



HEALTH PROFESSIONALS' INTENTION TO LEAVE AND ASSOCIATED FACTORS IN PUBLIC HEALTH CENTERS OF GUJI ZONE, SOUTH EST ETHIOPIA

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Abstract

Background: Health worker's turnover is an increasing problem that threatens the functioning of the health care sector worldwide. Especially in developing countries it is very detrimental and costly for the country as well as to different organizations. Intention to leave is one of the biggest predictors and an immediate sign of employee's turnover. It is the most pressing problems of health system of developing countries. However, factors associated with Health professionals' intention to leave their job were not well known in Guji zone health centers.

Objective: To assess the magnitude of intention to leave their current job and associated factors among health professionals working in Guji zone public health centers.

Methods: Facility based cross-sectional study was conducted among 262 health professional working in Guji zone, South East Oromia from August 13, to September 02/ 2018. The calculated sample size proportionally allocated to randomly selected 31 health centers. Data were collected using self-administered questionnaire by trained data facilitators. The collected data were entered in to Epi-data version 3.1 and analyzed using SPSS version 20.0. Variables which showed association in bivariable analysis at p-value < 0.25 were considered for multiple logistic regression model. At the final model strength of association was measured through adjusted odd ratio along with 95% CI p-value of <0.05 was considered to determine level of statistical significance.

Result The magnitude of intention to leave the public health centers was 54.7%. Respondents who were looking for high salary (AOR=3.3, 95% CI: (1.69, 6.47), P<.000), finding higher education opportunity (AOR=0.45, 95%CI: (0.245, .824), P<0.02) and who had dissatisfied with the availability of drugs had (AOR=0.49, 95% CI: (0.294, 0.824) were significantly associated with intention to leave the organization.

Conclusion The overall intention to leave among health professionals was high (54.7). Finding for higher education opportunity, dissatisfied with the availability of drugs and finding high salary were significantly associated with intention to leave. Based on study findings we would like to recommend that the responsible bodies should improve health care worker's retention with aggressively work on the concerns identified problems.

Key words

Intention to Leave, Health Professionals, Public Health Centers, Guji zone, Ethiopia.

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Acronyms

AIDS	--Acquired Immune Deficiency Syndrome
AOR	--Adjusted Odd Ratio
CI	-- Confidence Interval
COR	--Crude Odd Ratio
E.C	-- Ethiopian calendar
ETB	--Ethiopian Birr
G. C.	--Gregorian calendar
HC	--Health center
HIV	--Human Immune virus
HRH	--Human Resource for health
NGO	--None- Governmental Organization
SNNP	-- Southern National and nations people
SPSS	-- Statistical Package for Social Science
SRS	--Simple Random Sampling.
UK	-United King Dom
USA	--united stat of America
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 finding another job in the near future. The intention of quit is probably the most important and immediate antecedent of turnover decisions (1). The concept of intention to leave is differ from turnover. Turnover refers to a voluntary separation of an individual from an organization that results from a combination of organizational events, working conditions, and psychological factors interacting with each other to affect employee attitudes in and toward the organization (2). Whereas intention to leave is individuals' perceptions towards leaving the current job and it is related to and an immediate predictor of turnover behavior (3)4). Intention to leave is an intervening variable between job satisfaction and actual turnover and is therefore affected by individual and organizational factors (4).

The global shortage of human resource for health limits access to effective health service for many people especially the poor and most vulnerable groups. It hinders progress towards health and health development goals. In developing countries human resource shortage are not due to production of health professionals but also because of employee turnover and instability at health facilities. Workers have always tended to move in search of better living good working conditions, improved salaries and opportunities for professional development, be it within their own country; from rural to urban areas, or from public to private (5).

Several factors influence the decision of health professional intention to leave their current public health facilities. We focus on five particularly prominent factors in the literature, namely socio demographic, personal, push, pull and job satisfaction factors. In addition to job satisfaction, different factors can positively or negatively influence health worker's intention to leave the public health facilities such as working conditions, compensation, work environment, lack of opportunities for graduate training and poor living conditions are few factors which need serious consideration to retain health workers in their organization (4).

Shortages of the health workers threaten the existence of health facility and negatively influence the quality of local healthcare services (6). According to the study conducted in Gondar university revealed that, the human resources for health crisis in Ethiopia is characterized by an absolute

shortage of trained health workers; an imbalance in the numbers of different health worker cadres; uneven distribution of health workers between urban and rural areas; under-production of trained personnel, especially at high and mid-levels; low retention, including a “brain drain” of health workers to more developed countries that offer better compensation; and a poorly motivated health workforce (7).

The study done in Gondar university also mentioned that, health worker density in most sub-Saharan countries is well below the world health organization(WHO) recommendation of a minimum 2.5 health workers per 1000 population (7).

In Oromia region, the shortage of health professionals was the problem at all levels. In the last nine years, the public health sectors of the region have lost almost 60% of its general practitioners and more than 50% of pharmacists more seriously 25% medical specialists have left their career from public health facilities of the region (8,9).

Guji zone is one of the remote zones in the region where such study has not been conducted before on the factors associated with intention to leave. This study used to identify factors associated with intention to leave among health professional in public health centers to better the retain of health professional and the finding used to provide information to any concerned bodies to improve the identified problems that will be reduce turnover rate in the zonal health centers.

1.2 Statement of the problem

Many health facilities around the world including those in developed and developing countries have recently experienced turnover intention. For example, health professionals turnover intention rates have been reported as 7% in Japan in 2013(10), 24% in Sweden in 2017 (11) and 17% in Canada in 2011(12).The ‘crisis in human resources’ in the health sector has the most pressing global health issues of our time. The WHO(2006) estimates that, the world faces a global shortage of almost 4.3 million doctors, midwives, nurses, and other healthcare professionals by 2014.This indicated that, the proportional shortfalls of health professionals was greatest in sub-Saharan Africa (13). The estimates of shortfalls of professional nurses range from a low of 40 000 in Australia to as many as one million in the USA in 2010, with shortages in the UK falling somewhere in between. Predicted shortfalls in Canada are 78 000 by 2011 and 113 000 in 2016.

Whereas, concurrent with deteriorating working conditions and increasing personal health threats to nurses in sub-Saharan Africa is increase the perception of shortage of professional nurses (14–16). Likewise, poverty, imperfect private labor markets, lack of public funds, bureaucratic red tape and political interference produce the paradox of shortages in the midst of underutilized talent especially in sub-Saharan Africa (17). For example, the Region of the Americans, with 10% of the global burden of disease, has 37% of the world’s health workers spending more than 50% of the world’s health financing, whereas the African Region has 24% of the burden but only 3% of health workers commanding less than 1% of world health expenditure (17).

In Africa countries in terms of health professional’s intention to leave their current job, 18.8% of health workers in Tanzania and 26.5% in Malawi indicated that they were actively seeking employment elsewhere, compared to 41.4% in South Africa (1). The study done in Ghana showed that, early of the 5334 physicians from sub-Saharan Africa currently practicing in the USA, 86% come from Nigeria, South Africa and Ghana. A recent study suggests that, approximately 60% of health professionals in Ghana, South Africa and Zimbabwe plan to migrate or leave their current job (18). In sub-Saharan Africa, from where many physicians are moving, the ratio of physicians to “beneficiary” population is less than 13: 100,000 (17).

When health workers leave their organization, it can negatively affect organizational performance that is, the organizations have to recruit new health workers and by implication tacit knowledge is lost. Furthermore, organizational turnover could contribute to the shortage of health workers (19).

According to WHO the report revealed that, the negative consequences of turnover of skilled health professionals from Africa has adversely affected a number of staff and this shortage has negative effect on the quality of care offered and accessibility and equitable distribution of health care .On the educational system the Africa countries including Ethiopia feel that, they are continuously financing education for other countries because their graduate health personnel leave the country immediately after graduation (20). There are currently 57 countries including Ethiopia with critical shortages equivalent to a global deficit of 2.4 million doctors, nurses and midwives100,000 (17).

According to the World Health Population report 2015, Ethiopia, as any other sub Saharan African countries, suffers from attrition of health professionals. The country faces absolute shortfalls in their health workforce and it has the highest number of health workers in sub-Sahara Africa but its large population has left it with a very low health workforce density of 0.84 per 1,000 people well below the minimum of 2.3 health workers per 1,000 recommended by the WHO(2006)(21,22). The human resources for health crisis in Ethiopia is characterized by an absolute shortage of trained health workers; an imbalance in the numbers of different health worker cadres; uneven distribution of health workers between urban and rural areas and under-production of trained personnel (7).

According to study done in Ethiopia in 2014, indicated that, in Oromia the rate of turn over intention among health professionals of the region were higher (53.8%) as compare to Tigray region (37.1) in 2014(23).The study done in Horo Guduru Wallega zone in 2017 indicated that, the rate of health professional intention to leave were higher (65%) as compare to Jimma zone (63.7%)(3,5). The study done in Jimma zone it focused on same variables that are related with health professionals and working environment (3). This study will provide research findings that fill the information gap by identifying the factors that affecting health professional to leave their current job. The study was aimed at assessing the magnitude of intention to leave and associated factors among health professional working in Guji zone public health centers, South East Oromia.

1.3. Significance of the Study

Inadequate human resources are a major constraint to improving global health. To reduce this constraint, it is important to identify the predictors of the health professional's turnover intention from public health centers is crucial.

This study is designed to identify factors affecting health professional's intention to leave their current job from public health centers. This study will come up with the idea that can be added up to the few available knowledge on the subject matter and with the recommendation that can assist the health center managers as well as the country in developing strategies for improving staff retention in health center setting and for achieving the goal of currently initiated reform activities and improving the health service delivery in general.

Turnover rate could be reduced, if factors associated with Health professionals' turnover intention are investigated and give solution to those identified problems as concerned bodies. It is hoped that, the results from this study will provide additional information that may help policy makers; programmer, health manager, health planner, health department, political leaders, district and facility levels to design effective strategies on human resource management at all level in addition to retain health workers. It may also serve as to be used as baseline for further studies in the body area and may be possible reference for other researchers.

