Jimma University

Collage of Public Health and Medical Sciences Department of Health Services Management

Health Professionals Organizational Commitment and Associated Factors in Government Health Facilities of Gurage Zone, South Ethiopia

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ABSTRACT

***Background**: There is a general conviction that organizational commitment has a positive and significant impact upon business performance and reform process of health system. However, to the best of the investigators knowledge, there are no studies examining organizational commitment in the health care setting of Ethiopia.*

***Objective**: To assess the level of organizational commitment[1] and associated factors among health professionals in government health facilities of Gurage zone, south Ethiopia.*

***Methods**: A facility based cross sectional study employing quantitative and qualitative methods, was conducted in 30 health centers and one general hospital from March, 20/2014 to April, 12/2014 in Gurage zone, south Ethiopia. A total of 424 health professionals were included in this study. A self-administered questionnaire asking about Sociodemographic and economic characteristics of the participants, organizational commitment, job satisfaction and perceived organizational support was used. Factor analysis was conducted to identify the measurement scales and factor scores were used in both binary and multiple linear regressions. Qualitative data collected using key-informant interviews were employed to support the findings from the quantitative survey.*

***Results:** The response rate of this study was 93.6%. The percentage mean score of organizational commitment for health professionals working in government health facilities of Gurage zone was 64.81%. This study found that perceived leadership style and training opportunity, perceived value and care for employee and perceived remuneration as predictors of organizational commitment. As well perceived staff interaction and perceived resource availability and work setting were factors affecting organizational commitment in this study.*

***Conclusions and recommendation:** In this investigation, the percentage mean score of organizational commitment for health professionals working in government health facilities of Gurage zone was 64.81%. Hence, we recommend health managers and policy makers to consider and maintain perceived value and care for employees, good perceived leadership style and training opportunity and adequate remuneration to foster a more high level of organizational commitment among health professionals in government health facilities of Gurage zone.*

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ACRONYMS

AC--Affective component

BSc--Bachelor science

CC--Continuance component

DV--Diversity visa

HC--Health center

HRH--Human resource for health

HRM--Human resource management

JS--Job satisfaction

MD--Medical doctor

MPH--Masters of public health

Mr--Mister

NC--Normative component

OCQ --Organizational commitment questioner

POS--Perceived organizational support

SM% -- percentage of maximum possible scale score

SRS--simple random sampling

SNNPR--Southern nation's nationalities and people's regional sate

SPOS--Survey of Perceived Organizational Support

VIF--variance inflation factor

CHAPTER ONE: INTRODUCTION

BACKGROUND

In addition to high competition health facilities confront for scarce resources, they are also severely challenged by the internal and external environments [1]. Health facilities must have committed health work force if they are to achieve their goals effectively and efficiently or even to survive. This point has been well recognized in the organizational behavior area, where a considerable amount of research has been undertaken to understand organizational commitment and its correlates better [2, 3].

Organizational commitment has been defined as a multidimensional construct: "The relative strength of an individual's identification with and involvement in a particular organization. Conceptually, it can be characterized by: (a) a strong belief in and acceptance of the organization's goals and values; (b) a willingness to exert considerable effort on behalf of the organization; and (c) strong desire to maintain membership in the organization" [4].

Meyer & Allen (1991) also defined organizational commitment based on a framework that was designed to measure three different types of it: (a) *Affective commitment* refers to employees' emotional attachment, identification with, and involvement in the organization. (b) *Continuance commitment* refers to employees' assessment of whether the costs of leaving the organization are greater than the costs of staying. (c) *Normative commitment* refers to employees' feelings of obligation to the organization [5]. In arguing for their framework, the authors contended that affective, continuance, and normative commitments were components rather than types because employees could have varying degrees of all the three. [6].

Moreover, organizational commitment is characterized as a shared belief and acceptance of the values and goals of the organization. It is also manifested as the eagerness to go above and beyond the call of duty to enhance the organization's goals and values, as well as the desire to maintain membership with the organization [7].

Achieving an elevated level of employee organizational commitment is considered as one of the main goals of human resources management in many companies including those in the health sector. Indeed, there is a general conviction that organizational commitment has a positive impact upon business performance of an organization. [8].

STATEMENT OF THE PROBLEM

Organizational commitment is an ongoing process through which organization's members devote their effort for the organization and its continued success and well-being. So commitment represents one useful indicator of the effectiveness of an organization [3].

The quality of health systems critically depends on the size, skills and commitment of the health workforce. So commitment has a strong association with employee retention and job performance in health professions [9]. For the organization, the rewards of commitment can mean increased employee tenure, limited turnover and reduced costs. In addition it enhances greater employee job satisfaction, acceptance of organization's demands, and the meeting of organization's goals such as high quality, [10, 11]. Further, there is an improvement in customer satisfaction because long-tenure employees have better knowledge of work practices, and customers like the familiarity of doing business with the same employees [12].

In Ethiopia health service organization and its' management is decentralized, but there are still many challenges like shortage of health professionals in different disciplines and at all levels. Low density and low training output for key HRH categories, poor HRH management, high attrition rates, and massive geographic imbalances are other problems of the health service [13].

Job turnover is typically high early in one's career. About 52% of the nurses and 60% of the doctors in Ethiopia have stated that they planned to migrate abroad in the year 2009. Those health care workers were serious about their intention to migrate. This is clear from the fact that more than 80% of them have applied for a lottery visa, or DV, which would allow them to leave the country [14]. The main causes for attrition were low salary followed by lack of educational opportunity, poor career structure and other benefits [13]. On the other hand even if there is no registered evidence in figure there is a significant amount of turnover of health professionals in the study area.

There is no much research in Ethiopia related to health professionals' organizational commitment and its predictors. So, this study might offer health managers insight into strategies to improve health care work staff retention and increase their job satisfaction, organizational commitment and in turn their job performance. This will strengthen what the government is doing to avert the problem.

CHAPTER TWO: LITERATURE REVIEW

Literatures relevant to organizational commitment indicate a number of variables which determine organizational commitment. Some of these findings are given in the following section.

Organizational commitment

Most organizational commitment literatures are outdated and the first generation of researches on organizational commitment date back to the 1960s [15]. Multiple definitions of organizational commitment are found in the literature. Bateman and Strasser, 2010, stated that organizational commitment has been operationally defined as "multidimensional in nature, involving an employee's loyalty to the organization, willingness to exert effort on behalf of the organization, degree of goal and value congruency with the organization, and desire to maintain membership"[16]. Several alternative models of commitment were proposed in the 1980s and early 1990s. The model developed by Meyer and Allen has gained substantial popularity. According to this model, organizational commitment can be conceptualized as consisting of three components: affective, continuance and normative [17].

AC is the adoption of organizational goals and commitment to them and to have positive emotions related to identification with it [17, 18]. In emotional commitment, workers show active and voluntary participation in line with organizational objectives and desire to be continuous [19].

As for the continuance component (CC), it refers to the perceptions of an employee about costs related with the leaving an organization. These costs can either be work-related for example, wasted time and effort acquiring non-transferable skills or non-work-related for example, relocation costs [2, 18]. Employees believe that they will lose material and spiritual satisfaction elements such as their status, salary and authority with the departure of the organization. Employees' labor, time and effort spent for organization and this belief provides to employees a mandatory organizational commitment [20].

Lastly, the normative component (NC) connotes the attachment based on motivation to conform to social norms. As for NC, it denotes to employee's feelings of obligation to remain with the organization (17, 18). Employee commitment arises from the belief that it is appropriate and morally is practiced not for personal benefit. NC has qualification of psychological contract [21].

According to Meyer and Allen common view about these three components, commitment is a psychological state characterizing the employee's relation with organization, and it also glances at the decision to continue or discontinue membership in the organization [18]. The term commitment can be explained in many ways. Organizational commitment describes the concept of commitment as, "consistent lines of activity." It acts as a psychological bond to the organization that influences individuals to act in ways consistent with the organization's interests [22].

Similarly stated as commitment is "a force that binds an individual to a course of action of relevance to one or more targets". In addition, devoted individuals believe and accept organizational goals and values. They feel willing to remain within their organizations and willing to provide considerable effort on their behalf [17]. Naturally, different reasons underlie on commitment of employees for example, they may identify with goals reinforced by the organization, or they may value the job security linkage with their membership [3].

Common to all of the three components of commitment is the view that commitment is a psychological state that (a) characterizes the employee's relationship with the organization, and (b) has implication for the decision to continue or discontinue membership in the organization. [23].

In order to further explore the multidimensional nature of organizational commitment, the present study will treat it as a dependent variable that can be influenced by organizational factors such as job satisfaction, perceived organizational support and individual factors including socio-demographic factors.

Factors associated with organizational commitment

Organizational commitment is determined by a number of factors, including personal factors, age, and tenure in the organization, disposition, and internal or external control attributions; organizational factors job design and the leadership style of one's supervisor; and also non-organizational factors like availability of alternatives [24].

Job satisfaction

Job satisfaction refers to the desires or positive feelings that people have toward their jobs. In fact, people who have higher job satisfaction are more loyal to their employer and like their job more. Therefore, they can satisfy their needs and have positive feelings towards it [25]. According to Locke, job satisfaction is a pleasurable or positive emotional feeling resulting from one's evaluation towards his/her job when comparing between what he/she expects and what he/she actually gains from his/her job [26, 27]. Also job satisfaction is considered as a result of the interaction of the employee and his/her perceptions towards his/her job and work environment [28]. In general, successful organizations have more satisfied employees, while low job satisfaction seriously affects the organization commitment of staffs [29].

Factors that affect job satisfaction of health professionals as mentioned in many literatures includes amount of pay, the availability of necessary equipment and consumables to ensure proper patient care, style of communication channels in different organizational units and between workers and management. Autonomy, participation in decision-making processes, and Concern for employee welfare by the health facilities management were additional factors affecting job satisfaction of health professionals [30-35]. Studies conducted in other areas also strengthen this idea [36- 38].

The relationship between job satisfaction and organizational commitment is very crucial now-a-days because people now often do not prefer to stay with the same organization for long. Many studies results showed that there was a positive relationship between health professionals job satisfaction and their organizational commitment [39- 41].

Several studies have also demonstrated that if employees are highly satisfied with their work, coworkers, pay, supervision and derive high level of job satisfaction, they will be more likely to be committed to the organization than if they are not satisfied[42 -45].

The reason why satisfaction will lead to commitment is that a higher level of job satisfaction may lead to good work life and reduction in stress [46].

The focus on these two key concepts is, if employees are satisfied with leadership style and other components they will be more committed and in turn, increase their performance, and productivity [47]. For the organization, job satisfaction of its workers means a work force that is motivated and committed to high quality performance [3].

Organizational commitment and job satisfaction are job related attitudes that have received considerable attention from researchers around the globe. This is because committed and satisfied employees are normally high performers that contribute towards organizational productivity. So training, career structure and leader behaviors are important to create a feeling of belonging in the employee. [48-50].

