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Intentions To Leave and Associated Factors of Health Care Providers in Districts of West Gojjam Zone, North West Ethiopia

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INTENTIONS TO LEAVE AND ASSOCIATED FACTORS
OF HEALTH CARE PROVIDERS IN DISTRICTS OF
WEST GOJJAM ZONE, NORTH WEST ETHIOPIA

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A THESIS REPORT SUBMITTED TO THE DEPARTMENT OF
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BAHIR DAR UNIVERSITY, ETHIOPIA

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**INTENTIONS TO LEAVE AND ASSOCIATED FACTORS OF
HEALTH CARE PROVIDERS IN DISTRICTS OF WEST
GOJJAM ZONE, NORTH WEST ETHIOPIA**

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ABSTRACT

Background: *Intention to leave is when an employee is planning to leave an organization in the near future. Measuring the intentions to leave of employees is a very strong indicator of staff turnover. Staff turnover is a major problem worldwide and especially in developing countries like in our continent Africa. Therefore knowing the employee's intention to leave will help in identifying ways to retain health care providers.*

Objective: *To assess the magnitude and associated factors of intention to leave among health care providers in districts of Gojjam North West Ethiopia.*

Method: *Institution based cross-sectional study was employed from March 8 to April 25, 2020. A total of 546 health care providers were selected with a response rate of 90.1% samples were taken, self-administered questionnaires were used. Data were entered into Epi-info version 7.1 and exported to SPSS version 20 for further analysis. The logistic regression model was used to identify predictive factors for intention to leave the current organization. Factor analysis was done for the Likert scale questions, and Cronbach alpha test was used to check for reliability of the questions*

Result: *The overall intention to leave among the professionals in the study was 57.9% (95% CI 53.7-62). Male health care providers were 1.8 (AOR: 1.844; 95 %CI: 1.254-2.712) times more likely to have the intention to leave. Being single had 2.15(2.165; 95% CI: 1.447-3.239) more likely to intend to leave than the married health care providers. Having an educational status of degree and above was found to be 1.5 (AOR: 1.52; 95 %CI: 1.040-2.222) times more likely to have intention to leave the health center than those who have only diploma. Professional who believe decisions are made by higher managers were 1.5 (AOR: 1.55; 95 %CI: 1.051-2.287) more likely to intention to leave than those who don't.*

Conclusion: *All over the magnitude of health care provider's intention to leave the public health centers of districts they currently work in are high. Being male, having higher a level of educational status and Involvement in the decision-making process, being single were major contributing factors to the high magnitude. Health care providers should be involved in the decision making process and be placed in a place that fits their status to use their full potential.*

Keyword: *Intention to leave, West Gojjam zone, health care providers and public health center.*

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Virus
BPR.....	Business Process Reengineering
BSc.....	Bachelor of Science
ETB.....	Ethiopian Birr
HRH.....	Human Resource for Health
SDG.....	Sustainable Development Goal
SPSS.....	Statistical Package for Social Science
UNGA.....	United Nations General Assembly
UHC.....	Universal Health Coverage

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1. Introduction

1.1. Background

Intention to leave is a manner of an employee's plan to quit his or her job and look for another job opportunity. Having intention to leave is different from the actual turnover, intentions to leave are just having the idea of leaving an organization while turnover is actually leaving current working place. Because intention of leaving is a plan, it is a strong indicator for actual turnover(1, 2)

The health system can't function without human resources. The availability alone is never enough. It is when they are equitably distributed and accessible by the population, also when they possess the required competency, when they are motivated and empowered, only then they can deliver quality care(3).

Human resource planning is a process that involves prediction and estimation of workforce losses due to retirement, transfer, involuntary separation, and voluntary resignation. The estimation of losses is based on historical losses, but this is considered as a lagging indicator of turnover(4).

An employee can leave a job and it is not simply that they are dissatisfied, it may not even be directly related to the job itself, but for a list of reasons like, Unsolicited job offers, family responsibilities, a spouse's relocation to other places, poor performance appraisal system, and administrative changes that may not be suitable let along creates the thought of leaving(5).

The factors that may push or pull an employee are not entirely in control of an employer, just because the decision is somewhat personal, despite this, their are factors that an employer can control known as drivers of retention, which are characteristics of the employer, job design and work, employee relations, reward and career opportunities(5).

One of the objectives of Global strategy on human resources for health for 2030 is to have an alignment between the investment in human resource for health with current and future needs of the population and the health system with the account of labor market dynamics and educational policies, which in turn will be enabling to address shortage and distribution of health workers leading to improved health outcome, social welfare, employment creation and economic growth(3).

The health workforces that are the most critical building block of the health system and maintaining the quantity and diversity for better health care is important, therefore studying whether an employee is having any plans in leaving an organization can be a very helpful tool.

1.1. Statement of Problem

Staff turnover is a major worldwide problem, this is also seen in developing countries like in our continent Africa. Turnover of staff has an impact on an organization in ways that, employee's knowledge that was gained during their stay in the organization will be lost, this will in turn decrease productivity and effectiveness of the remaining staff, also the organization will face additional cost for recruitment and training of new staff. The health system in the sub-Saharan African countries is known for struggling from weak infrastructures, lack of human resources, and poor supply chain management systems (6-8).

Countries regardless of their level of socioeconomic development they are likely to face varying degrees of difficulties in education, deployment, retention, and performance of their workforce. Unless work is done on health workforce capacity, health priorities such as, ending AIDS, tuberculosis and malaria, reducing premature mortality from non-communicable diseases, addressing chronic diseases and guaranteeing UHC will not be met accordingly(3).

The United Nations General Assembly (UNGA) has adopted a new set of Sustainable Development Goals (SDGs) for 2016–2030, as one of the targets “substantially increase health financing, and the recruitment, development and training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States” (3).

WHO estimated globally, there is a shortage of 2.4 million health workforce in 57 countries. Out of these countries majority of them were from 36 Sub-Saharan African countries. The desired human resource for health threshold ratio was 2.28 health workers per 1000 population(9).

At all levels of the health system in Ethiopia, having an adequate number and mixture of health care providers which are both motivated and skilled is important, the health worker density in Ethiopia from the year 2008-2013 has shown an increase from 0.84 to 1.3 per 1000 population. However, the doctor, health officer, nurse and midwife to population ratio is 0.7 per 1000 population, far behind the minimum threshold of 2.3 to 1000 population ratio required to provide high coverage with essential health intervention(10).

Ethiopia has faced major human resource for health (HRH) management challenges like human resource shortage rural/urban and regional disparities, poor motivational and retention system that leads to poor performance, Also, have faced major gaps on performance management of staff and accountability in areas that are concerned with performance planning/goal setting with monitoring and

improvement and regular performance appraisal, rewards/sanctions and health care providers development needs(10).

