

**Intention to leave and associated factors among  
Health Professionals in Public Health Centers in  
Jimma Zone, Southwest Ethiopia**

**By  
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## ABSTRACT

**Background:** Inadequate human resources are a major constraint to improving global health. In 2010, there was an estimated shortage of at least one million frontline health workers in the developing world. Globally, there are 61 countries with a critical shortage of healthcare workers, and 41 of them are in Africa. Similarly, Ethiopia, as any other sub Saharan African countries, is facing the challenges of shortage of skilled human resource, the health sector is characterized by a high turnover coupled with internal as well as external brain drain but there is little information on intention to leave among health professionals in public health centers

**Objective:** The aim of this study is to assess intention to leave and associated factors among health professionals in public health centers in Jimma Zone, southwest Ethiopia

**Methods:** A cross-sectional quantitative and qualitative study was conducted on seven randomly selected districts (*woreda*) which has 53 public health centers. All health professionals in sampled district public health centers were included (n=505). Factor analysis was employed for all Likert scale instruments to extract factor(s) representing each of the scales using SPSS version 16.0. Multiple Linear regressions were performed to check association between independent and dependent variables. The qualitative semi-structured interview was conducted and analyzed by thematic analysis methods. Before conducting any study ethical clearance was obtained from Jimma University College of Public Health & Medical Sciences and informed consent was obtained from each responsible body.

**Results;** Four hundred fifty five (90.1%) participated and out of this 290 (63.7%) had intention to leave. Among variables job satisfaction (Beta=-0.298, (95%CI, -0.568 to -0.029), working environment (Beta=-0.612, (95%CI, -0.955 to -0.270) and organizational management (Beta=-0.552, (95%CI, 0.289 to 0.815) had statistically significant association with intention to leave among health professionals in public health centers in Jimma Zone

**Conclusions;** the overall intention to leave among health professionals was high.

Job satisfaction, working environment, work pressure and organizational management had statistically significantly associated and negatively affect intention to leave among health professionals in public health centers in Jimma Zone.

**Key words ;**( intention to leave, health professionals, public health centers, Jimma Zone 2014)

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## **Acronyms**

HEW	Health extension workers
HIC	High income country
HRH	Human resource for health
JZHO	Jimma Zone health office
LIC	Low Income County
MDG	Millennium development goal
WHO	World health organization



# **Chapter One: Introduction**

## **1.1. Background**

Intention to leave is defined as an employee's plan to quit the present job and look forward to find another job in the near future. The intention of quit is probably the most important and immediate antecedent of turnover decisions (1). The establishment of predictors more antecedents in the process would give managers the opportunity to intervene before it is too late. The concept of intention to leave differs from turnover. Turnover refers to the act of individuals actually leaving an organization whereas intention to leave is individuals' perceptions towards leaving. Yet, intention to leave is related to and is an immediate predictor of turnover behavior (2,3,4). Commitment is often a consequence of events, actions and policies by which the organization creates positive emotional connections with members of the work group (5), therefore, organization commitment can be an event that triggers individuals to commit to their organization. In addition, committed employees are more willing to exert considerable effort on behalf of the organization and have a stronger desire to maintain membership in the organization, which means remaining in the organization (6).

The health workers shortages threaten the existence of health facility and negatively influence the quality of local healthcare services where coverage of effective interventions is to a large extent the result of the quality and effectiveness by which health services reach people and people's to access them (7). In order to avoid or reduce the number of intention to leave among the employee, the organization must know the main reason of the employee being intent to leave. However, job satisfaction can be considered as one of the main important factor that determines the absenteeism and turnover intention (1, 8). Recently, job satisfaction defined as the level of one's positive feelings about the job so that he or she can feel good about performing the work (9). Another degree of intention to leave faced by employees is the fear and thoughts of actually quitting one's job. Therefore, actually any thoughts on these issues are considered 'a signal of quitting (10) In additional to job satisfaction different factors can positively or negatively influence health workers intention to leave the public health centers such as work pressure, work environment, Organizational management related are few factors which need serious consideration to retain health workers in their organization.

## **1.2. Statement of the Problem**

Inadequate human resources are a major constraint to improving global health (11, 12). The insufficient numbers, skill imbalances, mal-distribution, low motivation, and poor performance of health workers in low and middle-income countries (LMICs) compromise the delivery and expansion of priority health programmes (13, 14). Studies have shown that the shortage of human resources for health (HRH) is a factor that is crippling health systems and health care, particularly in countries with limited resources. Despite this, the development of human resources has been given little attention at global and national levels until recently. As a result, developing countries have particularly suffered from high attrition rates, low health manpower production, geographical imbalance and an uneven skill mix of health workers at various levels. It is now evident that in many low- and middle-income countries, meeting key MDGs especially those relating to health – requires a significant increase in the number of health workers (15).

In 2010, there was an estimated shortage of at least one million frontline health workers in the developing world. Globally, there are 61 countries with a critical shortage of healthcare workers, and 41 of them are in Africa. The shortage is most severe in Sub Saharan African countries; thus, these countries will meet few of the health Millennium Development Goals by 2015(15). Despite health and poverty eradication being high on the international agenda with significant achievements in some developing countries, progress remains extremely slow in Africa. This is primarily due to weak health systems characterized by severe shortages, poor capacity and demotivated health workers at all levels across the continent (16,17).The health worker density in most sub- Saharan countries is well below the WHO recommended minimum of 2.5 health workers per 1000 population while the burden of disease is high (18). Similarly, Ethiopia, as any other sub Saharan African countries, is facing the challenges of shortage of skilled human resources .In Ethiopia a total of 66 314 health workers are in service, including 30 950 health extension workers. The national health worker ratio per 1000 population is 0.84. This result is far less than the standard set by the World Health Organization of 2.3 per 1000 population. It is to be noted that unless a huge effort is made in the next five years to improve the situation, meeting the Millennium Development Goals may be very difficult. (15)

Intention to leave is an intervening variable between job satisfaction and actual turnover and is therefore affected by similar individual and organizational factors (19). When health workers leave their organization, this can negatively affect organizational performance. Organizations have to recruit new health workers and tacit knowledge is lost. Furthermore, organizational turnover could contribute to the shortage of health workers (20). The reviewed documents showed that in Ethiopia turnover rate in 1999 E.C were 66.7% for Physicians and 36.8% for nurses. Oromiya regional state, the largest and most populated region of the country, takes the lion share of the problem of shortage of health professionals at all levels. In the last six years, the public health sectors of the region have lost almost 60% of its general practitioners and more than 50% of pharmacists. The demand for quality health care, especially at rural community, is very high. Currently, despite an increasing number of health facilities, the gap with human resource for health is huge. The gap to be covered by available and required health personnel is about 63%. Thus, it was considered as a top priority to take urgent action to curb internal and external migration of health professionals in the region (21). Due to the fact that intentions are the most immediate determinants of actual behavior they are also of practical value from a research perspective, as once people have actually implemented the behavior to quit; there is little likelihood of gaining access to them to understand their prior situation (1). The literature on intention to leave among health workers suffers limitations. There are very few studies from low-income and lower middle-income countries and only a handful from upper middle-income countries (22).

According to the evidence from Jimma Zone health office human resource department about 20% of health workers were leave Jimma Zone public health centers in the past year (JZHO 2013 report of HRH) but no study conducted before on the factor associated with intention to leave in this Zone Therefore, this study was highlight factors associated with intention to leave among health professionals in public health centers in Jimma Zone and the finding of the study will be used by governmental and nongovernmental organizations to develop effective human resource management strategies that will reduce turnover rate in public health centers

## **Chapter Two: Literature Review**

### **2.1. Intention to leave**

There are many factors that influenced employee to have intention to leave public health centers. Among these factors socio demographic factors, job satisfaction, work environment, work pressure and Organizational management are actually characteristics that would lead individuals to stay or leave the organization (23,24).

