



**ST MARY'S UNIVERSITY  
SCHOOL OF GRADUATE STUDIES**

**THE EFFECT OF ORGANIZATIONAL CULTURE ON TURNOVER  
INTENTION IN PRIVATE HEALTH SECTOR PROJECT SUPPORTED  
PRIVATE HEALTH FACILITIES IN ADDIS ABABA**

**BY**

**HELINA SISAY**

**JUNE, 2016 SMU  
ADDIS ABABA, ETHIOPIA**

**THE EFFECT OF ORGANIZATIONAL CULTURE ON TURNOVER  
INTENTION IN PRIVATE HEALTH SECTOR PROJECT SUPPORTED  
PRIVATE HEALTH FACILITIES IN ADDIS ABABA**

**BY**

**HELINA SISAY**

A THESIS SUBMITTED TO ST. MARY'S UNIVERSITY, SCHOOL OF  
GRADUATE STUDIES IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF MASTERS OF BUSINESS  
ADMINISTRATION

**ADVISOR: SOLOMON MARKOS, PhD**

**JUNE, 2016**

**ADDIS ABABA, ETHIOPIA**

**ST MARY'S UNIVERSITY  
SCHOOL OF GRADUATE STUDIES  
FACULTY OF BUSINESS**

**THE EFFECT OF ORGANIZATIONAL CULTURE ON TURNOVER  
INTENTION IN PRIVATE HEALTH SECTOR PROJECT SUPPORTED  
PRIVATE HEALTH FACILITIES IN ADDIS ABABA**

**BY  
HELINA SISAY**

**APPROVED BY BOARD OF EXAMINERS**

\_\_\_\_\_  
**Dean, Graduate Studies**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Advisor**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**External Examiner**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Internal Examiner**

\_\_\_\_\_  
**Signature**

## **DECLARATION**

I, the undersigned, declare that this thesis is my original work, prepared under the guidance of my advisor, Solomon Markos (PhD). All sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

---

Name

**St Mary's University, Addis Ababa**

---

Signature

**June, 2016**

## **ENDORSEMENT**

This thesis has been submitted to St. Mary's University, School of Graduate Studies for examination with my approval as a university advisor.

Solomon Markos (PhD.)

Advisor

---

Signature & Date

**St. Mary's University, Addis Ababa**

**June, 2016**

## **ACKNOWLEDGMENTS**

**First and foremost, I would like to thank Almighty God for his blessing and deliverance. For your love and guidance, I am highly indebted. I would extend my deepest gratitude to my Advisor, Dr. Solomon Markos for his unreserved support. Your genuine guidance has been a valuable input to this paper.**

**To my beloved and hands-on husband, whose encouragement and help has made this possible. Thank you. My heartfelt thanks also goes to my dear friends and colleagues: Alemtsehai Berhanu, Betel Sintayehu, Derebe Tadesse, Mesele Damte, Michael Biru, Radia Soud, Sr. Nillie Mustefa and Sr. Selamawit Abraham. Your timely assistance helped the realization of this thesis.**

**Last but not least I would like to appreciate everyone who has directly or indirectly participated in this study for their time and effort.**

## **LIST OF ACRONYMS**

<b>HAPCO</b>	<b>HIV/AIDs Prevention and Control Office</b>
<b>NGO</b>	<b>Non -Government Organization</b>
<b>OCAI</b>	<b>Organizational Culture Assessment Instrument</b>
<b>PFs</b>	<b>Private Facilities</b>
<b>PHSP</b>	<b>Private Health Sector Project</b>
<b>USAID</b>	<b>United States Aid for International Development</b>

<b>List of Tables</b>	<b>Page</b>
Table 2.1: Category and Style of Culture.....	17
Table 3.2: Reliability of Measurement.....	22
Table 4.1: Descriptive Analysis.....	24
Table 4.2 Summary of respondents demographic profile.....	24
Table 4.3: Cross-tab Turnover with age.....	28
Table 4.4: Cross-tab Turnover with gender.....	28
Table 4.5: Cross-tab Turnover with salary.....	29
Table 4.6: Cross-tab Turnover with marital status.....	30
Table 4.7: Cross-tab Turnover with education.....	31
Table 4.8: Correlation Between variables.....	31
Table 4.9: Model Summary-Regression.....	32
Table 4.16: ANOVA table.....	32
Table 4.12: Coefficient/Regression Result .....	33
Table 4. 18: Summary of Hypothesis.....	34



<b>List of Figures</b>	<b>Page</b>
<b>Figure 2. 1 Mobley’s Turnover Model.....</b>	<b>11</b>
<b>Figure 4.1 Overall turnover response.....</b>	<b>27</b>

## Table of Contents

Title Page.....	ii
Approval page.....	iii
Declaration.....	iv
Endorsement.....	v
List of Acronyms.....	vi
List of Tables.....	vii
List of Figures.....	viii
<b>Chapter I Introduction.....</b>	<b>1</b>
1.1 Background of the study.....	1
1.1.1. PHSP's background information.....	2
1.2 Problem Statement.....	3
1.3 Research Questions.....	5
1.4 Research Objective.....	5
1.4.1 General Objective.....	5
1.4.2 Specific Objective.....	5
1.5 Definition of Terms.....	5
1.6 Significance of the Study.....	6
1.7 Scope of the Study.....	6
<b>Chapter II Review of related literature.....</b>	<b>8</b>
2.1 Theoretical Review of Literature.....	8
2.1.1 Organizational Culture.....	8
2.1.2 Turnover.....	9
2.1.3 Turnover Intention.....	12
2.2 Empirical review of literature.....	13
2.2.1 Relationship Between Organizational Culture and Turnover Intention.....	13
2.2.2 Measuring Culture.....	15
2.2.3 Conceptual Model.....	18
2.2.4 Hypothesis.....	18
<b>Chapter III Research methodology.....</b>	<b>19</b>
3.1 Research design.....	19
3.2 Sampling design.....	19
3.2.1 Target population.....	19
3.2.2 Sampling technique.....	20
3.2.3 Sampling location.....	20
3.3 Data type and sources.....	20
3.3.1 Primary data.....	20
3.3.2 Secondary data.....	20
3.3.3 Measurement of variables.....	21
3.4 Data collection procedure.....	21
3.4.1 Pilot test.....	21

3.4.2 Data cleaning.....	21
3.5 Data analysis and Presentation.....	22
3.6 Reliability of Instrument.....	22
3.6.1 The Organizational Cultural Assessment Instrument (OCAI).....	22
3.6.2 The Turnover Intention Scale.....	23
3.7 Ethical Consideration.....	23
<b>Chapter IV Results and discussion.....</b>	<b>24</b>
4.1 Descriptive Statistics.....	24
4.1.1 Distribution.....	24
4.1.2 Demographic Data.....	25
4.1.3 Cross Tabulation.....	27
4.2 Correlation Analysis.....	31
4.3 Regression Analysis.....	32
4.3.1 Collinearity Analysis.....	33
4.3.2 Hypothesis Testing.....	33
4.4 Discussion.....	35
<b>Chapter V Conclusion and Recommendation .....</b>	<b>38</b>
5.1 Summary.....	38
5.2 Conclusion.....	38
5.3 Limitation.....	39
5.4 Recommendation.....	40
<b>Reference .....</b>	<b>41</b>

## **Abstract**

Employee voluntary turnover is very expensive from the point of view of the organization, has significant negative effects on the organization and hence remains a critical issue for organizations. Most of the causes discussed in the literature are classic causes coming from conservative theories such as psychological and sociological organizational behavior etc. One of the classical causes of voluntary turnover that has been researched but still needing attention is organizational culture. This study investigates the impact of organizational culture on turnover intention among professional health employees working in the private health sector. Correlation and regression analysis were applied to establish the relationship and effect between the independent and dependent variables. The findings show that Type B adhocracy culture was the dominant culture type prevailing in the private health facilities. The result revealed only one type of organizational culture influences voluntary turnover intention: Type A Clan culture. It is also shown that this type of organizational culture has a significant and positive effect on voluntary turnover intention among the health professionals. This finding can be adopted by policy makers and other stakeholders who have to develop a way to prevent voluntary turnover among professional health employees and have to develop an organizational culture or policy to retain these human resources working in private health sector facilities.

**Key Words:** Health Professionals Organizational culture, Private health facility, Turnover Intentions

## CHAPTER I. INTRODUCTION

### 1.1. Background of the study

The subject of organisational culture attracted a large amount of attention in the late 1980s and early 1990s. An organization's culture is considered to be an important factor affecting organisational success or failure (Sawner, 2000). It is frequently held accountable for organisational ills and, on occasions, praised for creating positive qualities (Baker, 2004; Shani & Lau, 2008). In addition to organisation-level effects, the impact of organisational culture on key employee attitudes is well documented (Cameron & Quinn, 2011). Numerous studies have demonstrated the influence of organisational culture on job satisfaction and organisational commitment and intent to leave (Cameron & Freeman, 1991; Goodman, Zammuto, & Gifford, 2001; Lok & Crawford, 2004)

Staff turnover has always been a key concern faced by organizations regardless of its location, sizes, and nature of business, business strategy (profit or nonprofit). Chan, Yelow, Lim & Osman (2010) also quoted staff turnover as a serious issue especially in the field of human resources management. Studies reveal that high turnover brings destruction to the organization in the form of both direct and indirect cost. Studies have also been carried out regionally and globally to explore and to study the relationship between various variables with staff turnover

Staff attrition has been a problem in many organizations and even more in private health facilities. Health professionals leave organizations mainly in search of better pay, career development and social factors resulting vacant positions in the organizations. This has repercussions directly on the organization and indirectly on the nation as a whole (Michael, 2013). Assuring access to quality healthcare services depends on a hospital's ability to retain qualified doctors and nurses, among others. Predicted severe shortages in this regard and an increasing demand for healthcare services have made the retention of experienced, qualified staff a priority for healthcare organizations. Turnover has become a major problem for the health sector of Ethiopia for the reason of high job opportunity, effortlessness of job switching and huge demand of skilled professionals.

High health professionals turnover has been shown to have a negative impact on an organization's capacity to meet patient needs and provide quality care (Gray and Philips,

1996; Tai, Baim, Robinson, 1998; Shields and Ward, 2001). Researchers have established that staff turnover is costly; it reduces the effectiveness and productivity of an organization and decreases the quality of patient care Arthur (2001).

As stated in study of Carmeli (2005), many studies indicated that personal-related variables such as stress, motivation, satisfaction and work commitment have influence on employees' turnover intentions. On the other hand, Baysinger and Mobley (1983, as cited in Carmeli, 2005) indicated that organization cultures also affect employees' turnover intention.

Therefore, understanding the importance of organization culture in predicting employee actual turnover can provide useful information on how to address turnover in an organization effectively.

### **1.1.1. PHSP's Back Ground Information**

The Private Health Sector Program (PHSP) is a project run by an international nongovernmental organization (NGO) named Abt Associates Incorporated and funded by United States Agency for International Development (USAID). PHSP's main objective is to enable the Ministry of Health of Ethiopia to deliver quality health services and increase access to the population at large. PHSP currently, supports more than 300 private facilities (PFs) in seven regions of Ethiopia, including Addis Ababa. In Addis Ababa it supports a little more than 50 private facilities.

PHSP is involved in major public health areas such as HIV Counseling and Testing, Tuberculosis, Family Planning, Sexually Transmitted Infection, Malaria, Antiretroviral Therapy and Prevention of Mother to Child Transmission. One of the major supports provided by PHSP to achieve its objectives is providing essential training services to public health care providers of these PFs. (Michael, 2013).

Despite this, staff turnover has remained a big challenge. Costs are incurred in replacing vacant positions and gap is created which hinders normal workflow till substitute is obtained. Even after replacement is effected there is an elapse of time before the new personnel is fully engaged. Beside this, as facilities may be engaged in unethical activity

of performing medical practices with unqualified/untrained staff members, this may compromise the quality of service. (Michael, 2013)

According to scholars, it is prudent to study turnover intention of employees and take remedial action in time instead of addressing it after the employees have already left the organization. From the employers' perspective, once an employee has quit, there is little the employer can do except assume the expense of hiring and training another employee.

Therefore, the researcher find it imperative for the private health facilities to initiate strategies that will stem the rate of turnover and it is more important to study and understand their turnover intentions which precedes the actual turnover and take corrective action if need be.

### **1.2.Problem Statement**

Over the past decade there is a trend of fast development in the private hospital sector in Ethiopia. This important component of the health care system has received policy attention and federal government is a promoter for private health care. Despite the efforts being made to engage the private sector, these private hospitals are facing the major problems of lack of trained professionals in specialty areas, maintenance of bio-medical equipment's, availability of quality drugs, high turnover of employees and seasonal fluctuations on patients flow Nair, Jira, Mornkar & Tushune (2011).