Mahmoud AL-Hussami conducted a study on nurses' job satisfaction: the relationship to organizational commitment, perceived organizational support, transactional leadership, transformational leadership, and level of education in South-eastern United States. The findings indicated that there was a strong correlation between job satisfaction and organizational commitment. Job satisfaction and organizational commitment were found to be significantly related in all 20 of the correlation items. [51].

According to a study conducted among nurse in state hospitals of Malaysia professional status, autonomy, interaction, task requirement and years of experience could predict the organizational commitment. It was also concluded that nurses who were satisfied with their professional status were committed to their organizations [52].

When the gap between employees' career needs and career development programmes widens, the organizational commitment will become lower, thus causing a higher turnover intention [53].

Perceived organizational support

In accordance with the organization support theory, development of perceived organizational support (POS) is encouraged by employees' tendency to assign the organization human like characteristics [54]. Employees form global beliefs about the extent to which an organization values their contributions and cares about their well-being.

Therefore, POS can be viewed as a measure of an organization's commitment to its employees. In other words, an employee's perception of organizational commitment to him or her contributes to the level of commitment by him or her to the organization [55].

Employees who experience a strong level of perceived organizational support (POS) feel the need to reciprocate favorable organizational treatment with attitudes and behaviors that in turn benefit the organization [56].

Makanjee et al. reported that positive relationship was found between perceived organizational support and organizational commitment indicating that perceived organizational support positively influenced radiographers' organizational commitment [57].

Over all, it appears that health professionals with higher levels of POS are more likely to be committed than those who perceive that the organization does not value them and cares about their well-being as high [58-60].

Sociodemographic and economic

Sociodemographic and economic characteristics of health professionals such as age, gender, marital status, qualification and work experience have been found to be significantly related to organizational commitment [43-44, 51, 61].

According to a research done on health care sector in Iran significant differences were obtained between age, tenure, organizational position, type of employment, received salaries and organizational commitment [62]. Therefore health professionals' organizational commitment can be positively affected by the increment of both job satisfaction and perceived organizational support.

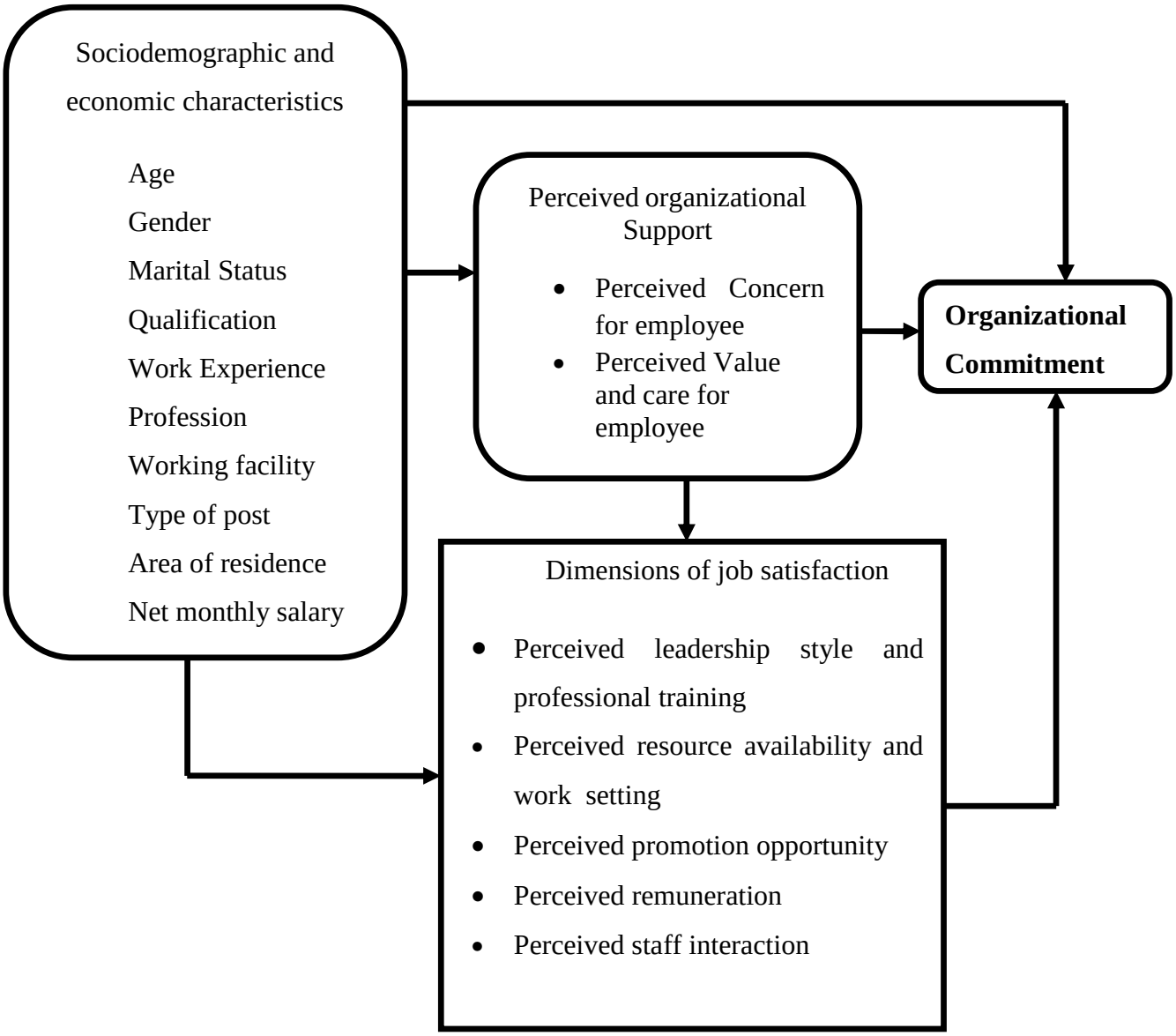

Figure 1 Conceptual framework of health professionals' organizational commitment and influencing factors adapted from study conducted in Malaysia in 2011[52].

Significance of the study

A better understanding of organizational commitment among health professionals will provide new insight in solving the problem. Hence, it will help in providing effective change management policies to overcome employees' turnover intention and increase their job performance.

So, this study will have high importance to health human resource managers to maintain organizational commitment and overcome turnover intensions in the study area. It will also indicate these managers the contribution of certain organizational factors as a means to increase the organizational commitment of health professionals and their job performance as well.

Findings from this study will also provide information to health policy makers in planning certain staff development programs like trainings and deciding remuneration scales to increase commitment level of health professionals.

To date there are no studies examining organizational commitment in the health care setting of Ethiopia. So, this study will contribute to the scientific community through better understanding of the relationship between organizational commitment and it’s precedents among government health professionals in Ethiopia.

CHAPTER THREE: OBJECTIVES

3.1 General objective

- To assess the percentage mean score of health professionals organizational commitment and associated factors in government health facilities of Gurage zone, South Ethiopia, 2014.

3.2. Specific objectives

To determine health professionals organizational commitment score

To identify predictors of health professionals organizational commitment score

CHAPTER FOUR: METHOD AND PARTICIPANTS

4.1. Study area and period

This study was conducted from March, 20 to April, 12/2014 in Gurage zone which is located in the Southern nation's nationalities and people's regional sate (SNNPR) of Ethiopia. Gurage zone shares borders with the Hadiya zone (south), Oromia Regional State (west, north and east), Yem special woreda (southwest) and Silte zone (southeast).The total area of the zone is 5932 Square kilo meters and comprises of 13 woredas and 2 town administrations with a total population of 1,583,824. Wolkite town is the administrative Centre for the zone which is located 158 Kms south central to the capital city, Addis Ababa and 443 Kms far from the regional capital, Hawasa.

During the conduct of this study there were 4 hospitals in the zone, among these only one; Butajira general hospital, was governmental and the remaining 3 were non-governmental. On the other hand, among the total 71 health centers those delivering health services in the zone, 64 were governmental and the remaining 7 were owned by non-governmental organizations. About 397 health posts were fully functional while 4 primary Hospitals, 2 health centers and 14 health posts were under construction during the study period. Similarly, 1 general Hospital was under construction by the Gurage development association during the time of the study. There were a total of 1,171 health professionals working in the Gurage zone. Out of this 1066 were working in the health facilities. Potential health services coverage of the zone was more than 100% [63].

4.2. Study design

A facility based cross sectional study design employing both quantitative and qualitative methods was used.

4.3. Population

4.3.1 Source population

The source population of this study comprised of all health professionals working in government health facilities and health managers in Gurage zone, South Ethiopia.

4.3.2. Study population

The study population was made up of all health professionals working in randomly selected woredas and government health facilities and purposively identified health managers in Gurage zone, south Ethiopia.

4.4. Eligibility criteria

4.4.1. Inclusion criteria

- All health professionals who have been working for at least 6 months in health facilities in the selected woredas were involved.

4.4.2. Exclusion criteria

- Recently constructed health centers (having less than two years of existence) were not included in this study.

4.5. Sample size determination and sampling procedure

A total of 424 health professionals who fulfilled the inclusion criteria were part of this study. Of them 339 were from health centers and 85 were from Butajira general hospital. To include 339 health professionals from health centers, seven woredas and one town administration were randomly selected. Butajira general hospital was the only government hospital in Gurage zone during the study period. So, 85 health professionals who were available during the study period and fulfilled the inclusion criteria were participated in this study.

The PI Purposively invited the zonal health department manager, 5 woreda health office managers, the chief clinical officer from the hospital and 4 human resource managers from health centers. Then they were involved in the in-depth interview. Saturation and redundancy of idea was used to limit number of in-depth interviews to 11.