When actual turnover happen, it brings various consequences for companies and individuals who leave the organizations where it will be either positive effects or negative outcomes. A report shows that more than two-thirds of the organizations indicated they have suffered productivity losses because of the high employee turnover (20).

### **2.2. Intention to leave and socio-demographic factors**

Socio-demographic factors influence the intent of health workers to stay or quite their jobs study suggested that nurses with higher education level will more likely to quit from job compared to nurses that have diploma (25). whereas younger nurses were more likely to leave their job because they do not have fixed career goals compared to older nurses and tend to quit when their goals are not on the track (26). Another study Suggested that when age, experience and tenure in an organization increased and the desire to leave decreased. The facts were also agreed when the new nurses with an average of 23 years in Japan were more likely to quit when dissatisfied with a ward assignment that not desired. This is due to new nurses having less vested in their positions when dissatisfied and therefore are more likely to leave their job compared to tenured nurses. In contrast, due to aging workforce, it has made the turnover rate among nurses higher for many talented and seasoned nurses are thinking to retire (27).

### **2.3. Intention to leave and work environment and work pressure**

Working environments are not just tangible, but composed of social and physiological factors as well. How organization arranged, managed, guides and operates are refers to the organizational structure. Areas of organizational structure include centralization, formalization, organizational justice, integration and instrumental communication. A rigid

organizational structure will result in inflexible working environment that would affect job characteristics indirectly and resulted dissatisfaction and creating job-related stress among job incumbent and reducing commitment to the organization. Besides, perceived stressful work had increased the desire to leave the employer (28). Considering work pressure we expect that when nurse's experience more work pressure, this increases their intention to leave their organization. Study found evidence for this hypothesis for nurses working in long term care. They analyzed 76 nursing homes in the United States. Using logistic regression, they showed that nurses who intended to stay in their job experienced significantly less work pressure than people who were considering leaving their job. They concluded that work pressure indeed affected nursing turnover in the organization. However, the relatively low Cronbach's alpha of the measurement of work pressure (.51) (29),

According to the study conducted on why do nurses intend to leave their organization? A large scale analysis in long term care indicated that the most important reason for nurses' intention to leave is insufficient development and career opportunities. Secondly, a negative working atmosphere strongly influenced intention to leave. The impact of the working atmosphere is not often examined in the literature. However, this research shows that it is an important reason. Thirdly, intention to leave is partly context dependent. More specifically, when nurses in home care felt that their autonomy was reduced, this strongly influenced their intention to leave, while this was not the case for nurses working in nursing and care homes. (30)

#### **2.4. Intention to leave and job satisfaction**

There are many factors that influenced employee to have intention to leave turnover but job satisfaction is widely regarded as the major contributor to intention to quit amongst employees. A cross-sectional survey conducted on Comparing the job satisfaction and intention to leave of different categories of health workers in Tanzania, Malawi, and South Africa indicated that there were statistically significant differences in job satisfaction and intention to leave between the three countries. Approximately 52.1% of health workers in South Africa were satisfied with their jobs compared to 71% from Malawi and 82.6% from Tanzania. The country differences were confirmed by in terms of intending to leave their current job, only 18.8% [95% CI: 15.6-22.2] of health workers in Tanzania and 26.5% [95%

CI: 23.7-29.5] in Malawi indicated that they were actively seeking employment elsewhere, compared to 41.4% [95% CI: 37.3-45.1] in South Africa. These differences between the three countries were also statistically significant (31)

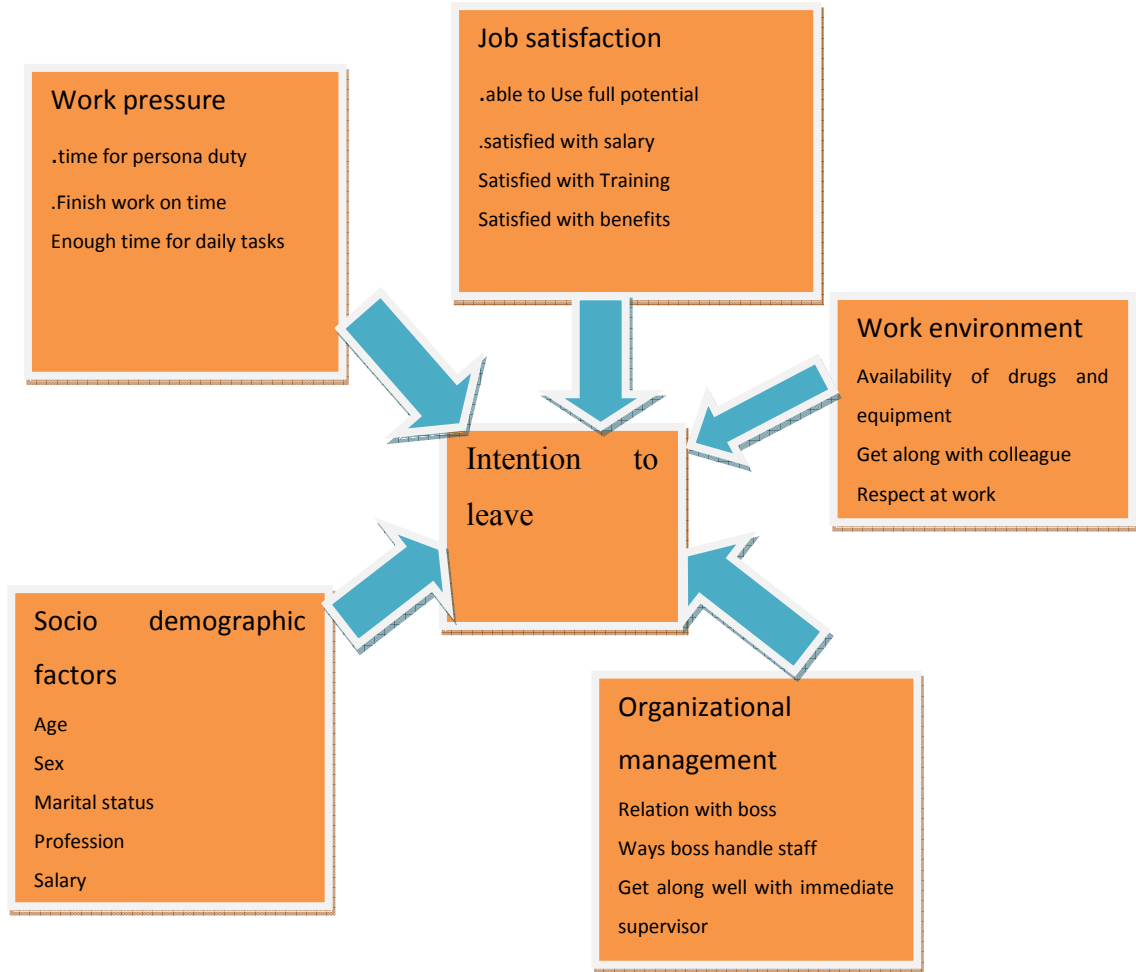
A facility-based Uganda Health Workforce Study on Satisfaction and Intent to Stay among Current Health Workers shows that Slightly more than half (54%) of health workers planned to stay in their jobs indefinitely, and another 20% would stay at least three years. The rest reported that they were eager to leave their jobs soon, with 9% saying “as soon as possible.” Of those ready to leave soon, 11% would leave Uganda and 4% would leave the health sector. Older respondents (age 41 and up) were far less likely to indicate an intent to leave their jobs within two years, leave Uganda or leave the health profession. Private-sector workers were more likely to be in their first jobs (86%) compared to workers in the public sector (79%). Doctors, compared to the other cadres in our study, were the group most likely to say they are eager to leave their jobs within two years (57%), and they are most at risk for leaving Uganda or the health sector (46% said they would leave if they could). After gender was accounted for, the status of being a doctor was highly predictive of a desire to leave their positions. Nurses were the cadre least likely to report an interest in leaving Uganda or the health profession (80% intended to stay in their jobs at least three years), and with 85% still in their first jobs. (32)

