Indira Gandhi National Open University IGNOU
School of Graduate Studies

Determinants of Health Care Workers Turnover in Private Health Facilities: The case of Addis Ababa, Ethiopia

Thesis submitted to Indira Gandhi National Open University school of Managements Studies for Partial Fulfillment of the Requirements of Master's Degree in Business Administration

Advisor Dr. Worku Mekonnen

By Wegayehu Madebo Dado

ID No. 1256332

Email : Wegayehumadebo@yahoo.com

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Certificate of Originality

This is to certify that the project titled "Determinants of Health Care Workers Turnover in Private Health Facilities: The Case of Addis Ababa, Ethiopia" is an original work of the student and being submitted in partial fulfillment for the award of the Master's Degree in Business Administration of Indira Gandhi National Open University. This report has not been submitted earlier to this university or to any other university/institution for the fulfillment of a course of study.

SIGNATURE OF GUIDE----------------------- SIGNATURE OF STUDENT----------------

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ACKNOELEDGEMENT

It is an honor to express my enormous gratitude to my Company Abt Associates Inc. Ethiopia and executive's for endless support and funding for my accomplishments.

Mesele Damtie my friend who dedicated all his times to support me, this work is all about your effort and off course; my Advisor Dr. Worku Mekonnen your support was valuable.

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ABSTRACT

Turnover intention is defined as a conscious and deliberate willingness to leave an organization. However, employees who are committed to the organization internalize the organizational goals. The purpose of this study was to explore the extent of organizational commitment and how this may support or hinder a range of job satisfaction of health workers engaged in the Addis Ababa private health facilities. The research approaches employed for this research was quantitative approach. The study population of this study was all health workers employed in private health facilities in Addis Ababa, capital city of Ethiopia. To this end, one hundred health professionals were selected from forty-five health facilities using simple random sampling technique and participated in the study. The researcher collected the relevant data from health workers using job satisfaction survey tools (JSS) and Meyer and Allen's (1990) organizational commitment questionnaire (OCQ). The researcher analyzed the data using mean, standard deviation, correlation analysis, Analysis of variance (ANOVA) and t-test. The result showed that there was evidence of positive correlation between health workers job satisfaction and their organizational commitment in the sampled health facilities. Regardless of this, the findings of the study revealed that gender was the only demographic variable that had significant positive relationship with job satisfaction. The other demographic variables such as age, marital status and level of education did not show significant relationship with health workers job satisfaction in the sampled clinics and hospitals. Consequently, up on this finding it was concluded that clinics and hospitals can enhance the level of health professional's organizational commitment by creating a more satisfying working environment. As to the demographic variable, since some of the finding contradicts with the existing literature, we need to undertake more studies to have better understanding of the nature of the relationship between health worker's demographic variables, job satisfaction and organizational commitment in developing countries context.

Keywords: Job satisfaction, Organizational commitment, Private health facilities, health workers, Ethiopia.

ACRONYMS

AOR Adjusted Odds Ratio

CI - Confidence Interval

COR - Crude Odds Ratio

FMOH – Federal Ministry of Health

FMHACCA-Food Medicine & Health Care Administration & Control Authority

HIV – Human immune Deficiency Virus

HRH - Human Resource for Health

HWS - Health Workers

IBM – International Business Machine

IGNOU - Indira Gandhi National Open University

IOM-Institute of Medicine.

OECD- Organization for Economic Co-operation and Development

PHSP Private Health Sector Program

PLOS-Public Library for Science

PPM - Private Public Mix

SPSS - Statistical Package for the Social Science

SSA - Sub Saharan Africa

WHO - World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 NTRODUCTION

The world health report 2006, published by the World Health Organization (WHO), drew global attention to the human resources for health (HRH) crisis, manifested by shortages and imbalances in the health workforce undermining the performance of health systems and exercising adverse impacts on the ability of many countries to promote and enhance the health of their population (WHO 2006: xvi). The global crisis on human resource for health (HRH) challenges almost all developing countries to meet their commitment to create access to effective public health interventions (Atnafu, Tiruneh & Ejigu 2013: 1909).

According to the WHO, estimates globally there were shortage of 2.4 million-health workforce (doctors, nurses and midwives) only in 57 countries. Out of these countries, the majority 36 sub-Saharan African (SSA) countries shoulder critical shortage of health work force (WHO 2006: xviii). Health care service is vital and it is becoming life and death business in today's world. Nowadays in the best facilities, which can provide health care service, the job satisfaction of health care workers is an issue for owners and executives of facilities. WHO (2006:11) estimates a desired HRH threshold ratio is 2.28 health workers per 1000 population. Among SSA countries, Ethiopia is far below the threshold with an estimate ratio of 0.246 health workers per 1000 population (World Bank 2005: 100).

Public Library of science (PLOS) Medicine journal 2012 June, Article on Comparative performance of Private and Public Healthcare Systems in Low-and Middle –Income Countries mentions Private healthcare delivery in low-and middle-income countries is sometimes argued to be more efficient, accountable, and sustainable than public sector delivery.

Healthcare can be provided through public and private providers. The government through national healthcare systems usually provides public healthcare. Private healthcare can be

provided through 'for profit' hospitals and self-employed PR actioners, and 'not for profit' non-government providers, including faith-based organizations.

There is considerable ideological debate around whether low-and middle –income countries should strengthen public versus private health care services, but in reality, most low-and middle-income countries use both types of healthcare provisions. Recently, as the global economic recession has put major constraints on government budgets-the major funding source for healthcare expenditures in most countries –disputes between the proponents of private and public systems have escalated, further fueled by the recommendation of International Monetary Fund (an international finance institution) that countries increase the scope of private sector provision in healthcare as part of loan conditions to reduce government debt. However, critics of the private health sector believe that public healthcare provisions are most benefit to poor people and is the only way to achieve universal and equitable access to health care.

In today's competitive world it is considered as an important task to manage employee turnover for any organization, naturally people want career development and seeks better opportunity and good working environment or job place. To provide these things to the employees in an economic way is very difficult. However, it is also crucial for any organization to retain its talented employees. Every organization wishes to maintain high productivity, fewer turnovers and make profit.

However, Ethiopia's gain in the health sector in the past few years have earned the country recognition globally. In recognition of the complexity of challenges in the context of the rapidly increasing demand for health care services, Ethiopian government is committed to engaging the private health sector in productive public private partnerships and harness sector to meet as ambitious health goal of catering essential health care service to Ethiopian citizens. In its effort to enhance the engagement of the private health sector in addressing high impact public health challenges, Ethiopian ministry of health enacted a strategic framework in 2013. The framework highlights and underscores the important role and contribution of the private sector in health development, defines an institutional framework within which to coordinate, implement, monitor, evaluate and enrich the public-private partnership, and addressing public private partnership in health concerns when taking policy decisions. By partnering and collaborating with the private

sector, government envisages leveraging resources to improve health outcomes in the country in terms of accessibility, efficiency, equity, sustainability and quality of health sector investment.

The rising magnitude of health care worker’s turnover has negative impact for the sector, the providers and community. Retention of health care workers in private health facilities is not an easy task as the supply of experienced workforce is scarce, learning and training cost is high and other related factors. Retention of experienced trained staff should be among the priority tasks for the private health sector. Therefore, interruption of quality assured services would be challenge for the customers, private sector, public sector and the community at large.

In Addis Ababa City, there are 62 public and 608 private facilities with high potential health services coverage (FMOH 2012: 50). In the last decade the private health facilities is talking share of providing public health services through the established public private mix partnership. There are 30 PPM (Private Public Mix) facilities committed to provide Tuberculosis (TB) and Human Immune Deficiency Virus (HIV) services in the city (PHSP 2015: 28).

Addis Ababa City has a largest numbers of private-for-profit and private not–for the profit organizations in Ethiopia that are employing the significant number of health workers with diversified skills. This research aimed at assessing the determinants of health care worker’s intension to turnover in private health facilities in Addis Ababa, Ethiopia.

1.2 PROBLEM STATEMENT

Addis Ababa is a capital city among the developing countries where private health sector flourishing and thousands of health care workers engaged in the sector. Staff turnover is a major challenge facing both the private and public health sector. However, there is no adequate information about the private sector employees' organizational commitment, job satisfaction of service providers and their intention about turnover.

The objective of this study is to determine the magnitude of staff turnover, satisfaction and organizational commitment. In addition, the study is dedicated to identify factor influencing

intention to staff turnover. It is expected to adopt some important strategies for reduce turnover and will guide promoting the retention of staffs.

The result of this study will help to recognize factors related to turnover of health care workers and help all responsible bodies to take corrective measures which will ultimately improve the working relation between owners and employees and maintain smooth and cordial working arena. It will help to maintain keeping highly experienced and dedicated employees to stay in the same organization by providing quality service for customers and service center, efficient and economic utilization of human resource.

In light with the above background and problem statement this research aims to address the following research questions:

1. What is the level of turnover intention among staffs of Public Private Mix Health facilities in Addis Ababa?
2. Is there socio- demographic difference (i.e. Gender) by job satisfaction; turnover intension and organizational commitments?
3. What are the factors influencing healthcare worker’s intension to turnover among staff of Public Private Mix Health facilities in Addis Ababa?

Organization of the study

The work in this study is divided into five chapters.
Chapter one is the introductory chapter and it comprises of sub-headings such as the introduction background, and problem statement.

Chapter two presents the review of literature and is further sub-divided under the headings: Health Workers turnover, measuring health worker’s turnover, factors influencing staff and impact of staff turnover.

Chapter three discuss the techniques adapted to carrying out this study. The chapter consists of the study design, study settings, target population, data collection methods, primary data, secondary data, data interpretation and analysis.

Chapter four deals with the result and discussion of the study. The result will be presented as descriptive statics and inferential statics results.

Chapter five presents summary, conclusion and recommendation of the study. Compared and contrasted review of literatures and the conclusion and recommendation of this study will be presented in this chapter.

1.3 OBJECTIVE OF THE RESEARCH

1.3.1 General objectives of the study

The general objective of this study is to assess the determinants of health care worker's intention to turnover in private health facilities in Addis Ababa.

1.3.2The specific objectives of this study are to -

- Determine the level of health care worker's turnover in private health facilities in Addis Ababa.
- Investigate factors affecting health care worker's intention to turnover in private health facilities in Addis Ababa.

Accordingly, the key research questions are:

What is the level of health care worker's turnover in private health facilities in Addis Ababa?

What are the factors influencing health care worker's intention to turnover in private health facilities in Addis Ababa?

1.4 Significance of the Study

The scope of this study was to determine the magnitude of staff turnover and factors affecting health care worker's intention to turnover in forty-five Public Private Partnership facilities in Addis Ababa, Ethiopia.

CHAPTER TWO

2.1 LITERATURE REVIEW

This chapter of the research addresses presenting the reviewed literatures, theoretical framework of the study. It is important to look at the definition of staff turnover, intention to turnover, job satisfaction and organizational commitments and their relationship by focusing in relevant literatures.

2.2 Concept of Turnover, Job satisfaction and Organizational Commitment

Health workers are the central element in health system holding various important responsibilities. The overall performance of health facilities depends upon their health professionals and ultimately their level of commitment and job satisfaction. Understanding their behaviors and attitudes in organizations therefore, needs more attention (Tsui & Cheng, 1999). The study of behaviors within organizational setting has highlighted critical variables that are supportive or detrimental to the performance of workforce. This notion holds true while focusing on quality of human resources that is major factor which contribute significantly to the organizational success (Pohlman & Gardiner, 2000).

