Management (HRM) is the need to clarify whether the problem being addressed is mainly one of job satisfaction or one of job dissatisfaction, and then to select the appropriate personnel management strategies.

2.1.1.2. Research made on health workers to test Hertzberg’s theory

Marjolein Dieleman et al. (2006) adopted Hertzberg’s two-factor theory and assessed the utility of the theory for health workers to explaining the match between motivation and performance management of health sector workers using exploratory qualitative survey followed by quantitative survey in Mali. The results show that, apart from salaries, issues related to responsibility, training and recognition scored above average for health workers.

Hence, Marjolein Dieleman et al. (2006) study provided support for the two-factor theory and, Hertzberg’s model could be a useful way of thinking about the two types of motivation and for selecting appropriate strategies to address them in health workers.

2.1.3. Equity Theory

Inequity has both structural and specific components. Structural inequity refers to a belief by workers that a general discrepancy exists between the amount of effort they commit to their work and the rewards offered by the organization. On the other hand, specific inequity refers to situations where employers reward to specific workers on the basis of criteria un related to the work. And also the specific workers on the basis of criteria unrelated to employee performance and productivity. Some of the particularistic criteria include blood relationship, friendship or gossip (Tansik et al., 1980).

2.1.4. Organizational Commitment

Meyer and Allen (1997) defined organizational commitment as: A psychological state that characterizes the employee's relationships with the organization and has implications for the decision to continue membership in the organization. Meyer and Allen (1997) differentiated organizational commitment into three components: affective, continuance and normative commitment.

Affective commitment refers to employees' perceptions of their emotional attachment to their organization and its goals (Meyer JP,et al.2002) . Employees with high affective attachment to organization have strong motivation to con-tribute to the organization goals because they see them as theirs (Shore LM, Tetric LE. 1991). Continuance commitment represents cognitive attachment between employees and their organizations because of the costs associated with leaving the organization (Meyer JP, et al.2002; Kate and Masako 2002). It is based on the assumption that individuals do not leave an organization if they would lose their benefits (Murray LP, Gregoire MB, and Downey RG.1991). If employees believe that fewer work opportunities exist outside their organizations, the perceived costs of leaving current organizations will be higher, and they will develop a stronger sense of continuance commitment to their organizations (Meyer JP, et al. 1993).

Finally, normative commitment refers to typical feelings of obligation to remain with an organization. (Meyer JP, et al.2002). It is based on an ideology or a sense of obligation; employee feels obligated to stay with the organization because it is the moral and right thing to do. Factors that may influence the level of normative commitment are education, age and related factors (Kate and Masako 2002).Normative commitment could be based on

organization investment in an employee who then feels a ‘moral’ obligation to stay with the organization, based on employee’s social or cultural norms and believes that one should be loyal to one’s organization.

2.1.4.1. Relationship of Job satisfaction and organizational commitment

The links between organizational commitment and job satisfaction are complex and it is not clear whether satisfaction is a precursor to commitment or whether commitment influences one’s level of satisfaction. The dominant view in the literature supports the causal precedence of satisfaction over commitment (Mueller CW, et al. 1994; Gaertner S.1999; Landsman MJ. 2001) and has been consistently reported by studies that, a positive association among the two (Knoop R. 1995; Al-Aameri AS.2000; Ingersoll G, Olsan T, Drew-Cates J, et al. 2002). There is also evidence indicating that high levels of commitment to the organization cause job satisfaction (Vandenberg RJ, Lance CE.1992; Lund DB.2003).

As studies point out, organizational commitment has implications for both the employees and organizations (Goulet, L.R. et al. 2002; Subramaniam, N. and Mia, L. 2001; Kacmar, K.M., et al. 1999; Boselie, P., et al. 2001; Mullins, L.J. 1996). In individual sense, committed individual will be more eligible to receive intrinsic rewards, job satisfaction and better relationships with colleagues, and extrinsic rewards, bonuses and awards. Moreover, satisfied workers have been found to be more committed to organizations, have more favorable attitudes towards work and the organization, to be more conscientious, to be more likely to help co-workers, to have greater willingness to report unethical behaviors, and to be less likely to leave their jobs than dissatisfied workers (Reichheld and Sasser, 1990).

In terms of organizational implications, since the employees’ commitment is seen reversely associated with absenteeism, turnover and coming late to work, this will impact the overall performance of the organization. On the other hand, when the organizational environment is perceived as good, satisfaction level increases and desires to leave the organization decreases (Boselie, P., & Wiele, T.V.D.2001).

2.1.4.2. Research made on health workers Organizational Commitment and Job satisfaction

A cross-sectional study done on the relationship between job satisfaction, organizational commitment and turnover intention among hospital employees indicates the mean score of affective, (3.86 + 1.12) (Ali Mohammad Mosadeghrad .et.al. 2008). Also, an exploratory study done on determinants and consequences of health worker motivation in Georgia and Jordan hospitals revealed that, the mean score of general organizational commitment (3.26 and 3.48) respectively (Lynne Miller Francoaet.al. 2004). According to Ali Mohammad Mosadeghrad .et.al. (2008) study, A significant differences were obtained between employees' organizational commitment and their marital status, age and years of work experiences, and salaries received (P, 0.03). And the results of the simultaneous multiple regression model indicate that organizational, social, job and individual factors overall explained 44.7% of the variance in employees' organizational commitment. A cross sectional study done on health workers in Egypt shows , the total mean score percent of job satisfaction was (56.8±17.5) and relationship with colleagues (81.3±19.6) represented the domain with highest percentage of satisfaction, while the domain of salaries/incentives represented the lowest satisfaction (16.2±14.7) (Amira Gamal Abdel-Rahman1, 2008). This finding again supported with an exploratory study done in Georgia with the mean score of (3.47, 3.23, & 3,) and Jordan (3.39, 3.04 &2.37) respectively (Lynne Miller Francoaet.al. 2004). In addition, findings from the Second wave of a Cohort Study of Young Ethiopian Doctors and Nurses shows, about 80% of the health workers are unsatisfied (20%) or completely unsatisfied (about 60%) with their salary.

2.1.4.2. Effect of Organizational Commitment on Turnover and Performance

Meyer et al .(1989) explain that, organizational commitment has been stimulated largely by its demonstrated negative relation to turnover: Committed employees have been found to be less likely to leave an organization than those who are uncommitted . Because turnover can be costly to organizations, commitment is generally assumed to be a desirable quality that should be fostered in employees (pp.152-156).

Moreover, according to Meyer et al (1989), organizational commitment correlates positively with individual and group level of performance and they concluded that, employees

who are committed to the organization tend to perform at a higher level than those who are not (p.152).Balfour and Wechsler (1991) claim that higher levels of performance and productivity result when employees are committed to the organization, take pride in organizational membership, and believe in its goals and values (pp. 355-167).

2.1.5. The effect of work Factors on organizational Commitment

According to Kate and Masako (2002), individual and organizational factors may influence the level of affective commitment. Individual factors include factors such as personality, values orientation, education or age, while organizational factors include believing that employee's roles and job goals are clearly defined and receive management support.

Hence, figure 1 is a theoretical framework which was first adopted from relevant literature done before and adapted in to local situation to explain the variables of affective commitment as well as use of Herzberg's two factor theory to explain the variables of work factors and show the effect of those work factors on health workers affective commitment. The factors were: individual factors (eg, age, etc), intrinsic factors, extrinsic factors and equity factors. According to the researches revised earlier, the framework also shows the impact of organizational commitment on turn over and productivity.

Hertzberg found that, when people are satisfied with their jobs, they are concerned about the environment in which they work. Upon satisfaction of these hygiene or maintenance factors, Hertzberg contends, that workers can then be motivated by the content of work, such as opportunities for achievement, etc . Put somewhat differently, if hygiene factors are not fairly satisfied, people will tend not to be interested in the challenges of a more responsible job (Herzberg, F., Mausner, B., & Snyderman, B. B. 1959). Moreover, the relationship of satisfaction with pay to organizational commitment is quite straightforward. To the extent the job allows for adequate financial compensation, a linear and positive relationship between satisfaction with pay and organizational commitment would be observed (O'Reilly, C. A, & Chatman, J. 1986).

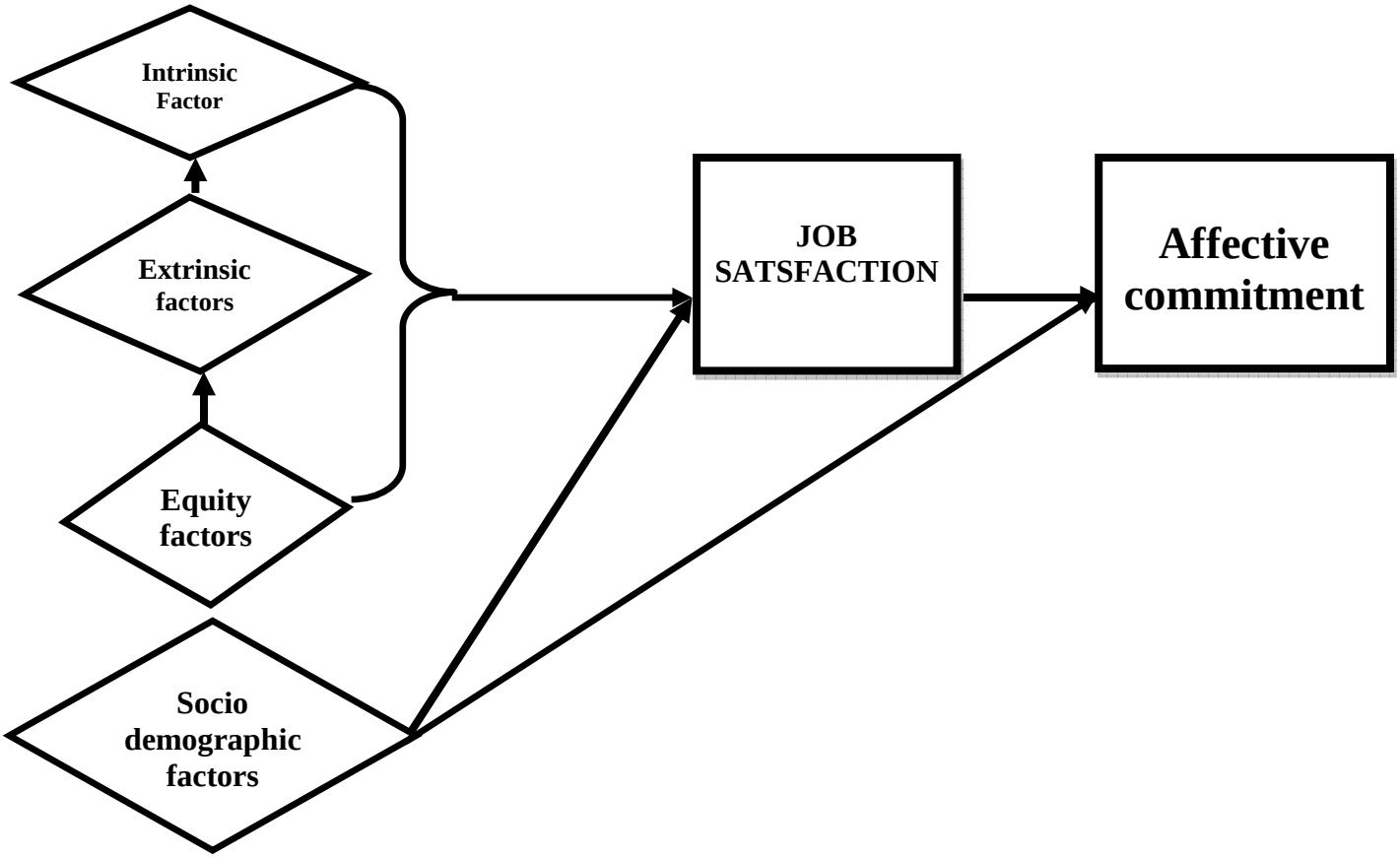

Figure 1.Conceptual framework of the study among governement health workers in eastern shoa and Adama special zones from March 1st 1st to March 30th

2.2. Significant of the study

In the context of rapid population growth and increasing attrition and migration, changing the health human resource situation in Ethiopia require not only drastic changes in workers number but also requires increasing performance the existing work force and decreasing turnover, attrition and migration of health workers through improvement of the motivation, job satisfaction and commitments level of them to assure the effectiveness and efficiency of health care organizations.

Despite of its importance, there is however, a dearth of studies on organizational commitment in the Ethiopia's health care organization. Moreover, little is known about the relationship between workers factors, job satisfaction and organizational commitment in the country particularly in the study area.

Therefore, the study is vital that:

- It fills the existing knowledge gap regarding organizational commitment, satisfaction, and the factors of work which involve in the public health institution of the area.