A cross sectional survey conducted on the level of job satisfaction and intent to leave among Malaysian nurses verified that intention to leave is reflected in the way the respondents relate their behavior to job satisfaction. Three items were used to measure the nurse’s intention to leave. And that on average the respondents perceived level of intention to leave was reported on average (mean = 2.572, SD = 1.300). Out of the three items, the intention to leave the hospital in the near future receive the most highest mean value (mean =2.283, SD= 1.429), followed by the intention to leave the current job in the last few month (mean = 2.594, SD =1.295). While an overall serious effort for searching a new job receives the lowest mean value (mean = 2.300, SD = 1.176) therefore exhibits a perceived lower level of their intention to leave the hospital and the job and while this study also suggested that the nursing staffs were moderately satisfied with their job(33)

## **2.5. Intention to leave and Organization management related**

Literature on intention to leave and Organization management suffer from limitation and to explore their relation and how management system has affect on health workers intention to

leave I was used as one variable in this study but research has shown that the perceived quality of leadership has a major impact on the intention to leave the organization one study from Malaysian nurses indicated that the hospital leadership and supervisor's role is crucial for nurse's satisfaction. This study finding suggests that the level of supervisor's feedback and their leadership role is perceived at a very moderate level and thus needs improvement. The intention of leave is behavior and has always been influenced by the leader or supervisors' role. Therefore, a suggestion in this case is of the policies must develop in the hospital and should be aligned to overall objective of the hospital. The outcome of these policies will ensure highly motivated and satisfied nursing work force, would more likely to stay in the current job rather to intend to leave (33)



**Fig1: Conceptual frame work for intention to leave among health workers in public health centers in Jimma Zone, 2014 (20)**



### **Chapter Three: Significance of the Study**

For the implementation of the different types of health programmes, dealing with human resource for health is central to addressing the additional and often competing demands of health workers. All types of health personnel are needed to deliver health interventions from public-health to clinical services, from primary to tertiary care.

After all, without a motivated and competent health workforce, there is a danger that, the infusion of new money and other supplies to address health problems of national and global importance will be either misused or wasted; because the human resources are the backbone of the health system and the catalytic lever for driving the performance as well as they are demonstrably linked with health systems outputs and outcomes. Despite a prevailing view that studies on human resource intention to leave are scarce, many diverse statistical sources at different levels of our health system showed the attrition of health workers from public health sectors. Therefore, managing such problem should be evidence-based and this study was assessing intention leave and factors associated with intention to leave among health professionals in public health centers in Jimma Zone. The study will benefit more those working in the area and provide a clue for further studies to identify the gaps. In addition, such information will lend itself to relevant policy making and development of effective human resource management at all levels in the country.

## **Chapter Four: Objectives**

### **4.1. General objective**

- To assess intention to leave and associated factors among health professionals in public health centers in Jimma Zone, Southwest Ethiopia, 2014

### **4.2. Specific objectives**

- To measure intention to leave score among health professionals in public health centers in Jimma zone
- To determine factors associated with intention to leave among health professionals in public health centers in Jimma Zone

## **Chapter Five: Methods and Materials**

### **5.1. Study area and Period**

The study was carried out in Jimma Zone from April 07 – May 07, 2014. Jimma zone is located in Southwest part of Ethiopia, one of Oromia regional state, 354km away from Addis Ababa, the capital city of Ethiopia. It's bordered on north by west Shawa, on south by SNNPR, on west by east Wellaga and Iluababora, on east by south east Shawa zone and SNNPR. It has area of 199316.18km<sup>2</sup> and population density of 13/km<sup>2</sup>. Jimma town is the capital of Jimma Zone. The climatic zone of Jimma Zone is 16% highland, 62%temperate and 22%lowland.The administrative system of Jimma zone is 18 *woreda*(district) with 555 total Kebele (513 rural Kebele, 42 urban and semi urban), and with a total population of 2,928,151 (in 2013). Jimma Zone has three public hospitals, 106 health centers, 555health posts with a total of 2373 health workers i.e.1099 HEW, 106 nurse midwife, 659 general nurses, 125 Health Officers, 110Laboratory technicians and technologists, 112 pharmacy technicians and technologists, 9 Medical doctors, 10 second degree and144environmental health technicians and technologists. Private health facilities, like, 10 medium clinics, 101 lower clinics, 2 pharmacy, 31 drug stores and 41 rural drug venders

### **5.2. Study design**

Cross- sectional study design with quantitative and qualitative was used

### **5.3. Population**

#### **5.3.1. Source Population**

The source populations were all health professionals who have been working in public health centers of Jimma Zone

#### **5.3.2. Study Population**

The study population for quantitative data was all health professionals who have been working in sampled public health centers of Jimma Zone and for qualitative data all sampled districts human resource department head and all sampled districts health office head and selected health professionals of the sampled districts

### 5.3.3. Inclusion and Exclusion Criteria

#### *Inclusion Criteria*

All categories of health professionals working in sampled public health centers of Jimma Zone who served for more than six months during the study period were included.

#### *Exclusion Criteria*

Those health professionals who were not volunteer to participate on the study were excluded

### 5.4. Sample Size and Sampling Procedure

#### 5.4.1. Sample size determination

Because the number of health professionals working in sampled public health centers of Jimma Zone is manageable all health professionals (505) working in these public health centers were included in the study for quantitative data and purposively selected 16 district health office head and human resource head and selected health professionals were included for the in-depth interview.

#### 5.4.2. Sampling Procedure

Seven *woreda* (districts) were selected randomly among 18 *woreda* (districts) of Jimma Zone by lottery method. Fifty three public health centers found in seven selected district out of 106 public health centers and all health professionals in sampled public health centers who have fulfilled the inclusion criteria were included in the study. Purposive sampling technique was used for qualitative study.

**Table 1: List of selected district (*woreda*), number of health centers and total number of health professionals in selected district**

<b>Sr.no</b>	<b>Name of selected district</b>	<b>Number of H.C</b>	<b>Total number of health professionals</b>
01	Limu kosa	06	69
02	Shabe sombo	04	55
03	Omo neda	10	102
04	Dedo	13	110
05	Mana	05	48
06	Goma	09	78
07	Kersa	06	43
	<b>Total</b>	<b>53</b>	<b>505</b>

## **5.5. Study Variables**

### **5.5.1. Dependent variables**

- Intention to leave

### **5.5.2. Independent variables**

- Socio-demographic variable
  - Work experience
  - Age
  - Sex
  - education levels
  - profession
  - salary
  - marital status
- Job satisfaction
- Work pressure
- work environment
- Organizational management

## **5.6. Data Collection Procedure**

### **5.6.1. Data collection instruments**

Self administered structured questionnaire was used to collect the quantitative data which is developed after reviewing relevant literatures and similar studies and modification made in line with the objective of the study and adapted according to the local context (31, 33). The questionnaire contains socio-demographic questions and different associated factors of intention to leave like work-environment, work pressure, organizational management and job contents. Determinants of intention to leave were measured by using 5-point Likert-scale. The five alternatives for Likert scale type of questions are coded as strongly disagree = 1; disagree = 2; neutral = 3; agree = 4 and strongly agree = 5. In depth interview guide was prepared and used to collect qualitative data

## 5.6. Data collectors

To facilitate the data collection seven diploma level data collectors (that is one data collector per each district) and three supervisors were used. Training was given for two days including pre-test for data collectors and supervisors on the objective of the study and technique of data collection by principal investigator and qualitative data was collected by principal investigators.

