



INTENTION TO LEAVE AND ASSOCIATED FACTORS AMONG HEALTH PROFESSIONAL'S IN WEST OROMIA PUBLIC HOSPITALS.

By: SHIFERAW KEBEDE ERENA (BSc)

A THESIS SUBMITTED TO JIMMA UNIVERSITY, INSTITUTE OF PUBLIC HEALTH, DEPARTMENT OF HEALTH ECONOMICS, MANAGEMENT AND POLICY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN HEALTH CARE AND HOSPITAL ADMINISTRATION (MHA)

June, 2017

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Acronyms

AIDS	Acquired immuno deficiency syndrome
CEO	Chief executive officer
ETB	Ethiopian Birr
FMoH	Federal ministry of Health
HIV	Human immuno Virus
HRH	human resource for Health
IOES	Integrated Obstetric and emergency surgery
JU	Jimma university
MoH	Ministry of Health
MGT	Management
ORHB	Oromia regional health bureau
SNNPR	South nation and nationality of people regional state
WHO	World health Organization

Abstract

Background: Health workers turnover is an increasing problem that threatens the functioning of the health care sector worldwide, especially in developing countries like Ethiopia. Although the number of Hospitals in west Oromia had been increasing dramatically, there were shortages of health professionals in the health facilities besides their high turnover. In spite of the existence of such problem its factors affecting Health professionals' intention to leave were not well known in West Oromia, Ethiopia.

Objective: To determine intention to leave and associated factors among health professionals in west Oromia public hospitals.

Methods: Facility based cross-sectional study design was employed from February 10 to 30, 2017. Five Hospitals from 14 Hospitals were selected using simple random sampling technique. All (534) health professionals working in the selected facilities were included in the survey. Self administered structured questionnaire was used to collect information. The data was entered with Epi-data and analyzed using SPSS version 20.0. Variables which showed association in multivariate analysis was considered as final predictors of intention to leave and strength of association was measured through adjusted odd ratio. Ethical approval was obtained from Jimma University.

Result; A total of 284 out of 534 (53.2%) of health professionals' have intention to leave the west Oromia hospitals. Respondents who have poor working environment (AOR=11.7, 95%CI:6.72 20.45), Absence of regular promotion and limited career opportunity (AOR=4.2, 95% CI:2.49,7.20), Respondent Qualification 2.9 (95%CI:1.64,5.22)], Poor salary (AOR=3.9(95% CI:2.35,6.37), and being dissatisfied in involvement in decision making 7(95% CI:4.67,10.74), were significantly associated with health professionals intention to leave their current job.

Conclusion: There is high level of health professionals' intention to leave from public Hospitals which can enormously affect the coverage and quality of health services in the west Oromia. Therefore, it is advisable that West Oromia public Hospitals to improving working environment, involvement in decision making and organizational commitment for health professionals.

CHAPTER ONE: INTRODUCTION

1.1. Background

Intention to leave is an employee's plan of predisposition to leave the organization where one is presently employed and look forward to find another job in the near future (1) that resulted 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].

Improving the retention of the health workforce in rural and remote areas is of concern for all countries worldwide [3]. Retention of health workers contributes to the provision of quality health care because it builds up competencies, optimizes team relations, and strengthens the relationship of health workers with local communities [4]. In contrast, poor retention or high staff turnover negatively affects health care by increasing workload, undermining team morale, creating disruptions and inefficiencies in work processes, and causing a loss of institutional knowledge [5]. .

Several factors influence the decision of health workers to stay in or leave their posts. Among these are low pay, poor career structures, lack of opportunities for postgraduate training, and inadequate working and living conditions [6-8]. The challenge of retaining health workers is greatest in rural and remote areas, because health practitioners in these areas often face higher workloads, unsustainable work environments, and poor infrastructure, causing them to leave the workplace in search of more satisfactory working and living conditions in urban areas or abroad [9].

According to the World Health Organization (WHO), health care labor shortages are common globally; however, this phenomenon is crucial in countries where healthcare performance indicators are the worst. WHO in its report during the third Global Forum on Human Resources for Health indicated that by 2035 the world will be short of 12.9 million healthcare workers [10].

In countries, like Ethiopia, having many people affected with communicable disease and attrition of health workers places a 'double burden' [11]. Thus depletion of health professionals from public health facilities affects the capacity of the health system to maintain adequate coverage, access and utilization of services. For public health institutions to function effectively and

efficiently a well trained, motivated and well functioning health workforce must be produced, deployed, maintained, and appropriately utilized towards the goal of improving the health of the population [12].

1.2. Statement of the problem

Many hospitals around the world, including those in developed and developing countries have recently experienced a rise in turnover rates among their healthcare professionals. For example, turnover rates have been reported as 10% in England [13], and nearly 20% in Canada [14]. In Saudi Arabia, the turnover rate among Saudi nurses is alarming, reaching 50% of the total number of the nursing workforce in recent years [15]. A high rate of nursing turnover creates a disruptive, unstable work environment that also negatively impacts the retention of other nurses and healthcare providers. The result is a cycle of constant increase in the rate of turnover, which can lead to a crisis in the healthcare organization, and consequently, will affect the type and quality of healthcare services [16].

As a result globally, the deficit of health-care workers in 2013 was estimated to be about 17.6 million, of which a little over 2.5 million were doctors, 9 million were nurses and midwives, and the remainder constituted all other health-care cadres. The larger deficits of health-care workers were in lower-middle income countries, followed by low-income countries. Regionally, the largest deficit of health-care workers was in South-East Asia at 6.9 million followed by Africa with a deficit of 4.2 million [17].

Health workers turnover is an increasing problem that threatens the functioning of the health care sector worldwide, especially in developing countries [18, 11]. Particularly in Africa Turnover is very detrimental and costly for the organization, both voluntary and involuntary [19] and major constraint to improving global health. The insufficient numbers, skill imbalances, mal distribution, low motivation, and poor performance of health workers in low and middle-income countries compromise the delivery and expansion of priority health programs, (20, 21). Countries at all levels of socioeconomic development face, to varying degrees, difficulties in retention, and performance of their workforce. [15]

Intention to leave is the most pressing problem of the health system of developing countries. Turnover intention of health professionals from public health facilities can be a symptom of low job satisfaction, poor management, and lack of organizational support. Job dissatisfaction is a primary predictor of health professionals' intention to leave. Other predictors of intention to leave vary from low salaries and fringe benefits [22-27], to career advancement prospects [25,28], lack of involvement in decision-making, poor management, poor benefits, lack of job security, and poor recognition [29, 30]. As a result globally, 20 to 40% of all health spending is wasted, largely due to health workforce inefficiencies and weaknesses in governance and oversight. [17]

Ethiopia's health system has faced a variety of human resource problems, primarily an overall lack of personnel in key areas, which is worsened by high number of trained personnel leaving public health facilities. Furthermore, those personnel who remained are inequitably distributed between urban and rural areas. This in turn kept the health outcomes and health service indicators of the country among the worst in the world [31].

According to the revised Ethiopia's Human Resources for Health Program, strategy-MoH, 2014, report, Ethiopia, as any other sub Saharan African countries, suffers from attrition of health professionals from rural areas, in which 85% of the population lives. Nationally the total number of health workforce in Ethiopia was 0.84 to 1.3 per 1000 population between 2008 and 2013, this result indicates far less than the standard set by the World Health Organization of 2.3 per 1000 population [32].

Likewise study done in Jimma zone revealed that the overall mean score of intention to leave among health professionals in public health centers of Jimma zone was 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. Among the factors 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 in intention to leave score compared to those who somewhat agreed (95%CI, -0.568 to -0.029) [33].

Moreover study done in Yirgalem and Hawassa referral hospitals, southern Ethiopia elucidate that that the majority (83.7%) of the respondents have reported that they have intention to leave

the hospital, of these 106(86.2%) and 120 (81.6%) health professionals were from Yirgalem and Hawassa referral hospital respectively ^[34].

The negative consequence of high turnover includes; costs associated with recruitment and orientation of new health professionals; loss of experienced health professionals; periods of short staffing accompanied by overtime for remaining register health professionals, or use of temporary agency staff who are less familiar with the setting than employees; and potential for increase in adverse patient outcomes and reduced organizational performance and negatively affects health care by increasing workload, undermining team morale, creating disruptions and inefficiencies in work processes, and causing a loss of institutional knowledge[18, 35-37].

Despite the efforts of the Ethiopian government to train and deploy enormous physicians, Health officers, and nurses for rural Hospitals from 2005 in ward, the attrition of high-level health workers has significantly compromised the health care delivery system, especially at higher delivery points Thus, inadequate number and mix of health workforce contributed to the general deterioration of health indicators [21, 22].

High health professionals' turnover has become a problem for West Oromia hospitals in the previous years. The hospital is facing high turnover of health professionals. According to The Oromia regional health office key performance indicator report last year around 140 health professionals left the hospitals, which is around 6% of the total health professionals [38], the fact that no studies that explain about factors that affect intention to leave among health professionals' in the study areas. This study will provide research findings that will bridge this information gap.

1.3. Significance of the study

This study is designed to identify the most possible factors affecting the health professional's intention to leave from different dimensions. Conducting a study on health professionals intention to leave from different dimensions will have great importance to 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 Hospital managers as well as the country in developing strategies for improving staff retention in Hospitals setting and for achieving the goal of currently initiated reform activities and for improving the health service delivery in general.

Turnover rate could be reduced, if factors affecting Health professionals' turnover intention are investigated. These factors, if identified, might lead to recommendations that could enable health care institutions in west Oromia to retain more Health professionals and save costs on recruitment, selection, in service education and placement of health professionals. The reduction in turnover intention help to improve quality of care rendered to clients in west Oromia.