Job satisfaction is crucial problem for all organization no matter whether in public or private organizations or working in advanced or underdeveloped countries (Shann, 2001). One of the purposes for this degree of interest is that satisfied personnel is reported as committed workers and commitment is indication for organizational output and effectual operations (Robbins & Coulter, 2005, p. 370).

In today’s understanding of administration, the effective use of the human factor as a base for the organization is regarded as an important indicator of success or failure. Therefore, employees’ levels of job satisfaction and organizational commitment have become subject to research (Taşdan & Tiryaki, 2008).

Job satisfaction affects the health of staff, their efficiencies, labor relationships in the organization and the organization’s overall efficiency. With regard to these aspects, job satisfaction has individual, organizational and social outcomes. According to Brown and Sargeant (2007), these

outcomes may be sometimes positive or negative. For example, they may represent more negatively through reflecting low efficiency, work stoppage, absenteeism, tardiness or theft. On the contrary, they may represent more positively via high efficiency, loyalty, punctuality, self-devotion and commitment.

Job satisfaction amongst health workers is a multifaceted construct, which is imperative for the retention of these professionals and is a significant determinant of their commitment as well as a contributor to health facilities effectiveness. Research, however, has revealed a wide range of differences contributing to job satisfaction amongst health workers (Shann, 2001). In the process of development of any health system around the world, job satisfaction is vital.

Job satisfaction of health workers has been a focus of attention for researchers; this is because of the prevailing links between job satisfaction and organizational behavior that might be explained in terms of commitment, absenteeism, turnover, efficiency and productivity (Shann, 2001). High attrition rates amongst could be attributed to job dissatisfaction (Wisniewski & Gargiulo 1997). They concluded that lack of recognition, few opportunities for promotion, excessive paperwork, loss of autonomy, lack of supplies, low pay, and stressful interpersonal interactions all contributed to health worker's decisions to leave their facilities.

There are several factors affecting organizational commitment, however, it is possible to classify these as individual, organizational and non-organizational (environmental) factors. Individual factors often include job expectations, physiological contracts and personal characteristics (gender, marital status, seniority, position, education, race, and social culture). Health worker's commitment is recognized by as an intrinsic quality of a good Health professional. It reflects job satisfaction, morale, motivation, identity and professional meaning. Committed health worker will work devotedly for the values and health service goals, as well as, engage in promoting the development and wellbeing of the patient health worker are committed to both the organization and the profession in successful facilities.

The level of employees' organizational commitment will possibly ensure that they are better suited to receiving both extrinsic rewards (which include remuneration and benefits) and psychological rewards (which include job satisfaction and associations with fellow employees) related to associations. Organizational commitment is generally assumed to reduce abandonment behaviors,

which include tardiness and turnover. A fully committed employees' lead to organizational success and thriving in todays' dynamic organizational context (Yocel, 2012)

The literatures suggest that individuals become committed to organizations for a variety of reasons, including an affective attachment to the values of the organization, a realization of the costs involved with leaving the organization, and a sense of obligation to the organization (Meyer & Allen, 1997). Research recommends that organizational commitment also leads to lower degrees of both absence and turnover and actually, it is a good sign of turnover then job satisfaction (Robbins & Coulter, 2005). The organizational commitment is partially the effect of intrinsic personal characteristics and partially the consequence of how peoples understand the institution and their instant job function (Daneshfard & Ekvaniyan, 2012)

The three-component model of commitment developed by (Meyer & Allen 1997) arguably dominates organizational commitment research (Meyer et al., 2002). they discuss organizational commitment as emotional, continuity and normative responses. Affective commitment refers to an employee's emotional attachment to, identification with, and involvement in a particular organization. Workers stay with an establishment because they need to. The employee develops with the organization primarily via positive work experiences. Continuance commitment refers to commitment based on the costs that the employee associates with leaving the organization. Normative commitment refers to the employee's feelings of obligation to stay with the organization (Lawrence & Lawrence, 2009).

Several past studies indicate that there is a positive relationship between job satisfaction and organizational commitment (Ayeni and Phopoola, 2007; Clugston, 2000; Morrison, 1997; Mathieu & Zajac, 1990). Employees tend to be committed to an organization, and employees who are satisfied and committed are more likely to attend work, stay with an organization, arrive at work on time, perform well and engage in behaviors helpful to the organization (Aamodt 2007). Furthermore, Delaney (2002) asserts that job satisfaction can be proven to lead to organizational commitment, as the employer is likely to hire the one with a higher level of commitment to the job.

In general, if Health is a priority for national development, then maintaining the quality of the health service must be the priority of government; and attempts to improve quality of health service

will never succeed if health workers job satisfaction and commitment is ignored. Thus, the study of relationship between these variables i.e. job satisfaction and commitment unarguable becomes a topic of prime importance and great interest for study and further research among private health sectors of Addis Ababa Ethiopia.

In many health service contexts, health care workers increasingly leave their current work place after a few years in service. In addition to this they have the intension to leave their profession. Research into health professional’s satisfaction has a great effect and value because job dissatisfaction causes little commitment and productivity, reduced ability to meet patient needs, certain degrees of psychological disorders and high levels of stress.

The issue of health care workers job satisfaction and commitment has been one of pressing health service issues in Addis Ababa. The inequality in salary between health professionals and non-health professionals with similar qualifications, and the negative relationship between inadequate salary, career structure and job satisfaction has been discovered.

This study will look after the reasons behind the number of health care workers in Addis Ababa city private health facilities and show the main causes for flow of workers from facility to facility and indicate a solution for owners, workers and clients in order to alleviate a problem.it is expected to adopt some important strategies for avoiding turnover and will guide promoting the retention of health workers turnover Health worker’s turnover

According to Armstrong (2009: 497) employee turnover (sometimes known as ‘labor turnover, ‘wastage’ or ‘attrition’) is the rate at which people leave an organization. As cited in Chaitra and Murthy (2015: 127) Ivancevich and Glueck (1989) staff turnover is the net result of the exit of some employees and entrance of others to the organization. Similarly, Singh et al (1994) also define staff turnover as the rate of change in the working staffs of a concern during a definite period. And finally, Kossen (1991) defined the staff turnover as ‘it is the amount of movement in and out (of employees) in an organization’.

Industrial Psychiatry Journal 2012 Jan-Jun: states Job satisfaction among healthcare professionals acquires significance for the purpose of maximization of human resource potential.

There has been considerable emphasis on human resource management in recent past. In an organization, productivity and quality of service depend entirely on the organizations ability to manage the human resource. Human resource management encompasses organizational development, human resource development and industrial relations. Human resource functions in an organization include everything that has to do with /people/, i.e., their recruitment, induction, retention, welfare, appraisal, growth, training, skill development, attitudinal-orientation, compensation, motivation, industrial relation and retirement, etc.

All organizations operate within an internal and an external environment. Technology provides resources; structure defines the formal relationship of people in organization and both internal and external environment as well as influences the attitude of people.

How to get people involved and motivated for excellence at work? The key to effect work performance is in understanding what domains of work are important for job satisfaction among clinicians.

The job satisfaction of an employee is a topic that has received considerable attention by researchers and managers alike. The most important information to have regarding an employee in an organization is a validated measure of his or her level of job satisfaction (Sosnowska and Hulin, 1992). Thus, it is fruitful to say that managers, supervisors, human resource specialists, employees, and citizens in general are concerned with ways of improving job satisfaction.

The foundation of job satisfaction theory was introduced by Maslow with a five – stage hierarchy of human needs, now recognized as the deprivation proposition. However, much of the job satisfaction research has focused on employee in the private sector.

The motivation to investigate the degree of job satisfaction arises from the fact that a better understanding of employee satisfaction is desirable to achieve a higher level of motivation that is directly associated with patient satisfaction.

Offering the highest quality of health-care services possible to as many people who need them, within a given environment of social, material, financial, and human resources is the main goal of health-care systems and of every single health-care organization or unit within an organization. Achieving this goal requires a committed and high-quality workforce in health-care organizations.

Due to the anticipated significance impact of human resources management on the quality of services and increasing coverage in formalized quality systems, it is essential that a health-care establishment pays attention to the quality of human resources in early stages of development of quality system. Attending to job satisfaction of staff is then a fundamental component of human resources quality. In particular, many researchers have demonstrated strong positive correlations between job satisfaction of medical staff and patient satisfaction with the service in these health-care settings.

Organizations efficiency depends to a large extent on morale of its employee. Behavioral and social science research suggests that job satisfaction and job performance are correlated. Job satisfaction and morale among medical practitioners is a current concern worldwide. Poor job satisfaction leads to increased physician turnover, adversely affecting medical car job satisfaction. Consequently, by creating an environment that promotes job satisfaction, a health-care manager can develop employees who are motivated, productive, and fulfilled. This in turn will contribute to higher quality patient care and patient satisfaction.

Schermehron define job satisfaction as the degree to which individuals feel positive or negative about their job. It is an attitude or emotional response to one's tasks as well as he physical and social conditions of the work place. Job satisfaction is motivational and leads to positive employment relationships and high levels of individual job performance.

According to Locke and Hanne, the definition could be the pleasant emotional state which flows from someone realizing his or her motive (value) in the work. Job satisfaction is simply how people feel about their jobs and different aspect of their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their job. As it is generally assessed, job satisfaction is an attitudinal variable.

Job satisfaction can be considered as a global feeling about the job or as a related constellation of attitudes about various aspects or facets of job. The global approach and the facet approach can be used to get a complete picture of employee's job satisfaction. According to Wenner, job satisfaction has five facets, which can be put together to measure a job descriptive index (JDI) as follows:

● The work itself-responsibility, interest, and growth

● Quality of supervision-technical help and social support

● Relationships with co-workers- social harmony and respect

● Promotion opportunities- chance for further advancement

● Pay-adequacy of pay and perceived equity Vis-a Vis others.

There are important reasons why the researchers should be concerned with job satisfaction. The first is that people deserve to be treated fairly and with respect. Job satisfaction is to some extent a reflection of good treatment. It can be considered as an indicator of emotional well-being or physiological health. The second reason is that job satisfaction can lead to behavior of employees that affects organizational functioning. Furthermore, job satisfaction can be diagnostic or potential trouble spots.

Dissatisfied workers are more likely to provide inferior services, and the physical and mental status and the social functioning of these workers can be affected alone is not a consistent predictor of individual performance.

Importance of Studying Job Satisfaction in Health-Care Institution

Hospital personnel have difficulties in meeting the needs of their patients if their own needs are not met; therefore, hospital managers have responsibilities to both staff and patients.

Job satisfaction in healthcare organizations is related to many factors:

- Optimal work arrangements
- The possibility of participate actively in decision –making process
- Effective communication among staff and supervisors
- To be able to express freely one’s pinion.

Collective problem solving and the attitude of management are also important to the satisfaction of the employees.

Job satisfaction can be increased by attending to motivating factors, such as making work more interesting, requiring more initiative, creativity, and planning. This is especially relevant when budget constraints limit increases to pay and benefit.

Managers who grasp the importance of factors affecting the well-being of staff are more likely to gain improved performance from the various groups of hospital staff. It is of utmost importance to seek the opinions of employees and include them in decision –making and problem-solving process. This will improve satisfaction among employees and make them feel that they are part of the organization.