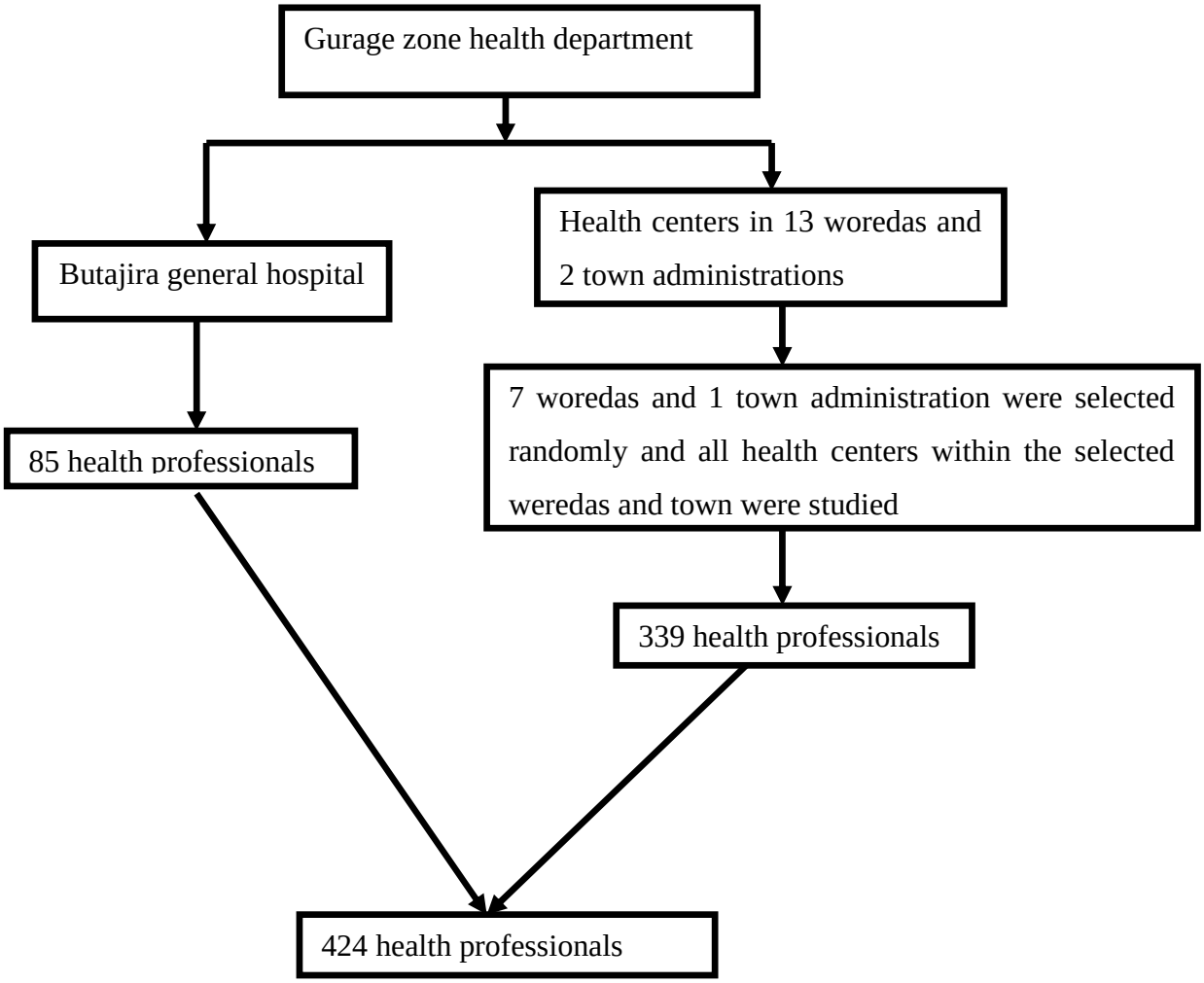

Figure 2: Sampling procedure of the study Gurage zone, South Ethiopia, 2014(n=397)

N.B: The name of selected woredas, town administrations and health centers is listed in the annex IV.

4.6. Study variables

4.6.1 Dependent Variable

- Organizational commitment score

4.6.2. Independent variables

- Sociodemographic and economic characteristics like gender, age, work experience, education level, type of profession, working health facility, type of post, area of residence and marital status.
- Perceived leadership style and professional training
- Perceived resource availability and work setting
- Perceived promotion opportunity
- Perceived remuneration
- Perceived staff interaction
- Perceived concern for employee
- Perceived value and care for employee

4.7. Data collection procedure and tools

4.7.1 Data collection technique

Quantitative data were collected using self-administered questionnaires. The study population was invited to participate voluntarily by explaining the rational of the study at the time of data collection. Trained data collectors were used to distribute structured and pretested questioners for the health professionals during the tea breaks and at the entry or exit times like early morning, lunch time and late evening. Written guideline was given to the administrators of the questionnaire to assure that each health professional receives the same direction and information.

In-depth interview was conducted with the key informants at different level by the PI to get additional information that supplements the quantitative data. Each interview was tape-recorded and transcribed on the same day of the interview sessions. Key informants were revisited when additional information was required.

4.7.2. Study Tools

The quantitative data was collected using structured questionnaire which was adapted to contextualize the versions obtained from different literatures. It consisted of four parts. Part one was on Sociodemographic and economic data that comprised of 10 items. Part two had 23 items of 5-point Likert scale to measure job satisfaction [64]. Part three contained 8 items of 7-point Likert type scale to measure perceived organizational support [65]. And part four was made up of 9 items adapted from the Organizational Commitment Questionnaire used in earlier works [52, 66]. The response categories were 7-point Likert scales ranging from 1 strongly disagree to 7 strongly agree.

After conducting factor analysis the following scales were emerged as part of the tools:

Organizational commitment: only one factor with Eigen value greater than one was extracted. This scale explained 49.53% of the variability in organizational commitment among the respondents. The reliability of items used in this scale was a Cronbach's alpha of 0.869.

Perceived organizational support: Two factors with Eigen value greater than one were extracted. These two factors explained 55.03% of the variability in perceived organizational support among the respondents. Four items were load on to each of the two factors and items load on to factor one include: the organization fails to appreciate any extra effort from me; the organization would ignore any complaint from me; Even if I did the best job possible, the organization would fail to notice and the organization shows very little concern for me. This scale was named as "perceived concern for employee scale". The second factor had four items: the organization values my contribution to its well-being; the organization really cares about my well-being; the organization cares about my general satisfaction at work and the organization takes pride in my accomplishments at work. This scale was named as "perceived value and care for employee scale". The reliability coefficients of perceived value and care for employee and, perceived concern for employee scales were 0.754 and 0.708 respectively.

Job satisfaction: Five factors with Eigen value greater than one were extracted. These five factors explained almost 61% the variability in job satisfaction among the respondents.

Nine items like, I receive recognition for tasks well done; adequate consideration is given to my personal needs; I have enough freedom to decide how I do my work; I have support to be fully accountable for those decisions; I have the freedom to work alone on the job; the management does involve staff in decision making; there are training opportunities available to me; Training programs are appropriate to enhance my professional job performance; my organization gives training and orientation to new staffs well were load on to factor one. This factor was named as "perceived leadership style and training opportunity score". This scale had a reliability coefficient of 0.808.

Three items, I have a good working relationship with my colleagues; there is a clear channel of communication at my workplace and I can depend on my colleagues for support were load on to factor two and it was named as "perceived staff interaction scale". The reliability coefficient of this scale was 0.874.

I have enough support for continuing education; I have sufficient opportunity for professional growth and I get support for Personal growth and development through education and training were the other three items which load onto factor three. This scale was named as "perceived promotion opportunity score". The reliability coefficient of this scale was 0.766.

The fourth factor comprises of four items such as, there is an atmosphere of co-operation between staff & management; my working environment encourage me to make adjustment in my professional practice to suit patient needs; I have sufficient time for each clients and I do not experience frustration in my work due to limited supply. This scale was named as "perceived resource availability and working setting scale" and had reliability coefficient of 0.722.

The last factor included three items like my income is a reflection of the work I do; I get compensation for working weekends and my job has more advantages than disadvantages. This scale was named as "perceived remuneration scale". The reliability coefficient of this scale was 0.766.

The item "adequate Consideration is given to my opinion and suggestion for change in the work setting" was deleted because it loaded on factor two and three equally.

Only items having a communality of >0.4 on a factor analysis were retained in this study. Factor loading of each of the items is listed in annex III below.

Interview guides were developed in a manner that they addressed the perceptions of the health managers about the level, factors affecting and possible solutions to increase the organizational commitment of health professionals.

4.8. Data processing and Analysis

Editing and sorting of the collected questionnaires was done manually every day to check for completeness. The completed questionnaire were coded and entered into a data entry template in EPI-DATA version 3.1. After double entry verification, the data were exported to SPSS version 16.00 for analysis. The negatively worded items were reverse-scored.

All assumptions of multiple linear regressions were checked. Normality of distribution was checked by observing p-p plot and all the point were laid on the normality line. Linearity was checked by observing scatter plot and showed the proportional distribution of dependant and independent variables. Multicollinearity was checked by examining the variance inflation factors (VIF) and all the values of VIF were less than ten which signals no multicollinearity. Finally, homoscedasticity was checked by observing all residual and scatter plots. So, all plots and contained points were of the same width. This was also checked by observing the box plots.

In addition to this, all the assumptions of factor analysis were checked. Bartlett's Test of Sphericity was checked and it was significant at ($p=0.001$). This indicated it was possible to conduct factor analysis. Sampling adequacy for factor analysis was checked with Kaiser-Meyer-Olkin Measure of Sampling Adequacy and all of the results in this measure were >0.5.

Raw means, standard deviations, mean scores, summary tables, and graphs were used for describing the data. Simple linear regression was conducted and significant variables at p-value<0.25 were candidate for multiple linear regressions. T-test was used for comparing organizational commitment scores between health centers and the hospital.

Factors predicting organizational commitment were identified by using multiple linear regression analysis at a significance level of p-value < 0.05. The reduced model was constructed using backward model selection method.

The qualitative data were analyzed manually using thematic analysis method and were triangulated with the quantitative data.

4.9. Data quality control

The questionnaire initially prepared in English was translated into Amharic and was back translated into English to ensure consistency. The study tools were pretested in Hosanna Nigist Eleni hospital on 25 health professionals. Participants of the pre-test were contacted to give their general feelings, comments and problems encountered while responding the questions. Finally, relevant modifications were made before the start of the actual data collection.

Four Bachelors of Science (BSc.) nurses and one Masters of public health (MPH) holder were recruited as data collectors and research supervisor, respectively.

Data collectors were trained for one day. During the training overviews regarding organizational commitment and its impact on health care delivery system was communicated. Effective data collection methods and ethical issue during data collection were main discussion issues during the training. Both the PI and the supervisor were responsible for supportive supervision on the spot and checking questionnaire on daily basis. Double entry verification was done to assure quality of the data.

4.10. Operational definitions and measurement

1. Job satisfaction:

Job satisfaction is positive or pleasurable emotional state resulting from the appraisal of one's job or job experience. It was measured with five scales.

Perceived remuneration:

It includes wage, benefits and incentives or other payments in the organization. It was measured by using three items each scored with five point Likert scale in which 1 denoting very dissatisfied and 5 denoting very satisfied. Perceived remuneration score was created on a factor analysis and higher scores indicate higher job satisfaction.

Perceived promotion opportunity:

It denotes both career development and educational upgrading opportunity in once organization. It was measured by 3 items of 5-point Likert type in which 1 denoting very dissatisfied and 5 denoting very satisfied. Perceived promotion opportunity score was created on a factor analysis and higher scores indicate higher job satisfaction.

Perceived resource availability and work setting:

Refers to the situation in which the professionals work in and the presence of adequate supplies and time for each client. This component was measured with 4 items of 5-point Likert type in which 1 denoting very dissatisfied and 5 denoting very satisfied. Perceived resource availability and work setting score was created on a factor analysis and higher scores indicate higher job satisfaction.

Perceived leadership style and professional training:

It represents the way how the organizations treat the health professionals and the presence of on the job or off the job training programs for the health professionals. This was measured with 9 items of 5-point Likert type in which 1 denoting very dissatisfied and 5 denoting very satisfied. Perceived leadership style and professional training opportunity score was created on a factor analysis and higher scores indicate higher job satisfaction.