An employee's intention to leave is determined by Push and pull factors. Push factors are factors that make an employee intend to look for a job, While pull factors are driving forces attracting employee towards the other favorable work environment. Push factor has a negative impact on an employee's satisfaction and influence employees to leave their jobs. Push factors include poor relationship with co-workers, being unsatisfied in relation with super visors and work stressors. pull factors attraction forces from the external environment, most of the time pull factors are rewards that are offered to an employee if they quit their job, like better compensation, better opportunity for promotion, better working environment. (11-13)

Staff turnover costs isn't simple, it is sophisticated. The cost starts with separation then replacement, training costs theirare also hidden costs like other unexpected employee turnovers, missed project deadlines(5).

Having a high turnover rate is thought to be bad and expensive, it threatens the quality of health, it will have a negative impact on patient care and compromise production of acceptable service provision, which also lead to the need to hire new people and training them. Other consequences are instability in the employee groups, increased workload on remaining employees, this will once again affect patient care due to delay and quality of care and service (14, 15).

With the unachieved needs for health care providers and with the many challenges and under investment on the human resource, also provided with indicators of what seems to be a high turnover theirneeds to be much done as it may cost a lot to lose more health care providers.

In any firm human resource is the vital component especially in the health sector, in providing quality of care, alleviating high burden diseases and have a better health outcome for the population, the health professional needs haven't been met even globally and professional mobility is a trait to the goal that is set to do so.

With this being said limited findings were found on the intention to leave of health care providers working in health centers, especially in the region let along West Gojjam zone, and one good way to identify this critical issue is through the investigation of intentions of health care providers, as stated above knowing the rate is not significant but, identifying intentions and their reasons will be a great deal.

1.2. Significance of the study

The finding could be used as a resource for other researchers in further studies on this area, it will be a guide to policymakers working on health care provider's retention, lastly, health institutions will be able to benefit from the document directly, because they will be able to tell how the health care providers are feeling towards the current situations at work places. So, people in charge of human resource departments shall have an understanding of alleviating this critical issue.

2. Literature Review

2.1. Magnitude of Intention to Leave

In the studies done on three different professionals across Asia and Europe, the doctors and the midwives had lower intent to leave, 20.5% and 37.8% respectively. But the intent to leave seemed higher among nurses in Jordan which was 60%, (16-18).

As far as Asian countries go intention to leave varied a little bit, from 61.9%,55.2% and 42.3% in Saudi Arabia, Iraq and china respectively, The number difference may be due to socio economic difference in the countries but also the studies were done on different health professionals(19-21).

A comparative study done on health workers in three different countries show the relation of job satisfaction with an intention to leave,18.8%, 26.5% and 41.4% of health workers in Tanzania , Malawi, in South Africa intended to leave respectively.(22) Also, a cross-sectional study done on effects of work motivation and job satisfaction on intention to leave revealed overall, 69% of the health professionals reported having turnover intentions(23).

Intention to leave among several health care professionals in different countries shown to have a huge gap of 69% in Ghana, 58.9% in Senegal and 22.4% in southeast Nigeria. The main gap between the studies in southeast Nigeria may be due to the smaller sample size used to compute the data which may have decreased the quality of the output (2, 24, 25).

On a countrywide cross-sectional survey conducted in Ethiopia on Anesthetists from public health hospitals, 47.8% of anesthetists planned to leave their jobs after one year (26). Another cross-sectional study done in Gambela hospital and selected health centers health professionals Among health professionals, 48.4% had shown an intention to leave their current job within one year (27). Also, public hospital laboratory technicians working in Amhara region intention to leave the hospitals they are currently working in were 65.5% (28).

In Oromia region three different studies were conducted in different zones. The results found were not that far apart, 59.4%, 75.5% and 65%, southWestern, the central part and northWest area respectively, the proximity of the finding may be because of the regional guidelines applied towards human resource management(29-31).

On a cross-sectional study with a mixed method done in Jimma zone public health centers health professionals, 63.7% had intended to leave. In a similar study conducted in Gonder primary hospitals 67.8% of the professionals intended to leave their current organization(1, 32).

This indicates despite the professional distinction or place of work difference, more than half of the health professionals in most of the studies had intentions of leaving the current working place.

The magnitude of intention to leave while reviewing literatures differ from study to study, globally ranged from 20.5% to 61.9%, at a continental level from 18.8% to 58.9% and country-wise it was from 47.8% to 75.5%. This huge gap could be from the design, sampling used and most importantly it may be because of the factors that influence the professionals' intent to leave their work place.

2.2. Factors associated with intentions to leave

There exist many reasons for an employee to leave an institution like job satisfaction, personal factors like age, gender, educational status, And if expectations that a person has about a job is not met they will have intention to search for other jobs(33).

2.2.1. Socio-demographic factors

From researches that have been conducted to investigate factors leading to the intention of leaving an organization in Ethiopia, one done among anesthetists shown work experience from 2-5 years had more intention. The higher intentions were observed in professionals working at a district level than those working at regional and referral level hospitals(26). In Ghana, motivation and work experience determined the intent of a professionals working longer than 5 years was higher than those who worked for less than 1 year(25). Similarly Nurses working in Jordan hospitals who had more than 15 years of work experience were 26% less likely to leave than those who had 15 years or less experience. Regarding gender, male nurses were 1.47 more likely to intend to leave than female nurses(18).

In a mixed study done in the Gonder zone age and family conditions were significant factors, Health workers from the age of 20-29 years were 3.96 more likely intended to leave their current working organization than those greater than 40 years of age, and Those living separately from their family were 1.73 times more likely intended to leave their current organization compared to those who are living with their families(27). Similar findings seem to be found in another study done on Anesthetists younger age was a factor for an intention to leave (26). When it comes to marital status laboratory technicians working in Amhara region professionals who were single were 2.46 times more likely to leave than those who were married(34).

Level of education was one factor in Gambela, first and second degree had 2.08 times more likely to have intention to leave from the public health facilities compared to diploma holders(27).

2.2.2. Job satisfaction

Job satisfaction was found to be a major predictor for intent to leave the workplace. Dissatisfied professionals were more likely to plan on leaving than those who are satisfied. This finding was found to be true in different studies done across Asia European countries and in the Arabic states(17, 18).

In Africa, job satisfaction was also found to be a significant factor(22, 23). Fifty two point one percent of health workers in South Africa were satisfied with their jobs compared to 71% from Malawi and 82.6% from Tanzania in which the intentions to leave was seen to be higher in South Africa than Malawi and then lastly Tanzania. The studies revealed the higher the satisfaction the lower the intent of leaving(22).

From the study conducted in Jimma zone public health centers, among variables satisfaction with job and organizational management influential factors for intention to leave. Being satisfied with once job is found to be protective factor the same for satisfaction with organizational system (1).

2.2.3. Organizational factors

When it comes to pay the findings in the two studies done on china doctors and Jordan nurses were different. While the pay was motivational for the Chinese doctors and it was a critical factor to leave their jobs in the Jordan nurses. praising and recognitions for achievements, growth opportunities provided for job advancement (16, 18).

Salary and benefits determined the intentions of leaving among professionals in Gambela, also in Amhara state the satisfaction towards their pay was highly influential. Those professionals on Gambela who were dissatisfied with their salary had 5.64 times more likely to show intention to leave public health facilities as compared to those who were satisfied with their salary. Similarly, laboratory professionals in Amhara state who were dissatisfied with payments and benefits were 3.42 times more likely to leave the organizations than those who were satisfied, (27, 28).