The provision of high-quality, affordable, health care services is an increasingly difficult challenge. Due to the complexities of health care services and systems, investigating and interpreting the use, costs, quality, accessibility, delivery, organization, financing, and outcomes of health care services is key to informing government officials, insurers, providers, consumers, and other making decision about health-related issues. Health services researchers examine the access to care, health care costs and processes, and the outcomes of health services for individual and population.

The institute of medicine (IOM) of National Academy of Sciences proposed that the goals for health services should include six critical elements:

1. **Patient Safety:**
   Patients should not be harmed by health care services that are intended to help them.

2. **Effectiveness:**
   Effective care is based on scientific evidence that treatment will increase the likelihood of desired health outcomes.
3. **Timeliness:**

   Seeking and receiving health care is frequently associated with delays in obtaining an appointment and waiting in emergency rooms and doctors' offices. Failure to provide timely care can deny people critically needed services or allow health conditions to

progress and outcomes to worsen. Health care needs to be organized to meet the needs of patients in timely manner.

4. **Patient Centered:**

   Patient-centered care recognizes that listening to the patient's needs, values and preferences is essential to providing high-quality care. Health care services should be personalized for each patient, care should be coordinated, family and friends on whom the patient relies should be involved, and care should provide physical comfort and emotional support.

5. **Efficiency:**

   The U.S. health care system is the most expensive in the world, yet there is consistent evidence that the United States does not produce the best health outcomes or highest level of satisfaction. The goal is to continually identify waste and inefficiency in the provision of health care services and eliminate them.

6. **Equity**

   The health care system should benefit all people. The evidence is strong and convincing that the current system fails to accomplish this goal. The IOM report, Unequal Treatment, documented pervasive differences in the care received by racial and ethnic minorities. The findings were that racial and ethnic minorities are receiving poorer quality of care than majority population even after accounting for differences er5 in access to health services.

   "Quality of care is the degree to which health services for individuals and population increase the likelihood of desired health outcomes and are consistent with current professional knowledge." This definition draws attention to the importance of the application of current professional knowledge in the diagnostic and treatment processes of health care. The goal of quality care is to increase the likelihood of achieving desired health outcomes, as expressed by the patient.

The interaction between the care providers and patients over tine comprise the process of health care. The process of care may be examined from multiple perspectives: the sequence of services received over time, the relationship of health services to a specific patient complaint or diagnosis, and the number and types of services received over time or for a specific health problem.

The value of health care services lies in their capacity to improve health outcomes for individuals and population. Health outcomes are broadly conceptualized to include clinical measures of disease progression, patient-reported health status or functional status, satisfaction with health status or quality of life, satisfaction with services, and cost of health services.

Sustainable and accessible health care services substantially depend on their workforce, in terms of both availability and quality. Shortage of health professionals in the health work force are expected to have a significant impact on the future organization and quality of health care delivery.

Staff turnover is a natural and necessary process in all health care organizations. However, when turnover reaches high levels it can have a detrimental effect on quality of care (Gray& Philips, 1996; Tai, Bame & Robinson, 1998; Sheilds & Ward, 2001). Further problems arise when employees leave not only the organization but the health workforce itself. In a sector that is already suffering from shortages, employees often difficult to replace.

Influencing Staff Retention: Cause and Responses

The literature identifies a range of factors that are reported to have an impact on retention within the health workforce (WHO, 2010). Within this wider scope of recommendation, which includes interventions in education (e.g. Frenk et al., 2010) and regulation, this section focuses on intervention on an organizational level, and hospitals in particular as evidence shows the positive effect of good working environment on retention (Hinno, Partanen & Vehviainen-Julkunen,2011). From this perspective, differentiation is usually made between external factors (e.g. the general economic situation and the labor market), individual factors (e.g. educational level, length of

service, non-professional commitments) and organizational factors (those relating to the way in which health care organization is managed) (Hayes et al., 2006).

Organizational factors are

Employment Quality-

Type of contract, e.g. permanent, temporary working hours, including work schedule and family work balance social benefits work quality.

Professional development (training and skills development) Work organization, including:

- Teamwork,
- Division of work,
- Staffing adequacy,
- Administrative burden
- Safety
- Pace of work and stress
- Social work environment
- Access to technology/ appropriate facilities to get one's job done
- Organizational Quality
- Leadership (management, participation in decision- making process)
- Culture
- Quality (improvement programs, complaints committees, innovation)
- Appropriate professional autonomy

Studies show that although wages are often seen as one of the most obvious factors influencing staff retention, it is difficult to draw firm conclusion on the effects of improving remuneration.

Health care professionals often undertake shift, night and weekend work, with evidence that professionals carrying out this type of work often suffers from increased level of stress and fatigue. (Costa, 2003; Schernhammer & Thompson, 2010) This has been associated by Aiken et al. (2002) with threats to patient safety. Irregular working hours also impact the work-life balance of health

care professionals, particularly for female employees, with women still carrying the major part of family responsibilities. (Van der Heijden, Demerouti & Bakker, 2008).

Social benefits are an important part of the employment quality dimension. Contractual relationships that allow for pension schemes, flexible retirement policies, childcare provisions, and so on have shown to factors influencing job quality.

Work Quality

According to Munoz de Bustillo et al. (2009, p.14) Work Quality is "How the activity of work itself and the condition under which it takes place can affect the well –being of workers: the work intensity, social environment, physical environment, etc.

Work quality, therefore, includes a number of variables around inappropriate or unsafe work.

Organizational Quality

In the domain of organizational quality, the literature on retention has a particular emphasis on the relationship between leadership and staff satisfaction. Indeed, dissatisfaction in management styles has been shown to be a major driver in nurse job dissatisfaction and turnover. (Bratt et al.2000; Hayes et al., 2006). On the one hand, health professionals have reported not being heard, disconnection between management and the work floor, lack of shared decision making and lack of recognition (OECD, 2008). On the other hand, participation in decision-making processes, where representation in management is ensured (e.g. through a nurse advisory committee) has been found to enhance job satisfaction (Jones et.al. 1993; Nakata & Saylor, 1994; Moss & Rowles, 1997. Yeatts & Seward, 2000). In a similar vein, a facilitative rather than directive management style has positive effects on retention, as does a leadership style that value staff contribution (Hayes et al., 2006). Aiken, Smith and Lake (1994) and Buchan (1994) have found positive effects of a decentralized organizational structure on retention. For doctor's evidence from Janus et al. (2008) suggests that a decision making and recognition is particularly important.

Along this line a number of studies have also argued that professional autonomy the "freedom to act on what one knows" is a central factor for job satisfaction. Employer-worker arrangements

such as self-governance, self-control, appropriate freedom and control over a resources can give health professionals enough room to “act on what they know” and improve their perceptions of empowerment. (Hayes et al., 2006) Kramer and Schmalenberg (2003) have found a strong relationship between the degree of nurse autonomy and rating of job satisfaction and quality of care. Levels of job satisfaction are again correlated with intention to leave (which is associated with level of turnover.

According to Bohlander and Snell (2010:93), ‘employee turnover refers simply to the movement of employees out of an organization’, Turnover can have devastating effects on organization and individuals. It reduces productivity, disrupts teams, raises costs, and results in lost knowledge. Its negative impact on individuals includes losing seniority, high expectations may not materialize and disrupt of social life. Mobley (1Measuring health worker’s turnover

Ratio of registered health workers (HWS) who leave in one year to the number of budgeted full-time equivalent HWs positions includes involuntary and voluntary employment termination.

Similarly, Armstrong (2009: 498) suggests the traditional formula for mearing turnover. The employee turnover index as set out below:

$$Employee\ turnover = \frac{number\ of\ leavers\ in\ a\ specfied\ period\ (usually\ 1\ year)}{avrage\ number\ of\ employees\ during\ the\ same\ period}\ x\ 100$$

Factors influencing staff turnover

Ajayi K (2004) as cited in Geleto, Baraki, Atomsa and Dessie (2015:1) confers human factor is the most critical resource for any organizations. It organizes and utilizes other resources for the production of the intended outputs. For the optimum performance the workforce needs to be regularly motivated through either financial or non-financial incentives to get satisfied to their work

Several reasons have been attributed to the health workforce crisis in Sub-Sahara Africa (SSA). These include poor work environment; a work environment comprises the physical geographical location, physical surroundings, and conditions of service, management style, chemical and biological environment among other things.

Impacts of staff turnover

Retention of workers versus turnover of workers is an issue in any industry today. Lack of advancement, poor salary, and work over load, too few staffs, organization culture and nature of work are considered as the major challenges of health care workers in general. There are four types of turnovers-voluntary, involuntary, functional and dysfunctional. If an employer is said to have a high turnover rate relative to its competitors, it means that employees of that company have a shorter average tenure than those of other companies in the same industry. High turnover may be harmful to a company's productivity if skilled workers are often leaving and the workers population contains a high percentage of novices.

Employees are important in any running of a business; without them the business would be unsuccessful. Providing a stimulating workplace environment, which foster happy, motivated and empowered individuals, lowers employee turnover and absent rates. Promoting a work environment that fosters personal and professional growth promotes harmony and encouragement on all levels, so the effects are felt company wide.

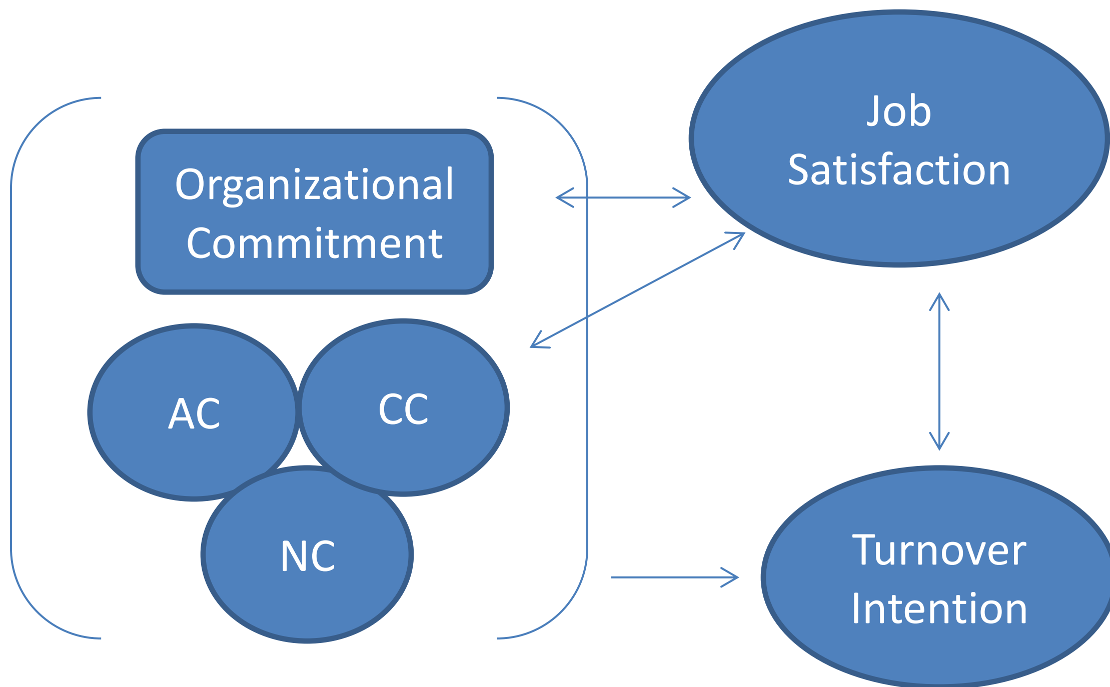

Figure: 1 Conceptual Framework

Morgan (1994) state that organizational commitment has been operationally defined as multi-dimensional in nature, involving an employee's loyalty to the organization, willingness to exert effort on behalf of the organization, degree of goal and value congruency with the organization, and desire to maintain membership

Model of commitment

Meyer and Allen's (1991) three-component model of commitment was created to argue that commitment has three different components that correspond with different psychological states. Meyer and Allen created this model for two reasons: first "aid in the interpretation of existing research" and second "to serve as a framework for future research." Their study was based mainly around previous studies of organizational commitment. Meyer and Allen's research indicated that there are three "mind sets" which can characterize an employee's commitment to the organization. Mercurio (2015) extended this model by reviewing the empirical and theoretical studies on organizational commitment. Mercurio posits that emotional or affective commitment is the core essence of organizational commitment Mercurio (2015).