### 5.6.3. Data collection method

Quantitative data was collected by data collectors using a structured self administered questionnaire prepared in English language and translated to local language Afan Oromo. The questionnaire comprises two parts. The first part includes general information and the second part contains questions pertaining to variables affecting intention to leave among health professionals.

The qualitative semi-structured interview guide was developed to guide the qualitative data collection. A total of sixteen key informants were involved in the in-depth interview. Each in-depth interview was conducted by Afan Oromo for ease of communication and the transcripts was later translated in to English and finally summarized for write up.

## 5.7: Operational Definition and measurement

**Intention to leave:** The extent at which the health workers desire to leave the public health centers. It was measured by five point Likert scale strongly disagree, disagree, neutral, agree, and strongly agree and assessed using three items; “in the last few months, I have been looking for new job, presently, I am actively searching for other job and I intend to leave the organization in the near future.” The scale was reliable with Cronbach’s alpha of 0.89 and KMO=0.73. “Presently, I’m actively searching for new job” was the selected factor for subsequent analysis and explained 81.8 % of the total variation of variables in factor analysis. The overall level of intention to leave maximum mean scale score was measured by

$$\text{percentage mean score} = \frac{\text{actual score} - \text{potential minimum score}}{\text{potential max. score} - \text{potential min. score}} \times 100$$

This formula gave individual level percentage scale score and to measure the overall level of intention to leave study population, the average of this scores was taken.

**Job satisfaction:** The state of health workers being satisfied by their job. For the purpose of this study, it was rated on 5-point Likert scales i.e. strongly disagree, disagree, neutral, agree,

and strongly agree. the health workers were asked to rate six questions in general, I am satisfied with this job, I feel that I am able to use my abilities to their full potential, I am satisfied with education/training opportunity that I get, I am satisfied with benefit I received, comparing to my profession/my work, I think my salary is enough and I am interested in a variety of duty/tasks/activity in my job. The scale was reliable with Cronbach's alpha of 0.75 and KMO=0.7. The items of the scale were subjected to factor analysis to identify the underlying components of job satisfaction. Only two factors with eigenvalue greater than one were produced. This factor accounted for 68 % of the total variance. Therefore, the item "In general I'm satisfied with this job, I feel that I'm able to use my full potential" were considered to be a core ingredient of this scale and used in subsequent analysis.

**Work environment:** characterized by a pleasant working atmosphere which include relation with colleague and Work environment were measured by five facets "I am satisfied with the availability of drugs and equipment, I find that my opinion are respected at work, I am satisfied with the recognition I get for the work that I do, I am satisfied with the physical working condition and I get along well with my co-workers." This scale was found to have internal consistency (Cronbach's  $\alpha = 0.78$  and KMO=0.7)." I'm satisfied with the recognition I get for the work that I do" was the selected factor for subsequent analysis and explained 60 % of the total variation of variables in factor analysis.

**Work pressure:** the workload present in the health centers. Four items were used to measure work pressure "I always finish my work on time, I have enough time to complete my daily tasks; I spend my time at work on work-related activities and I have enough time for my personal duties". The scale had high reliability test of (Cronbach's  $\alpha=0.8$  and KMO=0.71) and only one factor had Eigen value greater than one and explained 73.9% of the total variation of variables in factor analysis. The selected factor was "I always finish my work on time' and used during further analysis.

**Organizational management:** the management style of health centers which include relationship with staff that enable good working conditions. The items in this scale include: "I am satisfied with the way my boss handles staff, I am satisfied with personal relation exist between me and my boss. I am Satisfied with the management in my health center and I get along well with my supervisor or immediate boss." Reliability check showed that the scale has high internal consistency (Cronbach's  $\alpha=0.89$  and KMO=0.82). During factor

analysis the scale was reduced to one item ("satisfied with management in my health center") with eigenvalue of greater than one. This item explained 73.9% of the overall variance.

### **5.8. Data Quality Control**

To assure the data quality, data collection tool was prepared after intensive reviewing of relevant literatures and similar studies and translated to Afan Oromo and back to English. Training was given for both data collectors and supervisors by the principal investigator. Pre-testing of the questionnaire was carried out on 5% of study participant for both qualitative and quantitative data collection methods that was not included in the study (in Sokoru *woreda* public health centers), based on the result necessary modification was followed. The collected data was checked for completeness before data entry. Data was also be cleaned, edited, and coded to avoid any problem through the data entry processes

### **5.9. Data Analysis**

To ensure data quality, the data was entered using Epi-data entry software and exported to SPSS version 16 for analysis. The data was re-checked for more errors by running frequency distributions and summarized and organized using appropriate descriptive measures and tables. To determine reliability of the questioner Cronbach's alpha internal consistency test were used for each dimension included in this study because low reliability opens for some errors. Cronbach's alpha value greater than 0.7, was taken as acceptable level and those scales with Cronbach alpha value  $\geq 0.7$  was subjected to factor.

Factors with Eigen value less than one were discarded and only those with Eigen value greater than one were considered in subsequent analysis. Factor score was computed for the item identified to represent the intention to leave by varimax rotation method. Using this regression factor score, multivariate linear regression analysis was performed and the effect of independent variables on the regression factor score of the dependent variable was quantified. Finally, explanatory variables which had statistically significant association with the dependent variable ( $P < 0.05$ ) were entered to the final regression model.



The analysis of qualitative data was based on an inductive approach geared to identifying patterns in the data by means of thematic codes and categories was analyzed by thematic analysis technique descriptively.

#### **5.10. Ethical consideration**

Ethical clearance was obtained from Jimma University College of public health and medical sciences ethical review committee. Official letter was written to Jimma Zonal health office by Jimma University, and consequently Jimma Zone health office was write to each selected district health office. Before the interview each respondent was told about the aim of the study, the possible benefit from the study and confidentiality. Informed consent was obtained individually, and any respondent was assured that they have a full right to refuse to participate whether in the beginning or in the middle of the interview without any negative connotation on their future service

#### **5.11. Dissemination Plan**

The final result of this study will be presented to Jimma University, College of Public Health and Medical Science. After its approval by the department of Health Services Management, it will be disseminated to district health offices, Jimma Zonal health office, Oromia Regional health bureau, and other concerned governmental and nongovernmental organization without any delay. All possible attempts will also be made to publish the findings on scientific journals

## Chapter Six: Results

### 6.1. The socio-demographic characteristics of health professionals'

From 505 health professionals who had received structured questionnaires 455 responded fully to all questions and the remaining 50 were excluded due to incomplete information they gave, that made the response rate of 90.1%. The age of the respondents ranged from 19 to 56 years and the mean age was 27 years with SD=5.23. Majority of the respondents 287 (63.1%) were male and 231(51.4%) were single. Two hundred and nine were nurses (45.9%) and 281(61.8%) were diploma holders. Three fourth (344) of the respondents had work experience of five years with minimum of 1 year and maximum of 32 years with mean work experience of 5 years. In addition, 1114 and 3863 were the minimum and maximum monthly salary of the respondents respectively, with the mean monthly salary of 1979. Moreover, the minimum and maximum monthly allowances were 0 and 1200 respectively, with the median of 300.