Satisfaction with the work environment was a protective factor, this finding is similarly identified in studies done in laboratory technicians in Amhara region, on health professionals in Jimma and on Ethiopian Anesthetists (1, 26, 28).

2.2.4. Job factors

Dissatisfied with professional opportunities and workload were also factors associated with intention of leaving, opportunities for professional development is a motivational factor. Those laboratory professionals who were dissatisfied with the professional opportunities were 3.59 times more likely to leave their current working organizations than the satisfied. (28).

Being involved in the decision-making process was one factor and those health professionals not involved had 2.44 times more intent than those who do (27).

Chinese doctors working under pressure were 1.23 times more likely to intend on leaving, regarding work pressure similar findings were found in nurses of Jordan.(16, 18) similarly in Ethiopia nurses working in Amhara region, Those who had a high workload were 1.95 times more intended to leave their organizations(28)

2.3. Conceptual framework

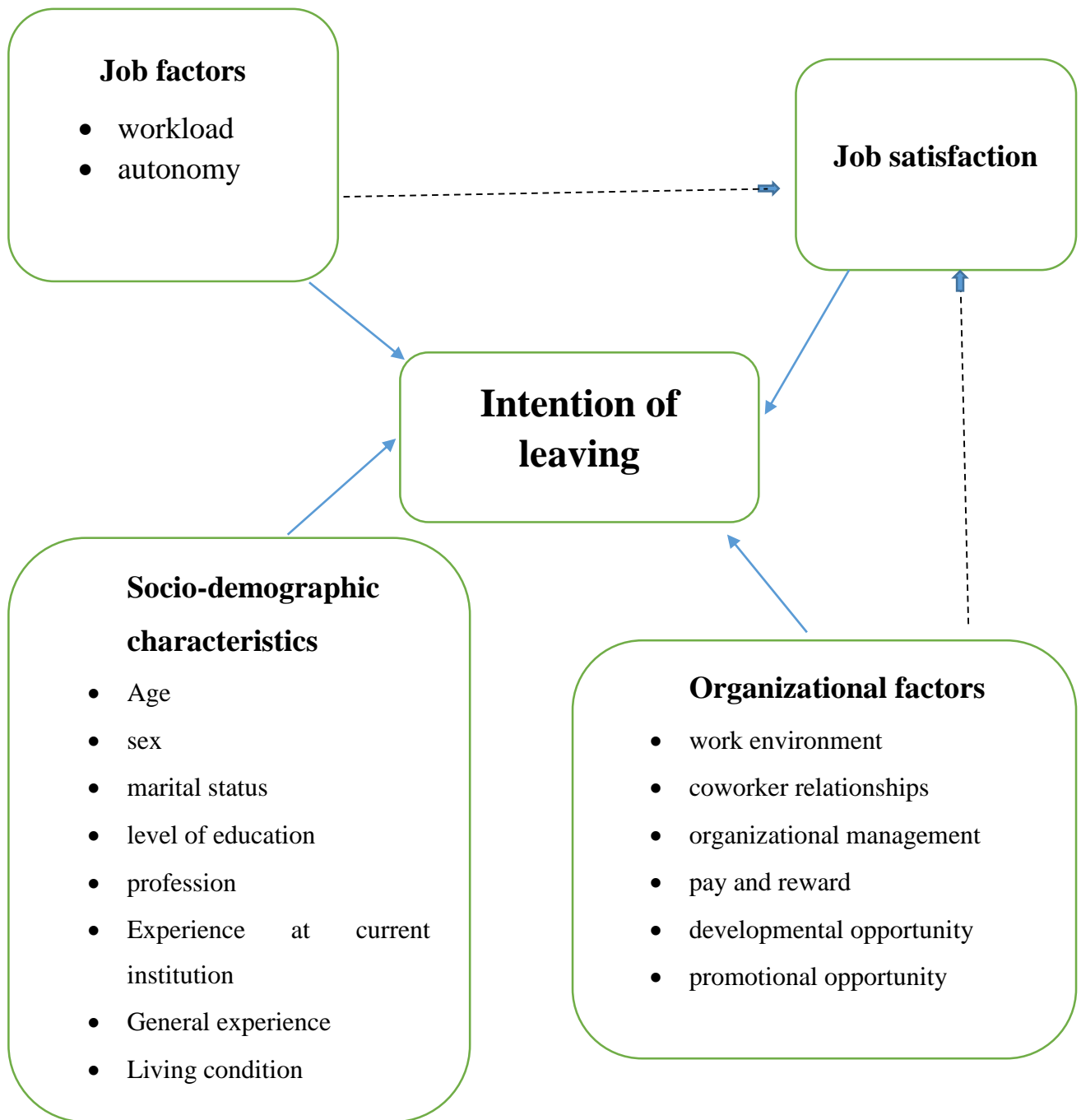


Figure1: Conceptual framework for intention to leave and associated factors in districts of West Gojjam zone, 2020, adapted from different literatures and built by principal investigator.

3. Objective

3.1. General objective

- To assess health care provider's intention to leave and associated factors in districts of West Gojjam zone, North West Ethiopia, 2020.

3.2. Specific objectives

- To measure the magnitude of intention to leave among health care providers in districts of West Gojjam zone.
- To identify factors associated with intentions to leave among health care providers in districts of West Gojjam zone.

4. Methods and Materials

4.1. Study area

West Gojjam Zone is one of the 15 zones found in Amhara region, it covers 13,311.94 km² has a total population of 2,106,596 of whom 1,058,272 men and 1,048,324 are female. Finote Selam is the capital of the zone. The zone contains 15 districts with a total of 103 health centers which contain 2714 health care providers in total.

4.2. Study Design and Period

Institution based cross-sectional study was employed from March 8 to April 25, 2020.

4.3. Source population

All health care providers working in the districts of West Gojjam zone.

4.4. Study population

Health care providers in the selected districts of West Gojjam zone, who were available during the data collection period.

4.5. Sample size estimation, sampling technique and procedure

Single population proportion formula was used to estimate the sample size assuming prevalence rate is **67.8%** which is taken from previous study done in North Gonder Zone primary hospitals, to get the possible sample size with 95% CI and marginal error of 5% was be calculated as(32).

$$n = \frac{(Z \alpha/2)^2 * p (1-p)}{d^2}$$
$$n = \frac{(1.96)^2 * 0.678 (1-0.678)}{(0.05)^2}$$
$$= 335$$

10% non-respondent was added (32)

$$= 335 * 10 \%$$
$$= 368.5$$
$$= 369$$

Z-critical value for normal distribution at 95% confidence level that is equal to 1.96(Value at $\alpha=0.05$)

P- 0.525 from the study done on intention to leave and associated factors among health workers in primary hospitals of North Gonder.

d- 0.05 (5% marginal error)

To calculate sample size for the second objective identifying significantly associated factors from a study done on health care providers in Gambela Region was done.(27) Then exposed and non-exposed group for the outcome variable intention to leave was calculated using Epi info version 7.1 and sample size was determined.

