



UNIVERSITY *of*  
RWANDA

**Dissertation**

**FACTORS ASSOCIATED WITH TURNOVER INTENTION AMONG  
NURSES AT MUHIMA DISTRICT HOSPITAL**

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**Master of Science in Nursing.**

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**A dissertation submitted in partial fulfilment of the requirements for  
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In the College of Medicine and Health sciences**

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## **DEDICATION**

I honestly dedicate this work to;

My parents for raising me,

All my siblings' good collaboration and support,

All my classmates for the incredible helping hand they gave to make this possible.

Your encouragement, patience, and support motivated me through all this Master's education.

May the Almighty God bless you'll.

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## **ABSTRACT**

Concerns associated with the complex issue of nurses' turnover remains to be a challenge to healthcare leaders in every health institution. Turnover in health care institutions has considerable challenges on customer service levels (Alem Getie, 2015).

The development and success of any institution depends on its personnel. Turnover in health care organizations has substantial challenge on customer service levels and cause training and expatriation losses cost. In light of current concerns over nursing shortages, nurses' turnover intent is a topic of great importance. The healthcare community needs to be concerned about nursing turnover intention and the effect on the predictable nursing shortage. The evaluation of nursing turnover intention and the association between turnover intention and various predictors needs to be determined. To comprehend the factors of nurses' turnover intention can help the top management in designing effective strategies to overcome the issue.

**Aim:** To determine the level of intention to turn over among nurses and factors associated with turnover intention among nurses.

**Method:** A quantitative exploratory and descriptive design was used. Data was collected from May 2019 to June 2019 by using a structured questionnaire. A total of 44 respondents filed the questionnaire with the response rate of 97.7%. Descriptive statistics were used and a P value of 0.05 was found.

**Result:** Findings suggested that (67.4%) of respondents indicated a turnover intention from their current health care institution. The results also revealed that three factors showed strong significant association with turnover intention which are poor payment indicated by the p value of 0.002, poor training opportunities with the p value of 0.000 as well as low job satisfaction as shown by a p-value of 0.005.

**Conclusion:** Nurses are valuable to the health care institution to provide quality care. If the health care institution want to decrease nurses' turnover, then it is important to understand factors which increase nurses' turnover intentions. The results of this study suggests that interventions should be carried out to reduce the nurses' turnover intention at Muhima District Hospital.

**Keywords:** Turnover Intention, Nurses, Health Care Institution.

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## OPERATIONAL DEFINITION OF TERMS

**Turnover intention:** turnover intention refers to “employees’ willingness or attempt to quit voluntarily the current workplace” (Takase, 2010). It’s also defined as to “a multi-stage process involving employees’ voluntary departure from their current position” (Takase, 2010, p. 4).

In this study, the researcher uses the term turnover intention to mean the nurses’ mental conception or willingness to quit their current employment either by leaving the profession of nursing or by leaving MUHIMA district hospital for employment in other hospitals.

**Nurses:** The term nurses refers to a person who has been trained to provide personal care of the sick, especially those who are confined to bed in a hospital setting (Dictionary of Public Health 2012). The researcher uses the term a nurse to refer to the members of the MUHIMA District Hospital nursing division who will be used as study subjects in determining the level of intention to turnover.

**Turnover:** The loss of an employee due to transfer, termination or resignation (Huber, 2005, p.626). The term ‘nurse turnover’ in this study refers to the actual occurrence of a registered nurse voluntarily leaving their unit, organization or the nursing profession.

**Permanent nurse:** The term permanent nurse refers to a person filling a permanent position on a whole-time basis with a permanent contract. The service is recognisable for superannuation purposes (Kudo *et al.*, 2006). In this study, the permanent nurse is the one who has license to practice and working on a full time basis.

**Health Care Institution:** Health care institution means, every place, institution, building or agency, whether organized profit or not, which provides facilities with medical services, nursing services, other health related services , supervisory care services, personal care services or directed care services and includes home health agencies and hospice service agencies (Sosic and Donev, 2008). In this study the health care institution was Muhima District Hospital located in Kigali city province, Nyarugenge district.

What sets apart a health system is that its purpose is concerned with people’s health. A health system has many parts. In addition to patients, families, and communities, Ministries of Health, health providers, health services organizations, pharmaceutical companies, health financing bodies, and other organizations play important roles (Development and Packard, 2007).

**Individual Factors:** Individual factors as two major types, occupational and personal. Individual-occupational factors include hierarchical level, skill level, status, and professionalism, and individual-personal factors include demographic elements such as age, gender, education, length of tenure, and socio-economic status (Randhawa, 2007).

**Environmental Factors:** environmental factors pertaining to a place of employment with the physical geographical location such as rural or urban (Mobley *et al.*, 1979).

**Institutional Factors:** According to (Spector (1997), these are different components such as working conditions, climate, size, work content, objectives and values, arrangements and systems, pay, advancement, peer relations, and supervision.

**Labor Market and Economic Factors:** defined as the factors that mediate the ease of movement to another job for the employee based on perceptions of alternative job possibilities, unemployment rates, job vacancy rates, word of mouth, level of recruiting, and communication (Mobley *et al.*, 1979)

## **LIST OF SYMBOLS AND ABBREVIATIONS**

WHO:	World Health Organization
ICN:	International Council of Nurses
BLS:	Bureau Labour of Statistics
US:	United States
EU:	European Union
MDH	Muhima District Hospital
UR:	University of Rwanda
IRB:	Institutional Review Bard
CPD:	Continuous Professional Development
HR:	Human Resources
%:	Percentage
=:	Equal sign
AACN:	American Association of Colleges of Nursing
RN:	Registered Nurse

## **CHAPTER 1. INTRODUCTION**

### **1.1 Introduction**

This chapter describes different studies conducted on nurses' turnover intention and its impact on patient care and health care institutions in developed and developing countries.

Worldwide, the current shortage of nurses is a challenging agenda within healthcare organizations. Therefore, the quality of patient care services has reduced (Van Bogaert *et al.*, 2010). Thus, ensuring the adequate level of job satisfaction amongst nurses and taking appropriate precautions to avoid their intent to leave should be major concerns (Sabanciogullari and Dogan, 2015).

Nurses are vital part of healthcare system and combine the biggest section of the health profession. According to World Health Statistics Report (WHO, 2013), they are approximately 29 million nurses and midwives worldwide, with 3.9 million of them in the United States. However, there is significant imbalance between the provision and the demand of nursing staff in numerous countries World Health Statistics Report (WHO, 2013). In a study by (Kudo *et al.*, 2006), it revealed that there are several reasons for staff turnover these include: job satisfaction with nurses associated with prestige or job status, freedom in decision-making, control over practice and social support, issues of job schedule, job security, payment and fringe benefits. In the similar study, other reasons were documented as disappointing factors at work as well as within work settings, these included heavy workload, and stress related to heavy workload, unfair nursing managers, low appreciation and monetary motivations of incentives, unreasonable pressure, uncooperative physicians, unclear rules and regulations, understaffing, non-nursing duties and rigid attitude of nursing management (Khowaja & Merchant, 2005, p.32).

### **1.2 Background**

In now day's job and workplace, where rivalry is expanding especially because of globalization, human resource improvement has importance. Organizations are ceaselessly attempting to keep up their exceptionally skilled workers and to urge them to improve their capacities (Lephalala, Ehlers and Oostuizen, 2006).

Nurses are the key workforce in providing direct patient care and they are entitled to meet all needs of the patients. Several studies have found that nurses are the one of the main and influential members of the health care teams and they play a critical role in patient care delivering (Lephalala, Ehlers and Oostuizen, 2006).

Despite the commitment of the Organizations to continually trying to maintain their employees, there is significant failure of maintaining nurses in some institutions. It has been noted that from 2000 to nurses are continuously leaving the nursing practice to work in various sectors irrespective of their qualifications (Uwayezu, 2006).

The absence of maintenance capacity in an organization has prompted the loss of skilled and experienced employees. Turnover of qualified nurses has ramifications for healthcare organizations as well as the profession in general. Nurse turnover can negatively affect the ability to address patient issues and provision of quality care.

Turnover is the main burden worldwide mostly in developing countries, especially in Africa. Managers and researchers consider turnover as a challenge for health care institution due to expenses related with it and problems that organizations meet in the recruitment and retaining of skillful workforce, hence understanding the experiences of turnover is vital to reduce the problem (Mazurenko, Gupte and Shan, 2015).

The rate of turnover might be reduced, if factors influencing nurses' turnover intention can be examined. The factors, if identified, could guide to recommendations that might enable health care institutions to keep more nurses and save expenses on recruitment, selection, in service education and appointment of nurses. Understanding more about the interrelationships among individual factors, organizational factors, environmental factors and job satisfaction with turnover intention can be utilized by nurse administrators and nurse managers to develop and institute practices designed to upgrade job satisfaction and thus keep nurses (Andrews and Dziegielewski, 2005). Patients, nurses, health care organizations, society, will potentially benefit from the knowledge derived from this study.

According to (Alem Getie, 2015), the study done in Ethiopia indicated that From the total number of 372 nurses 221 (59.4%) had turnover intention from their current health care institutions.

The end of the 1994 Rwandan genocide left the health sector in a difficult situation. In terms of skilled human resources for health, qualified nurses were very scarce. Many nurses had been killed and others had fled. Public hospitals were mainly operated by foreign Non-Governmental Organizations and volunteers from overseas until the end of the post-war emergency phase. The present government put in place strategies to train adequate nurses, inviting those in the countryside to come and take up jobs, to repatriate Rwandan professionals and then post them to public hospitals (Health Sector Policy, 2005).

The relocation of health professionals is from one geographical area to another, from the public to the private sector, from areas of generalization to areas of specialization, from



medical to non-medical fields and from one country to another. This affects the capacity of the health system to maintain adequate coverage, access, and utilization of services (Awases *et al.* 2004, p. 2).

It has been evident that from 2000 to date, nurses are continuously leaving the nursing practice to work in various sectors irrespective of their qualifications. They are employed in places such as; public and private Medical Aid Schemes, which include La Rwandaise d' Assurance Maladie (RAMA), Military Medical Insurance (MMI), Britam insurance, Prisons, different non-governmental organizations like Partners in health, save the children, united nations etc.

The migration of nurses from public to private and from rural to urban or vice versa, influences staff turnover in public health care facilities, affecting all clinical departments such as pediatrics, maternity, emergency, intensive care unit, internal medicine etc. (Awases *et al.* 2004).

A study done by (Uwayezu 2006), revealed different possible causes and rate of turnover among nurses. Low salary payments (53.8%), lack of policies and procedures (42.5%), 'poor staffing in health care facilities (54.8%) and some respondents said that they never chose to become nurses (31 %), and consequently they did not have the will to remain in nursing profession(23.9%.) Reasons comprised of diminished autonomy (65.9%), absence of promotion criteria (52.3%) absence of career progression and training were among the main reasons for change of employment status. Nurses however suggested that if the salary is improved, and opportunities for training and further education are improved the retention can be upgraded.

The existing United States nurse turnover rate is 16.5% and is anticipated to increase over the future time. Evidence and is projected to increase over the next decade. Evidence recommends that the increased nurse turnover results in reduced patient access, patient safety and quality of care hence leading to adverse patient outcomes ( Mazurenko, Olena Gupte, GouriShan, Guogen, 2006).