Perceived staff interaction:

It is a relationship that is warm or bad, that can be between anyone in the organization. This construct was measured by using 3 items of 5-point Likert scale in which 1 denoting very dissatisfied and 5 denoting very satisfied. Perceived staff interaction score was created on a factor analysis and higher scores indicate higher job satisfaction.

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2. Perceived Organizational Support:

It refers to the extent to which employees see that the organization recognizes their contribution and cares about their well-being. It was measured with two scales

Perceived value and care for employee:

It defines a job characteristic that the organization acknowledges the effort of health professionals and care for their wellbeing. This was measured by 4 items of 7-point Likert type 1 denoting strongly disagree and 7 denoting strongly agree. Perceived Value and care for employee score was created on a factor analysis and higher scores indicate higher perceived organizational support.

Perceived concern for employee:

It is the way how the organization is being open to the needs and questions of the health professionals. This was measured by 4 items of 7-point Likert type 1 denoting strongly disagree and 7 denoting strongly agree. This score was created after a factor analysis and higher scores of it indicate higher perceived organizational support.

3. Organizational commitment**:**

It is the relative strength of an individual's linkage to the organization. This was measured by using 1 scale. This scale had 9 items of 7-point Likert type and 1 denoting strongly disagree and 7 denoting strongly agree. Organizational commitment score was created and higher score indicates higher organizational commitment.

Note: The mean scores for organizational commitment, perceived Concern for employee , perceived value and care for employee , perceived leadership style and training opportunity, perceived staff interaction, perceived Promotion opportunity, perceived resource availability and work setting , and perceived remuneration scales were reported as the percentage of maximum possible scale score (%SM). It ranges from "0%" to "100%". (See tables 2 & 3 below)

The mean score for each part was calculated as follows [67, 68]:

$$SM\% = \frac{\text{Actual score} - \text{minimum}}{\text{Maximum} - \text{minimum}} \times 100\%$$

4.11. Ethical consideration

Ethical approval was obtained from the Public Health and Medical Sciences Collage of Jimma University ethical clearance committee. Permission letter was obtained from the Gurage zone health department and respective woreda health offices. Written informed consent was obtained from each study participant. Anonymity of the participant was kept by informing them not to write their name and individual's information was not disclosed to other person or party. Participants were told that they had full right to participate or refuse participation in the study.

4.12. Dissemination of the result

The findings of this study will be presented to Jimma University scientific community in a defense. A copy of the report will be preserved at Jimma University library, and the department of health service management, college of public health and medical sciences. It will also be communicated to the local health planners and other relevant stakeholders at national, regional and zonal level. This will be done through reports, conference, seminar presentation, and workshop to enable them to take and apply research recommendations during their planning process. Publications in peer reviewed, national or international journals will also be considered.

CHAPTER FIVE RESULTS

5.1 Sociodemographic and economic Characteristics of the respondents

From a total of 424 questionnaires distributed, 408 (96.2%) questionnaires were returned. Eleven of these questionnaires were discarded due to incompleteness with the remaining 397 questionnaires fully completed. These yields a response rate of 93.6% (397/424). More than half (52.4%) of the respondents were males. Almost two out of the three respondents were single in marital status 241[60.7%] followed by married (37.5%). The average age of the participants was 26.31 (SD 5.802) year with a range of 18 to 56 years. The median work experience at the current health facility was 2 (SD 3.48) years, ranging from six month to 31 years. Two hundred three (50.9%) were nurses with 280(70.5%) of these having diploma level educational qualification. Three hundred twenty (80.6%) participants were from health centers and 243(61.2%) of the participants live in urban area. Forty eight (12.1%) of the participants were working in a managerial position. The median net monthly salary was 1233Birr [SD 614.10 Birr], ranging from 1000.00 Birr to 5,000.00 Birr (Table 1, Figure 3 and 4).

Note: 1 US dollar =19.75 Ethiopian Birr during the data collection period

Table 1- Sociodemographic and economic Characteristics of health professionals, Gurage zone, South Ethiopia, 2014(n=397)

Variable		**No (%)**
Sex	Female	189(47.6)
	Male	208(52.4)
Age	18-23	126(31.7)
	24-29	199(50.2)
	30-35	43(10.8)
	≥36	29(7.3)
Marital status	Single	241(60.7)
	Married	149(37.5)
	Widowed/divorced	7(1.8)
Work experience	≤ 2	234(58.9)
	2.01-5	115(29.0)
	5.01-10	30(7.6)
	>10	18(4.5)
Qualification	Diploma	279(70.2)
	First-degree	114(28.6)
	Postgraduate	4(1.2)
Residence	urban	243(61.2)
	Rural	154(38.8)

Table 2- Sociodemographic and economic Characteristics of health professionals, Gurage zone, South Ethiopia, 2014(n=397) cont…..

Working institution		
	Health center	320(80.6)
	Hospital	77(19.4)
Type of post		
	Managerial	48(12.1)
	None managerial	349(87.9)
Profession category		
	Nurse	202(50.9)
	Midwifery	46(11.6)
	Health officer	49(12.3)
	Medical lab/ technicians	42(10.6)
	Pharmacist/druggist	40(10.1)
	Others[1]	18(4.5)

[1]Othersmedical doctor, x-ray, optometrist and anesthesia

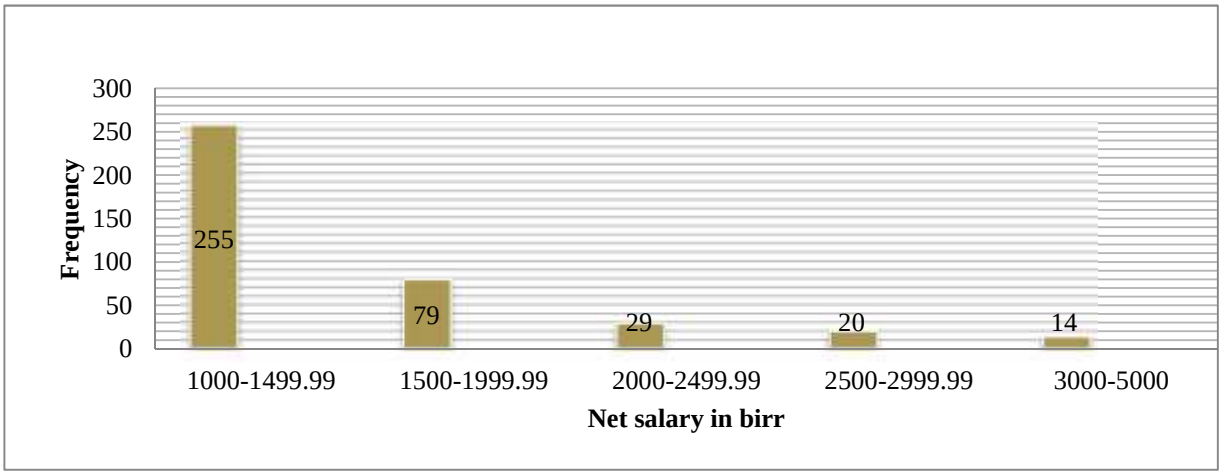

Fig 3 Net salary of the study participants, Gurage Zone, 2014

5.2 Level of organizational commitment

Organizational Commitment percentage means score of health professionals participated in this study was 64.81%. On the other hand mean raw score of this scale was 43.99± 1.2.

Key informants of the in-depth interviews expressed that the commitment level of health professionals can be ranged as medium to high. The respondents said that their commitment is evidenced by the many health facilities found in the zone which are highly performing and awarded both at regional and national level. The efforts the health professionals put into the health promotion activities in the community were considered to be indicative of their commitment.

A| health manager said, "*The high level of client satisfaction registered in our wereda (87%) is a manifestation of the organizational commitment of health professionals in our wereda*".

5.3. Level of perceived organizational support and job satisfaction

Perceived organizational support percentage mean score was 56.06% for perceived value and care score and 55.22% for perceived concern for employee score.

Table 3- mean scores for perceived organizational support amongst health professionals, Gurage zone, South Ethiopia, 2014 (n=397)

Emerged factors (scales)	Mean raw score±SD	%SM
Perceived concern for employee	17.25±4.74	55.22
Perceived Value and care for employee	17.45±4.8	56.06

%SM is the Standardized score as the percentage of possible maximum scale score, and it lies between 0 and 100

For the job satisfaction part mean score was (66.1%) for perceived Promotion opportunity and (29.64%) for perceived remuneration (Table 3).

Table 4- Mean scores for job satisfaction among health professionals, Gurage zone, South Ethiopia, 2014 (n=397)

Emerged factors (scales)	Mean raw score±SD	%SM
Perceived leadership style and training opportunity	25.62±9.11	46.16
Perceived staff interaction	13.24±2.35	64.81
Perceived promotion opportunity	10.93±2.98	66.10
Perceived resource availability and work setting	13.88±3.98	61.78
Perceived remuneration	6.56±2.82	29.64

%SM is the Standardized score as the percentage of possible maximum scale score, and it lies between 0 and 100.

5.4 Predictors of organizational commitment

5.3.1 Sociodemographic and economic as predictors of organizational commitment

This model consisting of Sociodemographic and economic variables such as age, gender, marital status, qualification, work experience, profession, type of working facility, type of post, area of residence and net monthly salary. This part explained only 3.6% variability in organizational commitment among the participants (adjusted R square=0.036, p=0.152). Among these variables only sex of the respondent (p=0.242), marital status (p=0.216) and the type of health institution in which the respondents work (p=0.018) were a candidate for multiple linear regression. The result of independent t-test showed that organizational commitment means score of health professionals were significantly different between hospitals (59.45%) and health centers (66.10%) (p=0.022).

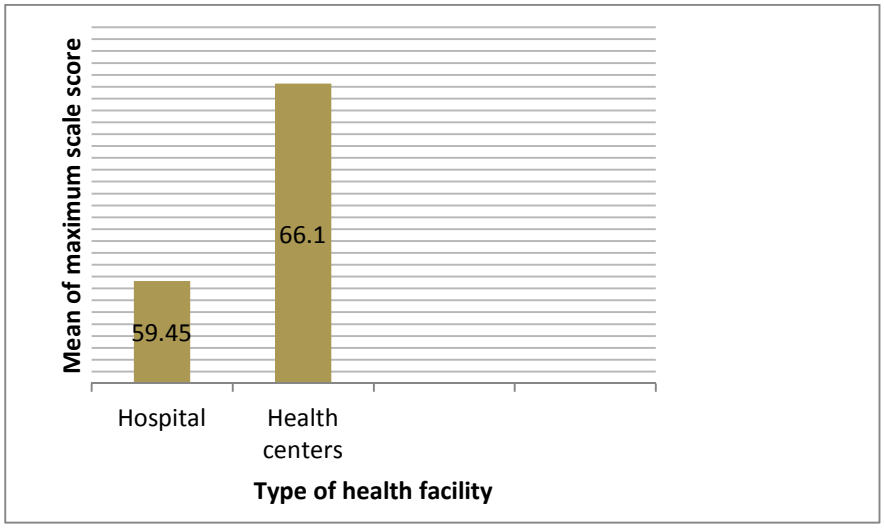

Fig 4 Organizational commitment means scores difference between hospital and health centers, Gurage zone, 2014.