- It also provides an insight on the relationship of those factors with health workers' commitment in those health care organization and the result will also be important to create awareness on the part of the health management in those health institution about the most determinant variables that can influence the commitment level of the health workers .

- Furthermore, the study will add to the existing literatures and may serve, as additional source for reference and it will also serve as a spring board for other researchers who want to conduct detailed research on the issue.

3. OBJECTIVE

3.1. General

To assess the effect of work factors on affective commitment of government health care providers in eastern shoa and Adama special zone, oromia region, from March 1st t to March 30th 2010.

3.2. Specific

1. To describe the satisfaction and/or dissatisfaction level of health workers based on each work factors.
2. To measure the overall job satisfaction of health workers
3. To explain the overall job satisfaction level using their socio- demographic characteristics
4. To describe the commitment level of public health workers.
5. To assess the relationship between each work factors and affective commitment.
6. To identify predictors of health workers affective commitment.

4. METHOD AND MATERIALS

4.1. Study area and period

This study was conducted in Eastern Shewoa and Adama special zone. Eastern shewoa zone is one of the zones of Oromia region with 13 woredas. Within these woredas there are a total of 55 health centers. From these health centers, only 27 of them are providing service to the community properly .The rest 33 of the health centers are opened nearly and not yet start to provide service. Together, there are 301 health posts that located in the rural part of the zone. Within these institution, there exists 1203 permanent health workers with different professions .This includes 44 HO, 323 nurses, 33 pharmacy technicians , 40 laboratory technicians, 660 health extension workers and 58 other type of health workers. Adama special zone is also one of the zones in the region where the study was conducted. In this zone, there is only one public hospital called Adama teaching and referral hospital and there are also four health centers with two of them being functional. In this zone, there exist 159 health workers with different professions. These are: 4 environmental technicians, 2 x- ray technician, 12 specialist, 11 health officers, 8 pharmacist/ druggists, 20 laboratory technicians and 102 different nurses. The study was conducted from March 1st to March 30th /2010.

4.2. Study design

A facility based cross sectional study design was employed.

4.3. Population

4.3.1. Source population

For quantitative part, all health workers working in the public health facilities of the study zones were considered as the source populations. For in depth interviews, heads of the health centers and Chief Executive Officers (CEOs) of the hospitals in the zones

4.3.2. Study population

For the quantitative part, sampled health workers in the government health institutions who were fulfilling the inclusion criteria were included in the study.

During the in depth interviews, heads of the health centers and CEOs of hospitals were involved.

4.3. 2.1. Eligibility criteria

4.3.2.1.1. Inclusion

For quantitative part, health workers who had been serving for 6 month or more in the government health institution and who were permanent employee of that organization . For in depth interview, head of health center and CEOs of hospital who served in that position at least for 6 month or more and holds at least diploma in the field of health.

4.3.2.1.2. Exclusion

A seriously ill and mentally disabled health worker in the government health institutions were excluded from the study.

The assumption is that longer time duration of service will probably increases knowledge about the organization and helps the respondent comfortably forewarned comments about the situations at their organizations. Besides, health workers in government health facilities have to complete the prohibition period (6 month) before they are considered as permanent employees of the organizations.

4.4. Sampling

4.4.1. Sample size Determination

For quantitative study,

The sample was calculated using the following formula for estimation of single population proportion.

$$n_i = \frac{z^2_{1-\alpha/2}\, p\,(1-p)}{d^2}$$

Where; n_i = Sample size.

$z^2_{1-\alpha/2}$ = 95 % confidence (1.96)

P = Proportion; P=50 % for Affective Commitment in order to get maximum sample size, since there is no similar study done in the study area.

d = Desired precision (5 %).

n = 384.16

Though the sample size required for the study were 384, the total number of health professionals found in two zones were 1381 which is less than 10,000, therefore, by using population correction formula, the total sample size required was 300.

$$nf = \frac{ni}{1 + \frac{ni}{N}}$$

Where

N= Total number health workers /Source population in the study area

ni = Initial sample size calculated

nf= Final sample size to be calculated

Then, the final sample size required using the formula become

$$nf = \frac{ni}{1 + \frac{ni}{N}} = 384 /1+384/1362 = 384/ 1.2819 = 299.55 = 300$$

However due to design effect of the study, the calculated final sample size was multiplied by two and adding anticipated non response 10%, the final required sample size was

300 *2 =600 + 60 = 660

For qualitative study

A total of 16 heads of government health facilities that were working in different area were involved.

4.4.1. Sampling Technique

For the quantitative part of the study, a multi stage stratified random sampling technique was employed and purposive sampling for qualitative data collections.

4.4.2. Sampling Procedure

For quantitative part, first the health institutions which were found in both zones were listed with name and stratified with the criteria of level of service delivery. There were only 27 primary health care units (PHCU) and 1 hospital which provide service properly to the community. Sixty percent of PHCU were selected using SRS technique. Therefore in

addition to Adama referral hospital, the study included 17 PHCUs that named as ;Awash Melkassa , cheffe donsa , Adulala ,Wonji Kuruftu , Shewoa Alemtena, Walnchity, Doni , Algea , Mojo , Maqi , Qoqa, Bote, Methara, Batu, Adama, Geda , Bulbula , health centers together with their 5 satellite health posts were involved. Finally, all health workers who employed in the above health institutions become the study subjects.

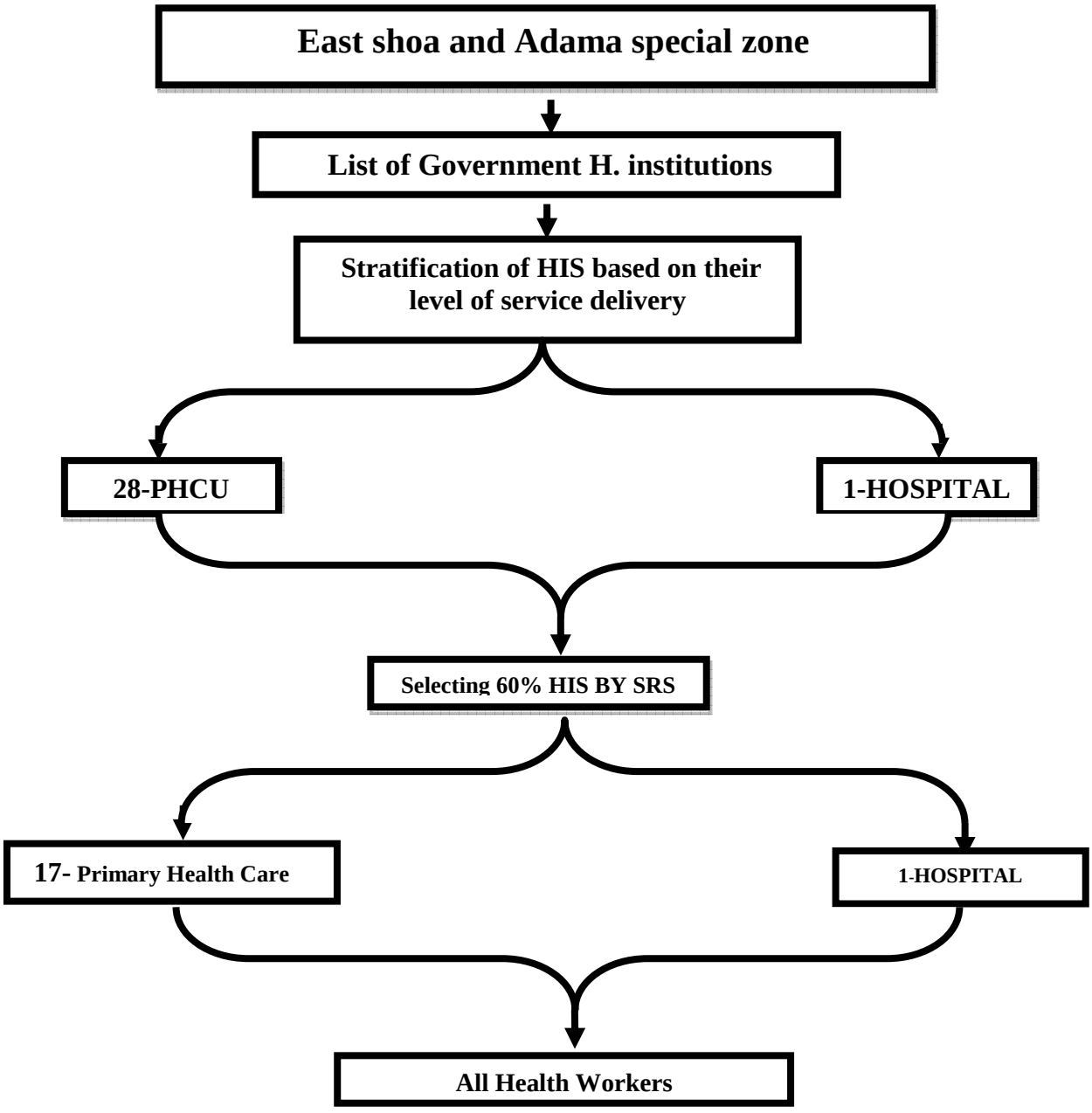

Figure 2.Schematic presentations for the sampling procedure of the study among government health workers in eastern shewoa and Adama special zones from March 1st to March 30th ,2010

Furthermore, all in-depth interview participants were purposively selected and included in the study.

4.6. Data collection procedure

4.6.1. Personnel

For the quantitative study a total of 8 data collectors and 4 supervisors were involved after two days intensive training. The data collectors were grade 12 complete who can speaks both 'Oromiffa & Amharic 'and had previously been involved in similar activities. These individuals were responsible to gather quantitative data from the health workers at their post of service delivery. The 3 supervisors were diploma nurses chosen from those health facilities not included in the study. They had a responsibility of supervision and facilitation of data collection. In addition to the above individuals, the principal investigator was also involved in interviewing of heads of health institution and provision of training for data collectors and supervisors.

4.6.2. Instrument

A self-administered questionnaire was distributed to health workers who were included on the final sample at their respective post of service delivery. The instrument was adopted from literature done on previous study (Ukeagbu, 2000) and adapted in to local context. The instrument consists of 4 parts which were:

1ST. Socio demographic part that consists of 11 questions which were planned to collect personal information related to individual identity like age, sex, marital status, professional class, residence (urban /rural), income and work experience. I chose these characteristics based upon a review of related literature and by considering of its importance from our set up context.

2ND .Intrinsic factors of work question which measure the degree of workers satisfaction/ no satisfaction level with 6 items. All items of intrinsic factors were prepared on a likert scale where respondents were asked to indicate how strongly they agree or disagree (on a scale of 1 to 5)

3RD.Extrinsic factors of work that measures the degree of worker dissatisfaction/ no dissatisfaction level with 10 items. All items were prepared on a Likert scale where respondents were required to indicate how strongly they agree or disagree (having a scale ranging from 1 strongly disagree to 5 strongly agree).

4TH .Perception of equity scale which measures employee's perceptions on 5 items. These were prepared according to Tansik et al.(1980) elaborations that all of the items were prepared on a Likert scale where workers were asked to show how strongly they agree or disagree (having a scale ranging from 1 strongly disagree to 5 strongly agree) . The items were meant to assess workers perception regarding their health care manager whether or not the managers are treating workers with in an equitable /inequitable way.

5TH. organizational Commitment scale .These variables were measured using Meyer and Allen's (1997) affective Organizational Commitment Scale, which contains six-item components to examine the degree of workers satisfaction and /or dissatisfactions with the intrinsic factors of work, extrinsic factors of work, and equity factors of work. It is designed to measure emotional attachment of workers' with their organizations , intension to stay with the health care organization or leave ,willingness to exert high level of effort on behalf of the organization and strong belief in and acceptance of values and goals of the organization. Each of the questions were prepared on a Likert scale where workers were asked to indicate how strongly they agree or disagree (having a scale ranging from 1 strongly disagree to 5 strongly agree).

Moreover, to let respondents express their opinions, open ended questions were also used to request them to list conditions in their organization which they found attractive and unattractive and the responses from the open ended questions were used to support the result obtained from related quantitative findings.

4.6.2.1. Reliability

Reliability was assessed before any analysis was held by calculating Cronbach's coefficient alpha for all likert scale questions. Cronbach's alpha for the intrinsic factors of work, extrinsic factors of work and affective commitment scale were computed and well exceeded 0.7 (Table-4), according to the criterion suggested by Nunnally, J.C. (1978). However, all

items of equity factors of work deleted from further analysis due to lack the above suggested criteria.

For qualitative survey, a semi-structured interview guide which was adopted from similar studies done before and adapted in to local situation was used to clarify some of the important issues relevant to the study and to verify the finding from the health workers.

Finally, both of the instruments which were originally prepared in English were translated in to ‘Amharic”. Translation of original English language version of the questionnaire into ‘Amharic” was accomplished through a multi-stage translation and back translation procedure with the help of the two language experts .