Affective Commitment

Affective commitment (AC) is defined as the employee's positive emotional attachment to the organization. Meyer and Allen pegged AC as the “desire” component of organizational commitment. An employee who is affectively committed strongly identifies with the goals of the organization and desires to remain a part of the organization. This employee commits to the organization because he/she "wants to". This commitment can be influenced by many different demographic characteristics: age, tenure, sex, and education but these influences are neither strong nor consistent. The problem with these characteristics is that while they can be seen, they cannot be clearly defined. Meyer and Allen gave this example that “positive relationships between tenure and commitment maybe due to tenure-related differences in job status and quality” In developing this concept, Meyer and Allen drew largely on Mowday, Porter, and Steers (2006) concept of commitment, which in turn drew on earlier work by Kanter(1968) Mercurio (2015) stated that..."affective commitment was found to be an enduring, demonstrably indispensable, and central characteristic of organizational commitment.”

Continuance Commitment

Continuance Commitment is the “need” component or the gains verses losses of working in an organization. “Side bets,” or investments, are the gains and losses that may occur should an individual stay or leave an organization. An individual may commit to the organization because he/she perceives a high cost of losing organizational membership (cf. Becker's 1960 "side bet theory" Things like economic costs (such as pension accruals) and social costs (friendship ties with co-workers) would be costs of losing organizational membership. But an individual doesn’t see the positive costs as enough to stay with an organization they must also take into account the availability of alternatives (such as another organization), disrupt personal relationships, and other “side bets” that would be incurred from leaving their organization. The problem with this is that these “side bets” don’t occur at once but that they “accumulate with age and tenure”. Affectively committed employees seen as having a sense of belongingness and identification that increase their involvement in organizations activities and willingness to persuade the organization.

Normative Commitment

The individual commits to and remains with an organization because of feelings of obligation, the last component of organizational commitment. These feelings may derive from a strain on an individual before and after joining an organization. For example, the organization may have invested resources in training an employee who then feels a 'moral' obligation to put forth effort on the job and stay with the organization to 'repay the debt.' It may also reflect an internalized norm, developed before the person joins the organization through family or other socialization processes, that one should be loyal to one's organization. The employee stays with the organization because he/she "ought to". But generally if an individual invests a great deal they will receive “advanced rewards.” Normative commitment is higher in organizations that value loyalty and systematically communicate the fact to employees with rewards, incentives and other strategies. Normative commitment in employees is also high where employees regularly see visible examples of the employer being committed to employee well-being. An employee with greater organizational commitment has a greater chance of contributing to organizational success and will also experience higher levels of job satisfaction. High levels of job satisfaction, in turn, reduces employee turnover and increases the organization’s ability to recruit and retain talent. Meyer and Allen based their research in this area more on theoretical evidence rather than empirical, which may explain the lack of depth in this section of their study compared to the others. They drew off Wiener’s (2005) research for this commitment component.

Herzberg had close links with Maslow and believed in a **two-factor theory of motivation**. He argued that there were certain factors that a business could introduce that would directly motivate employees to work harder (**motivators**). However, there were also factors that would de-motivate an employee if not present but would not in themselves actually motivate employees to work harder (**hygiene factors**)

Motivators are more concerned with the actual job itself. For instance, how interesting the work is and how much opportunity it gives for extra responsibility, recognition and promotion. Hygiene factors are factors which 'surround the job' rather than the job itself. For example,

a worker will only turn up to work if a business has provided a reasonable level of pay and safe working conditions but these factors will not make him work harder at his job once he is there.

Herzberg believed that businesses should motivate employees by adopting a democratic approach to management and by improving the nature and content of the actual job through certain methods. Some of the methods managers could use to achieve this are:

Job enlargement – workers being given a greater variety of tasks to perform (not necessarily more challenging) which should make the work more interesting.

Job enrichment - involves workers being given a wider range of more complex and challenging tasks surrounding a complete unit of work. This should give a greater sense of achievement.

Empowerment means delegating more power to employees to make their own decisions over areas of their working life.

Key summary for Herzberg:

Workers motivated to work harder by motivators e.g. more responsibility, more interesting work, more praise for good work. Workers can become de-motivated if hygiene factors are not met for example: pay, working conditions, and relationships with colleagues.

Organization commitment is individual's psychological attachment to the organization. Organization commitment predicts work variables such as turnover, organization citizenship behavior and job performance. Some of the factors such as role stress, empowerment, job insecurity and employability and distribution of leader ship have been shown to be connected to a worker's sense of organization commitment employee experience a sense of oneness with their organization.

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1 Research Design

The study was a survey type in the form of cross sectional study in which data were collected once across a population through probability sampling technique (Taylor-Powell & Hermann 2000). Forty-five private health facilities, working through public private mix approaches for public health services were selected using purposive sampling technique.

From these health facilities, one hundred employees were selected by simple random sampling technique using the payroll as sampling frame. The questionnaires were administered in the form of one to one interviewer data collection method.

Study Setting

Addis Ababa is the Capital city of Ethiopia. It has ten sub cities and one hundred sixteen woredas. There are 62 public and 608 private health facilities with almost 100% potential Health service coverage. There are 45 private health facilities engaged in providing public health services (Tuberculosis diagnosis and treatment, HIV test and Chronic Care and Family planning services in the City (PHSP 2015: 28; FMOH 2012:50). All public private partner facilities have trained health care providers.

Target Population

All health care workers employed in targeted private health facilities. The target group consists of nurses, health officers, laboratory personnel and pharmacy personnel.

Sampling Size and Sampling Procedure

The sample size was 100, which were allocated to each professional categories based on population proportion to size. The sample size of 100 is small for such kind of study intended but time and financial resource constraints makes it imperative to restrict the sample to that size.

Sampling procedure employed was:

Forty-five private health facilities, serving the community through public private partnership approach were selected with purposive sampling method. Study participants were selected using simple random sampling techniques after employing the payroll as sampling frame.

3.2 Data collection method

Comprehensive research instruments were developed in English. The tools were pre-tested in similar setup in Addis Ababa. Amendments of the tools were made before data collection was started.

3.3 Primary data

To determine the intention to staff turnover and identify factor influencing it primary data were collected through questionnaire. The data collection tools were designed for this study includes a variety of aspect of health care worker in private practice. The questionnaire was address variables related to employee's attitude, their perception on organizational commitment and intention to quit their current job. The data collection tools were administered to the various groups of employees of the organizations. A total of 100 questionnaires will be administered to health care workers who are working in Public Private Partnerships facilities.

3.4 Secondary data

Before collecting data using secondary data, management of the organizations were interviewed personally to ascertain the average number of staffs employed who attended training to facilitate public health programs. Data abstraction forms were used to collect data on average number of employees and numbers of health care workers who left their job in one year.

3.5 Data interpretation and analysis

In order to ensure logical completeness and consistency of responses, data editing will be carried out each day by the researcher. Identified mistakes and data gaps will be rectified as soon as possible.

Once editing is done with, data entry was made using computer database with statistical software for social science (SPSS IBM Version 20). Descriptive analysis will be done using frequencies, percentages, table and graphs.

The descriptive statistics will be used to determine the proportion of respondents who left their job in the previous twelve months and various responses will be measured. This will be done for each group of items relating to the research questions.

According to Anol Bhattacherjee (2012) the survey method can be used for descriptive, exploratory, or explanatory research. This method is best suited for studies that have individual people as the unit of analysis. Survey research method is involving the use of standardized questionnaires to collect data about people and their preferences, thoughts, and behaviors in a systematic manner.

Cross tabulations and uni-varialbe logistic regression will be analyzed in the determination of significant relationship and its strength using Crude Odds Ratios (COR), and chi square (X^2) test will be employed for categorical variables. In uni-variable logistics regression analysis those variable with P value < 0.25 will be considered as a nominee variable to develop a model for multi variable logistic regression. Statistical test result will be reported using Adjusted Odds Ratios (AOR) with 95% confidence Interval (CI). Statistical significance tests, the cut- off value set is $p<0.05$ as this is the accepted statistical significant.

To measure the overall satisfaction of health care providers who are working in Public Private Partnership facilities, data will be collected using five items of Brayfield and Rothe (1951) Index of Job Satisfaction. In addition, organizational culture will be measured through collecting data on 12 items of Mayer and Allen (1991) affective, continuance and normative Organizational commitment. Furthermore, intention to quit current job will be measured using three items Lance et al (1989) inventory. All the questions are developed based on a five point Likert scale ranging from very unlikely or strongly disagree (1) to certainly or strongly agree (5).

Reliability

The tool was piloted using the result of 10 (5 Males and 5 Females) employ of public private mix private health facilities in Addis Ababa. The responses of each participant were scored

and the reliability of the tool was determined using Cronbach's Alpha. According to the alpha value more than 0.6, shows that the scale can be considered reliable (Hals 1986). The tool has twenty questions i.e. 12 questions for organizational commitment, 5 question for job satisfaction and 3 questions for turn over intention. The result shows that the Cronbach's alpha ranges from 0.730 to 0.890 which show the scale is reliable.

Table 1: reliability test

Ser. no	Construct	Number of item	Alpha reliability
1	Organizational commitment	12	0.858
2	Job satisfaction	5	0.730
3	Turnover intention	3	0.890

3.7 Ethical consideration

Ethical clearance was sought and obtained from Owners and head of private health facilities; they are informed about the purpose of the research. The full consent of participants was sought. Participants were informed that their participation is based on their freewill, moreover, they are informed about it is their right to terminate any time or skip some questions. The result will benefit health care workers, private health facilities owners and policy makers.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

4. RESULTS AND DISCUSSIONS

This chapter presents the result of the statistical analysis and discussion. To answer the research questions, both descriptive and inferential statistics was employed. First, the study variables were described using frequencies, graphs and tables. Then, goodness of fit and presence of statistical variations were tested with non-parametric chi-square test. In addition, the presence of mutual relations of two or more nominee variables were made using Pearson correlation test. Finally, inferential statistical test using independent t-test (t); One-way Analysis of variance (One –way ANOVA), multivariable linear regression analysis was run to identify the predicting variables. Specifically, the study tested the relationship between public private mix facility employee's perception of their job satisfaction, organizational commitment and turnover intention.

4.1. Background of the respondents

A total of 474 health workers were employed to forty-five surveyed PPM facilities in Addis Ababa City. Of the surveyed facilities one was MCH specialty center, five (11.11%) were medium clinics; nine (20.0%) were faith based organizations Health Centers, and 30 (66.66%) were higher clinics. The above number of staff available in surveyed facilities is in line with FMHACA recommendations for each level of health facilities.