5.3.2 Perceived organizational support as predictor of organizational commitment

In this model, two factors related with organizational support were entered. Perceived concern for employee score had no statistical significant predictive effect on the organizational commitment score (p=0.876). On the other hand, perceived value and care for employee score was a significant predictor of organizational commitment score (p<0.0001, B=0.524,

95%CI=0.440, 0 .608). This model explained almost 27.0% (adjusted R square = 0.271) of the variance in organizational commitment.

Table 5- Perceived organizational support related predictors of organizational commitment of health professionals, GURAGE zone, South Ethiopia, 2014 (n=397)

Perceived organizational support related factors	Unstandardized Coefficients	Standardized Coefficients	P value	95% CI for B	
	B	Beta		Lower	Upper
perceived concern for employee	-0.007	-0.007	0.876	-0.084	0.084
perceived Value and care for employee	0.524	0.524	0.000*	0.440	0.608

R=0.524, R Square= 0.275, Adjusted R Square=0.271, * significant at p value < 0.0001

5.3.3 Job satisfaction as predictor of organizational commitment

Five factors related with job satisfaction were entered in to this model. Out of which four were significant predictors of organizational commitment. Perceived Leadership style and training opportunity was the strongest predictor (B=0.363, 95%CI=.279, 0.446) followed by perceived remuneration (B=0.278, 95%CI=0.195, 0.362). The other two predictors were perceived resource availability and working setting (B=0.219, 95%CI=0.136, 0.303) and perceived staff interaction (B=0.195, 95%CI= 0.111, 0.278). On the other hand perceived promotion opportunity had no significant relation with organizational commitment score (p=0.586).Almost 29% of the variance in organizational commitment was explained by this model (adjusted R square=0.287, p<0.001).

Table 6- Job satisfaction related predictors of organizational commitment of health professionals, GURAGE zone, South Ethiopia, 2014 (n=397)

Job satisfaction related predictors	Unstandardized Coefficients	Standardized Coefficients	P value	95% CI for B	
	B	Beta		Lower	Upper
Perceived leadership style and training opportunity	0.363	0.363	0.000**	0.279	0.446
Perceived staff interaction	0.195	0.195	0.000**	0.111	0.278
Perceived promotion opportunity	0.023	0.023	0.586	-0.060	0.107
Perceived resource availability and work setting	0.219	0.219	0.000**	0.136	0.303
Perceived remuneration	0.278	0.278	0.000**	0.195	0.362

R=0.544, R square=0.296, adjusted R square =0.287, ** significant at P value < 0.0001

5.3.4 Independent predictors of organizational commitment

Those variables which had statistical significant association with organizational commitment in the preceding three models were entered into the final model. This model explained almost 35% (Adjusted R Square=0.347) the variability in the organizational commitment. None of the Sociodemographic and economic variables was significant predictor in the final model.

In this study a one unit increment in perceived value and care for employee score resulted in 0.304 unit increase in the organizational commitment score of health professionals (95%CI: 0.203, 0.411).

In this regard members of the qualitative part elaborated the importance of giving recognition to health professionals to make them more committed. They explained this can create strong sense of competition, better job satisfaction and organizational commitment among the health professionals.

One of the health managers in the zone said that "*we already started giving acknowledgement for well performing health professionals in our health facility and this created strong sense of competition among them and devotion to their organization.*"

In this model there was positive relationship between perceived leadership style and training opportunity score and organizational commitment score. So a unit increment in perceived leadership style and training opportunity score increased organizational commitment score by 0.237 units (95%CI:0.130,0.316).

In this regard the participants of the qualitative research said that there should be smooth management style to increase the organizational commitment of health professionals.

They also raised an important issue that might affect the organizational commitment of health professionals in Gurage zone. They mentioned that there was less professional trainings opportunity for health professionals.

One of the health facility human resource managers said "*Sometimes health managers in this zone blocked professional training opportunities*. *These health managers justified if health professionals are sent for training, clients may suffer with lack of service due to man power shortage.*"

The key informants also mentioned additional factor that might affect the organizational commitment of health professionals in Gurage zone was low educational upgrading opportunity for them. It was also said that the health professionals lost even those rare opportunities due to the high work overload that the health professionals had. The other point added was these professionals lack time to take "center of excellence (COC)" examination which was one of the requirements to upgrade from diploma to degree educational qualification.

One unit increment in the perceived remuneration score of the professionals increases their organizational commitment score by 0.207 (95% CI, 0.121, and 0.289).

In line with this the qualitative findings also revealed that the health professionals get no benefits and incentives like payment from private wing and top up for case team leaders. The participants also explained that fair payment for night duties, payment for risks and others can increase the organizational commitment of health professionals.

A 41 years old health manager said, "*Our zone is in a near distance from Oromia region and Addis Ababa. So the health professionals in this zone complain that they get less off duty hour's payment and payments for professional risks compared to these two regions. So this can affect their commitment level to their organization*"

The other predictor variable of organizational commitment was perceived staff interaction score. It was found that a unit increment in the perceived staff interaction score leads to an increment of organizational commitment score by 0.125(95%CI=0.045, 0.211).

Moreover, this study showed positive relationship between perceived resource availability and work setting score and organizational commitment score. So, a unit increase in the perceived resource availability and work setting score results in a change of 0.117 units in the organizational commitment score (95%CI=0.032, 0.207).

In relation to this, the key informants explained that health professionals lack appropriate residential places in rural areas and who manage to find one suffer from lack of basic infrastructures like power, clean water and network services.

Another health manager said that "*Health professionals working in rural areas in our zone face some challenges like lack of infrastructure which can affect their organizational commitment.*

Table 7- Independent predictors of organizational commitment of health professionals, Gurage zone, South Ethiopia, 2014 (n=397)

Variables	Unstandardized Coefficients	Standardized Coefficients	P value	95% CI for B	
	B	Beta		Lower	Upper
Perceived leadership style and training opportunity score	0.237	0.237	0.000**	0.130	0.316
Perceived staff interaction score	0.125	0.125	0.003*	0.045	0.211
Perceived value and care for employee score	0.304	0.304	0.000**	0.203	0.411
Perceived resource availability and work setting score	0.117	0.117	0.008*	0.032	0.207
Perceived remuneration score	0.205	0.205	0.000**	0.121	0.289
Sex of respondent	-0.143	-0.071	0.086	-0.306	0.021

R=0.597, R Square=0.357, Adjusted R Square=0.347, * significant at p value <0.01 **significant at p value <0.001

These key informants also explained that the topography of the zone was so challenging and there was less transportation arrangements for the health professionals. But according to these key informants health professionals were sent in to the community for supervision and other non clinical services. So these contradictions were mentioned as one source of loss of job satisfaction and in turn organizational commitment of the health professionals.

Finally, findings from the qualitative data also identified additional factors suggested to have positive impact on organizational commitment among the health professionals in this study. These include the presence of government policies like the intersectoral collaboration of health sector with the agricultural and other sectors. In addition to this the presence of health extension workers, health development armies and other stakeholders in the community were the other opportunities. They explained that these policies decrease some work burden from the health professionals like community mobilization and home to home follow up of the health of the community.

CHAPTER SIX DISCUSSION

The results of this study point out that Organizational Commitment percentage mean score of health professionals participated in this study was 64.81 (%SM). This result was higher than the result of research done on nurses in Saud Arabia where the organizational commitments mean score of nurses was 57.43%. It was also better than the organizational commitment mean score of health workers in Nigeria which was 55.15% [40]. This may be due to the low reward system with mean score of 15.58% which was provided to the health care workers in the Nigerian case. On the contrary it was somewhat lower than the result of research done on nurses in Taiwan in which the organizational commitment mean score of nurses was 67% [41, 69]. This may be due to the benefits, including pension benefits, housing loan, car loan and medical benefits which were provided by the organization to the nurses in the case of Taiwan.

One of the determinant factors of organizational commitment in the present study was job satisfaction. Satisfaction in relation to perceived leadership style and training opportunity score, perceived staff interaction score, perceived resource availability and work setting score; and perceived remuneration score were found to be important predictors. This finding is congruent with the findings of previous studies that showed some of the components of job satisfaction were influential in explaining organizational commitment among health professionals [42-48, 52].

This study demonstrates that perceived leadership style score have a significant influence on health professionals' organizational commitment score. This finding is similar with the result of two researches done on medical emergency employees and nurses in Iran [39, 47]. Hence, it shows that as the perceived style of leadership is welcoming and free of imposing force on the health professionals; their organizational commitment will stay stronger. It's clear that at the heart of each and every health system, the work force is central to advancing health. Hence, by exercising appropriate leadership style it is possible to create a more committed work force which is very important to make the health system effective and efficient.

Perceived training opportunity score was the other scale that affects the organizational commitment score of the participants. This finding was supported by the results of the in-depth interviews. The same result was reported by research from Ekiti State of Nigeria on health care workers [40]. This can be explained as training can help health professionals to cope better with the requirements of their job. It can also enable them to take on more demanding duties and positions and to achieve personal goals of professional advancement.

On the other hand perceived promotion opportunity score was not significant. This finding is in contradiction with both researches done on pharmaceutical organizations in England and nurses in Taiwan [50, 53]. This may imply that health professionals in this study were more satisfied with short term benefits like professional training than educational opportunity or career structures which are beneficial only in the long run.

Perceived staff interaction score was the other predictor of organizational commitment in this study. This finding was consistent with studies which showed positive association between staff interaction and organizational commitment [47, 52]. These imply health professionals who were satisfied with the communication and interaction among staffs and the support they get from their staffs were more likely to be committed to their organizations. But contrary to these findings a study from Sultanate of Oman conducted among employees of the service industry concluded that level of staff interaction did not predict organizational commitment [44]. The similarity in the age of the health professionals in this study than the previous study may have contributed to the relationship picked in this study. This may encourage a positive interaction and a good team work among them. In turn this can create strong bonds and encourage teamwork spirit as well as increasing the affection and sense of belongingness to the institution.

The additional factor which was found to predict organizational commitment score of health professionals was perceived resource availability and work setting score. The working environment of the organization does not include only the physical infrastructure, but also the modern tool, technology and machinery available in the health facility.

So the presence of adequate supplies and; the comfortability of work setting to make adjustment to suit patient needs affect organizational commitment positively.

Other researches did elsewhere support this fact [42, 46-49]. This result indicates that if health professionals have attractive work setting and get all needed resources on time to fulfil client needs they can be satisfy with their job and in turn committed to their organization.

Perceived level of remuneration was also a predictor of organizational commitment in this study. A finding from the qualitative data also shows the same idea. This result was supported by other researches [39, 44].