CHAPTER TWO: LITERATURE REVIEW

2.1. Magnitude of intention to leave

Health worker's turnover is an increasing problem that threatens the functioning of the health care sector worldwide. intention to leave is one of the biggest predictors and an immediate sign of employees turnover (24).

The cross-sectional survey of nurses in rural and remote in Canada in Dec. (2011) showed that, overall average rate of nurse intention to leave their current job was 17% and thirty percent (30.4%) of the health professionals intended to leave their present nursing position. After further nursing education they will need to be nurse in another province (28.3%); relocate within the current province (27.0%); and move from a rural/isolated to large community (24.9%) take further non-nursing education/training (16.9%); nurse in another country (16.5%); retire (16.3%); move due to family (16.2%); and no plans to move (4.2%).(12). Other the study done in Sweden, the overall average rate turnover intention was 24% in 2017 (11).

A cross-sectional study done by Ali Jadoo et al. in Iraq (2015), more than one half of Iraqi doctors (55.2%) were actively seeking alternative employment or turnover intention in 2015(25). Whereas, in the finding from the studies of Africa countries (2013) indicated, in terms of health professionals intending to leave their current job, 18.8% of health workers in Tanzania and 26.5% in Malawi were actively seeking employment elsewhere, compared to 41.4% in South Africa (26).

In Ethiopia like as other sub-Sahara Africa countries become the highest health professionals' turnover intention. For example, the cross-sectional study done in Ganbella region (2015), the average of health professionals' intention to leave their public health facilities within the coming one year was 48.4% in 2015. The magnitude of intention to leave was relatively higher in males (50%) as compared to females (45.1%); and the magnitude was also higher in single and married respondents (61.7%) and (36.4%) respectively. First and second-degree holders (60.0%) were more likely to leave their current job, compared to diploma holders (44.8%) and also the magnitude of intention to leave was higher for those who were dissatisfied with their work (86.2%), staff relationship (84.8%), dissatisfied with salary payment (78.8%), incentive (75.8%) and educational opportunity (76.0%), as compared to those who were satisfied with the above factors and the magnitude also higher those who were not participated in decision making process (76%) as compared to those who were participated in decision making process.

As well as with regard to their plan, 52% of health professionals, they planned to join NGO, 15.6% to move to another region, 14.8% to join private health institutions while the rest had plan to running personal businesses, leaving out of the country, or continuing their education. Accordingly, intention to leave was relatively higher for health professionals working in health centers (50.6%) as compared to those working in hospital (43.8%).(27).

The study done in East Gojjam of Amhara Region, Ethiopia (2013) showed that (59.4%) nurse have turnover intent from the current health care institution. The magnitude of intention to leave was higher for Poor payment (52.4%), poor training opportunities (49.5%), poor organizational commitment (37.9%), unfair system in the organization (37.1%) and not enough job satisfaction (36.8) (28).

A cross-sectional study done in Gonder university referral hospital (2014) revealed that, overall, 52.5% of the health professionals reported to have turnover intentions. Respondents who have degree and above academic rank nursing profession work experience of 2.1 to 5 years and income level of 2100 to 2259 were significantly associated with turnover intention of the health professionals(7). According to the study done in Sidama zone (2014), health professionals regarding their intention to leave the current work in the coming one year and their alertness on looking other alternative job, (50%) of them responded their readiness to leave the organization. From those reported to leave the organization (61.8%) were looking for a job in the same profession while (30.6%) were looking for a job in another profession (29).

A facility-based cross-sectional study conducted among health professionals working in Horo Guduru Wallega zone (2017), health workers who are physicians in profession had more intention to leave than health workers who are nurses or mid wife in profession and greater than or equals to 11 service year in health sector had lower intention to leave than those health workers who had 1 to 5 service years in health sector.

According to study done in Horo Guduru Wallega zone, overall average rate of health professional's intention to leave their current job in the near future was (65%) of these, (82%) from health center and (18%) health professionals were from the hospital. From the study participants who intend to leave their current job majority, 83% were from other professional categories (environmental health, x-ray technicians), (72%) were health officers, and 50% were physicians (5). The Crossectional study done in Jimma zone (2016) indicated that, the overall mean score of

intention to leave among health professionals in public health centers were 63.7%. Of this, 25.9% reported to leave within the coming one year, 19.8% after one year, and 18% when they get better jobs (3).

2.2. Factors associated with intention to leave

2.2.1 Socio-Demographic Factors

In assessing the level of intention to leave, demographic factors or personal characteristics such as age, gender, educational level, working experience and marital status have been considered in previous studies conducted on intention to leave(30),(31). The study conducted in Africa (Malawi, South Africa and Tanzania 2013.), socio demographic characteristics such as Gender, marital status, were not significantly associated with health professional actively seeking alternative employment (1).

The study done in university of Gonder referral hospital reveals that, socio-demographic was determinants and statistically significant predictors for turnover intention. Health professionals who had degree and above were 2.72 times more likely to have turnover intention than those who had diploma. On the other hand, Nurses were 7.67 times more likely to have turnover intention than Medical Doctors and Laboratory professionals were 9.15 times more likely to have turnover intention than Medical Doctors. Health professionals who have work experience of 2.1 - 5 years were 1.94 times more likely to have turnover intention than health professionals with work experience of less than two years (7).

A cross-sectional study done in Genbella region (2015), Socio Demographic Characteristics such as marital status, educational level, and years of experience had statistically significant association with intention to leave. The study indicated that the magnitude of Socio-demographic factors for intention to leave was relatively higher in males (50%) as compared to females (45.1%); and the highest rate of intention to leave was from those with age group 20-29 (52.4%). The magnitude was also higher in single (61.7%), as compared to married (36.4%) and higher for first and second-degree holders (60.0%) as compared to certificate and diploma holders (44.8%). There were also variations with respect to differences in work experience. Accordingly, intention to leave was higher in those with work experience less than or equal to two years (56.3%) compared to those greater than two (2-4) years (31.7%) (27).

Likewise, the study done in Jimma zone (2016) revealed that, age, sex and work experience of the health workers were among the socio-demographic variables which were candidate for analysis in those study. The study revealed that the magnitude of socio- demographic variables for intention to leave was relatively higher in male (63.1%) as compared to females (39.6%) and highest with age group of 26-30(45.7%) as compared to those 20-25 age (38.7) and also higher in those with work experience less than or equal to five years (75.6%). as compared to those whose age 6-10 (16%) as well as higher for monthly salary less than 1500 (38.2%%) compared to those with salary 1500 to 2499 (32%) and again higher in nurse professionals (45%) compared to that midwifery (13%) (3).

The similar study conducted in Horo Guduru wallega zone, the magnitude of socio- demographic variables for intention to leave was relatively higher in male (60%) as compared to females (39.2%) and highest with age group less than 25 (43%) as compared to those 25-29 age (32.9%) and also higher in those with educational qualification with diploma (57.5%) as compared to those degree holder (39.8%). As well as higher for monthly salary less than 2001-4000 (53%) compared to those with salary less than 2000 (29%) (5).

2.2.2. Job Satisfaction

Job satisfaction is an important determinant of health worker motivation, retention, and performance, all of which are critical to improving the functioning of health systems in low- and middle- income countries(1). Health professionals job satisfaction is the problem in low- and middle-income countries. According to the study done in japan mentioned that, a large number of employees (74.7%) felt satisfied about their location and office space (64%) felt that, work place has noise distraction when there is large crowd of patients; and also room temperature seems to affect 60% of the respondents and this makes the health professionals intent to leave their health facilities (10).

According to the outcomes of the study in Pakistan, Job satisfaction has an insignificant relationship with the Intention to leave. The regression outcomes of Job satisfaction with Intention to leave is insignificant. That means the Job satisfaction has more than 3.7% to Intention to leave(32).Whereas, the study done in Hong Kong revealed that, the reason related to leaving mentioned nurses might feel dissatisfied if they were unable to provide high-quality care to their patients and low job satisfaction was associated with a greater intention to leave (33).

Across-sectional survey in Tanzania, Malawi, and South Africa, 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. It indicated that, the lowest job satisfaction and highest intention to leave were found in South Africa where 47.9% of those were dissatisfied with their jobs and 41.4% were actively seeking other jobs (1).

The multiple regression model analysis did show that health professionals working in public hospitals were less satisfied than those in clinics and health centers, younger health workers were significantly more dissatisfied and more likely to want to quit their jobs, and that lower job satisfaction was significantly associated with intention to leave. Finally the study confirmed that, job satisfaction is statistically related to intention to leave (1). The study conducted in Ethiopia, Gambella region (2015), health professionals who are dissatisfied with their work and salary had 4.51 and 5.64 times more likely to show intention to leave public health facilities as compared to those who were satisfied with their work and salary respectively (27).

According the study done in Wallega zone, Oromia Region (2017) indicated that, satisfaction with management system of health facility was inversely related to intention to leave ($\beta=0.33$), that is as satisfaction with the management system of health professionals' increase by a unit, intention to leave lowered/decreased by 33%. Poor working environment was directly related to intention to leave that is as dissatisfaction with working environment increased a unit intention to leave increased (5).

Across-sectional study conducted in Jimma zone, among the factors used to measure job satisfaction in general, health professions that satisfied with their job were statistically significant association with intention to leave, and the study result show that health professionals who were strongly agree in job satisfaction had 0.298 an average decrease in intention to leave score compared to those who somewhat agreed. Health professionals' who were strongly agree in the factor that they always finished their work on time" had an average of 0.383 units decreased intention to leave score than those who agreed. Among health professionals who strongly disagreed in organizational management had increased intention to leave score when compared with those who somewhat disagreed (34).