Description of research participants using bio-demographic characteristics i.e. age in five categories, gender breakdown, position levels, years of experiences, marital status educational achievements, profession and current work assignment in the facilities are presented below:

Slightly higher than one third (35 percent) of respondents were falling in the age category between 28 and 35 Years, followed by (30 percent) between 20 and 27 years. The smallest age category was 8 percent respondents falling at age 60 or more years (Figure 2).

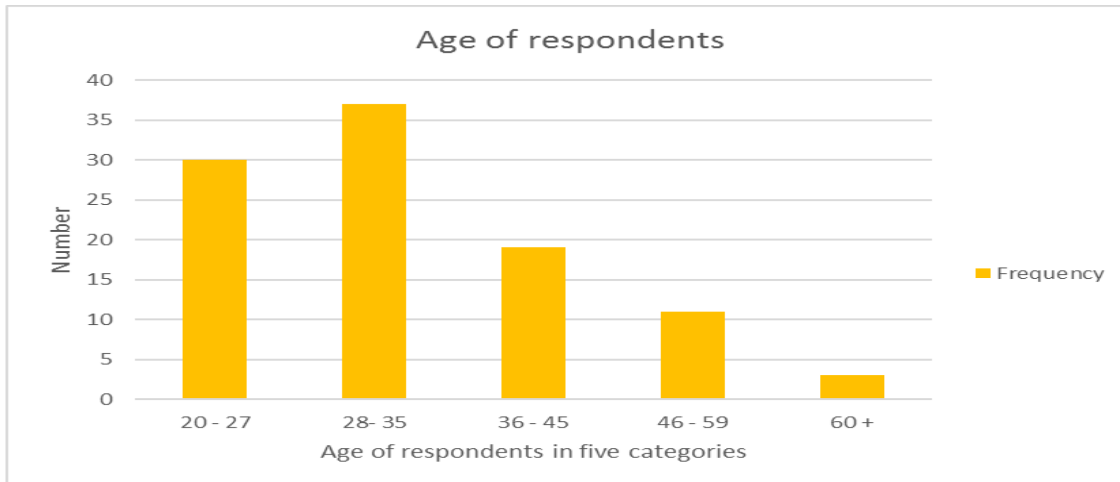

Figure 2: Age of respondents

Slightly lower than half of the respondents were males at 49 percent (Figure 3). Among the independent variables, gender was considered as a mediator or confounding variable.

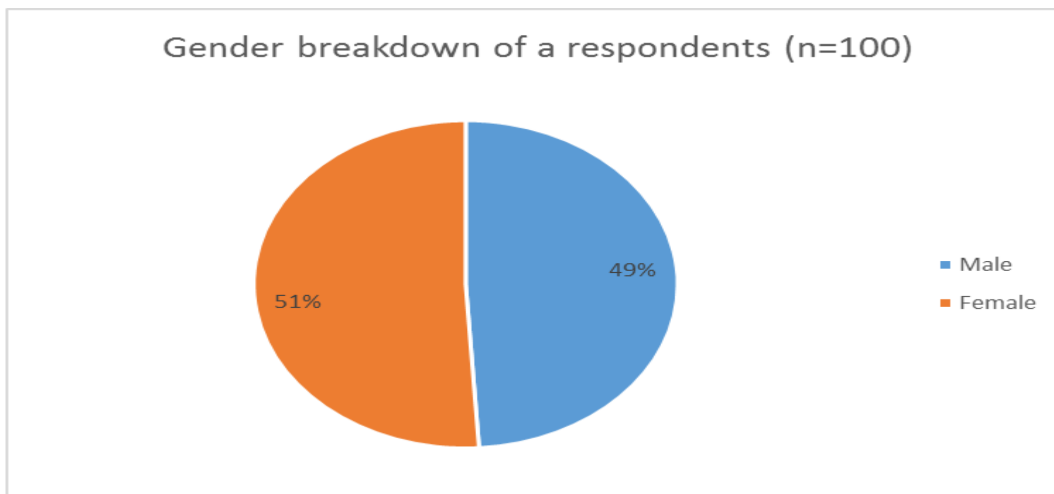

Figure 3: Gender breakdown of respondents

Half of the respondents, were non –managerial lower level staff in their current employers private for profit health facilities, while slightly lower than half (42 percent) were supervisors or middle level managers and the rest 8 percent were assumed a senior managerial position (Figure 4)

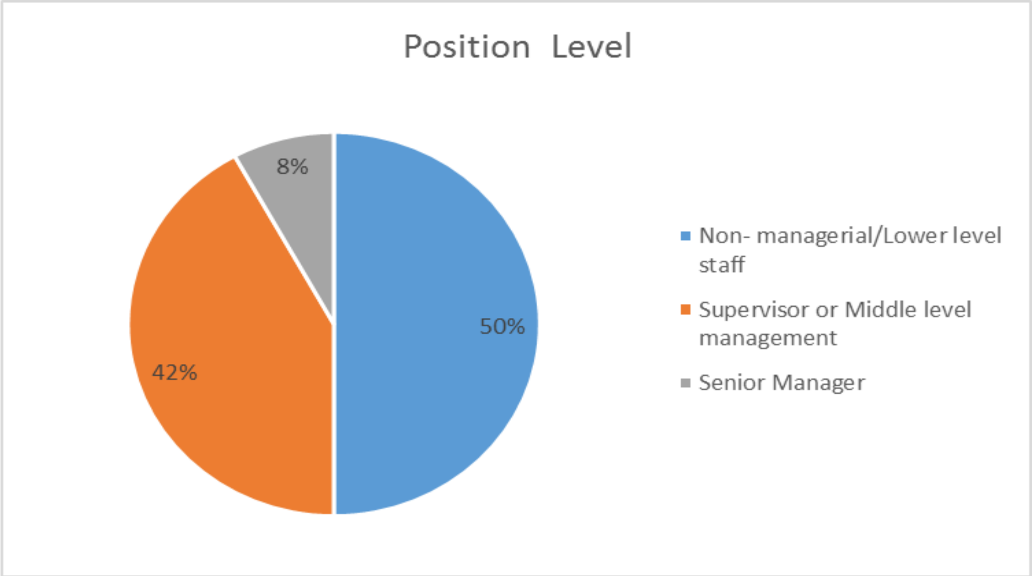

Figure 4: Position level of respondents

The ages of respondents varied, with the largest percentage, 37 percent, falling between 40 and 49 years old. The smallest percentage was of respondents under the age of 29. The data on years of experiences of the respondents were collected through four categories: between 1and 3 years, between4 and 7 years, between 8 and 10, and 11 and over. The tenure in the current organization in years varied, with the largest percentage, 43 percent, belonged to the largest group falling between 1 and 3 years. The smallest belonged to the group tenured services between 8 and 10 years (Figure 5)

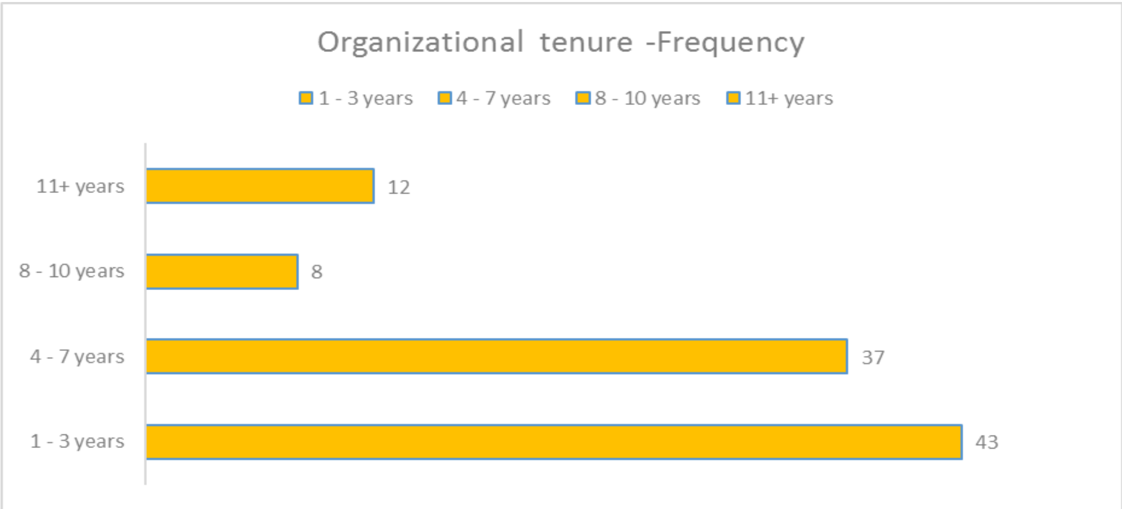

Figure 5: Organizational tenure by respondents

This descriptive statistic presented (Table 3) with frequency distribution was computed to describe respondents with one of the independent predictors, socio-demographic characteristics (Rabindarang, Bing, & Yin 2014: 56).

The state of a person, being married or unmarried is called as marital status of the respondent. Studies revealed that the presence of the leadership between the demographic variable like marital status and intention to leave (Khan, Khan, Khan, & Yar 2013). In this study, close to tow-third (59%) of study participants are married which has a positive predictive value to staff retention while one- third are single with higher level of intension to turnover. With regards to the educational status slightly lower than two-third (56%) of participants were achieved BSc degree or more. Therefore, they understand the purpose of the study and gave reliable answers. On the other hand, a little lower than (44%) of the study participants were achieved diploma level education, this might be one of the contribution factor for staff turnover either looking better earnings or pursuing educational career.

Table 2: Background of respondents

Variable	Characteristics	Frequency	Percent
Marital status			
	Single	**37**	**37**
	Married	**59**	**59**
	Widowed	**2**	**2**
	Divorced	**2**	**2**
Educational Status			
	Certificate	**4**	**4**
	Diploma	**40**	**40**
	BSc	**39**	**39**
	MSc	**17**	**17**
Profession			
	Nurse	**47**	**47**
	Health Officer	**39**	**39**
	Medical Doctor	**8**	**8**
	Laboratory Technician	**2**	**2**
	Other	**4**	**4**
Department			
	Emergency	**14**	**14**
	Outpatient	**42**	**42**
	Inpatients	**16**	**16**

4.2 Description of the study variables

Staff turnover

Secondary data were collected to measure the magnitude of staff turnover in 45 targeted PPM facilities. There was 474 staff employed in the fiscal year. Among which 393 (82.0%) were trained either Comprehensive HIV, Family Planning, Tuberculosis or Supply chain management training. At the end of 2016, among trained staff 114 (24.0%) staff was voluntary left their organization (Figure 5). According to the findings significant number of nurses and laboratory technicians left their job within a year. This shows that the quality of services could be affected due to lack of trained health care providers.