It is hoped, that the results from this study, will provide additional information may help policy makers; programmer, health managers, health planers and CEO of national, district and facility levels to design effective strategies on human resource management at all levels in addition to retain health workers. It may also serve as also be used as a baseline for farther studies in the body area and also as possible reference for other researchers.

Chapter Two: Literature review

2.1. Health professional intention to leave

Health workers turnover is an increasing problem that threatens the functioning of the health care sector worldwide, Study conducted in the United States revealed that the national average rate of employee turnover was 20% in 2012, [39]. Likewise A cross sectional observational study in 10 European countries overall, 9% of the nurses intended to leave their profession. This varied from 5 to 17% between countries [40].

Moreover 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. As well studies conducted in other Africa countries like Tanzania, Malawi and South Africa in terms of intending to leave their current job, only 18.8% of health workers in Tanzania, 26.5% in Malawi and 41.4% in South Africa indicated that they were actively seeking employment elsewhere [41, 42].

Turnover intent among Nurses in East Gojjam, Amhara Region 59.4% has turnover intent from the current health care institution while study done in Gambella (48.4%), jimma zone (63.7%), Gonder Referral Hospital (52.5%) and study in Yirgalem and Hawassa hospitals (83.7%) had intention to leave their current job and seeking else were^[43-47].

2.2. Socio demographic factors

Across-sectional study done in Brazil at Rio de Janeiro's hospital, 2017, among the participants, 22.1% declared the intention to leave: this variable was significantly associated with younger age ($p < 0,001$) and being single ($p < 0,001$). There was also a borderline association with being male in the final model, after adjustment for all variables, male nurses were more likely (OR, 1.65; 95% CI, 1.24–2.19) to think often of leaving nursing^[48]. A multicentre study done by Ali Jadoo et al. in Iraq (2015); Socio-demographic factors aged 40 years old or less, being male and being single were associated with turnover intention [48,41]

According to report from Oakleigh consulting Ltd and CRAC, Increasing opportunities for high quality higher education work experience, 2011, HEFCE, health professionals with higher educational qualification (first and/or second degree holders) had better job opportunity as compared to those with less educational qualification since advancement in quality of education increases job opportunity ^[49].

Likewise study conducted in Gambella (2015) the magnitude of intention to leave was relatively higher in males (50%) as compared to females (45.1%); and the highest rate of intention to leave was reported from those of respondents with age group 20-29 (52.4%). The magnitude was also higher in single and married respondents (61.7%) and (36.4%) respectively. The magnitude of first and second degree holders (60.0%), compared to certificate and diploma holders (44.8%). Regarding their profession, the magnitude of intention to leave was highest for medical doctors, 3 out of 3 reported intentions to leave within the coming one year, followed by pharmacy professionals and midwives with rates of 72.7% and 69.2% respectively as compared to the other professions. 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%). Moreover there was difference with regard to type of health facility, relatively higher for health professionals working in health centers (50.6%) as compared to those working in hospital (43.8%) [44]

Study conducted in jimma zone Health center on (2016) explains that the overall mean score of intention to leave among health professionals in public health centers of Jimma zone 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 Likewise health professionals' whose age were within 31 - 35 years had an average 0.693 decrease intentions to leave score than those health professionals' whose ages were between 26 - 30, and likewise, those who had monthly salary between 1500 to 2499 Birr had a decreased intention to leave score by 0.24 compared to those whose monthly salary were below 1500 Birr; Moreover, midwives had 0.346 units decreased intention to leave as compared to nurses [45].

A descriptive case study conducted in Gonder (2014) referral Hospital shows 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 and other health professionals were 5.32 times more likely to turnover intention than its counterparts. Likewise 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. Similarly, health professionals whom income level of 2100.00-2259.00 ETB were 56.9% times less likely to have turnover intention than health professionals who have income level of less than 2100.00 ETB [46].

3.3. Pull and push factors

Study conducted in Uganda reveals that doctors, compared to the other cadres were most likely eager to leave their jobs within two years (57%), and they are most at risk for leaving Uganda or the health sector (46% report they would leave if they could). Respondents who were not involved in decision making had 10 times more likely to show intention to leave the public hospitals compared to those who participated in decision making (AOR = 10, 95% CI: 5.90, 17.21) [50].

According to, the study in Yirgalem and Hawassa hospitals (2014), the majority (83.7%) of the respondents have reported that they have intention to leave the hospital. Specifically the study reveals 30.4% of respondents have intention of leaving their job because of low government salary scale and seeking better job for better pay, and about 17.4% respondents from the study hospitals have reported that low government salary scale, and insufficient incentive mechanisms were another factors that insist them to leave their job and 14.8% health professionals' have intention to leave their job because they feel unsupported, on top of seeking better job for better pay as a result of low government salary scale [47].

Other study conducted in East Gojjam, Amhara Region on intention to leave 59.4% have turnover intent from the current health care institution. The five top reasons for leaving a current position were: Poor payment 195 (52.4%), poor training opportunities 184 (49.5%), poor organizational commitment 141 (37.9%), unfair system in the organization 138 (37.1%) and not enough job satisfaction 137 (36.8%), [43].

3.4. Job satisfaction

Findings from study of South Africa half of all nurses considered turnover within two years, of whom three in ten considered moving overseas. Job satisfaction was statistically significantly associated with turnover intent ($P < 0.01$) and also turnover intent was statistically significantly explained by job satisfaction at ($P < 0.001$)^[51].

Likewise according to study conducted in Ghana 2014 overall, 69% of the respondents in the 3 study districts reported to have intentions to leave their current health facility. When comparing the mean job satisfaction and motivation scores and sub scores according to turnover intention, significant differences ($P < 0.05$) indicated that job satisfaction and motivation was lower for health workers having turnover intentions than for those not having turnover intentions^[52].

Moreover, According to study done in Horro Guduru Wollega, Oromia Regional State, West Ethiopia,, 2015, the overall level of job satisfaction was 41.46%. Salary and incentives, recognition by management and developmental opportunities, were found to be strong predictors of job satisfaction score. A unit increase in salary and incentives and recognition by management scores resulted in 0.459 (95% CI 0.356 to 0.561) and 0.156 (95% CI 0.065 to 0.247) unit increases in job satisfaction scores, respectively^[53].

The same study conducted in Gonder (2014) referral Hospital reveals that Majority of the respondents 218 (55.3%) were satisfied with work place condition, whereas 212 (61.4%), 203 (51.5%), 222 (56.3) and 230 (58.4%) of the study participants were dissatisfied with the work load, nature of work, autonomy and working schedule respectively. On the other hand, 271 (68.8%) of the study participants had satisfied with co-worker relationship^[46].

The same study conducted in Gambella (2015) showed that, the magnitude of intention to leave was higher for those who were dissatisfied with their work (86.2%), staff (84.8%), salary (78.8%), management practice (75.8%), incentive (75.8%), educational opportunity (76.0%), working environment (76.3%), and those who were not participated in decision making process

(76.0%) as compared to those who were satisfied with the above mentioned factors and those participated in decision making process respectively ^[44].

Likewise study done in Jimma University Specialized hospital dissatisfaction of health professionals due to low pay and high workload, were among the major determinants contributing high turnover intention in the hospital. Pay dissatisfaction and turnover intention has also a positive and significant relation having a Pearson correlation of 0.635. It implies that when dissatisfaction of health professionals due to lower level of their pay increases, their intention of leaving the hospital will also be increased. Similarly workload and turnover intention are positively related and have a Pearson correlation of 0.605. As workload of health professionals increases, turnover intention of the health professionals will also be increased ^[54].