Health professional attrition has long been a challenge in the health sector in Ethiopia (HAPCO, 2009). Staff attrition impacts organizations in terms of reduced quality of service, loss of productivity and increased costs. Health staff turnover is a major issue impacting the performance and profitability of healthcare organizations. Organizations incur heavy cost in replacing staff leaving. In situations where there is lag in replacement or surrogate employees deployed service may be delayed or quality compromised. (Michael, 2013).

Turnover of permanent employees has implications for any organization and respective administrative personnel confronted by it. One of the main consequences is that of rising in cost incurred in advertising, recruiting, selecting and deploying new staff members. Beside this, there is usually a time gap between departure of a staff member and deployment of another. This creates hindrance in activities and its intensity depends on how important the

vacant position is. Staff attrition of health professionals has long been a headache for personnel managers/owners and is still is.

In today's health care environment, an organization's culture affects both financial success and patient satisfaction. From perspective of the patient, comfort, care and confidence are measurements just like expertise and excellence in treatment. And all of those elements can directly affect long-term outcomes. Retaining and attracting health professionals continue to be a high priority for hospitals and healthcare organizations nationwide.

Studies have shown that the healthcare sector has one of the highest industry turnover rates (Numerof, Abrams, & Schank, 2002). Many studies conducted in an effort to assess the major determinants of turnover and the antecedent turnover intention, in the health sector setting, have come up with more or less similar outcome. Most of them attribute the driving forces behind the turnover to motivational factors; for instance, (Abera, Yitayal & Gebresselassie, 2014) has found out in their studies that demographic characteristics; educational status, profession, work experience and level income were significantly associated with health professional turnover intention.

Another cross sectional study carried out on Nurses turnover intent at the Tikur Anbessa Specialized Hospital has found out that work related factors as pay, work-life balance, physical environment of the workplace, and locations contribute to turnover (Abdulwahb, 2013)

The researcher has realized that much of the studies that have attempted to assess the reason behind the health work force mostly attributed the causes to the respondent's demographic characteristics and motivational factors and financial incentives Abdulwahb (2013) Girma, Erdaw & Habtamu (2015) Agezegn, Tefera & Ebrahim. (2014). However, most, if not all studies failed to acknowledge the impact organizational culture may have on these undesirable behavior. Fewer attempts are made to explore the impact this significant organizational factor has on employees desire to leave or to stay. Moreover, the researches were primarily carried out in the public health sector.

This paper, therefore, tried to examine the nature of the organizational culture from the private health sector perspective and tries to assess its effect on turnover intention among employees.



### 1.3. Research Questions

Based on the stated problem, this study has tried to address the following questions:

1. What is the prevailing dominant organizational culture in the private health care facilities?
2. What is the relationship between organizational culture types based on the Cameroon and Quinn's Competing Value Framework of culture and the four dimensions of organizational culture [*Adhocracy, Hierarchy, Market, and Clan*] and intent to turnover?
3. Which organizational culture has a significant impact the behavioral intentions of private healthcare workers in Addis Ababa?

### 1.4. Research Objectives

**1.4.1. General objective:** To examine how organizational culture impacts turnover among private health sector permanent professional employees in Addis Ababa.

#### 1.4.2. Specific Objectives:

1. To determine the dominant and prevailing organizational culture in the private health care facilities.
2. To identify the relationship between organization cultural factors derived from the competing values framework [*Adhocracy, Hierarchy, Market, and Clan*]
3. To determine which organizational culture types have a significant impact the behavioral intentions of private healthcare workers in AA.

### 1.5. Definition of terms

The following definitions were applied to form the basis of this research.

**A. Organisational Culture:** "A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members of the organisation as the correct way to perceive, think, and feel in relation to those problems" (Schein, 1992, p. 12)

**B. Turnover intention:** "The intention to voluntarily change companies or to leave the labor market altogether" (Karin & Birgit, 2007).

## **1.6. Significance of the study**

The number of the employees' intent to quit has increased recently. Therefore, recruitment and selection costs are significant to organization (Bauer, Morrison & Cariston, 1998).

Turnover intent is treated as the antecedent of the actual turnover. Hence, making the study of the intention to quit is appropriate. Understanding what organizational characteristics contribute to the intent will help the direct stakeholders (owners/managers in this case) to make a positive changes to the environment. This in turn will help most of the health care providers to reduce the turnover rate so they can save the costs in hiring and time for retraining the new employees.

This study has explored this problem and tried to get a deeper understanding of the problem within the context of the target group. Results from this study would also aid policy makers in human resources in the health care sector to develop strategies to curb the brain drain phenomenon in that sector.

The thesis also intends to make its contribution to knowledge by giving an account of research undertaken within the private health sector. It will also add new insights to the existing knowledge and serves as a basis for future study.

## **1.7. Scope of Study**

The study aims at investigating the impact of organizational culture on employee turnover intention of employees working in privately owned health facilities which are supported by the Private Health Sector Program. However, the researcher limited the target population to those employees working in Addis Ababa for their accessibility.

Moreover, the research was tailored to the assessment of the turnover intent among the permanent health professional employees. Professional employees such as Medical Doctors, Nurses, Midwives, Lab Technicians and Health officers are the direct contacts of the study. Hence, the rest of the support and administration staff was not considered.

The researcher employed quantitative method to describe the relationship between the independent variable and the dependent variable. Descriptive, correlation and regression

analysis were used to find the effect of organizational culture on turnover intention. Quantitative method basically measures the 'value' aspect of organizational culture.

The instruments that were used to measure the variables were limited to questionnaires (Organizational cultural assessment instrument and turnover intention questionnaire). Time and availability of instruments has constrained the researcher to employ these tools and to rely on quantitative method only.

## **CHAPTER II. REVIEW OF RELATED LITERATURES**

A review of previous relevant literature is an important feature of any research study. This chapter commences with an overview of the concept of organizational culture. This is followed by a discussion on the main constructs of this study turnover intention. Finally, the chapter concludes with hypothesized relationships between constructs of this study

### **2.1. Theoretical review of literature**

#### **2.1.1. Organizational Culture**

Organizational culture has been variously defined (Ott 1989; Schein 1990; Davies, Nutley, and Munnion 2000). It denotes a wide range of social phenomena, including an organization's customary dress, language, behavior, beliefs, values, assumptions, symbols of status and authority, myths, ceremonies and rituals, and modes of deference and subversion; all of which help to define an organization's character and norms. Unsurprisingly in view of this diverse array of phenomena, little agreement exists over a precise definition of organizational culture, how it should be observed or measured, or how different methodologies can be used to inform routine administration or organizational change.

The following definition, however, reflects the generally accepted view of what organizational culture is, and will serve as the basis for subsequent discussion.

*“Organizational culture is a pattern of shared basic assumptions- invented, discovered, or developed by a given group as it learns to cope with its problems of external adaptation and internal integration-that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think and feel in relation to those problems (Shien, 1985a).*

This definition captures one of the basic challenges faced by any culture to reconcile the often divergent aims and actions of its members. It also points to the difficulty of addressing that challenge.

Organizational culture has been identified as an important aspect of organizational behavior and as a concept that is useful to understand how organizational functions (Liu et al., 2010). In addition, organizational culture helps determine how well a person fits within a particular organization because the fit includes feeling comfortable with the culture. Besides, organizational culture in several national cultures found that individuals values and organizational practices need to be integrated in the demographic variables, such as age and gender impact the degree of person organizational fit (Silverthorne, 2004).

Organizational culture is posed in the literature as a many-sided abstraction with several dimensions which have varying degrees and direction of impact on employees' behavior (e.g., Sheridan, 1992; Song, Kim & Judith, 2009).

Cultural factors appear in every aspect of an organization from the highest level management to lowest level of management. Culture in simple terms can be referred to the underlying values, beliefs and codes of practice that makes a community what it is. The customs of society, the self-image of the members of the society, the things that make it different from other societies, are the cultural values of the society. Culture is powerfully subjective and reflects the meanings and understandings that we attribute to circumstances we find ourselves.

The perceptions and beliefs of people that make up an organization's culture are advanced and refined by communications and interactions among people inside and outside the organization. These perceptions and beliefs can effect and can be effected by people's behaviors on such things as ways to proffer solutions to problems, how to carry out a job and how to communicate. These, in turn, affect an individual's job performance and satisfaction, and then affect an organization's performance. It has been shown that organizational culture can have a positive effect on competitive advantage, increased productivity and a firm's performance (Yeung, Brockbank, & Ulrich, 1991). On an individual's level, Zamanou and Glaser (1994) found organizational culture could affect an employee's participation and involvement. If organizational culture impacts an organizational performance, it is because the culture of that organization has impacted the employees first, which in turn impacts on the overall performance, productivity or competitive advantage of the organization. Kim and Park (1992) proposed that turnover can be explained as a misfit between the corporate culture and of employees.

### **2.1.2. Turnover**

Labor turnover is a universal phenomenon (Ashok Praveen & Hira, 2009). Most workers shift from one organization to another in a job which is better in terms of salary and status. This leads to labor turnover. Labor turnover to a certain extent or limit is good for workers, industry as well as society. But excessive labor turnover always have a negative impact on workers and industry. (Ibid, 165). Turnover can be defined as ‘the rate of change in the workforce of an organization during a definite period (Ashok et.al. 2009).

One of the earliest and perhaps most influential integrative models of employee turnover is presented by March and Simon (1958) in their analysis of organizations. The March and Simon scheme concerning employee mobility (desirability, and perceived ease of movement) illustrates their concepts of the major factors affecting perceived desirability of movement which are job satisfaction and perceived possibility of intra-organizational transfer, while perceived ease of movement depends on the availability of jobs for which one is qualified. Although the model has contributed to the study of turnover by focusing attention on the need to assess both economic – labor market and behavioral variables in studying the employee turnover process, it is criticized for having few direct evaluations of the multiple and sequential determinants of turnover suggested by this model. Overall the March and Simon model has provided the founding framework for all later turnover process models, and a valuable catalyst to move beyond simple bivariate relationships between job satisfaction and turnover (Bowen, 1982; Jackofsky, 1984; Jackofsky and Peters, 1983; Mobley, 1982a, 1982b; Price, 1977).

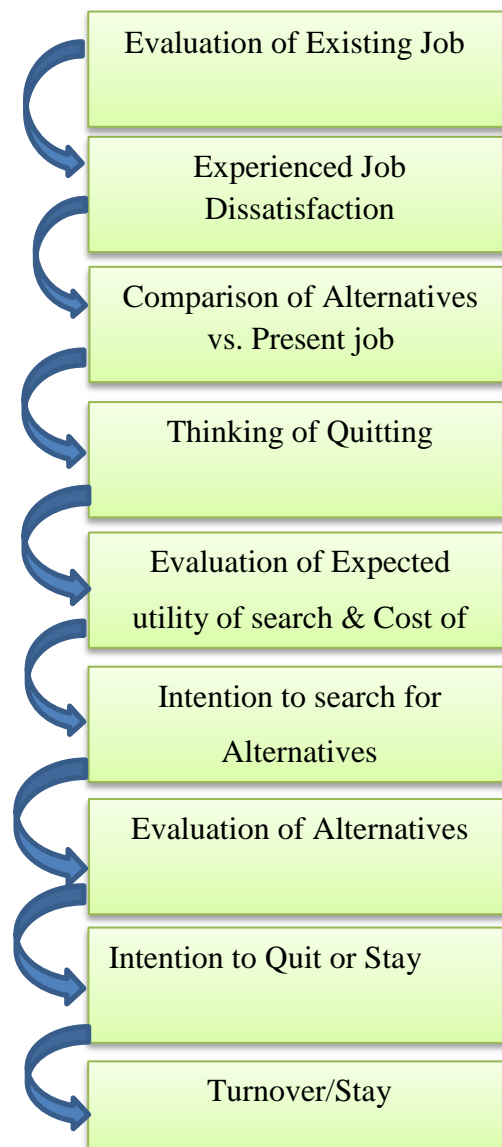
Mobley (1977) further contributed to the turnover literature with his Intermediate Linkages model, drawing attention to a number of critical sources of influence such as perceived job alternatives. Turnover, according to Mobley (1982a), “is an individual behavior” and “in order to better understand it, one must be concerned with how the individual perceives and evaluates the various organizational factors and how he integrates work and external-to-work factors”. According to him, employee turnover as related to the retention of doctors and nurses is dependent upon various aspects of organizational factors and related working conditions including satisfaction with job content, social support and pay/benefit satisfaction among others.