6.7. Operational definition and variables of the study

4.7.1. Variables

The following variables which were adapted from different literatures were used to measure the satisfaction/dissatisfaction of employees with work factors and to measure their commitment level.

4.7.1.1. Dependent

- Affective Commitment

4.7.1.2. Intermediate variable

- Job satisfaction

4.7.1.3. Independent

- **Socio demographic factors**
- **Intrinsic factors of work**

  Recognition, achievement, work itself, increased responsibility, Growth and development
- **Extrinsic Factors of work**

  Salaries, Promotion, Job security, Fringe benefits, Opportunity for training, Company policies, Quality of technical supervision
- **Equity factors of work**

  Structural inequity, Specific inequity

4.7.2. Operational Definition

4.8.1. Affective Commitment:-is defined as the health workers emotional attachment to their health care organization that, workers strongly identifies with the goals of the health care organization and desires to remain a part of the organization. To decide whether the workers are committed or not, mean was calculated and those mean scoreless or equal to 3, was categorized as low affective commitment, and those score above 3.01 as grouped high affective commitment.

4.8.2. Job Satisfaction:- Is defend by the degree that how well the health care organization meet the work contents and context. To decide whether the workers are satisfied or not, the mean score of each of the work factors were summed up and divide by their number of factors and those mean scores less or equal to 3, was categorized as low satisfactions and those score above 3.01 as grouped highly satisfied. .

4.8.3. Work factors; - are motivational factors which affects ones satisfaction level with his/her job.

4.8.4.Motivation :-Motivation is the driving force within individuals health workers that drive them physiologically and psychologically to pursue one or more goals of health care organization to fulfill their needs or expectations .

4.8.5.Intrinsic factors of work :- intrinsic elements of the job which are factors related to the actual content of health work, such as :

Recognition:-Acknowledgement that contributions have been worth the effort and that the effort has been noted and appreciated.

Responsibility: - actuation of new duties and responsibilities, either through the expansion of work or by delegation.

Advancement:-opportunity to improve one's health care organizational position as a result of health work performance.

The work itself:-opportunity for self expression of health workers personal satisfaction, and challenge.

Possibility of growth:-opportunity to increase health workers knowledge and develop through health work experience.

N.B. To decide that weather or not workers satisfied with their intrinsic factors of work, mean for each items were calculated and for the result less or equal to 3 it was decided as not satisfied with intrinsic factors of work.

4.8.6.Extrinsic Factors of work :-extrinsic factors of health work are factors as elements associated with the health work environment, such as :

Salary- adequate wages, salaries and fringe benefits of health workers

Job security:- health care organization grievance procedures and seniority privileges.

Working conditions – is adequate heat, light, ventilation, and hours of health work.

Status – privilege, job titles, and other symbols of rank and position of health workers.

Company policies – The policy of the health care organization and the fairness in administering those policies of health care organization.

N.B To decide that weather or not workers satisfied with extrinsic factors of work, mean for each items were calculated and for the result less or equal to 3, it was decided as not dissatisfied with extrinsic factors of work. If not , considered otherwise .

4.8.7. Equity factors of work:- will be defined in terms of defining in equity in two ways:

Structural inequity:- refers to a belief by health workers that a general discrepancy exists between the amount of effort they commit to their work and the rewards offered by the health care organization. Decision was made by calculating mean and for the result less or equal to 3 then it can decided as workers dissatisfied with structural inequity.

Specific inequity: - refers to situations where heath care organizations managers reward specific workers on the basis of criteria unrelated to workers performance and productivity with some of the particularistic criteria include blood relationship, friendship or gossip.

Decision was made by calculating mean and for the result less or equal to 3 then it can decided as workers dissatisfied with specific inequity.

4.8.8. Above degree;- Those health workers who had additional degree with their professions like specializations or masters degree**.**

4.11. Data quality management

Quality of data was maintained through careful design, translation, and retranslation and pretesting of the instrument. Moreover, it was also assured through provision of proper training for collectors and supervisors, close supervision of data collectors and checking for the completeness of the questionnaires.

4.11.1. Pretest

Pre-test was conducted on 5% from the total sample size required on health workers found in health facilities not included in the current study before the major data collection was employed. Consequently, modification was made prior to conducting of the whole study.

4.12. Data analysis

4.12.1. For quantitative

All data were coded, entered and analyzed using the statistical package for the Social Sciences (SPSS) version 16 and the missing values were checked prior to further statistical analysis for its completeness and rejection was made for those questionnaire >20% missed items.

Appropriate statistical procedures were used for exploring the data. Mean score as a measure of central tendency was used to show where the majority of responses concentrate i.e. if the mean value less or equal to 3 then it was considered as lower mean value if not it was considered otherwise. Chi-square test was employed to assess the difference in between group. Subsequently, Principal Component Analyses (PCAs) with Varimax rotation were used to determine the number of factors underlying the items that measure intrinsic factors of work, Extrinsic factors of work and Affective commitment to calculate factor .

Finally, correlation was done to assess strength and direction of associations in between each of work factors including socio-demographic factors (independent variables) and affective commitment (dependent variable). After that, a stepwise multiple linear regressions was made for those significant variables to indentify predictors of health workers affective commitment.

4.12.2. For qualitative

The collected data from the in-depth interview was first transcribed in to verbatim; summarize and similar ideas were brought together. Finally, it was analyzed and interpreted manually, and then findings were used to support the quantitative findings**.**

4.13. Ethical consideration

The proposal was submitted to the ethical committee of Jimma University for ethical review and clearance. After permission was obtained, support letters written by the University was submitted to all concerned bodies in the study area. Prior to the initiation of the data collection, written informed consent was obtained from health service organizations and verbal consent from the study subjects. Finally, the study participants were assured about the confidentiality of the information they provided and to maintain confidentiality, the names of the subjects were not registered on the questionnaire.

4.14. Dissemination plan

After everything else, the finding will be presented to Jimma University, college of public health and medical science, (JUCPHMS). Subsequently, copy of the whole research will be submitted to JUCPHMS and disseminated to for all concerned stakeholders like: to the Oromia regional health beurou and to East shwoa and Adama special zonal health office. At last, attempts will be made to present it on scientific conferences and publish it on scientific journals.

5. RESULT

5.1. Socio demographic characteristics of the respondents

A total of 573 respondents participated in the study giving a response rate of 86.03%. Of these participants, 417 (72.8%) were female with mean age of (28 ± 6.76) with a range of (19-54) year. Majority of these respondents, 179 (31.2%), were from health posts that, 347 (60.6%), were married. There was different type of health professionals category participated in the study, nurses accounting to the largest proportion, 240 (41.9). Additionally, these participants do have a diverse level of educational background; certificate, diploma, degree, and above degree which accounts 188 (32.8), 245 (42.8), 125 (21.8) and 15 (2.6%), respectively. The average service year of the respondents was 5 (s.dev.5.8). As a result, two hundred five (35.8%) participants have a monthly income of less than or equal to 667 birr and 37 (6.5%) of participants had monthly income ranges between 1637-2240 birr as shown in the Table -1.

Table 1. Socio demographic characteristics of government health care provider in east shewoa and Adama special zone, 2010

S. No	Variable	No(%)	S. No	Variable	No(%)
1	**Age**		2	**Sex**	
	Less than 20	7(1.2)		Male	156(27.2)
	21-24	207(36.1)		Female	417(72.8)
	30-34	183(31.9)		**Total**	573
	25-29	46(8)			
	35-39	78(13.7)			
	40-44	41(7.2)			
	45-49	9(1.6)			
	50 and above	2(0.3)			
	Total	573			

3	**Marital Status**		4	**Monthly Income**	
	Single	206(36)		< or =667	205(35.8)
	Married	347(60.6)		668-884	106(18.5)
	Divorced	15(2.6)		885-1636	169(29.5)
	Widowed	5(0.9)		1637-2240	37(6.5)
	Total	573		> or=2241	56(9.8)
				Total	573
5	**Location**		6	**Educational Level**	
	Urban	251(43.8)		Certificate	188(32.8)
	Rural	322(56.2)		Diploma	245(42.8)
	Total	573		Degree	125(21.8)
				Above Degree	15(2.6)
				Total	573
7	**Service Year**		8	**Professional category**	
	1-5 year	415(72.4)		Specialist Doctor	15(2.6)
	6-10 year	59(10.3)		General Practitioner	23(4)
	11-15 year	56(9.8)		Health Officer	34(5.9)
	16-20 year	33(5.8)		All type of Nurse	240(41.9
	21-25 year	4(0.7)		Pharmacist & Druggist	33(5.8)
	26-30 year	4(0.7)		X-ray /Radiology	6(1)
	30-35 year	2(0.3)		Technicians	4(0.7)
	Total	573		Environmental Health	34(5.4)
				Laboratory Technicians	179(31.2)
				Health Extension worker	5(0.9)
				Others	573
				Total	
9	**Type of health facilities**				
	Hospital	164(28.6)			
	Health centers	230(40.1)			
	Health post	179(31.2)			
	Total	573			

5.2. Satisfaction and/ or Dissatisfaction based on each work factors

5.2.1. Intrinsic factors of work

As table -4 indicated that, 488 (85.2%) respondents were highly satisfied with intrinsic factors of work (4.0 ± 0.81). Regarding each items, workers were also satisfied with achievement (3.4 ± 1.64), work itself (3.8 + 1.12), recognition (4.1 + 0.95), responsibilities (4.3 + 0.7), advancement (4.3±0.74) growth and development (3.5 + 1.28) (table-2).

Table 2. Intrinsic factors of work among government health care provider in the eastern shoa and Adama special zone .2010

S. No	Work Factors	S.Disagre	Disagree	Indifferent	Agree	S.Agree	Mean	S.D
		No(%)	No(%)	No(%)	No(%)	No(%)		
1	Achievement	119(20.8%)	118(20.6%)	14(2.4%)	95(16.6%)	227(39.6%)	3.4	1.64
2	Work it self	27(4.7%)	73(12.6%)	40(7%)	282(49.2%)	151(26.4%)	3.8	1.12
3	Recognition	12(2.1%)	46(8%)	16(2.8%)	282(49.2%)	217(37.9%)	4.1	0.95
4	Responsibility	3(0.5%)	18(3.1%)	5(0.9%)	314(54.8%)	233(40.7%)	4.3	0.70
5	Advancement	46(8%)	111(19.4%)	75(13.1%)	19033.2 (%)	151(26.4%)	4.3	0.74
6	Growth & Development	46(8%)	111(19.4%)	75(13.1%)	190(33.2%)	151(26.4%)	3.5	1.28

5.2.2. Extrinsic factors of work

Regarding extrinsic factors of work, 303 (52.9%) workers were less dissatisfied with (3.1 ± 1.2) as shown in table -4. They did, however, express greatest dissatisfaction in their salary (2.5 ± 1.67), their fringe benefit (2.7 ± 1.56), promotion and salary increment (2.7 ± 1.50), the incentive systems (2.8 ± 1.43) and Opportunity for outside training (2.9 + 1.44) (Table 3). Moreover, the open ended questions also revealed that, a large proportion of workers expressed their dislike for the incentive systems of their health care organizations, which they regarded as poor. Many respondents mentioned lack of promotion, poor salaries and poor fringe benefits as aspects of their organizations policies and practices which they most disliked.

Table 3.Extrinsic factors of work among government health care provider in the eastern shoa and Adama special zone .2010

S.N	Work Factors	S.Disagre	Disagree	Indifferent	Agree	S.Agree	Mean	S.D
		No(%)	No(%)	No(%)	No(%)	No(%)		
1	Salary	244(42.6%)	126(22.0%)	10(1.7%)	51(8.9%)	142(24.8%)	2.5	1.67
2	Fringe Benefits	156(27.1%)	197(34.4%)	16(2.8%)	64(11.2%)	144(24.6%)	2.7	1.56
3	Promotion and Salary Increment	163(28.4%)	180(31.4%)	31(5.4%)	91(15.9%)	108(18.8%)	2.7	1.5
4	Job Security	94(16.4%)	105(18.3%)	35(6.1%)	199(34.4%)	140(24.4%)	3.3	1.44
5	Health management welfare consideration	94(16.4%)	135(23.6 %)	45(7.9%)	150(26.2%)	149(26%)	3.2	1.47
6	The Incentive System	123(21.5%)	184(32.1%)	27(4.7%)	146(25.5%)	93(16.2%)	2.8	1.43
7	Opportunity for outside training	131(22.9%)	129(22.5%)	26(4.5%)	206(36%)	81(14.1%)	2.9	1.44
8	Opportunity for in-house training	68(11.9%)	149(26.0%)	25(4.4%)	178(31.1%)	153(26.7%)	3.4	1.41
9	Post employment Security	58(10.1%)	96(16.8%)	58(10.1%)	177(30.9%)	184(32.1%)	3.6	1.35
10	Relationship with Co-workers	49(8.6%)	44(7.7%)	7(1.2%)	233(40.7%)	240(41.9%)	4	1.23

5.3. **Overall job satisfaction of health workers**

As far as the finding for job satisfaction with content and/or context of work concerned, 355 (62%) health workers of the two zones were highly satisfied (3.51 $\pm$ 0.93) as shown on Table -4 .