Conceptual framework

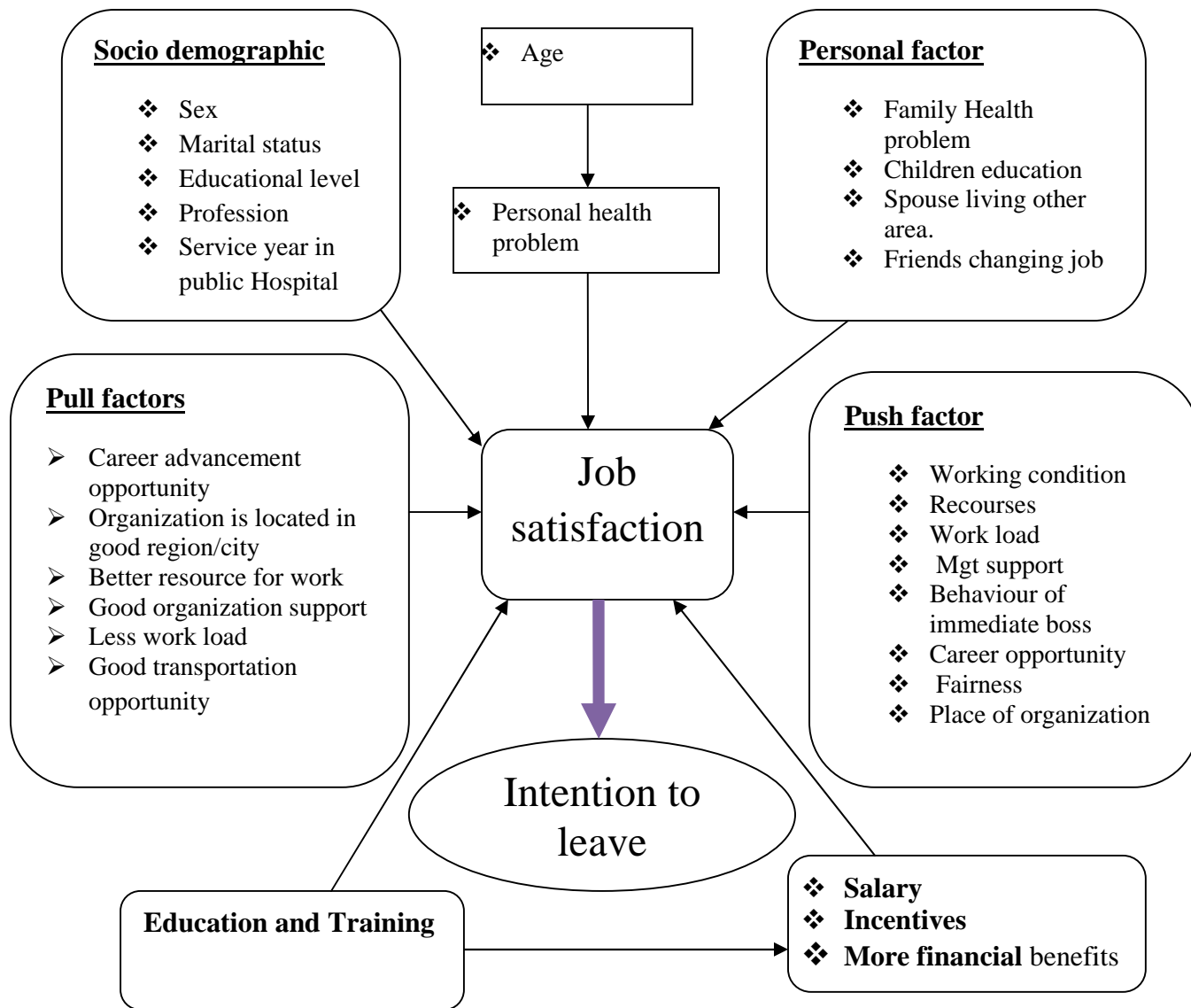


Figure 1: Conceptual Framework for assessing factors affecting health professional's intention to leave in West Oromia, Ethiopia. February 2017. (Source: Adapted from different literatures by the investigator [43, 44, 46, 47])

CHAPTER THREE: OBJECTIVES

4.1. General objectives

- To assess intention to leave and associated factors among health professionals in west Oromo public hospitals from March 10 to 30/2017

4.2. Specific objectives


1. To determine the rate of intention to leave among health professionals working at West Oromia region Public Hospitals.
2. To identify factors influencing health professional's intention to leave among health professionals working at West Oromia public Hospitals.

CHAPTER FOUR: METHODOLOGY


5.1. Study area and period

The study was conducted in west Oromia which is subdivided into six administrative zones Namely West showa, Horoguduru Wollega, East Wollega, West Wollega, Kellem Wollega, Buno Bedele zone and Ilubabora Zones. According to their Administrative report its total population is 8,436,757 and bordered with Addis Abeba in the East, Sudan and Gambella regional in the west, Amhara region in the North, Jimma and SNNPR in the South. It consists 14 Public Hospitals which are sub divided in to three tires as 2 tertiary, 5 General and 7 primary Hospitals with 2,002 health professionals. The study was conducted from March 10- 30/2017.


5.2. Study Design

 An institution-based cross-sectional study was computed.

5.3. Source of population


 All health professionals working in West Oromia public Hospitals.

5.4 Study population

 All health professionals from those randomly selected 5 Hospitals in West Oromia.

5.5. Eligibility criteria

5.5.1. Inclusion criteria

 Health professionals in selected four public hospitals who were available during data collection period.

5.5.2. Exclusion criteria

- Health professionals who were less than 6 month service year, absent due to annual leave, sick leave and contract employee were excluded.

5.6. Variables

5.6.1. Dependent variables

- Health professional's intention to leave

5.6.2. Independent Variables

Socio demographic characteristics

- Age, sex, marital status, educational status, profession, work experience, income level and work unit

Job factors

- Push factors:** Salary, Career opportunity, Incentives, Working condition, Work load, Mgt support, and behaviour of immediate boss, Career opportunity, Training and education, Fairness, Place of organization.
- Pull factors:** salary, Location of the organization, Financial benefit, Resources for work, Organization support, work load, education opportunity, transportation opportunity
- Personal Factor:** Health problem, Family health problem, Children education, Spouse living other area, Friends changing job

Health professionals satisfaction status

5.7. Operational definitions

Intention to leave: The extent at which the health workers desire to leave the public health Hospitals. It was measured with the Intention to leave scale tools, which consists of 5-items. All items were scored on a five-point Likert scale (1 = strongly disagree, to 5 = strongly agree). Each individual response summed of and means score taken as cut of points to be classified as:

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

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

Finally intention to leave responses across all items were summed and transformed to yield an overall level of intention to leave. Participants who scored greater than mean in all aspects of health workers denoted as agreed and has intention to leave and less than or equal to mean score denoted disagreed and has no intention to leave. (It consists 31 items)

Agree: $>$ mean (45.7), Disagree : \leq mean (45.7)

Job satisfaction: The state of health workers being satisfied by their job. For the purpose of this study, it was measured by five point Likert scale strongly dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied, and strongly satisfied. Participants who scored greater than mean in all aspects of health workers denoted as satisfied and less than or equal to mean score denoted dissatisfied (13 items)

Agree: $>$ mean (59.5), Disagree : \leq mean (59.5)

Work environment: characterized by a pleasant working atmosphere which include relation with colleague. it was rated on 5-point Likert scales, i.e. strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree.

Work pressure: the workload present in the Hospitals. The instrument measure the probability of health professional's intention to leave the organization with the following statement. "I always finish my work on time" and used during further analysis.

Organizational management: the management style of Hospitals which include relationship with staff that enable good working conditions.

5.8. Sample size

All 540 Health professionals in randomly selected hospitals were included in sample size

5.9. Sampling method

In West Oromia there are 14 public Hospitals, according to (WHO,HRH, 2002) >30% of Hospitals are selected by using simple random sampling from 14 Hospitals, i.e. 5 hospitals (Nekemte tertiary Hospital, Gimbi General Hospital, Nadjo primary Hospital, Gedo primary Hospital and Bedelle General Hospital). Consequently all Health professionals 534 (census) were used from those selected Hospitals

Schematic representation of sampling technique

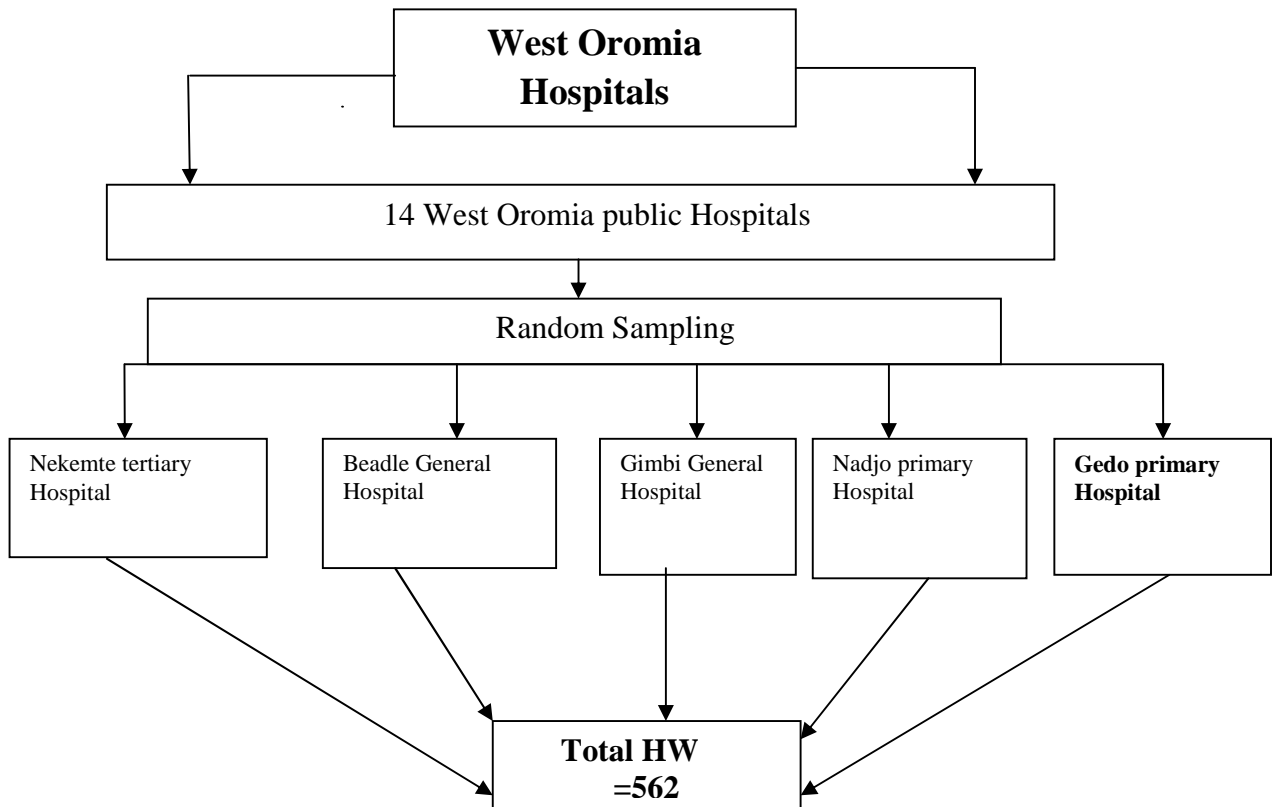


Figure 2: Schematic representation of sampling technique in west Oromia public hospitals, Oromia, Ethiopia, March-2017.

Table 1: Selected hospitals and available health professionals in west Oromia public Hospitals, Oromia, Ethiopia, 2017.