In his book *Employee Turnover, Causes Consequences and Control*, Mobley (1982a) reiterates that understanding and effectively managing employee turnover requires the

integration of individual, organizational and environmental perspectives in the design of strategies to deal with turnover and on the basis of employee perception among others. He further suggested that turnover is best predicted from the employee perspectives of job satisfaction; expectations and evaluations of alternative jobs outside and inside the organization; non-work values and roles and their relationship to job behavior and turnover behavioral intention.

Mobley presents a model of the turnover decision process which identifies possible intermediate linkages in the job satisfaction-turnover relationship, as presented in Figure 1. The model suggests that employees demonstrate thoughts of quitting when they embark on search evaluation and behavior and evaluation of alternatives, which may ultimately result in turnover if they become dissatisfied with their jobs.

**Figure 2.1. Mobley's turnover model (1977)**



Even though the relationship between job satisfaction and turnover is not particularly strong, it has been consistent with many studies over time (Mobley 1982b). Dissatisfied employees are more likely to quit than satisfied ones and this suggests that measures of job satisfaction must be combined with other measures to effectively predict and understand turnover. For instance, one of the best individual predictors of turnover is employees' stated intentions to stay or leave. Such behavioral intention statements are helpful diagnostics of employee turnover (Kraut, 1975).

### **2.1.3. Turnover Intention**

Turnover intention refers to the intention to quit ones job voluntarily. Karin and Birgit (2007, p. 711) defined it as “the intention to voluntarily change companies or to leave the labor market altogether”. Price and Mueller (1981) argued that the use of turnover intention over actual turnover is better and more practical.

Turnover intention is serious issues especially in the field of Human Resource Management. Turnover is associated with such cost of recruiting and selecting new employees. If an employee intends to leave and contributed to turnover rate, the losses of a company bear is much greater than paying a high wage to the employee.

Turnover intention can be classified into unpreventable turnover, desirable turnover and undesirable turnover. The unpreventable turnover is due to the illness, family issue or retirement. Moreover, the desirable turnover is due to the employee's incompetence. Undesirable turnover would include competent and qualified employees leaving due to such organizational issues as lack of supervision, poor support and role conflict. These issues need to be addressed because they are directly affect client service quality and organizational effectiveness (Shim, 2010).

Bodla & Hameed (2008) suggested that the employees' turnover will have substantial cost or risk of losing social capital. The research further examines the dimension on the employees' turnover intention, which is a controllable and uncontrollable force. There are five variable that have been identified, which are the satisfaction with pay, satisfaction with working conditions, satisfaction with supervision, organizational commitment, and Job stress.



According to Jeffrey (2007), if the distrust of management is pervasive then dissatisfaction among employees would lead to decreasing job tenure, increasing turnover and intention to quit. Therefore, employer shouldn't lose sight of this factor.

## **2.2. Empirical Review of Literature**

### **2.2.1. Relationship between organizational culture and turnover intentions**

Organizational Culture consists of the collective belief, assumption and value systems/ structures regarding organizational reality and effective ways of coping for organizational members (e.g., Pettigrew, 1979; Shien, 1985). Researchers have long suggested that these shared systems/ structures can affect the likelihood that applicants will enter the organization and that employees will quit. Even research conducted in the area of organizational culture and its various dimensions and their influence on turnover intentions has affirmed that perception of employees about organizational culture and its dimensions have significant influence on turnover intentions. Carmeli (2005) examined the influence of five dimensions of organizational culture (i.e. job challenge, communication, trust, innovation and social cohesiveness) on employees' withdrawal intentions and behavior and he found that an organizational culture that provides challenging jobs diminishes employees' absenteeism and withdrawal intentions from the occupation, job, and the organization. Igarria and Siegel (1992) found that task characteristics play an important role in predicting job involvement, career satisfaction and intention to leave. Park and Kim (2009) revealed that consensual culture exhibited the strongest, negative association with the turnover intentions.

However, most of this research that links culture to turnover has taken an interactive approach. That is, the interaction of organization culture and individual characteristics affect turnover decisions. Specifically, this interaction is based on similarity between personal and organizational characteristics leading to lower chances of turnover (Schneider, 1987). Researchers have primarily focused on the similarity between employee and organization goals and values, represented in the supplementary P-O fit perspective (Kristof, 1996). Personality dimensions have been reliably associated with values and preferences for certain organizational cultures (Judge & Cable, 1997). Some research has also examined interactive effects of personality, culture and turnover intentions (Schaubroeck, Ganster & Jones, 1998).

In fact, O'Reilly, Chatman and Caldwell (1991) found that “misfits” on organization values terminated faster than “fits” after 20 months of tenure. Additionally in earlier studies researchers concluded that organizational culture affects organizational behavior and is partly responsible for turnover intentions (Carmeli, 2005).

Although this interactive, P-O fit perspective has been popular and relatively successful in predicting variance in turnover, it is incomplete with respect to explaining the impact of culture. Researchers have argued that an organization's culture may have direct effects on the rate of voluntary turnover within an organization (Abelson, 1993; Kerr & Slocum, 1987; Sheridan, 1992).

Kerr and Slocum (1987) proposed that organizational cultures emphasizing interpersonal relationship values improved retention by an average of 14 months over culture emphasizing work task values. He also questioned the efficacy of the interactive (P-O fit) perspective in light of the strong findings for his situational perspective. Despite these supportive findings, this study does not specify how an organization culture comes to include these turnover-related values. They also do not propose an actual “turnover culture” explicitly formed around turnover-related behavior.

One study examined the relationship between organizational culture and job satisfaction. Gifford, Zammuto, Goodman, and Hill (2002) explored the relationship between job satisfaction and culture type, as measured by the Competing Values Framework (Zammuto & Krakower, 1991). This study also examined the relationship between organizational culture and job involvement, empowerment, organizational commitment, and intent toward turnover. The researchers concluded that human relations culture type was positively related to job satisfaction, organizational commitment, job involvement, and empowerment, and negatively related to intent toward turnover.

Kessler (2014) conducted a research on the effect of culture on employee's turnover intention. The study focuses on the correlations between organizational culture and voluntary turnover intention among IT employees in Hi-Tech companies in Israel. In the research it was found that only one type of organizational culture effects voluntary turnover intention and that is organizational culture Type-C Market. It was found that this type of culture which focuses on results and objectives positively affects voluntary turnover intention.

Yuen et.al (2015) investigated the causal relationships between nurses' organizational culture, workplace bullying, work burnout, and turnover intention In South Korea. As a result, it was found out that both the innovative (Market) and relational (Clan) cultures had indirect negative effects on nurses' turnover intention through the mediating factors of workplace bullying and work burnout, while the hierarchical culture had an indirect positive effect on nurses' turnover intention. In another study conducted on Saudi Arabia Banks, the effect of Hierarchy culture is positively related to turnover intention with job satisfaction and commitment as mediators (Abdullah, 2013).

### **2.2.2. Measuring Organizational Culture**

The contemporary definition of organizational culture (OC) includes what is valued, the dominant leadership style, the language and symbols, the procedures and routines, and the definitions of success that characterizes an organization. OC represents the values, underlying assumptions, expectations, collective memories, and definitions present in an organization (Schein, 1992; Cameron & Quinn, 1999).

There are a variety of qualitative and quantitative approaches that measure organizational culture depending on the purpose and goals of each investigator. Cameron and Quinn (1999) have developed an organizational culture framework built upon a theoretical model called the "Competing Values Framework." This framework refers to whether an organization has a predominant internal or external focus and whether it strives for flexibility and individuality or stability and control. The framework is also based on six organizational culture dimensions and four dominant culture types (i.e., clan, adhocracy, market, and hierarchy). In addition the framework authors generated an "Organizational Culture Assessment Instrument (OCAI)" which is used to identify the organizational culture profile based on the core values, assumptions, interpretations, and approaches that characterize organizations (Cameron & Quinn, 1999).

The competing values framework can be used in constructing an organizational culture profile. Through the use of the OCAI, an organizational culture profile can be drawn by establishing the organization's dominant culture type characteristics. In this respect the overall culture profile of an organization can be identified as:

- **Clan:** an organization that concentrates on internal maintenance with flexibility, concern for people, and sensitivity for customers.
- **Hierarchy:** an organization that focuses on internal maintenance with a need for stability and control.
- **Adhocracy:** an organization that concentrates on external positioning with a high degree of flexibility and individuality.
- **Market:** an organization that focuses on external maintenance with a need for stability and control.

Thus, the quantitative survey instrument used in the study was the Organizational Culture Assessment Instrument (OCAI) and specifically “assesses six key dimensions of organizational culture: dominant characteristics, organizational leadership, management of employees, organizational glue, strategic emphases, and the organization’s criteria of success” (Cameron and Quinn, 1999:19). Cameron and Quinn (1999) state: "The instrument is in the form of a questionnaire that requires individuals to respond to six items. Although there are a variety of ways to assess organizational culture, this instrument has been found to be both useful and accurate in diagnosing important aspects of an organization’s underlying culture. It has been used in more than a thousand organizations and it has been found to predict organizational performance. Its intent is to help identify the organization’s current culture (Cameron and Quinn, 1999:19, 23)." The same instrument helps identify the culture organization members think should be developed to match the future demands of the environment and the challenges to be faced by the company (Ibid: 18).The OCAI has six categories four sub-items/styles. Each sub item represents the four competing values cultures, as follows:

- Type A style indicates a Clan culture
- Type B style indicates an Adhocracy culture
- Type C style indicates a Market culture
- Type D style indicates a Hierarchy culture

Table 2.1. Category and Style: Cameron and Quinn (1999)

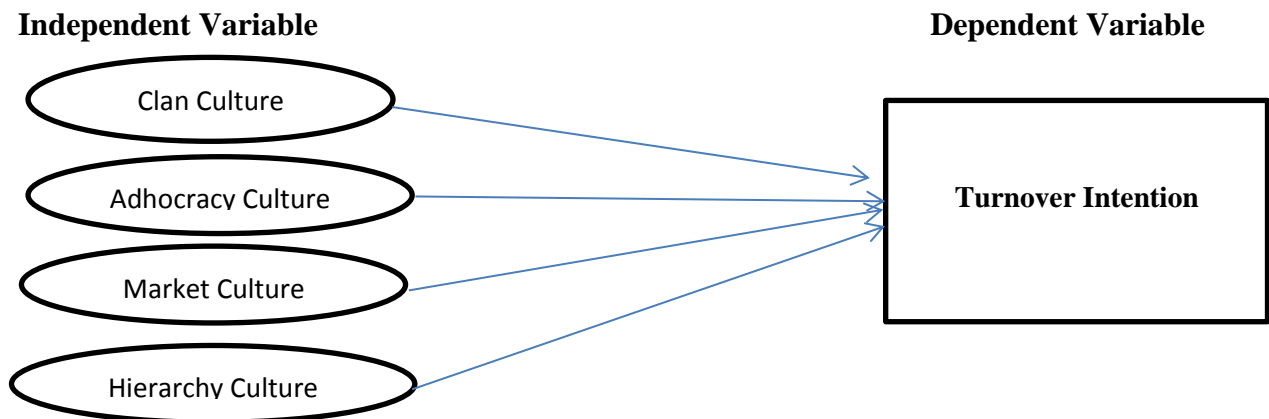
	<b>Category</b>	<b>Style</b>
1	Dominant organizational characteristics	A: Personal, like a family B: Entrepreneurial, risk taking C: Competitive, achievement oriented D: Controlled and structured
2	Leadership style	A: Mentoring, facilitating, nurturing B: Entrepreneurial, innovative, risk taking C: No-nonsense, aggressive, results oriented D: Coordinating, organizing, efficiency oriented
3	Management of employees	A: Teamwork, consensus, and participation B: Individual risk taking, innovation, freedom and uniqueness C: Competitiveness and achievement D: Security, conformity, predictability
4	Organizational glue	A: Loyalty and mutual trust B: Commitment to innovation, development C: Emphasis on achievement and goal accomplishment D: Formal rules and policies
5	Strategic Emphasis	A: Human development, high trust, openness B: Acquisition of resources, creating new challenges C: Competitive actions and winning D: Permanence and stability
6	Criteria for success	A: Development of human resources, teamwork, concern for people B: Unique and new products and services C: Winning in the marketplace, outpacing the competition D: Dependable, efficient, low cost

*Source: Cameron and Quinn, 1999*

This section tried to review related materials from online and printed media. It also tried to assess research and studies carried out on the topic of same nature. Much of the studies give emphasis to human related factors (job satisfaction, commitment etc...) as antecedents to the turnover intention. The researcher takes a note that an important organizational factor; culture has not been given due attention. Therefore, this study has tried to address this gap by investigating how organizational culture affects turnover intention in the private health sector setting.