It was evidenced that the poor work environments lead to job dissatisfaction, intention of nurse to turnover, and work related burnout are all identified as one of the predictors of nurse turnover therefore high turnover rates among nurses is contributing to the shortages (Abdel, Abdel and Naiemabdelhamid, 2018).

### **1.3. Problem Statement**

Inability to retain skilled nurses in public healthcare institutions is a genuine worry for public welfare.

Turnover of nursing staff is a concern to hospital administrators because it is costly and detrimental to organizational performance and quality of care. The government of Rwanda set strategies regarding the training of adequate nurses where by the year 2020 the MOH intends to have put in place adequate well-managed, efficient and motivated nurses who are capable of providing equitable and quality health care services leading to a healthy and productive Rwandan population (House and Marg, 2014). However, despite the commitment of the government, there is a significant turnover of nurses between different hospitals and out of the nursing profession. Little is known about the factors affecting turnover intention among nurses in the context of Rwanda. In addition to that there are no studies that have been done in Rwanda which disclose the reason of intention to turnover among nurses yet Concerns associated with the complex issue of nurses' turnover remains to be a challenge to healthcare leaders in every health institution. Turnover in health care institutions has considerable challenges on customer service levels.

### **1.4. Objectives**

#### **1.4.1 Broad objectives**

- This study aims at exploring the factors influencing turnover intention and the rate of turnover intention amongst nurses employed at MUHIMA District Hospital.

#### **1.4.2. Specific objectives**

- To determine the level of intention to turn over among nurses employed at MUHIMA District Hospital.
- To determine factors influencing nurses' turnover intention among nurses employed at MUHIMA District Hospital.

#### **1.4.3. Research question**

- What is the level of turnover intention among nurses employed at MUHIMA District Hospital?
- What are the factors influencing turnover intention among nurses employed at MUHIMA District Hospital?

### **1.5. Significance/rationale of the study**

The study was aimed to assess the factors associated with turnover intention and level of intention to turnover among nurses employed at Muhima District Hospital.

Nursing management:

Studies have been conducted overseas to assess the rate and intention to turn over among nurses. However, there is no available study done in Rwanda about this particular topic. This study will generate information regarding the factors influencing turnover intentions among nurses for policy makers and hospital managers to improve working environments and work philosophy. To nursing and midwives council, it will raise the awareness about the levels of turnover intention in the nursing profession.

Should this study investigation and recognize factors that influence turnover rates, suggestions may be helpful to diminish the pace of turnover and improve the maintenance of nursing staff. Patients, nurses, society and healthcare organizations will potentially profit from the information got from the investigation.

Education:

This study will create awareness among nursing educators about nurses' intention to turnover which would trigger the curriculum development and extensive career guidance by creating curriculum ideal to motivate and encourage young/novice nurses.

Research:

This study will generate the information about the factors influencing turnover intention and its level among nurses which would be the basis for future studies in the field.

**Nursing Practice:** A low level of retention, as indicated by higher nurse turnover, can result in contributing to negative impacts on care quality.

According to the studies done, organisations with low turnover rates had lower risk adjusted mortality and lower patient length of stay in hospitals compared to those with higher turnover rates.

## **CHAPTER 2. LITERATURE REVIEW**

### **2.1 Introduction**

A literature review refers to finding and evaluating relevant material to synthesizing information from various sources through paraphrasing, evaluating, and citing the source ('Literature Review Template', 2016). This chapter is very important for both researcher and the reader as it highlights the close and relevant findings of the studies which have been done before the current study. It provides the reader with the logical flow of ideas from different authors who published before in this area of study.

This study will be conducted within the context of past knowledge, this will require the examiner to survey the current literature before leading an investigation.

During the process of literature review, a number of database were searched using the terms nurse turnover, job satisfaction and turnover intention. The database searched included Hinari, Medline and EBSCO host, CINAHL

### **2.2 Theoretical literature**

#### **2.2.1 Factors Associated with Turnover**

One of the principle issues challenging the health care organizations around the globe is nurse turnover. Turnover in this investigation is viewed as the nurses who leave their specific employments in hospitals and from nursing profession. The turnover concern has animated numerous specialists to distinguish the related reasons, as it aggravates poor patient care and additionally it disturbs health care administrators as they need to continuously enroll and prepare for new recruitments (Sangeetha, 2016).

(Alem Getie, 2015) have described the implications of turnover in health care organizations as a substantial challenge on customer care service point, institutional revenues, training and expatriation loss cost. Furthermore, the Turnover is worst in developing countries as skilled nurses are shifting to international positions for better payment, interests and working conditions (Omar, Abdul Majid, & Johari, 2013). Certain nations have been trying hard to resolve the turnover issue.

#### **2.2.2 Individual Factors**

Individual factors as two noteworthy sorts, occupational and individual. Individual-occupational elements incorporate various leveled level, skill level, status, and professionalism, and personal-individual variables incorporate statistic components, for

example, age, gender, training, length of residency, and financial status. Mobley et al. as well comprise in the individual-personal subcategory “affective, or perceived, qualities such as interests, personality, aptitude, and family responsibility” (Perminas, 2011), explains individual factors as a combined worker’s personality and past experiences. As presented in the model, turnover intention is understood to be adversely associated with job satisfaction and that two overall categories are hypothesized as the primary background of job satisfaction. According McNeese-Smith and van Servellen (2000), mature nurses possess higher job satisfaction, productivity and organizational commitment. Shader et al. (2001) discovered foreseen turnover for more youthful nurses to be related to job satisfaction and stress, however, no critical indicators of turnover or stress in nurses over 50 years of age, potentially because of their closeness to retirement.

### **2.2.3 Environmental Factors.**

In most countries, provincial and remote zones are generally missing adequate quantities of health care workers. And it is suggested that around half of the worldwide population lives in rural zones, and there is limited number of health care providers including nurses. According to the study done by (Gojjam *et al.*, 2015), it suggests that nurses had 2.1 times progressive aim to leave their present health care organization when contrasted and compared with urban nurses. The inclination of the area might be at the urban or the rural. Area choices are more reliant on close to home and professional than financial reasons.

### **2.2.4 Institutional Factors.**

Organization factors are necessary to any workplace and incorporate such components as working conditions, climate, size, work content, objectives and values, arrangements and systems, pay, advancement, peer relations, and supervision. This assessment is reinforced by Spector (1997), where he clarifies that organizational job factors “includes how people are treated, the nature of job tasks, relations with other people in the workplace, and payments”.

### **2.2.5 Labor Market and Economic Factors.**

Possibly intervene the ease of development to another work for the worker based on discernments of elective work conceivable outcomes, unemployment rate, work opening rates, word of mouth, level of selecting, and communication (Mobley et al., 1979). Studies that incorporate compensation as one component of work fulfillment are conflicting in their findings.

For payment does not have as solid affect as work environment however according to the study done by (Nagaya, 2018), revealed that real compensation and a need of transparency with respect to compensation audits may moreover be affecting turnover among nurses. In this study, nurses detailed being disappointed with their compensation and destitute implementation of policies vital to encourage reasonable compensation increments. Compensation shows up to be critical based on verifiable variables.

### **2.2.6 Job Satisfaction.**

A number of scientists have defined the notion of job satisfaction in different ways. Overall Work satisfaction depends on the distinction between all the items an individual feels should gain from his job and all the stuff he actually receives (Lawler, 1973).

Studies have shown the significance of sufficient institutional staffing by RNs. Additional present findings revealed that lesser levels of nurse staffing are related to high risk of death (Needleman,2015).

Recent research

indicatethat, in relation to adequacy of nursing staff and other resources, features such as excellent Nursing physician relationships, management support and nursing involvement in practical Environmental choices are linked to enhanced nursing results such as increased satisfaction, reduced turnover and a perception of greater quality care (Roch, Dubois and Clarke, 2014). According to (Ayalew *et al.*, 2015),

Half of nurses employed in Ethiopia's government clinics and health centers in 2014 Indicated their intention to leave their employment in the next 12 months, indicating extensive work satisfaction, motivation and retention issues. Two major groups are at particularly high danger of abandoning their employment: young nurses fulfilling their duty to serve and university-educated nurses.

The retention of these nurses is crucial to maintain a qualified workforce in the installations of the public sector and should therefore be a priority for the public health scheme.

According to the study done by (Ayalew *et al.*, 2015), it found that half 50.2% had intention to leave in next 12months.

Another length of job satisfaction that revealed by (Gamage and Buddhika, 2013), provided a reason of job satisfaction, which is associated with the overall satisfaction with the policies regarding human resources and policies of the institution. This is commonly mentioned in proclamations like “This company always act for the wellbeing of its personnel” or the “I am satisfied with the overall working conditions”. This is a reflection of the trust in the

organization's feeling in favour of its employees. For instance, even if a supervisor is fair and empathetic and the overall policies of the organization with regarding the organization employees are not up to the satisfaction of the nurse, the nurse may have tendency to turnover.

According to the study done by (Ayalew et al., 2015) Less satisfied groups from nursing profession were young people and high educated nurses.

In South Africa, nurses in Private healthcare organizations were generally satisfied, while nurses public health care organizations were generally dissatisfied and with likelihood to turn over (Khunou and Davhana-Maselesele, 2016).

According to (Lephalala et al., 2008), Work satisfaction has been shown to be derived from Attitudes and perceptions of different work elements. Work satisfaction consists of intrinsic and extrinsic factors in which intrinsic factors are derived internally and extrinsic factors are Derived from the environment of practice.

Extrinsic factors are also referred to as hygiene factors, not motivating an employee but reducing job dissatisfaction. Such extrinsic factors include supervision, working conditions, interpersonal relationships, management and organizational policies, supervision and wages. Intrinsic factors are motivators that relate to the job of the person and induce satisfaction such as self-employment, achievement, recognition, responsibility, and progress.

### **2.2.7 Interactions between Contributing Factors**

No single figure on its claim, completely clarifies the deficiency of nurses. Nurses stop their work and/or quit the profession for different reasons. Getting a comprehensive understanding of the motives for nurses leaving their employments is unavoidably complex. The setting and circumstances encompassing each individual nurse will affect his or her choice to remain in a work and/or generally profession. The present investigation observed that intentions to leave and turnover are inseparably connected to different variables, which all contribute to the nursing shortage. For example burnout, and work dissatisfaction are all connected to the conveyance of destitute healthcare. Particularly, burnout and work engagement are unequivocally related to work and career satisfaction, as well as intentions to quit the job.

Besides, it shows up that nurses' who work in insufficiently staffed units frequently express work disappointment, stress and burnout which incite them to look for new job.

## **2.3 Empirical literature.**

### **2.3.1 Intention to turnover.**

According to the survey done in united states by (nursing solution inc NSI, 2017), The cost of turnover has an intense influence on the weakening hospital boundary and must be managed. The cost of turnover for a bedside registered nurse varies from \$37,700 to \$58,400 resulting in the ordinary hospitals losing \$5.2M – \$8.1M.