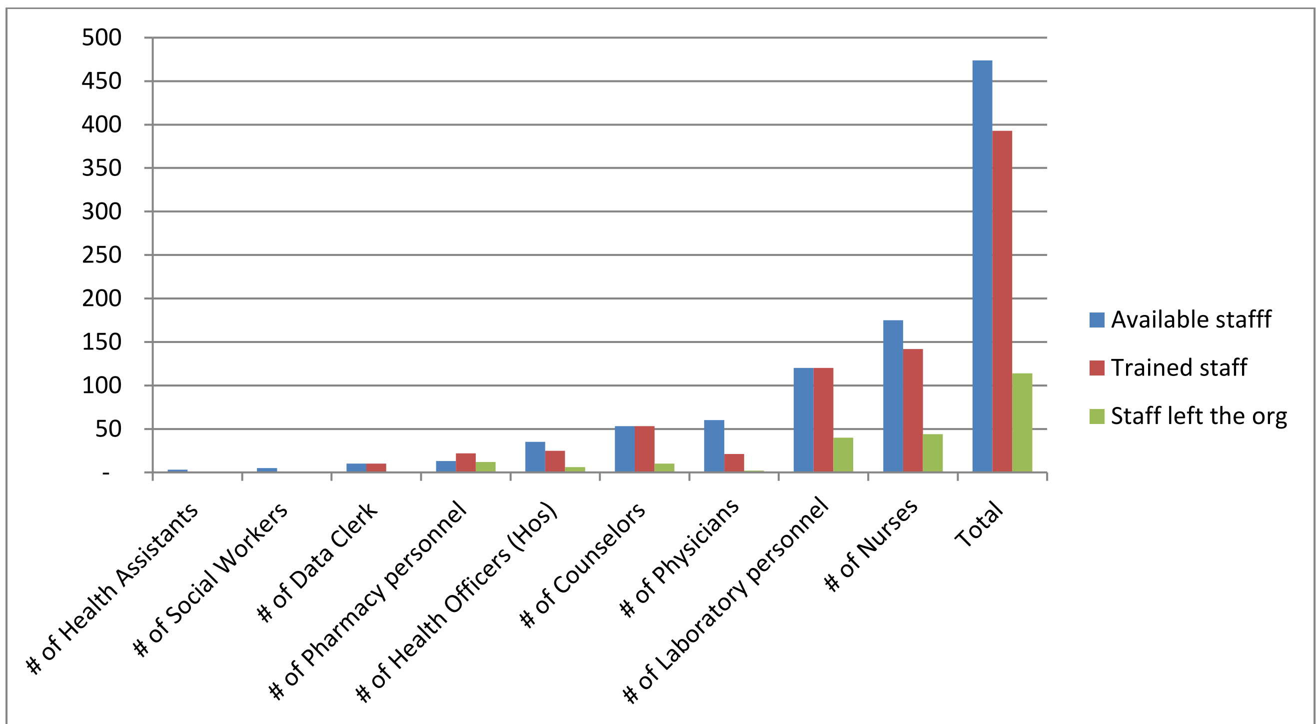

Figure 6: Staff turnover

Health worker were asked to provide their opinion on selected thematic area using a tool developed based on ordinal Likert scale with the least 1 and the highest 5 score [1[i]]. The tables 2, 3, & 4 are depicted the weighted average with standard deviation for various job satisfaction (5 items), organizational training (12 items) and turnover intension (3 items).

4.3 Job Satisfaction

According to Lock (1976) as cited in Saari & Judge (2004:396) job satisfaction is defined as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences". Furthermore, based on the organizational constructs job satisfaction resulted from the appraisal of one job experiences. Having this concept in mind the employees perceived evaluation were presented below. The first five variables were about job satisfaction (Table 2). The weighted average score was: (1) employ assessment on their feeling as there were fairly well satisfied with their present job (2.84); (2) they were enthusiastic about their work (2.74); (3) employ were feel as each day will never end (2.92); (4) employ feel as they were enjoying their work (2.89); and (5) employ were considered their job rather unpleasant (3.18). Based on the result from one- third to half (31% to 50%) respondents were satisfied with their current job. This show the rest half to two-third of participants might have intention to leave due to their perceived dissatisfactions.

Table 3. Respondents' Assessment of their level of Job Satisfaction, Addis Ababa, 2017.

Ser. No	Question	Strongly disagree	Disagree	No opinion	Agree	Strongly Agree	Weighted	
		Fre (%)	Fre (%)	Fre (%)	Fre (%)	Fre (%)	Mean	SD
1	I feel fairly well satisfied with my present job	20 (20)	21 (21)	17 (17)	39(39)	3 (3)	2.84	1.22
2	Most days I am enthusiastic about my work.	19 (19)	24 (24)	23 (23)	32 (32)	2 (2)	2.74	1.16
3	Each day of work seems like it will never end	16(16)	19 (19)	26 (26)	35 (35)	4 (4)	2.92	1.16
4	I find real enjoyment in my work.	17(17)	26 (26)	16 (16)	33 (33)	8 (8)	2.89	1.26
5	I consider my job rather unpleasant.	9(9)	24 (24)	17 (17)	40 (40)	10 (10)	3.18	1.17

4.4 Organizational Commitment

Employs were asked about their organizational commitment with three domains i.e. affective commitment, Continuance commitment and normative commitment (Table 4). With regards to weight average score of four categories of affective commitment was: (1) employs who are

happy to spend the rest of their carrier in the current organization (2.46); (2) employs who feel their organization problems as their own (2.49); (3) employs who are feeling "part of the family" in the organization (2.49); and (4) employs who feel "emotionally attached" to the current employer organization (2.50). Continuance commitment had four items. The weighted average score was: (1) employs feel staying with the current employers as a matter of necessity (3.43); (2) employs who feel it is hard to leave their current employer right now (3.11); (3) employs who feel their life would be disrupted if they decided their organization (2.95); and (4) employs who feel the negative consequences of leaving the organization organizations due to the scarcity of available alternatives (3.18). The third organizational commitment with four items is normative commitment. The weighted average was: (1) employs who feel despite they gain advantage, they would stay with their current employer (2.70); (2) employs who feel to stay with the current organization for sense of obligation (2.70); (3) employs who fell they owe a great deal to their organization (2.75); and (4) employs who would feel guilty if they left the current organization (2.55).

Mowday et al (1982) define organizational commitment as it is relative strength of an individual's identification with and involvement in a particular organization. Organizational commitment is the bond employees experience with their organization. Coming to the result of three components of organizational commitment the first commitment measured was Affective Commitment. Only one- third of research participants had a positive perception towards their organization. Therefore, more than two-third of participants would leave their job. The second category was measured continuance commitment; from half to two-third of participants have these commitments. Hence, they are serving their current employers as a matter of necessity, and third category was Normative Commitment, where only one-third of participants feel guilty if they leave their organization.

To stay in business, the health sector should have attractive organizational philosophy and culture to satisfy both internal and external customers (Monke & Umeh 2013). In addition, the result was in line with the finding of Monke & Umeh (2013) organizational commitment was the strongest predictor of job satisfaction.

Table 4. Respondents' Assessment of their Affective, Continuance and Normative commitment, Addis Ababa, 2017.

Ser No	Question	Strongly disagree	Disagree	No opinion	Agree	Strongly Agree	Weighted	
		Fre (%)	Fre (%)	Fre (%)	Fre (%)	Fre (%)	Mean	SD
1	I would be very happy to spend the rest of my career with this organization.	30 (30)	25 (25)	17 (17)	25(25)	3 (3)	2.46	1.24
2	I really feel as if this organization's problems are my own.	22 (22)	37 (37)	19 (19)	14 (14)	8 (8)	2.49	1.22
3	I feel like "part of the family" at my organization.	32(32)	23 (23)	17 (17)	20 (20)	8 (8)	2.49	1.33
4	I feel "emotionally attached" to this organization.	26(26)	34 (34)	13 (13)	18 (18)	9 (9)	2.50	1.29
5	Right now, staying with my organization is a matter of necessity as much as desire.	8(8)	16 (16)	15 (15)	47 (47)	14 (14)	3.43	1.15
6	It would be very hard for me to leave my organization right now, even if I wanted to.	16 (16)	19(19)	17 (17)	34 (34)	14(14)	3.11	1.31
7	Too much of my life would be disrupted if I decided I wanted to leave my organization norm.	18(18)	22 (22)	18(18)	31(31)	11(11)	2.95	1.30
8	One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.	13(13)	15 (15)	21 (21)	43 (43)	8(8)	3.18	1.18
9	Even it were to my advantage, I do not feel it would be right to leave my organization now.	14(14)	35 (35)	22 (22)	25 (25)	4 (4)	2.70	1.11
10	I would not leave my organization right now because I have a sense of obligation to the people in it.	21(21)	29 (29)	16 (16)	27 (27)	7(7)	2.70	1.60
11	I owe a great deal to my organization.	20(20)	27 (27)	16 (16)	32 (32)	5 (5)	2.75	1.24
12	I would feel guilty if I left my organization now.	22(22)	34 (34)	18 (18)	19 (19)	7 (7)	2.55	1.22

4.5 Intention to turnover

Employs were asked there question to measure their turnover intention (Table 5). Employ were intended to leave their current organization (3.28); they are in genuine effort to find another job over the coming few months (3.27); and employ think about quitting their job (3.15). Fifty-one percent of respondents had intention to leave their current job. With regards to the intention to turnover, close to half (48%-51%) are intending to leave their employers. Therefore, studying the relationship between intention to turnover, job satisfaction, demographic factors and organizational commitment will help to intervene by relevant parties and health facility owners.

Table 5 Respondents' Assessment of their level of Turnover Intention, Addis Ababa, 2017.

		Very unlikely	Unlikely	Neither	Likely	Very likely	Weighted	
Ser No	**Question**	**Fre (%)**	**Fre (%)**	**Fre (%)**	**Fre (%)**	**Fre (%)**	**Mean**	**SD**
1	**I intend to leave the organization.**	**10 (10)**	**17 (17)**	**22 (22)**	**37(37)**	**14 (14)**	**3.28**	**1.19**
2	**I intent to make a genuine effort to find another job over the next few months.**	**11 (11)**	**17 (17)**	**21 (21)**	**36 (36)**	**15 (15)**	**3.27**	**1.22**
3	**I often think about quitting.**	**16(16)**	**16 (16)**	**20 (20)**	**33 (33)**	**15(15)**	**3.15**	**1.31**

Table 6 below presented the result of descriptive statistics i.e. mean, and standard deviation of the scores of the measures on job satisfactions, turnover intentions and organizational commitments.

Table 6: Descriptive Statistics of the study variables

Measures	Mean	Std. Deviation	N
Job satisfaction	**14.57**	**4.12**	**100**
Turnover intention	**9.70**	**3.23**	**100**
Organizational commitment	**33.31**	**9.60**	**100**
• **Affective commitment**	**9.94**	**4.37**	**100**
• **Continuance commitment**	**12.67**	**4.01**	**100**
• **Normative commitment**	**10.70**	**4.14**	**100**

4.6 Gender Difference among Variables in the Study

Gender distribution of participants was checked for variability using chi-square goodness of the fit test. The result showed the presence of significant differences among males and females samples with X^2 (1, N=10) = 11.045, $p < 0.001$). Therefore, the result indicated females were under represented in the sample (Table 7).

Table 7: Gender distribution of participants in relation to goodness of the Fit –test

Gender of Participant				Test Statistics	
	Observed N	**Expected N**	**Residual**		**Gender of Participant**
Male	**49**	**33.3**	**15.7**	**Chi-Square**	**11.045[a]**
Female	**51**	**66.7**	**-15.7**	**df**	**1**
Total	**100**			**Asymp. Sig.**	**0.001**

0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 33.3.

An independent sample t- test was carried out to appreciate the presence of statistical difference in mean score between males and females. Table 8 below revealed that there was statistical difference in mean score of organizational commitment by gender. The mean overall score on organizational commitment with standard deviation for females was 35.24 ± 7.81 and for males was 31.24 ± 10.87. The difference was statistically significant at (t (98) =- 2.14, P< 0.034). Similarly, form the three organizational commitment categories, continuance commitment, has significant difference by gender, males score (Mean=23.24, SD=7.73) was significantly different form females' score (Mean=19.86, SD=8.26). On contrary, Males' score on turnover intention (Mean = 9.67, SD = 3.43) is not significantly different from females' score (Mean = 9.72, SD = 3.06; t (98) = -0.08, p = 0.93). Likewise, Job satisfaction score of males' (Mean = 14.22, SD = 4.22) is not significantly different from females' score (Mean = 14.90, SD = 3.96; t (98) = -0.82, p =0.41).