Table 4.Mean score reliability coefficients and level of factors for each scales of work factors and affective commitment, East shoa and Adama special zones, March 1st to March 30th, 2010.

S.N	Factors	No of items	Cronbach's Alpha value	Mean value	S.D	Level of factor	No(%)
1	Intrinsic factor of work scale	6	0.819	4.0	0.81	Highly satisfied	488 (85.2)
						Less satisfied	85 (14.8)
2	Extrinsic factor of work scale	10	0.947	3.11	1.2	Highly dissatisfied	270(47.1)
						Less dissatisfied	303 (52.9)
3	Equity factors of work scale	5	0.426	3.25	0.70		345 (60.2)
							228 (39.8)
Over all job satisfaction				**3.51**	**0.93**	Highly Satisfied	355(62)
						Less Satisfied	196(34.2)
4	Affective commitment	6	0.962	3.32	1.4	Highly Committed	488 (85.2)
						Less Committed	85 (14.8)

5.4. Socio- demographic characteristics and Overall job satisfaction

Cross tabulation was made in between the mean overall job satisfaction score and the socio-demographic characteristics of health workers and a significant associations was observed; type of health facility (X^2 =284.9, p value <0.001), location of health facility (X^2 =141.7, p value <0.001), professional category (X^2 =253.7, p value <0.001), sex (X^2 =53.1, p value <0.001), marital status (X^2 =56.8, p value <0.001), educational level at (X^2 =216.8, p value <0.001), income at (X^2 =227.4, p value <0.001), age (X^2 =126.1,p value <0.001) and service year of respondents at (X^2 =105.4,p value <0.001). Thus, 210 (99.5) health post and 132(66.7) of health centers and 275(85.4) workers who resides in the rural part of the area were highly satisfied with their content and context of job. Moreover, 212 (99.1) health extension workers, 309(74.1) female, 197(56.8) married, 169(82) single, 203(99) and 26(70.3) of workers who earn monthly income of <667 birr and in between 1636-2241birr per month were highly satisfied with their job. In addition, 18(94.7) of health workers whose age was less than 20 and 312(78.4) range between 21-30, 322(65.8) who served the institutions 1-5 years were also highly satisfied with their job (Table-11, annex).

5.5. **Affective commitment**

Four hundred eighty eight (85%) workers of the two zones were highly committed to their health care organization (3.32 ±1.4) (Table -4). Similarly, they were also scored above the expected middle value for all constructs of affective commitments (Table 5). In line with, the open ended questions also revealed that, a significant proportion of respondents do seems keenly committed to their organizations. Majority of the respondents admitted that they do have strong desire to spend the rest of their career in this organization, and do not have an intention to leave their organizations if they found jobs elsewhere. And even, would not leave their profession and join other organizations.

The interview conducted with the health care managers of the health institutions revealed that, health workers of the two zones know the goal and values of their organizations properly due to the application of the new strategies called BPR (Business processing re-engineering). This strategy creates an opportunity for government health workers to understand and make them committed towards achieving the goals and objectives of organizations in a different ways. As one manager said that, << …*now days the applied new strategy obligates every worker to know the goals and objectives of their organizations so as to be member of the organizations. In addition, training was given in a different time to increase the awareness level of health workers towards the goals and objectives of their health care organization since the time of the application of the strategy. Thus, this and other thing helps workers to know the goals and objectives of this organization…* >>

As most of health care managers agreed that , health workers seems to be willing to exert additional efforts to perform activities which were important for the development of their institutions . As one manager said <<…. *health professionals came to government health care organizations, one for serving the community with his/her professions and the other is to participate on different activities which exist in their organizations based on their interest. And even everybody is aware about these things early before they came. When I come to ours workers, they are willing to exerting additional effort on behalf of organizations growth and developments. This was shown by viewing their interest to be heads of different unit in the health institutions, participating on coordination of health workers affairs, being*

will to consult patients politely and willing to be support each others through preparation of workshop and other…>>

The interview with the managers also revealed that, workers turnover through resignations was not frequent and they have a strong desire to be a member of their health care organizations for a long period of time. This may help us to confirm workers commitment level for their health care organizations. Even one managers said <<… *we assess our workers commitment level through assessment of their willingness to stay. If most of them are willing to stay, we will say that they are willing if not otherwise. For instance, assessment done in our organizations workers for the past two years revealed that, majority of them do have a consistent willingness to stay. The other way that we used to evaluate our workers commitment level was by doing patient and staff satisfaction survey. This bilateral assessment would have been helped us to depict their commitment level. For instance, the patient satisfaction survey done in our set up for the past 2 years revealed that 87% and staff satisfaction survey become 89%. This may tell us that, workers were effectively performing their work in a way that customers can accept. Had they not been committed, there would be an observation of a reverse finding on both of the assessments….* >>

Table 5.Affective commitment among government health care provider in the eastern shewoa and Adama special zone .2010

S. No	Work Factors	S.Disagre	Disagree	Indifferent	Agree	S.Agree	Mean	S.D
		No(%)	No(%)	No(%)	No(%)	No(%)		
1	Intention to stay	161(28.1%)	113(19.7%)	10(1.7%)	72(12.6%)	217(37.9%)	3.1	1.72
2	Willingness to exert high levels of efforts on behalf of the organization;	70(12.2%)	118(29.6%)	30(5.2%)	175(30.5%)	180(31.4%)	3.5	1.42
3	Accepting the values and goals of an organizations	105(18.3%)	131(22.9%)	23(4%)	166(29%)	148(25.8%)	3.2	1.49
4	Feeling of emotionally attached	103(18%)	115(20.1%)	31(5.4%)	178(31.1%)	146(25.5%)	3.3	1.47
5	Feeling of bright future	110(19.2%)	98(17.1%)	24(4.2%)	164(28.66%)	177(30.9%)	3.4	1.53
6	Strong sense of belongingness	77(13.4%)	123(21.5%)	17(3%)	164(28.6%)	192(33.5%)	3.5	1.47

5.6. **Socio- demographic characteristics and Affective commitment**

Statically significant associations was observed in between the mean overall commitment score and the socio-demographic characteristics of health workers; type of health facility (X^2 =375.7, p value <0.001), location of health facility (X^2 =256.6, p value <0.001), professional category (X^2 =261.6, p value <0.001), sex (X^2 =74.209, p value <0.001), marital status (X^2 =44.264, p value <0.001), educational level at (X^2 =241.2, p value <0.001), income at (X^2 =254.2, p value <0.001), age (X^2 =182.7,p value <0.001) and service year of respondents at (X^2 =152.5,p value <0.001). Therefore, 211(100%) health post, 131(66.2%) health center, 287(89.1%) rural 214 (100%) health extension and 4(100%) other type of health workers were highly committed. . In line with, 296(71%) female, 179(51.6%), married, 159 (77.2%) single 217 (99.1%) certificate holder, 22 (59.5) who got 1637-2240 birr/ month, 63(59.4%) who got less than 667 birr/ month, 303(76.1%) whose age in between

21-30, 18(94.7%) whose age less than 20 and 310(74.7%) of health workers who had service year of 1-5 were highly committed to their heath care organizations.

5.7. Factor Analysis

To decide whether or not factor analysis was useful for the data, the KMO and Bartlett's' test was computed and the following results were obtained. The KMO measures of sample adequacy test for intrinsic factors of work, extrinsic factors of work and affective commitment was 0.759, 0.918 and 0.925 respectively which was greater than 0.5 that 75.9%,91.8% and 92.5% of the variance in the variables was due to the underline factors. In addition, Bartlett's' test of Sphericity also done and the chi- square value become 1572.25, 15 df and P- value of 0.000 for intrinsic factors of work, 5874.49, 45 df and with P- value of 0.000 for extrinsic factors of work and 4197, 15 df and P- value of 0.000.This indicated that, the variables were unrelated and therefore unsuitable for structure detection. Hence, factor analysis was useful for the data.

5.7.1. Intrinsic factors of work

Results presented in the table-8 shown in annex-1 , one factors called intrinsic factors of work_1, extracted from the 6 items concerning intrinsic factors of work. Further more, as the figure -3 for the scree test also suggested that, it was possible to extracts up to one factor. This factor accounted for 56.31% of the variance in the score (Eigenvalues = 3.38) and consisted all of the items for the intrinsic factors of work which had a common interpretation of how much workers were satisfied with these factors.

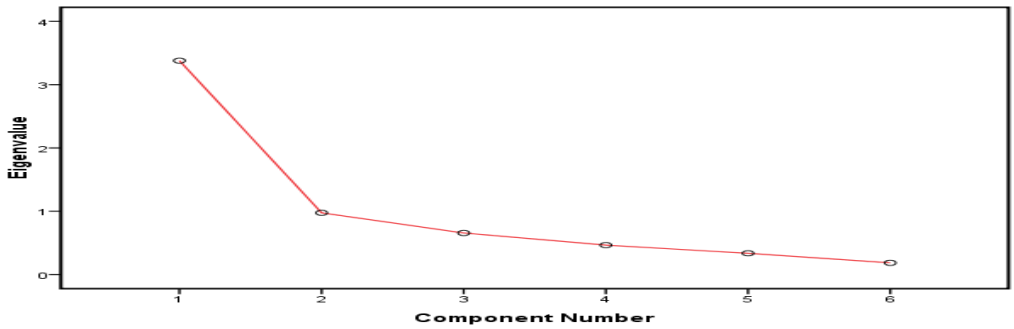

Figure 3. The scree test of intrinsic factors of work items Eastern shwoa and Adama special zones, March 1st to March 30th, 2010

5.7.2. Extrinsic factors of work

The PCA in the Table-9 shown in annex-1 provides a two factor solution from the 10 items in the initial analysis, (Eigenvalues = 6.8 and 1.2). As the figure -4 for the scree test also suggested that it was possible to extracts up to two factors. The scree test show a clear break between Eigenvalues 1 and 2 and 3.The break between 3 and 4 was not clear and it was then decided to analyse 1 and 2 factor that explains 79.6% of the variability in the original 10 variables.

Following extraction, factors were rotated so as to make interpretations easier and the rotated component matrix was obtained to determine what each of the components represents .The first factor called as extrinsic factors _1 consisted of items (salary, Fringe benefit, The incentive system, promotion and salary) which had a common interpretation of how much workers were dissatisfied/not dissatisfied with the financial incentive systems of an organizations , whereas items (Post employment security and Relationship with co-workers) loading on the second factor called for extrinsic factors of work _2, also described workers dissatisfaction/no dissatisfaction level with non financial incentive system of an organization .

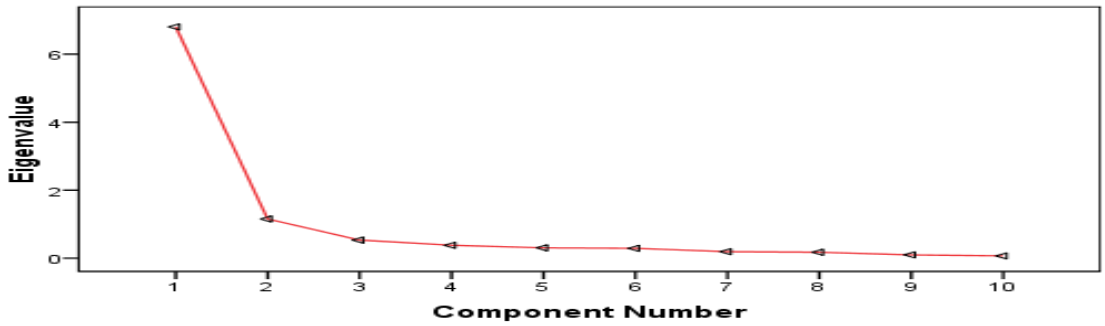

Figure 4. The scree test of extrinsic factors of work items Eastern shwoa and Adama special zones, March 1st to March 30th, 2010Gc

5.7.3. Affective Commitment

As the results presented in the Table -10 shown in annex -1 , after PCA was made, one factor which is called as affective commitment _1 was extracted from the 6 items concerning affective commitment of health workers. In addition, as the figure-6 for the scree test also suggested that it was possible to extracts up to one factor. This factor accounted for 84.54 % of the variance in the score (Eigenvalues = 5.1) and consisted all of the constructs of

affective commitment which had a common interpretation of how much workers were emotionally attached with their health care organizations

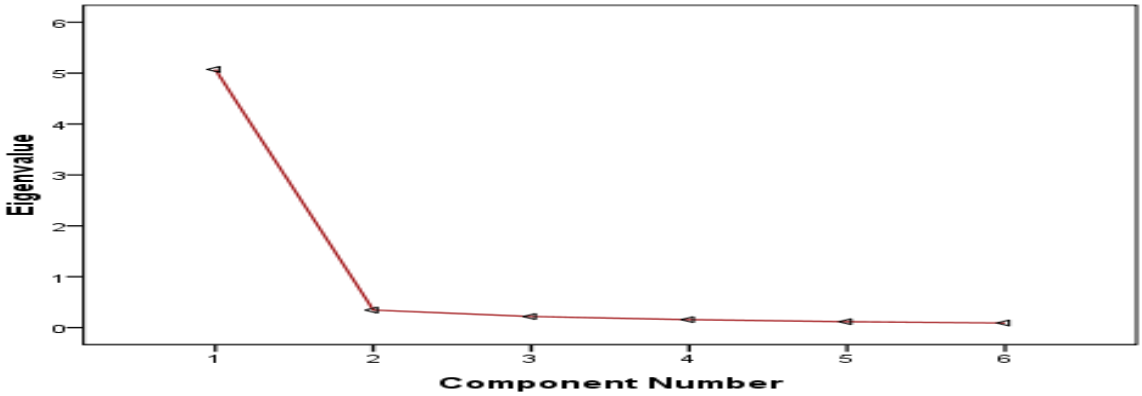

Figure 5. The scree test affective commitment items Eastern shwoa and Adama special zones, March 1st to March 30th, 2010.