It has been shown that the intention of nurses to leave their profession varies among different countries. According to a study (n= 33,659 nurses / Europe; 27,509 nurses / US), the proportion of nurses planning to leave work ranged from 5% (in the Netherlands) to 17% (in Germany) (Heinen et al., 2013)

Registered nurses intending to change their current profession: 56 % Netherlands, 58% in Finland (Hinno, 2012).

However, the American Association of Colleges of Nursing (2010) also evidenced that projections of nursing workforce suggest a shortage exceeding 500,000 Registered Nurses by the year 2025. In order to reduce the rate of turnovers, the administration/management of health care organization should plan properly considering the needs and act upon hiring new nursing staff in order to employ nurses with skills and qualifications that they need (Jalal *et al.*, 2014). Although the patterns of nurses ' intention to leave the organisation and their intention to leave the profession differed, discontent and emotional exhaustion were prevalent across both groups and were the most significant predictors of nurses ' intention to leave (Havva Arslan Yurumezoglu & Gluseren kocaman 2015).

Turnover intention has been known as the greatest prognosticator of actual turnover, it was observed that behavioral intentions to stay or leave are consistently related to turnover behavior.

### **2.3.2 Relationship between job satisfaction and intention to turnover**

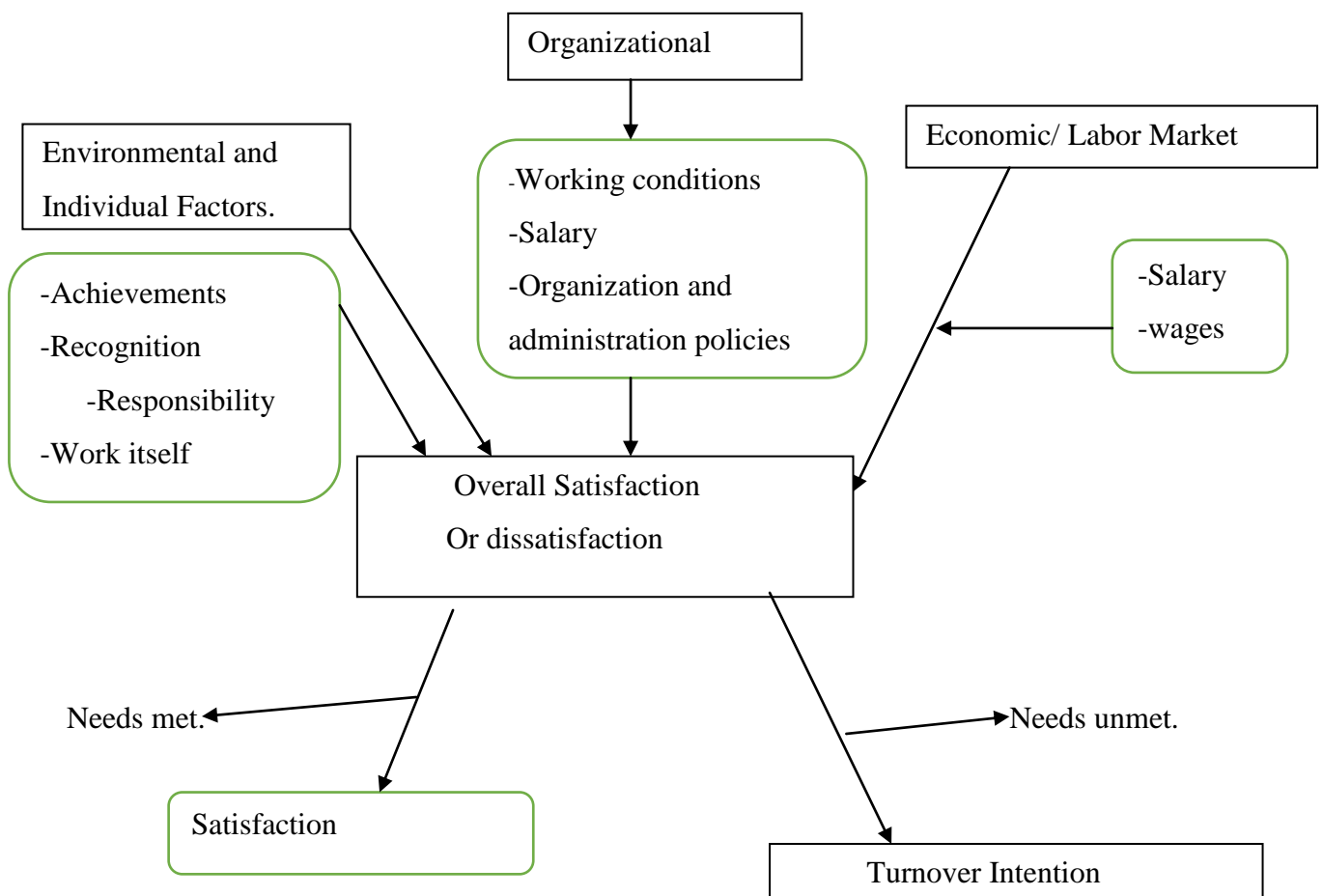
Job satisfaction has an adverse connection between nurses that corresponds to modern research with the intention to leave. Low satisfaction therefore destroys the quality of health services and intensively builds the desire to leave the organizations (Abdul K.M, Abul Kalam A,Kazi E, Wanke 2016).



Job dissatisfaction is declared to be in strong relationship with nurse turnover (Colosi, Brian, BA, MBA and NSI Nursing Solutions, 2016) and intention to leave (Brewer et al. 2009) thus highlighting the essence of understanding what improves nursing job satisfaction.

Furthermore, Negussie's research (2012) disclosed a direct and positive connection between benefits and the work motivation of nurses. On the other side, nurses considered that their organizations did not offer the correct quantity of benefits and this generated low job motivation. They are lots of discussion around about nursing practice environment, its complexities, and its impact on patient outcomes.

Abraham Maslow suggests that employees will always look to their employers for more and more. They strive to meet security needs when they have satisfied their subsistent needs. When jobs are secure, they will seek ways to satisfy social needs and, if successful, they will again seek the means as a hierarchy for the ultimate end of self-actualization. Employees satisfied with work will always tend to remain in their jobs (A.H.Maslow, 1970).



## **2.4 Conceptual framework mobley et al. turnover model.**

### **2.4.1 Description of conceptual framework.**

According to (Mobley *et al.*, 1979),

**Organizational Factors:** Organizational factors are integral to any work environment and include such elements as working conditions, climate, size, job content, goals and values, policies and procedures, pay, promotion, peer relations, and supervision. This assessment is reinforced by Spector (1997), who clarifies that organizational job factors “includes how people are treated, the nature of job tasks, relations with other people in the workplace, and payments”.

**Environment and Individual Factors:** Two major types of individual factors, occupational and personal. Individual-occupational factors include hierarchical level, level of skill, status, and professionalism, and individual-personal factors include demographic elements such as age, gender, education, tenure length, and socio-economic status. Mobley et al. also include qualities such as interests, personality, aptitude, and family responsibilities in the individual-personal subcategory, affective or perceived. (Perminas, 2011) describes individual factors simply as a combination of the personality of the worker and previous experiences. As displayed in the model, turnover intention is understood to be adversely connected with job satisfaction and that two particular categories are hypothesized as the main precedent of work satisfaction: the bulk of the literature hypothesizes that manipulation of job satisfaction precedents should boost employee satisfaction, thereby decreasing turnover intention and voluntary withdrawal behavior (Randhawa, 2007).

**Economic and labor-market factors:** Potentially mediate the employee's ability to move to another job based on perceptions of alternative work opportunities, unemployment rates, work vacancies, word of mouth, recruitment levels and communication (Mobley et al., 1979).

## **CHAPTER 3 RESEARCH METHODOLOGY**

### **3.0. Introduction**

This chapter elaborated on the study's research methodology, including the research design, population, sample, setting and data collection tool. (Ingham-broomfield, 2015) indicates that the research design includes some of the most important research methodology decisions made by the researcher in conducting the study. The data collection plan, the sampling plan and the data analysis plan are some of these important decisions.

The research design is, according to Polit et al (2001:167), an overall plan for conducting the study to answer the research questions. The research design outlines the steps to be taken in carrying out the research.

Burns and Grove (2001:223) describe the design of research as a guideline for the research process to achieve the intended results that will reflect reality.

### **3.1 Research approach**

Quantitative research is the study conducted using a controlled design to obtain quantified data, according to Polit and Hungler (1999:712). In Muhima District Hospital, this study will attempt to quantify factors affecting turnover among nurses.

As the study focused on specific questions to be answered, quantitative research was used to investigate factors influencing nursing turnover and its rate.

### **3.2 Research design**

A research design is an overall plan to obtain answers to the questions being studied and to deal with some of the problems encountered during the research process (Polit & Beck 2004:49). A quantitative exploratory and descriptive design was used in this study to identify and describe factors associated with turnover rate and turnover intention among nurses employed at MUHIMA District Hospital.

### **3.3. Study setting**

The study was conducted at Rwanda's MUHIMA District Hospital.

### **3.4 Study population**

A population is the entire group from which data are to be gathered (Amitav, B. and Suprakash, C., 2010). For this study, the population was made up of all nurses employed at Muhima District Hospital.

### **3.5 Target population**

The group of people to whom we want to apply our research findings (Jennifer Vonk, 2016) the target population of this study included all nurses working at the MUHIMA District Hospital.

### **3.6 Accessible population**

Refers to the part of the population that the investigator has reasonable access to; it may be a subgroup of the target population (Vonc. J, 2016). In this study, only nurses at the workplace during the research period were accessible.

### **3.7 Inclusion criterion**

All nurses working at MUHIMA District Hospital with nursing practicing license.

### **3.8 Exclusion criteria**

All nurses without practicing licenses.

Nurses working in non-nursing positions.

### **3.9 Sampling strategy**

Sampling is the process of selecting a few sample from a bigger group (the sampling population) to become the basis for estimating or predicting the prevalence of an unknown piece of information, situation or outcome regarding the bigger group (Taherdoost and Group, 2017). The investigator used the method of convenience sampling. The sample size was 44 nurses. Participants were reached during staff meeting, tea breaks and during the shift hours.

### **3.10 Sample size**

A sample is a finite component of a statistical population whose characteristics are being investigated to obtain data about the entire population (Webster, 1985). It can be described as a set of participants (people) chosen from a bigger population for survey purposes when dealing with individuals.

The complete population of Muhima District Hospital's licensed skilled nurses is 49. The sample size of this research was calculated using the 95 percent confidence level formula of Taro Yamane (Yamane, 1973).

Where;

$$n = \frac{N}{1 + N(e)^2}$$

n = sample size,

N = population size,

e = sampling error assumed as 0.05

Then

$$n = \frac{49}{1 + 49(0.05)^2} = 43.6525612 = 44 \text{ participants after rounding off.}$$

### **3.11 Data collection methods and procedures.**

The collection of data is the collection of information necessary for the study of research. In order to obtain data relevant to the study, structured questionnaires were used.

Hospital formal approval was obtained prior to the study. During their staff meeting, tea time and lunch breaks, the researcher met with the participants to introduce the purpose of the study and ask them to take part in the study. The collection of data took place on the grounds of the hospital, following strict ethical considerations. The researcher used the opportunity to inform participants about their rights, and to ensure anonymity and confidentiality with respect to the study. A copy of the questionnaire to be completed was then provided to each participant. To collect data from participants, a structured self-administered questionnaire was used. Five-point likert scales were used to measure organizational factors and job satisfaction. Response choices for each item were a 1-5 Likert scale with choices 1= strongly disagree 2=disagree 3=indifferent and 5=strongly agree that each item had reaction choices ranging from one with the lowest level to five with the highest level.