Table 8: T-test and descriptive statistics for gender difference among variables in the study

Variables	Gender	Mean	Std. Deviation	T	df	Sig (2-tailed)	N
Job satisfaction	**Male**	**14.2245**	**4.29275**	**-0.82**	**98**	**0.414**	**100**
	Female	**14.902**	**3.96613**				
Turnover intention	**Male**	**9.6735**	**3.43625**	**-0.08**	**98**	**0.93**	**100**
	Female	**9.7255**	**3.06645**				
Organizational Commitment	**Male**	**31.2449**	**10.8791**	**-2.144**	**98**	**0.034**	**100**
	Female	**35.2941**	**7.8110**				
Affective Commitment	**Male**	**9.3878**	**4.17241**	**-1.24**	**98**	**0.218**	**100**
	Female	**10.4706**	**4.54468**				
Continuance Commitment	**Male**	**11.8163**	**4.85916**	**-2.12**	**98**	**0.036**	**100**
	Female	**13.4902**	**2.79551**				
Normative commitment	**Male**	**10.0408**	**4.59147**	**-1.572**	**98**	**0.119**	**100**
	Female	**11.3333**	**3.58701**				

The relationship of job satisfaction and gender has been reported as a conflicting result (Hudson 1989; Koustelios 2001). In result of this study it is revealed that there was no significant relationship between job satisfaction and gender. Unlike this study, Heywood (2005) and Dodson (1989) confers that females have less expectations and more satisfied than males.

Turnover intention didn't show significant difference by socio demographic characteristics, sex. The result was in line Saudicani et al (2013) documented that quitting intention had nothing to do with an employee being male or female. But it was not consistent with the finding of El-jardali et al (2009) asserts the intent to leave is likely to be men. Similarly, Lischinsky (2009) confers that men tend to leave when distributive justice was low.

The overall result of organizational commitment of this study revealed that females are more committed to their organization than males. And both affective commitment and normative commitment were not significant difference by gender. This finding was in line with result of Moynihan et al (2000) which reports continuance commitment was the significant predictor of organizational commitment. However, in same study, Moynihan et al (2000) found, affective and normative commitment were not significantly related to intention to leave.

In order to measure the relationship between health provider's satisfaction, overall organizational commitment and demographic variables test was employed.

The table 9 below shows the correlation matrix illustrate that the presence of temporal relationship among variables of the study. Pearson's correlation coefficient was determined to evaluate the relationship of the study variables. Job satisfaction was positively correlated with organizational commitment ($r= .574$, $p<.01$), affective commitment ($r= .596$, $p<.01$), normative commitment ($r=0.504$, $P<.01$), continuance commitment ($r = .204$, $p<.05$). Likewise, there is a positive relation between turnover intention and continuance commitment ($r=.376$, $p<.01$). This means that as health workers job satisfaction increases, so does their organizational commitment. Similarly, there is statistically significant positive relationship between health workers job satisfaction and the three domains of organizational commitment.

However, turnover intention is negatively correlated with job satisfaction ($r=-.328$, $p<.01$), marital status ($r=-.332$, $p<.01$), and age ($r=-.268$, $p<.01$). Similarly, gender is negatively correlated with

age (r=-338, p<.01), and level of education (r=-.331, p<.01). This means that as level of health workers job satisfaction decreases, and so age decreases too.

Table 9: Temporal Relationship of study Variables

Variables	1	2	3	4	5	6	7	8	9	10
Gender	1									
Age in five Categories	-.338**	1								
Marital Status	.059	.337**	1							
Level of Education	-.331**	.329**	.111	1						
Job Satisfaction	.083	.094	.102	.088	1					
Turnover Intention	.008	-.268**	-.332**	-.122	-.318**	1				
Organizational Commitment	.212*	.001	.148	-.171	.574**	-.142	1			
Affective Commitment	.124	.041	.275**	-.132	.596**	-.467**	.777**	1		
Continuance Commitment	.210*	-.106	-.152	-.142	.204*	.376**	.602**	.037	1	
Normative Commitment	.157	.061	.201*	-.120	.504**	-.198*	.916**	.710**	.387**	1

**. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level (2-tailed).

- **Perfect:** If the value is near ± 1, then it said to be a perfect correlation: as one variable increases, the other variable tends to also increase (if positive) or decrease (if negative).
- **High degree:** If the coefficient value lies between ± 0.50 and ± 1, then it is said to be a strong correlation.
- **Moderate degree:** If the value lies between ± 0.30 and ± 0.49, then it is said to be a medium correlation.
- **Low degree:** When the value lies below ± 0.29, then it is said to be a small correlation.
- **No correlation:** When the value is zero.

In this study the relationship of turnover intention and marital status was negatively correlated. Moreover, those married women had significant positive relationship with affective organizational commitment. This finding was consistent with Tsui, Leung, Cheung, Mok and Ho (1994) who were indicated that married people are more committed to their organization than unmarried ones. Therefore, married health workers were more committed to their organization than counterpart unmarried health workers.

In this study, when age of health workers increases the antecedents of turnover intention decreases. The finding was in line with Meyer and Allen (1977), explanation when employees provide much longer duration of service would stay with their employer organization than their counterparts.

Educational level didn't show significant relationship with turnover intention and organizational commitment. Choong et al (2013)

4.7 Factors associated with turnover intentions

The mean score of turnover intention was compared using statistical test called One Way Analysis of Variance (One-way ANOVA) across other independent variables (Gender, Age, Marital status, Level of Education, Field of study, Service area, Job satisfaction, affective commitment, Continuance commitment, and normative commitment). The detail result of one-way ANOVA is presented in table 9

As it is depicted in the table: there is statically different mean score of turnover intention across: age ($F (12, 87) = 2.196$, $p < 0.05$); marital status ($F (12, 87) = 2.482$, $P<0.05$); job satisfaction ($F (12,87) = 1.982$, $P<0.05$); affective commitment ($F (12, 87) = 3.199$, $P<0.05$) and continuance commitment ($F (12, 87) = 2.538$, $P< 0.05$).

Table 10: Analysis of Variance (one-way ANOVA) between Intentions to turnover (dependent Variable) and Socio-economic, job satisfaction and organizational Commitment Independent Variables)

		Sum of Squares	df	Mean Square	F	Sig.
Gender of Participant	**Between Groups**	**4.492**	**12**	**0.374**	**1.589**	**0.110**
	Within Groups	**20.498**	**87**	**0.236**		
	Total	**24.99**	**99**	**-**		
Age in five Categories	**Between Groups**	**26.961**	**12**	**2.247**	**2.195**	**0.019**
	Within Groups	**89.039**	**87**	**1.023**		
	Total	**116**	**99**	**-**		
Marital Status of participant	**Between Groups**	**9.534**	**12**	**0.795**	**2.482**	**0.008**
	Within Groups	**27.856**	**87**	**0.32**		
	Total	**37.39**	**99**	**-**		
Level of Education	**Between Groups**	**11.742**	**12**	**0.979**	**1.648**	**0.093**
	Within Groups	**51.648**	**87**	**0.594**		
	Total	**63.39**	**99**	**-**		
Field of Study	**Between Groups**	**13.031**	**12**	**1.086**	**1.171**	**0.317**
	Within Groups	**80.679**	**87**	**0.927**		
	Total	**93.71**	**99**	**-**		
Service Area	**Between Groups**	**18.759**	**12**	**1.563**	**1.518**	**0.133**
	Within Groups	**89.601**	**87**	**1.03**		
	Total	**108.36**	**99**	**-**		
Job Satisfaction	**Between Groups**	**361.214**	**12**	**30.101**	**1.982**	**0.035**
	Within Groups	**1321.296**	**87**	**15.187**		
	Total	**1682.51**	**99**	**-**		
Affective Commitment	**Between Groups**	**580.97**	**12**	**48.414**	**3.199**	**0.001**
	Within Groups	**1316.67**	**87**	**15.134**		
	Total	**1897.64**	**99**	**-**		
Continuance Commitment	**Between Groups**	**413.397**	**12**	**34.45**	**2.538**	**0.006**
	Within Groups	**1180.713**	**87**	**13.571**		
	Total	**1594.11**	**99**	**-**		
Normative Commitment	**Between Groups**	**264.126**	**12**	**22.011**	**1.336**	**0.213**
	Within Groups	**1432.874**	**87**	**16.47**		
	Total	**1697**	**99**	**-**		

The multivariable linear regression equation to determine turnover intention over job satisfaction and organizational commitment was presented below:

$Yi = \alpha + \beta_1 X_1, + \beta_2 X_2, + \beta_3 X_{3,} + \beta_4 X_{4,} + \varepsilon i.$

Where Yi= Turnover intention; α is constant or value representing intercept; β is a value represent the slope or coefficients; X_1 is job satisfaction; X_2 is value of affective commitment; X_3 value of continuance commitment; X_4 is value of normative commitment; and εi is value of standard error.

Therefore,

Turnover intention (Yi) = 10.16(α)+ -0.181x Job satisfaction ($\beta_1 X_1$), +=0.365 x Affective commitment ($\beta_2 X_2$), + 0.432 x Continuance commitment ($\beta_3 X_3$), + -0.015x Normative commitment ($\beta_4 X_4$), + zero (εi).

Since this research was designed to investigate any possible causal relationship among intention to turnover, with job satisfaction, affective commitment, continuance commitment and normative commitment, using linear regression analysis. As presented below (Table 10), the effect of intention to turnover, job satisfaction and organizational commitment. The beta (β) coefficient from the general linear models, unadjusted score for job satisfaction with 95 % Confidence Interval (CI) was β -0.318 (-0.399, -0.100); affective commitment was β -0.467 -0.477, -0.215); continuance commitment was β 0.376 (0.153, 0.453); and normative commitment was β -0.198 (-0.309, -0.001). And in the adjusted models the β value for Affective commitment -0.365 (-0.468, -0.072) and Continuance commitment was 0.432 (0.197, 0.500). The relationship was found statistically significant at $P<0.05$.

Table 11. Unadjusted and adjusted linear regression coefficients for mean score of employee's turnover intension by job satisfaction and organizational commitment

Dimension of job satisfaction & organizational Commitment	Unadjusted		Adjusted		P-value
	β	**95%CI**	**β**	**95%CI**	
Job satisfaction	**-0.318**	**-0.399, -0.100**	**-0.181**	**-0.301, 0.017**	**0.080**
Affective commitment	**-0.467**	**-0.477, -0.215**	**-0.365**	**-0.468, -0.072**	**0.008**
Continuance commitment	**0.376**	**0.153, 0.453**	**0.432**	**0.197, 0.500**	**0.000**
Normative commitment	**-0.198**	**-0.309, -0.001**	**-0.015**	**-0.217, 0.193**	**0.909**
Constant			**10.162**	**7.867, 12.458**	**0.000**

NB: Positive value of β indicates increase in mean turnover intention score per unit increase in continuance commitment score. While the negative β indicates increase in mean turnover intention score per unit decreases in Job satisfaction, affective commitment score. Bold values are significant at $P < 0.05$ in the column marked P- Values.