Health professionals	Nekemte referral Hospital	Gimbi general Hospital	Bedele primary Hospital	Najdo primary Hospital	Gedo primary Hospital	Total
General practitioner	13	8	6	9	8	43
Specialist	6	1	1	1	0	12
Health officer	5	4	2	2	1	14
Emergency surgery	2	2	2	2	2	10
Midwifery(all type)	14	12	7	11	9	53
Nurse(all type)	71	56	49	48	47	269
Pharmacy(all type)	12	8	7	9	6	42
Laboratory(all type)	13	7	7	11	5	43
Imaging(all type)	2	2	2	2	0	8
Anaesthetist (all type)	6	2	3	2	2	15
Psychiatry	4	2	2	2	2	12
Dental(all type)	2	2	1	1	1	7
Ophthalmic (all type)	0	2	3	0	1	6
Total	150	108	92	100	84	534

5.10. Data collection procedure

Data was collected using structured self administered questionnaires prepared in English language that fulfill the objective of the study that is developed through reviewing of different literatures and previous similar studies. The questionnaire was translated into the Afaan Oromo (Regional language) for those unable to understand English language. Matching was made on the exact fitness of the two versions.

Data was collected on the structured administered questionnaire about their intention to leave in five levels Likert scale; strongly agree, agree, neutral, disagree, and strongly disagree during the specified period.

Five diploma nurse data collectors and two health officer supervisors were recruited. One data collectors was assigned for each Hospital and one supervisor for two hospitals and the other for three hospitals.

5.11. Data quality management

To assure quality of data two day training was given for five data collectors and two supervisors by the principal investigator on how to fill and refill data on the prepared questionnaires. Prepared questionnaires were tested on 5% of sample size on Arjo primary hospital and possible corrections will be made. All collected data will be checked for completeness, and consistency by the supervisor every day and onsite close supervision and technical supports was given by supervisor and principal investigator

5.12. Data processing and analysis

After data collection was completed, the data was entered into Epi-data and exported to SPSS software version 20. It was, cleaned and analyzed accordingly. Frequencies and graphs were used to describe some variables. In Bivariate logistic regression analysis p-value <0.25 was the candidate of multivariable logistic regression analysis to see the effect of each variable on the outcome variable with their corresponding 95% confidence intervals and p-value of <0.05 were considered to be statistically significant.

5.13. Ethical Consideration

Ethical clearance was obtained from Jimma University, institute of health sciences ethical review Board. Official letter will be written to Study Hospitals by Jimma University. Before the interview, each respondent will be informed of the aim of the study and confidentiality was kept.. Informed verbal consent will be obtained individually, and any respondent will be assured that they have a full right to refuse to participate or withdraw from the study whether in the beginning or in the middle of the interview without any negative connotation on their future service.

5.14. Plan for dissemination of results

The result was presented and submitted to the Jimma University, department of health economics, management and policy. Thereafter, it will be disseminated to the Oromia Health bureau and nongovernmental stake holders for those working around study subjects. Further effort will be made to publish on reputable local or international journals.

CHAPTER FIVE: RESULTS

A total of 534 health professionals participated in this study, giving a response rate of 95%. Out of 534 respondents' 150(28.1%), were from Nekemte tertiary hospital 108(20.2) from Gimbi general hospital, 100(18.7%) from Nadjo primary hospital, 92(17.2% from Beadle General Hospital and 84(15.7%) from Gedo primary Hospital.

5.1 Socio demographic characteristics of the respondents.

Two hundred eighty-three (53%) respondents were found to be male. Two hundred eighty (52.4%) respondents from the study hospitals were married while 254(47.6%) were single. The mean and SD of age of the respondents was 31.15 ± 5.85 years. About 416(77.9%) respondents were between the ages of 18- 34 years but 21(3.9%) were above the age of 45 years. Two hundred seventy (50.6%) respondents from the study hospitals were nurses, followed by Midwifery 53(9.9%), and the least were specialist of different discipline 10(1.9%) (Table 2).

Table 2: Socio-demographic characteristics of health professionals (n=534) working in west Oromia public hospitals, Ethiopia, March 2017.

Variables	Frequency	Percent
Age		
18-34	416	77.9
35-44	97	18.2
>=45	21	3.9
Sex		
Male	283	53
Female	251	47
Marital status		
Single	254	47.6
Married	280	52.4
Ethnicity		
Oromo	475	89.0
Amahara	54	10.1
Gurage	5	0.9
Total service year		
<=2	109	20.4
3-5	184	34.5
5-9	116	21.7
>=10	125	23.4
Service year in Current health facility		
<=2	208	39
3-5	206	38.6
6-10	89	16.7
>10	31	5.8
Respondent salary		
<3000	86	16.1
3000-6000	399	74.7
6001-10,000	38	7.1
>10,1000	11	2.1

Table 3. Socio-demographic characteristics.....

Variables	Frequency	Percent
Respondent Qualification		
Diploma	135	25.3
1st degree and above	399	74.7
Respondent profession		
General practitioner	44	8.2
Specialist	11	2.1
Health officer	13	2.4
Emergency surgery	10	1.9
Midwifery(all type)	53	9.9
Nurse(all type)	270	50.6
Paramedical	108	20.2
Other specialities	25	4.7

- 👤 Paramedical: - Laboratory (all type), Pharmacy (all type), Imaging (all type), Anesthetist (all type).
- 👤 Other specialties: Psychiatry (all type), Ophthalmic (all type), Dental (all type)
- 👤 All type: Diploma, Degree, 2nd degree.

Regarding educational status, the majority 399 (74.7%) of respondents had 1st degree followed by Diploma 135(25.3%) in all hospitals. The mean monthly salary of respondents was 4625.36 (± 3549.9 SD) ETB. Majority of the respondents 184 (34.5%) had total work experience of 3-5 year and the mean service year of the respondents were 7.5yrs \pm 7yr on contrary majority of respondents 208 (39%) had <2 service years in current health facility (Table 2).

3.2. Magnitude of Intention to Leave

Among the total respondents, 284 (53.2%) had an intention to leave their organization. Majority of respondents leave their work when they get better job (26.2%) followed by after one year (20%)

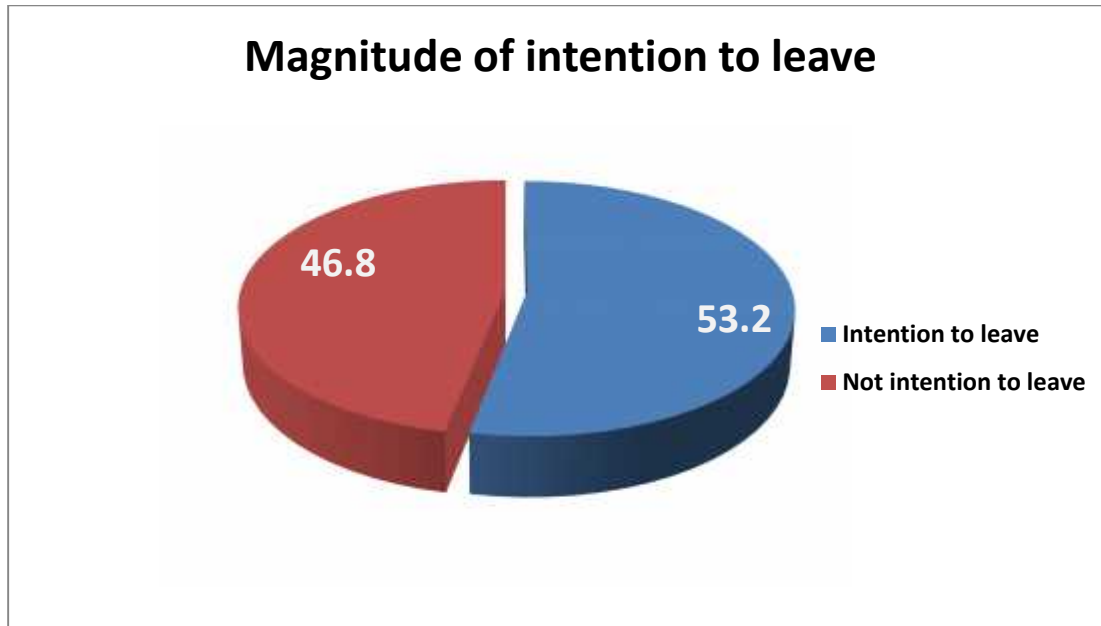


Figure 3: Percentage of respondents who intend to leave their current job versus who didn't (n=534) in west Oromia public Hospitals, Ethiopia: March -2017.

5.2. Magnitude of intention to leave

Among the total respondents, 284 (53.2%) had an intention to leave their organization. Majority of respondents leave their work when they get better job (26.2%) followed by after one year (20%)

5.2.1. Intention to leave by socio-demographic characteristics

The magnitude of intention to leave was relatively higher in males 175 (61.8%) as compared to females 109(43.4). The highest rate of intention to leave was reported from those of respondents with age group 18-34, 217(52.2%) followed by 35-44, 52(53.6%). (Table 4)

The rate of intention to leave was also higher in single 155(61%), as compared to married 129(46.1%) respondents. Thus, the magnitude was also higher for greeter than 1st degree holders 237(59.4%) as compared to diploma holders 47(34.8%). Regarding their profession, the magnitude of intention to leave was highest for Ophthalmic (all type) (66.7%) followed by midwifery , specialist and Nurse (all type) 66%, 60%,and 54.8% were reported intentions to leave as compared to the other professions respectively. There were also variations with respect

to differences in work experience. Accordingly, intention to leave was higher in those with work experience 3-5yrs (58.2%) and 6-10yrs (50%).

Moreover there was difference with regard to type of health facility, relatively higher intention to leave for health professionals working in Gedo primary hospital (65.5%) and the least were Nekemte tertiary Hospital 44% (Figure 3).