### 3.12 Validity and reliability

#### Validity

A research tool's validity refers to the extent to which a tool actually measures what it intends to measure (Polit & Beck 2014, p. 205). The validity of the content refers to the extent to which an instrument is made of the appropriate items to be measured for the concept (Polit & Beck 2014, p. 205).

Content validity has been ensured within this study by checking items in the data collection tool against the study goals and concepts in the conceptual framework to determine whether they will measure all the elements to be investigated. There are different approaches to an instrument's validation, such as content validity, criterion-related validity, and construct validity (Polit & Beck, 2004). Validity of content was ensured by developing the questionnaire as a starting point with research goals. In addition, the research supervisor helped formulate and evaluate the questionnaire and various experts in the nursing and midwifery school also checked the validity of the content.

The following Table describes items and specific concepts to be measured

Objectives	Items in conceptual framework	Items in questionnaire
Factors associated with nurse turnover.	Individual and environmental factors.	I(5,9,) III( 1,2)
	Organizational factors	II(2,3,4,5,6,7,8,9,10)
	Economic/labor market	II(1)
Level of turnover intention	Job satisfaction	IV(1,2)

#### 3. 13 Reliability

According to Burns and Grove (2007), when used on various occasions, for the instrument to be reliable, it must produce the same measure. A previously tested tool adopted from (Alem Getie, 2015) was used in 2013 at government health care institutions in East Gojjam, Amhara Region, Ethiopia.

### **3.14 Ethical considerations**

#### **Ethical board**

The data collection was carried out after the ethical clearance was obtained from University of Rwanda, College of Medicine and Health Sciences and Institutional Review Board. The ethical clearance from UR-CMHS IRB was presented to the ethical committee of the MUHIMA district hospital to obtain permission to conduct the study. Data collection started after obtaining ethical clearance from the district hospital of MUHIMA.

**Participants' authorization and informed consent:** The researcher explained details of the study to the participants including the purpose of the study and the risk benefit of participating in the study. A written or oral consent to participate in the study was then requested from the participants. Participants have been informed that they are entitled to withdraw from the study without penalty if they feel uncomfortable to continue.

**Study participants rights:** The following rights of the participant were respected: Right to self determination, Right to autonomy, Right to Privacy, Rights to anonymity and Confidentiality, Rights to fair treatment and Right to protection from discomfort and harm.

The completed questionnaires and informed consent forms are stored in a locked cupboard and the data is stored in a password-protected computer. Each participant received an oral explanation of the study and a research explanation sheet.

### **3.15 Data analysis**

Using SPSS version 21, descriptive statistics have been used to analyze data. Using descriptive statistics, the demographic characteristics, level of job satisfaction and intention to return will be described.

In Muhima District Hospital, the chi-square test was used to determine the association between biographical data, job satisfaction and intention to turnover as well as the factors associated with turnover among nurses.

### **3.16. Data management**

All filled questionnaires were kept confidential in a locked cupboard in the researcher's room. Data on the computer will be password protected to only be accessed by the researcher and research supervisor. Results from the study will be submitted to the supervisor and staff from the Masters of Science in the nursing program. The dissertation will be submitted to the Directorate of Postgraduate studies at UR-CMHS with a copy to the school of nursing and midwifery. Data on hard copies will be kept in a safe custody for a period of 3 years to facilitate further research in the related field of study, after this period these hard copies will be destroyed.



## **CHAPTER 4. PRESENTATION AND ANALYSIS OF RESULTS.**

### **4.1. Introduction**

This chapter discusses data analysis and findings from questionnaires completed at the time of the study between 22 May and 10 June 2019 by registered nurses employed by Muhima District Hospital. The total number of questionnaires used in the data analysis was 44 questionnaires, but in the discussion of each question the number will differ as some respondents have not answered all the questions. The purpose of this study was to determine factors that influence the turnover intention of nurses and to determine the level of intention to return among nurses working at MUHIMA District Hospital.

The objectives of the study were to identify RNs’

- Level of Intentions to turnover.
- Factors associated with turnover.

The questionnaires were given to the participants during morning staff meeting, day shifts as well as night shift registered nurses. Consent form were signed before completing the questionnaire. Each respondent was expected to return the questionnaire to the researcher after completing the questionnaire as the researcher was always on the field to administer the questionnaires. The questionnaire data were statistically analyzed using spss (Statistical Social Science Package) version 21 and the findings were discussed according to the questionnaire sections. The findings are discussed in the questionnaire sections. The five sections of the questionnaire were:

- Section I: Socio-Demographic Characteristics of the Participants
- Section II. Organizational factors
- Section III: Environmental factors
- Section IV: Job Satisfaction
- Section VI: Turnover Intention or Intent to Leave

## **SECTION I: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS.**

The first section of the questionnaire was attempted to obtain the participants' socio-demographic features. In the appropriate boxes provided next to each question, the participating RNs had to answer or fill in the appropriate answer.

### **4.1.1. Age of the participants**

The RNs' ages ranged between 25 and 65 years. This question was answered by the number of respondents (n=42). Of the 42 RNs, 36.4% (n=16) fell within the 25-35 age group. 45.5 percent (n=20) of respondents aged between 36 and 45 years. And in the age category of 46 to 55, 6.8 percent (n=3) respondents were found, only 2.3 percent (n=1) of the age ranged from 56 to 65 years.

**Table 1: Age of participants**

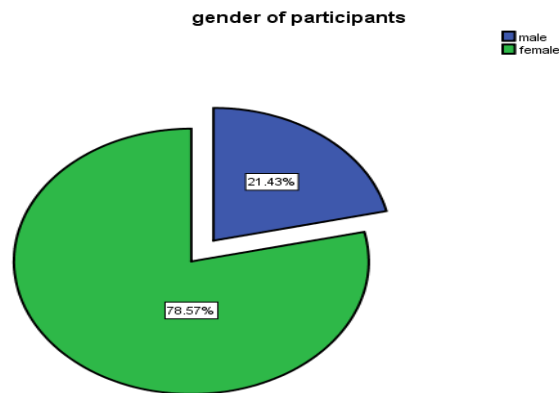
Age category	Frequency	Percent
25-35	16	40
36-45	20	50
46-55	3	7.5
56-65	1	2.5
Total	40	100

The table 1, the results show that the majority of the participants' age ranges between 36-45 category where there is minimum number of participants between 55-65 age category.

#### 4.1.2 Distribution by gender

Females comprised 78.57% (n=33), while males accounted for (n=9), 21.43%.

**Figure 1. Distribution by gender**

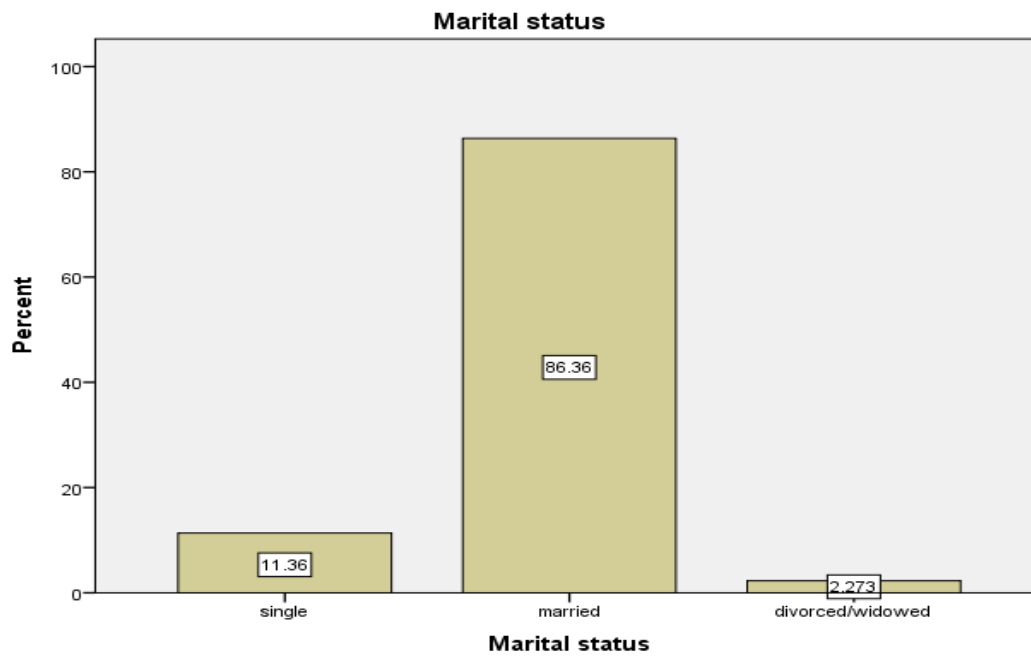


The figure above shows that Muhima District Hospital nursing staff is a female dominated where by 78.6% of the participants were females.

#### 4.1.3 Distribution of respondents by marital status

The highest proportion of respondents were married (n=38), 86.36%, followed by n=5 or 11.36% single and (n=1) 2.273% widows.

**Figure 2: Distribution of respondents by marital status**



The figure above shows that the majority of nurses are married and they also have the low number of participants who are divorced or widowed.

#### **4.1.4 Distribution of participant according to family arrangement.**

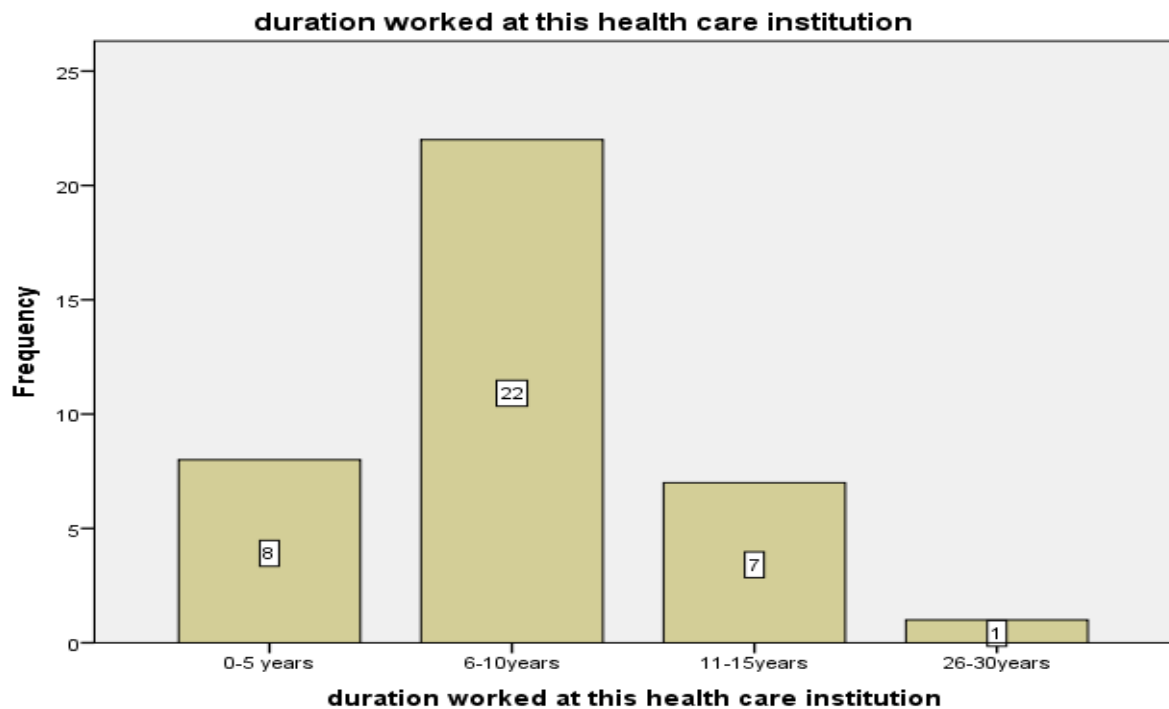
**Table 2: Distribution of participant according to family arrangement.**