### 2.2.3. Conceptual Model

The researcher conceptualized the impact of organizational culture on employees' turnover intent and draws the framework below. The conceptual framework represents the way in which the independent variable (dimensions of organizational culture) affects the dependent variable (turnover intention)



Source: Developed for research

### 2.2.4. Hypothesis

Based on the results obtained from other empirical studies and mentioned in the literature of this study, the researcher has drawn the following hypothesis to be tested.

*H1: Organizational Culture has a significant effect on turnover intention*

*H2: A people oriented (clan) culture is negatively related to employee turnover intention*

*H3: Adhocracy Culture is positively related to turnover intention*

*H4: Market Type Culture is positively related to turnover intention*

*H5: Hierarchy Culture is positively related to turnover intention*

## **CHAPTER III. RESEARCH METHODOLOGY**

### **3.1. Research Design**

This chapter describes the research design and the methods used to statistically test the hypothesized relationships developed in Chapter Two. Development of the research instrument will be described. Adoption of the research instrument, the questionnaire which was distributed to validate the proposed conceptual framework, and the population and sample size used in the study will be discussed. The chapter will be concluded by an exposition of the different statistical techniques used in the analysis. Accordingly, Chapter Three is composed of these main sections: (1) Research methods; (2) Sampling; (3) Research instruments; (4) Data Collection Procedure (5) Data analysis procedures; (6) Reliability of Instruments (7) Ethical Consideration.

Quantitative approach in the form of descriptive and relational research was used to assess the impact of Organizational Culture on turnover intention. Using correlation and multiple linear regression analysis, the researcher tried to assess the strength and magnitude relationship among variables and the effect of the independent variables on the outcome variable.

### **3.2. Sampling Design**

#### **3.2.1. Target Population**

According to Zikmund.W (2003), the definition of population is identifiable total set of elements of interest being investigated by a researcher. The target population is defined as the entire group a researcher is interested in. The target populations in the research were permanent professional health staffs (Medical Doctors, Nurses, Midwives, Lab Technicians, Pharmacists, and Health officers) from the selected private health service providers in Addis Ababa.

As per the recent health facilities directory, there are 143 higher and special private clinics. It is stated in the scope of the study that the researcher focused on those institutions that are supported by the Private Health Sector Program. Accordingly, 57 health facilities that were supported by the project were targeted for the research. There are a total of 474 permanent professional employees working in these selected facilities. Out of the total population, the

researcher was set to obtain a minimum recommended sample size of 212 with 5% margin of error and 95% confidence level.

$$n = \frac{X^2 * N * P * (1-P)}{(ME^2 * (N-1)) + (X^2 * P * (1-P))}$$

Where :

n = sample size

$X^2$  = Chi – square for the specified confidence level at 1 degree of freedom

N = Population Size

P = population proportion (.50 in this table)

ME = desired Margin of Error (expressed as a proportion)

Source: (<http://research-advisors.com>)

### **3.2.2. Sampling Technique**

The researcher used convenience sampling technic to collect primary data. Subjects of the study who meet the practical criteria and purpose of the research were selected in a nonrandom fashion from the target population. Convenience Sampling is opted as it is affordable, easy and the subjects are readily available.

### **3.2.3. Sampling Location**

The health facilities selected for this research were from Addis Ababa. The sampling covers facilities located in different sub-cities.

## **3.3. Data Type and Sources**

### **3.3.1. Primary Data**

The primary information was obtained from the target population (the permanent professional health employees) using questionnaire. The researcher opted to use questionnaire for this research since it is the best and inexpensive tool to reach a large number of respondents at a time. The questionnaires employed in this research were also found to be reliable and previously used on same organizational setting.

### **3.3.2. Secondary Data**

Researcher relied on all material relevant to the topics. Journals, articles found on the internet, text books, and other thesis of same nature were explored to enrich the study. Secondary data are used to help the researcher to have a better understanding on studies of same nature and provide inputs to the research.



### **3.3.3. Measurement of Variables**

#### **A) The Independent Variable (Organization Culture)**

The researcher employed the Organization Culture Assessment Instrument (OCAI) questionnaire to measure the organizational culture. The OCAI is a tool originally developed by Quinn et al (1999) and modified over the course of time. The OCAI has found to be a reliable and valid instrument and has been used for assessing culture in various organizational settings. The original values in the questionnaire were a bit modified to suit the audience and the context of the health care service environment.

#### **B) The Dependent Variable (Turnover Intention)**

The turnover intention of employees was measured using the questionnaire developed by Mobley (1982). Employees were asked to rank their agreement on quitting their job using a five-point scale.

### **3.4. Data Collection Procedures**

A total of 212 employee questionnaires (completing time 15-20 minutes) with a cover letter were hand delivered to professional health staffs working in private facilities. Staff nurses handed out the questionnaires during their supervision visit. It took more than six weeks to collect the filled out questionnaires. 183 completed questionnaires were returned yielding 86.3% response rate.

#### **3.4.1. Pilot Testing**

Pilot test was conducted to refine the questionnaire to ensure that no error or misunderstanding occurs. Questionnaires were distributed for pre-test purposes with the assistance from a panel of health professionals (n=25) and with the expertise of statistics (n=3). Minor adjustment in the wording was made as per the feedback received.

#### **3.4.2. Data Cleaning**

After collecting the surveys, the obtained data were entered into the SPSS 20. Screening of data sets was performed by examining basic descriptive statistics and frequency distributions. The most important step in data screening is to detect values that were improperly coded or out-of-range. This was conducted by running a frequency test for every variable to detect these values. The results of this test did not detect any out-of-range or

improperly coded response.

### 3.5. Data Analysis and Presentation

A quantitative technique was used for data analysis. The researcher clean and coded the data from the questionnaires. The data was then analyzed using Statistical Packages for Social Sciences (SPSS) through which the relationship between the independent and dependent variables were sought.

Descriptive statistics in the form of frequencies, percentages, means and standard deviations are used to analyze demographic variables in the study and these characteristics of the subjects are presented graphically using tables and pie charts.

Correlational analysis has been established to analyze the relationship between the organizational culture and turnover intention.

Finally, the multiple linear regression analysis has been carried out to find out the impact organizational culture has on turnover intention.

### 3.6. Reliability of instrument

#### 3.6.1. The Organizational Culture Assessment Instrument (OCAI)

The OCAI developed by Cameron and Quinn (1999) was utilized to assess the current dominant type of organizational culture. The OCAI results determine the dominant type of organizational culture: Clan, Market, Adhocracy, and Hierarchy culture. The SPSS results of reliability coefficients for the OCAI were:

**Table: 3.2 Reliability of instrument**

S.N	The culture Type according to Cameron and Quinn (1999)	Reliability Comparison Coefficients*
1.	Clan	.89
2.	Adhocracy	.68
3.	Market	.73
4.	Hierarchy	.83

**Source: own survey 2016/spss output**

This indicates that Cameron and Quinn's Competing Values Framework of organizational culture was applicable in Ethiopian context.

### **3.6.2. The Turn over Intention Scale**

Turnover intention was measured using a five-item Likert scale developed by Mobley W (1982). The researcher opted to use this scale with a bit changes made to the wording. The reliability coefficient for the turnover intention scale was =0.80.

### **3.7. Ethical Considerations**

A number of ethical considerations were taken into account throughout this study. On the questionnaire that was developed for data extraction, it has been clearly stated that participation will be voluntary, the research is purely for academic purposes and that confidentiality of participants is assured. Moreover, there was no mention of third party institutions (Health Institutions of the respondents), confidentiality was kept. The research questions were structured in a way that they will not expose the institutions to competition or pose a danger of giving confidential information.

## CHAPTER IV. RESULTS AND DISCUSSION

This chapter discusses the findings of the analysis and their interpretations thoroughly. Out of the total 212 questionnaires distributed, 183 questionnaires were completed and returned which makes the response rate to 86.3%. These questionnaires were analyzed using the Statistical Package for Social Science (SPSS) IBM version 20 statistics.

### 4.1. Descriptive Analysis

Descriptive analysis is the basic transformation of raw data in a manner that describes the basic characteristics of the data to help the researcher to comprehend, recognize and manipulate the data into the information that can be easily described (Zikmund.W et. al., 2010). Firstly, data collected from the OCAI was analyzed by comparing the mean scores of the four types of organizational culture. The highest mean score represents the dominant organizational culture type in the organization. The following table illustrates the result.

**Table 4.1 Descriptive Statistics**

Organization Culture Type	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. error
Adhocracy Culture	183	3.3005	.75035	-.241	.180	-.685	.357
Hierarchy Culture	183	3.2896	.89458	-.512	.180	-.542	.357
Clan Culture	183	3.2678	1.01060	.055	.180	-1.095	.357
Market Culture	183	3.2077	.78485	-.454	.180	-.664	.357
Valid N (list wise)	183						

**Source: own survey 2016/spss output**

The finding indicates that with the highest mean score, culture type B -Adhocracy is the dominant culture type in the private facilities. This type of culture is primarily characterized by an organization that concentrates on external positioning with a high degree of flexibility and individuality. It will be seen later in this chapter if this dominant culture significantly contributes to the turnover intention among employees.

#### 4.1.1. Distribution

To assess normality, skewness and kurtosis are two tests that can be used to validate the assumption of normality of collected data. Skewness refers to the symmetry of the distribution. On the other hand, kurtosis provides information about the peakedness of

the distribution. The rule of thumb for accepting normality is when skewness and kurtosis value ranges between -1 to +1. In this study, the distributions were normal since the absolute values of skewness and kurtosis were within the range of normality.

#### 4.1.2. Demographic Data

This section presents a descriptive analysis of the personal profile of the respondents of this study. The personal profile includes the nationality, age, gender, marital status, and years of experience in the facility, job title, educational level, monthly salary. The demographic profile of respondents is shown in Table 4.2 below.

**Table 4.2 Summary of respondents' demographic profile**

	Category	Frequency	Percent
<b>Age</b>	20 to 25 years	13	7.1
	26 to 31	43	23.5
	32 to 37	65	35.5
	38 to 43	41	22.4
	44 to 49	21	11.5
<b>Gender</b>	Male	102	44.3
	Female	81	55.7
<b>Marital Status</b>	Single	41	22.4
	Married with children	71	38.8
	Married without children	48	26.2
	Divorced	22	12
	Separated	1	5
<b>Years of experience</b>	< 5 years	63	34.4
	5 to less than 10	58	31.7
	10 to less than 15	40	21.9
	15 to less than 20	20	10.9
	> 20 years	2	1.1
<b>Job title</b>	Lab professional	18	9.8
	Mid Wife	15	8.2
	Nurse	91	49.7
	Physician	22	12
	Pharmacist	18	9.8
	Health Officer	5	2.7
	Other	14	7.7
<b>Education</b>	Diploma	30	16.4
	Bachelor's Degree	69	37.7
	Master's Degree	43	23.5
	MD	29	15.8
	Others	12	6.6
<b>Monthly salary</b>	< 1000	7	3.8
	1001 to 2000	25	13.7
	2001 to 3000	39	21.3
	3001 to 4000	68	37.2
	4001 to 5000	39	21.3
>5000	5	2.7	

Source: own research

#### *A) Age of respondents*

As the table indicates, majority of the respondents lie in the middle of the age group. 32-37 olds account for 35.5% followed by the upper group 26-30 with 23.5%. The third age group of 38-43 closely follows the second and accounts for 22.4%. The older range from the group constitutes 11.5% and finally the 20-25 as little as 7.1%.

#### *B) Sex of respondents*

The results show that majority of the respondents were males, making 55.7% of the respondents while the 44.3 are females. This supports the notion that the gap between men and women equality.

#### *C) Highest level of education*

Most of the respondents were well educated. The results showed that 37.7% obtained a bachelor degree while 23.5% held a master degree. Those who held a diploma accounted for 16.4%, followed by 15.8% who had a medical doctorate, and 6.6% with other relevant school qualifications.

#### *D) Marital Status*

The results indicate that 38.8% of the respondents were married with children while 26.9% were another married group but without children. 22.4% of respondents were single followed by 12% of divorced group and as little as 0.5% of separated. This implies married people with children tend to be more settled with their jobs.

#### *E) Monthly salary*

The results of the monthly salary levels of the respondents indicate that only 2.7% earned the maximum salary of birr greater than 5000. The results also showed that 37.2% earned between 3001 to 4000, followed by two salary groups; 2001-3000 and 4001-5000. 13.7% of the respondents earn between 1001 to 2000birr, and finally 3.8% who earned less than 1000birr.