The higher sample size from the factors was taken, which educational level of health care providers, total sample size was 364, 10% non-respondent was added to it and final sample size was 401.

When comparing the final sample size calculated both by formulas, sample size extracted from the associated factor calculation was the biggest, and considering that a bigger sample size is better for the study final sample size for factor analysis which is 401, it is taken as sample size.

Table 1: Sample size calculation based on significantly associated factors

Variable	Power	CI	Ratio	Outcome among exposed	Outcome among unexposed	Exposed	Unexposed	Total
Work load	80%	95%	1:1	54.9%	75.6%	92	92	184
Educational level	80%	95%	1:1	44.8%	60%	182	182	364
Family arrangement	80%	95%	1:1	55.6%	73.6%	121	121	242

By using simple random sampling lottery method 20% (3) of the 15 districts was selected, sample health care providers were selected by simple random sampling method from the 3 districts based on the sampling frame.

Due to the double use of simple random sampling method, there is a need to consider design effect. So the initial sample size (364) will be multiplied with 1.5, and non-respondent rate will be added.

$$\begin{aligned}
 n_i &= 364 \\
 &= 364 * 1.5 \\
 &= 546
 \end{aligned}$$

10% non-respondent rate

$$\begin{aligned}
 &= 546 + 54.6 \\
 &= 601
 \end{aligned}$$

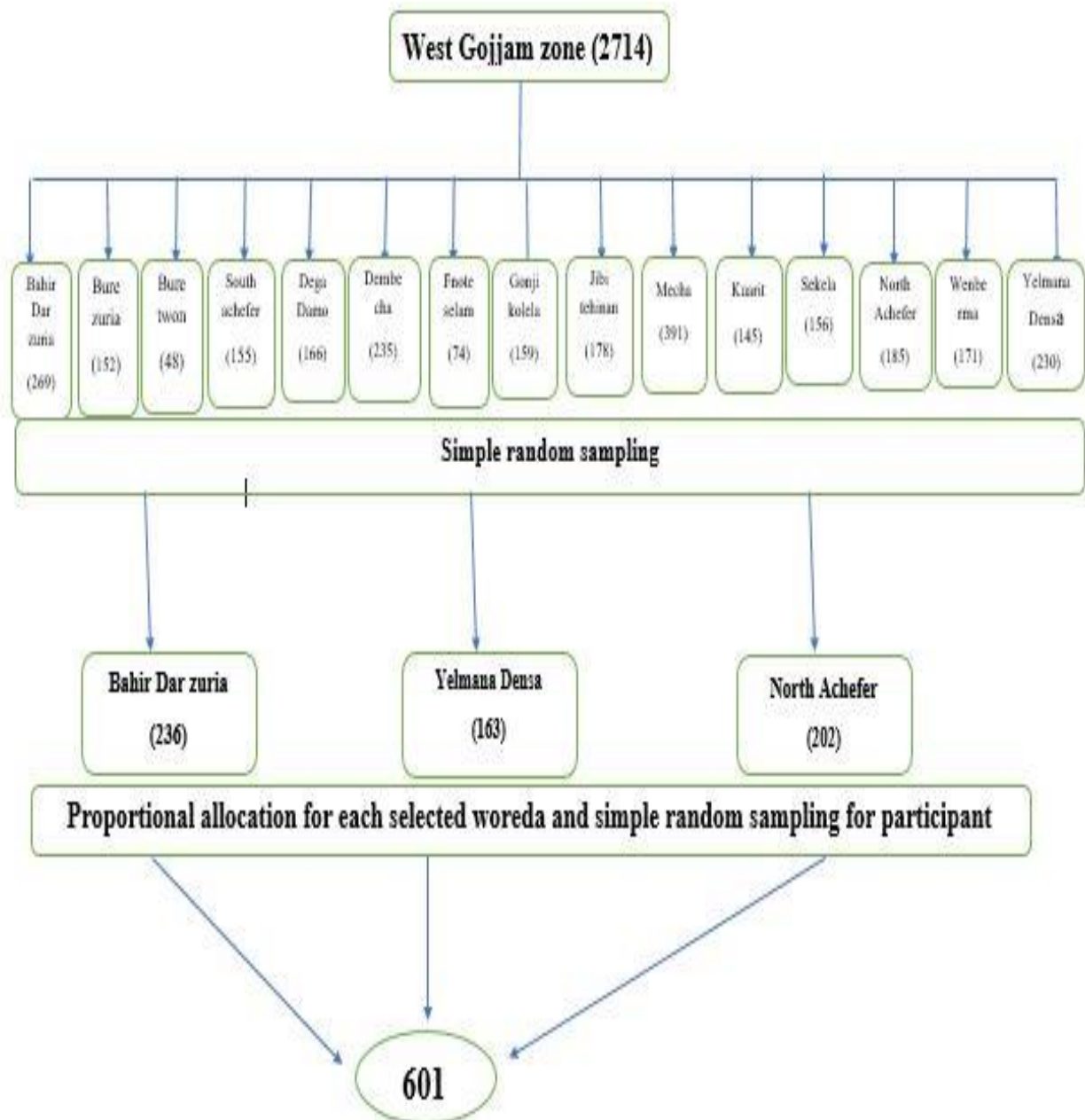


Figure 2: sampling distribution among the selected districts of West Gojjam zone public health center health care providers, North West Ethiopia 2020.

4.6. Study variables

4.6.1. Dependent variable

- Intentions to leave

4.6.2. Independent variable

1. Socio-demographic characteristics (age, sex, marital status, level of education, profession, living condition, Experience at current institution, General work experience, living condition and income level)
2. Job factors (workload and autonomy)
3. Job satisfaction
4. Organizational factors (pay and reward, work environment, coworker relationships, organizational management, promotional opportunity and developmental opportunity).

4.7. Eligibility criteria

- ✓ Health care providers who are currently working in the health center for 6 months or more, available during the study period.

4.8. Data collection

A self-administered questionnaire was used to collect data which was prepared after reviewing different literatures of similar studies. The questionnaire was prepared in English language then translated into Amharic for better understanding among the professionals. Data was collected in 3 different districts which were selected by lottery methods, Health care providers found in the public health centers found in the selected districts were given a written consent, as for data collection. Trained supervisor and 3-degree holder data collectors were participated in data collection.

4.9. Operational definition

Intention to leave: An employee's plan to leave their current job in near future. It is measured by three items following the Mobley et al. definition. Respondents were asked 3 item questions, to indicate the extent of their agreement using a five-point Likert scale (1: strongly disagree to 5: strongly agree). The scale was reliable with Cronbach's alpha of 0.86 and KMO = 0.687. Respondents who scored more than 60% of the sum of all the intention to leave scale items were considered as showing the intention to leave (35, 36).

Social relations: seven item question were asked, For the purpose of this study, it was rated on 5-point Likert scales, i.e. strongly disagree, disagree, neutral, agree, and strongly agree. The health workers were asked to rate five questions. The scale was reliable with Cronbach's alpha of 0.82 and KMO = 0.76 health care providers who scored >60% of the sum of the social relation scale were considered to have good relations(36).