Participants' response	Frequency	Percentage
Lives with family/husband/wife	34	91.9
Lives far from family/husband/wife	3	8.1
Total	37	100

The study results revealed that (n=34) out of 37, 91.9% of participant live Lives with family/husband/wife whereas (n=3), 8.1% Lives far from family/husband/wife

#### 4.1.5 Distribution according to duration worked at the respective health care institution

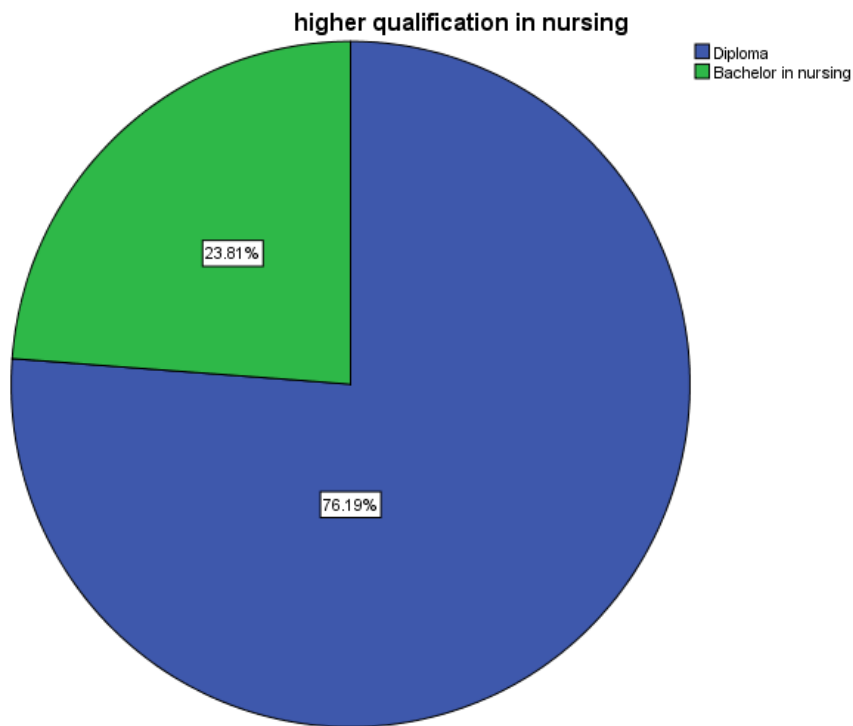
Figure 3: Distribution according to duration worked at the respective health care institution



According to duration worked at the respective health care institution, the majority of the duration is ranked between 6 to 10 years done (n=22) 57.9% of participants, and the (n=8) 21.1% participants has working duration from 0 to 5 years and (n=7), 18.4% of the participant worked for 11-15 years. Only 1 participant worked in the same institution for the duration between 26 to 30 years.

#### 4.1.6 Educational level in nursing

Figure 4: Educational level in nursing



Respondents with diplomas make up the highest frequency (n=32) equivalent to 76.19%, and the bachelor's degree holders (n=10) which is equivalent to 23.81%.

#### 4.1.7 Dependents

**Table 3: Dependents**

children under 18 living with you		
	Frequency	Percent
yes	36	81.8
no	8	18.2
Total	44	100.0

Of 44 respondents, (n=36) 81.8% lives with children under 18 years, and (n=8), 18.2% does not live with children under 18.

#### 4.2. Section ii. organizational factors

##### 4.2.1 Distribution organizational factors according to payment

1= very poor (VP) 2= poor (P) 3= about right (AR) 4=good (G) 5= very good (VG)

**Table 4: Distribution organizational factors according to payment**

No	QUESTIONS	VP		P		AR		G		VG		total
	Compared to the effort that other nurses put into their jobs, how do you feel about the pay rewards you receive?	12	27.3%	21	47.7%	6	13.6%	5	11.4%			44
	How do you feel about the pay you receive compared to the contribution that you make towards the operation of the service in which you are employed?	7	15.9%	21	47.7%	7	15.9%	7	15.9%	1	2.3%	44

Of all the respondents on payment category under the organizational factors, 21 out of 44 stressed that the payment is poor Compared to the effort that other nurses put into their jobs, while 12 said that the payment is very poor. According to (Sangeetha, 2016) it was revealed that poor payment is directly associated with low job satisfaction which leads to turnover intention.

**4.2.2. Distribution of organizational factors according to organizational commitment.**

1= strongly disagree (SD) 2= Disagree (D) 3=Indifferent (I) 4= Agree (A) 5= strongly agree (SA).

**Table 5: Distribution of organizational factors according to organizational commitment.**

questions	SD	D	I	A	SA	Total
I think that my health care institution is a great organization to work for.	3 6.8%	13 29.5%	8 18.2%	18 40.9%	2 4.5	44
My present health care institution inspires the very best performance.	1 2.3%	15 34.1%	8 18.2%	15 34.1%	4 9.1%	44
I am glad that I chose my present health care institution to work for.	3 6.8%	9 20.5%	17 38.6	10 22.7%	4 9.1%	43
I am proud to tell others I work for my present health care institution.	6 13.6%	8	16 36.4%	10 22.7%	3 6.8%	43
My present health care institution is not the best of all possible health care institutions I can work for	2 4.5%	12 27.3%	13 29.5%	11 25%	5 11.6%	43
I really do not care if the health care institution is successful or not.	6 13.6%	21 47.7%	9 20.5	5 11.4%	2 4.5	43

According to data results regarding organization commitment, on the results above shows that majority of nurses has an organizational commitment as there is no significant number of nurses that disagrees with the questions asked.



#### 4.2.3 Distribution of organizational factors according to procedural justice.

**Table 6: Distribution of organizational factors according to procedural justice.**

questions	SD	D	I	A	SA	Total
Rules and regulations are applied equally to all employees	6 13.6%	12 27.3%	13 29.5%	8 18.2	5 11.4	44
Senior employees are able to easily avoid the enforcement of some rules and regulations to everyone.	4 9.1%	8 18.2%	14 31.8%	13 29.5	4 9.1%	43
Little effort is made by the health care institution to consistently apply its rules and regulations to everyone.	1 2.3%	9 20.5%	19 43.2%	13 29.5%	1 2.3%	43
Many exceptions are made by my health care institution in applying its rules and regulations.	3 6.8%	5 11.4%	20 45.5%	14 31.8%	1 2.3%	43
An employee must obey the rules and regulations, even if he/she is close friends with their supervisors.	1 2.3%	9 20.5%	15 34.1%	11 25%	7 15.9%	43
No one who works for the health care institution can escape adherence to the rules and regulations.	4 9.1%	5 11.4%	22 50%	8 18.2%	3 6.8%	42

Table 6: On the procedural justice, 12(27.3%) respondents disagrees that Rules and regulations are applied equally to all employees while 13(29.5%) agrees that senior employees are able to easily avoid the enforcement of some rules and regulations to everyone. Also 13(29.5%) respondents agrees that little effort is made by the health care institution to consistently apply its rules and regulations to everyone. It has been revealed that nursing management has been identified as key to nurse retention, when employees feel that

they are treated fairly by the organization in every aspect, they are inclined to show more positive attitude and increased commitment towards their jobs (Andrews and Dziegielewski, 2005).

#### 4.2.4 Distribution of organizational factors according to autonomy.

**Table 7. Distribution of organizational factors according to autonomy**

questions	SD	D	I	A	SA	Total
I am able to choose the way to get about my job.	5 11.4%	11 25%	11 25%	12 27.3%	4 9.3%	43
I am able to modify what my job objectives are.	3 6.8%	15 34.1%	9 20.5%	12 27.3%	3 6.8	42
Generally, I can control the time at which I start working for the study.	3 6.8%	8 18.2%	12 27.3%	14 31.8%	5 11.4%	42
My job is such that cannot decide when to do particular work activities.	4 9.1%	8 18.2%	15 34.1%	12 27.3%	3 6.8	42
I have no control over the sequencing of my work activities	6 13.6%	11 25%	16 36.4%	6 13.6%	3 6.8	42
I do not have any control over the time at which I stop working for the day.	4 9.1%	9 20.5%	18 40.9%	10 22.7%	1 2.4%	42

According to the participants' answers, it shows that majority of nurses possess autonomy in performing their job activities. However, some disagrees and strongly disagrees that they have autonomy on all items.

#### 4.2.5 Distribution of organizational factors according to promotion.

**Table 8. Distribution of organizational factors according to promotion.**

Questions	SD	D	I	A	SA	Total
Promotions are regular with my health care institution.	18 40.9%	14 31.8%	6 13.6%	4 9.1%	0	42
There is a very good chance to get promoted in the health care institution.	12 27.3%	13 29.5%	10 22.7%	5 11.4%	2 4.5%	42
The practice of beginning at the bottom and working yourself up is common	5 11.4%	18 40.9%	6 13.6%	11 25%	2 4.5	42
The practice of internal promotion is not common in the health care institution.	6 13.6%	7 15.9%	7 15.9%	15 34.1%	7 15.9%	42
I am in dead end job	8 18.2%	11 25%	10 22.7%	6 13.6%	6 13.6%	41

Table 8, illustrates that there is significant gap in terms of promotion, where by (40.9%) and 14(31.8%) of respondents strongly disagrees and disagrees that Promotions are regular within their health care institution, whereas 18 (40.9%) disagrees that the practice of beginning at the bottom and working yourself up is common.

#### 4.2.6 Distribution of organizational factors according to immediate supervisor support

**Table 9. Distribution of organizational factors according to immediate supervisor support.**

Questions.	SD	D	I	A	SA	Total
My immediate supervisor is willing to listen to my job related problems.	6 13.6%	11 25%	15 34.1	11 25%	0	43
My immediate supervisor shows a lot of concern for me and my job.	1 2.3%	11 25%	17 38.6%	11 25%	2 4.5%	42
My immediate supervisor cannot be relied on when things are get tough in my job.	1 2.3	10 22.7%	21 47.7%	8 18.2%	2 4.5%	42
My immediate supervisor does not care about my well-being.	5 11.4%	9 20.5%	16 36.4%	8 18.2%	4 9.1%	42

On the table above, the overall items score of respondents illustrates that the majority of the respondents are unconcerned about immediate supervisor support.