#### *F) Years of service in respective facilities*

This table illustrates the years of experience of the respondents in their facilities. The results highlight that 34.4% of the respondents had a 1 to less than 5 years of experience with their respective health facilities, followed by 31.7% with 5 to less than 10 years of

experience, 21.9% with 10 to less than 15 years, 10.9% with 15 to less than 20 and finally 1.1% with 20 to 25 years of experience. The pattern here shows that, about the half of employees had only 1 to less than 5 years of experience with their current facility. This could be an alarming sign of high rates of employee turnover.

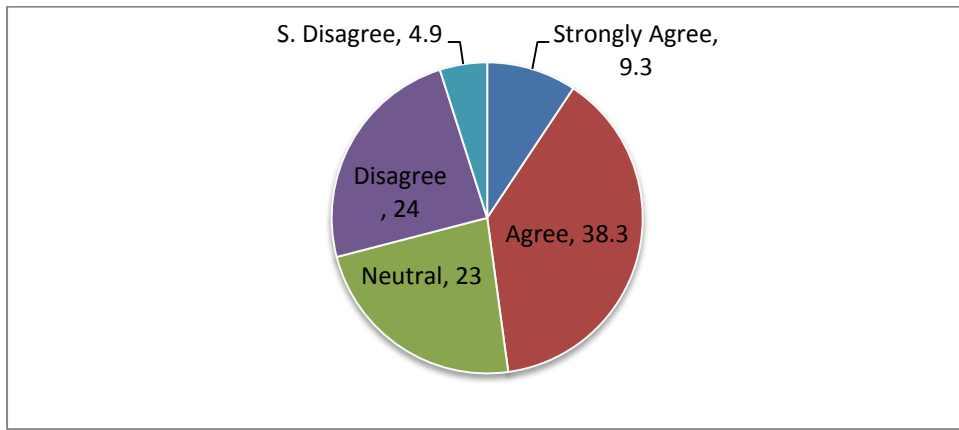
*G) Job title*

The results show that Nurses constituted 49.7% of all respondents, followed by physicians with 12%, laboratory technicians and pharmacists make up for 9.8% while midwives with 8.2%, other job titles including prevention officer and program coordinator account for 7.7% and health officers make 2.7%.

*H) Overall Turnover Intention*

From the total number 183 professionals respondents, those with the intention to leave account for almost half (48%). 29% have no intention to leave their current health care, while the remaining 23% remain indifferent.

**Figure 4.1 Overall turnover intention, N=183**



**Source: own search/spss output**

**4.1.3 Cross Tabulation**

Following the frequency, the distribution of the respondents each demographic factors in relation to the dependent variable turnover was conducted using cross tabulation. Cross tabulation is a tool that allows the researcher to compare the relationship between two variables. Below are the result of the cross tabulation with each demography factor.

**Table 4.3 Turnover with age**

Age of respondents N(183)	Turnover Intention		Total
	NO	YES	
44-49	3 11.5%	16 10.3%	19 10.5%
38-43	2 7.7%	39 25.2%	41 22.7%
32-37	5 19.2%	60 38.7%	65 35.9%
26-31	12 46.2%	31 20.0%	43 23.8%
20-25	4 15.4%	9 5.8%	13 7.2%

**Source: own survey 2016 /spss output**

The majority of the respondent with a turnover intention lies in the age group of 32-37. Younger physicians were more likely to indicate a turnover intention compared to older doctors. This corresponds well with previous findings among physicians and other healthcare providers. Older doctors may have stronger personal ties and may be more satisfied with their work and, therefore, less likely to contemplate leaving. This is supported with other studies (Fogarty, Kim, Juan, Tappis & Noh, 2014)

**Table 4.4 Turnover intention with gender**

Gender of respondents	Turnover Intention		Total
	No	Yes	
Male	11 42.3%	89 57.4%	100 55.2%
Female	15 57.7%	66 42.6%	81 44.8%

**Source: own survey 2016/ spss output**

From this result, it is shown that males had higher levels of turnover intention compared to females. This finding could be due to cultural issues such as the traditional gender roles, which attribute achievement and adventurousness of males. These opportunities are culturally less available for females with families who are usually less mobile and are less able to



migrate or to quit their job. Previous studies reported similar results among male physicians and nurses to have higher likelihood of turnover intentions compared to their female counterparts in China and Lebanon respectively. (Zhang & Feng , 2011; Jardali, Dimassi, Dumit, Jamal & Mouro, 2003)

Under the salary factor (table 4.5), those who earning is in the middle of the salary range, 3001-4000 have the intention to leave their facility followed by those who earn 2001-3000. The highest paid from the group do not intend to leave their jobs. Though salary might not be a significant contributor to turnover intention, it is a motivating factor to stay. When the health professionals believe they are being underpaid compared to their reference groups, they are discouraged and will be less committed.

**4. 5. Turnover Intention with salary**

Salary of respondents N=(183)	Turnover		Total
	No	Yes	
>5000	0 0.0%	3 1.9%	3 1.7%
4001<5000	12 46.2%	27 17.4%	39 21.5%
3001<4000	5 19.2%	63 40.6%	68 37.6%
2002<3000	5 19.2%	34 21.9%	39 21.5%
1001<2000	3 11.5%	22 14.2%	25 13.8%
<1000	1 3.8%	6 3.9%	7 3.9%

**Source: own research2016/spss output**

From the marital status (table 4.6), the result shows that married people with children have the highest intent to turnover 33.5% followed with the married group without children 29%. Divorced and separated respondents surprisingly have the least intent to leave their jobs. These figures have come as a surprise since it was the researcher presumption that married

people were more settled with their job. Marriage is stated as having negative impact over turnover intention of employees (Salami, 2008). It is the single employees that have considerable turnover intention than married ones. This is because married people especially those with kids, have family responsibility and higher sense of obligation. The finding of this study is contrary to other literature reviewed and calls for more investigation.

**Table 4. 6. Marital status with turnover**

Marital Status	Turnover Intention		Total
	No	Yes	
Separated	0	1	1
	0.0%	0.6%	0.6%
Divorced	2	20	22
	7.7%	12.9%	12.2%
Married without children	3	45	48
	11.5%	29.0%	26.5%
Married with children	17	52	69
	65.4%	33.5%	38.1%
Single	4	37	41
	15.4%	23.9%	22.7%
	2.2%	20.4%	22.7%

**Source: own survey 2016/spss output**

Under the qualification (table 4. 7), among the professionals, those holding bachelors have the highest intent for turnover, followed by those with Masters in health education. The Medical Doctors intent for turnover accounts 16.8 percent followed by the diploma holders. The level of education is found to be positively linked with turnover intention where employees who are more educated are more likely to quit (Mitchell et.al, 2000). Similar results generated by other studies conducted in different sectors such as retail sector (Igharia and Greenhaus, 1992), nursing sector (Yin and Yang, 2002) and hotel sector (Khatri *et al*, 2001). According to Iqbar (2010), employees who are higher educated will have higher expectation towards their existing employer. This is far more challenging and difficult to fulfill their needs. However, Salami (2008) argued that employees with higher education qualification and occupying higher positions will have more responsibilities toward

organisation Despite from all that, there is a study has failed to associate the level of education and organisational commitment as well as turnover intention of the professional health staff working in private health facilities.

#### 4.7. Crosstab Turnover intention with Educational Level

Highest education level	Turnover Intention		Total
	No	Yes	
Others	0	12	12
	0.0%	7.7%	6.6%
MD	3	26	29
	11.5%	16.8%	16.0%
Masters	6	37	43
	23.1%	23.9%	23.8%
Bachelor's Degree	11	56	67
	42.3%	36.1%	37.0%
Diploma	6	24	30
	23.1%	15.5%	16.6%
	3.3%	13.3%	16.6%

Source: own survey 2016/spss output

## 4.2. Correlation Analysis

Table 4. 8 The correlation between organizational culture type and turnover

		Turnover Intention	Clan Culture	Adhocracy Culture	Market Culture	Hierarchy Culture
Turnover Intention	Pearson Correlation	1	-.538**	.089	.268**	.525**
	Sig. (1-tailed)		.000	.116	.000	.000
Clan Culture	Pearson Correlation	-.538**	1	-.005	-.230**	-.530**
	Sig. (1-tailed)	.000		.472	.001	.000
Adhocracy culture	Pearson Correlation	.089	-.005	1	.071	.140*
	Sig. (1-tailed)	.116	.472		.171	.030
Market culture	Pearson Correlation	.268**	-.230**	.071	1	.344**
	Sig. (1-tailed)	.000	.001	.171		.000
Hierarchy culture	Pearson Correlation	.525**	-.530**	.140*	.344**	1
	Sig. (1-tailed)	.000	.000	.030	.000	

Source: own survey: spss output

As it is shown in table 4.8, Pearson's bivariate correlation using a one tailed test, shows there is a negative relationship between culture types A: clan culture. Pearson's correlation result at  $r = -.538$  is significant at 0.05 level of significance. This indicates that there is a correlation between organization culture and turnover intention. Hierarchy culture is also significantly

and positively related to turnover intention at  $r=.525$ ,  $p=0.00$ . Market type culture is positively correlated to turnover intention at  $p=0.00$ . The analysis for Adhocracy culture reveals that this culture type does not have a significant relationship with turnover intention.

### 4.3 Regression Analysis

Since the researcher deals with four types of organizational culture as an independent variable and their individual relationship with the dependent variable, the data collected were analyzed using the multiple linear regressions. Before proceeding with the analysis, the assumptions for the multiple linear regressions were checked. (Appendix 2)

**Table 4.9 Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.614 <sup>a</sup>	.376	.362	.87528	.376	26.862	4	178	.000	1.651

a. Predictors: (Constant), Culture D, Culture B, Culture C, Culture A

b. Dependent Variable: Turnover new average score

Source: own survey 2016/ spss output

The Model summary table gives us the R values for assessing the overall model fit. The R Square statistic tells us the proportion of variance in the dependent variable, turnover intention that is accounted for by the independent variable organization culture types. In this case, the model accounts for 37.6% of the variance in the dependent variable, Turnover Intention. The adjusted R Square is slightly lower, indicating 36.2% of the variance is accounted for by the model.

**Table 4.10 ANOVA<sup>a</sup>**

Model	Sum of squares	Df	Mean Square	F	Sig.
1 Regression	82.319	4	20.580	26.862	.000 <sup>b</sup>
1 Residual	136.369	178	.766		
Total	218.689	182			

Dependent Variable: Turnover new average score

When doing regression analysis we determine whether or not there is a relationship between the Independent Variable and the Dependent Variable by examining the ANOVA table. This can be thought of as the overall fit of the regression model. If the F statistic is significant, we can assume the Independent Variables, taken together, have a relationship with the Dependent Variable. In this case, the probability of the F statistic for the regression analysis

is 0.000, less than the level of significance of 0.05. Hence, we reject the null hypothesis that there is no relationship between the independent variables and the dependent variable.

#### 4.3.1. Collinearity between the dependent and independent variables

Multicollinearity exists when Tolerance is below .10 and VIF is less than 2.5. In this case, all of the tolerance values are greater than .10 and the VIF is less than 2.5. We will assume multicollinearity is not a problem.

**Table 4.12 Coefficient**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	2.731	.560		4.881	.000		
Clan	-.390	.076	-.360	-5.125	.000	.712	1.405
Adhocracy	.057	.088	.039	.651	.516	.973	1.028
Market	.109	.088	.078	1.238	.218	.878	1.139
Hierarchy	.370	.090	.302	4.122	.000	.652	1.533

a. Dependent Variable: Turnover new average score

#### 4.3.2. Hypothesis Testing

The following research hypotheses were developed based on theory and empirical studies.

***H0: Organizational Culture has no significant effect on turnover***

***H1: Organizational Culture has a significant effect on turnover intention***

***H2: A people oriented (clan) culture is negatively related to employee turnover intention***

***H3: Adhocracy Culture is positively related to turnover intention***

***H4: Market Type Culture is positively related to turnover intention***

***H5: Hierarchy Culture is positively related to turnover intention***

The output table above provides estimates of the regression coefficient  $\beta$  which gives the predicted change in the dependent variable for each independent variable. Looking at the beta coefficient, we see that it is significant and negative for A “Clan Culture” ( $r = -0.39$  and  $p < 0.05$ ). Turnover intent is expected to decrease by 39% in the presence of clan culture. This

support our hypothesis and hence, we accept **H2: A people oriented (clan) culture is negatively related to employee turnover intention**

The  $\beta$  coefficient for Culture type B and C is positive, entailing there is a positive relationship with the dependent variable. However, the significance level for variables is greater than the alpha (0.52 and 0.23 respectively). We retain the null hypothesis and conclude that there is no significant relationship between these two variables and the dependent variable. This finding does not support our research hypothesis and we conclude Adhocracy and Market culture is not significant predictor of turnover intention.