**Table 2: The socio-demographic characteristics of health professionals' in Jimma Zone, Oromiya Regional state, Southwest Ethiopia, 2014**

Variable(n=455)	Frequency	Percentage
<b>Age group(years)</b>		
20-25	176	38.7
26-30	208	45.7
31-35	39	8.6
36-40	18	4.0
41-4	7	1.5
>45	7	1.5
<b>Sex</b>		
Male	287	63.1
Female	168	36.9
<b>Marital status</b>		
Single	234	51.5
Married	218	47.9
Divorced	1	0.2
widowed	2	0.4

<b>Work experience</b>		
0-5	344	75.6
6-10	74	16.3
11-15	8	1.8
16-20	13	2.9
21=25	9	2.0
>25	7	1.5
<b>Educational status</b>		
Diploma	281	61.8
Degree	173	38.0
MPH/Msc.	1	0.2
<b>Profession</b>		
Nurse	209	45.9
Midwife	59	13.0
Laboratory	67	24.7
Health officer	40	8.8
Pharmacy	46	10.1
Env.Health	34	7.5
<b>Monthly Salary</b>		
<1500	174	38.2
1500-2499	146	32.1
2500-3499	132	29.0
>3500	3	0.7
<b>Monthly allowance</b>		
<500	396	87.0
500-1000	56	12.3
1001-1500	2	0.4
>1500	1	0.2

## 6.2. Intention to leave among health professionals'

The overall intention to leave mean score among health professionals in public health centers of Jimma zone were 63.7% of this 25.9% want to leave within one year ,19.8% want to leave after one years and 18% want to leave after they get better jobs.

**Table 3: Intention to leave among health professionals' in Jimma Zone, Oromiya Regional state, Southwest Ethiopia, 2014**

Variable(n=290/455)	Frequency	Percentage
When do you think to leave		
within one year	118	25.9
after one year	90	19.8
other(when I got better jobs)	82	18.0
Total	290	63.7

### 6.3. Socio demographic predictors of health professionals' intention to leave

The relationship between socio-demographic variables and intention to leave factor score is quantified in table 3 below. While monthly salary, type of profession and age of the health workers were among the socio-demographic variables which were candidate for multivariate analysis. Accordingly, health professionals' of age 36-40 had an average 0.729 decrease intentions to leave score than those health professionals' whose ages 26-30(95%CI, -1.201to 0.257) and Whereas those who had 2500 to 3499 monthly salary decrease intentions to leave score by 0.067 than who had monthly salary <1500(95%CI, -0.294 to 0. 159)

**Table 4: Association of Socio-demographic characteristics and intention to leave among health professionals' in Jimma Zone, Oromiya Regional state, Southwest Ethiopia, 2014**

Variable(n=455)	No. (%)	Unstandardize d coefficient	standardized coefficient	P-value	95%CI for B	
		Beta	Beta		Lower bound	Upper bound
<b>Profession</b>						
Nurse*	209(45.9)					
Midwife	59(13)	-.346	-.116	.028	-.654	-.038
Laboratory	67(24.5)	.007	.003	.960	-.282	.296
Health off	40(8.8)	.100	.028	.603	-.279	.480
Pharmacy	46(10.1)	.191	.058	.266	-.146	.527
Env.health	34(7.5)	.191	.050	.316	-.183	.564

<b>Age in year</b>						
20-25	176(38.7)	.283	-.138	.005	-.480	-.086
26-30*	208(47.5)					
31-35	39(8.6)	-.693	-.198	.000	-1.028	-.358
36-40	18(4)	-.729	-.142	.003	-1.201	.257
41-45	7(1.5)	.059	.007	.879	-.796	.681
>45	7(1.5)	.017	.002	.965	-.755	.722
<b>Work experience</b>						
0-5*	344(75.6)					
6-10	74(16.3)	.056	.021	.697	-.225	.337
11-15	8(1.8)	.126	.017	.749	-.648	.900
16-20	13(2.9)	-.094	-.016	.792	-.798	.609
21-25	9(2)	-.934	-.130	.073	-1.956	.088
>25	7(1.5)	-.126	-.016	.829	-1.274	1.021
<b>Marital status</b>						
Single*	234(51.4)					
Married	218(47.9)	.017	.009	.866	-.182	.216
Divorced	1(.2)	-.646	-.030	.551	-2.774	1.482
widowed	2(.4)	1.117	.074	.110	-.253	2.487
<b>Monthly salary</b>						
<1500*	174(38.2)					
1500-2499	146(32.1)	-.240	-.112	.202	-.460	-.020
2500-3499	132(29)	-.067	-.031	.030	-.294	.159
>3500	3(0.7)	-.034	-.003	.560	-1.176	1.108
<b>Allowance</b>						
<500*	396(87)					
500-1000	56(12.3)	-.043	-.014	.772	-.335	.249
1001-1500	2(.4)	-.250	-.017	.736	-1.706	1.207
>1500	1(.2)	.713	.033	.471	-1.230	2.655
<b>Educational status</b>						
Diploma*	281(61.8)					
Degree	174(38.2)	.136	.021	.430	-.202	.474
<b>Sex</b>						
Male*	287(63.1)					
female	168(36.9)	-.048	-.023	.634	-.247	.151

\*, reference category

#### 6.4. Factors associated with intention to leave among health professionals'

All Variables related to intentions to leave were checked for internal consistency reliability coefficients (Cronbach's alpha) and for all factors the coefficients were well above 0.7, the level of acceptable for the analysis purpose as described in measurement part above.

The entire variable such as job satisfaction, work environment, work pressure and organizational management were undertaken factor analysis and only, in general I'm satisfied with this job, I'm able to use my full potential, I'm satisfied with the recognition I get for the work that I do, I always finish my work on time and I'm satisfied with the management in my health centers were extracted by factor analysis. After conducting linear regression those which had statistically significant association with intention to leave in bivariate analysis at P-value less than 0.25 were candidate for multivariate analysis as it shown in Table 5 below Among health professionals' who were strongly disagree in organizational management had 0.660 an average increase intention to leave score when compared with who disagreed (95%CI, 0.396 to 0.923). Among health professionals' who were strongly disagree in job satisfaction had 0.506 an average increase intention to leave score than who agreed (95%CI, 0.236 to 0.776).

**Table 5: Factors associated with intention to leave among health professionals' in Jimma Zone, Oromiya Regional state, Southwest Ethiopia, 2014**

Variable(n=455)	No. (%)	Unstandardize d coefficient	standardized coefficient	P-value	95%CI for B	
		Beta	Beta		Lower bound	Upper bound
<b>I'm able to use my full potential</b>						
strongly disagree	66(14.5)	.292	-.214	.054	-.005	.588
disagree	82(18)	-.106	-.041	.453	-.383	.171
neutral	64(14.1)	-.241	-.041	.115	-.540	.059
agree*	124(27.3)					
strongly agree	119(26.2)	-.214	-.094	.093	-.463	.036

<b>I'm satisfied with this jobs**</b>						
strongly disagree	66(14.5)	.506	.199	.000	.236	.776
disagree	82(18)	.301	.100	.054	-.005	.607
neutral	64(14.1)	.063	.024	.657	-.217	.344
agree*	124(27.3)					
strongly agree	119(26.2)	-.200	-.087	.116	-.450	.050
<b>I'm satisfied for the recognition I get for the work that I do**</b>						
strongly disagree	136(29.9) *	-.474	-.190	.000	-.724	-.223
disagree	91(20)	-.650	-.229	.000	-.928	-.373
neutral	66(14.5)	-.738	-.313	.000	-.977	-.499
agree	107(23.5)	-.988	-.322	.000	-1.283	-.692
strongly agree	55(12.5)					
<b>I always finish** my work on time</b>						
strongly disagree	18(4.0)	.493	.096	.045	.011	.976
disagree	41(9)	.236	.068	.170	-.102	.574
neutral	59(13)	-.092	-.031	.537	-.385	.201
agree*	179(39.3)					
strongly agree	158(34.7)	.239	.114	.028	.026	.452
<b>I'm satisfied with the management in my health center**</b>						
strongly disagree	80(17.6)	.660	.251	.000	.396	.923
disagree*	124(27.3)					
neutral	83(18.2)	-.317	-.123	.017	-.578	-.057
agree	112(24.6)	-.193	-.083	.114	-.433	.046
strongly agree	56(12.3)	-.510	-.168	.001	-.806	-.214