However, an earlier study among hospital nurses in Malaysia found no relationship between the perceived level of pays and benefits and organizational commitment [52]. The difference in this regard may relate to the amount of pays and benefits in different settings. In this study, mean scores for job satisfaction among health professionals related to perceived remuneration score was only 29.64%. If health goals are going to be achieved there should be highly committed health human power. So paying fair wage and incentives may be one of the means to create such a committed health human power.

The other factor which affects organizational commitment of health professionals in this study was perceived organizational support. It showed that whether or not individual health professionals perceive valued and cared for by their organization maters their commitment score. Researches done on radiographers in South Africa, on medical doctors in Chandigarh, North India, and others elsewhere shows similar result [57-60]. So, it appears that health professionals with higher scores of perceived value and care are more likely to be committed to their organization. They may also be willing to engage in extra roles than those employees who feel that the organization does not value their effort and fail to care about them. This indicates how much important developing capable, committed and supported health work force is for overcoming bottle necks to achieve national and global health goals.

Even though it is not a significant predictor in the final model, the binary linear regression showed the type of health facility where health professionals were work affects their organizational commitment score. It was shown organizational commitment score increases as one goes from hospital to health centers. This may be due to the fact that the number of staffs working in health centers is lower than those working in the hospital. On the other hand, there may be less work over load and stress in the health centers than in the hospital. These may lead to job satisfaction and in turn increased organizational commitment score of health professionals working in health centers than in the hospital.

But none of the rest Sociodemographic and economic variables, like years of experience and age did not show any predictive effect on the organizational commitment score of the health professionals.

However, several earlier studies including research done on health care sector in Iran found significant relationships between these variables and organizational commitment [43-44, 51, 61, 62]. These early studies assumed higher work experience or higher age might bring too much benefit such as high salary and position to the employee. The absence of significant association in this study might imply benefits difference due to age or years of experience in this study setting may be nil.

The main weakness of this study was respondent bias might occur because respondents may perceive the survey as an opportunity to voice their grievances in the hope of their complaints will be addressed.

CHAPTER SEVEN: CONCLUSIONs AND RECOMMENDATIONs

7.1 Conclusions

The following conclusions can be drawn from the present study.

- The percentage mean score of organizational commitment for health professionals working in government health facilities of Gurage zone was 64.81%.
- This research showed that job satisfaction is an important predictor of organizational commitment score. More specifically, perceived leadership style and training opportunity score was an important predictor of organizational commitment score of health professionals.
- According to the findings of this research the presence of strong perceived staff interaction and perceived availability of adequate resource in ones working health facility can lead to high organizational commitment score.
- Moreover, the perceived suitability of work setting and the perceived fair provision of remuneration were the other best instruments to increase the health professionals' organizational commitment.
- The provision of more perceived value and care has important impact on the organizational commitment score of health professionals. So, one of the key messages obtained from this research is the need to make health workers feel they are cared-for.
- By and large, from the results of the qualitative part of this study we can also conclude that avoiding work over load and sharing tasks can increase the level of organizational commitment among health professionals.
- Finally, from the results of this research we can conclude that organizational commitment score is much more influenced by organizational factors than personal factors.

7.2 Recommendations

Taking into account what have already been outlined in this report, we would like to forward the following recommendations to all concerned bodies.

For health managers in Gurage zone

- It is better if health managers at all levels in Gurage zone value the efforts and care for the wellbeing of health professionals working in government health facilities in the zone. This requires taking practical measures including public and individual appreciation of individual professionals.
- Health managers at Gurage Zone health department, each Woreda health office and health facilities are expected to adopt a leadership style that is more attentive to health professional's perception. These managers should select a leadership style according to the organizational culture and employees' organizational maturity.

For policy makers

- The SNNPR health Bureau, Gurage zone health department and each woreda health offices in the zone are recommended arranging both basic and refresher professional trainings to health professionals in the zone.
- The SNNPR Health Bureau is suggested correcting the payment scales like off duty payments, payment for risks and different positions like heads of health centers and case team coordinators.
- It is necessary that the Gurage zone administrative body and respective woreda administrative bodies allocate adequate budget to make all necessary resources available in the health facilities.
- Gurage zone administrative body in collaboration with the Regional Health Bureau is supposed to establish educational upgrading opportunities which were found to have link with level of commitment in this study.

For each health facilities

- Each health facility is requested to acknowledge their health professionals based on their job performance.
- It would be better if each health facilities' management bodies in Gurage zone design programs that increase the staff interaction of health professionals working under their jurisdiction.

For researchers

- Further research is needed on the relationship between other health human resources management practices like motivation and organizational commitment of health professionals.

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Annex I Health professionals Information Sheet and Consent Form

Title of study: organizational commitment and associated factors among health professionals in government health facilities of Gurage zone, Southern Ethiopia, 2014.

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Research Advisors: D.r Mirkuzie Woldie and Mr Gebeyehu Tsega

Dear health professionals

I am writing to invite you participate in a research study on the organizational commitment of health professionals.

I am a midwife and masters student in Jimma University conducting research on how health professionals view their work and their level of commitment to their organization. Such research has been done in other countries but not in Ethiopia especially on the health professionals work environment. I'm inviting you to participate as you are a member of health professionals working in Gurage zone public health facilities

Before you decide whether to take part, it is important for you to understand why the research is being done.

This study is being conducted for the partial fulfilment of my Master's degree in Jimma University and not for other purpose. It has got ethical approval from the Ethical Review Committee of the collage of public health and medical sciences of Jimma University. It is being conducted among health professionals in governmental health facilities of Gurage zone, SNNPR.

The aim of this study is to assess Organizational commitment and it's determinants among health professionals working in governmental health facilities of Gurage zone. That is why we contact you for taking part in the study.

All information that is collected from you during the study will be kept confidential, and your name will never be mentioned in any analysis and dissemination of findings. Taking part in this study is completely voluntary. If you decide not to be in this study, or if you stop participating at any time, you won't be penalized or lose any benefits for which you otherwise qualify. However,

the honest Information you give us is highly valuable to the study and this interview will take about 25 minutes.

I am grateful to you for your consideration of this research and look forward to your response.

I have read all the information on the aims of the study and I understood that participation in this study is completely voluntary and that I can with draw from the study any time without suppling reason. I’m fully aware that the results of this study will be used for scientific purpose and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this study.

_____ Yes, I want to participate in the study (administer the questionnaire).

_____ No, I don't want to participate in the study (thank you very much!

Annex II Data collection tools

Part I: Sociodemographic and economic characteristics of the participants

1. Your sex

   1. Female 2. Male

2. Your age_____

3. Marital status

   1. Single 3. Divorced

   2. Married 4. Widowed

4. Your profession_____

5. What is your qualification?

   1. Diploma 2. Bachelor degree

   3. Post graduate

6. How long have you worked at this health facility? _____years

7. Area of residence

   1. Urban 2. Rural

8. You are working in?

   1. Health center 2.Hospital

9. Type of post

   1. Managerial 2. Non-managerial

10. Net monthly salary you earn (ET /birr/) _____

Part II Job satisfaction questionnaire

How satisfied are you with the following aspects of your current job? Please circle the number that applies your current satisfaction level in front of each question/item. The items are scored as 5 = Very Satisfied 4 = Moderately Satisfied 3=uncertain 2 = Moderately Dissatisfied 1 = Very Dissatisfied

		Very Satisfied	Moderately Satisfied	uncertain	Moderately Dissatisfied	Very Dissatisfied
	1. Pay					
1	My income is a reflection of the work I do	**5**	**4**	**3**	**2**	**1**
2	I get Compensation for working weekends	**5**	**4**	**3**	**2**	**1**
3	My job has more advantages than disadvantages	**5**	**4**	**3**	**2**	**1**
	2. Promotion					
4	I have enough support for continuing education	**5**	**4**	**3**	**2**	**1**
5	I have sufficient opportunity for professional growth	**5**	**4**	**3**	**2**	**1**
6	I get support for Personal growth and development through education and training	**5**	**4**	**3**	**2**	**1**
	3. Recognition					
7	Adequate Consideration is given to my opinion and suggestion for change in the work setting	**5**	**4**	**3**	**2**	**1**
8	I receive recognition for tasks well done	**5**	**4**	**3**	**2**	**1**
9	Adequate consideration is given to my personal needs	**5**	**4**	**3**	**2**	**1**
	4. Professional training					
10	There are training opportunities available to me	**5**	**4**	**3**	**2**	**1**

		Very satisfied	Moderately satisfied	Uncertain	Moderately dissatisfied	Very dissatisfied
11	Training programs are appropriate to enhance my professional job performance.	**5**	**4**	**3**	**2**	**1**
12	My organization gives Training and orientation to new staffs well	**5**	**4**	**3**	**2**	**1**
	5. Autonomy					
13	I have enough freedom to decide how I do my work	**5**	**4**	**3**	**2**	**1**
14	I have support to be fully accountable for those decisions	**5**	**4**	**3**	**2**	**1**
15	I have the freedom to work alone on the job	**5**	**4**	**3**	**2**	**1**
	6. Interaction and working environment					
16	I have a good working relationship with my colleagues	**5**	**4**	**3**	**2**	**1**
17	There is a clear channel of communication at my workplace	**5**	**4**	**3**	**2**	**1**
18	I can depend on my colleagues for support	**5**	**4**	**3**	**2**	**1**
19	There is an atmosphere of co-operation between staff & management	**5**	**4**	**3**	**2**	**1**
20	Management does involve staff in decision making	**5**	**4**	**3**	**2**	**1**
21	My working environment encourage me to make adjustment in my professional practice to suit patient needs	**5**	**4**	**3**	**2**	**1**
22	I have sufficient time for each clients	**5**	**4**	**3**	**2**	**1**
23	I don't experience frustration in my work due to limited supply	**5**	**4**	**3**	**2**	**1**

Part III Perceived organizational support

By considering the items score as strongly agree=7, agree=6, slightly agree=5, neutral=4, slightly disagree=3, disagree=2, and strongly disagree=1.

Please circle the number that applies your current perceived organizational support level in front of each question/item.

		Strongly agree	Agree	Slightly agree	Neutral	Slightly disagree	Disagree	Strongly disagree
1	The organization values my contribution to its well-being.	**7**	**6**	**5**	**4**	**3**	**2**	**1**
2	The organization fails to appreciate any extra effort from me.	**7**	**6**	**5**	**4**	**3**	**2**	**1**
3	The organization would ignore any complaint from me.	**7**	**6**	**5**	**4**	**3**	**2**	**1**
4	The organization really cares about my well-being.	**7**	**6**	**5**	**4**	**3**	**2**	**1**
5	Even if I did the best job possible, the organization would fail to notice.	**7**	**6**	**5**	**4**	**3**	**2**	**1**
6	The organization cares about my general satisfaction at work.	**7**	**6**	**5**	**4**	**3**	**2**	**1**
7	The organization shows very little concern for me.	**7**	**6**	**5**	**4**	**3**	**2**	**1**
8	The organization takes pride in my accomplishments at work.	**7**	**6**	**5**	**4**	**3**	**2**	**1**

Part IV Organizational commitment questionnaire (to be scored as follows)

Strongly agree=7, agree=6, slightly agree=5, neutral=4, slightly disagree=3, disagree=2, and strongly disagree=1.Please circle the number that applies your current organizational commitment level in front of each question/item.