2.2.3. Pulling Factors

The latter part of the 20th century saw an acceleration in the movement of health professionals from developing to developed countries (35). The Glob Health Action (2014) suggest that, pull factors in turn are external, because they describe those circumstances in the destination countries which provide an incentive for health workers to immigrate. The studies review that, financial, professional, political, social, and personal factors can act as both push and pull factors that contribute to health workers' decisions to leave their work and other pulling factors includes, better remuneration in other countries, professional advancement and better career opportunities, a safer and better working environment, and a better quality of life (19).

The study shows that there is a broad consensus in the scientific literature that health worker migration has negative effects on the sending country and its people, while the receiving country and the health worker will benefit (36). At first, health workers themselves clearly benefit due to usually better working conditions, better career opportunities, and higher salaries. In addition, the residents of the recipient country benefit from an adequate supply of healthcare services and a savings of moneys through training fewer healthcare professionals than they would otherwise need (37).

In addition to the economic dimensions, the sustainability of healthcare systems in developing countries increasingly comes under pressure as facilities become understaffed, the quality of care decreases, and the moral among the remaining staff deteriorates (38).

According to the study conducted by international Centre for Migration and Health (2005) in sub-Saharan Africa, from where many physicians are moving, its ratio to "beneficiary" population is less than 13: 100,000 (39).

A number of factors contributing to this migration, including the fact that (a) many developed countries have failed to plan for, and/or invest sufficiently in the training of their own health personnel such as physicians and nurses, (b) in some of these same countries the demand for health care is now out-pacing the current health professional capacity, (c) some developing countries are producing more well qualified health professionals than can be meaningfully recruited and remunerated, (d) the opportunities for well-paid positions in developed countries are becoming more evident to health professionals in developing countries, (e) developed countries are beginning to actively recruit qualified staff from developing countries, and (f) many of the diplomas in both sending and receiving countries are inter-changeable (17).

The study conducted in Ghana (2007), the migration occurs from rural to urban areas within countries, from poorer to richer countries within sub-Saharan Africa. These studies revealed that a major pull factor is the existing and projected shortage of healthcare professionals, particularly nurses, in high-income countries (18).

Other study conducted in Gambella region showed that, Among the total respondents of health professions, (48.4%) intended to leave the public health facilities of the region within the coming one year. With regard to their plan where to join after leaving the current health facilities, 58.2% disclosed that they planned to join NGO, 15.6% to move to another region, 14.8% to join private health institutions while the rest had other plan such as running personal businesses, leaving out of the country, or continuing their education. Among the respondents who had intention to leave, 96.7% believed that they would have better job opportunity elsewhere if they left the current institutions.

According to these study the reasons for health worker's intention to leave were higher for finding good infrastructure (29.6%), financial benefit (30.9%), dissatisfied with their work (86.2%), finding high salary (78.8%) and management practice (75.8%), as compared to those who were satisfied with the above factors.

The study also indicated that, level of education, status of satisfaction with work and salary, and status of involvement in decision making independently statistically significant association with intention to leave. In addition, those of respondents who were dissatisfied with their work and salary had 4.51 and 5.64 times more likely to show intention to leave public health facilities as compared to those who were satisfied with their work and salary respectively (27).

2.2.4. Pushing Factors

World health report revealed that, a (growing) discontent or dissatisfaction with existing working/living conditions – so-called push factors (17). The “push” factors are well known as namely poor salary scales, little opportunity for advancement, and a growing awareness of what is available elsewhere (35).

Political factors, such as getting away health professionals from other regions, civil war and economic stagnation can act as push factors and play a major role in decisions to leave the country. Additionally, extremely unsatisfactory working conditions in the country of origin, lack of medicine and inadequate supplies and equipment, a large nurse-to-patient ratio, and epidemics of HIV/AIDS and other serious illnesses, which contribute to making health professionals intention to leave their work from the developing counties (13,40,41).

According to the world health report 2006 (WHO) migration takes place within countries from rural to urban areas; within regions from poorer to better-off countries and across continents. A better life and livelihood are at the root of decisions to migrate. Poverty, imperfect private labor markets, lack of public funds, bureaucratic red tape, skill mix and distributional imbalances, unsupportive management, insufficient social recognition, weak career development, salary, lack of promotion, heavy workload, high levels of violence and political interference produce paradox of health professional shortages. This indicated that, sub-Saharan Africa points to both push and pull factors being significant (42).

The study conducted in Canada (2011) revealed that the odds of health professional’s intention to leave were significantly greater for health professionals required to be on call. A closer examination of plans of the 526 nurse who intended to leave their present positions in the next year revealed that the most common reason for leaving was to take further nursing education. Since nursing education programs may not be accessible in the rural and remote work settings, these makes to move them to meet the educational goal (12).

The study done in Ghana (2007), push factors include poor remuneration, bad working conditions, low job satisfaction, lack of opportunity for advanced education or promotion, oppressive political climate, threat of violence, persecution of intellectuals, and need to ensure the education and future of one’s children. Job dissatisfaction related to poor physical and organizational infrastructures should not be minimized as reasons that nurses choose to migrate, leave nursing, move to private

sector employment, or to seek positions with nongovernmental organizations as well as lack of respect from physicians and barriers to full utilization of specialized health professional knowledge in healthcare settings (18).

The study conducted in Ethiopia, Gambella Region (2015), showed that, the magnitude of health professionals pushing factors or intention to leave were the same to those pulling factors (27).

The study done in Horo Guduru Wollega zone, Oromia region (2017) indicated that, from all of intention to leave, professional category, service year in health sector, salary, satisfaction with management system factor score, compensation and benefit factor score and work environment factor score showed statistically significant association with pushing factors or intention to leave. According to this study, the main reason for health professionals' turnover from each health facility by professionals, resignation was (65%) among total turnover of health professionals from public health sectors and followed by (23%) for retirement (5).

2.2.5. Personal Factors

It is one of the determinant of health problems that influence the working conditions of health workforce. The reasons that the health professional turnover their current job is due to personal problems such as Family health problem, Children education, Spouse living other area, Friends changing job (43).

Employees' intention to leave can be considered as normal choices made concerning present organization (44). The study done in Lebanon (2014) revealed that, increasing level of stress may cause the employee to take the decision to leave their current job(43,44). Stress also has been proven to influence indirectly the intention to leave (45) .

The Author, Lambert (2006) discovered that, demographic characteristics such as gender, tenure, and education level of employees influenced their turnover intent.

The study done in Ethiopia, East Gojjam of Amhara Region (2013), indicated that, Family arrangement is significantly associated with nurses' turnover intention. Nurses live far from their family/husband/wife had 2.05 times more turnover intention as compared to nurses live with their family/husband/wife. From the nurses who had turnover intent 24.2% of them indicated that, they leave their current job due to family arrangement (7).

2.3. Conceptual Framework

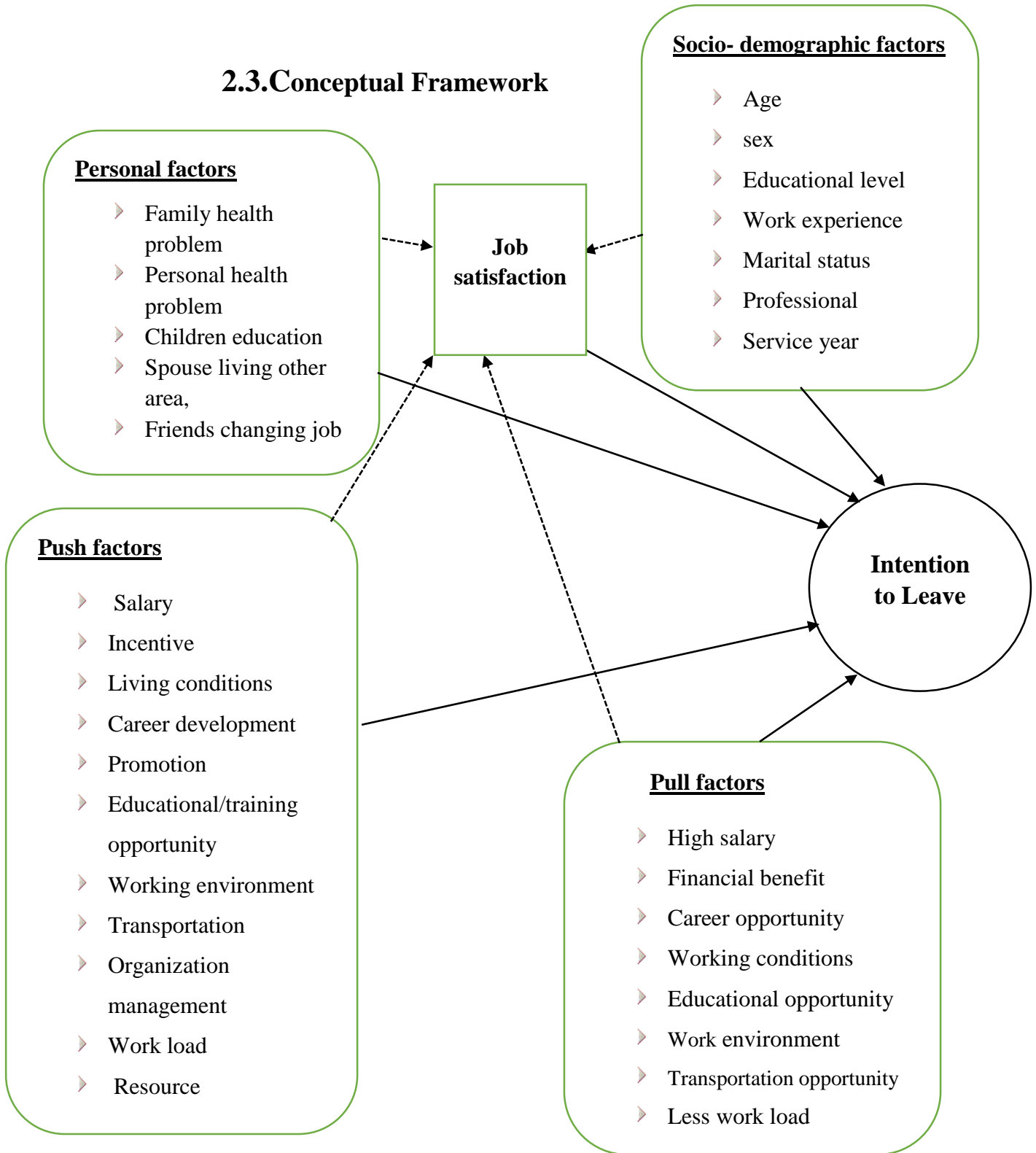


Figure1: Conceptual Framework for assessing factors affecting health professional's intention to leave in Guji Zone. June 2018. (Source: Adapted from different literatures by the investigator (13,17,3,27,43,46).