#### 4.2.7 Distribution of organizational factors according to coworker support

**Table 10: Distribution of organizational factors according to coworker support**

Questions	SD	D	I	A	SA	Total
I am friends with one or more my coworkers	1 2.3%	10 22.7%	17 38.6%	8 18.6%	7 15.9%	43
I regularly do things outside of work with one or more my coworkers.	3 6.8%	10 22.7%	14 31.8%	14 31.8%	1 2.3%	42
I rarely discuss important personal problems with my coworkers.	0	9 20.5%	20 45.5%	8 18.2%	5 11.4%	42
I know almost nothing about my coworkers as persons	2 4.5%	8 18.2%	18 40.9%	12 27.3%	2 4.5%	42

According to (Roch, Dubois and Clarke, 2014) co-worker support is negatively associated with emotional exhaustion and depersonalization which can lead to turnover intention. But on this table it shows that the majority of respondents were unconcerned with the

coworker support but second majority agrees and strongly agrees that there coworker support.

#### 4.2.8 Distribution of organizational factors according to work load

**Table 10: Distribution of organizational factors according to work load**

No	questions	SD	D	I	A	SA	Total
	I have enough time to get everything done in my job	7 15%	19 43.2%	11 25%	2 4.5%	4 9.1	<b>43</b>
	My workload is not heavy in my job	6 13.6%	16 36.4%	14 31.6%	5 11.4%	1 2.3%	<b>42</b>
	I have to work very hard in my job	1 2.3%	6 13.6%	14 31.8%	18 40.9%	3 6.8%	<b>43</b>
	I have to work very fast in my job	5 11.4%	1 2.3%	15 34.1%	18 40.9%	3 6.8%	<b>42</b>

On the table 11, the findings shows that the workload is heavy 16(36.4%) and 19(43.2%) disagrees that they get enough time to get everything done in their job. Whereas 18(40.9%) stressed that they have to work very hard and very fast in their jobs.

#### 4.2.9 Distribution of organizational factors according to training opportunities

**Table 11: Distribution of organizational factors according to training opportunities**

questions	SD	D	I	A	SA	Total
Sufficient time is allocated for training	19 43.2%	13 29.5%	6 13.6%	4 9.1%	1 2.3%	43
Sufficient money is allocated for training.	14 31.8%	14 31.8%	11 25%	2 4.5%	1 2.3%	42
Training currently provided is leading to satisfactory results.	6 13.6%	13 29.5%	14 31.8%	9 20.5%	0	42
Training plans are developed and monitored for all employees.	9 20.5%	10 22.7%	16 36.4%	6 13.6%	1 2.3%	42
Training programs are consistently evaluated	9 20.5%	4 9.1%	16 36.4%	10 22.7%	3 6.8%	42

On the table 12, majority of respondents disagreed that there is sufficient time allocated for training opportunity 13(29.5%) and 19 (43.2%) strongly disagreed that there is Sufficient time is allocated for training. According to the study done in Ethiopia (Gojjam *et al.*, 2015) It revealed that the possibility of training affects the intention of turnover. Low training opportunities were associated with the intention of turnover of nurses.

**4.2.10 Distribution of organizational factors according to the resources.**

**Table 12: Distribution of organizational factors according to the resources.**

Question	SD	D	I	A	SA	Total
I do not have enough space to do my job.	2 4.5%	15 34.1%	14 31.8%	9 20.5%	3 6.8%	43
I have adequate tools to do my job	4 9.1%	11 25%	19 43.2%	7 15.9%	3 6.8%	43
I have enough support from other departments to do my job	4 9.1%	8 18.2%	21 47.7%	10 22.7%	0	43

On the table 13 findings show that the majority of respondents agree that they have enough space and adequate tools to do their job.

### SECTION III: ENVIRONMENTAL FACTORS

#### 4.3. Distribution of environmental factors according to availability of electricity, transportation and recreational places.

**Table 13: Distribution of environmental factors according to availability of electricity, transportation and recreational places.**

Questions	SD	D	I	A	SA	Total
There is enough electricity in my work place	5 11.4%	2 4.5%	2 4.5%	18 40.9%	15 34.1%	42
It is easy to get transportation at any time	5 11.4%	13 29.5%	11 25%	4 9.1%	9 20.5%	42
I can get recreational place near to my work place	9 20.5%	7 15.9%	14 31.8%	6 13.6%	6 13.6%	42

The table 13 illustrates that the majority of respondents 18(40.9%) agree that There is enough electricity at their work place while 13(29.5%) disagree that It is easy to get transportation at any time. Failure to get easy transport can affect turnover intention according to (Gojjam *et al.*, 2015).



## SECTION IV: JOB SATISFACTION

### 4.4. Distribution according to job satisfaction.

**Table 14: Distribution according to job satisfaction.**

questions	SD	D	I	A	SA	Total
I am very satisfied with my job	11 25%	15 34.1%	5 11.4%	6 13.6%	6 13.6%	<b>43</b>
Most days, I am enthusiastic about my job.	7 15.9%	13 29.5%	11 25%	7 15.9%	4 9.1%	
I enjoy working at the health care institution, more than most my co-workers	3 6.8%	12 27.3%	14 31.8%	9 20.5%	4 9.1%	<b>42</b>
I do not find enjoyment in my job	4 9.1%	10 22.7%	16 36.4%	11 25%	1 2.3%	<b>42</b>
I am often bored with my job.	3 6.8%	8 18.2%	20 45.5%	8 18.2%	3 6.8%	<b>42</b>
I would consider taking a job that requires different skills than my current job.	2 4.5%	7 15.9%	17 38.6%	11 25%	5 11.4%	<b>42</b>

Of the 43 respondents, 15(34.1) stressed that they disagree and 11(25) strongly disagree that they are satisfied with their job, whereas 11(25%) said that they would consider taking a job that requires different skills than my current job. Job satisfaction is an essential element in maintaining any organization's workforce numbers. Lack of employee satisfaction not only results in high turnover rates, but could also have detrimental effects on the individual, such as burnout (Nagaya, 2018).

**SECTION VI: TURNOVER INTENTION OR INTENT TO LEAVE.**

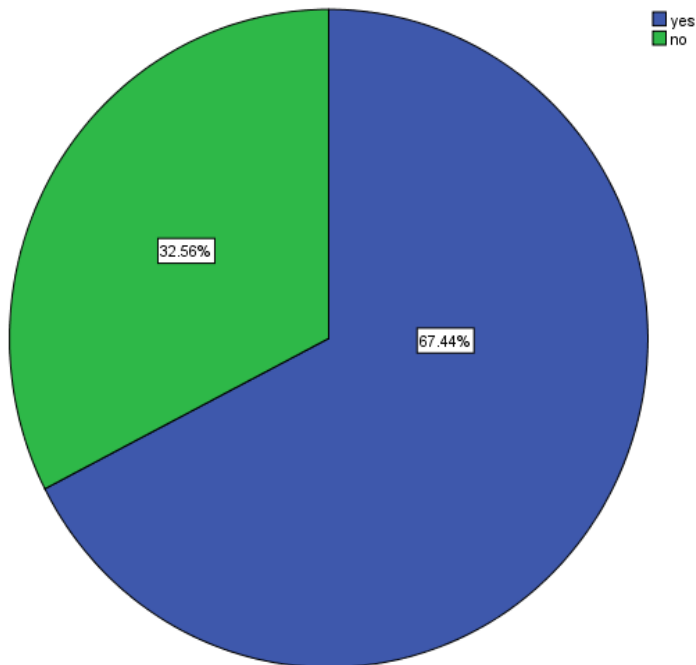
**4.5. I would like to leave my present health care institution.**

Table below illustrates the number of participants who would like to leave the present health care institution. 29 out 43 (67.4)

**Table 15: level of turnover Intention**

Participants' response	Frequency	Percent
yes	29	67.4%
no	14	32.6%
Total	43	100.0

**Figure 5: level of turnover Intention**



The study results shows that out of 43 respondents 29(67.4%) said that they would like to leave their present health care institution while 14(32.6) said that they have no intention to leave.

#### 4.5.1. Reasons for leaving.

**Table 16: Reasons for leaving.**

Reasons for leaving	Frequency	percentage	Total
Family arrangement	11	25%	40
Poor payment	23	52.3%	40
Poor organizational commitment	13	29.5%	40
Unfair system in the organization	6	13.6%	40
Lack of Autonomy in my job	8	18.2%	40
Absence of regular promotion	20	50%	40
No immediate supervisor support	8	20%	40
Absence of Coworker support	9	22.5%	40
Workload	13	32.5%	40
Poor training opportunities	27	67%	40
Inadequate resources	11	27.5%	40
Location of the health institution	5	11.4%	40
Lack of electricity	0		40
Lack of transportation	7	17.9%	40
Lack of recreational places	8	18.2%	40
Not enough job satisfaction	23	52.3%	40

The above table illustrates the frequency and percentage of the reasons employee/nurse leave their jobs/institutions. According to the frequency of the results the following are three major reasons why nurses could leave their institution. Poor payment 23(52.3%), poor training opportunities n=27(67%) and low job satisfaction n=23(52.3%)

#### 4.5.2 Association between demographic characteristics with turnover intention

**Table 17: Association between demographic characteristics with turnover intention Age of participants**

Participants' response		age of participants				Total	P value
		25-35	36-45	46-55	56-65		
I would like to leave my present health care institution.	yes	11	15	1	0	27	
	no	5	4	2	1	12	
Total		16	19	3	1	39	0.179

**Table 18: Association between demographic characteristics with turnover intention****Gender of the participants**

Participants' response		gender of participants		Total	P value
		male	female		
I would like to leave my present health care institution.	yes	8	20	28	
	no	1	12	13	
Total		9	32	41	0.133

**Table 19: Association between demographic characteristics with turnover intention marital status**

Participants' response		Marital status			Total	P value
		single	married	divorced/widowed		
I would like to leave my present health care institution.	yes	2	27	0	29	
	no	3	10	1	14	
Total		5	37	1	43	0.116

**Table 20: Association between demographic characteristics with turnover intention Family arrangement**

Participants' response		family arrangement		Total	P value
		Lives with family/husband/wife	Lives far from family/husband/wife		
I would like to leave my present health care institution.	yes	23	3	26	
	no	10	0	10	
Total		33	3	36	0.262

**Table 21: Association between demographic characteristics with turnover intention  
Duration worked at this health care institution**

Participants' response		duration worked at this health care institution				Total	P value
		0-5 years	6-10years	11-15years	26-30years		
I would like to leave my present health care institution.	yes	5	15	4	0	24	
	no	3	7	3	1	14	
Total		8	22	7	1	38	0.559

**Table 22: Association between demographic characteristics with turnover intention  
Level of education**

Participants' response		Level of education		Total	P value
		Diploma	Bachelor in nursing		
I would like to leave my present health care institution.	yes	20	7	27	
	no	11	3	14	
Total		31	10	41	0.750

**Table 23: Association between demographic characteristics with turnover intention  
Children under 18 living with you**

Participants' response		children under 18 living with you		Total	P value
		yes	no		
I would like to leave my present health care institution.	yes	25	4	29	
	no	11	3	14	
Total		36	7	43	0.525

The tables above indicate the association between demographic variables and intention to turnover among nurses at Muhima district Hospital. This analysis was done using inferential statistics of chi-square to find out whether there is an association between the two variables. The results showed no significant association between the two variables as shown by a p-value of every single demographic variable.