		Strongly agree	Agree	Slightly agree	Neutral	Slightly disagree	Disagree	Strongly disagree
1	I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful	**7**	**6**	**5**	**4**	**3**	**2**	**1**
2	I talk up this organization to my friends as a great organization to work for.	**7**	**6**	**5**	**4**	**3**	**2**	**1**
3	I would accept almost any type of job assignment in order to keep working for this organization	**7**	**6**	**5**	**4**	**3**	**2**	**1**
4	I find that my values and the organization's values are very similar	**7**	**6**	**5**	**4**	**3**	**2**	**1**
5	I am proud to tell others that I am part of this organization	**7**	**6**	**5**	**4**	**3**	**2**	**1**
6	This organization really inspires the very best in me in the way of job performance.	**7**	**6**	**5**	**4**	**3**	**2**	**1**
7	I am extremely glad that I chose this organization to work for over others I was considering at the time I joined.	**7**	**6**	**5**	**4**	**3**	**2**	**1**
8	I really care about the fate of this organization.	**7**	**6**	**5**	**4**	**3**	**2**	**1**
9	For me this is the best of all possible organizations for which to work.	**7**	**6**	**5**	**4**	**3**	**2**	**1**

በጅማ ዩኒቨርሲቲ የማህበረሰብ ጤናና ህክምና ሳይንስ ኮሌጅ የድህረ ምረቃ ትምህርት ማጠናቀቂያ ጥናታዊ ፅሁፍ መጠይቆች

የጤና ባለሞያዎች ፈቃደኛነታቸውን መጠየቂያ ቅጽ

የጥናቱ ርዕስ፡- በጉራጌ ዞን የመንግስት የጤና ተቋማት ውስጥ የሚሰሩ የጤና ባለሞያዎች ለመስሪያ ቤታቸው ያላቸው ቁርጠኝነትና ጫና ፈጣሪ ሁኔታዎች፤ ደቡብ ኢትዮጵያ፣ 2006 ዓ.ም

የጥናቱ ባለቤት፡ **ገ/ማርያም ሀ/ሚካኤል**

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የጥናቱ አማካሪዎች: **ዶ/ር ምርኩዜ ወልዴ እና አቶ ገበየሁ ፀጋ**

እኔ በጅማ ዩኒቨርሲቲ በማህበረሠብ ጤና የድህረ ምረቃ ተማሪ ስሆን የጤና ባለሞያዎች ለመሥሪያ ቤታቸው ያላቸው ቁርጠኝነትና ጫና ፈጣሪ ሁኔታዎች በሚል ርዕስ የመመረቂያ ፅሁፍ በመሥራት ላይ እገኛለሁ፡፡ ስለዚህ እርስዎም በዚህ ዞን ውስጥ የሚሰራ አንድ የጤና ባለሞያ እንደመሆንዎ በጥናቱ እንዲሳተፉ ተጋብዘዋል፡፡

የጥናቱ አጠቃላይ አላማ፣ ይህ ጥናት የሚከናወንበት ዋነኛ አላማ በጅማ ዩኒቨርሲቲ የድህረ ምረቃ ትምህርት ማሟያ ይሆን ዘንድ ነው፡፡ ጥናቱ በማንም ላይ የጎንዮሽ ጉዳት እንደማያስከትል ተረጋግጦ በጅማ ዩኒቨርሲቲ ሙሉ ፈቃድ አግኝቷል፡፡

ከእርስዎ የሚሰበሰብ ማንናቸውም አይነት መረጃዎች ሚስጥራዊነታቸው የተጠበቀ ሲሆን ከጥናቱ ውጤት ጋር ስምዎን በየትኛውም ደረጃ የማይገለፅ መሆኑን ልናገረጋግጥልዎት እንወዳለን፡፡ በጥናቱ መካፈል ሙሉ በሙሉ በፈቃደኝነትዎ ላይ የተመሰረተ ነው፡፡ በጥናቱ ላለመካፈል ቢወስኑ ምንም አይነት ቅጣት የማይጣልብዎት እንዲሁም ምንም አይነት ጥቅም የማያጡ መሆኑን መግለፅ እንፈልጋለን፡፡

ነገር ግን በታማኝነት የሚሠጡን እውነተኛ መረጃ ለጥናቱ ከፍተኛ ጠቀሜታ አለው፡፡ ጥናቱ 15 ደቂቃዎች ይፈጃል፡፡ የጥናቱ ጠቀሜታ በማስተዋል በጥናቱ ለመሣተፍ ስለሚወስኑ ምሥጋናዬ የላቀ ነው፡፡

_____ አዎ እሳተፋለሁ፡፡ (ይቀጥሉ)

_____ አይ ለመሳተፍ አልፈልግም (አመሰግናለሁ)

የመረጃ መሰብሰቢያ መጠይቆች

ክፍል አንድ፡- የጥናቱ ተሳታፊ ግለሰቦች ምንነት የሚገልጹ ጥያቄዎች

1. ጾታ
    1. ሴት 2. ወንድ
2. እድሜ _____
3. የትዳር ሁኔታ
    1. ያላገባ/ች / 3. አግብቶ የፈታ/ች/
    2. ያላገባ/ች/ 4. አግብቶ የሞተበት/ባት/
4. የተማሩት ሞያ ምን ይባላል _____
5. የትምህርት ደረጃዎ ምን ያህል ነው?
    1. ዲፕሎማ 3. ድህረ ምረቃ
    2. ዲግሪ
6. በዚህ የጤና ተቋም ውስጥ ለምን ያህል ጊዜ አገልግለዋል_____ አመታት
7. የሚኖሩበት አካባቢ ምን አይነት ነው?
    1. ከተማ 2. ገጠር
8. ምን አይነት የጤና ተቋም ውስጥ ነው የሚሰሩት
    1. ጤና ጣቢያ 2. ሆስፒታል
9. ምን አይነት ሥራ ነው የሚሰሩት
    1. አስተዳደራዊ 2. አስተዳደራዊ ከሆኑ ነገሮች ውጭ
10. የተጣራ ወርሃዊ ደሞዝዎ በብር ምን ያህል ነው_____

ክፍል ሁለት

በስራዎ ስለመርካቶ የሚመለከቱ ጥያቄዎች

አሁን እየሰሩ በሚገኙት ሥራ ቀጥሎ ከቀረቡ ነጥቦች አንጻር ምን ያህል ረክተዋል? እባክዎን ከእያንዳንዱ ጥያቄ ፊት ለፊት የእርስዎን አቋም የሚወክለውን ቁጥር ያክብቡት፡፡ ነጥቦቹ የሚመዘኑበት ደረጃዎች እንደሚከተሉት ናቸው፡፡

1. በጣም ረክቻለሁ፣ 2. በመጠኑም ቢሆን ረክቻለሁ፣ 3. አሻሚ ነው፣
   4. በተወሰነ መልኩ አልረካሁም 5. በፍጹም አልረካሁም

		በጣም ረክቻለሁ፣	በመጠኑም ቢሆን ረክቻለሁ፣	አሻሚ	በተወሰነ መልኩ አልረካሁም	በፍጹም አልረካሁም
	1. <u>ክፍያን በተመለከተ</u>					
1	የሚከፈለኝ ክፍያ ከምሰራው ሥራ ጋር ተመጣጣኝ ነው	5	4	3	2	1
2	በእረፍት ሰዓቴ ከሰራሁ ማካካሻ ይከፈለኛል	5	4	3	2	1
3	ስራዬ ከጉዳቱ ጥቅሙ ይበልጣል	5	4	3	2	1
	2. <u>የደረጃ እድገትን በተመለከተ</u>					
4	ተከታታይ ትምህርት እንድማር ድጋፍ ይደረግልኛል	5	4	3	2	1
5	የደረጃ እድገት እንዳገኝ በቂ እድል ይመቻችልኛል	5	4	3	2	1
6	በትምህርትና በስልጠና እራሴን እንዳሳድግና እንዳሻሽል ድጋፍ ይደረግልኛል፡፡	5	4	3	2	1
	3. <u>እውቅናን በተመለከተ</u>					
7	በሥራ ወቅት ለማቀርበው አስተያየት ወይም ሀሳብ በቂ ትኩረት ይሠጠኛል፡፡	5	4	3	2	1
8	በጥሩ ሁኔታ ላከናወንኳቸው ተግባራት ዕውቅና ይሰጠኛል	5	4	3	2	1
9	ግለሰባዊ ፍላጎቴ ከግንዛቤ ውስጥ ይገባል	5	4	3	2	1
	4. <u>ሞያዊ ስልጠናን በተመለከተ</u>	5	4	3	2	1
10	ስልጠና የማግኘት ዕድል ይመቻችልኛል					
11	የሚሰጡኝ ስልጠናዎች ሞያዊ የሥራ አፈፃፀሜን ለማሻሻል የሚረዱኝ ናቸው	5	4	3	2	1
12	መሥሪያቤታችን ለአዳዲስ ሠራተኞች በቂ የሆነ የመግቢያ ስልጠናና አቅጣጫዎች ይሰጣል	5	4	3	2	1

	5. <u>በራስ የመወሰን መብት በተመለከተ</u>					
13	ስራዬን እንዴት መስራት እንዳለብኝ የመወሰን ነፃነት አለኝ	5	4	3	2	1
14	ለወሰንኳቸው ውሳኔዎች ሙሉ ተጠያቂ የመሆን ድጋፍ ይደረግልኛል	5	4	3	2	1
15	ሰራዎችን በራሴ አቅም የማከናውን ነፃነት ይሰጠኛል	5	4	3	2	1
	6. <u>በስራ ቦታዎ ከሰዎች ጋር ያለዎት ግንኙነትና የሥራ ቦታ ሁኔታ በተመለከተ</u>					
16	ከሥራ ባልደርቦቼ ጋር ስራን በተመለከተ ጥሩ ግንኙነት አለን	5	4	3	2	1
17	በሥራ ቦታዬ ቀጥተኛና ግልፅ የመግባባት ሥርዐት አለኝ	5	4	3	2	1
18	ከሥራ ባልደረቦቼ ጋር በስራ ቦታ ጥሩ የመተጋገዝ መንፈስ አለን	5	4	3	2	1
19	በአስተዳደርና በሰራተኛ መሀል ጥሩ የመተባበር መንፈስ አለ	5	4	3	2	1
20	አስተዳደሩ በውሳኔ አሰጣጥ ሂደት ላይ ሰራተኛን ያሳትፋል	5	4	3	2	1
21	የስራ ቦታዬ የታካሚዎችን ፍላጎት ለማርካት ሞያዊ ማስተካከያዎችን ለማድረግ ይመቻል	5	4	3	2	1
22	እያያዳንዳቸው ደንበኞች የማስተናግድበት በቂ ጊዜ አለኝ	5	4	3	2	1
23	በግብአት ዕጥረት ምክንያት ስራዬ ተደናቅፎ አያውቅም	5	4	3	2	1