5.8. The relationship between health professionals characteristics, WFs & ACS

The correlation coefficients table-6 shows the relationship between socio demographic factors, work factors and workers affective commitment which indicates how important certain job factors were to the respondents.

Table 6. Pearson's Correlation between socio-demographic factors, all work factors and affective commitment using factor score for the study done on government health workers in Eastern shoa and Adama special zones. 2010

S. No	Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1	Type of HF	1												
2	Location of HF	.77**	1											
3	Profession	.58**	.39**	1										
4	Age	-.67**	-.60**	-.39**	1									
5	Sex	.45**	.35**	.22**	-.24**	1								
6	Marital status	-.33**	-.30**	-.19**	.50**	.01	1							
7	Educational level	-.76**	-.57**	-.66**	.48**	-.47**	.16**	1						
8	Service year	-.55**	-.49**	-.33**	.82**	-.10*	.40**	.39**	1					
9	Income	.73**	.62**	.60**	.60**	.47**	.30**	.76**	.46**	1				
10	Intrinsic factors of work_1	.60**	.46**	.37**	.41**	.31**	.17**	.54**	.33**	.53**	1			
11	Extrinsic Factors of work_1	.66**	.57**	.39**	.40**	.32**	.24**	.56**	.41**	.51**	.43**	1		
12	Extrinsic factors of work _2	.44**	.34**	.29**	-.40**	.28**	-.13**	-.37**	-.30**	-.40**	.51**	----	1	.
13	Affective commitment _1	.84**	.73**	.44**	-.62**	.40**	-.31**	-.62**	-.52**	-.65**	.62**	.62**	.52. **	1

**** Correlation is significant at 0.01 levels**
*** Correlation is significant at 0.05 levels**

Findings from the correlations test in Table-6 among socio demographic variables and affective commitment_1 of health workers indicate that, there was a strong positive correlation between type of health facility (r=.84, p<0.01), location of health facility (r=.73, p<0.01), with affective commitment_1 whereas, professional category (r=.44, p<0.01), and sex (r=.40, p<0.01) have a moderate positive association with health workers affective commitment _1. On the other hand, age (r=-.62, and p<0.01), educational level (r= -.62, p<0.01), and income (r= -.65, p<0.01) have a strong negative association with affective

commitment_1. Similarly, service year (r= -.52, p<0.01), and marital status(r= -.31, p<0.01), have a moderate and weak correlation with workers affective commitment_1 respectively.

There also exist a moderate positive correlation between intrinsic factors of work_1 with extrinsic factors of work _1 and extrinsic factors of work _2 (r=.43, p<0.01 and r=.51, p<0.01) respectively. This reveal that, the presence of low level of dissatisfaction with extrinsic factors of work, may also lead to maintain their higher levels of satisfaction with intrinsic factors of work. Moreover, the intrinsic factors of work_1 had a strong positive correlation with affective commitment_1 (r=0.62, p<0.01) .This illustrate that, the higher the satisfaction of health workers with intrinsic factors of, the higher will be their affective commitment to their health care organizations .

There was a strong positive correlation between extrinsic factors of work _1 with affective commitment_1 (r=.61, p<0.01) and a moderate positive association between extrinsic factors of work_2 and affective commitment _1 (r=.52, p<0.01). This indicates that, the lower the dissatisfaction of workers with extrinsic factors of work, the higher will be theirs affective commitment level.

In short, correlation analysis done in between socio demographic factors and affective commitment of workers revealed that, location of health facility, type of health facility , professional category and sex of health workers had a positive effect on government health care providers affective commitment . Whereas, age, marital status, educational level, service year and monthly income of health workers had a negative effect on workers affective commitment. Moreover, the correlation done in between intrinsic factors of work_1 that represents (Achievement, recognitions, responsibility, work itself, growth and development), extrinsic factors of work_1 (salary, the incentive system, opportunity for outside training, promotion and salary increment) with affective commitment _1 revealed that, the variables had a positive effect on workers affective commitments.

5.9. Predictors of health workers affective commitment

A stepwise multiple linear regression was made and the overall model become significant at adjusted R square =81.1; F (8,564) = 58.164, p < 0.0001 and the following variables were identified as a predictors of workers affective commitment (Table-7).

Being working in hospital decrease their affective commitment by(B= -1.165, p<0.0001) as compared to those working in health post. Similarly, those health workers who were general practionners (B= 0.305, p<0.0001), health extension (B= 0.437, p<0.0001) and other type of health professionals (B=0.697, p=0.002) were committed as compared to all type of nurses. Additionally, the model describes that, as there are a decrease in dissatisfaction level of health workers with extrinsic factors of work_1 that representing (Salary, the incentive system, opportunity for outside training, promotion and salary increment) and extrinsic factors of work _2 (Post employment security and Relationship with co-workers), leads to an increase health workers commitment level by (B= .202, p<0.0001,) and (B= .231, p<0.0001) respectively. Moreover, as workers satisfaction level with intrinsic factors of work_1 that representing (Achievement, recognitions, responsibility, work itself, growth and development) increases, then, their affective commitment will also increases by (B= .076, p=0.027). Finally, the model explains that, those health workers who earn 885 - 1636 birr / month were more committed by (B=0 .155, p=0.003) as compared with those below 667 birr/month (Table-7).

Table 7. Multiple Regression Results with affective commitment as the Outcome Variable and socio demographic factors and work factors as predictors, for the study done on government health workers in Eastern shoa and Adama special zones. 2010

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95% Confidence Interval for B	
		B	Std. Error	B			Lower Bound	Upper Bound
	(Constant)	.095	.038		2.472	.014	.019	.170
	Hospitals	-1.165	.057	-.527	20.329	.000	-1.277	-1.052
	General practionners	.305	.086	.076	3.549	.000	.136	.474
	Health extension	.437	.066	.213	6.642	.000	.308	.566
	Others	.697	.223	.058	3.127	.002	.259	1.134
	Extrinsic factor of work_1	.202	.026	.202	7.938	.000	.152	.253
	Extrinsic factor of work_2	.231	.031	.231	7.367	.000	.169	.292
	Intrinsic factors of work factor _1	.076	.025	.076	3.037	.002	.027	.125
	Income b/n 885-1636	.155	.052	.071	3.000	.003	.054	.257
2	**R^2 =81.13** **Adjusted R^2 =81.1** **F (8,564) = 58.164** **P-value= .000[a]**							

Predictors: (Constant), Hospitals, Professions General practionners Health extension , others type of professions, Extrinsic factor of work factor _1, Extrinsic factor of work factor _2 , Intrinsic factors of work _1, , Income b/n 885-1636.

Dependent Variables: Affective commitment _1

6. DISCUSSIONS

This study attempted to shed light on an important issue for health care organizations today, which is health workers affective commitment. The study examines the effect of work factors on affective commitment of government health care provider's affective commitment in eastern shoa and adama special zone, oromia region. As , Meyer and Allen (1997) defined, affective commitment as employees' perceptions of their emotional attachment to their organization and its goals. Accordingly, health workers of the two zones do have strong desire to spend the rest of their career in their current organization rather than in other organization they know. This shows that, they believe there are no other better working places for them other than their current job. Moreover, respondents expressed that they feel a bright future with their current organizations and they would remain in the current job. This finding is consistent with prior cross-sectional study done among hospital employees of Iran, where the mean score of affective commitment, (3.86 + 1.12) (Ali Mohammad Mosadeghrad .et.al. 2008). Again this finding was supported with an exploratory study done in Georgia (3.26) and Jordan (3.48) hospital (Lynne Miller Francoaet.al. 2004). Even this finding was supported by the in-depth interview done with health service managers of the study area.

Cross tabulation was made in between health workers socio demographic characteristics and their affective commitment level to depict the presence and absences of association. The result point out that, there was a significant difference in between health workers affective commitment to their health care organizations with type and location of health facility, age, monthly income, service year, educational level, marital status, sex and professions (P, .000). This finding was in line with a cross sectional study done in Iran in which a significant differences were obtained between employees' organizational commitment and their marital status, age and years of work experiences, and salaries received (P, 0.03) (Ali Mohammad Mosadeghrad .et.al. 2008) .

As the result obtain from the stepwise multiple linear regressions model shown, the socio demographic, intrinsic and extrinsic factors of work, overall explains 81.13 % the variance in health workers affective commitment. When this result compared with similar study done in Iran, the simultaneous regression model indicates that, organizational, social, job and individual factors overall explained 44.7% of the variance in employees' organizational

commitment (Ali Mohammad Mosadeghrad .et.al. 2008). The predictor variables identified in my study were similar with that finding.

The difference on the two models may be due to the fact that, the existence of difference on the socio demographic characteristic of respondents in both countries which may leads for the model to be inflated. Moreover, adding of a few predictor variables from the Hertzberg's theory used in this study and the discrepancy on ways of data analysis may be the possible explanations.

According to Hertzberg theory, the variables for intrinsic factors are the primary causes of satisfaction, they are intrinsic to the job because they relate directly to the real nature of the work people perform . He also believed that the motivators can create job satisfaction but the hygiene factors cannot. Rather, the hygiene factors if taken care of can only play a preventative role i.e. preventing existing satisfaction from declining though they themselves cannot improve satisfaction (Dr Prince Efere .2005). Accordingly, the study was assessing the satisfaction and /or the dissatisfaction level of health workers in terms of each job content, context and in general as well. As the finding shows, workers of the two zones were highly satisfied with the overall work factors as well as with intrinsic factors of work, but responsibilities that their job provide to them were scored highly (4.3, + 0.70) . Similarly they were less dissatisfied with extrinsic factors of work of which relationship with co-workers had the dominant mean value (4, $\pm$ 1.23) whereas, salary(2.7 +1.56), the incentive system (2.5 +1.67) and fringe benefit (2.8 +1.43) were scored less . Also, this finding were in line with, a cross sectional study done on health workers in Egypt, which shows the total mean score percent of job satisfaction was (56.8±17.5) and relationship with colleagues (81.3±19.6) represented the domain with highest percentage of satisfaction, while the domain of salaries/incentives represented the lowest satisfaction (16.2±14.7) (Amira Gamal Abdel-Rahman1, 2008). This finding again supported with an exploratory study done in Georgia with the mean score of (3.47) for intrinsic factors of work, (3.23) for extrinsic factors of work and (3) for overall job satisfaction level, and Jordan (3.39) for intrinsic factors of work, (3.04) for extrinsic factors of work , & (2.37) for overall job satisfaction level (Lynne Miller Francoaet.al. 2004) . In line with the above, findings from the Second wave of a Cohort Study of Young Ethiopian Doctors and Nurses shows, about 80% of the health workers are unsatisfied (20%) or completely unsatisfied (about 60%) with their salary.

It has been consistently reported by studies that, there exists a positive association between job satisfaction and organizational commitment (Knoop R. 1995; Al-Aameri AS.2000; Ingersoll G, Olsan T, Drew-Cates J, et al. 2002). As a result, committed individual will be more eligible to receive intrinsic rewards, job satisfaction and better relationships with colleagues, and extrinsic rewards, bonuses and awards. Comparable with this, this study also confirmed the existence of a positive association in between health workers affective commitment and satisfaction with intrinsic and extrinsic factors of work. Therefore, the higher for workers satisfaction with intrinsic factors work, the higher will be their affective commitment and the lower for workers dissatisfaction with extrinsic factors, the higher will be their affective commitment.