**4.5.3. Association between factors influencing turnover intention with the intention to leave.**

**Table 24: Association between factors influencing turnover intention with the intention to leave.**

Reason for leaving			P value
Family arrangement	11	25%	0.016
Poor payment	23	52.3%	0.002
Poor organizational commitment	13	29.5%	0.052
Unfair system in the organization	6	13.6%	0.102
Lack of Autonomy in my job	8	18.2%	0.062
Absence of regular promotion	20	50%	0.013
No immediate supervisor support	8	20%	0.288
Absence of Coworker support	9	22.5%	0.036
Workload	13	32.5%	0.007
Poor training opportunities	27	67%	0.000
Inadequate resources	11	27.5%	0.108
Location of the health institution	5	11.4%	0.141
Lack of transportation	7	17.9%	0.389
Lack of recreational places	8	18.2%	0.051
Not enough job satisfaction	23	52.3%	0.005

The table above indicate the association between factors influencing turnover and intention to turnover among nurses at Muhima district Hospital. This analysis was done using inferential statistics of chi-square to find out whether there is an association between the two variables. The results revealed that only three factors showed strong significant association between the two variables which are poor payment indicated by the p value of 0.002, poor training opportunities with the p value of 0.000 as well as low job satisfaction as shown by a p-value of 0.005. The remaining factors showed no significant association.

## CHAPTER 5. DISCUSSION OF FINDINGS

This chapter discusses the study results presented and analyzed in chapter four, discussing the findings. In this chapter, the researcher describes the study's major findings (Objectives), explains the meaning of the findings, and relates the findings of the study with different previously done similar studies.

### 5.1. Demographic findings

The ages of the RNs ranged from 25 to 65 years. Respondents number (n=42) Of the 42 RNs, 36.4% (n=16) fell within the age group of 25 to 35 years of age. Respondents aged between 36 and 45 years were 45.5% (n=20). And 6.8% (n=3) respondents were found in the age category of 46 to 55, only 2.3% (n=1) RNs' ages ranged from 56 to 65 years. By using the chi square test the result showed that there was no significant association with the intention to leave as evidenced by the p value of 0.179. However previous study done in Ethiopia have shown that younger age nurses are associated with turnover intention (Gojjam *et al.*, 2015) in addition to that According McNeese-Smith and van Servellen (2000) suggest more job satisfaction, productivity and organizational commitment for mature nurses. Shader *et al.* (2001) found early turnover associated with job satisfaction and stress for younger nurses, but no significant predictors of turnover or stress in nurses over 50 years of age, possibly because of their proximity to retirement. In fact, the demographic characteristics are related to one of the significant predictors of employee turnover. Including age, gender, education, experience and tenure, some of the demographic characteristics have been studied to date. Despite these empirical studies, according to the study conducted in Nigeria, more studies are needed to further understand the role of demographic variables in predicting turnover intention,(Abubakar, Chauhan and Kura, 2014) It indicated that male nurses were more likely than their female colleagues to leave their organizations or profession. The results also showed that younger nurses were more likely to leave their organizations or profession than their older colleagues were also more likely to leave the study in Ethiopia (Gojjam *et al.*, 2015)it revealed that Family arrangement is significantly associated with nurses' turnover intention however, even though this study showed no significant association between the demographic characteristics as shown by a p-value of every single demographic variable, more research is needed to rule out any factor that may lead to turnover intention.

## **5.2. Organizational factors**

### **5.2.1 Payment**

Of all the respondents on payment category under the organizational factors, 21 out of 44 stressed that the payment is poor. Compared to the effort that other nurses put into their jobs, while 12 said that the payment is very poor. According to (Sangeetha, 2016) it was revealed that poor payment is directly associated with low job satisfaction which leads to turnover intention.

### **5.2.2 Organizational Commitment.**

According to data results on the table 4 regarding organization commitment, on item 1 to 6 shows that majority of nurses has an organizational commitment as there is no significant number of nurses that disagrees with the questions asked.

### **5.2.3 Procedural Justice.**

Table 6: On the procedural justice, on the item 1, 12(27.3%) respondents disagrees that Rules and regulations are applied equally to all employees while on the item 2, 13(29.5%) agrees that senior employees are able to easily avoid the enforcement of some rules and regulations to everyone. Also on the item 3, 13(29.5%) agrees that little effort is made by the health care institution to consistently apply its rules and regulations to everyone. It has been revealed that nursing management has been identified as key to nurse retention, when employees feel that they are treated fairly by the organization in every aspect, they are inclined to show more positive attitude and increased commitment towards their jobs (Andrews and Dziegielewski, 2005).

### **5.2.3 Organizational Factors According to Work Load**

On the table 11, the findings shows on the item 1 and 2 that the workload is heavy 16(36.4%) and 19(43.2%) disagrees that they get enough time to get everything done in their job.

Whereas on both items 3 and 4, 18(40.9%) stressed that they have to work very hard and very fast in their jobs

### **5.2.4 Training Opportunities**

On the table 12, majority of respondents disagreed that there is sufficient time allocated for training opportunity 13(29.5%) and 19 (43.2%) strongly disagreed that there is Sufficient time is allocated for training.



According to the study done in Ethiopia (Gojjam *et al.*, 2015) it revealed that the training opportunity affect turnover intention. Low training opportunity was significantly associated with nurses' turnover intention.

#### **5.2.5 Job Satisfaction.**

Of the 43 respondents, 15(34.1) stressed that they disagree and 11(25) strongly disagree that they are satisfied with their job, whereas 11(25%) on the item 6 said that they would consider taking a job that requires different skills than my current job. Job satisfaction is an essential element in maintaining any organization's workforce numbers. Lack of employee satisfaction not only results in high turnover rates, but could also have detrimental effects on the individual, such as burnout (Nagaya, 2018).

#### **5.3 Intention to turn over**

This cross-sectional study revealed that the overall prevalence rate of turnover intention in the study was high (67.4%) on graph 5. This study is confluent with the previous researches conducted in Ethiopia (59.4%) and According to a study (n = 33,659 nurses/Europe; 27,509 nurses/United States), the proportion of nurses intending to leave the profession ranged from 5% (in the Netherlands) to 17% (in Germany) (Heinen et al., 2013). In addition Registered nurses intending to change their current profession: 56 % Netherlands, 58% in Finland (Hinno, 2012).

However, the American Association of Colleges of Nursing (2010) also evidenced that projections of nursing workforce suggest a shortage exceeding 500,000 Registered Nurses by the year 2025.

#### **5.4. Factors influencing nurse turnover.**

According to the frequency of the results the following found to be three major leading reasons why nurses could leave their institution. Poor payment 23(52.3%), poor training opportunities n=27(67%) and low job satisfaction n=23(52.3%) another analysis was done using inferential statistics of chi-square to find out whether there is an association between the variables. The results revealed that only three factors showed strong significant association between the two variables which are poor payment indicated by the p value of 0.002, poor training opportunities with the p value of 0.000 as well as low job satisfaction as shown by a p-value of 0.005. The remaining factors showed no significant association.

### **5.5. Poor payment**

Payment is commonly considered to be the most incentive to motivate employees to perform certain activities or to increase their job performance (Sabanciogullari and Dogan, 2015). While some may value unimportant financial reward, low salaries have been mentioned repeatedly, consistently and unanimously as the main factor driving employees out of the public health sector. Lower-wage nurses showed higher turnover intent than higher-wage employees (Tshitangano, 2013). These results are consistent with prior studies done where 52.3% indicated that poor payment can trigger their intention to leave their job as indicated by the p value of 0.002.

### **5.6. Poor training opportunities.**

The result shows that the intention for turnover is affected by the training opportunity. Low training opportunities related to the intention of turnover of nurses. It is indicated in this study that poor training opportunities with a p value of 0.000 are significantly associated with the intention of turnover. In most countries, this result is consistent with previous studies done in Ethiopia, South Africa and United States of America.

### **5.7. Low job satisfaction**

The study results show that a significant association exists between low job satisfaction as shown and the intention to leave as shown by a p-value of 0.005. This is in conjunction with various studies carried out around the world. According to (Ayalew et al., 2015), in 2014, half of nurses in public hospitals and health centers in Ethiopia stated their intention to leave their jobs in the next 12 months, suggesting widespread job satisfaction, motivation and retention problems. Another dimension of job satisfaction that emerged from this (Gamage and Buddhika, 2013) provided a job satisfaction factor that relates to the overall satisfaction with the organization's human resources policies and strategies. According to the study (Mazurenko, Gupte and Shan, 2015), nurses with low job satisfaction have higher turnover levels.

## **CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS**

### **6.1 Conclusion**

In this cross-sectional study to determine factors associated with turnover intention, the identified factors were in 3 categories which are individual factors, organizational factors and job satisfaction. In both individual and organization factors, Poor payment indicated by the p value of 0.002 was strongly associated with turnover intention as well as Poor training opportunities with the p value of 0.000. Low job satisfaction as shown by a p-value of 0.005. were also found significantly associated with nurses' turnover, Policymakers and managers of health care should be aware of the various factors associated with the decision of RNs to leave the profession or an organization. Health care managers involved in developing retention strategies for nurses should address organizational leadership and consider developing comprehensive career development programs. Policymakers should also consider allocating additional resources to ensure that RN workforce in Rwanda is of adequate size, qualified, and capable of providing high-quality care.

### **6.2. Strength and limitation of the study**

#### **6.2.1 Strength**

The sample size procedure and methods of analysis used were suitable for the study and considered one of the study's strengths.

This study is the first in its kind at Muhima District hospital and could generate new ideas about the factors affecting nurses' turnover intention for further studies

#### **6.2.2 Limitations of the Study**

- Lack of similar study in the country to compare results.
- It was difficult and time consuming for the researcher to collect the questionnaires from the respondents (Research participants) because of their complex working schedule.

### **6.3 Recommendations**

Based on the results of the study the following were recommended:

#### **6.3.1 Recommendations for Research**

Recommendations for reducing nursing turnover and future research will be provided. Organizations need to develop strategies to reduce workplace nursing turnover, and consideration should be given to intrinsic and extrinsic factors.

1. A wide-ranging national study should be carried out to evaluate the factors affecting the intention of turnover of nurses.
2. Further research should be carried out using in-depth interviews to further investigate the influence of intrinsic and extrinsic factors on the turnover intentions of nurses. This quantitative exploratory survey could have other factors influencing turnover to RNs that remained unidentified.

#### **6.3.2 Recommendation for Education**

1. Possibilities for advancement and development through training and other programs

#### **6.3.3. Recommendations for Management and Policy**

1. Balance workloads for nursing and plan measures to reduce stress and burnout associated with work.
2. Supervisors should address issues such as promotions, wages, and opportunities for advancement, recognition, responsibility, and achievements during performance assessments in order to avoid feelings of being in dead-end jobs that affect the intentions of nurses to leave a specific organization.
3. RNs should be involved in decision-making and policy making in order to feel that they are part of these processes that facilitate implementation.