ክፍል ሦስት

መሥሪያ ቤትዎ ያደርግልኛል ብለው ስለሚያስቡት ድጋፍ ያልዎት አስተያየት የሚለኩ ጥያቄዎች

እያንዳንዱ ነጥብ ከግምት ውስጥ በማስገባት በሚከተለው ደረጃ መሰረት የአርስዎን አቋም የሚወክለው አንዱ ቁጥር ያክብቡት

በጣም እስማማለሁ = 7፣ እስማማለሁ = 6፣ በጥቂቱ ተስማምቻለሁ = 5፣ ገለልተኛ አቋም = 4፣ በጥቂቱ አልስማማም = 3፣ አልስማማም = 2፣ በፍጹም አልስማማም = 1

		በጣም እስማማለሁ	እስማማለሁ	በጥቂቱ እስማማለሁ	ገለልተኛ	በጥቂቱ አልስማማም	አልስማማም	በፍጹም አልስማማም
1	ለመስሪያ ቤቴ ደህንት የማበረክተው አስተዋፅኦ ዋጋ ይሰጠዋል	7	6	5	4	3	2	1
2	ለመሥራያ ቤቴ በተጨማሪነት የማበረክታቸው ጥረቶች አይረዳልኝም	7	6	5	4	3	2	1
3	መሥራያ ቤቴ ለማቀርባቸው እሮሮዎች ቦታ አይሰጥም	7	6	5	4	3	2	1
4	መሥራያ ቤቴ ስለደህንነቴ ያስባል /ጥንቃቄ ያደርጋል)	7	6	5	4	3	2	1
5	ምንም እንኳን ስራዬን በተሻለ ሁኔታ ባከናውንም መስሪያ ቤቴ ግን አያስተውለውም	7	6	5	4	3	2	1
6	መስሪያ ቤቴ በአጠቃላይ በስራዬ እንድረካ እንክብካቤ ያደርግልኛል	7	6	5	4	3	2	1
7	መስሪያ ቤቴ ለእኔ ያለው ትኩረት አናሳ ነው	7	6	5	4	3	2	1
8	መስሪያ ቤቴ ስራን በትክክል በማከናወን ችሎታዬ ይተማመንብኛል	7	6	5	4	3	2	1

ክፍል አራት ለመሥሪያ ቤትዎ ያለዎት ቁርጠኝነት ደረጃ የሚለኩ ጥያቄዎች

እባክዎ ለመስሪያ ቤትዎ ያለዎትን ቁርጠኝነት ደረጃ የሚያመለክተውን አንዱን አማራጭ ከጥያቄው ቁጥር ፊት ለፊት እንደሚከተለው ከተሰጡት ቁጥሮች አንዱን በማክበብ ይተባባሩን

በጣም እስማማለሁ = 7፣ እስማማለሁ = 6፣ በጥቂቱ ተስማምቻለሁ = 5፣ ገለልተኛ አቋም = 4፣ በጥቂቱ አልስማማም = 3፣ አልስማማም = 2፣ በፍጹም አልስማማም = 1

		በጣም እስማማለሁ	እስማማለሁ	በጥቂቱ እስማማለሁ	ገለልተኛ	በጥቂቱ አልስማማም	አልስማማም	በፍጹም አልስማማም
1	ይህ መስሪያ ቤት ውጤታማ እንዲሆን ዘወትር ከሚጠበቅብኝ ተግባር በተጨማሪ የበለጠ አሰተዋፅኦ ለማበርከት ፍቃደኛ ነኝ	7	6	5	4	3	2	1
2	ይህ መስሪያ ቤት ለስራ የሚመች ትልቅ መስሪያ ቤት መሆኑን ለጓደኞቼ አወራለሁ	7	6	5	4	3	2	1
3	በዚህ መስሪያ ቤት ውሰጥ እየሰራሁ መቀጠል ስለምፈልግ የሚሰጡኝን ማንኛቸውንም አይነት የቤት ስራዎች እቀበላለሁ	7	6	5	4	3	2	1
4	የመስሪያ ቤቴንና የራሴ እሴቶች አንድ ሆኖ አግኝቼዋለሁ	7	6	5	4	3	2	1
5	የዚህ መስሪያት ቤት አካል መሆኔን ለሌሎች ሳወራ ኩራት ይሰማኛል	7	6	5	4	3	2	1
6	ይህ መስሪያ ቤት የተሻለ የሥራ አፈፃፀም እንዲኖረኝ ያበረታታኛል/ይረዳኛል/	7	6	5	4	3	2	1
7	ይህ መስሪያ ቤት ሥቀላቀል ከሌሎች ተቋማት የተሻለ አድርጌ መርጬው በመቀላቀሌ ደስተኛ ነኝ	7	6	5	4	3	2	1
8	ስለዚህ ተቋም እጣፈንታ ሁሌም ከውስጤ ያሳስበኛል	7	6	5	4	3	2	1
9	ለእኔ ይህ ተቋም ካሉት ጤና ተቋማት ሁሉ የተሻለ የጤና ተቋም ነው	7	6	5	4	3	2	1

Research team on the organizational commitment of health professionals in Gurage zone

Interview guide for in-depth interview with zone health department managers, woreda health office heads, human resource managers at woredas and health facilities and zonal health human resource managers.

Introduction

We are from Jimma University and conducting a research project for the partial fulfillment of masters in public health of Mr. G/mariam H/micael. The aim of this research is to assess the level of organizational commitment and associated factors among health professionals in government health facilities of Gurage zone. To this end we are seeking your thoughts, comments and suggestions on the level of organizational commitment and associated factors among health professionals in your zone/woreda/health facility and also your suggestions to improve level of commitment among the professionals. As one of the health managers in the zone we expect that your views are very useful in getting a better understanding of the issues raised above. Hence, we cordially invite you to be one of the interviewees in this assessment.

The interview will not take more than 45 minutes. All the information you provide will be anonymously kept and be used only for the purpose of the assessment. The recorded interview will be destroyed immediately after transcription.

Shall I proceed?

1. Yes _____
2. No _____

Background information

- Age _____
- Sex_____
- Position _____
- Year of Service on this position _____

Questions to throw:

1. How do you rate the organizational commitment of health professionals in your health facility/woreda/zone?

   Follow up:

   Can you explain it more? What tangible evidences could you provide to support your view?

2. What factors do you think affect their commitment level

   Follow up:

   Please, explain how each of these factors is related to the level of organizational commitment.

3. What do you suggest to improve the commitment level of health professionals in your health facility /woreda zone?

   Follow up:

Which of your suggestions are currently being implemented in health facility /woreda/ zone?

Can you mention practical gains obtained following implementation of some of your suggestions?

Given the current health and other related policies in the country, what are the challenges and opportunities you have noticed for improving organizational commitment in your health facility /woreda/ zone?

4. Is there anything else you would like to add?

   Follow up:

Please give examples?

Annex III item loadings of the tools used in this study

1. Factor loadings of the items used to measure the organizational commitment of health professionals, GURAGE zone, south Ethiopia, 2014(397)

Items	Organizational commitment score
I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful.	0.438
I talk up this organization to my friends as a great organization to work for.	0.723
I would accept almost any type of job assignment in order to keep working for this organization	0.768
I find that my values and the organization's values are very similar	0.765
I am proud to tell others that I am part of this organization.	0.85
This organization really inspires the very best in me in the way of job performance.	0.721
I am extremely glad that I chose this organization to work for over others I was considering at the time I joined.	0.766
I really care about the fate of this organization.	0.514
For me this is the best of all possible organizations for which to work.	0 .687

2. Factor loadings of the items used to measure the perceived organizational support of health professionals, GURAGE zone, south Ethiopia, 2014(397)

Items	Perceived concern for employee	Perceived Value and care for employee
The organization values my contribution to its well-being		0 .704
organization fails to appreciate any extra effort from me	0 .708	
The organization would ignore any complaint from me	0 .799	
The organization really cares about my well-being		0.751
Even if I did the best job possible, the organization would fail to notice.	0.785	
The organization cares about my general satisfaction at work.		0.796
The organization shows very little concern for me.	0 .735	
The organization takes pride in my accomplishments at work.		0.573

3. Factor loadings of the items used to measure the job satisfaction of health professionals, GURAGE zone, south Ethiopia, 2014(397)

Items	Leadership style and training opportunity	Staff interaction	Remuneration	Promotion Opportunity	Resource and work setting
My income is a reflection of the work I do.			0.611		
I get Compensation for working weekends.			0.707		
My job has more advantages than disadvantages.			0.584		
I have enough support for continuing education.				0.815	
I have sufficient opportunity for professional growth.				0.815	
I get support for Personal growth and development through education and training.				.648	
I receive recognition for tasks well done.	0.550				
Adequate consideration is given to my personal needs.	0.535				
There are training opportunities available to me.	0.628				
Training programs are appropriate to enhance my	0.629				

professional job performance.					
My organization gives Training and orientation to new staffs well.	0 .574				
I have enough freedom to decide how I do my work.	0.761				
I have support to be fully accountable for those decisions.	0.787				
I have the freedom to work alone on the job.	0.645				
I have a good working relationship with my colleagues		.826			
There is a clear channel of communication at my workplace.		.838			
I can depend on my colleagues for support.		0.806			
There is an atmosphere of co-operation between staff & management.					0.570
Management does involve staff in decision making.	0.566				
My working environment encourages me to make adjustment in my profession.					0.649
I have sufficient time for each client.					0.646
I do not experience frustration in my work due to limited resources					0.700

Annex IV list of the selected woredas and town administration with their health centers studied.

Name of woreda selected	Name of health center included	Name of health center excluded
1. Enemore ena ener woreda	1.1 Gunchirie health center 1.2 Gusbaja health center 1.3 Wera health center 1.4 Jatu health center 1.5 Mafed ener amanuel 1.6 Terhogne health center	1. Agata health center 2. Andahore health center
2. Gumer woreda	2.1 Arekit health center 2.2. Bole health center 2.3. Jemboro health center 2.4. Bad health center	
3. Kebena woreda	3.1 Tatesa /wesherbe health center 3.2 Lencha health center 3.3 Wutigni health center	
4. Cheha woreda	4.1 Embdibir health center 4.2 Yeshere health center 4.3 Wurerber health center 4.4 Yejoka health center	Aftir health centers

5	Abesige woreda	5.1 Hole health center 5.2 Darge health center	
6	sodo woreda	6.1 Bue health center 6.2 Tiya health center 6.3 Kela health center 6.4 Beke health center 6.5 Adele health center 6.6 Mulawula health center	Gereno dembel health center
7	Esia woreda	7.1 Agena health center 7.2 Darcha health center 7.3 Koter gedra health center 7.4 Yedege health center	
8	Wolkite town administration	8.1 Wolkite health center	

N.B. Health centers excluded from this study were due to they were recently constructed and not well organized.