CHAPTER THREE: OBJECTIVES

3.1 General Objective

To assess the magnitude of intention to leave their current job and associated factors among health professionals working in Guji zone South East Oromia public health centers.

3.2 Specific Objectives

1. To determine the magnitude of turnover intention among health professionals working in Guji zone Public health centers.
2. To identify factors influencing health professional's intention to leave their current job in Guji Guji zone south East Oromia.

CHAPTER FOUR: METHODS

4.1 Study Area and Period

The study was conducted in Public Health Centers of Guji Zone from August 13 to September 02/2018. Guji zone is one of the 20 zones found in Oromia regional state. Administratively the zone is divided into 14 rural wareda and 3 town administrations and share boundaries with Bale, Borena, Somale, west Guji and SNNP region. The zone has 2 public hospitals, 62 Health centers and 283 health posts. There are a total of 659 health professionals and 2451 of health workers working in public health centers of Guji zone. Currently, the Zone has 322 kebeles. Based on projected figures obtained from 2008 census, the zone has an estimated total population of 1,432,571 (2017) (47)

4.2 Study Design

Facility based Cross-sectional study design was used. In this study quantitative approach was used.

4.3 Source Population

All health professionals working in public health centers of Guji zone.

4.4 Study population

- ❖ Study population were all randomly selected health professionals working in selected health centers who fulfilled the inclusion criteria.

4.5 inclusion and exclusion Criteria

4.5.1 Inclusion Criteria

- ✓ Health Professionals who served for more than six months.

4.5.2 Exclusion Criteria

Health professionals who are contract employees, worked in sampled health centers for less than six months were excluded.

4.6 Variables

4.6.1 Dependent Variables

- ✓ Intention to leave

4.6.2 Independent Variables

Socio-demographic characteristics: Age, gender, Educational level, Working experience/service year, Marital status and Professional factors.

Job satisfaction: Health workers satisfy with; compensation /benefit, work environment, recognition, relationship with manager and development opportunity.

Pulling factors: which pull the health professionals from their current organization due to finding financial benefit, High Salary, Social, Personal, Career opportunity, job opportunity, incentive, educational opportunity and work environment.

Pushing factors: which push the health professionals from their current organization because of salary payment, career opportunity, educational opportunity, living conditions, working environment, organizational management, location of institution and working conditions.

Personal Factors: It is one of the determinant of health problems that influence the working conditions of health workforce due to family health problem, Children education, Spouse living other area, Friends changing job.

4.7 Operational Definitions

Intention to leave: is the extent at which the health workers plan to leave the present job from public health centers and looking forward to find another job in the near future. It is a measurement of whether the organization's employees plan to leave their positions, thinking about quitting and intention to search for another job.

It was measured with the intention to leave scale tools which consists of 5 items on the five-point Likert scales. All items were scored on a five-point Likert scale (1 = strongly disagree, to 5 = strongly agree).

Finally, intention to leave responses across all items was summed and transformed to yield an overall level of intention to leave. Participants who scored greater than mean in all aspects of health

workers were denoted as agreed and has intention to leave and less than or equal to mean score denoted disagreed and has no intention to leave.

Agree: >mean (15.8), disagree: ≤ mean (15.8)

Agree: refers to the respondent perception of intention to leave that was above one's expectation or greater than mean score of intention to leave.

Intention to leave consists of 43 items such as personal factors =5, pull factors=9, job satisfaction and push factors =15

Disagree: refers to participants' perception of intention to leave below their expectation or less than mean rate of intention to leave.

Job satisfaction: The perception of health professionals' attitude towards their job. This was measured with 14 questionnaires by five-point Likert scales strongly dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied, and strongly satisfied. Participants who scored greater than mean in all aspects of health workers were denoted as satisfied and less than or equal to mean score denoted dissatisfied.

Satisfied:>mean (38.3) dissatisfied: ≤mean (38.3)

4.8 Sample Size

The sample size for this study was calculated by single population proportion formula. Proportion of intention to leave in public health facilities was taken as (p=63%) from study done in Jimma zone(3), with 95% CI, and 5% marginal error (d)were considered when calculate the sample size.

$$n = \frac{(z_{\alpha/2})^2 \cdot \hat{p}\hat{q}}{d^2}$$

$$n = \frac{(1.96)^2 \times 0.63 \times 0.37}{0.05 \times 0.05} = 366$$

Since our source population were around 659 which is (<10,000) then the population correction formula used as follow:

$$N = n/1+n/N = (366/1+366/659) = 236$$

Then the non-response rate calculated as 236x10% =26 236+26=262

4.9 Sampling Procedure

Selection of study subject was conducted through stratified sampling technique. Location (urban and rural) were considered as strata. From out of 62 health centers (59 rural and 3 urban), 31 HC (twenty nine rural and two urban) were selected by lottery method with consideration of 50% coverage, (based on WHO assessment for human resources for health (If the number of units is small 30-50% will be selected)(48). After selecting the facilities, the calculated sample size was proportional allocated to each health center. Health professionals were selected by lottery method. (figure 2)

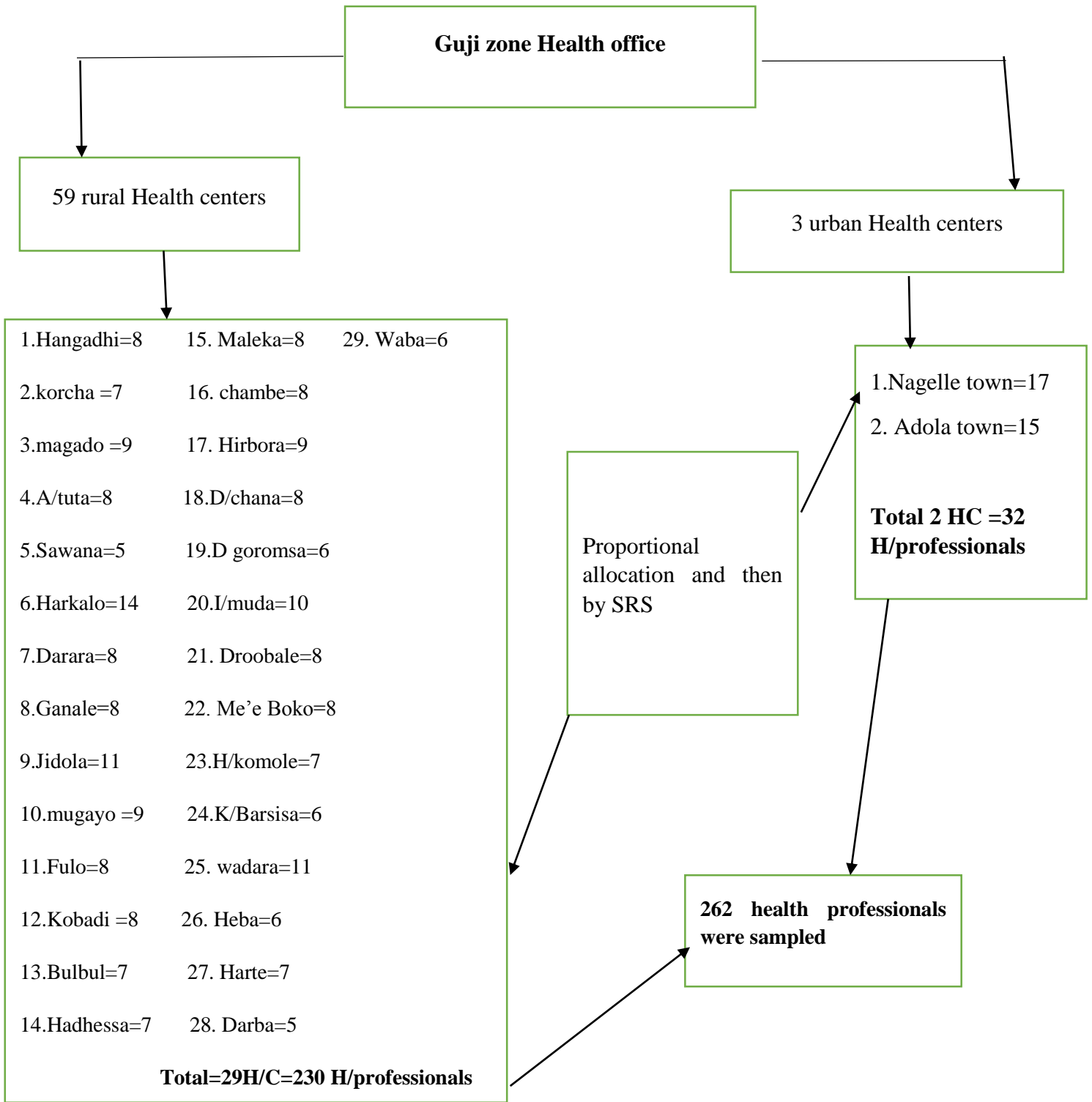


Figure2: Schematic representation of sampling technique in south East Oromia public health centers, Ethiopia, 2018. (Source: modified by the investigator)

Table: 1 Selected health centers and available health professionals in Guji zone public health centers, September 2018