The Significance level for the culture D ‘hierarchy culture’ is .000, which is less than our alpha level of .05. Looking at the  $\beta$  coefficient, we see that it is positive, indicating that as organization tune into culture type D, turnover will tend to increase by 37%. Culture type D is therefore positively and significantly related to turnover intention and we accept

**H5: Hierarchy Culture is positively related to turnover intention**

The instrument employed assessed the organization culture based on six characteristics; dominant characteristics, organizational leadership, management of employees, organization glue, strategic emphases and criteria of success. Among these dimensions of culture, the criteria for success stand out to become the most prominent factor of organizational culture to affect turnover intention. This dimension of organizational culture accounts for 35% change in the dependent variable. But when this factor is controlled with the rest of the factors, it indicates there is no relationship and the factors of organizational culture do not affect the dependent variable. The interpretation accords more to the private health sector, characterized by a small working group led by usually an owner or manager. The leadership is not well established as in bigger public setting.

**Table 4.13 Summary of hypothesis**

Hypothesis	Result
<i>H2: A people oriented (clan) culture is negatively related to employee turnover intention</i>	Supported
<i>H3: Adhocracy Culture is positively related to turnover intention</i>	Not Supported
<i>H4: Market Type Culture is positively related to turnover intention</i>	Not Supported
<i>H5: Hierarchy Culture is positively related to turnover intention</i>	Supported

#### 4.4 Discussion

Based on the responses, it was found out that the dominant culture type in the private health sector facilities is Culture B\_ Adhocracy. Adhocracy oriented cultures are dynamic and entrepreneurial, with a focus on risk-taking, innovation, and “doing things first.” This is energetic and creative working environment. The organization encourages individual ingenuity and freedom. It was somewhat surprising that the study doesn’t reveal any association with this dominant culture type.

H1 is taken as the alternative hypothesis, the fact that organizational culture have an effect on turnover is supported at  $p=0.000$  of the overall model. Additionally in earlier studies researchers concluded that organizational culture affects organizational behavior and is partly responsible for turnover intentions (Carmeli, 2005).

According to the summary table, there is a significant and negative relationship between clan organizational culture and turnover intention and H2 was supported. This result is consistent with findings of past studies (Aldhuwaihi, 2013), (Ozturk & Hansen, 2014). Empirical results have typically supported the hypothesis that congruence between individuals' personalities and the demands of their occupations are associated with positive affect (Mount & Muchinsky, 1978; Spokane, 1985) and a high likelihood of their staying in their jobs (Meir & Hasson, 1982). Hence, the higher the initial congruence between personal and organizational values, the less probable employees’ will depart. Clan culture type is found to fit the needs of the health professional employees and effectively reduce their turnover intention.

The result indicates that Culture B- Adhocracy with p value ( $P>0.05$ ) entails there is no significant relationship with turnover. The hypothesis that Adhocracy culture is positively related to turnover is therefore not supported. This is contrary to previous studies (San Park and Kim, 2009), (Aldhuwaihi, Shee and Stanton, 2012). This conflicting result may be explained by the model of national culture proposed by Hofstede (1980, 1991). Based on research among IBM employees in over 70 countries, Hofstede (1980) conceptualized culture and its associated values into four primary dimensions. The four dimensions he identified were: power distance, individualism, masculinity, and uncertainty. Most African countries, including Ethiopia, ranked high in power distance and less in individualism. The fundamental

issue addressed by individualism dimension is the degree of interdependence a society maintains among its members. It has to do with whether people's self-image is defined in terms of "I" or "We". In Individualist societies people are supposed to look after themselves and their direct family only. In collectivist society, people belong to 'in groups' that takes care of them in exchange for loyalty.

Ethiopia, with a score of 20 in individualist dimension, is considered a collectivistic society. This is manifest in a close long-term commitment to the member 'group', be that a family, extended family, or extended relationships. Loyalty in a collectivist culture is paramount, and over-rides most other societal rules and regulations.

The society fosters strong relationships where everyone takes responsibility for fellow members of their group. In collectivist societies offence leads to shame and loss of face, employer/employee relationships are perceived in moral terms (like a family link); hiring and promotion decisions take account of the employee's in-group, management is the management of groups. In organization setting, this dimension is manifested in clan culture and this explains the negative relationship it has with turnover.

As in the case of Adhocracy (culture B), C type culture (Market type) has no significant relationship with turnover intention. In contrary to these results, other research conducted on turnover intention has found out that type b culture is negatively and indirectly related to turnover intention (Yuen et. al, 2015). But these studies also suggest other factors also contribute or mediate the relationship between the culture and intention to leave.

Culture type D – Hierarchy is the other type of culture which is found to have a significant and positive relationship with turnover intention at  $p=.000$ . Other findings have also confirmed this relationship, (Jeong & Yeun, 2015). This type of culture is characterized by a formalized and structured work environment where procedures decide what people do. A professional culture basically values autonomy, expertise, and sense of ethics, meaningful and challenging work, and dedication to service delivery. On the contrary, corporate cultures usually emphasize control, close supervision, work standardization, and productivity (Raelin, 1986). In brief, these competing sources of culture may be detrimental to the turnover intent among the professionals.

Factors that are influential to a healthy organizational culture include (a) providing opportunities for autonomous clinical practice and participative decision making; (b) being



valued as a practicing professional throughout the organization; (c) continued learning; and (d) supportive relationships with their peers, physicians, and management. These factors are seen as influential to job satisfaction, and if they are present within an organization, a healthy organizational culture may exist (Apker, Ford, & Fox, 2003; Neuhauser, 2002; Newhouse & Mills, 2002; Wooten & Crane, 2003)

Moreover, the failure of hierarchy culture to reduce turnover in the private health setting may be due to the characteristics of the sector. Most private health facilities are owned and managed by physicians who are without the expertise to effectively carry out management tasks. In their practices, physicians are the ones who provide the patient care and therefore influence the speed and extent to which changes are made. (McAlearney, Fisher, Heiser, Robbins, & Kelleher, 2005).

The false assumption made by many is that simply because doctors have excellent skills and knowledge in patient care, they must be skilled at managing a health care facility. McAlearney et al (2005). parallel this misconception in saying, “Although physicians possess critical insights and skills in caring for their patients, families, and caregivers, clinical training and experience typically provide an insufficient background to enable these individuals to lead healthcare organizations or large group practices”. In fact, the biggest challenge for physicians who get placed in management positions has to change their focus from an individual level (on the patient) to a focus that encompasses the entire organization. For most doctors, this requires a complete “cultural shift” (McAlearney et al., 2005).

To be able to mix together ideas, people, and resources to make things happen is creative, difficult, and a privilege. It also requires being equipped with the necessary skills and expertise that should not just be left to physicians.

## **CHAPTER V. SUMMARY CONCLUSION AND RECOMMENDATION**

### **5.1. Summary**

The broad objective of this research was to determine the relationship between organizational culture and turnover intention among professional health employees working in the private health facilities. Previously established instruments were employed to measure both the independent variable, organizational culture and the dependent variable, turnover intention. The tool was modified to suit the respondent. The collected data was then analyzed using the statistical package for social science. The relationship of the variables and the effect organization culture has on turnover intention has been sought using correlation and regression analysis.

### **5.2. Conclusion**

The study revealed that organization culture can positively and negatively impact turnover intention. This result is similar to previous researches (Kessler, 2014) (Ozturk et.al, 2014). The study shows that, clan organizational culture was negatively related to turnover intention. Hierarchy culture type was also significantly and negatively related to turnover, while adhocracy culture and market culture were not significant contributors to turnover intention of private health facility employees.

The results lead to the conclusion that the reason for voluntary turnover intention of professional health staffs is mainly at the organizational level. The results support partially the literature in which, as was mentioned, researchers concluded that organizational culture is partly responsible for turnover intentions (for e.g. Carmeli, 2005). It is said partially in the sense that not all organizational culture types were found to affect voluntary turnover. The result revealed that, organizational cultures Type-A Clan and Type-D Hierarchy are significantly related with the hypothesis and its effect on turnover intention.

The findings that organizational culture Type-B Adhocracy and Type-C Market will increase voluntary turnover is not supported. This means that setting goals as a means through which employees are encouraged to achieve corporate objectives has nothing to do with turnover intention and it does not assist in preventing the voluntary turnover of professional health staffs.

From the survey, it is learned that the Adhocracy culture is the most dominant culture type in the private health sector facilities. For the majority of the respondents a perceived Clan culture type is less likely to cause turnover intention. In other words, employees tend to commit to organizations that are relation- oriented.

Having doctors in leadership with less management expertise has also an effect in bringing about a desirable organizational attributes as culture.

### **5.3. Limitation**

A major limitation of this study is that it made an attempt to measure an attitude towards leaving the organization, turnover intentions. Further studies needs to be carried out to validate if these intentions actually manifest into real turnover and therefore come up with recommendations on how owner or managers of private health facilities can stem employee turnover.

The other limitation to this research is that, it was carried out with a sample of 183 health professional employees only and this may create problems with external validation. The reason for such a limited sample is the inconvenience in location of the facilities and lengthy processes of distributing and collecting the questionnaires. Beyond this limitation, the findings offer new theoretical and practical insights into the causes of voluntary turnover intention and human capital retention for researchers, Human Resources and organizational development managers and consultants.

Understanding of organizational culture requires exploring the core values, observation the artifacts of the cultures and in depth study of the underlying assumptions. A mix of qualitative researched would have enriched the subject matter and compliment the method. However, due to time constraint, the researcher is limited to employing quantitative approach

Although this study has revealed a great deal about effective ways to reduce turnover intention, in terms of culture more research is called for to expand our understanding. This study recommends the continuation of this topic for future research.

#### **5.4. Recommendation**

The findings of this study lead to a number of practical implications for owners and managers of private health facilities in implementing different strategies using organizational culture as a retention tool.

It is concluded that a transition of the current adhocracy culture towards a more family culture is needed, but in the meantime the desirable dimensions of the adhocracy culture should be preserved. It means only that special emphasis must be placed on certain factors if the culture change is going to be successful and reserving the desirable attributes of the dominant culture.

The facilities should involve health care administrators who are not merely physicians but have a wide range of management and administrative expertise and can bring about change in the operation and cultural shift.

Employees will be particularly attracted to organizations with values that are congruent with their own, or that match what they consider to be ideal organizational values. This is most easily achieved by building a culture where a key underlying assumption is that "people are important," and where relationship-oriented values and behavioral norms are dominant.

It has been revealed that organizational culture explains 36.2 per cent of the variance in turnover intentions. That means there are other variables which are affecting turnover intentions. So, future research must be in the direction of finding those antecedents of turnover intentions of employees.

Finally, it is believed that organizational problems are internal, not external and therefore, implementation of Type A Culture must be accompanied by mechanisms or policies that create the opportunity to harness employees' commitment, and increase staff retention. Therefore, the main aim and focus of the management should be on augmenting the organizational culture and its corresponding dimensions, so as to reduce the turnover Intentions.

## References

- Abdullah Aldhuwaihi, 2013. *'The influence of organizational culture on job satisfaction, organizational commitment and turnover intention; A study on banking sector in the Kingdom of Saudi Arabia.* PhD Thesis.
- Abdulwahb Said, 2013, *Assessment of the Magnitude and Associated Factors of Turnover Intention among Nurses in Tikur Anbessa Specialized Hospital.* A Master's Thesis
- Abelson.M.A, 1993. 'Turnover Cultures'. *Research in Personnel and Human Resource Management*, 11,339-376.
- Abera E, Yitayal M, Gebreselassie M, 2014 'Turnover Intention and Associated Factors among Health Professionals in University of Gondar Referral Hospital, Northwest Ethiopia'. *Int J Econ Manag Sci* 3: 196. doi: 10.4172/2162-6359.1000196
- Agezegn A, Tefera B, Ebrahim Y, 2014. 'Factors Influencing Job Satisfaction and Anticipated Turnover among Nurses in Sidama Zone Public Health Facilities, South Ethiopia. *Nursing Research and Practice.*
- Apker, J., Ford, W.S., & Fox, D.H. (2003). Predicting nurses' organizational and professional identification: The effect of nursing roles, professional autonomy, and supportive communication. *Nursing Economic\$, 21(5)*, 226-232.
- Arthur D., 2001. *The Employee Recruitment and Retention Handbook.* AMACOM Div American Mgmt. Assn.
- Ashok K, Praveen K and Hira L, 2009, *Human Resource Management*, VK publishers, Delhi.
- Baker, Kathryn A. 2004, "Organizational Culture": *An Introduction.* Edited by Nashreen Taher. ICFAI University Press, India.
- Bauer, T. N., Morrison, E. W., & Callister, R., 1998. 'Organizational socialization': *A review and directions for future research.* In G. R. Ferris (Ed.), *Research in personnel and Human Resource Management: JAI Press.*
- Bodla,M., Hameed.A, 2008. 'Factors Affecting Employee Turnover Intentions: Empirical Evidence from Textile Sector of Pakistan'. *The International Journal of Knowledge, Culture and Change Management.* 9(8), pp. 53-64 .
- Bowen, D.1982. Some unintended consequences of intention to quit. *Academy of Management Review*, 7, 205-211.
- Cameron, K. S. and Quinn, R. E., 1999. *Diagnosing and changing organizational culture: Based on the competing values framework.* Addison-Wesley, Boston.