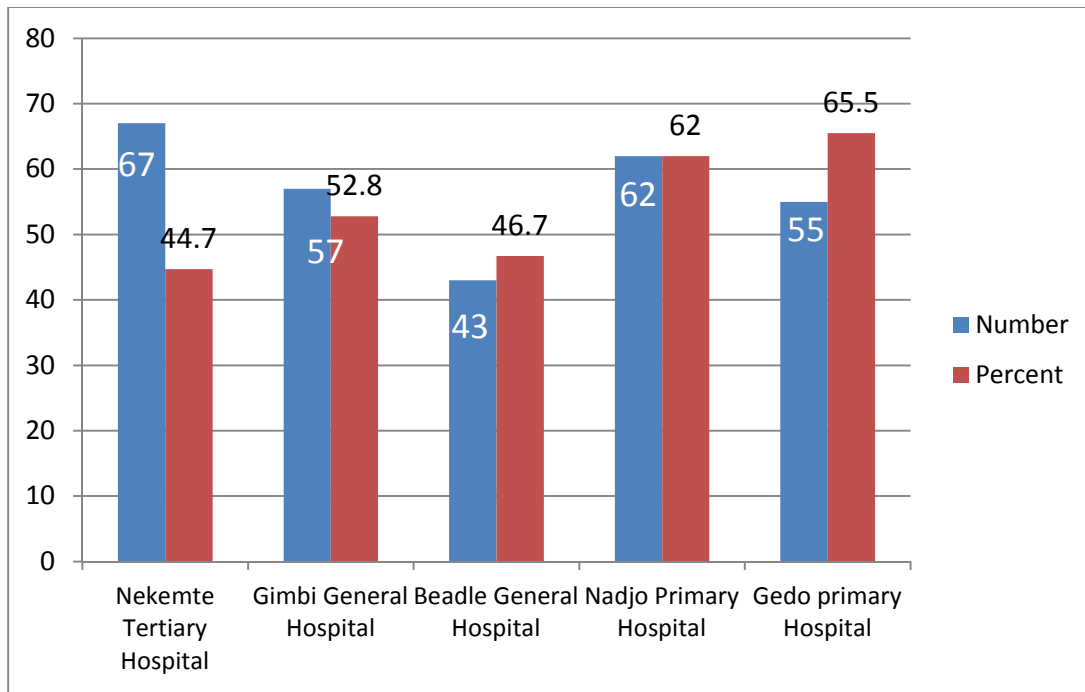


Figure 4: Health professionals Intention to leave per Hospitals (n=534) in west Oromia public hospitals, Oromia, Ethiopia, March-2017

In Bivariate logistic Analysis of socio demographic characteristics such as Sex, marital status and respondent Qualification were found to be associated with Intention to leave of health professionals at $p < 0.05$ (Table 3).

Table 3: Association of socio demographic characteristics with intention to leave among health professionals (n=534) in west Oromia public hospitals, Ethiopia 2017

Variables	Intention to leave		COR	P.value
	Yes, n (%)	No, n (%)		
Age				
18-34	217(52.2)	199(47.8)	0.4(1.7, 1.15)	0.092
35-44	52(53.6)	45(46.4)	0.5(0.17, 1.29)	0.141
>=45	15(71.4)	6(28.6)	1	1
Sex				
Male	175(61.8)	108(38.2)	2(1.49, 2.98)	<0.001***
Female	109(43.4)	142(56.6)	1	1
Marital status				
Single	155(61.0)	99(39.0)	1.8(1.30, 2.59)	<0.001**
Married	129(46.1)	151(53.9)	1	1
Ethnicity				
Oromo	254(53.5)	221(46.5)	1(0.65,1.91)	0.70
Others	29(49.2)	30(50.8)	1	1
Qualification				
Diploma	47(34.8)	88(65.2)	1	1
1 st degree and above	237(59.4)	162(40.6)	2.7(1.79, 4.04)	<0.001***
Respondent service year				
<2yr	52(47.7)	57(52.3)	0.8(0.47, 1.32)	0.369
3-5yr	107(58.2)	77(41.8)	1.2(0.76, 1.90)	0.429
6-10yr	58(50)	58(50)	0.9(0.52, 1.44)	0.866
>10yr	67(53.6)	58(46.4)	1	1
Respondent Salary				
<3000	39(45.3)	47(54.7)	0.6 (0.28,1.17)	0.26
3000-6000	216(54.3)	182(45.7)	0.8(0.45,1.50)	0.52
>6000	29(59.2)	20 (40.8)	1	1
Respondent profession				
General practitioner	24(54.5)	20(45.5)	1.5(0.57, 4.10)	0.401
Specialist	6(60.0)	4(40.0)	2.2(0.52, 9.59)	0.283

Table 3: Association of socio demographic characteristics with intention to leave.....

Variables	Intention to leave		COR	P.value
	Yes, n (%)	No, n (%)		
Health officer	7(50.0)	7(50)	1(0.28, 4.19,	0.899
Emergency surgery	5(500	5(50)	1.3(0.29, 5.53))	0.748
Midwifery(all type)	35(66.0)	18(34)	1.3(0.94, 6.55)	0.268
Nurse(all type)	148(54.8)	122(45.2)	1.5(0.68, 3.53)	0.302
Paramedical	48(44.4)	60(55.6)	1(0.42, 2.45)	0.968
Other specialties	11(2.1)	14(2.6)	1	1
*Significant at P < 0.05, **Significant at P < 0.01, ***Significant at P < 0.001				

Male health professionals were 2 times more odds to leave their current job compared to the females. Regarding marital status single health professionals was 1.8 times more odds to leave the current job compared to married health professionals at (COR=1.8,P=0.001), Likewise, 1st degree and above were 2.7 times more odds to leave their current job compared to those with Diploma COR=2.7, P<0.001) (Table 3)

Reasons for turnover intention

A total of 31 question items were used to assess factors affecting intention to leave of health professionals in west Oromia public Hospitals. The item recognized as personal, pull and push factors.

Personal factors

It was found that 64(56.1%) and 57(51.8%) were responded that they will leave their current job because of their personal health problems and family related health problems respectively. On other hand 34(45.9%) and 38(61.3%) of study subjects respond that they agreed to change their present job because of absence of basic schools for children education and because of their spouse and children live another place respectively. Twenty-nine (48.9%) of the study subjects reported that they will change their current job because of their friends and relatives were changed their current job.

Push factors

Crude analysis of Push factors showed that being agree with Poor salary, Poor incentives, Poor organization commitment, Poor working environment, Absence of regular promotion/limited carrier opportunity and inadequate resource for health service were statistically significant association with health professionals intention to leave at $p < 0.05$ (Table 4) on the other hand 13 variables did not show statistically significant association with health professionals intention to leave in the Bivariate logistic regression analysis.

Regarding the major predictors in Bivariate logistic regression; Health professionals agree with Poor working environment were 10.7 times more odds compared to those disagree with Poor working environment, likewise Health professionals who agree with Poor Organizational commitment were 8.4 times more odds compared to those disagree with Poor Organizational commitment. Moreover Health professionals who agree with poor salary were 5.5 times more odds compared to those disagree with poor salary (Table 4).

Table 4: Push factors associated with intention to leave among health professionals (n=534) in west Oromia public hospital, Oromia, Ethiopia March 2017.

.Variables	Intention to leave		COR	P.value
	Yes, n (%)	No, n (%)		
Poor salary				
Disagree	85(32.7)	175(67.3)	1	1
Agree	199(72.6)	75(27.4)	5.5(3.77,7.92)	0.000***
Poor incentives from Organization				
Disagree	120(47.6)	132(52.4)	1	1
Agree	164(58.2)	118(41.8)	1.5(1.09,2.15)	0.015*
Poor working environment /Risk like HIV/AIDS				
Disagree	37(19.4)	154(80.6)	1	1
Agree	247(72.0)	96(28.0)	10.7(6.97, 16.45)	<0.001***
Work load				
Disagree	220(54.3%)	185(45.7%)	1	1
Agree	64(49.6)	65(50.4)	0.8(0.56, 1.23)	0.351
Limited Training opportunity				
Disagree	219(54.1)	186(45.9)	1	1
Agree	65(50.4)	64(49.6)	0.9(0.58,1.28)	0.465
Poor Organizational commitment				
Disagree	113(34.8)	212(65.2)	1	1
Agree	171(81.8)	38(18.2)	8.4(5.55, 12.84)	<0.001***
No fairness/justice in organization				
Disagree	204(54.5)	170(45.5)	1	1
Agree	80(50.0)	80(50.0)	0.8(0.58, 1.21)	0.335
Lack of recreational places				
Disagree	235(53.9)	201(46.1)	1	
Agree	49(50.0)	49(50.0)	0.9 (0,55, 1.33)	0.485
Absence of regular promotion/ limited career opportunity				
Disagree	88(32.6)	182(67.4)	1	1
Agree	196(74.2)	68(25.8)	6(4.10,8.68)	<0.001***
Inadequate resource for health service				

Table 5: Push factors associated with intention to leave among health professionals.....

.Variables	Intention to leave		COR	P.value
	Yes, n (%)	No, n (%)		
Disagree	198(50.5)	194(49.5)	1	1
Agree	86(60.6)	56(39.4)	1.5(1.02, 2.22)	0.040*
Lack of transportation				
Disagree	242(53.1)	214(46.9)	1	1
Agree	42(53.8)	36(46.2)	1(0.60, 1.57)	0.899
Location of health institution				
Disagree	243(53.1)	215(46.9)	1	1
Agree	41(53.9)	35(46.1)	1(0.64, 1.69)	0.885
Lack of autonomy in my job				
Disagree	179(52.3)	163(47.7)	1	1
Agree	105(54.7)	87(45.3)	1(0.77, 1.57)	0.602
No immediate supervisor support				
Disagree	260(53.5)	226(46.5)	1	1
Agree	23(48.9)	24(51.1)	0.8(0.46, 1.52)	0.550
Absence of co-worker support				
Disagree	191(54.7)	158(45.3)	1	1
Agree	93(50.3)	92(49.7)	0.8(0.59, 1.20)	0.326
Lack of motivation and encouragement for good work				
Disagree	169(55.2)	137(44.8)	1	1
Agree	115(50.4)	113(49.6)	0.8(0.59, 1.16)	0.273
Limited Training and education opportunity				
Disagree	168(55.1)	137(44.9)	1	
Agree	116(50.7)	113(49.3)	0.9(0.61, 1.22)	0.396

*Significant at P < 0.05, **Significant at P < 0.01, ***Significant at P < 0.001

Pull factors

None of factors was significantly associated with health workers intention to leave at $P < 0.005$ (Table 5).