\*, reference category\*\*, were represent job satisfaction, working environment, work pressure and organizational management respectively

## **6.5. Final predictors of intention to leave among health professionals' in Jimma Zone, Oromiya Regional state, Southwest Ethiopia, 2014**

After multivariate analysis was undertaken and those with P-value less than 0.05 were selected as strong predictor of intention to leave public health centers as it shown in (Table 6) below. Among that predictors age, monthly salary, in general I'm satisfied with this job, I'm satisfied with the recognition I get for the work that I do, I always finish my work on time and I'm satisfied with the management in my health centers were statistically significant association under multivariate analysis. Accordingly, health professionals' of age 31-35 had an average 0.619 decrease intentions to leave score than those health professionals' whose ages 26-30 (95%CI, -0.986 to -0.252) and Whereas those who had 1500 to 2499 monthly salary decrease intentions to leave score by 0.291 than who had monthly salary <1500 (95%CI, -0.553 to -0.030)

Among variables used to measure job satisfaction in general I'm satisfied with this job was statistically significant association with intention to leave and health professionals' who were strongly agree in job satisfaction had 0.298 an average decrease intention to leave score than who agreed (95%CI, -0.568 to -0.029).

These findings were supported by qualitative finding as most of the health professionals' mentioned above. Accordingly, all interviewed health professionals' said that they are not satisfied with their job due to the above mentioned problems.

*"I have served for three years in this health center but I remember I was participated only in TB-Diagnosis training one year before, do you think that is it enough to provide quality service to the people? I don't think....."* (25 years laboratory technologist)

Most of the interviewed health workers in health centers shared this idea.

A 24 years clinical nurse in one of health center said:

*"The payment is completely inadequate how one can live by 1233 birr per month? This is the main reason that aggravate health workers intention to leave"*

A head of one district health office said:

*"According to our district, health professionals' had high intention to leave public health centers due to un met needs like promotion, transfer, education and training, this were*



*affecting in providing quality service to the people since dissatisfied health workers don't provide quality service."*

This idea shared by a number of district health office heads.

*."We are overloaded and this can cause people to lose interest in the work and all want to leave if they get better job."* (A 29 year health officer)

There was significant association between intention to leave and working environment health professionals' who strongly agreed in I'm satisfied with the recognition I get for the work that I do had an average 0.612 decrease intention to leave score compared to their counterpart respondents strongly disagreed(95%CI, -0.955 to -0.270).

Majority of the interviewed health professionals' also complained about work environment they replied that there were no good work environment that motivate you to provide quality service rather plenty of bottle-necks overwhelmed the health center

*"The supply is inadequate in this health center even laboratory service interrupted sometime for a week or a month due to lack of reagent no one hear you to solve the problem immediately the response of people in a position is always the same, lack of budget, so you have no option"* (A 26 year female laboratory technician in one of health center)

A 25 years Pharmacist in one of rural health center said:

*"Every day more than 25% of the prescription in this health center is written to rural drug venders no one gives you hear to solve the problem, how can you tolerate this type of working environment?"*

Health professionals' who were strongly agree in I always finish my work on time had an average 0.383decrease intentions to leave score than who agreed (95%CI, -0.167 to 0.599).

A qualitative finding strength this idea.

*"We are working beyond our capacity in this health center; we don't even have time for lunch this affect quality of service and increase our intention to leave"*

(29 year B.Sc.nurse in one of town health center)

This response is contradicted with a response of female nurse in one of rural health center

*“In this health center no adequate work, patient flow per day is below what you expected to do per day most of the health workers in this health center spent their time sitting here and there but no one allow you to go where you want outside this health center”*

Among health professionals’ who were strongly disagree in organizational management had 0.552 increase intention to leave score when compared with who disagreed (95%CI, 0.289 to 0.815)

The results of qualitative finding support this idea.

*“The management system of our health center is not good always partiality take place in every activity this demoralized us”* (A 27 year midwife in one health center)

*“People in a position always treat workers differently whether by relation, being a friend or kinds even training is not by your right position; please leave me, it is better to keep silent until we leave this health center.”* (26 year nurse in one health center)

*“The complain of health professionals’ are transfer and promotion from rural health centers to large town but this chance is now limited because large town is almost saturated, health professionals in a district don’t understand this, the always chant poor management.*

*This has enormous effect in providing quality service because always their intention is to leave health centers not to provide quality service.”* (One of Zonal head of human resource for health)

**Table 6: Final predictors of intention to leave among health professionals’ in Jimma Zone, Oromiya Regional state, Southwest Ethiopia, 2014**

Variable(n=455)	No. (%)	Unstandardize d coefficient	standardized coefficient	P-value	95%CI for B	
		Beta	Beta		Lower bound	Upper bound

<b>I'm satisfied with this jobs**</b>						
strongly disagree	66(14.5)					
disagree	82(18)	.278	.109	.100	-.054	.609
neutral	64(14.1)	.256	.086	.122	-.069	.581
agree*	124(27.3)	.238	.089	.110	-.055	.531
strongly agree	119(26.2)	-.298	-.130	.030	-.568	-.029
<b>I'm satisfied for the recognition I get for the work that I do**</b>						
strongly disagree	136(29.9) *					
disagree	91(20)	-.269	-.108	.030	-.528	-.010
neutral	66(14.5)	-.387	-.136	.012	-.687	-.086
agree	107(23.5)	-.393	-.167	.007	-.677	-.108
strongly agree	55(12.5)	-.612	-.200	.000	-.955	-.270
<b>I always finish** my work on time</b>						
strongly disagree	18(4.0)	.369	.072	.106	-.079	.818
disagree	41(9)	.172	.049	.294	-.150	.494
neutral	59(13)	-.056	-.019	.706	-.345	.234
agree*	179(39.3)					
strongly agree	158(34.7)	-.383	.182	.001	-.167	.599
<b>I'm satisfied with the management in my health center**</b>						
strongly disagree	80(17.6)	.552	.210	.000	.289	.815
disagree*	124(27.3)					
neutral	83(18.2)	-.235	-.091	.102	-.516	.047
agree	112(24.6)	.028	.012	.833	-.233	.289
strongly agree	56(12.3)	-.192	-.063	.257	-.524	.140

\*, reference category \*\*, were represent job satisfaction, working environment, work pressure and organizational management respectively

## Chapter Seven: Discussion

Health professionals are a strategic capital in health service organizations; where the various clinical, managerial, technical and other personnel are the principal input making it possible for most health interventions to be performed. The study attempted to identify the perception, insights and opinions of health professionals' on the intention to leave public health centers. Of the 455 health professionals' replied to the question 290 (63.7%) (95%CI,-0.222 to -0.050) had intention to leave, out of this 118(25.9%) want to leave within one year, 90(19.8%) want to leave after one year and 82(18%) want to leave after they get better jobs.

But studies conducted in other African country indicated that 18.8% (95% CI: 15.6\_22.2) of health workers in Tanzania, 26.5% (95% CI: 23.7\_29.5) in Malawi and 41.4% (95% CI: 37.3\_45.1) in South Africa had intention to leave (31). The difference could be resulted from that all the three countries have on-going intervention to address these problems which would be informed by better information on job satisfaction.

Another study conducted in Senegal mid-wife indicated that (43.2%) reported they had intention to leave and (41.6%) that said they would probably try to leave before the end of the year and 17.3% who said they wanted to leave right away (34). The difference may be raised from that these study done in hospital, only on single health professionals and it was a longitudinal study.

This idea was in line with qualitative finding in which most of the replied health professionals had intention to leave due to unmet needs like promotion, education and training opportunity present in public health centers.

Studies revealed that increase in age decrease the intention to leave which is consistent with the finding suggested that when age, experience and tenure in an organization increased and the desire to leave decreased (26).