Name of HC	Health professionals								Total
	health officer	mid wife ry all type	Nurse all type	pharma cist all type	laborat ory all type	environ mental health	Health educatio n	Health service managem ent	
Bulbul Health center	2	1	3	0	1	0	0	0	7
Hadhessa Helth center	1	1	4	1	0	0	0	0	7
Hangadhi Health center	2	2	3	0	0	1	0	0	8
Korcha Health center	1	1	4	0	0	0	0	0	6
Magado Health center	2	2	4	0	1	0	0	0	9
Ale tuta Health center	2	1	3	0	0	0	0	0	6
Sawana Health center	1	1	3	0	0	0	0	0	5
Darara Health center	2	1	4	0	1	0	0	0	8
Ganale Health center	2	2	4	0	0	0	0	0	8
Jidola Health center	2	2	5	1	1	0	0	0	11
Harkalo Health center	2	2	6	1	1	1	0	1	14
Mugayyo Health center	2	1	4	1	0	0	0	0	8
Fulo Health center	2	1	4	0	1	0	0	0	8
Koba Adi Health center	2	1	3	0	0	1	0	0	7
Maleka Health center	2	2	3	0	1	0	0	0	8
Chambe Health center	2	1	4	0	0	1	0	0	8
Hirbora Health center	2	1	4	1	1	0	0	0	9
Dhadale chana HC	2	2	3	0	0	1	0	0	8

Duda Goromsa HC	2	1	3	0	0	0	0	0	6
Irba muda HC	2	2	4	1	1	0		0	10
Robale Health center	2	1	3	0	0	1	0	1	8
Me'eboko Health center	2	2	3	0	0	0	0	1	8
Hiyo komole HC	2	1	3	0	0	0	0	0	6
Barsisa health center	2	1	3	0	0	0	0	0	6
Wadara Health center	3	2	4	1	1	0	0	0	11
Heba Health center	1	1	3	0	1	0	0	0	6
Harte Health center	2	1	3	0	0	1	0	0	7
Darba Health center	1	1	3	0	0	0	0	0	5
Waba Health center	1	1	4	0	0	0	0	0	6
Adola Health center	3	2	6	1	1	1	1	0	15
Nagele town HC	3	2	6	1	2	2	1	0	17
Total	59	43	116	9	14	10	2	3	256

4.10 Data Collection Tools

Self-administered structured questionnaire was used to collect the quantitative data which was developed after reviewing relevant literatures (13,17,3,27,43,46).

Data were collected on the structured administered questionnaire which has seven sections and sixty items such as socio demographic (8), work profile characteristics (4), intention to leave (5), personal factors (5), pull factors (9) push factors (15) and job satisfaction (14 items).

4.11 Data collection Methods and Procedures

Data were collected by 9 (4 degrees and 5 diploma graduate) data collectors and 2 supervisors. Three data facilitators were assigned to eighteen health centers, five were for ten and one person to three health centers respectively. One supervisor was assigned for eighteen health centers and the other for thirteen health centers. The principal investigator was also controlling the overall data collection procedure on the health centers.

4.12 Data Quality Management

To assure the quality of data, two days' training was given to data collectors and supervisors by investigator on how to fill data on prepare instrument or questionnaires. The prepared questionnaires were tested on 5% of sample size at Shakiso health center and possible corrections were made. All collected data were checked for completeness and consistency by supervisors and onsite close supervision and technical supports was given by principal investigator.

4.13 Data Processing and Analysis

After data collection was completed the data were entered in to Epi- data version 3.1 and exported to SPSS version 20 statistical soft-ware for analysis. The data were then cleaned and analyzed accordingly. Frequencies and percentage were used to describe some variables.

Binary logistic regression was utilized to identify factors associated with intention to leave. We did simple logistic regression analysis to identify candidate variable for the final model. Variables with p-value <0.25 were considered as candidate for the multiple logistic regression analysis. Significant statistical association was declared at p-value of <0.05 and its associated 95% confidence interval.

4.14 Ethical Considerations

Ethical clearance was obtained from Jimma university institute of health science ethical review board. Furthermore, letter of permission was written to Guji zonal department by Jimma university and the Guji zone communicated the respective health centers directors. Before the questionnaires will filled, each respondent was informed the aim of the study and confidentiality was kept. Consent was obtained from the study subjects after explaining the objectives and purpose of study.

4.15 Plan for Dissemination of Results

Result of the study will be presented and submitted to Jimma University department of health economics, management and policy. There for it will disseminated to the Oromia Health bureau, Guji zone health department and nongovernmental organizations that potentially could benefit from the study outcome. Further all attempts will be made to publish the result of the study on reputable scientific journal.

CHAPTER FIVE: RESULTS

5.1 Socio demographic characteristics of the respondents

A total of 256 health professionals participated in this study, giving a response rate of 97.7%. Majority respondents 182 (71.1%) were male. From the study participants more than half 139(54.3%) found were married. The mean age of the respondents was 27.12 (\pm SD) 4.46 and its median 27.00 years. About 214(83.6%) respondents were between the ages of 19- 29 years. From the study health centers majority 116 (45.3%) respondents were nurses, followed by Health officer 59(23%).

Regarding educational status, the majority 159 (62.1%) of respondents had diploma followed by first degree holders 93(36.3%) in all Health centers. The mean monthly salary of respondents was 3962.75 ETB. Majority of the respondents 92 (35.9%) had work experience of 3-5 year and the mean service year were 3.1 and 85(33.2) had work experience of 6-10 years and on contrary majority of respondents 137(53.5%) had <2 service years in current health facility (Table 2).

Table: 2 Socio demographic characteristics of health professionals (n=256) working in south East Oromia public Health centers, Ethiopia, September 2018.

Variable	category	Frequency	percent
Age	19-29	214	83.6
	30-39	37	14.5
	>40	5	2
	male	182	71.1
Sex	female	74	28.9
	single	114	44.5
Marital status	married	139	54.3
	divorced	3	1.2
	oromo	205	80.1
	amhara	33	12.8

	Others	18	6.9
Total work experience	<2	70	27.3
	3-5	92	35.9
	6-10	85	33.2
	>11	9	3.5
	<2	137	53.5
Service year in current health facility	3-6	97	37.9
	7-11	19	7.4
	>12	3	1.2
	certificate	4	1.6
Respondent qualification	diploma	159	62.1
	Frist degree	93	36.3
	Certificate	4	1.6
Respondent profession	health officer	59	23
	midwifery all type	43	16.8
	nurse all type	116	45.3
	pharmacist all type	9	3.5
	laboratory all type	14	5.5
	others	15	5.9
	1651-3200	91	25.6
3201-5250	120	46.9	
5251-7800	31	12	
Respondent Salary	7800-10900	14	5.5

5.2. Health professions Intention to Leave

Among the total respondents, 140 (54.7%) had an intention to leave their organization. Majority (73.4%) leave their work when they get better job followed by (43.4%) within one year. When we look at the location of health centers the magnitude of intention to leave was relatively higher in health professionals who working at rural health centers 132 (58.9%) as compare to those working in urban 8 (25%). The magnitude of intention to leave was relatively higher in males 97 (69.3%) as compared to females 43(30.7%). The highest rate of intention to leave was reported from those of respondents with age group 19-29,115 (82.1%).

The magnitude of intention to leave was also higher in married 78 (55.7%), as compared to single 61(43.6%) respondents. Thus, the magnitude was also higher for diploma holders 83 (59.3%) as compared to degree holders 54 (38.6%). Regarding their profession, the magnitude of intention to leave was highest for Nurse (all type) (45.7%) followed by health officer (25.7%). Accordingly, intention to leave was higher in those with work experience 3-5yrs (38.6%) as compare to 6-10 years (37.1%).

The label of intention to leave is quantified in Table 3. While 106(41.4) health professionals strongly agree to leave their work within the coming one year, 66(25.8) agree after one year and 57(22.3%) strongly agree when get better job. Accordingly, majority of health professionals were agreed plan to leave their current job 135 (52.7%).

Table:3 Label of intention to leave of health professionals working in south east Oromia public Health centers, Ethiopia, October 2018.

Variables	Strongly disagree	disagree	neither agree nor disagree	agree	Strongly agree
Health professionals plan to leave health centers as soon as possible.	21(8.2%)	31(12.1%)	3(1.2%)	135(52.7%)	66(25.8)
Leave within the coming one year	50(19.5)	69(27)	26(10.2)	54(21.1)	57(22.3)
After one year	68(26.6)	58(22.7)	22(8.6)	66(25.8)	42(16.4)
When get better jobs	19(7.4)	30(11.7)	19(7.4)	82(32)	106(41.4)
Plan to stay in health centers as long as possible.	92(35.9)	98(38.3)	11(4.3)	45(17.6)	10(3.9)

5.3 Factors affecting health professional's intention to leave.

Personal factors

It was found that majority 119 (46.5%) respondents agreed to change their current job because of absence of basic children education as good school followed by spouse and children live another place 95 (37.1).

Push factors

The study found that in the push factors majority were agreed to have intention to leave their job because of Poor incentive 107(76.4%), poor salary 106 (75.7), poor working environment 106 (75.7) were factors that make health professionals intended to leave their job.

Pull factors

Among study respondents those intended to leave their current job, majority were agreed to leave their current job because of finding better career advancement opportunity 128 (91.4), finding high salary 125(89.3), Financial benefit 117(83.6), Poor current organization commitment 171 (81.8%), finding for good organizational support 109(77.9), higher education opportunity 118 (84.3) and good transportation opportunity 112 (80) were factors that initiate health professionals intend to leave their job.

Job satisfaction factors.

Among the total respondents, 144 (56.3%) had dissatisfied to their present job.

Majority respondents those dissatisfied with their job were agreed to leave their current job because of, 86(74.1) dissatisfied with salary payment, 63 (54.3) dissatisfied with the way the manager handle staff, 90(77.6) dissatisfied with the working environment and 100(86.2) dissatisfied with the incentives and career opportunity.

Predictors of job satisfaction and intention to leave

The finding indicated that, there is the lowest job satisfaction (43.8) and higher intention to leave (54.7) were found. In the job satisfaction only availability of drugs was significantly associated with health professional's intention to leave at $P < 0.05$.