7. STRENGTH AND LIMITATIONS OF THE STUDY

7.1. Strengths

The present study had a number of strengths, including;

- The use of theories that helped as a standard to discuss the finding with respect to it .
- The use of both qualitative and quantitative methods of data collection.
- Have a good coverage and representative since it includes different cadres of health workers at different level health care organization.
- The use of factor analysis for all likert scale questions so as to determine the most pertinent factors for further analysis.

7.2. Limitations

- Since the study conducted after the application of the new strategies called BPR and during the time of election, that may induce social desirability bias.
- The study did not include other health workers who work in NGO of the two zones.
- Generalization of the finding was difficult especially for the small group of health professionals.

8. CONCLUSION AND RECOMMENDATIONS

8.1. Conclusion

It is true that a trained, skilled, motivated , satisfied and committed man power plays a great role to achieve health related MDGs and creating a country with a middle income economy. The role played by health workers specially is very important in this regard by producing healthy and productive man power. As a result, it is required to maintain well qualified and committed health workers who contribute for the success of the organizations. Having this in mind, it is important to study the level of health workers commitment, and the factors of work that determine organizational commitment . Based on the findings and the analysis, the following major conclusions were drawn: Health workers

- Were highly satisfied with intrinsic factors of work particularly with the responsibility they got from their job.
- Were less dissatisfied with overall extrinsic factors of work but highly dissatisfied with their monthly salary, fringe benefit, and the incentive system, and promotion and salary increments.
- Of the zones satisfied with their job content and or context.
- Were highly committed to their health care organizations.
- In hospital were less satisfied and committed
- In the rural area were highly satisfied and committed.
- Who hold certificate were highly satisfied and committed.
- Achievement, recognitions, responsibility, work itself, growth and development, salary, the incentive system, opportunity for outside training, promotion and salary increment , Post employment security and relationship with co-workers, location and type of health facilities, workers professions category , and sex of health workers have a positive effect on health workers affective commitment. Where as age mmarital status, service year, educational level and monthly income of health workers do have a negative effect on workers affective commitment.
- Being hospital workers, being general practionners, health extension and others professional like (community health agent) , Salary, the incentive system, opportunity for outside training, promotion and salary increment , Post employment security and Relationship with co-workers, achievement, recognitions, responsibility, work itself, growth and development, and monthly income in b/n between 885-1636 were predictor of workers affective commitment .

8.2. Recommendations

Creating a conditions in which workers to see a bright future in their workplace and to make them to develop a sense of belongingness to their organizations , are very crucial for health care organizations development. Based on the findings and the analysis the following recommendations are forwarded:

Policy makers in the ministry of health should revise their policy to bring some improvement on the extrinsic factors of work, such as, salary, fringe benefits, and the incentives system, of health care organizations by assessing the level of those factors availability in each organizations.

Federal Ministry of health as well the oromia regional health beurou should encourage further studies to be held on the areas on the issue that what makes health workers to be more satisfied and committed to their health care organizations and make things to be sustainable.

Oromia regional health beurou should invest in the long term goal of workers in a form of training particularly for the outside one in order to increase the quality of service through it.

The oromia regional health beurou and the zonal health office should work hard on maintaining the already began strategy called BPR since it had a positive outcome on improving workers commitment.

Eastern shoa and Adama special zones health care organizations should work hard to maintain the rewards that health workers got from their health care organizations like ; achievement, recognition, responsibilities, challenging work, growth and development that the health workers in a sustainable way .

Researchers /any interested subjects should use the current finding and further exploring the underline reasons for why working in hospital decreases workers commitment as compared with those working in the PHCU. They should also further looking for the underline reasons that, general practionners and HEW are more committed as compared to others type professionals.

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10.ANNEX-I

10.1. **Questionnaire**

Dear participants

I am _____ working together with Girma Tenkolu who is a graduate student currently at the Jimma University College of public health and Medicine Department of health planning and health service management that he will conducts research for the completion of his Masters in public health. The purpose of the study is to examine the effect of work factors on public health workers affective commitment in east shewoa and Adama special zone oromia region.

The survey takes 30 minutes to complete all questions and has five sections which asks about: Personal information, Intrinsic factors of work, Extrinsic factors of work, and Equity factors of work and commitment factors of your organization.

Please complete all the following items as carefully as possible using the rating scales provided. And in the mean time, I would like to assure you that confidentiality will be strictly secured throughout the study. All your information will be numbered and your name will not be used. Your answers to any of the questions will not be given to anyone else and no reports of the study will ever identify you. If a report of results is published, only information about the total group will appear. Please answer all questions to the best of your ability so this survey can be used for this research.

To guarantee anonymity and confidentiality, please do not write your name or other identifying marks on the questionnaires. Your participation in this study is voluntary and is important for the success of this Study.

Are you willing to participate in this study? [ ] Yes

[ ] No

If yes? Please go to next page

_____Thank you in advance for your participation! _____

Q.CODE. No. _____

A.QESTIONNARES TO BE FILLED BY HEALTH WORKERS AT THE POST

Part – I Background Information

CODE	ITEM	OPTIONS
Q101	Type of facility	1. Hospital 2.Health Centre 3.Health post
Q102	District	_____
Q103	Facility location	**1.** Urban 2.Rural
Q104	Your profession	1.Specialist doctor 2.General Practitioners 3. Health officer 4.Nurse Midwife 5.Public/Clinical Health Nurse / 6.Pharmacy Technician 7.X-ray technicians 8..Health Extension 9..Health promoter 10..Other(specify)_____
Q105	Current position in your work	_____
Q106	Age	_____
Q107	Sex	1. Male **2.** Female
Q108	Marital status	1.Single 2.Married 3.Divorced 4.widwed 5.other
Q109	Educational level	1.Certificate 2.Dipiloma 3.Degree 4.Above degree
Q110	Service year with in the public health organization	_____
Q111	Income	1..<667 birr 2.668 to 884 birr 3.885 to 1636 birr 4.1637 to 2240 5. >2241

General Directions for the next parts

a. In parts where written responses are required, please provide your written response briefly in the blank space provided.

b. Where the questions require ranking (form strongly agree to strongly disagree) please rank the choices by putting a tick mark (√). .

Part –II Intrinsic Factors of work

Please put a tick mark (√) in front of the following items indicating the level of your agreement or disagreement regarding the following intrinsic content of work in your health institution

CODE	ITEM	Strongly Agree(5)	Agree(4)	Indifferent(3)	Disagree(2)	Strongly disagree(1)
Q201	I am satisfied with the type of work I perform since it provides me with Opportunity for achievement					
Q202	I am satisfied with the type of job I perform since it is a challenging work					
Q203	The job provides with strong feeling of responsibility since, I am positively influencing other people's lives (patients , colleagues) through my work					
Q204	The job provides me with strong feeling of responsibility since I am contributing to the society					
Q205	I am satisfied with the type of job I perform since, I am serving patients .					
Q206	The type of work I perform provides me with opportunity for personal growth and development					

Q207Please state the reasons why you get the above factors as satisfying or dissatisfying

_____

_____

Part –III Extrinsic content of work

Please put a tick mark (√) in front of the following items indicating the level of your agreement or disagreement regarding the following extrinsic content of work in your health institution

CODE	ITEM	Strongly Agree(5)	Agree(4)	Indifferent(3)	Disagree(2)	Strongly disagree(1)
Q301	I am satisfied with the salary					
Q302	I am satisfied with the fringe benefits like medical expense, education fee coverage etc.					
Q302	Promotion and salary increment are satisfactory					
Q303	I am satisfied with the job security					
Q304	The health management of the organization cares for workers welfare					
Q305	I am satisfied with the incentive system					
Q306	There is opportunity for outside training					
Q307	There is opportunity for in-house training					
Q308	I am satisfied with the post employment security (in the form of pension or provident fund)					
Q309	am satisfied with the relationship with co-worker's in the work place					

Q310If you choose disagree in any of the above items, Please give your opinion why?

_____

_____

Q311Is there any other thing that you want to add?_____

_____

Part –IV perception of equity

Please put a tick mark (√) in front of the following items indicating the level of your agreement or disagreement regarding your perception of equity in your health institution.

CODE	ITEM	**Strongly Agree(5)**	**Agree(4)**	**Indifferent(3)**	**Disagree(2)**	**Strongly disagree(1)**
Q401	Management of the organization treats all employees equally.					
Q402	Workers expected to do too much work for small pay.					
Q403	The relatives of health managers receive better benefit and faster promotion.					
Q404	Gossipers get favorers from health managers.					
Q405	Other public health organizations pay more than I earn for the same type of job or other jobs which require the same qualification with that of mine.					

Q406If you choose disagree in any of the above items, Please give your opinion why?

_____

_____

_____

_____

Q407Is there anything that you want to add?_____

_____

_____

Part –V Commitment

Please put a tick mark (√) in front of the following items indicating the level of your agreement or disagreement regarding your Commitment to your health institution.

CODE	ITEM	Strongly Agree(5)	Agree(4)	Indifferent(3)	Disagree(2)	Strongly disagree(1)
Q501	I would be very happy to spend rest of my career in this organization.					
Q502	I really feel as if this organization's problems are my own.					
Q503	I feel like "part of my family" at my organization					
Q504	I feel "emotionally attached to this organization					
Q505	This organization has great deal of personal meaning for me					
Q506	I feel strong sense of belonging to my organization					

Q507If you disagreed that you would be very happy to spend rest of your career in this organization, will you change your profession to another? Yes _____

No _____

Q508 If you choose yes, why and what type of organizations and jobs are your preferences

_____

_____

Q509Please list conditions in your organization which you found attractive and unattractive.

Attractive _____

Unattractive _____

Please check to make sure you have answered all the questions and return **the questionnaires to the marked manila envelope on your clinical unit.**

Thank you for completing the Questionnaire!

B.INTERVIEW PREPARED FOR MANAGERS /SUPERVISORS AT THE PUBLIC HEALTH SERVICE DELIVERY SYSTEM

Purpose: This interview is prepared for managers /Supervisor of health workers working at the different managerial levels of health care organization to find out the commitment level of their workers and the factors that affect commitment of workers for their organization. The result of this interview will be used to supplement the data gathered from the questionnaire in the analysis.

1. Do you think health employees of the health care organization properly know the vision, mission, goals and values of the health institution and strive to achieve them effectively? How can you justify?

2. Do you think that health workers are willingness to exert high levels of efforts on behalf of the health organization? Can you justify? How?

3. Are they willing to engage on the following activities that are important for the development of their organization by spending extra time?
   - Are they willing to be head of different unit in health institution? How
   - Are they willing to coordinate health workers affair? How? In what affairs
   - Are they willing to consult or handle for every matter of patients politely? How would you Describe it ?
   - Are they willing to teach each other or prepare workshop for supporting their subordinates? What kind? How this happened?

4. Do you think workers have a strong desire to be a member of your health care organization? How can justify?

5. What is the level of movement from and in to your organization? What do you think the reasons?
6. Do the workers stay working in your organization for long period of time? How can justify? Why do you think this happened?