- Cameron, K. S. & Quinn, R. E., 2011. *Diagnosing and Changing Organizational Culture: Based on the Competing Values Framework*, 3rd Edition. Jossey-Bass publishers, San Francisco.
- Cameron, K. S. and S. Freeman. 1991. "Culture, Congruence, Strength and Type: Relationship to Effectiveness." *Research in Organizational Change and Development* 5: 23–58.
- Chan, B.Y.F., S.F. Yeloh, C.L Lim and S. Osman, 2010. 'An exploratory study on turnover intention among private sector employees'. *International Journal of Business Management*, 5(8); 57-64.
- Carmeli, A, 2005, 'The relationship between organizational culture, and withdrawal intentions and behavior'. *International Journal of Manpower*, Vol. 26, No. 2, pp. 177-195.
- Cooke R, Lafferty J, 1987, *Organizational Culture Inventory*. Human Synergistic, Plymouth.
- Dana. Simmons, C., 2008, *Organizational Culture, Workplace Incivility, and Turnover: The Impact of Human Resources Practices*' (Dissertation), ProQuest.
- El-Jardali F, Dimassi H, Dumit N, Jamal D, Mouro G. A national cross-sectional study on nurses' intent to leave and job satisfaction in Lebanon: implications for policy and practice. *BMC Nurs.* 2009;8:3.
- Fogarty L, Kim YM, Juon H-S, Tappis H, Noh JW. *Job satisfaction and retention of health-care providers in Afghanistan and Malawi. Hum Resour Health.* 2014; 12:11. <http://dx.doi.org/10.1186/1478-4491-12-11>
- Gifford, B.D., Zammuto, R.F., Goodman, E.A., & Hill, K.S, 2002, 'The relationship between hospital unit culture and nurses' quality of work life', *Journal of Health Care Management*, 47(1), 13-27.
- Girma Alem Getie, Erdaw Tachbele Betre, Habtamu Abera Hareri, 2015. Assessment of Factors Affecting Turnover Intention Among Nurses Working at Governmental Health Care Institutions in East Gojjam, Amhara Region, Ethiopia. *American Journal of Nursing Science*. Vol. 4, No. 3, 2015, pp. 107-112.
- Goodman, E.A., Zammuto, R.F & Gifford, B.D. 2001.' Understanding the impact of organizational culture on the quality of work life'. *Organization Development Journal*, 19(3):58–68.
- Gray AM, Phillips VL, 1996, 'Labor Turnover in the British National Health Service' *a local labor market analysis*. *Health Policy*, 36:273-289

- HAPCO, 2009. Strategic Plan for Intensifying Multisectoral HIV and AIDS Response in Ethiopia II (SPM II) 2009 - 2014. Federal HIV/AIDS Prevention and Control Office; Federal Ministry of Health, Addis Ababa.
- Igbaria. And Siegel, S.R., 1992, "The reason for turnover of information system personnel". *Information & Management*, Vol. 23 No. 6, pp.321-30.
- Igharia, M., & J.H. Greenhaus, 1992. Determinants of MIS employees' turnover intentions: A structural equation model,. *Communications of the ACM*, 35(2): 34-45.
- Iqbal, A., 2010. An empirical assessment of demographic factors, organizational ranks and organizational commitment. *International Journal of Business and Management*, 5(3): 16-27.
- J. E. Finnegan, 2000, "The impact of person and organization values on organizational commitment" *Journal of Occupational and Organizational Psychology*.
- Jackofsky E. F, 1984, *Turnover and Job performance: An integrated process model*. *Academy of Management Review*, 9, 74-83.
- Jackofsky, E.F., & Peters, L. H, 1983, "The hypothesized effect of ability in the turnover process model". *Academy of Management Review*, Vol8 No.1, pp. 46-9
- Jeffrey Pfeiffer, 2007, 'Human Resources from an Organizational Behavior Perspective: Some Paradoxes Explained', *The Journal of Economic Perspectives* Vol.21, No.4.pp115-134
- Jeong.W.H & Yeun.Y.R. , 2015, 'The effect of organizational culture on nurses' turnover intention and the mediating effect of work place bullying and work burnout', *Advanced Science and Technology Letter* Vol.20 (GST2015), pp. 125
- Judge, T.A., & Cable, D.M., 1997, *Applicant's personality, organizational structure and organization attraction*. *Personnel Psychology*, 50, 359-394
- Karin, F., & Birgit, S, 2007, 'Work satisfaction, organizational commitment and withdrawal behaviors', *Management Research News*, 30(10), 708-23.
- Khatri, N., P. Budhwar, & T. Chong, 2001. Explaining employee turnover in an Asian context. *Human Resource Management Journal*, 11(1): 54-74.
- Kerr, J., & Slocum, J.W, 1987, 'Managing corporate culture through reward systems'. *Academy of Management Executive*, 1(2), 99-108
- Kessler, Ladelsky Limor, 2014. The Effect of Organizational Culture on IT Employees Turnover Intention in Israel. (<http://steconomicuoradea.ro/anale/volume/2014/n1/113.pdf>) Abstract retrieved in December 25, 2015.

- Kim, Y. H. and Park, H. S, 1992, 'Stressful life events and somatic symptom of urban women', *Journal of Korean Academy of Nursing*, Vol.22, No.4, pp. 569-588.
- Kotter, J. P., & Heskett, J. L, 1992, *corporate culture and performance*. (<http://www.joe.org/joe/2003april/a3.php>) New York: The Free Press. Retrieved in December, 2015
- Kraut, A. I., 1975, *Predicting turnover of employees from measured job attitudes*. *Organizational Behavior and Human Performance*, 13:233-243
- Kristof. A.L. 1996, *Personnel Psychology*, (<https://www.tamu.edu/faculty/bergman/kristoff1996.pdf>), retrieved on January 12, 2016.
- Linda McGillis Hall, 2002, *Quality Work Environments for Nurse and Patient Safety*, Jones and Bartlett Publishers, Massachusetts.
- Liu, X, Liu S., Lee, S-h, & Magjuka, R.J. 2010, 'Cultural Differences in Online Learning' *International Student Perception. Educational Technology & Society*, 13(3), 177-188.
- Lok, P. & Crawford, J. (2004). The effect of Organizational Culture and Leadership Style on Job Satisfaction and Organizational Commitment: A Cross National Comparison. *Journal of Management Development*, 23 (4), 321- 338.
- Louis Cohen, Lawrence Manion and Keith Morrison 2007, *Research Methods in Education*, 6th ed. Taylor and Francis group.
- McAlearney, A., Fisher, D., Heiser, K., Robbins, D., & Kelleher, K. (2005, April). Developing effective physician leaders: Changing cultures and transforming organizations. *Hospital Topics*, 83(2), 11-18.
- March. G J. Simon, H.A. 1958. *Organizations*. John Wiley and Sons, Inc., New Jersey.
- Michael Biru 2013, *Staff Attrition in Private Health Facilities Supported by Private Health Sector program (PHSP) in Addis Ababa*. Master's Thesis.
- Michaels, C.E. and P.E. Spector 1982a, 'Causes of Employee Turnover: A test of the Mobley, Griffeth, Hand, and Meglino model', *Journal of Applied Psychology*, Vol 67(1), Feb 1982, 53-59.
- Mitchell, O., D. MacKenzie, G. Styve, & A. Gover, 2000. The impact of individual, organizational, and environmental attributes on voluntary turnover among juvenile correctional staff members. *Justice Quarterly*, 17: 333-357.
- Mobley, W.H., Griffith, R.W., Hand, H.H., & Meglino, B.M 1997, 'Review and conceptual analysis of the employee turnover process' *Journal of Applied Psychology* Vol.67, No.1, pp. 53-59.



- Mobley.W.H. 1982b. 'Some unanswered questions in turnover and withdrawal research'. *The academy of management review*, 7(1), pp. 111-116.
- Mobley.W.H 1982a, *Employee Turnover: Causes, Consequences and Control*. Addison-Wesley, Boston, MA.
- Nair, D. V, Morankar, S. Jira, C. & Tushune K. 2011, 'Private Hospital Sector Development: An Exploratory Study on Providers Perspective in Addis Ababa, Ethiopia', *Ethiop J Health Sci*. Aug; 21(Suppl 1):59-64.
- Neuhauser, P.C. (2002). Building a high-retention culture in healthcare: Fifteen ways to get good people to stay. *The Journal of Nursing Administration*, 32(9), 470-478.
- Newhouse, R.P., & Mills, M.E. (2002). Enhancing a professional environment in the organized delivery system: Lessons in building trust for the nurse administrator. *Nursing Administration Quarterly*, 26(3), 67-75.
- Numerof, R.E., Abrams, M.N., & Shank, G.S (2002). *Retention of highly productive personnel now at crisis proportions*. *Health Care Strategic Management*, 20(3), 10-12.
- O'Reilly, C. A., III, Chatman, J., & Caldwell, D. F., 1991, 'People and Organizational Culture: A Profile Comparison Approach to Assessing Person-Organization Fit', *Academy of Management Journal*, 34(3), 487.
- Ott J., 1989, *The Organizational Culture Perspective, Social Systems and the Evolution of Action Theory*. Free Press, New York.
- Ozturk Ahmet, Hanser Murat, Wang Yao-chin, 2014, *Interpersonal trust, organizational culture and turnover intention in hotels: (A cross-level perspective*. <https://www.researchgate.net/publication/263393823>. Retrieved on May 2016
- Park, S. J., Kim, H.T. (2009) "Do types of organizational culture matter in nurse job satisfaction and turnover intention?" *Leadership in Health Services*, Vol. 22 Iss: 1, pp.20 - 38
- Pettigrew, A. 1979, "On Studying Organizational Culture." *Administrative Science Quarterly* 24:570-81
- Price, J. 1977, *The Study of Turnover*. Iowa State University Press, Ames, IA.
- Price, J., & Mueller, C., 1981, 'A causal model of turnover for nurses'. *Academy of Management Journal*, 24(3), 543-65.
- Raelin, J. A. (1986). *The Clash of Cultures: Managers and Professionals*, Harvard Business School Press, Boston, MA.

- Rodger W. Griffith, Peter W. Hom. 2002. Innovative Theory and Empirical Research on Employee Turnover. IAP, P121-122
- Salami, S., 2008. Demographic and psychological factors predicting organizational commitment among industrial workers. *Anthropologist*, 10(1): 31-38.
- Sashkin M., 1984, Pillars of excellence, Organizational Beliefs Questionnaire. Bryn Mawr PA: Organizational Design and Development.
- Sawner, T.E. (2000). *An empirical investigation of the relationship between organizational culture and organizational performance in large public sector organization*, George Washington University.
- Schaubroeck, J., Ganster, D.C., & Jones, J.R. 1998, 'Organization and Occupation in the attraction-selection-attrition processes, *Journal of Applied Psychology*, 83, 869-891.
- Schneider, B. 1987, The people make the place. *Personnel Psychology*, 40, 437-453.
- Scott T, Mannion R, Davies H, Marshall M, 2003, The quantitative assessment of organizational culture. *Health Service Res.* 2003; 38:923–945.
- Seago JA. 1997, 'Organizational culture in hospitals: issues in measurement'.
- Shani & Leu, 2008, 'Behavior in Organizations', 9<sup>th</sup> edition. McGraw-Hill Education
- Sheridan. E., 1992, 'Organizational Culture and Employee Retention, *The Academy of Management Journal* Vol. 35, No. 5 (Dec., 1992), pp. 1036-1056
- Shields, M.A., & Ward, M. 2001, 'Improving nurse retention in the National Health Service in England; the impact of job satisfaction on intention to quit', *Journal of Health Economics*, 2,677-701.
- Shien. Edgar, 1985(a), *Organizational Culture and Leadership*, Jossey-Bass, San Francisco.
- Shien Edgar, 1990. Organizational Culture. *American Psychologist*, vol.45 No.2, pp. 109-119.
- Shim, M., 2010, 'Factors Influencing Child Welfare employee's turnover: Focusing on Organizational Culture and Climate', *Children and Youth Services Review* 32 (2010)847-856.
- Silverthorne, C. 2004, 'The impact of organizational culture and person-organization fit on organizational commitment and job satisfaction in Taiwan', *Leadership & Organization Development Journal*, Vol. 25 Iss: 7, pp.592 – 599.