5.4 Factors associated with health professional's intention to leave

A total of 43 question items were used to assess factors affecting intention to leave of health professionals in Guji Zone. The item recognized as personal, pull, push and job satisfaction factors.

In bivariate Analysis, career advancement opportunity, organizational support, poor salary, Good transportation opportunity, poor incentive, more financial benefit, found to be associated with health professional's intention to leave at $p < 0.25$. (Table 4).

Table:4 Bivariate logistic regression analysis of intention to leave and associated Factors among health professional (n=256) in Guji zone public health centers, October 2018

Variables	Intention to leave		COR	P.value <0.05
	Yes, n(%)	No, n(%)		
Career advancement opportunity				
disagree	88(75.9)	28(24.1)	1	
agree	128(91.4)	12(8.6)	3.394	0.001**
Organization located in good region/city				
disagree	70(60.30)	46(39.7)	1	
agree	98(70)	42(30)	1.533	0.106
Finding financial benefit				
disagree	83(71.6)	33(28.4)	1	
agree	117(83.6)	23(16.4)	2.023	0.022*
Good organization support				
disagree	73(62.9)	43(37.1)	1	
agree	109(77.9)	31(22.10)	2.071	0.009**
Less workload				
disagree	36(31)	80(69)	1	
agree	52(37.1)	88(62.9)	1.313	0.306
Finding transportation opportunity				
disagree	78(67.2)	38(32.8)	1	
agree	112(80)	28(20)	1.949	0.021*

Poor salary				
Disagree	85(73.3)	31(26.7)	1	
agree	106(75.7)	34(24.3)	1.14	0.656
poor incentive				
Disagree	72(62.1)	44(37.9)	1	
agree	107(76.4)	33(23.6)	1.681	0.013*
I am satisfied with the way manager handle staff				
dissatisfied	63(54.3)	53(45.7)	0.795	.361
satisfied	68(48.6)	72(51.4)	1	
I am Satisfied with Salary payment				
dissatisfied	86(74.1)	30(25.9)	1.395	0.266
satisfied	112(80)	28(20)	1	
I am Satisfied with Working Environment				
dissatisfied	90(77.6)	26(22.4)	0.901	0.725
satisfied	106(75.7)	34(24.3)	1	
I am satisfied with incentives and career opportunity				
dissatisfied	100(86.2)	16(13.80)	0.858	0.667
satisfied	118(84.3)	22(15.7)	1	
***significance at p<0.001, **significance at p<0.01 *significance at p<0.05				

In multivariable logistic regression analysis, variables found to have statistically significant association with intention to leave were, Finding for high salary and high education opportunity, work experience and availability of drugs at p-value < 0.05. Health professionals agree with finding for high salary 3.3 times more likely to have intention to leave their current job compared to those health workers less finding high salary (AOR=3.3, 95% CI: 1.69, 6.47,).

Regarding this predictor of the study shows that health workers who did not finding education opportunity were 55% times less likely to leave their job compared to health workers those who finding higher education opportunity (AOR=0.45, 95% CI: 0.245, 0.824,). Likewise, health profession who has work experience 6-10 as well as 3-5 years were 2.22 ,2 times more likely to leave their current job compared to those work experience less than 2 years (AOR=2.22, 2, (95% CI: 1.168, 4.24, 1.06, 3.77) respectively.

Health professionals those satisfied to the drugs availability were 51% less likely had intention to leave compared to those dissatisfied (AOR=0.492, 95%CI: 0.294, 0.824). (Table5)

Table: 5 Multivariable logistic regression analysis of intention to leave and associated Factors among health professional (n=256) in Guji zone public health centers, October 2018.

Variable	Intention to leave		AOR,95%CI	P-value
	yes, n(%)	No, n(%)		
Work experience				
<2years	29(20.7)	41(35.3)	1	
3-5years	54(38.6)	38(32.8)	2(1.06,3.77)	0.03*
6-10years	52(37.1)	33(28.4)	2.22(1.168,4.24)	0.015*
>11years	5(3.6)	4(3.4)	1.76(.437,7.15)	0.425
Poor incentive				
disagree	72(62.1)	44(37.9)	1	
agree	107(76.4)	33(23.6)	1.38(.732,2.63)	0.316
Finding high salary				
disagree	83(71.6)	33(28.4)	1	
agree	125(89.3)	15(10.7)	3.3(1.69,6.47)	.000***
Career advancement opportunity				
disagree	83(71.6)	33(28.4)	1	
agree	117(83.6)	23(16.4)	1.76(.56,5.51)	0.328
Satisfied with the availability of drugs				
dissatisfied	63(54.3)	53(45.7)	1	0.007**
satisfied	99(70.7)	41(29.3)	0.5(0.294,0.824)	
Finding higher education opportunity				
disagree	82(70.7)	34(29.3)	1	
agree	118(84.3)	22(15.7)	.450(.245,.824)	0.01*

***significance at p<0.001, **significance at p<0.01 *significance at p<0.05

CHAPTER SIX DISCUSSION

Health professionals are a key capital in health service organizations where the various disciplinary are the principal inputs making it possible for most health interventions to be performed. The study attempted to identify the insights, perception and opinions of health professionals on the intention to leave the public health centers.

The prevalence intention to leave among health professionals in this study was 54.7%, out of these 43.4% went to leave within one year, 42.2% after one year and 73.4% when get better job. This finding is comparable with studies conducted in Gambella which was (50.6%) ((1,27). Compared with other studies in Africa the finding is very high. For example, the rate is higher than the findings of Tanzania (18.8%), Malawi (26.6%) and South Africa (41.4%)(1,), the difference may be the fact that due to income, socioeconomic difference. On the other hand, this finding is lower than study done in East Gojjam (59.4%), Jimma zone health centers (63.7%) and Horo Guduru Wallega zone (65%) (49,5,3). This difference might be due to variation in work load and Organizational management especially in Jimma health centers work pressure was significantly associated with intention to leave(3), but not in Guji zone health centers. This finding is a challenge for the stability and effectiveness of any organization. But the finding is unique to this area.

In multivariable regression analysis work experience 3-5 (35.1%) and 6-10 (33.2%) were 2,2. 2, times more likely to leave their current job compared to those who has <2years (27.3) (AOR=2(1.06,3.77) and (AOR=2.22(1.168,4.24) respectively. This finding was in line with study conducted in Gonder confirms that, health professionals who have work experience of 2.1 - 5 years were 1.94 times more likely to have intention to leave than with work experience of less than two years [AOR=1.94,(95% CI: 1.142,3.288)] (7).

In the study done in Gambella there were variations with respect to differences in work experience. Accordingly, intention to leave was higher in those with work experience less than or equal to 2 years (56.3%) as compared to those greater than (2-4) years (31.7%) (27). This might be attributed to climatic factors of the region which is characterized by hot weather condition that may intend health professionals prefer to join NGOs and other region.

Whereas, naturally personnel are sensitive to salary because of their impact on living standards. The low level of payment is a common problem among all studies of health professionals' intention

to leave(5,27). This might be due to high salary expectation of employees and comparing government payment with private and NGO payment which is higher.

In this analysis intention of health professionals to quit their job because of finding high salary were 3.3 times more likely to intend to leave their job compared to who less finding high salary (AOR=3.3,95%CI:1.69,6.47). This finding was also in line with study done in Gambela, those respondents who were finding better salary payment had 5.64 times more likely to show intention to leave public health facilities as compared to those who were less finding better salary (AOR=5.6, 95% CI: 2.216, 11.386) (27).

Health systems cannot function without trained health workers. Yet until recently researchers and policy makers paid relatively little attention to their role in developing countries(50). This may be due to the inherent complexities, economy and limited availability of trained health professional data. In this finding the respondents finding less education opportunity were 55% less likely intended to quit their current job (AOR=0.45, 95%CI: 0.245, 0.824), as compared to those among finding higher education opportunity.

Respondents who were satisfied with the availability of drugs had 51% less likely to show intention to leave the public health centers compared to those who dissatisfied with the availability of drugs, (AOR=0.49, 95%CI: 0.294, 0.824).

Limitation

Some sort of: self-report bias from the nature of self-administered questionnaire.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

7.1. Conclusion

This study revealed that there is a high level of intention to leave among health professionals from Guji zone health centers. Some variables such as, finding for higher education opportunity finding for better salary and work experience has significantly associated with health professional intention to leave which can highly affect the quality and coverage of health services in health centers of the zone.

7.2. Recommendation

Finally based on study findings we would like to recommend that, the responsible bodies like Federal Republic of Ethiopia, Oromia Regional health bureau, Guji zonal health department, all waredas under these zone and local community should improve health care worker's retention by creating strong communication between health professional and the local community and facilitate conducive working atmosphere in addition to working aggressively on the concerns identified in this study through designing better salary, incentive payment and education opportunity (providing access of university with in the zone) that enable health workers motivation, improving quality of health care that is, improving quality of health services delivered to the clients by recruiting and retention accessible skilled health professionals by providing better compensation and benefit and also improving accessibility of drugs and medical supply and creating good working conditions.

Further studies should be conducted to identify other factors influencing health professional turnover intention and also factors that are not address in the study in detail.

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9. Annex 1 - Questionnaire

Jimma University, institute of health sciences, department of health economics, management and policy master program: On Human resource for Health (HRH).

Part One: INFORMATION SHEET

Dear sir/Madam

My Name is **Hangasu Udessaa Bariso**. I am in the process of completing my Master's degree in Human Resource for Health (HRH) at the University of Jimma. The objective of the study will be to assess intention to leave and associated factors among health professionals of Guji zone. The information that I will be obtained from you is used only for research purpose and No risks will be associated with the study and the results will help to design strategies that may contribute for policy improvement in order to enhance retention of Health Professionals. Finally, your participation has great value for the success of our objective.

For confidentiality, names will not be written down and as soon as the questionnaires are completed, the facilitator will gather them. You are free to refuse or withdraw your consent and no punishment measures will be exercised.