Health care providers: Health care providers include the professions like, Nurses, health officers, midwives, laboratory technician, Pharmacist health information technicians and Health extension workers

4.10. Data quality assurance

The questionnaire was first prepared in English and translated to Amharic then back to English in order to ensure its consistency. Pretest was conducted among 32(5%) health care providers in Meshenti public health center located in Bahir Dar city administration. And some basic modification has been done based on pretest findings. One day training was provided for data collectors with the purpose of understanding the questionnaire and how to approach and persuade participants. Close supervision was conducted throughout the data collection process. After data collection questioners were checked for completeness. The internal consistency for each dimension of the questionnaire was checked by calculating Cronbach's alpha.

4.11. Data processing and analysis

Each questionnaire was checked for completeness and cleaned then, entered into Epi-info version 7.1, and exported to SPSS version 20 software for data analysis. Descriptive statistics such as frequencies and percentage has been presented using table. Binary logistic regression model was used to identify the potential predictor variables for health workers intention to leave their current organization. Those independent variables which had p-value of less than 0.25 during binary logistic regression analysis were entered during multivariable logistic regression analysis. Then, adjusted Odds Ratio (AOR) with 95% CI and P-value <0.05 were used to identify factors significantly associated with intentions to

leaving, Hosmer and Lemshow goodness of fit test was used to check the model fitness. Factor analysis was done for questions which measured by Likert scale, Cronbach alpha test was used to check for reliability of the Likert scale questions.

4.12. Ethical consideration

Ethical clearance was obtained from the institutional review board of the college of medicine and health sciences of Bahir Dar University. The necessary permission to undertake the study was obtained from Amhara Regional health bureau and West Gojjam zone department. Before given the questionnaires, each respondent was informed of the aim of the study, the possible benefit from the study and its confidentiality. Informed written consent was obtained individually, and all respondent was assured that they have a full right to refuse to participate whenever during the interview without any negative connotation on their future service.

4.13. Dissemination

Soon after defending the thesis, the paper will be submitted to the department of health system and health economics school of public health, of Bahir Dar University. It will be given to the Amhara health Bureau and to the health centers in which data will be collected in Finally, the study will be published in a reputable journal.

5. Results

5.1. Socio-demographic characteristics of health care providers

A total of 546 health care providers answered the questionnaire with a response rate of 90.8%. Male participants 290 (53.1%). Health care providers who were in the age rang of 20-29 accounted for 424 (77.7%), mean age of respondents is 27.42 with standard deviation of ± 3.572 . Three hundred and eighteen (58.2%) of the respondents were diploma holders. Working experience of health care providers was assessed both general and experience in their current working organization, health care providers having 1-5 years of experience were high in number in both assessments, 209 (38.3%) and 246 (44.9%) respectively. Half of the respondents 273 (50%) were married. According to health care provider diversity health officers and nurses, 81 (14.8%) and 211 (38.7%) respectively took up the highest number of participants. When it comes to income level of participants almost half 262 (48%) were paid less than 3145 ETB.

Table 2: Socio-demographic characteristics of health care providers of West Gojjam districts in 2020.

Variables	Frequency	Percentage
Sex		
Male	290	53.1%
Female	256	46.9%
Age		
20-29	424	77.7%
>30	122	22.3%
Educational status		
Diploma	318	58.2%
Degree and above	228	41.8%
General experience		
<1	88	16.1%
1-5	209	38.3%
6-10	198	36.3%
>10	49	9%
Experience at Current organization		
<1	204	37.4%
1-5	246	44.9%
6-10	81	14.8%
>10	16	2.9%
Marital status		
Married		
Single	273	50%
Divorced and widowed	256	46.9%
	17	3.1%

Profession		
Health officer	81	14.8%
Nurse	211	38.7%
Midwives	70	12.8%
Laboratory technician	46	8.4%
Pharmacist	53	9.7%
Health extension worker	64	11.7%
Others*	21	3.8%
Income		
<3145	262	48%
3145-3911	126	23.1%
3912-4725	63	11.5%
>4725	95	17.4%

* Health information system

5.2. Intention to leave, and factors

The overall intention to leave among the health care providers in the study was 57.9% (95% CI 53.7-62.1). Four hundred fifty six (83.5%) of professionals were unsatisfied with pay and reward system of their organization. Those who said most decisions are made by head managers were 363 (66.5%).

Table 3: descriptive statistics of general job satisfaction, job and organizational factors among health professionals working in health centers of West Gojjam zone, 2020 GC.

Variables	Frequency	Percentage
General job satisfaction	268	49.1%
unsatisfied	278	50.9%
satisfied		
Pay and reward		
Unsatisfied	456	83.5%
Satisfied	90	16.5%
Organizational management	283	51.8%
Unsatisfied	263	48.2%
Satisfied		
Opportunity to develop	384	70.3%
Unsatisfied	162	29.7%
Satisfied		
Training opportunities	359	65.8%
Unsatisfied	187	34.2%
Satisfied		
Working environment	233	42.7%
Unsatisfied	313	57.3%
Satisfied		
Social relations	103	18.9%
Unsatisfied	443	81.9%
Satisfied		
Involvement in decisions making	341	62.5%
Yes	205	37.5%
No		
decisions being made by head management	363	66.5%
Yes	183	33.5%
No		

No		
Believe that I should be involved in decision making regarding only my profession	244	44.7%
Yes	302	55.3%
No		
Work load	379	69.4%
Low	167	30.6%
High		

5.3 Factors affecting intention to leave

Variables such as job satisfaction, working environment and pay and reward weren't candidate for multivariable analyses. Male health care providers were 1.84 (AOR:1.844;95 %CI:1.254-2.712) times more likely to intend on leaving. Having an educational status of degree and above was found to be 1.52 (AOR: 1.52; 95 %CI:1.040-2.222) times more likely to intend on leaving the health center than those who have only diploma. Those health care providers who were single had 2.15(2.165; 95% CI: 1.447-3.239) times more likely to leave their work places than those who are married. Health care providers who believe decisions are made by higher managers were 1.55 (AOR: 1.55; 95 %CI: 1.051-2.287) more likely to have intention to leave than those who believe decisions are not made only by head managers.

Table 4: Multi variable regression of factor associated with intention to leave among health care providers working in public health centers of West Gojjam zone, 2020.