Table 6: Pull factors associated with intention to leave among health professionals in west Oromia public hospitals, Oromia, Ethiopia March 2017.

Variables	Intention to leave		COR	P.value
	Yes, n (%)	No, n (%)		
High Salary				
Disagree	114(52.8)	102(47.2)	1	1
Agree	170(53.5)	148(46.5)	1(0.73, 1.45)	0.877
Career advancement opportunity				
Disagree	185(52.9)	165(47.1)	1	1
Agree	99(53.8)	85(46.2)	1(0.73, 1.49)	0.835
Organization is located in good city				
Disagree	164(54.5)	137(45.5)	1	1
Agree	120(51.1)	113(48.5)	0.9(0.63, 1.25)	0.493
More financial benefit				
Disagree	161(55.3)	130 (44.7)	1	1
Agree	123(50.6)	120(49.4)	1.2(0.86, 1.70)	0.278
Better resource for Work				
Disagree	165(53.1)	146(46.9)	1	1
Agree	119(53.4)	119(53.4)	1(0.72, 1.43)	0.944
Good organizational resource				
Disagree	181(51.7)	169(48.3)	1	1
Agreee	103(56.0)	81(44.0)	1.2(0.83, 1.70)	0.348
Less work load				
Disagree	154(55.0)	126(45.0)	1	1
Agree	130(51.2)	124(48.8)	0.9(0.61, 1.21)	0.377
Higher education opportunity				
Disagree	170(52.6)	153(47.4)	1	1
Agree	113(53.8)	97(46.2)	1(0.74, 1.49)	0.790
Transportation opportunity				
Disagree	200(53.3)	175(46.7)	1	1
Agree	84(52.8)	75(47.2)	1(0.68, 1.42)	0.915

Satisfaction and turnover intention

In Bivariate logistic regression working condition, involvement in decision making and relationship with staff shows statistically significant association with health professionals intention to leave at $P < 0.009$.

Health professionals dissatisfied with involvement in decision making were 7.7 times more odds to leave their current job compared to those satisfied with involvement in decision making. Likewise health professionals dissatisfied with working condition that allow to perform at high level were 1.7 times more odds to leave their present job compared to health professionals satisfied with working condition that allow to perform at high level. Moreover health professionals dissatisfied with staff relationship were 1.8 times more odds to have intention to leave compared to those satisfied with staff relationship (Table 6).

Table 7: Health workers job Satisfaction and their Association towards Intention to leave among Health professionals (n=534) in West Oromia public Hospitals, Oromia, Ethiopia March 2017.

Variables	Intention to leave		COR	P.value
	Yes, n (%)	No, n (%)		
Satisfaction with the present job				
Dissatisfied	162(51.6)	152(48.4)	0.9(0.61, 1.21)	0.379
Satisfied	122(55.5)	98(44.5)	1	1
Satisfaction with the recognition for good work				
Dissatisfied	233(75.9)	74(24.1)	1(0.64, 1.26)	0.516
Satisfied	51(22.5)	176(77.5)	1	1
Satisfaction with relationship with manager and me				
Dissatisfied	178(52.4)	162(47.6)	1(0.64, 1.30)	0.611
Satisfied	106(54.6)	88(45.4)	1	1
Satisfaction with the way my manager handles staff				
Dissatisfied	263(58.2)	189(41.8)	1(0.58,1.28)	0.455
Satisfied	21(25.6)	61(74.4)	1	1

Table 8: Health workers job Satisfaction and their Association.....

Variables	Intention to leave		COR	P.value
	Yes, n (%)	No, n (%)		
Satisfaction with working conditions that allow to perform at high levels				
Dissatisfied	214(57.2)	160(42.8)	1.7(1.72, 2.50)	0.004*
Satisfied	70(43.8)	90(56.2)	1	1
Satisfaction with the availability of drugs and equipment				
Dissatisfied	171(53.3)	150(46.7)	1(0.71, 1.43)	0.960
Satisfied	113(53.1)	100(46.9)	1	1
Satisfaction with educational/training opportunities that I get				
Dissatisfied	194(53.7)	167(46.3)	1(0.65, 1.34)	0.710
Satisfied	90(52.0)	83(48.0)	1	1
Satisfaction with staff relationship				
Dissatisfied	134(61.8)	83(38.2)	1.8(1.27, 2.56)	<0.001***
Satisfied	150(47.3)	167(52.7)	1	1
Satisfaction with salary payment				
Dissatisfied	234(70.7)	97(29.3)	1(0.71, 1.40)	0.988
Satisfied	50(24.6)	153(75.4)	1	1
Satisfaction with incentives and career				
Dissatisfied	126(54.5)	105(45.5)	1(0.78, 1.55)	0.582
Satisfied	158(52.1)	145(47.9)	1	1
Satisfaction with mgt system				
Dissatisfied	183(54.8)	151(45.2)	1(0.59, 1.20)	0.336
Satisfied	101(50.5)	99(49.5)	1	1
Satisfaction with working environment				
Dissatisfied	174(52.1)	160(47.9)	0.9(0.89, 1.27)	0.515
Satisfied	110(55.0)	90(45)	1	1
Satisfaction with in decision making				
Dissatisfied	196(77.8)	56(22.2)	7.7(5.22,11.39)	<0.001***
Satisfied	88(31.2)	194(68.8)	1	
Overall satisfaction				
Dissatisfaction	166(65.4)	88(34.6)	2,3(1.62, 3,27)	<0.001***

Satisfaction	118(42.1)	162(57.9)	1	1
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Predictor of health professional’s intention to leave.

The model fitness of the variables was tested with Hosmer and Lemeshow test which shows good fit at $X^2 = 9.001$ $df = 8$, $p\text{-value} = 0.341$ and accounted for 48.2% of variance ($R\text{ square} = 0.482$). So all VIF is lower than 5, and therefore, we can conclude that there is no multicollinearity problem in the above analysis

In Bivariate logistic regression analysis variables with $p\text{-value} < 0.25$ added in final model were Respondent sex, respondent educational status, marital status, poor salary, poor incentives from organization, poor working environment, poor organizational commitment, inadequate resource for health service, and absence of regular promotion/ limited carrier opportunity.

In multivariable logistic regression analysis Seven variables were found to have statistically significant association with intention to leave, hence health professionals agree with getting poor salary were 3.9 times more odds to have intention to leave their current job compared to those health workers disagree with getting poor salary (AOR=3.9, 95% CI: 2.35 6.37, $P < 0.001$). As well this study revealed that good organizational commitment was an important factor to retain health workers in the organization. Regarding this predictor the study shows that health workers agree with poor organizational commitment were 3.4 times more odds to leave their job compared to health workers those do not agree with poor organizational commitment (AOR=3.4%, 95% CI: 1.93, 5.85, $P < 0.001$)

Likewise health workers agree with absence of regular promotion and limited career opportunity were 4.2 times more odds to leave their current job compared to those health workers disagree with absence of regular promotion and limited career opportunity (AOR=4.2,95%CI:2.49,7.20, $P < 0.001$).

In addition, those respondents who were agreed with having poor working environment had 11.7 times more odds to show intention to leave public hospitals as compared to those who were disagreed with having poor working environment (AOR=11.7, 95% CI:6.72, 20.45). Moreover, respondents who were qualified with 1st degree and above were 2.9 times more odds had

intention to leave from the public hospitals compared to those who were qualified with diploma (AOR =2.9, 95% CI: 1.64, 5.22, P<0.001).

Table 9: Intention to leave and associated factors among health professionals (n=534) in west Oromia public hospitals, Oromia, Ethiopia, March 2017.

Variables	Intention to leave		AOR,95%CI	P.Value
	Yes, n (%)	No, n (%)		
Sex				
Male	197(56.8)	150(43.2)	1.2(0.75, 1.23)	0.408
Female	87(46.5)	100(53.5)	1	1
Respondent educational status				
Diploma	47(34.8)	88(65.2)	1	1
1 st degree and above	237(59.4)	162(40.6)	2.9(1.64, 5.22)	<0.001***
Marital status				
Single	155(61.0)	99(39)	1.4(0.87,2.34)	0.163
Married	129(46.1)	151(53.9)	1	
Poor salary				
Disagree	85(32.7)	175(67.3)	1	1
Agree	199(72.6)	75(27.4)	3.9(2.35, 6.37)	<0.001***
Poor incentives from my Organization				
Disagree	120(47.6)	132(52.4)	1	1
Agree	164(58.2)	118(41.8)	1.2(0.72, 1.93)	0.523
Poor working environment				
Disagree	37(19.4)	154(80.6)	1	1
Agree	247(72)	96(28)	11.7 (6.72, 20.45)	<0.001***
Poor Organizational commitment				
Disagree	113(34.8)	212(65.2)	1	1
Agree	171(81.8)	38(18.2)	3.4(1.93, 5.85)	<0.001***
Inadequate resource for health service				
Disagree	198(50.5)	194(49.5)	1	1
Agree	86(60.6)	56(39.4)	0.(0.41, 1.27)	0.258
Absence of regular promotion and limited career opportunity				
Disagree	88(32.6)	182(67.4)		
Agree	196(74.2)	68(25.8)	4.2(2.49,7.20)	<0.001***
*Significant at P < 0.05, **Significant at P < 0.01, ***Significant at P < 0.001				

Predictors of job satisfaction and intention to leave

Status of involvement in decision making, staff relationship and overall satisfaction were significantly associated with health professionals intention to leave at $P < 0.005$.