Are you willing to participate in this study?

Yes No (if no, don't continue to fill the questionnaire)

Name of facilitator _____ Signature _____

Name of Supervisor _____ Signature _____

Date of data collection _____ Questionnaire Id _____

Part I: Socio demographic Characteristic

Please select one response and circle on that your choice or fill your answers in the blank that best describes you as a Health professional to the questions below.

Name Health center _____

S/No	Variable	Code
Part I: Socio demographic Characteristic		
101	What is your Age (in completed year)	
102	What is your Sex	1.Male 2. Female
103	What is your educational status?	1. Certificate 2. Diploma. 3. 1 st Degree 4. 2 nd degree. 5. Other specify_____
104	What is your profession	1. Health officer. 2. Midwifery (all type) 3. Nurse (all type) 4. Pharmacist (all type) 5. Laboratory (all type) 6.Other specify_____
105	What is your marital status	1.Single 2.Married 3.Divorced 4.Widowed
106	What is your Ethnicity?	1. Oromo, 2. Amhara, 3. Tigre, 4. Gurage 5.walayta 6.Others (specify_____

107	Respondent's occupation	1. Gov't Employee 2. Non-gov't Employee 3. Other specify_____
108	Religious?	1. Muslim 2. Protestant 3. Orthodox 4. Catholic 5. waqefata 6. Other (Specify)_____

Part II: Work Profile Characteristics

201	Your total services (Experience) in public health facility (in year)?	
202	Your services in current health facility (in year)?	
203	Currently in Which Department you are Working?	
204	What is your monthly salary in Birr?	

Part III: Intention to leave

The following questions are related to your intention to quit the current organization that you served. (Please tick which is more appropriate to you)

No	Question	Strongly disagree	disagree	neither agree nor	agree	Strongly agree
301	I plan to leave my health centre as soon as possible.	1	2	3	4	5
302	I plan to leave my health centre within the coming one year	1	2	3	4	5
303	I plan to leave my health centre after one year	1	2	3	4	5
304	I plan to leave my health centre when I get better jobs	1	2	3	4	5
305	I plan to stay in my health centre as long as possible.	1	2	3	4	5

Part IV Personal Factors

What are the main personal factors that intend you to resign or leave your job? (Please circle which is more appropriate to you)

No	Question	Strongly disagree	disagree	neither agree nor	agree	Strongly agree
401	Because of my Health problem	1	2	3	4	5
402	Because of my family related health problem	1	2	3	4	5
403	Because of my children education as good schools are not available in the city where my organization is located.	1	2	3	4	5
404	Because my spouse and children live another place	1	2	3	4	5
405	Because of my friends and relatives are changing jobs	1	2	3	4	5

Part V: Pull factors

What are the main factors that attract (pull) you to switch to new job? (Please tick which is more appropriate to you)

No	Question	Strongly disagree	disagree	neither agree nor	agree	Strongly agree
501	High salary	1	2	3	4	5
502	Career advancement opportunity	1	2	3	4	5
503	Organization is located in good region/city	1	2	3	4	5
504	More financial benefits	1	2	3	4	5
505	Better resource for work	1	2	3	4	5
506	Good organization support	1	2	3	4	5
507	Less work load	1	2	3	4	5
508	Higher education opportunity	1	2	3	4	5
509	Good transportation opportunity	1	2	3	4	5

PART VI: PUSH FACTORS

What are the main factors that push you to leave your present job? (Please circle to which is more appropriate to you)

No	Question	Strongly disagree	disagree	neither agree nor	agree	Strongly agree
601	Because I paid poor salary	1	2	3	4	5
602	Because I have poor incentives from my organization.	1	2	3	4	5
603	Because of poor working environment	1	2	3	4	5
604	Because of poor availability of essential materials & supply	1	2	3	4	5
605	I always not finish my work on time(Workload)	1	2	3	4	5
606	No fairness/justice in health organization.	1	2	3	4	5
607	Absence of promotion / poor transferring process	1	2	3	4	5
608	Inadequate resources for health service	1	2	3	4	5
609	Lack of transportation	1	2	3	4	5
610	Location of the health institution	1	2	3	4	5
611	Lack of better living condition at health centre/availability of resident or housing.	1	2	3	4	5
612	No immediate supervisor support	1	2	3	4	5
613	limited career opportunity	1	2	3	4	5
614	Lack of motivation and encouragement for better performance	1	2	3	4	5
615	Limited training and education opportunity.	1	2	3	4	5

PART VII: Job satisfaction

What are the main factors that satisfy or dissatisfy you to stay or leave your present job? (Please circle which is more appropriate to you)

No	Condition of Satisfaction	Strongly dissatisfied	2	3	Neither satisfied nor	4	Strongly Satisfied
701	I am Satisfied with the present job	1	2	3	4	5	
702	I am Satisfied with the recognition I get for the work that I do	1	2	3	4	5	
703	I am Satisfied with the personal relationship between my manager and myself	1	2	3	4	5	
704	I am Satisfied with the way my manager handles staff	1	2	3	4	5	
705	I am Satisfied to conditions that allow me to perform at high levels	1	2	3	4	5	
706	I am satisfied with the availability of drugs	1	2	3	4	5	
707	I am satisfied with the availability of medical equipment	1	2	3	4	5	
708	I am satisfied with the educational/training opportunities that I get	1	2	3	4	5	
709	I am Satisfied with Staff relationship for good work	1	2	3	4	5	
710	I am Satisfied with Salary payment	1	2	3	4	5	
711	I am satisfied with incentives and career.	1	2	3	4	5	
712	I am Satisfied with Working Environment (availability of electricity, water supply, transportation)	1	2	3	4	5	
713	I am satisfied with Involvement in Decision making	1	2	3	4	5	
714	I am satisfied with everyone has an equal chance to be promoted and staff are promoted in a fair and honest way	1	2	3	4	5	

Afaan Oromo version

Kutaa 1: Gaafilee hawaasummaa fi diinagdee

Ogeessa fayyaa ta'uu keessaniif gaaffiiwwan kanaan gaditti gafatamtaniif filannoo tokko itti maruu yookaan bakka duwwaa irratti guutuun deebii keessan deebisaa.

Maqaa Buufata Fayyaa_____

S/No	Variable	Code
kutaa 1: hawaasummaa fi diinagdee		
101	Umuriin kee meeqa?	
102	Saali kee maali?	1.Dhiira 2. Dhalaa
103	Sadarkaa barumsaa keessanii maali?	1. Certificate 2. Diploma. 3. Digirii jalqabaa 4.Digirii 2ffaa 5.kan biraa yoo jiraate ibsi._____
104	Ogummaan keessan maali?	1.Qondaala fayyaa. 2. Deesistuu(saa) (gosa hundaa) 3. Narsii (gosa hundaa) 4. ogeessa Qorichaa (gosa hunda) 5. Ogeessa Laboraatoorii (gosa hundaa) 6. kan biraa yoo jirate ibsi_____
105	Haala fuudhaaf Heerumaa	1.kan hinfuune 2.kan fuudhe 3.Kan hiike 4.Kan irraa du'e

106	sabin kee maali?	<ol style="list-style-type: none"> 1. Oromoo, 2. Amaara, 3. Tigree, 4. Guraagee 5. woleettaa 6. kan biraa yoo jirate ibsi_____
107	Hojiin keessan maal?	<ol style="list-style-type: none"> 1. hojjataa mootummaa 2. hojjataa mit mootummaa 3. Barataa 4. kan _____ biro _____ yoo jiraate_____
108	Dhugeefannaan keet maal?	<ol style="list-style-type: none"> 1. musiliima 2. pirootestaantii 3. Ortoodokisii 4. Kaatolikii 5. waaqefataa 6. Kan biraa_____

Kutaa 2: Seenaa turmaata hojii irraa

201	Dhaabata fayyaa mootummaa keessatti waggaa meeqaaf tajaajiltan (muuxannoo hojii)?	
202	Dhabbata fayyaa amma hojjettan keessa hammam tajaajiltan (waggaan)?	
203	Yeroo ammaa kutaa kam keessa hojjattu?	
204	Mindaan keessan meeqa (Qarshiidhaan)?	

kutaa 3: Hojii gadi lakkisuuf yaaduu/karoorfachuu

Gaaffiin itti fufu dhabbata fayyaa amma hojjettan keessaa hojii gadi lakkisuuf yaaduu irratti kan xiyyeefate waan ta'eef gaaffilee dhiyaateef filannoo dhiyaatan jalatti lakoofsota jiranitti maraa.

No	Gaaffilee	Baay'ee itti walii hin galu	Itti waliigalu	Filannoo hin qabu	Baay'e itti waliigala	Itti walii hin galu
301	Hojii koo ammaan kana gadi lakkisuuf karoorfadheera	1	2	3	4	5
302	Hojii koo waggaa dhufu keessatti gad lakkisuuf karoorfadheera.	1	2	3	4	5
303	Hojii koo waggaa tokko booda gad lakkisuuf karoorfadheera.	1	2	3	4	5
304	Hojii koo yeroo hojii kanarra fooyya'e argadhe gad lakkisuuf karoorfadheera	1	2	3	4	5
305	Buufata Fayyaa hojjedhu kana keessa hamma tokko turuuf karoorfadheera.	1	2	3	4	5

Kutaa 4: Sababoota dhuunfaa

What are the main personal factors that intend you to resign or switch your job? (Please tick which is more appropriate to you)

Sababoonni dhuunfaa kan akka ati hojii gad lakkistuuf siyaachisan maali (filannoo jiran keessaa kan deebii sii ta'etti mari)

No	Gaaffilee	Baayee itti walii hin galu	Itti walii hin galu	Filannoo hin qabu	Baay'e itti waliigala	itti walii gala
401	Sababa na dhukkubuuf	1	2	3	4	5
402	Because of my family related health problem (Sababa maatiin koo dhukubsataniif)	1	2	3	4	5

403	Ijoolee barsiifachuuf manni barumsaa gaarii ta'e magaalaa ani hojjadhu keessa waan hinjirreef.	1	2	3	4	5
404	Sababa haati manaa kootiif ijooleen koo bakka biraa jiraataniif	1	2	3	4	5
405	Sababa hiriyooni koo fi firooni koo hojii jijjiirataniif	1	2	3	4	5

Kutaa 5: Bakka amma hojjachaa jirtan kana irraa wonti iddoo birootti akka hojjatan isin harkisaa.