Variables	Category	Intention to leave		COR (95%CI)	AOR (95%CI)	P-value
		Yes	No			
Sex	Male	137	119	2.439(1.722-3.454) *	1.844(1.254-2.712) **	0.002
	Female	93	197	1	1	
Educational status	Diploma	152	166	1	1	
	Above Degree	78	150	1.761(1.240-2.502) *	1.520(1.040-2.222) **	0.030
Experience at the current organization	<1	122	82	1	1	
	1-5	132	113	0.785(.539-1.144) *	0.891(.595-1.334)	0.574
	6-10	52	29	1.205(0.707-2.055)	1.410(.783-2.536)	0.252
	>10	10	6	1.120(0.392-3.202)	2.136(.681-6.697)	0.193
Marital status	Married	136	137	1	1	
	Single	172	84	2.063(1.450-2.935)*	2.165(1.447-3.239)**	0.000
	Divorced and widowed	8	9	0.895(0.336-2.389)	1.003(0.354-2.838)	0.996
Involvement in decisions making	Yes	134	207	1	1	
	No	96	109	0.735(.518-1.043) *	.798(.542-1.176)	0.255
decisions being made by head management	Yes	219	144	1.348(0.942-1.930) *	1.550(1.051-2.287) **	0.027
	No	97	86	1	1	

*P-value less than 0.25

**p-value less than 0.05

6. Discussion

The findings showed that the magnitude of intentions to leave in the health centers is 57.9%, this result is lower than those studies done among health workers of primary hospitals of North Gondar zone (67.8%) (32), And those Professionals working in Hospitals in Central Oromia (75.5%) (30). These differences could be due to the professional diversity in the setups, also infrastructure in the studies are better in ways that most of the institutions are located in the urban area, which creates and ensure accessibility and opportunities for other job offers.

In another study on selected professionals' in Wollega zone intention to leave was stated to be higher (65%)(31), This might be attributed to health care providers working in West Gojjam zone having more access to roads which increase access to education, Also having better transfer system in the area might be the cause.

When compared with the results of Ghana health worker the results were still higher (69%)(25), the higher magnitude may be the difference in the setups and policy that the health care providers work in and demographic differences between countries.

On the other hand this studies magnitude was found to be higher as compared to a study conducted in Gambella Region health professionals (48.4%) , the decrement in magnitude may be due to sample size considered for their study was lower, the investigators took all (256) health care providers working in the facilities they have selected. Also, almost half of the study participants were taken from hospital (27).

Male professional' were 2 times more likely to intend on leaving than the female. Similarly being male had increased the tendency to have more intention to leave among professionals working in hospitals and health centers in Gambella region (27) and among midwives working in Jordan hospital (18). This may be due to the fact that female have a stable nature and tendency to stay at a certain environment for a longer time than man, also most of the time male can take risks and go anywhere for a job this gives them the freedom to plan to move around.

Health care providers who have an educational status of degree and above were found to be 1.52 times more likely to intend on leaving the health center than those who have only diploma, similarly in a cross-sectional survey conducted in Jimma Zone health institutions(29). The higher the educational status, the higher the chances and opportunities for jobs, as the health care providers status is high their

experience, skill and attitude up-grades and be more competitive in the job market, they will in turn demand for a better opportunity and promotion.

Those health care providers who believe decisions are made by higher managers were 1.55 more likely to have intention to leave it is similar to the study done among health care providers in Gambela region (27), the more an employee is involved in decision making process will increase ownership, this will play a major role in retention it is also a good indicator of good governance in an institution.

Having a marital status of single was found to be 2.15 times more likely to intend to leave than those who were married, similarly laboratory technicians who work in Amhara region (34), When a person is married and starts a family they are expected to have a stable life and are more likely to choose the more stable environment, So they want to settle at one place to provide for their families. In another words being single means they won't have this responsibility which in turn lets them use the opportunities presented to them and be able to decide by them self.

7. Limitation

7.1. Limitation of the study

- Lack of follow-up and report on turnover that could have enabled comparing participant intentions to leave with the actual turnover actions.

8. Conclusion

The overall magnitude is among health care providers working in West Gojjam zone public health centers was high. As stated above intention to leave is studied to determine if the professionals are having plans to leave any time soon, it is considered as an indicator of turnover, which in turn means that the more intentions they have the more likely to turnover and this could only lead to instability and lack of commitment that will lead directly to the deprived quality of health care delivery.

Male health care providers were highly thinking about leaving the health centers compared to the female staff members, and having higher level of educational status increased the intention level, this explain the working environment may not be as motivating enough for professionals to be committed to the work they had. Health professional who were unmarried also had more intention to leave their current organization they are working in.

Involvement in the decision-making process that goes on in the health centers, most professionals thought that decisions are mostly made by higher managers even though they were involved in decision making. That might make the health care providers feel a lower sense of ownership and their ideas not being heard. This might make them feel like rules and regulations policies are forced upon them without consideration.

9. Recommendation

- All the Stakeholders that are involved in the health system need to work on strengthening human resources for health management through implementing different retention strategies like BPR, Transfer policy and Promotional Policy regarding health centers.
- Policymakers need to develop and institutionalize evidence-based retention strategies that aim to improve the retention of health care providers at their working organization.
- Regional health bureau should undertake the responsibility to supervise the zonal health department, district health offices and health centers on the work they perform towards human resource management.
- West Gojjam Zonal health department and health offices should develop strategies on increasing involvement of health care providers in decision making process, through involving health care providers in the planning, monitoring and evaluation process.
- Health centers should establish infrastructures that fit the status of health care provider's educational level in order to use their full potential.

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Appendixes

Annex 1: English questionnaire

Participant information sheet

Date _____

Hello my name is _____

This study is for the partial fulfillment of second degree in BDU college of medicine and health science in Bahir Dar university health system and health economics department, the study will be conducted on intentions of leaving and associated factors among health care providers working in health centers of West Gojjam region.

I will like to assure you that all your responses will be kept confidential, you are not allowed to write your name so as to keep your identity a secret. So, I kindly request your contribution in giving and filling the questionnaire honestly and responsibly, filling in the questionnaire might take 10 to 20 minutes of your time but I will like to inform you that you will be able to benefit indirectly because this study will be creating an informative data. although there will not be any risk that will come out of this. All the benefits and even risks if any, will be shared between the participants and the principal investigator.

The information gathered from will not be used for any other purpose outside this study objective. The responses of each individual will not be disclosed to others including the study subjects and no one will be affected, in anyway for producing the information.

Any respondent that do not want to participate in this study will not be forced to fill out the questionnaires, all respondents are allowed to drop out any time they want.

If you have any concerns or question you can contact me on.

Phone no 0945292905

Email address metishalina@gmail.com

8. What is your profession?
- a) Health officer
 - b) Nurse
 - c) Midwife
 - d) Laboratory technician
 - e) Pharmacist
 - f) Health extension worker
 - g) Other_____
9. Monthly income_____

Part 2

2. Intention to leave

Please indicate your level of agreement/disagreement by ticking [√] in the box for your exact feeling based on the scale below. Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4) and Strongly agree (5).

No	Question	1	2	3	4	5
101	As soon as I find a better job, I will leave this organization.					
102	I am actively looking for a job outside of this organization					
103	I am seriously thinking of quitting my job.					

Part 3

3. Job satisfaction

Please indicate your level of agreement/disagreement by ticking [√] in the box for your exact feeling based on the scale below. Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4) and Strongly agree (5).

S.NO	Question	1	2	3	4	5
301	I could choose the career again I would make the same decision					
302	My job has more advantages than disadvantage					
303	My income is a reflection of the work I do					
304	Theiris personal growth in my work					
305	I really enjoy my work					

Part 4

4. Organizational factor

Please indicate your level of agreement/disagreement by ticking [√] in the box for your exact feeling based on the scale below. Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4) and Strongly agree (5).