Table 10: Analysis of health workers Level of Satisfaction and their Association towards Intention to leave (n=534) in at West Oromia public Hospitals, Oromia, Ethiopia, March-2017

Variables	Intention to leave		AOR,95%CI	P.Value
	Yes, n (%)	No, n (%)		
Satisfaction with working conditions that allow to perform at high levels				
Dissatisfied	214(57.2)	160(42.8)	1.3(0.85,2.09)	0.156
Satisfied	70(43.8)	90(56.2)	1	1
Satisfaction with staff relationship				
Dissatisfied	134(61.8)	83(38.2)	1.6(1.05, 2.40)	<0.001***
Satisfied	150(47.3)	167(52.7)	1	1
Satisfaction with involvement in decision making				
Dissatisfied	249(69.4)	110(30.6)	7(4.83, 10.82)	<0.001***
Satisfied	62(35.4)	113(64.6)	1	1
Overall satisfaction				
Dissatisfied	166(65.4)	88(34.6)	1.8 (1.16, 2.88)	0.010*
Satisfied	118(42.1)	162(57.9)	1	1

Health professionals those dissatisfied with Status of involvement in decision making was 7 times more odds to have intention to leave compared to satisfied health professionals to the status of involvement in decision making (AOR=7, 95%CI: 4.83, 10.82, $P < 0.001$). Health professionals were dissatisfied with staff relationship had 1.8 times more odds to leave their current job compared to those satisfied with staff relationship (AOR=1.8, 95%CI: 1.16, 2.88) (Table 7).

Overall satisfaction was negatively correlated to health professional's intention to leave their current job ($r = -0.203$, $p < 0.001$).

CHAPTER SIX: DISCUSSION

The Intention to leave among health professionals in this study was 53.2%. This finding was comparable with studies conducted in Gonder 52.3%^[46], and higher than the findings of Malawi (26.6%) and South Africa 41.4%^[42], the difference may be the fact that due to income and socioeconomic difference. On the other hand, this finding was lower than study done in East Gojjam 59.4% and Jimma University Specialized Hospital (79.3%), this difference might be due to variation in work load especially in Jimma Specialized Hospital work load was significantly associated with intention to leave but not in west Oromia Hospital^[54].

In Multivariate logistic regression regarding educational status first and second degree was significantly associated with turnover intention. The result shows that as the level of education increases the rate of intention to leave also increases significantly. In Multivariable logistic regression analysis respondents with first and second degree were 2.9 times more odds to show intention to leave as compared to those with diploma holders (AOR=2.9, 95%CI: 1.64,5.22). This study was consistent with study done in Gonder that shows respondents who had degree and above were 2.27 times more odds to have turnover intention compared to those who had diploma (AOR=2.72, 95%CI: 1.192, 6.19)^[46]. A study conducted in Uganda also showed that health professionals with higher level of education were more likely show intention to leave as compared to less qualified professionals^[50]. In addition, a study conducted in rural parts of South Africa also revealed a direct relationship between level of education and magnitude of intention to leave^[51]. This might be due to the fact that health professionals with higher educational qualification (first and/or second degree holders) had better job opportunity as compared to those with less educational qualification since advancement in quality of education increases job opportunity^[49].

In multivariable logistic regression analysis health professionals intention to leave their current job because of Poor salary scale were 3.9 times more odds to intention to leave their current job compared to who do not have turn over intention (AOR=3.9,95%CI:2.35,6.37). This findings was also in line with study done in Gambela, those respondents who were dissatisfied with their salary payment had 5.64 times more odds to show intention to leave public health facilities as compared to those who were satisfied with their salary (AOR=5.6, 95% CI: 2.216, 11.386)^[44]

Absence of regular promotion and limited career opportunity was other predictor's of health professional's intention to leave their present job. One hundred ninety six (74.2%) of health professionals have 4.2 times more odds to leave their current job compared to those participated in regular promotion and career opportunity (AOR=4.2, 95%CI: 2.49, 7.20). The findings were similar to other studies done in Yirgalem and Hawassa referral Hospitals (76%) of respondents were intended to quit their current job with Absence of regular promotion and limited career opportunity^[47]

Moreover poor working environment was also significantly associated with health workers intention to leave; it was 11.7 times more odds to leave their current job (AOR=11.7, 95%CI: 6.72, 20.45) compared to health workers those disagreed with poor working environment. This finding was similar to other studies done in Iraqi that was perceived work unsafe or risky was, significantly associated with the turnover intention^[41].

Likewise health workers agree with poor organizational commitment 81.8 % were 3.4 times more likely to leave their job compared to health workers those do not agree with poor organizational commitment (AOR=3.4%, 95% CI: 1.93, 5.85, P<0.001)

This findings was higher than with study done in East Gojjam, those respondents who were agree with low organizational commitment 67.1% had 1.7 times more likely to show intention to leave public health facilities as compared to those who were disagree with low organizational commitment (AOR=1.7, 95% CI: 1.069, 2.839, p=0.026)^[43]

Majority of the hospital workers were dissatisfied and intended to leave their job because of they were not participated in decision making process. Respondents who were not involved in decision making had 7 times more odds to show intention to leave the public hospitals compared to those who participated in decision making (AOR=7, 95%CI: 4.67, 10.74). This study was farther evidenced by the study conducted in Uganda. Even though the study population was specific to nurses respondents who were not involved in decision making had 10 times more likely to show intention to leave the public hospitals compared to those who participated in decision making (AOR = 10, 95% CI: 5.90, 17.21)^[50]. This is farther evidenced by the study conducted in Gambella^[44], it was 2.4 times more odds to leave their current job compared to those satisfied with decision making.

Furthermore in this study the overall satisfaction was significantly and negatively correlated with intention to leave ($r = -0.203$, $p < 0.001$). This was in line with study done in Jimma University specialized Hospital ^[44].

Strength

- High response rate.
- The sample includes all level of hospitals; primary hospitals, General Hospital and tertiary hospital.
- Likewise it includes all types of health professionals rather than specific

Limitation

- ◆ The data might also be affected by social desirability bias.
- ◆ Respondent income was not adjusted to per capita, so we don't know which respondents has high or low income per their family
- ◆ The data of this study were collected through self administered questionnaire only. Therefore, accuracy of the feedback is dependent on the voluntary cooperation of the respondents, so may liable to respondent bias.

Conclusion

This study revealed that there is a high level of intention to leave among health professionals from west Oromia public Hospitals. It was significantly associated with Job dissatisfaction, Poor salary scale, Poor Organizational commitment, Absence of regular promotion and limited career opportunity, poor involvement in decision making process which can highly affect the quality and coverage of health services in west Oromia public Hospitals.

Recommendation

Based on study findings we would like to recommend the bodies as follows.

- **For federal ministry of Health**

The Ministry of Health needs to strengthen human resources for health management at hospital level through implementing different retention strategies, like improving working environment, involvement in decision making and designing better payment and career opportunity.

- **For regional health bureau**

The regional health bureau should improve health care workers retention through implementing strategies of regular promotion / career opportunity and different incentive mechanism as well as improving working condition.

- **For Hospital administration**

. The West Oromia hospital administrators should improve health care workers retention in line of FMOH and OHB Strategies through improving job satisfaction through creating good working environment, involvement in decision making, designing better payment, regular promotion and career opportunity options through listening to and acting on staff problems. To achieve this, urgent and concrete strategies must be developed focusing on the job factors related to satisfaction. Furthermore, researchers need to conduct qualitative study to explore the detail determinants of turnover intention.

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Annex 1 – questionnaire

Jimma University, institute of public health sciences, department of health economics, management and policy masters program: on health care and hospital administration (MHA)

Part One: INFORMATION SHEET

The information that I will be obtained from you is used only for research purpose and also we need to assure you that confidentiality is our main quality. So we politely request your cooperation to respond to our questionnaire. Your participation has great value for the success of our objective.

Part two: CONSENT FORM:

I have been explained all information and procedures that are part of this research study and I have understood the same. I understand that the research imposes no risk on my life and therefore no compensation would be provided. I hereby agree to participate in this research study and give my voluntary consent. I hereby also give rights to the researcher for collecting the data that are required for the study.

Agreed _____ Disagreed _____

Part I: Socio demographic Characteristic

Please select one response or fill in the blank that best describes you as a Health professional for each of the following questions.

Name of hospital _____

S/No	Variable	Code
Part I: Socio demographic Characteristic		
101	What is your Age	
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. Physician

		5. Other specify_____
104	What is your profession	1. General practitioner. 2. Specialist. 3. Health officer. 4. Emergency surgery masters. 5. Midwifery (all type) 6. Nurse (all type) 7. Pharmacy (all type) 8. Laboratory (all type) 9. Imaging (all type) 10 Anesthetist (all type) 10. Other specify_____
105	What is your marital status	1.Single 2.Married 3.Divorced 4.Widowed
106	What is your Ethnicity?	1. Oromo, 2. Amahara, 3. Tigre, 4. Gurage 5. Others (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	What is your monthly income in Birr?	

Part III: Intention to leave

The following questions are related to your intention to quit present organization.