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## APPENDICES



Appendix 1

Consent form

UNIVERSITY OF RWANDA, COLLEGE OF MEDICINE AND HEALTH SCIENCES,  
SCHOOL OF NURSING AND MIDWIFERY.

I am writing a thesis for a partial fulfillment of Master of Science in Nursing, education, leadership and management at the University of Rwanda, college of medicine and health sciences, school of nursing and midwifery.

Title of the research: factors associated with turnover intention among nurses at muhima district hospital. Rwanda, 2018.

Objective:

- To determine factors influencing nurses turnover intention among nurses working at MUHIMA District Hospital.
- To determine the level of intention to turn over among nurses working at MUHIMA district hospital.

**Participants:** Nurses working at Muhima district hospital.

**Potential Risks:** There are no risks associated with this study.

**Benefits:** No financial benefits are associated with this study. By participating in this study you will be increasing knowledge related to retention of a stable work force in the healthcare institutions.

I would like to ask you few questions. Your honest response to the questions can make the study achieve its" goals. All the information you give will be treated with confidentiality, and your anonymity will be maintained. You are kindly requested to respond voluntarily and you can withdraw from the study without supplying any reason.

I here declare that:

- The objectives of this study are explained to me
- The contents of the consent are informed and explained to me to participate in the study.

I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without supplying reasons. I agree to partake in this study to fill the relevant questionnaire, provided my privacy is guaranteed. When signing this consent form to partake in the study I under take to answer in an honest manner to all reasonable.

Signature of the participant \_\_\_\_\_ date \_\_\_\_\_

Signature of the investigator \_\_\_\_\_ date \_\_\_\_\_

**If you have Questions you can contact me by the following addresses.**

**Muhirwa Augustine +2507882227839**

**E-mail:** hirwa905@gmail.com

Appendix 2 : Questionnaire

Section I: Socio-Demographic Characteristics of the Participants

1. Sex 1. Male 2. Female

2. Age in years ----- (specify)

3. Marital status 1. Single 2. Married 3. Divorced/Widowed

4. What is your family arrangement?

1. Lives with family/husband/wife

2. Lives far from family/husband/wife

5. How long have you worked at this health care institution? -----

6. What is your higher qualification in nursing?

1. Diploma 2. BSc in nursing

7. Do you have any children under 18 living with you?

Yes	1
No	2

8. If „,Yes““, please indicate the number of children you have in the following age categories:

If „,No““, progress to the next section.

0-4 years	
5-11 years	
12-18 years	

## Section II. Organizational factors

### 1. Payment

Please indicate your answer about your payment by marking “X” in appropriate box as follows: 1=compared to my contribution my pay is very poor 2= poor 3= about right 4=good compared to my contribution 5= my pay is very good.

No	QUESTIONS	1	2	3	4	5
1	Compared to the effort that other nurses put into their jobs, how do you feel about the pay rewards you receive?					
2	How do you feel about the pay you receive compared to the contribution that you make towards the operation of the service in which you are employed?					

**Please indicate your agreement or disagreement on the following statements.**

**1= strongly disagree 2= Disagree 3=Indifferent 4= Agree 5= strongly agree**

### 2. Organizational commitment

No	questions	1	2	3	4	5
1	I think that my health care institution is a great organization to work for.					
2	My present health care institution inspires the very best performance.					
3	I am glad that I chose my present health care institution to work for.					
4	I am proud to tell others I work for my present health care institution.					
5	My present health care institution is not the best of all possible health care institutions I can work for					
6	I really do not care if the health care institution is successful or not.					

### 3. Procedural justice

No	questions	1	2	3	4	5
1	Rules and regulations are applied equally to all employees					
2	Senior employees are able to easily avoid the enforcement of some rules and regulations to everyone.					
3	Little effort is made by the health care institution to consistently apply its rules and regulations to everyone.					
4	Many exceptions are made by my health care institution in applying its rules and regulations.					
5	An employee must obey the rules and regulations, even if he/she is close friends with their supervisors.					
6	No one who works for the health care institution can escape adherence to the rules and regulations.					

### 4. Autonomy

No	questions	1	2	3	4	5
1	I am able to choose the way to get about my job.					
2	I am able to modify what my job objectives are.					
3	Generally, I can control the time at which I start working for the study.					
4	My job is such that cannot decide when to do particular work activities.					
5	I have no control over the sequencing of my work activities					
6	I do not have any control over the time at which I stop working for the day.					

### 5. Promotion

No	Questions	1	2	3	4	5
1	Promotions are regular with my health care institution.					
2	There is a very good chance to get promoted in the health care institution.					
3	The practice of beginning at the bottom and working yourself up is common					
4	The practice of internal promotion is not common in the health care institution.					
5	I am in dead end job					

### 6. Immediate supervisor support

No	Questions.	1	2	3	4	5
1	My immediate supervisor is willing to listen to my job related problems.					
2	My immediate supervisor shows a lot of concern for me and my job.					
3	My immediate supervisor cannot be relied on when things are get tough in my job.					
4	My immediate supervisor does not care about my well-being.					

### 7. Coworker support

No	Questions	1	2	3	4	5
1	I am friends with one or more my coworkers					
2	I regularly do things outside of work with one or more my coworkers.					
3	I rarely discuss important personal problems with my coworkers.					
4	I know almost nothing about my coworkers as persons.					

### 8. Work load

No	questions	1	2	3	4	5
1	I have enough time to get everything done in my job					
2	My workload is not heavy in my job					
3	I have to work very hard in my job					
4	I have to work very fast in my job					

### 9. Training opportunities

No	questions	1	2	3	4	5
1	Sufficient time is allocated for training					
2	Sufficient money is allocated for training.					
3	Training currently provided is leading to satisfactory results.					
4	Training plans are developed and monitored for all employees.					
5	Training programs are consistently evaluated					

### 10. Resource.

No	Question	1	2	3	4	5
1	I do not have enough space to do my job.					
2	I have adequate tools to do my job					
3	I have enough support from other departments to do my job					

**Section III: Environmental factors**

1. **Location** 1. Urban 2.Rural

**2. Availability of electricity, transportation and recreational places**

No	Questions	1	2	3	4	5
1	There is enough electricity in my work place					
2	It is easy to get transportation at any time					
3	I can get recreational place near to my work place					

**Section IV: Job Satisfaction**

No	questions					
1	I am very satisfied with my job					
2	Most days, I am enthusiastic about my job.					
3	I enjoy working at the health care institution, more than most my co-workers					
4	I do not find enjoyment in my job					
5	I am often bored with my job.					
6	I would consider taking a job that requires different skills than my current job.					

**Section IV: Turnover Intention or Intent to Leave**

1. I would like to leave my present health care institution.

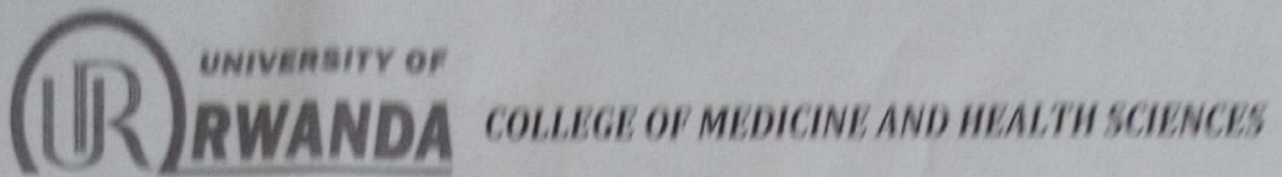
Yes	1
No	2

2. If „yes“ the following list gives various reasons for leaving. Mark „X“ the factor that is the most important to leave your health institution.

Reasons for leaving	Mark ‘X’
Family arrangement	
Poor payment	
Poor organizational commitment	
Unfair system in the organization	
Lack of Autonomy in my job	
Absence of regular promotion	
No immediate supervisor support	
Absence of Coworker support	
Workload	
Poor training opportunities	
Inadequate resources	
Location of the health institution	
Lack of electricity	
Lack of transportation	
Lack of recreational places	
Not enough job satisfaction	

***Thank you for your honest feedback!!!!!!!!!!!!!!!!!!!!***





**CMHS INSTITUTIONAL REVIEW BOARD (IRB)**

Kigali, 20/03/2019  
Ref: CMHS/IRB/114/2019

MUHIRWA Augustine

School of Nursing and Midwifery, CMHS, UR

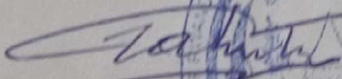
Dear Augustine,

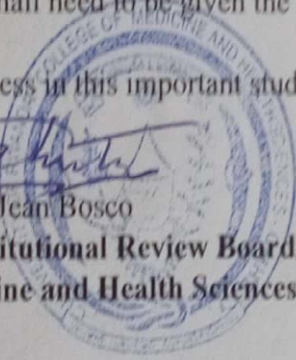
**RE: ETHICAL CLEARANCE**

Reference is made to your application for ethical clearance for the study entitled *«Factors associated with turnover intention among nurses at Muhima district hospital»*

Having reviewed your application and been satisfied with your protocol, your study is hereby granted ethical clearance. The ethical clearance is valid for one year starting from the date it is issued and shall be renewed on request. You will be required to submit the progress report and any major changes made in the proposal during the implementation stage. In addition, at the end, the IRB shall need to be given the final report of your study.

We wish you success in this important study.

  
Professor Gahutu Jean Bosco  
Chairperson Institutional Review Board,  
College of Medicine and Health Sciences, UR



REPUBLIC OF RWANDA

Kigali, May 10<sup>th</sup> 2019



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NYARUGENGE DISTRICT  
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P.O. BOX 2456 KIGALI  
Tél. /Fax : +252 50 37 7  
E-mail : [muhima.hospital@moh.gov.rw](mailto:muhima.hospital@moh.gov.rw)

**MUHIRWA Augustine**

**Re: Your request to conduct research**

Dear Augustine,

Reference made to your letter received on April 11<sup>th</sup>2019 requesting to conduct research at Muhima District hospital for your research project entitled: *Factors associated with turnover intention among nurse.*

I would like to inform you that your request is approved and at the end the administration of Muhima hospital shall need to be given the final report of your study.

Yours sincerely,

**MANIRAGUHA YEZE Aimée Victoire**

**Chief Ethic Committee**



Cc:

- Clinical Director
- Director of Nursing

## Appendix 5



**muhirwa Augustine.** <hirwa905@gmail.com>

May 14, 2018, 4:37 PM



to girmaalem95

Dear ALEM,

I hope that this email finds you well, my name is Augustine muhirwa a masters student in nursing education, leadership and management track in the university of Rwanda/ college of medicine and health sciences/ school of nursing and midwifery.

i am conducting a research on

**Exploration of Factors influencing turnover intention among registered nurses in Rwanda military hospital, one of referral hospitals in Rwanda.** after reading your article, i writing to you requesting the tool you used. i will adopt/adapt it to the Rwandan context, and i assure you that your work will be acknowledged in my study.

Regards,

Augustine muhirwa



**Girma Alem** <girmaalem95@gmail.com>

May 15, 2018, 8:53 AM



to me

Dear

here is my tool i used



**muhirwa Augustine.** <hirwa905@gmail.com>

Activate Windows  
Go to Settings to activate Windows.

Jun 4, 2018, 10:59 AM



to Girma