It's also consistent with the study conducted in Tanzania intention to leave decreased significantly with age \_ the odds of leaving in the over 50 age group was half that of those under 30 years(31).

Level of salary was significantly associated with the scores of intention to leave, health professionals' with lower salary had higher intention to leave than higher salary health professionals'.

This finding is similar with the study conducted in Saudi nurses level of salary was significantly associated with the scores of turnover intention. Nurses with lower salary demonstrated higher intent of turnover than higher salary employees (35).

Among the variable used in the study to measure intention to leave organizational management account higher contribution for intention to leave which was negatively correlated in liner regression. Among the respondent 50.5% (95%CI, 0.289 to 0.815) were unhappy with the organizational management system of health center which has increase their intention to leave score.

This study were comparable with the study conducted in East Harage Zone more than half of the respondents (51.8%) revealed that poor management and leadership skills at different levels take the highest share for cause of staff frustration and attrition. About three-quarter (76.2%) of respondents were not happy with overall management of their health sectors (36).

The qualitative study shown that almost all health professionals were replied that the management system of their health centers were poor and occupied by partiality that enhanced their intention to leave public health centers.

The other possible factor affecting intention to leave was the working environment. Health professionals who have satisfied with working environment had an average 0.612 decrease in intention to leave score.

A good working atmosphere is characterized by a pleasant interaction with colleagues working in the same unit, a good team spirit, appreciation of good performance and collegial behavior (Tzeng, 2002). A study conducted in Taiwan indicated that when nurses in long term care experience an unpleasant working atmosphere, this will increase their intention to leave their organization (37). Even though this study conducted only in nurses, it is in line with this finding.

The qualitative finding also indicated that the health professionals were unhappy with working environment they replied that there was no adequate equipment, drugs and reagents for laboratory services

Among respondent only 37.5% (95%CI, -0.568 to -0.029) satisfied with their job. This finding is lower than the overall, 82.3% [95% CI: 78.9\_85.4] of respondents in Tanzania satisfied with their jobs, 71.0% [95% CI: 68.0\_73.9] in Malawi, and 52.1% [95% CI: 48.3\_55.8] in South Africa (31) .The observed difference were raised from that all the three countries have better information on health professionals job satisfaction and another study conducted in the United States presented evidence showing that dissatisfied nurses were 65% more likely to have intent to leave compared to their satisfied counterparts (38). The indicated difference may be raised from economic and infrastructure of health sectors.

The qualitative findings also indicated that the health professionals were not satisfied with their jobs due to salary and benefits present in public health centers were not satisfactory.

Considering work pressure when health workers experience more work pressure, this increases their intention to leave their organization (29). The result of this finding shared the same evidence that work pressure had an average increase intention to leave score by 0.383 (95%CI, -.167 to .599). This finding is consistent with the study conducted in United States, nurses who intended to stay in their job experienced significantly less work pressure than people who were considering leaving their job (29).

## **7.1. Strength and Limitation**

### **7.1.2. Strength of the study**

Quantitative part of the study was complemented with qualitative study.

### **7.1.3. Limitation of the study**

Social desirability bias

## **Chapter Eight: Conclusions and Recommendations**

### **8.1. Conclusions**

The overall intention to leave among health professionals was high.

Job satisfaction, working environment, work pressure and organizational management were associated with intention to leave among health professionals in public health centers in Jimma Zone

- Among the respondent who were unhappy with the organizational management system of health center had increase their intention to leave score.
- The finding indicated that health professionals who satisfied with work environment had decrease intention to leave score.
- When health professionals satisfied with their jobs it decreases their intention to leave.
- The result of this finding indicated that work pressure had increase intention to leave score among health professionals

### **8.2. Recommendations**

- The Federal Ministry of Health (FMOH) should address the low salary of health professionals' which help to reduce their intention to leave that enhance better service to the people.
- The Oromia regional health bureau should implement frequently follow up of polices that accommodate health workers promotion in terms of training/ education opportunity, working area, and transfer of health professionals in order to retain them in public health centers
- Based on the finding of the study Jimma Zone health office should focus to improve the leader ship skills among health centers managers that enable good working conditions in order to reduce health professionals' intention to leave that may enhance better service to the people of the area.
- This research shows that working environment is indeed an important factor for the intention to leave of health professionals'. Therefore, human resource and line

managers should ensure that their organization create a good working environment these are important for the intention of health professionals' to stay in their job.

- Jimma Zone health office should focus on ensuring an enabling environment for the provision of quality health services and pleasant working conditions in terms of availability of drugs, supplies and equipment required to work effectively.
- For Researchers this study involved only variable that related with health professionals' and working environment it did not involve the social environment and infrastructure of the area so this should be preferably included in further research to make the finding more determinant of intention to leave among health professionals'



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## ANNEX 1.

### Questionnaire

**JIMMA UNIVERSITY  
COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES  
DEPARTMENT OF HEALTH SERVICES MANAGEMENT**

**Questionnaire for health professionals in public health center in Jimma Zone**

The main purpose of this questionnaire is to find out the overall situation concerning health professional's intention to leave and to write a master's thesis. Therefore, your frank and sincere response is highly appreciated, for it will enable the researcher to obtain reliable and valid information. **There is no right or wrong answers** and what is required is to show your personal opinion to each item.

Whenever possible let your own personal experience determine your answer.

- Be sure to answer every item
- Your responses will be kept confidential and **writing your name is not needed**
- Thank you in advance for your cooperation in completing the questionnaire

**I. Facility name** \_\_\_\_\_

**II. Personal information**

1. Age \_\_\_\_\_ Years.
2. Sex:            A. Male    B. Female
  
3. Marital status:    A. Single    B. Married    C. Separated    D. divorced    E. Widowed
4. Years of experience: \_\_\_\_\_ Years \_\_\_\_\_ Months.
5. Educational qualification:        A. Diploma    B. Degree    C. MPH/ MSc.    D. Other(specify)
  
6. What is your profession:                 A. Nurse     B. Mid-wife  
    C.Laboratory     D. Health Officer    E. Pharmacy     F. Others
  
7. What is your Monthly salary: \_\_\_\_\_?
  
8. Benefits (allowance) you will get per month: \_\_\_\_\_?

**III. For the following questions, please rate each statement from 1 to 5 using the following scale. Based on TO WHAT EXTENT YOU AGREE TO THE FACTORS IN INTENTION TO LEAVE.**

**Key:**        **SD** strongly disagree = 1  
                      **D** Disagree = 2  
                      **N** Neutral = 3  
                      **A** Agree = 4  
                      **SA** strongly agree = 5

#	Statement	SD	D	N	A	SA
		1	2	3	4	5
	<b>1. Job content</b>					
1.1	In general, I am satisfied with this job					
1.2	I feel that I am able to use my abilities to their full potential					
1.3	I am satisfied with the educational/training opportunities that I get					
1.4	I am satisfied with the benefits( fringe) I receive					
1.5	Comparing to my profession/ my work, I think my salary is enough					
1.6	I am interested in a variety of duties, tasks and activities in my job					
	<b>2. Work Environment</b>					
2.1	I am satisfied with the availability of drugs and equipment					
2.2	I find that my opinions are respected at work					
2.3	I am satisfied with the recognition I get for the work that I do					
2.4	I am satisfied with the physical working conditions(space, lighting, and ventilation)					
2.5	I get along well with my co-workers.					
	<b>3. Work pressure</b>					
3.1	I always finish my work on time.					
3.2	I have enough time to complete my daily tasks.					