- Song Ji Hoon, Hong Min Kim and Judith A. Kolb, 2009, 'The Effect of Learning Organization Culture on the Relationship between Interpersonal Trust and Organizational Commitment'. *Human Resource Development*, Volume 20, (2), 147-167.
- Tai, T.W.C., Bame, S.I., Robinson, C.D., 1998, Review of nursing turnover research, 1977-1996. *Social Science and Medicine* 47(12), 1905-1924.
- Wagner, D. B., & Spencer J. L. 1996, The role of surveys in transforming culture: Data, knowledge, and action. In Kraut, A. I. (Eds.), *Organizational surveys: Tools for assessment and change*. (Pp.67-87).
- Wooten, L.P., & Crane, P. (2003). Nurses as implemented of organizational culture. *Nursing Economic\$,* 21(6), 275-279.
- Yeung, A., Brockbank, J. and Ulrich, D. (1991) *Organizational Culture and Human Resources Practices: An Empirical Assessment*. In: Woodman, R.W. and Pasmore, W.A., Eds., *Research in Organizational Change and Development*, Vol. 5, JAI Press, Greenwich, 59-81.
- Yin, J., & K. Yang, 2002. Nursing turnover in Taiwan: a meta-analysis of related factors. *International Journal of Nursing Studies*, 39(6): 573-581.
- Zamanou, S. & Glaser, S.R. (1994) 'Moving toward participation and involvement', *Group & Organization Management*, Vol. 19, No. 4, pp. 475-502.
- Zammuto, R. F., Krakower, J.Y. 1991, Quantitative and qualitative studies of organizational culture *Research in Organizational Change and Development*. 5, 83-114. JAI Press, Greenwich.
- Zhang Y, Feng X. The relationship between job satisfaction, burnout, and turnover intention among physicians from urban state-owned medical institutions in Hubei. China: a cross-sectional study. *BMC Health Serv Res*. 2011; 11:235.
- Zikmund.W. 2003. *Business Research Methods, 7th edition*. South Western CENGAGE learning, Mason, OH.
- Zikmund.W, W.G., Babin, B.J., Carr, J.C., & Griffin M. (2010). *Business research methods*. (8<sup>th</sup> ed.) Canada: South-Western, Cengage Learning.

## Appendix (1) \_Questionnaire.

### **ST MARY'S UNIVERSITY SCHOOL OF GRADUATE STUDIES DEPARTMENT OF BUSINESS ADMINISTRATION**

#### **Dear Sir/Madam**

My name is Helina Sisay. I am second year MBA student at St Mary's University, School of Graduate Studies. I am towards completing My Masters and currently doing a Project on the topic "The Impact of Organizational Culture on Turnover Intention in PHSP supported health facilities".

#### **Project Purpose and Procedures**

This research project is designed to investigate the impact that organization culture has on employees' intent to turnover. The purpose of this research project is to gather information that can help improve the staff retention in private health facilities.

You are being asked to complete a questionnaire/answer questions to assist in this regard. This questionnaire is prepared as a major data collection tool. It is expected that it will take you approximately 20 minutes to complete/answer the questionnaire. Your cooperation by responding to the questionnaire, which is critical input for the research, is highly appreciated.

#### **Confidentiality**

The identities of all people or facility who participate will remain anonymous (identity will not be revealed) and will be kept confidential. Identifiable data will be stored in a password protected computer account. All data from individual participants or organizations will be coded so that their anonymity will be protected in any reports, research papers, thesis documents, and presentations that result from this work.

#### **Remuneration/Compensation**

I am very grateful for your participation. However, you will not receive compensation of any kind for participating in this project.

#### **Contact Information about the Research Project**

If you have any questions or require further information about the research project you may contact me on Mobile 0911196388 or via my email [contacthelu@gmail.com](mailto:contacthelu@gmail.com)

#### **Consent**

I intend for your participation in this research project to be pleasant and stress-free. Your participation is entirely voluntary and you may refuse to participate or withdraw from the study at any time.

### Instruction

The Questionnaire has three main parts. Section I-The demographic section, Section II- the organizational culture assessment questionnaire and finally Section III-the turnover intention questionnaire.

### Section I. Demography

Please complete the following details by checking the box that is appropriate for you

Code	Question	Response
D1	Gender	1. Female <input type="checkbox"/> 2. Male <input type="checkbox"/>
D2	Age	1. 20-25 years <input type="checkbox"/> 2. >43Years <input type="checkbox"/> 3. 26-31 years <input type="checkbox"/> 4. 32-37 years <input type="checkbox"/> 5. 38-43 years <input type="checkbox"/> 6. 44-49 years <input type="checkbox"/>
D3		1. Single <input type="checkbox"/> 2. Married with children <input type="checkbox"/> 3. Married without children <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Separated <input type="checkbox"/> 6. Widowed <input type="checkbox"/>
D4	Service Years in the facility	1. 1 to less than 5 years <input type="checkbox"/> 2. 5 to less than 10 years <input type="checkbox"/> 3. 10 to less than 15 years <input type="checkbox"/> 4. 15 to less than 20 years <input type="checkbox"/> 5. 20 to less than 25 years <input type="checkbox"/> 6. > 25 years <input type="checkbox"/>

D5	Highest level of Education	1.Diploma <input type="checkbox"/> 2.Bachelor's Degree <input type="checkbox"/> 3.Master's Degree <input type="checkbox"/> 4.Other (Specify) -----
D6	Occupation	1.Laboratory professional <input type="checkbox"/> 2.Midwife <input type="checkbox"/> 3.Nurse <input type="checkbox"/> 4.Physician <input type="checkbox"/> 5.Pharmacy professional <input type="checkbox"/> 6.Other (Specify) _____
D7	Salary	1. <1000 <input type="checkbox"/> 2. 1000 - 2000 <input type="checkbox"/> 3. 2001 - 3000 <input type="checkbox"/> 4. 3001 - 4000 <input type="checkbox"/> 5. >5000 <input type="checkbox"/>

**Part II Organizational Culture Assessment**

**In this section, you will be asked to choose the existing culture characteristics of your facility. Please encircle your level of agreement from the points given about which cultural dimension best describes your organization.**

**1 = Strongly Disagree      2 = Disagree      3 = Neutral      4 = Agree      5 = Strongly Agree**

S.N	Measurement Items	Scale				
1	A. The organization is a very personal place. It is like an extended family. People seem to share a lot of themselves.	1	2	3	4	5
2	B. The organization is a very dynamic entrepreneurial place. People are willing to stick their necks out and take risks.	1	2	3	4	5
3	C. The organization is very results oriented. A major concern is with getting the job done. People are very competitive and achievement oriented.	1	2	3	4	5
4	D. The organization is a very controlled and structured place. Formal procedures generally govern what people do.	1	2	3	4	5
5	A. The leadership in the organization is generally considered to exemplify mentoring, facilitating, or nurturing.	1	2	3	4	5
6	B. The leadership in the organization is generally considered to exemplify entrepreneurship, innovating, or risk taking.	1	2	3	4	5
7	C. The leadership in the organization is generally considered to exemplify a no-nonsense, aggressive, results-oriented focus.	1	2	3	4	5
8	D. The leadership in the organization is generally considered to exemplify coordinating, organizing, or smooth-running efficiency.	1	2	3	4	5
9	A. The glue that holds the organization together is loyalty and mutual trust. Commitment to this organization runs high.	1	2	3	4	5
10	B. The glue that holds the organization together is commitment to innovation and development. There is an emphasis on being on the cutting edge.	1	2	3	4	5
11	C. The glue that holds the organization together is the emphasis on achievement and goal accomplishment. Aggressiveness and winning are common themes.	1	2	3	4	5
12	D. The glue that holds the organization together is formal rules and policies. Maintaining a smooth-	1	2	3	4	5

	running organization is important.					
13	A. The organization emphasizes human development. High trust, openness, and participation persist.	1	2	3	4	5
14	B. The organization emphasizes acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.	1	2	3	4	5
15	C. The organization emphasizes competitive actions and achievement. Hitting stretch targets and winning in the marketplace are dominant.	1	2	3	4	5
16	D. The organization emphasizes permanence and stability. Efficiency, control and smooth operations are important.	1	2	3	4	5
17	A. The organization defines success on the basis of the development of human resources, teamwork, employee commitment, and concern for people.	1	2	3	4	5
18	B. The organization defines success on the basis of having the most unique or newest products. It is a product leader and innovator.	1	2	3	4	5
19	C. The organization defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is key.	1	2	3	4	5
20	D. The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling and low-cost production are critical.	1	2	3	4	5
21	A. The management style in the organization is characterized by teamwork, consensus, and participation.	1	2	3	4	5
22	B. The management style in the organization is characterized by individual risk-taking, innovation, freedom, and uniqueness.	1	2	3	4	5
23	C. The management style in the organization is characterized by hard-driving competitiveness, high demands, and achievement.	1	2	3	4	5
24	D. The management style in the organization is characterized by security of employment, conformity, predictability, and stability in relationships.	1	2	3	4	5



### Section III Turnover Intention

Please indicate your level of agreement about quitting your current job. Encircle your choice from the given points.

**1 = Strongly Disagree      2 = Disagree      3 = Neutral      4 = Agree      5 = Strongly Agree**

SN	Statement	Scale				
T1.	I often seriously consider leaving my current job	1	2	3	4	5
T2.	I intend to quit my current job, provided that I have an opportunity (within a year)	1	2	3	4	5
T3.	I have started to look for other jobs	1	2	3	4	5

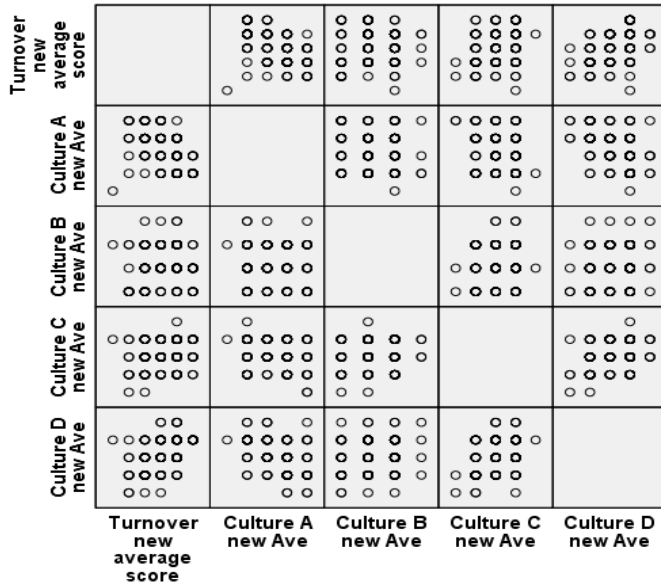
Thank you for your time and cooperation.

Appendix (2)

Assumption of Multiple Linear Regressions

**Assumption 1: Normality of the distribution.** Multiple linear regressions assume that the variables are normally distributed. We have previously seen that the variables are skewed and kurtosed. (Descriptive statistics table)

**Assumption 2: Linear Relationship** between the independent variable and dependent variable.



Based on a visual inspection it is assumed that the relationship between the dependent variable and the independent variables is linear.

**Assumption 3: Multicollinearity.** In regression, Multicollinearity occurs when independent variables in the regression model are more highly correlated with each other than with the dependent variable. To test whether Multicollinearity exists, the correlation among the independent variables was assessed. The output is displayed on the table above. The correlation matrix demonstrates correlations of  $< 0.90$  or among the independent variables, hence multicollinearity is not a problem.

**Assumption 4: *Independence of Residuals*.** Residuals are the prediction errors or differences between the actual score for a case and the score estimated by the regression equation. The Durbin-Watson statistic is used to test for the presence of serial correlation among the residuals. The value of the Durbin-Watson statistic ranges from 0 to 4. As a general rule, the residuals are not correlated if the Durbin-Watson statistic is approximately 2, and an acceptable range is 1.50 - 2.50. In this case, Durbin-Watson is 1.651, which is within the acceptable range. Hence, we can assume independence of residuals.