4.8 Magnitude of staff turnover

In forty-five PPM health facilities, out of 474 employs the prevalence of staff turnover was 24.0% percent. Moreover, almost half of them (51.0%) want to leave their current job. This finding shows that unless the public and the private sector works together on some of the retention mechanisms, the quality of initiated Public Private Partnership for public health programs will suffer.

4.9 Socio demographic differences by intention to turnover

Close to two third of the research participants were aged less than 35 years. Almost half to the employs participated in this research are females. However, the study found variability in gender participation, females were less represented than males (X2 = 11.045, $P<0.001$). The higher proportion of female's employment might be explained by higher number of female nurses participated in this research, where health care services demands caring, respectful and responsive behavior of health workers. Furthermore, an independent t-test was computed and the researcher found statistically significant difference in mean score between males and females on measurements of overall organizational commitment and specifically continuance commitment categories. But, there was no statistical significant differences existed between males and females in terms of job satisfaction, turnover intention, affective and normative commitment domains.

The researcher analyzes One-way ANOVA and identifies factors associated with mean measurement difference of turnover intention with and between socio-demographic variables. It was found out statistically significant difference in average score of turnover intention by: age ($P<0.05$) that mean younger age employs intend to leave the current employer than older age categories; Single employees had a significant intention to turnover than married ($p<0.05$); and employs with lower education achievement significantly want to leave their current organization ($P<0.05$).

CHAPTER FIVE

5. SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter outlines the findings of the research followed by conclusion and recommendations to relevant stakeholders in private health sector.

5.1Summary

The main purpose of this research was to determine the magnitude of turnover, Job satisfaction as organizational commitments. In addition, factor influencing intention to turnover among health workers in private health facilities I Addis Ababa. According to the result of this results and discussions of this study, conclusions are made on the magnitude of staff turnover, level of satisfaction, organizational commitment and intention to turnover.

In surveyed facilities there were 474 health workers. In average each facility had employed 10.5 Health Professionals. Close to two third of the study participants were younger than 35 years old. And almost half of participates were females. The majority (82.0%) of health workers were participated in Public Private Partnership intervention. A little lower than half (43%) of the study participants were tenured less than three years of services.

In the previous one year one fourth of health workers left their most recent employers. The other important findings from this study were very close to half of the study participants had intention to leave the current job. With regards to the job satisfaction of health workers only a little lower than half (43%) were reported as they were engaged in pleasant jobs and satisfied with the environments.

The organizational commitments were measured with three categories of information. The first on affective commitment were scored 28% by surveyed staffs. This result showed only less than one third of staff confirms to serve the rest of their life within the current organization. The second category of organizational commitment measurement close to two third (61%) of study participants expressed their continuance commitment as staying with the current employers are their matter of necessity. And with the third category, normative commitment, a little less than one third (29%) of study participants committed to current employer despite they are offered better packages from other employer.

5.2 Conclusions

Then after controlling the confounding variables, factors associated with intention to the turnover of health workers are directly related to organizational commitment. On one hand, the higher organizational commitment with continuance commitment category will staff with their current employers. On the other hand, the organizational commitment with higher score on affective domain prone to higher staff turnover. These finding clearly showed that only staff who felt working with the current employer is matter of necessity will stay on their job.

5.3 Recommendations

Based on the above result, discussion and conclusions, recommendation for Public Health Sector, Private Health Sector and Health Workers level were recommended.

5.3.1 Recommendation for Public Health Sector

To assure an access and use of key public health services across the country and meet its national health goals FMOH in collaboration with all other stake holders should work hard to deliver quality public health services, and this provision can only be effected with the existence of positive intervention, support and coordination to private health facilities.

It is clear that improving access to quality service for the community is the responsibility of Public Health Sector. Therefore, to ensure the sustainability and uninterrupted public health services through private sector, the public health sector should strive to improve the work environment of private sector and closely work with private sector on staff retention mechanism.

5.3.2 Recommendation for Private Health Sector

The private health sector is regarded as having quality services through fulfilling skilled and experienced staff by the community. Therefore, the sector should be organized for their common interest among staff motivation, long term carrier development could be addressed. Owners and managers are expected to build a functional team both in health care services and personal relationships among staff. Efforts should start to reduce the turn over as well as using existing professionals should continue as considerable attention is given to human resource development and staff benefits through revising promotion tools by evaluating external market.

The sectors should give emphasis on employee treatment, better payment and promotion mechanism for better accomplishments and staff retention.

5.3.3 Recommendation for Health Workers

Health Workers are regarded as having quality services through fulfilling skilled and experienced staff by the community. Health Workers should take the lead in developing their carriers through providing caring, respectful and companionate health care services for determined period of time.

In this Modern and competent world professionals should update their knowledge with ever changing findings and developments in each field. As health related scientific developments are enormous, professionals engaged in health sector service must follow new updates and upgrade their capacity in order to deliver advanced service for clients and convince their supervisors by delivering best service.

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Annexure - Health worker's turnover

Introduction: My name is Wegayehu Madebo. I am MBA student at INDRAGANDI. I am here to collect data for the research work. Health care workers are expected to fill the data collection tool as a self-administered questionnaire. The purpose of the study is to assess factor influencing health care worker's turnover from private health facilities in Addis Ababa, Ethiopia. You are randomly selected to be one of the participants in this study. Your name is not required (registered) and the information you give us will be kept confidential and used only for study purpose. A code number will be assigned to identify every participant. If a report of the result is published, only summarized information of the total group will appear. The data collection is based on voluntary participation; you have the right to participate, or not to participate (refuse to do so) at any time during the interview. Your refusal will not have any effect on services and benefit that you receive from your organization. However, your participation is important to fulfill the study and in order to help design appropriate intervention to promote organizational effectiveness and efficiency through training and development.

A. Was the information/objective clear?

1. Yes ----------- B. No-------------

B. Are you willing to participate in the study?

1. Yes…………. B. No………………Thank you!!

If the study subject agrees to participate in the study, start the interview.

Interviewer signature certifying that the informed consent has been given verbally.

a. Name……………………. signature……………………………

b. Code………………………………

c. Date……………………month………………………...2014

D. Result

A. completed ……. B. respondent not available………. C. refused……………

D. partially completed ………………………E. other (please specify) ------------------

E. Checked by supervisor

Name ……………………. signature…………….. Date ……………………

Section A: Profile of Respondent

Please complete the following details by checking the box that is appropriate for you (with an X).

1. Record number ________________________
2. Health Facility ID (name): ___________________________
   2.1. Address: ________________________________
   2.2. Number of employs (One budget Year): _______________________________
   2.3. Number of staff left the org (same period): _____________________________
3. Gender: ☐Male ☐Female
4. Age: ☐20 to 27 ☐28 to 35 ☐36 to 45 ☐46 to 59 ☐60 or above
5. Marital status ☐Single ☐Married ☐Widowed ☐Divorced

   ☐Other (Specify) ____________________
6. Field of study _______
7. ☐Technical/Vocational school certificate ☐College/University diploma

   ☐Bachelor's degree ☐Master's Degree ☐Other (Specify) ________________
8. Position

   ☐Non-Managerial/ Lower level staff ☐Middle Level Management ☐Other (Specify) _____
9. Service area:

   ☐Emergency Department ☐Outpatient Department ☐Inpatient Department

   ☐Other (Specify) ____________________
10. Number of years tenured with the organization

    ☐0 – 3 years ☐4 – 7 years ☐8 – 10 years ☐11+ years

11. Monthly income in ET birr

    ☐<1500 ☐1501-2500 ☐2501 - 3500 ☐> 3501

12. How do you perceive your current health status?

    ☐Poor ☐Fair ☐Good

13. How do you perceive your current quality of life?

    ☐Poor ☐Fair ☐Good

14. How do you perceive satisfaction with your work?

    ☐Poor ☐Fair ☐Good

15. Do you have a plan to leave working at your current employing organization within the next 12 months?

    ☐Yes ☐No ☐I don't know

16. Which of the following health problems have you experienced in relation to your work?

    ☐Headache ☐Backache ☐Depression ☐Insomnia ☐hypertension ☐Specify)

    ____

The following five item statements concern to measure your perception s on how much you satisfied with your current job. Please respond **by checking the box with an "x"** mark for each statement that best describe the extent of your level of satisfaction. The scale ranges from Strongly Disagree (1) to Strongly Agree (5).

Scoring Key: Brayfield and Rothe (1951): Index of Job Satisfaction.

Strongly disagree	Disagree	No opinion	Agree	Strongly Agree
1	2	3	4	5

Job Satisfaction	**1**	**2**	**3**	**4**	**5**
JS1. I fell fairly well satisfied with my present job.	☐	☐	☐	☐	☐
JS2. Most days I am enthusiastic about my work.	☐	☐	☐	☐	☐
JS3. Each day of work seems like it will never end	☐	☐	☐	☐	☐
JS4. I find real enjoyment in my work.	☐	☐	☐	☐	☐
JS5. I consider my job rather unpleasant.	☐	☐	☐	☐	☐

The following twelve item statements concern to measure you perception on your organizational culture Mayer and Allen 1991). Please respond **by checking the box with an "x"** mark for each statement that best describe the extent of your level of perception. The scale ranges from Strongly Disagree (1) to Strongly Agree (5).

Scoring Key: Mayer and Allen (1991) Organizational commitment

Strongly disagree	Disagree	No opinion	Agree	Strongly Agree
1	2	3	4	5

Affective Commitment	**1**	**2**	**3**	**4**	**5**

AC1_I would be very happy to spend the rest of my career with this organization.	☐	☐	☐	☐	☐
AC2_ I really feel as if this organization's problems are my own.	☐	☐	☐	☐	☐
AC3_ I feel like "part of the family" at my organization.	☐	☐	☐	☐	☐
AC4_ I feel "emotionally attached" to this organization.	☐	☐	☐	☐	☐
Continuance Commitment	1	2	3	4	5
CC1_ Right now, staying with my organization is a matter of necessity as much as desire.	☐	☐	☐	☐	☐
CC2_ It would be very hard for me to leave my organization right now, even if I wanted to.	☐	☐	☐	☐	☐
CC3_ Too much of my life would be disrupted if I decided I wanted to leave my organization nom.	☐	☐	☐	☐	☐
CC4_ One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.	☐	☐	☐	☐	☐
Normative Commitment	1	2	3	4	5
NC1_ Even it were to my advantage, I do not feel it would be right to leave my organization now.	☐	☐	☐	☐	☐
NC2_ I would not leave my organization right now because I have a sense of obligation to the people in it.	☐	☐	☐	☐	☐
NC3_ I owe a great deal to my organization.	☐	☐	☐	☐	☐
NC4_ I would feel guilty if I left my organization now.	☐	☐	☐	☐	☐

The following three item statements concern to measure your intention to quit current job (Lance et al 1989). Please respond **by checking the box with an "x"** mark for each statement that best describe the extent of your level of perception. The scale ranges from Very unlikely (1) to certainly (5).

Scoring Key: Lance et al (1989) turnover intention measurement scale.

Very unlikely	**Unlikely**	**Neither unlikely nor likely**	**Likely**	**Certainly**
1	2	3	4	5

Turnover Intention	**1**	**2**	**3**	**4**	**5**
TO1_ I intend to leave the organization.	☐	☐	☐	☐	☐
TO2_ I intent to make a genuine effort to find another job over the next few months.	☐	☐	☐	☐	☐
TO3_ I often think about quitting.	☐	☐	☐	☐	☐

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