S.NO	Question	1	2	3	4	5
Pay and reward						
401	I have got adequate satisfactory payment for my job					
402	Payment was sufficient for my living expenses					
403	My organizations reward was depending on my performance					
404	My organization has been paying me my professional allowance					
leadership style of organization						
405	My immediate boss was using collective decision-making actions.					
406	My immediate boss has been supporting my ideas that will helps to enable to win my job.					
407	My boss was highly influential on decision in the organization.					
408	I am getting better close supervision for my job accomplishment					
Opportunity to develop						
409	I have sufficient opportunity to develop in my work					
410	I am satisfied in my profession					
411	I haven't experienced frustration in my work due to limited resources					
412	Too much is expected from me at work					
Training opportunity for staff						
413	My organizations training criterion has been taking place clearly					
414	Inclusive training was given for me to motivate me					
415	skill gap training is provided for me to win my skill gaps					
working environment						
416	I have been working under un-safe working environment					
417	The unfavorable working and living environment force me to leave organization					
418	If I will be placed to urban working environment I will stay in the organization.					
social relations of professionals						
419	I have good relationship with all my coworkers					

420	I have been working peacefully with my co-workers					
421	I am discussing my social problems with my co-workers					
422	I know important information about my co-workers					
423	I am a member of social committee in the organization					
424	My organization has been supporting me in social problems I faced yet					

Part 5

5. Job factors

5.1. Autonomy

1. I am involved in decisions making in the institution?
 - a) Yes
 - b) No
2. All the decisions made in the institution are made by head management?
 - a) Yes
 - b) No
3. I think I should be involved in decision making regarding only my profession?
 - a) Yes
 - b) No

5.2. Work load

Please indicate your level of agreement/disagreement by ticking [√] in the box for your exact feeling based on the scale below. Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4) and Strongly agree (5).

S.NO	Question	1	2	3	4	5
501	This is a good job fit with my current profession					
502	The organization is fully utilizing my current effort for the job					
503	I am working less than what is expected from me due to job scope					
504	I was assigned according to my educational specialty on my previous duty.					
505	The amount of work load in my current job is reasonable					
506	The work load was equally distributed among all workers in the organization.					
507	My organization was rewarding and appraising me for my additional work					

ቀን.....

ጤና ይስጥልኝ፡-

ስሜ _____ እባላለሁ፡፡

የተሳታፊ መረጃ መስጫ

በባህር ዳር ዩኒቨርሲቲ የጤና ሥርዓት አስተዳደር እና ጤና ምጣኔ ትምህርት ክፍል የ2ኛ ዲግሪ በማህበረሰብ ጤና መመሪያ ጽሁፍ ለማጠናቀቅ የሚደረግ ጥናት ሲሆን ጥናቱ የሚሄደው በምዕራብ ጎጃም ዞን ባሉ ጤና ጣቢያዎች ዉስጥ የሚሰሩ የጤና ባለሙያዎች ስራ የመልቀቅ ፍላጎት እና ተያያዥ ጉዳዮች ላይ ነዉ።

የምትስጧቸዉ መልሶችም ሆነ የተሳታፊ ስም በሚስጥር የሚያዙ ሲሆን ስማችሁን እንድትፅፉ አይፈለግም። ስለሆነም ትክክለኛ እና ሃላፊነት በተሞላበት ሁኔታ መጠይቁን በመሙላት እንድትተባበሩኝ በትህትና እጠይቃለሁ። መጠይቁን ለመሙላት ከ 10 እስከ 20 ደቂቃ ከጊዜያችሁ ላይ ሊውስድ ይችላል። ነገር ግን ላሳዉቃችሁ የምፈልገዉ ከዚህ ጥናት በተዘዋዋሪ ተጠቃሚ ትሆናላችሁ ምክንያቱም ጥናቱ ጠቋሚ የሆኑ መረጃዎችን ያመጣል ተብሎ ይገመታል። በጥናቱ ተሳታፊዎች ላይ በጥናቱ ምክንያት የሚመጣ ምንም ዓይነት ችግር አይኖርም። የሚገኝ ጥቅም ወይም ጉዳት ቢኖር ከአጥኚዎ ጋር እኩል የሚጋራ ይሆናል።

ከዚህ ጥናት የሚሰበሰበዉ መረጃ ከጥናቱ ዓላማ ዉጭ የማይዉል ይሆናል መልስ ስትሰጡ ስም መጥቀስ አያስፈልግም የእያንዳንዱን ተሳታፊ ምላሽ ማንም እንዲያየው አይደረግም ለሌሎች ተሳታፊዎችም ቢሆኑ።

መሳተፍ የማይፈልግ ማንኛዉም ሰዉ አይገደድም በማንናዉም ጊዜ ማቋረጥ ይፈቀዳል።

ማንኛዉም ሃሳብ ወይም ጥያቄ ካላችሁ

ስልክ ቁጥር 0945292905

ኢሜል metishalina@gmail.com

የስምምነት መግለጫ

የተሳታፊ መረጃ ቅጹን አንብቤዋለሁ። የጥናቱን አላማ፣ አሰራር፣ ሊመጡ የሚችሉትን ጉዳት ጥቅም፣ ሚስጥራዊነት፣ የመሳተፍ መብቴን እና ጥያቄ ቢኖር አድራሻ በግልጽ ተቀምጧል ግልጽ ያልሆኑ ሃሳቦች ቢኖሩ ለመጠየቅ አድል ተሰቶኛል። በማንኛዉም ሰዓት ማቋረጥ እንደምችል ተነግሮኛል ስለዚህ ለመሳተፍ ፈቃደኝነቴን እገልጻለሁ።

እስማማለሁ አዎ አልስማማም

የተሳታፊ ፊርማ _____ ቀን _____

አመሰግናለሁ

ክፍል 1: ማህበራዊ ዲሞግራፊካዊ ሁኔታ፡-

1. ያታ

- ሀ) ወንድ ለ) . ሴት
- 2. ዕድሜ _____
- 3. የትምህርት ደረጃ
- ሀ) ዲፕሎማ ለ) ዲግሪ ሐ) ማስተርስ
- 4. ጠቅላላ የስራ ልምድ _____
- 5. አሁን ባለብት ተቋም _____ ዓመት አገልግያለሁ
- 6. የጋብቻ ሁኔታ
- ሀ) ያገባ/ች ለ) ያላገባ/ች ሐ) የፈታ/ች መ) የሞተበት/ባት
- 7. የሚሰሩበት ቦታ ቤተሰብም ከሚኖሩበት ቦታ ሩቁ ነዉ
- ሀ) አዎ ለ) አደለም
- 8. የሙያ ዘርፍዎ ምንድን ነዉ
- ሀ) የማህበረሰብ ጤና ባለሙያ ለ) ነርስ ሐ) ሚዲካል ምክትል
- መ) ላብራቶሪ ቴክኒሻን ሰ) ፋርማሲስት ረ) ጤና ኤክስቴንሽን ባለሙያ ሠ) ሌላ _____
- 9. ወርሀዊ ገቢ ብር _____