የአማርኛ፡ መጠይቅ

የተከበራቹ ተሳታፊዎች _____

እኔ _____ እባላለው ፡ የምሰራውም ፡ አቶ ግርማ ፡ተንኮሉ ፡ ከሚባል ፡ በጂማ ዩኒቨርሲቲ ፡የድህረ፡ ምረቃ በህብረተሰብ ፡ ጤና፡ ኮሌጅ ፡እና፡ህክምና ፡ ክፍል፡ በጤና፡እቅድና ጤና፡ስተዳደር ፡ትምህርት ክፍል ፡የምረቃ፡ፅሁፍ ፡ ለመፃፍ ፡ የሚረዳውን ፡ ጥናት ፡ለማድረግ ፡ዝግጅት ፡ላይ ፡ካለ ተማሪ ፡ ጋር፡ነው።የጥናቱ፡ አላማም ፡ በመንግስት ፡ጤና፡ ደሪጅት ፡ ውስጥ፡ያሉ የጤና ፡ባለሙያዎችን፡ ለስራ፡ ያላቸውን ፡ቁረጠኝነት ፡ላይ ፡ተፅኖ፡ ሊሳድሩ ፡የሚችሉ፡ ጉዳዮች ፡ምንድን፡ ናቸው የሚለው ፡ ሃሳብ ፡ላይ ፡ነው።

ለዚህም ፡ይረዳ፡ዘንድ ፡በዚህ፡ መጠየቂያ ፡ውስጥ ፡5-ክፍሎች፡ተካተዋል።እነርሱም

1. ባለሙያውን ፡የተመለከተ ፡አጠቃላይ ፡ መረጃ ።
2. ከስራው ፡ጋር፡በቀጥታ፡የተያያዙ፡ምክንያቶችን ፡በተመለከተ።
3. ከስራው፡ጋር ፡በተዘዋዋሪ፡መንጋድ ፡ ተያያዥነት፡ላቸውን፡በተመለከተ።
4. ያስተዳደሩ፡፡ፍትህዊነት፡በባለሙያዎች።አመለካከት፡ምን፡እንደሚመስል።
5. ባለሙያው፡ለመስሪያ፡ቤቱ፡ወይንም፡ደግሞ፡ለስራው፡ስላለው፡ዝንባሌ፡የሚመለከት፡ጥያቄ።

ሥለዚህ፡በተቻላቹ፡መጠን፡እነዝህን፡በተመለከተ፡በደረጃ፡መለኪያ፡እስኬል፡ላሉ፡ጥያቄዎች፡ተገቢውን፡ምላሽ፡ትሰጡኝ፡ዘንድ፡እየተመፀንኩአችሁ፡በዚህ፡አጋጣሚ፡ላረጋግጥላችሁ፡የምፋልገው፡ነገር፡ቢኖር፡ሚስጥራዊነቱ፡ሙሉ፡ለሙሉ፡የተጠበቀ፡ስለመሆኑ፡ነው።ማንኛውም፡መረጃ፡የሚገለጹት፡በቁጥር፡ሲሆን፡ስምን፡መጻፍ፡አያስፈልግም።በዚህ፡ላይ፡ደግሞ፡መንኛውም፡መለሽ፡ለማንም፡አይሰጥም፡እናም፡ደግሞ፡የትኛውም፡ሪፖርት፡በምንም፡መልኩ፡የእናንተ፡ምላሽ፡መሆኑን፡አይጠቁምም። ምናልባት፡ሪፖርቱ፡የሚታተም፡ከሆነ፡እንኳን፡የጠቅላላው፡ውጤት፡ድምር፡ነው፡የሚሆነው።ሥለዚህ፡እባካችሁ፡አቅማችሁ፡በፈቀደ፡መጠን፡ትክክለኛውን፡መረጃ፡በመስጠት፡ጥናቱ፡እውነትን፡መሰረት፡ያደደረገ፡እነዲሆን፡የበኩላችሁን፡ተወጡ።

በስተመጨረሻም፡ለሚሰጥራዊነቱ፡መረጋገጥ፡ይረዳ፡ዘንድ፡ስለማንነታችሁ፡ምንም፡አይነት፡መረጃ፡ሊሰጡ፡የሚችሉ፡ነገሮች ን፡አታድርጉ።በዚህ፡ላይ፡ለጥናቱ፡መሳካት፡ይረዳ፡ዘንድ፡በጥናቱ፡ላይ፡የምትካተቱት፡እናንተ፡ሙሉ፡ለሙሉ፡ፍቃደኛ፡ስትሆኑ፡ብቻ፡ነው።

በዘህ፡ጥናት፡ለመሳተፍ፡ፍቃደኛ፡ነህ/ነሽ? **ፍቃደኛ ነኝ / _____**

ፍቃደኛ አይደለውም_____

እፈልጋለው፡ከሆነ፡ምላሽዎ ? እባከዎን፡የሚቀጥለው፡መጠይቅ፡በመመሪያው፡መሰረት፡ይሙሉት!

_____///ስለፍቃደኝነትዎ፡አመሰግናለው//_____

የመጠይቁ፡መለያ፡ቁጥር_____

በመንግስት፡የጤና፡ደርጅት፡ውስጥ፡በሚገኙ፡የጤና፡ባለሙያዎች፡ብቻ፡የሚሞሉ፡ጥቄዎች

ነ. ክፍል፡አንድ-የባለሙያውን፡ጠቅላላ፡መረጃ፡የሚመለከት

ጥ.መ.ኮ	**ጥያቄ**	**አማራጮች**
Q101	የሚሰሩበት፡የጤና፡ድርጅት	1. ሆስፒታል 2.ጤና፡ጣቢያ 3.ጤና፡ኬላ
Q102	ወረዳ	_____
Q103	መስሪያ፡ቤቱ፡የሚገኘው፡	**1.** በከተማ 2.በገጠር
Q104	ሙያህ/ሙያሽ	1.እሽፕሻሊስት፡ሀኪሚም 2.ጠቅላላ፡ሃኪም 3. ጤና፡መኮንን 4.ነርስ(አዋላጅ/የጎብረተሰብ/ክሊኒካል ወዘተ...) 5. ፋርማሲ(ድራጊስት/ቴክኒሺያን/) 6..X-ray ቴክኒሺያን 7.ጤና፡ኤክስቴንሽን 8.ያካባቢ፡ጤና፡ሳይንስ 9.ሌላ፡ካለ፡ይገለጽ_____
Q105	የስራ፡ድርሻሽ/ህ	_____
Q106	እድሜ	_____
Q107	ፆታ	1. ወንድ **2.** ሴት
Q108	ትዳር፡ሁኔታ	1ያላገባ/ች 2.ያገባ/ች 3.የፈታ/ች 4.የሞተባት/በት 5.ሌላ፡ካለ፡ይገለፅ_____
Q109	የትምርት፡ደረጃ	1.ሰርተፍኬት 2.ዲፕሎማ 3.ድግሪ 4.ከድግሪ፡በላይ
Q110	የስራ፡ልምድ	_____
Q111	የወር፡ገቢ	1..<667ብር 2.668 to 884ብር 3.885 to 1636 ብር 4.1637 to 2240ብር 5. >2241ብር

ከዚህ፡በኋላ፡ላሉት፡ጥያቄዎች፡በዚህ መመሪያ፡መረጃ፡መሰረት፡መጠይቁን፡ይሙሉት!

ሀ)ከዚህ፡በታች፡.ለተዘረዘሩት፡ጥያቄዎች፡ባዶ፡ቦታዎች፡ላይ፡ዝርዝር፡መልስ፡ከሆነ፡የሚያስፈልገው? ዝርዝሩን ፡ይሙሉ

ለ).በምርጫ፡መልክ፡ ለተቀመጡት፡ ጥያቄዎች፡ በሀሳቡ፡የሚስማሙበት፡መልስ፡ስር፡ይህንን፡ምልክት፡ያስቀምጡ! (√)

2.ክፍል፡ሁለት-ከስራ፡ጋር፡ቀጥተኛ፡ግኙኝነት፡ስላላቸው፡ነገሮችን፡በተመለከተ

እባክዎን፡ከዚህ፡በታች፡ላሉት፡ከስራዎ፡ጋር፡ቀጥተኛ፡ግኙኘነት፡ስላላቸው፡ጥያቄዎች፡ስር፡መስማማቶን፡አልያም፡አለመስማማቶን፡የሚጋለፅ፡ምልክት(√) ያስቀምጡ!

ጥ.መ.ኮ	ጥያቄ	በጣም፡እስማማለው(5)	እስማማለው(4)	ምንም ሀሳብ የለኝም(3)	አልስማማም(2)	በጣም፡አልስማማም(1)
Q201	አሁን፡እየሰረው፡ባለውት፡ስራዬ፡ደስተኛ፡ነኝ፡ምክንያቱም፡ ስኬታማ፡ስላደረገኝ					
Q202	አሁን፡እየሰረው፡ባለውት፡ስራዬ፡ደስተኛ፡ነኝ፡ምክንቱም የስራዬ፡አስቸጋሪነት፡በራሱ፡ለስራ፡ስለሚያነሳሳኝ					
Q203	በአሁኑ፡ሰዓት፡የምሰራው፡ሥራ፡ጠንካራ፡የሆነ፡የሀላፊነ፡ስሜት፡እንዲሰማኝ፡አድርጎኛል።ሚኪኒያቱም፡በበነ፡መልኩ፡የሌሎች፡ሰዎች(በሽተኞቼ፤ጓደኞቼ)፡ህይወት፡ላይ፡ተፅኖ፡እንዳሳድር፡ሥላስቻለኝ					
Q204	በአሁኑ፡ሰዓት፡የምሰራው፡ሥራ፡ጠንካራ፡የሆነ፡የሀላፊነ፡ስሜት፡እንዲሰማኝ፡አድርጎኛል።ሚኪኒያቱም፡ለህብረተሰቡ፡እየሰራው/እያገለገልኩኝ፡ስለምገኝ					
Q205	አሁን፡እየሰረው፡ባለውት፡ስራዬ፡ደስተኛ፡ነኝ፡ምክንያቱም፡ በሽተኞችን፡እያገለገልኩኝ፡ስለሚገኝ።					
Q206	አሁን፡እየሰረው፡ባለውት፡ስራዬ፡ደስተኛ፡ነኝ፡ምክንያቱም፡የስራዬ፡ሁንታ፡ሚከፍትልኝ፡እድል፡ዕራሴን፡እንዳሳድግ፡ስለሚረዳኝ።					

Q207.እባክዎን፡ከላይ፡ለተጠየቁት፡ጥያቄዎች፡የመለሱት፡መላሽ፡አጥጋቢ፡ነው፡አልያም፡ደግሞ፡አጥጋቢ፡ኤደለም፡በማለት፡ከሆነ፡ ምክነያቶትን፡ምን፡እንደሆነ፡ዘርዝሩ!

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3.ክፍል፡ሦስት-ከስራ፡ጋር፡ቀጥተኛ፡ግኙኝነት፡ስላሌላቸው፡ነገሮችን፡በተማለከተ

እባክዎን፡ከዚህ፡በታች፡ላሉት፡ከስራዎ፡ጋር፡ቀጥተኛ፡ግኙኘነት፡ስላሌላቸው፡ጥያቄዎች፡ስር፡መስማማቶን፡አልያም፡አለመስማማቶን፡የሚጋለፅ፡ምልክት(√) ያስቀምጡ!

ጥ.መ.ኮ	ጥያቄ	በጣም፡እስማማለው(5)	እስማማለው(4)	ምንም ሀሳብ የለኝም(3)	አልስማማም(2)	በጣም፡አልስማማም(1)
Q301	በአሁኑ፡ሰአት፡በማገኘው፡ደሞዝ፡ደስተኛ፡ነኝ					
Q302	በአሁኑ፡ሰአት፡እያገኘው፡ባለውት፡ከፍተኛ፡ጥቅማጥቅሞችIለምሳሌ፡የህክምና/የትምህረት፡ወጪዬ፡ሙሉ፡ለሙሉ፡መሸፈን፡ደስተኛ፡እንድሆን፡አድርጎኛል።					
Q302	በመስሪያ፡ቤታችን፡ውስጥ፡ባለው፡የስራ፡እድገትና፡የደሞዝ፡ጭማሪ፡ደስተኛ፡ነኝ።					
Q303	በአሁኑ፡ሰአት፡ ባለኝ፡የስራ፡ዋስትና፡ደስተኛ፡ነኝ					
Q304	በአሁ፡ሰአት፡ያለው፡የመስሪያ፡ቤታችን፡ሀላፊ፡ለስራተኞች፡ጠቅላላ፡ሁኔታዎች፡ጥኩረት፡ሰጥቶ፡በመንቀሳቀስ፡ላይ፡ይገኛል።					
Q305	በአሁኑ፡ሰዓት፡እያገኘው፡ባለውት፡የገንዘብም፡ሆነ፡ከገንዘብ፡ውጪ፡ባሉት፡ጥቅሞች፡ደስተኛ፡ነኝ።					
Q306	መስሪ፡ቤታችን፡በሌሎች፡ዩኒረሲቲዎች፡ወስጥ፡ገብተን፡እንድንማር፡እድሎችን፡ይፈጥርልናል።					
Q307	መስሪ፡ቤታችን፡አንዳንድ፡ማሻሻያ፡ስልጠናዎችን፡እንድናገኝና፡እንድንካፈል፡እድሎችን፡ይፈጥርልናል።					
Q308	መስሪ፡ቤታችን፡ባስቀመጠው፡የጡረታ፡መብት፡መከበር፡ደስተኛ፡ነኝ ።					
Q309	ከስራ፡ባልደረቦቼ፡ጋር፡በስራ፡ቦታ፡ባለኝ፡ግኙኝት፡ደስተኛ፡ነኝ።					

Q310.እባክዎን፡ከላይ፡ለተጠየቁት፡ጥያቄዎች፡የመለሱት፡መላሽ፡አጥጋቢ፡ኤደለም፡በማለት፡ከሆነ፡ምክነያቶትን፡ምን፡እንደሆነ፡በዝርዝር፡ጥቀሱ_____

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Q11.በዚህ፡ላይ፡መጨመር፡የሚፈልጉት፡ነገር፡አለ?ካለ፡ጥቀሱ!_____

4.**ክፍል፡አራት-ያስተዳደሩ፡፡ፍትሀዊነት፡በባለሙያዎች።አመለካከት፡ምን፡እንደሚመስል፡የሚመለከት፡ጥያቄ**

እባክዎን፡ከዚህ፡በታች፡ላሉት፡የአስተዳደሩ፡ፍትሀዊነት፡በባለሙያዎች።አመለካከት፡ምን፡እንደሚመስል፡የሚመለከትጥያቄዎች፡ስር፡ መስማማቶን፡አልያም፡አለመስማማቶን፡የሚጋለፅ፡ምልክት(√) ያስቀምጡ! .