What are the main factors that attract (pull) you to switch to new job? (Please tick which is more appropriate to you)

Sababoonni bakka amma hojjachaa jirtan irraa akka hojii gadi lakkiftan isin godhan (isin harkisan) maali? (filannoo jiran keessaa kan deebii siirrii ta'etti mari)

No	Question	Baay'ee itti walii hin galu	Ittiwalii hi galu	Filannoo hinqabu	Be'eeitti tiwoliig ala	Ittiwalii gala
501	Mindaa Guddaa barbaaduuf	1	2	3	4	5
502	Carraa daballii guddina mindaa barbaaduuf	1	2	3	4	5
503	Dhaabbani fayyaa sun waan magaalaa gaarii keessa jiruuf	1	2	3	4	5
504	Onnachiiftuu mallaqaa fooyya'an waan jiruuf	1	2	3	4	5
505	Better resource for work (Ciicoleen hojii ittiin hojjetan fooyya'an waan jiruuf)	1	2	3	4	5

506	Deegars mani hojjichaa sun naaf godhu guddaa waan taateef.	1	2	3	4	5
507	Hojiin hojjetamu salphaa waan ta'eef	1	2	3	4	5
508	Carraan barumsaa haala gaariidhaan waan kennamuuf	1	2	3	4	5
509	Carraan geejibaa akka gaariitti waan jiruuf	1	2	3	4	5

Kutaa 6: Sababoota bakka hojii keeti irraa akka ati hojii gadi lakkistuuf sababa ta'an.

Sababoonni bakka amma hojjatuu akka ati hojii gad lakkistu si godhan maali? (filannoo jiran keessaa kan deebii sii ta'etti mari)

No	Question	Baay'ee itti walii hingalu	Ittiwalii hin galu	Filannoo hingabu	Baay'e itti walii gala	Itti walii gala
601	Mindaan naa kaffalamu xiqqaa waan ta'eef	1	2	3	4	5
602	Because I have poor incentives from my organization. Kaffaltiin dabalataa naa kaffalamu xiqqaa waan ta'eef	1	2	3	4	5
603	Iddo hojii haal mijatan waan hinjirreef /iddoo bashananaa	1	2	3	4	5
604	Meshaa'ee yaalaa barbaachisaa ta'anii fi dhiheesiin adda addaa jiru laafaa waan ta'eef	1	2	3	4	5
605	Yeroo hundaa hojii koo yeroo kaa'ame keessati xumuru waan hin dandeenyeef(baa'ini hojii waan jiruuf)	1	2	3	4	5
606	Haqummaa fi walqixummaan dhaabata ani tajaajiluu keessa waan hinjirreef	1	2	3	4	5

607	Hanqin guddinaafi jijjiirraa walqabatee jiru rakkoo waan qabuuf	1	2	3	4	5
608	Dhabatan keessaa hojjedhu keessa ciicoleen dhabuu	1	2	3	4	5
609	Rakkoo geejibaa jiraachuu	1	2	3	4	5
610	Location of the health institution Bakki dhaabbata ani keessaa hojjedhuu magaalaa irraa fagaachuu mijataa ta'uu dhabuu	1	2	3	4	5
611	Haal jireenya dhaabbata ani keessaa hojjedhuu mijataa ta'uu dhabuu/man jireenyaa jiraachuu dhabuu	1	2	3	4	5
612	Hogganaan dhihoo hojii koo na duukaa bu'ee waan na hin deegarreef	1	2	3	4	5
613	Sadarkaa guddinaa fi dabalata mindaa yeroon argachuu dhabuu	1	2	3	4	5
614	Hojii gaarii hojjetameef beekamtii fi onnachiiftuu kennuu dhabuu.	1	2	3	4	5
615	Carraan leenjii fi barumsaa kennamu xiqaa chuu	1	2	3	4	5

Kutaa 7: Ittiquufinsa ogeessa fayyaa

Sababoonni adda addaa hojii hojjattu keessati akka ati itti hinguufinne yookaan akka itti quufu kan si godhan maali?(filannoo jiran keessaa kan deebii sii ta'etti mari)

No	Condition of Satisfaction	Baay ee itti hinguufu	Itti hin quufu	Filannoo hin qabu	Baaye'e Itti quufa	Itti quufa
701	Hojiin amma hojjedhu kanatti ni quuftaa	1	2	3	4	5
702	Beekamtii hojii ani hojjedhuuf naakennamutti ittan quuftaa?	1	2	3	4	5

703	Walitti dhufeenya anaa fi hoji gaggeessaa koo gidduu jirutti ittan quuftaa?	1	2	3	4	5
704	Haala Hoji-gaggeessaan koo hojjattoota itti qabatutti ni quuftaa?	1	2	3	4	5
705	Haalota hojii kee akka gaariitti hojjechuuf sitti mijataniif itti quuftaa?	1	2	3	4	5
706	Qorichaa wal'aansaa mana hojii keessatti waan argamaniif ittanquuftaa?	1	2	3	4	5
707	meeshaaleen wal'aansaa guutuu ta'an mana hojii keessatti waan argamaniif ittanquufa	1	2	3	4	5
708	I am satisfied with the educational/training opportunities that I get Barumsaa fi Leenjii sii kennamaniif itti quuftaa?	1	2	3	4	5
709	I am Satisfied with Staff relationship Walii galtee hojjettootaaf sii jidduu jirutti ni quuftaa?	1	2	3	4	5
710	I am Satisfied with Salary payment Mindaa sii kafalamutti ni quuftaa?	1	2	3	4	5
711	Dabalata mindaa fi onnachiiftuu kennamu irratti ni quuftaa?	1	2	3	4	5
712	I am Satisfied with Working Environment Mijaa'ina bakka hojii keetiitti ni quuftaa?/dhiheesii bishaanii,ibsa..)	1	2	3	4	5
713	I am satisfied with Involvement in Decision making Murtee mani hojichaa kennu keessatti (hirmaachuusmmaa isaa) hirmaachuu keetiif itti quuftaa?	1	2	3	4	5
714	Hojjataan hundi walqixa guddachuu fi jijjiirraa haqa qabeessa ta'e gageefamaa jiraachuu isaa itti quuftaa?	1	2	3	4	5

Annex 2 Map of Guji Zone 2018

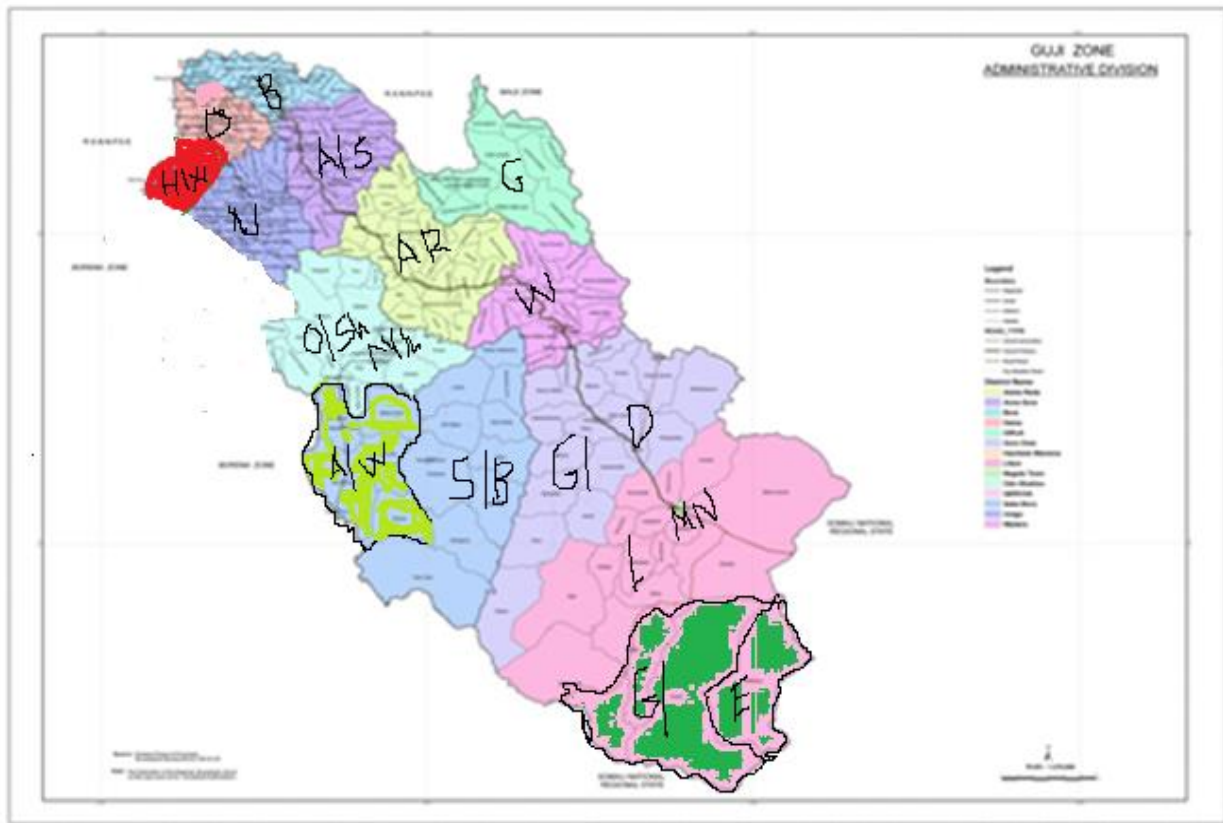


Figure 3: Map of Guji Zone