ክፍል 2. ስራ የመልቀቅ ፍላጎትን በተመለከተ፦

መስማማት አለመስማማትን ሳጥኑ ዉስጥ [√] ምልክት በማድረግ መልስ ይስጡ፤ (1) በጭራሽ አልስማማም ፤ (2) አልስማማም፤ (3) ገለልተኛ፤ (4) እስማማለሁ እና (5) በጣም እስማማለሁ

ተ.ቁ	ጥያቄ	1	2	3	4	5
101	ከአለሁበት ስራ የተሻለ ስራ ልክ እንዳገኘሁ ስራ እለቃለሁ					
102	ከተቋሙ ዉጪ በንቃት ስራ እየፈለኩ ነዉ					
103	በቁም ነገር ስራ መልቀቅ እያሰብኩ ነዉ					

ክፍል 3. የስራ እርካታ

መስማማት አለመስማማትን ሳጥኑ ዉስጥ [√] ምልክት በማድረግ መልስ ይስጡ፤ (1) በጭራሽ አልስማማም ፤ (2) አልስማማም፤ (3) ገለልተኛ፤ (4) እስማማለሁ እና (5) በጣም እስማማለሁ

ተ.ቁ	ጥያቄ	1	2	3	4	5
301	ስራዬን ድጋሚ የመምረጥ እድል ቢሰጠኝ ደግሜ እመርጠዋለሁ					
302	ስራዬ ከጉዳቱ ይልቅ ጥቅሙ ያመዘናል					
303	ገቢዬ የስራዬ ነፀብራቅ ነዉ					
304	በስራዬ ዉስጥ በግሌ ለዉጥ አለኝ					
305	ስራዬ ያስደስተኛል					

ክፍል 4. ተቋማዊ ምክንያቶች

መስማማት አለመስማማዎትን ሳጥኑ ወስጥ [√] ምልክት በማድረግ መልስ ይስጡ፤ (1) በጭራሽ አልስማማም ፣ (2) አልስማማም፣ (3) ገለልተኛ፣ (4) እስማማለሁ እና (5) በጣም እስማማለሁ

ተ.ቁ	ጥያቄ	1	2	3	4	5
ክፍያ እና ሽልማት						
401	በቂ እና አጥጋቢ ወርሃዊ ክፍያ ይከፈላል					
402	ክፍያዬ ለመኖሪያ ወጭዎቼ በቂ ነው					
403	የተቋሜ ሽልማት በአፈጻጸም ላይ የተመሰረተ ነው					
ተቋማዊ አመራር ስልት						
405	የቅርብ አለቃዬ የጋራ ወሳኔዎችን ይጠቀማል					
406	የቅርብ አለቃዬ ስራዬን ለማሸነፍ የሚረዱ ሀሳቦችን ይሰጠኛል					
407	አለቃዬ በተቋሙ የሚካሄዱ ወሳኔዎች ላይ በተሻለ የመወሰን አቅም አለው					
408	ለስራ አፈፃፀሜ የተሻለ ድጋፍ እየተደረገልኝ ነው					
ራስን የማሻሻያ እድሎች						
412	ራሴን ለማሳደግ በቂ እድሎች አሉኝ					
413	ያለሁበት ሙያ በቂዬ ነው					
415	በግብአት እጥረት ምክንያት አሰልቼ ሁኔታ አላጋጠመኝም					
416	በተመደብኩበት ላይ ከኔ ብዙ ይጠበቃል					
የስልጠና እድሎችን በተመለከተ						
417	የተቋሙ የስልጠና መስፈርቶች በግልፅ እየተተገበሩ ይገኛሉ					
418	አካታች የሆነ ስልጠና እኔን ለማበረታታት ረድቶኛል					
420	በስራ ክህሎት ክፍተት መሰረት ስልጠና ይሰጣል					
የስራ ቦታ አመቺነት						
421	ደህንነቱ ያልተጠበቀ የስራ አካባቢ ወሰጥ ነው የምስራው					
422	ምቹ ያልሆነ የስራ እና አካባቢያዊ ሁኔታ ስራ እንድለቅ ያስገድደኛል					
423	ወደ ከተማ አካባቢ መዘዋወር ብኝል የጤና ተቋሙን ሳለቅ እቆያለሁ					
የባለሙያ ማህበራዊ ግንኙነት						
424	ከባልደረባቹ ጋር ጥሩ የሆነ ግንኙነት አለኝ					
425	ከባልደረባቹ ጋር በሰላም እየሰራሁ ነው ያለሁት					
426	ከባልደረባቹ ጋር ማህበራዊ ችግሮቼን እወያያለሁ					
427	ስለ ባልደረባቹ ጠቃሚ የሚባሉ ግላዊ መረጃዎችን አውቃለሁ					
428	ተቋሙ ወስጥ ባሉ የማህበራዊ ኮሚቴዎች አባል ነኝ					
429	ተቋሙ የማህበራዊ ችግሮችን በመፍታት ያግዘገናል					

ክፍል 5. የስራ ምክንያቶች

5.1. ወሳኔ ሰጪነት

1. በተቋሙ ወሰጥ ወሳኔ በመስጠት ላይ እሳተፋለሁ
 - ሀ) እሳተፋለሁ ለ) አልሳተፍም
2. በተቋሙ ወሳኔዎች የሚወሰኑት በከፍተኛ ሃላፊዎች ነው
 - ሀ) አዎ ለ) አይደለም

3. ወሳኔ መወሰን ያለብኝ ከሙያዬ ጋር በተያያዘ ጉዳይ ብቻ ነዉ

ሀ) አዎ

ለ) አይደለም

5.2. የስራ ጫና

መስማማት አለመስማማትን ሳጥኑ ወስጥ [√] ምልክት በማድረግ መልስ ይስጡ፡ (1) በጭራሽ አልስማማም ፣ (2) አልስማማም፣ (3) ገለልተኛ፣ (4) እስማማለሁ እና (5) በጣም እስማማለሁ

ተ.ቁ	ጥያቄ	1	2	3	4	5
501	በቂ የሆነ ስራ አልተሰጠኝም					
502	ስራዬን ለመጨረስ የተሰጠኝ ጊዜ ከምያስፈልገኝ በታች ነዉ					
503	ስራዬን ከጨረስኩ በኋላ ትርፍ ጊዜ ከቀኔ ይኖረኛል					
504	ተቋሙ ባሁኑ ሰአት ለስራዉ የኔን ሙሉ አቅም እየተጠቀመ ነዉ					
505	በስራ መደቤ ምክንያት መስራት ከሚጠቅብኝ በታች እየሰራሁ እገኛለሁ					
506	የስራ ጫናዉ ምክንያታዊ ነዉ					
507	የስራ ጫናዉ በተቋሙ በሚገኙ ባለሙያዎች መካከል እኩል የተከፋፈለ ነዉ					

DECLARATION

This thesis proposal is my original work, has not been presented for a master degree in any other university and that all sources of materials used for the thesis proposal has been duly acknowledged.

Principal investigator

Name: -----

Signature: -----

Date: -----

Advisor

Name: -----

Signature: -----

Date: -----

Name: -----

Signature: -----

Date: -----

Internal examiner

Name: -----

Signature: -----

Date: -----