#	Statement	SD	D	N	A	SA
		1	2	3	4	5
3.3	I spend my time at work on work-related activities					
3.4	I have enough time for my personal duties					
<b>4.Organizational management related</b>						
4.1	I am satisfied with the way my boss handles staff					
4.2	I am satisfied with the personal relationship exists between me & my boss					
4.3	I am satisfied with the management in my health center					
4.4	I get along well with my supervisor or immediate boss					
<b>Intention to leave: To what extent do you agree with the following statements?</b>						
1	In the last few months, I have seriously been looking for a new job					
2	Presently, I am actively searching for other job					
3	I intend to leave the organization in the near future					

5. If you have an intention to leave in the near future, when do you think will this happen?

1. Within a year      2. After one year      3 other (specify) \_\_\_\_\_

## THE AFAAN OROMO VERSION

### GAAFILEE

#### YUNIVERSIITII JIMMAA

#### KOLLEJJII SAAYINSII FAYYAA HAWAASAA FI SAAYINSII

#### MEEDIKAALAATTII

#### MUUMMEE HOGGANSAA TAJAAJIA FAYYAA HAWAASAA

#### Gaafii ogeessota fayyaa buufata fayyaa godina Jimmaatiif

Kaayyoon inni guddaan gaafii kana haala wolii-galaa ogeessota fayyaa fedhii gadi-lakkisuu(Intention to leave and associated factors among Health professionals) hubachuuf yoo ta'uu anaaf barreefama qo'nnoo digrii lammaaf guuttachuuf naa gargaara. Kanaaf deebiin keessan sirrii ta'eefii xiyyefannoon deebifan baay'ee dinqisifatama sababiin isaa qoo'atan kun deebii fi odeeffannoo dhugaa ta'e akka argatu waan taasisuuf. Kan beekuu qabdanu **deebii kanatu sirriidha kanatuu dogon-goora wanni jedhamuu hin jiru.** waanni barbaadamu yaada dhuunfaa keessaniti waan ta'eef ammas deebin sirriin isa isin itti amantan qofa.

Hanga dandaa'ametti muuxxannoo keessaniin hogganamuun deebisuuf yaala.

- Gaafii hunda deebisuu keessan mirkaneeffadha
- Deebiin keessan iccitiin qabama kanaaf **maqaa keessan barreessuun hin barbaachisu**
- Gaafii kana deebisuu keessaniif **Baay'een isin galateeffadha!**

### III. Maqaa Buufata Fayyaa \_\_\_\_\_

### IV. Gaaffilee namichaan wol-qabate

1. Umuriin kee meeqa? \_\_\_\_\_

2. Saala: A. Dh. B. Du.

3. Haallii fudhaaf heeruuma kee maalfakkaata: A. hin heerumnee/fuune B. Kan heerume/fuudhe C. Kan addaan bahe D. Kan wol-hiike E. Kan tokko jalaa boqote

4. Erga hojiitti ramadamtee hammamm turteetta? \_\_\_\_\_ waggaa \_\_\_\_\_ ji'a

5. Sadarkaan Barumsaa kee maannii: A. Dippilooma B. Digrii C. MPH/ MSc. D. Kan biroo(Ibsii)

6. Gostii ogummaa kee maannii: A. Nurse B. Mid-wife  
C. Laboratory D. Health Officer E. Pharmacy F. Others

7. Miindaan ati ji'aan argattu hammam? \_\_\_\_\_

8. Faayidaan(onnochiiftuun) atii ji'atti argattuu tilmaamaan hammam ta'a?  
\_\_\_\_\_

**III. Gaaffilee armaan gadiitiif, sadarkaa itti amantu lakkoofsa 1 hanga 5 armaan gadii keessa tokko filachuun kenniif. Hanga sadarkaa kamiitti rakkoo hojii gadi lakkisuuf sababa ta’an jedhamuu armaan gadiitti amanta isaa jedhuuf**

**Qajeelfama:**    **BM**      Baayi’iseen morma = 1  
                          **NM**      Nan-morma = 2  
                          **W**        Wolaba = 3  
                          **IWG**     Ittan wolii gala = 4  
                          **BIWG**    Baayi’iseen itti wolii gala = 5

#	Statement	BM	NM	W	IWG	BIWG
		1	2	3	4	5
	<b>1.Haala Hojiin Wol-qabate</b>					
1.1	Wolumaa galatti hojii kanatti baay’een gammadda					
1.2	Ogummaa koo guutummaan guutuutti itti fayyadamaan jira					
1.3	Caarraa leenjii /barnootaa argataa jirutti baay’een itti gammadda					
1.4	Fayidaa adda addaa argadhutti baay’een itti quufe					
1.5	Ogummaa kootii fi carraaqqii hojii kootiif godhu yeroon minda kootiin wolbira qabee ilaaluu baay’een itti quufa.					
1.6	Dirqamaa, dalaga adda addaa ,fi bu’aa ba’ii hojjiin koo qabutti baay’een gammada					
	<b>2.Haala Bakka Hojii</b>					
2.1	Qorichaa fi meeshaa wol’ansaa buufatni kun qabutti baay’een gammada					
2.2	Yaadni koo baay’ee kabajama					
2.3	Hojiin hojjedheef beekamtii naa kennamutti baay’een gammada					
2.4	Haala qabatama iddoo hojii(daree, ibsaa,qilleensa gaarii) jirutti baay’een gammada					
2.5	Hojjettotata woliin hojjedhuu wajjin baay’een wolii gala					
	<b>3.Dhiibbaa Hojii</b>					



#	Statement	BM	NM	W	IWG	BIWG
		1	2	3	4	5
3.1	Yeroo baay'ee hojii koo yeroonan xummuura					
3.2	Hojjin guyyaatti karoofadhe rawwachuuf yeroo ga'aa qaba.					
3.3	Yeroo koo hojii fi waan hojiin wol qabateettan dabarsa					
3.4	Hojii dhunfaa (matii )kotiif yeroo ga'aa qaba					
<b>4.Haala hoggansa buufataa faayyaa</b>						
4.1	Haala hogganaan koo hojjettota buufata fayyaa kana hogganutti baay'een gammada					
4.2	Wolitti dhufeenya anaaf hogganaa koo gidduu jirutti baay'een gammada					
4.3	Bulchiinsa/hoggansa bakka hojii kootitti baay'een itti gammada					
4.4	Supparvaayizarii/hogganaa koo natti dhihoo woliin hariiroo gariin qaba					
<b>Fedhii gadi-lakkisuu:</b>						
1	Yeroo dhihoo asitti xiyyeefannoo taasiise hojii kan biraa barbaduu jalqabeen jira					
2	Yeroo amma halaanan hojii kan biraa barbadaan jira					
3	Yeroo dhihootti dhaabbata kana nan gad-lakkisa					

5. Yoo yeroo dhihootti dhaabbata kana gadhiifta ta'ee, Yoom ta'a jettee yaadda?

1. Woggaa tokko keessa      2. Woggaa tokkoon booda      3 Kan biroo (Ibsi) \_\_\_\_

\_\_\_\_\_

## **Annex 2: In-depth interview guide**

### **I. Introduction**

- ❖ Greeting.
- ❖ Introduce yourself and Objective of the study.

We are going to talk about causes of health workers intention to leave public health sectors.

The purpose of this discussion is for you to share your ideas, perceptions and experiences about why health workers leave the public health system with me so that we can explore and identify the real causes for the problem and produce /find for the solution accordingly.

- ❖ Please give me some time?
- ❖ Consent to tape or note taking. Shall I continue?

### **II. Questions for in-depth interview.**

1. How do see the health workers intention to leave?
2. Do feel that the problem has a great impact?
3. Can you mention some of the impact of the problem?
4. Can you estimate the magnitude /extent of the intention to leave?
5. What do think the causes/reasons for the intention to leave among health workers?
6. What do think, will be the possible solution to solve the intention to leave among health workers?
7. What do you think will be the role of your institution to solve the problem?
8. What do you recommend to retain health workers in the public health system?

**Thank you for sharing your thoughts, perceptions and experiences.**