ጥ.መ.ኮ	**ጥያቄ**	**በጣም፡እስማማለው(5)**	**እስማማለው(4)**	**ምንም ሀሳብ የለኝም(3)**	**አልስማማም(2)**	**በጣም፡አልስማማም(ነ)**
Q401	በአሁ፡ሰአት፡ያለው፡የመስሪያ፡ቤታችን፡ሀላፊ፡ሁሉንም፡የሚመለከተው፡በእኩል፡ዓይን፡ነው።					
Q402	ሰራተኞች፡ከሚከፈላቸው፡ክፍያ፡ጋርተመጣጣኝነት፡የሌለው፡ስራ፡እንዲሰሩ፡ይጠበቃሉ።					
Q403	የሀላፊው፡ዘመድ፡የሆኑት፡ከሌሎች፡ሰራተኞች፡በበለጠ፡በማንኛውም፡መልኩ፡ተጠቃሚዎች፡እንዲሆኑ፡ይደረጋሉ።					
Q404	ለሀላፊው፡ወሬ፡የሚያቀብሉ፡ሀላፊው፡ከሌሎች፡የበለጠኑ፡እንዲጠቀሙ፡ቅድሚያ፡ይሰጣቸዋል።					
Q405	እንደኛ።መስሪያ፡ቤት፡ያሉ፡ሌሎች፡መስሪያቤቶች፡ውስጥ፡ለሚገኙ፡እንደኔ፡ላሉ፡ባለሙያዎች፡ለሚሰሩት፡ተመሳሳይ፡ስራ የሚያገኙት፡ጥቅማጥቅም፡ከኛ፡ጋር፡ሲነፃፀር፡ይበልጣል።					

Q406.እባክዎን፡ከላይ፡ለተጠየቁት፡ጥያቄዎች፡የመለሱት፡መላሽ፡አጥጋቢ፡ኤደለም፡በማለት፡ከሆነ፡ ምክነያቶትን፡ምን፡እንደሆነ፡በዝርዝር፡ጥቀሱ

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Q407.በዚህ፡ላይ፡መጨመር፡የሚፈልጉት፡ነገር፡አለ?ካለ፡ጥቀሱ!

5.ክፍል፡አምስት-የባለሙያውን፡ለስራው፡አእንዲሁም፡ደግሞ፡ለመስሪያ፡ቤቱ፡ያለውን፡ዝንባሌ፡የተመለከቱጥያቄዎች።

እባክዎን፡ከዚህ፡በታች፡ላሉት፡የባለሙያውን፡ለስራው፡ወይንም፡ደግሞ፡ለመስሪያ፡ቤቱ፡ያለውን፡ዝንባሌ፡የተመለከቱ፡ጥያቄዎች፡ስር፡ መስማማቶን፡አልያም፡አለመስማማቶን፡የሚጋለፅ፡ምልክት(√) ያስቀምጡ! .

ጥ.መ.ኮ	ጥያቄ	በጣም፡እስማማለው(5)	እስማማለው(4)	ምንም ሀሳብ የለኝም(3)	አልስማማም(2)	በጣም፡አልስማማም(1)
Q501	ቀሪ፡ጊዜዬ፡በሙሉ፡እዚህ፡ድርጅት፡ውስጥ፡በመስራት፡ባሳለፍ፡በጣም፡ደስተኛ፡ነኝ።					
Q502	ስለእውነት፡የመስሪያ፡ቤቴን፡ችግሮች፡ሁሉ፡ልክ፡እንደራሴ፡ችገሮች፡ነው።የማያቸው።					
Q503	እዚህ፡መስሪያ፡ቤት፡መስራቴ፡ልክ፡ቤተሰቦቼ፡ውስጥ፡እንዳለው፡ነው የሚሰማኝ።					
Q504	ከመስሪያ።ቤቴ፡ጋር፡በስነ፡አእምሮዬ፡የተቆራኘው፡ያህል፡ይሰማኛል።					
Q505	ይህ፡መስሪየ፡ቤት፡በኔ፡ህወት፡ውስጥ፡እጅግ፡በጣም፡ብዙ፡ትርጉም፡አለው።					
Q506	በዚህ፡መስሪያ፡ቤት፡መስራቴ፡የመስሪያ፡ቤቱ፡አካል፡የሆንኩ፡ያህል፡የሰማኛል።					

Q507.እባክዎን፡ከላይ፡ለተጠየቁት፡ጥያቄዎ፡ማለትም፡ቀሪ፡ጊዜዬ፡በሙሉ፡እዚህ፡ድርጅት፡ውስጥ፡በመስራት፡ባሳለፍ፡በጣም፡ደስተኛ፡ነኝ፡ለሚለው፡የመለሱት፡መላሽ፡አጥጋቢ፡ኤደለም፡በማለት፡ከሆነ?ሙያዎትን፡ቀይረው፡በሌላ፡ሙያ፡ለመቀጠል፡ይፈልጋሉ? እፈልጋለው_____

አልፈልግም_____

Q508ምላሾት፡እፈልጋው፡ከሆነ፡ለምን፡እንደሚቀይሩና፡ወደምንድን፡አይነት፡ስራ፡ወይም፡መስሪያ፡ቤት፡መቀየር፡እንደሚፈልጉ፡በዝርዝር፡አስረዱ!_____

Q509ዕባክዎን፡በመስሪ፡ቤትዎ፡ውስጥ፡ካሉት፡ነገሮች፡ውስጥ፡ይስባሉ፡ወይም፡ደግሞ እይስቡም፡የሚሉት።ነገሮች፡ካሉ፡ጥቀስ/ሽ

ይስባሉ _____

አይስቡም_____

እባክዎን፡የጥያቄ፡ወረቀቱን፡ከመመለስዎት፡በፊት፡ጥያቄውን፡ሙሉለሙሉ፡መመለስዎትን፡ያረጋግጡ።ዕረግጠኛ፡ከሆኑም፡መመለስ፡ወደሚገባዎት፡ቦታ፡ይመልሱት።

_____//ለትብብርዎ፡እናመሰግናለን!//_____

10.2. **Different Tables and Figures of the result**

Table 8.Factor Loadings for intrinsic factors of work items Eastern shwoa and Adama special zones, February 1st to March 30th, 2010

S.No	Items	Factor Loading
Q201	Achievement	**0.749**
Q202	Work it self	**0.703**
Q203	Recognition	**0.719**
Q204	Responsibility	**0.780**
Q205	Advancement	**0.712**
Q206	Growth & Development	**0.772**

Extraction Method: Principal Component Analysis **a.1 components extracted**

Table 9.Varimax Rotated Factor Loadings for extrinsic factors of work Items Eastern shwoa and Adama special zones, Feburary 1st to March 30th, 2010.

S.No	Items	Factor loading	
		1	2
Q301	Salary	**.928**	.190
Q302	Fringe Benefits	**.905**	.244
Q303	Promotion and Salary Increment	**.906**	.255
Q304	Job Security	.581	.561
Q305	Health management welfare consideration	.578	.604
Q306	The Incentive System	**.833**	.373
Q307	Opportunity for outside training	**.731**	.491
Q308	Opportunity for in-house training	.552	.698
Q309	Post employment Security	.339	**.822**
Q310	Relationship with Co-workers	.065	**.864**

Extraction method: Principal component Analysis **Rotation methods: Varimax with Kaiser Normalizations**

a. Rotation converged in 3 iterations

Table 10. Factor Loadings affective commitment Items, Eastern shwoa and Adama special zones, February 1st to March 30th, 2010.

S.No	Items	Factor
Q501	Intention to stay	**0.877**
Q502	Willingness to exert high levels of efforts on behalf of the organization;	**0.884**
Q503	Accepting the values and goals of an organizations	**0.932**
Q504	Feeling of emotionally attached	**0.955**
Q505	Feeling of bright future	**0.938**
Q506	Strong sense of belongingness	**0.929**

Extraction Method: Principal Component Analysis **a.1 components extracted**

Table 11 .Comparison of the overall job satisfaction and affective commitment level using the socio-demographic characteristics of government health care providers in Eastern shoa and Adama special zone, March1st to March 30th .2010

S.No	Socio-demographic Type		Satisfaction level		X^2	PV	Socio-demographic Type		Commitment level		X^2	PV
			High(Mean) NO (%)	Low(Mean) NO (%)					High(Mean) NO (%)	Low(Mean) NO (%)		
1	Type of health facility	Health post	210(99.5)	1(0.5)	287.9	.000	Type of health facility	Health post	211(100)	0	375.7	0.0001
		Health center	132(66.7)	66(33.3)				Health center	131(66.2)	67(33.8)		
		Hospital	35(21.3)	129(78.7)				Hospital	3(1.8)	161(98.2)		
2	Location of health facility	Rural	275(85.4)	47(14.6)	141.7	.000	Location of health facility	Rural	287(89.1)	35(10.9)	256.6	0.0001
		Urban	102(40.6)	149(59.4)				Urban	58(23.1)	193(76.9)		
3	Profession category	Others	4 (100)	0	253.8	.000	Profession category	Others	4(100)	0	261.6	0.0001
		Laboratory	25(73.5)	9(26.5)				Laboratory	9(26.5)	25(73.5)		
		Environmental	2(50)	2(50)				Environmental	3(75)	1(25)		
		Health extension	212(99.1)	2(0.9)				Health extension	214(100)	0		
		X-ray	1(16.7)	5(83.3)				X-ray	1(16.7)	5(83.3)		
		All Pharmacy	18(58.1)	13(41.9)				All Pharmacy	17(54,8)	14(45.2)		
		All Nurse	91(42.5)	123(57.5)				All Nurse	72(33.6)	142(66.4)		
		Health officers	19(67.9)	9(32.1)				Health officers	19(67.9)	9(32.1)		
		General practionners	3(13)	20(87)				General practionners	5(21.7)	18(78.3)		
		Specialist Doctors	1(13.3)	13(86.7)				Specialist Doctors	1(6.7)	14(93.3)		

4	Sex	Female	309(74.1)	108(25.9)	53.1	.000	Sex	Female	296(71)	121(29)	74.209	0.0001
		Male	68(43.6)	88(56.4)				Male	49(31.4)	107(68.6)		
5	Marital Status	Widowed	3(60)	240)	56.8	.000	Marital Status	Widowed	0	5(100)	44.264	0.0001
		Divorced	8(53.3)	7(46.7)				Divorced	7(46.7)	8(53,3)		
		Married	197(56.8)	150(46.7)				Married	179(51.6)	168(48.4)		
		Single	169(82)	37(18)				Single	159(77.2)	47(22.8)		
6	Educational Level	Above Degree	2(13.3)	13(86.7)	216.8	.000	Educational Level	Above Degree	0	15(100)	241.2	0.0001
		Degree	45(37.8)	74(62.2)				Degree	32(26.9)	87(73.1)		
		Diploma	113(51.4)	107(48.6)				Diploma	96(43.6)	124(56.4)		
		Certificate	217(99.1)	2(0.9				Certificate	217(99.1)	2(0.9)		
7	Income birr / Month	>2241	12(21.4)	44(78.6)	227.4	.000	Income	>2241	7(12.5)	49(87.5)	254.2	0.0001
		1637-2240	26(70.3)	11(29.7)				1637-2240	22(59.5)	15(40.5)		
		668-884	67(63.2)	39(36.8)				668-884	49(29)	120(71)		
		<667	203(99)	2(1)				<667	63(59.4)	43(40.6)		
8	Age	>51	1(50)	1(50)	126.1	0.000	Age	>51	0	2(100)	182.7	0.0000
		41-50	16(40)	24(60)				41-50	7(17.5)	33(82.5)		
		31-40	30(26.3)	84(73.7)				31-40	17(14.9)	97(85.1)		
		21-30	312(78.4)	86(21.6)				21-30	30376.1	95(32.9)		
		<20	18(94.7)	1(5.3)				<20	18(94.7)	1(5.3)		
9	Service year	>21	6(60)	4(40)	105.4	.000	Service year	>21	5(50)	5(50)	152.5	.000
		16-20	9(27.3)	24(72.7)				16-20	3(9.1)	30(9.9)		
		11-15	12(21.4)	44(78.6)				11-15	3(5.4)	53(94.6)		
		6-10	28(47.5)	31(52.5)				6-10	24(40.7)	35(59.3)		
		1-5	322(65.8)	196(34.2)				1-5	310(74.7)	105(38.8)		

11.DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

Name: _____

Signature: _____

Name of the institution: _____

Date of submission: _____

This thesis has been submitted for examination with my approval as University advisor

Name and Signature of the first advisor

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Name and Signature of the second advisor

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