(Please tick which is more appropriate

No	Question	Strongly agree	Agree	neither agree nor disagree	Disagree	Strongly disagree
301	I plan to leave my hospital as soon as possible.	1	2	3	4	5
302	I plan to leave my hospital within the coming one year	1	2	3	4	5
303	I plan to leave my hospital after one year	1	2	3	4	5

304	I plan to leave my hospital when I get better jobs	1	2	3	4	5
305	I plan to stay in my hospital 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 switch your job? (Please tick which is more appropriate to you)

No	Question	Strongly agree	Agree	neither agree nor disagree	Disagree	Strongly disagree
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 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 agree	Agree	neither agree nor disagree	Disagree	Strongly disagree
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 env't /risk like HIV/AIDS)	1	2	3	4	5
604	I always not finish my work on time(Workload)	1	2	3	4	5
605	Poor training opportunities	1	2	3	4	5
606	Poor organizational commitment	1	2	3	4	5
607	No fairness/justice in organization.	1	2	3	4	5
608	Lack of recreational places	1	2	3	4	5

609	Absence of regular promotion /limited career opportunity	1	2	3	4	5
610	Inadequate resources for health service	1	2	3	4	5
611	Lack of transportation	1	2	3	4	5
612	Location of the health institution	1	2	3	4	5
613	Lack of Autonomy in my job	1	2	3	4	5
614	No immediate supervisor support	1	2	3	4	5
615	Absence of Co-worker support	1	2	3	4	5
616	Lack of motivation and encouragement for good work	1	2	3	4	5
617	Limited training and education opportunity.	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 agree	Agree	neither agree nor disagree	Disagree	Strongly disagree
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 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 Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Strongly Dissatisfied
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 and equipment	1	2	3	4	5
707	I am satisfied with the educational/training opportunities that I get	1	2	3	4	5
701	I am Satisfied with Staff relationship	1	2	3	4	5
702	I am Satisfied with Salary payment	1	2	3	4	5
703	I am satisfied with incentives and career.	1	2	3	4	5
708	I am Satisfied with Management System	1	2	3	4	5
710	I am Satisfied with Working Environment	1	2	3	4	5
711	I am satisfied with Involvement in Decision making	1	2	3	4	5

Afaan Oromo version

Kutaa 1: Gaafilee hawaasummaa fi dinagdee

Ogeessa fayyaa ta'uu keessaniif gaaffii kanaa gaditti gafatamtaniif filannoo tokko yookaan bakka duwwaa irratti guutuun deebii keessan deebisaa.

Maqaa Hospitaalaa _____

S/No	Variable	Code
Part I: hawaasummaa fi dinagdee		
101	Umuriin kee meeqa?	
102	Saalaan kee maali?	1.Dhiira 2.Dhalaa
103	Sadarkaa barumsaa keessanii maali?	1. Certificate 2. Diploma. 3. Degree jalqabaa 4. Degree Lamaffaa 5. Hakiima 5. kan biraa yoo jiraate ibsi. 99. Ituu hinguutamin kan hafe
104	Ogummaan keessan maali?	1. hakiima jalqabaaa. 2. Hakiima addaa(Specialist). 3. Qondaala fayyaar. 4.Ogeessa dhibee hatattamaa baqassanii yaaluu degree 2ffaa. 5. Deesistuu(saa) (gosa hundaa) 6. Narsii (gosa hundaa) 7. ogeessa Qorichaa (all type) 8. Ogeessa Laboraatoorii (gosa hundaa) 9. Ogeessa Raajii (gosa hundaa) 10 ogeessa Hadoochoo (gosa hundaa) 10. kan biraa yoo jirate ibsi _____ 99 Ituu hinguutamin kan hafe
105	Haala fuudhaf Heerumaa	1.kan hinfuune 2.kan fuudhe 3.Kan hiike 4.Kan irraa du'e
106	Qomoon kee maali?	1. Oromoo, 2. Amaara, 3. Tigree, 4. Guraagee 5. . kan biraa yoo jirate ibsi _____ 99 Ituu hinguutamin kan hafe

Part II: Seenaa turmaata hojii irraa

201	Dhaabata fayyaa mootummaa keessatti Tajaajila waliigalaa (muuxannoo) waggaadhaan?	
202	Dhabbata fayyaa amma hojjetan keessa hammam tajaajiltan (waggaan)?	
203	Mindaan keessan meeqa (Birriin)?	

kutaa 3: Hojii gadi lakkisuuf yaaduu

Gaaffiin itti fufu dhabbata fayyaa amma hojjetan 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 hingalu	Ittan waliigalu	Filannoo hinqabu	Itti walii hingala	Baay'een itti waliigala
301	Hojii koo amma kana gadi lakkisuuf karoofadheera	1	2	3	4	5
302	Hojii koo waggaa dhufu keessatti gad lakkisuuf karoofadheera.	1	2	3	4	5
303	Hojii koo waggaa tokko booda gad lakkisuuf karoofadheera.	1	2	3	4	5
304	Hojii koo yeroon hojii kanra foyya'e argadhu gad lakkisuuf karoofadheera	1	2	3	4	5
305	Hospitaalaa hojjedhu kana keessa hamma tokko turuuf karoofadheera.	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 akka ati hojii gad lakkisuuf yaadu maali (filannoo jiran keessaa kan deebii sii ta'etti mari)

No	Gaaffilee	Baay'ee itti walii hingalu	Ittan waliigalu	Filannoo hinqabu	Itti walii hingala	Baay'een itti waliigala

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 amagaalaa ani hojjedhu keessa waan hinjirreef.	1	2	3	4	5
404	Sababa haati manaa koof ijooleen koo bakka biraa jiraataniif	1	2	3	4	5
405	Sababa hiriyoonni koo fi firoonni koo hojii jijjiirataniif	1	2	3	4	5

Kutaa 5: Sababoota bakka hojii koo keessaa akkan hojii gadi lakkisu godhan

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

No	Question	Baay'ee itti walii	Ittan waliigalu	Filannoo hinqabu	Itti walii hinqabu	Baay'een itti hinqabu
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	Bakkan Hojii koo mijataa ta'uu dhabuu / balaa akka HIV/AIDS	1	2	3	4	5
604	Yeroo hundaa hojii koo yeroo kaa'ame keessati hin xumuru (baa'ina hojii))	1	2	3	4	5
605	Carraa barumsaa dhabuu	1	2	3	4	5
606	Dhaabbanni fayyaa ani keessa hojjedhu hojjechiisuuf fedhii fi kutannoo dhabuu	1	2	3	4	5
607	Haqummaa fi walqixumaan dhaabata keessa tajaajiluu	1	2	3	4	5
608	Bakka bashannanaa dhibuu	1	2	3	4	5
609	Sadarkaa guddinaa fi dabalata mindaa yeroon argachuu dhabuu	1	2	3	4	5
610	Dhabatan keessaa hojjedhu keessa ciicoleen dhibuu	1	2	3	4	5
611	Rakkoo geejibaa jiraachuu	1	2	3	4	5
612	Location of the health institution Bakka dhaabata ani keessa hojjedhu mijataa ta'uu	1	2	3	4	5

	dhabuu					
613	Ofii ofiin murteessuu dhabuu	1	2	3	4	5
614	Gaggeessaan anatti aana gargaarsa naa gochuu dhabuu	1	2	3	4	5
615	Hojjettoonni duukaa hojjedhu gargaarsa naa gochuu dhabuu	1	2	3	4	5
616	Hojii gaarii hojjetameef beekamtii fi onnachiiftuu kennuu dhabuu.	1	2	3	4	5
617	Carraan leenjii fi barumsaa kennamu xiqqaachuu	1	2	3	4	5

Part V: Bakka biraa irraa(bakka dhaqxurraa) sababoota akka ogeessi fayyaa hojii gad lakkisan kan godhan (harkisan)

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

Sababoonni bakka biraa irraa akka hojii gad lakkisu si godhan (si harkisan) maali? (filannoo jiran keessaa kan deebii sii ta'etti mari)

No	Question	Baay'ee itti walii hingalu	Ittan waliigal u	Filannoo hingabu	Itti walii hingala	Baay'ee n itti waliigala
501	Mindaa Guddaa	1	2	3	4	5
502	Carraa dabalata mindaa guddaa	1	2	3	4	5
503	Dhaabbani fayyaa sun waan magaalaa gaarii keessa jiruuf	1	2	3	4	5
504	Onnachiiftuu mallaqaa guddaan waan jiruuf	1	2	3	4	5
505	Better resource for work Ciicoleen hojii itti hojjetan akka gaariin jiraachuu	1	2	3	4	5
506	Gargaarsi mana hojii guddaan jiraachuu isaa	1	2	3	4	5
507	Hojiin hojjetamu salphaa ta'uu	1	2	3	4	5
508	Carraa barumsaa akka gaariitti jiraachuu	1	2	3	4	5
509	Carraan geejibaa akka gaariitti jiraachuu isaa	1	2	3	4	5

PART VII: Ittiquufinsa ogeessa fayyaa

Sababoonni adda addaa hojii hojjetu keessati akka atiitti quufu yookaan akka itti hin quufne si godhan maali?(filannoo jiran keessaa kan deebii sii ta'etti mari)

No	Condition of Satisfaction	Baay'ee itti hinquufu	Ittan quufa	Filannoo hin qabu	Ittan quufa	Filannoo hin qabu
701	Hojiin amma hojjedhutti ittan quuftaa	1	2	3	4	5
702	Beekamtii hojiin 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 hojjettoota itti qabutti ittan quuftaa?	1	2	3	4	5
705	Haalota hojii koo akka gaariitti hojjechuuf naa mijataniif itti quuftaa?	1	2	3	4	5
706	Qorichaa fi meeshaaleen wal'aansaa mana hojii keessatti argamaniif ittanquuftaa?	1	2	3	4	5
707	I am satisfied with the educational/training opportunities that I get Barumsaa fi Leenjii sii kennamaniif itti quuftaa?	1	2	3	4	5
701	I am Satisfied with Staff relationship Walii galtee hojjettootaatti itti quuftaa?	1	2	3	4	5
702	I am Satisfied with Salary payment Mindaa sii kennamutti itti quuftaa?	1	2	3	4	5
703	Dabalata mindaa kennamuu fionnachiiftuu kennamutti itti quuftaa?	1	2	3	4	5
708	I am Satisfied with Management System Hojii manaajimentii mana hojiitti itti quuftaa?	1	2	3	4	5
710	I am Satisfied with Working Environment Mijaa'ina Bakka hojii keessa jirutti itti quuftaa?	1	2	3	4	5
711	I am satisfied with Involvement in Decision making Hirmaannaa offiif murteesuuf qabduutti itti quuftaa?	1	2	3	4	5

