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Prevalence and Factors Associated with Turnover Intention among Midwives in Jimma, Southwest Ethiopia

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Abstract

The loss of midwives from the health workforce continues to pose a serious challenge for healthcare leadership in Ethiopia. Despite its importance, evidence remains limited regarding the intention to leave work and its contributing factors among midwifery professionals in southwest Ethiopia. In response, this study was conducted to address the existing knowledge gap regarding turnover intention and its determinants among midwives in this region. This study sought to evaluate turnover intention and its associated determinants among midwives in southwest Ethiopia in 2022. A facility-based cross-sectional study design was applied among one hundred twenty-one (121) midwives using a structured, pre-tested, self-administered questionnaire conducted from May 19/2022, to June 6/2022. The collected data were entered into EpiData 4.4.2.1 and then edited, coded, categorized, and prepared for analysis. Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 24, and the findings were presented in tables, figures, and descriptive narration. Both bivariate and multivariable logistic regression models were used to identify variables associated with turnover intention at significance levels of 0.25 and 0.05, respectively. Among the 121 midwives analyzed, approximately 48.76% (95% CI: 39.86–57.74) indicated an intention to leave their current health facility, while 53.72% (95% CI: 44.68–62.52) reported dissatisfaction with their job. Male sex (AOR: 2.9 (95% CI: 1.14–7.39)), working in health centers (AOR: 0.20 (95% CI: 0.06–0.70)), and absence of mutual support (AOR: 0.17 (95% CI: 0.07–0.44)) were significantly linked with turnover intention among midwives. The magnitude of turnover intention among midwives in this study was higher compared with other local and national reports. Gender, level of mutual support, and type of health institution were identified as key influencing factors. Therefore, public health authorities should reassess maternity workforce management strategies to strengthen teamwork and enhance mutual support among staff.

Keywords: Associated factors, Jimma, Midwives, Southwest Ethiopia, Turnover intention

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Introduction

Turnover intention refers to the deliberate planning by employees to exit their current job position (voluntary departure), the organization's decision to terminate employment (involuntary separation), or an individual's intention to leave their profession entirely [1, 2]. Midwives, as core members of the healthcare workforce, play a critical role in providing care for women, newborns, families, and communities [2].

In the African context, frontline healthcare workers are often confronted with fragile institutional systems, misaligned incentive structures, ineffective management approaches, and unfavorable working environments [2, 3]. According to the



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World Health Organization (WHO), Ethiopia is categorized as experiencing a “critical” shortage of health workforce, marked by insufficient staffing levels and the migration of trained professionals (“brain drain”) to higher-income countries offering more attractive remuneration packages [4].

The shortage of midwives significantly limits the expansion of skilled maternal care services in Ethiopia, thereby hindering improvements in maternal and neonatal health outcomes [5].

In many low-resource settings, such as Ethiopia, maternal and newborn mortality remains high, partly due to an acute shortage of qualified midwives. This shortage is further exacerbated by poor working conditions in under-resourced facilities, low salaries, inadequate supervisory systems, and limited opportunities for professional growth. In addition, midwives continue to have limited visibility and participation in health policy formulation and decision-making processes [6].

The persistent workload pressure on midwives has led many to leave their posts in search of improved employment conditions in urban settings and abroad [5-7]. Previous studies have shown that departure from duty among midwives is associated with dissatisfaction related to inadequate staffing (52%), perceived quality of care (48%), workload intensity (39%), lack of managerial support (35%), and poor working conditions (32%) [8]. Evidence from the United Kingdom indicated that 66.6% of respondents reported an intention to leave their job, mainly due to dissatisfaction with workplace conditions and care quality [9]. In a similar pattern, research conducted in selected developing regions of Ethiopia—Afar, Benishangul-Gumuz, Gambella, and Somali Regional States—found that 39% of midwives had intentions to leave their positions, with job satisfaction identified as an important determinant of turnover intention [10].

Moreover, although turnover-related studies in Ethiopia have largely focused on nurses [11, 12], there is still limited attention given specifically to midwives. Reliable identification of turnover intention is important because it allows employers and policymakers to implement timely interventions that may prevent actual resignation [13]. In addition, assessing employees’ likelihood of leaving an organization provides useful insight for designing strategies to reduce overall turnover [14]. Studies focusing on turnover intention among midwives in southwest Ethiopia are still rare; only one study has examined turnover intention among health professionals in this area, in which midwives accounted for only 13% of participants [15]. Hence, this study was conducted to assess turnover intention and its associated factors among midwives working in Jimma, southwest Ethiopia. The findings may support the development of evidence-based policies to reduce midwife attrition, lower turnover intention, and improve workforce retention in Ethiopia.

Materials and Methods

Study area and period

The study was carried out from May 19/2022, to June 6/2022. Jimma town is located in the Jimma Zone of the Oromia Region, in southwestern Ethiopia, about 354 km from Addis Ababa, the capital city. The town comprises four public health centers and two public hospitals. Each health center employed between 4 and 7 midwives, while Jimma University Medical Center had over 100, and Shenen-gibe General Hospital had approximately 20.

Study design

An institution-based cross-sectional study was conducted among midwives working in public health institutions in Jimma, southwest Ethiopia.

Study participants

The source population consisted of all midwives working in public health institutions in Jimma town. The study participants were selected from this group of midwives working in public health facilities.

Eligibility criteria

All full-time midwives employed in public health institutions in Jimma town were included in the study. Midwives with less than 6 months of work experience at the time of data collection were excluded from participation.

Sample size determination

The study sample size was estimated using Yamane’s formula:

$= 109.62 \approx 110$, and after accounting for a 10% non-response adjustment (11), the final sample size was 121.

Where: n = required sample size, N = total population, e = margin of error, and $1-n = 1-95\%$.

Sampling techniques and procedure

Participants were recruited through a simple random sampling method using a lottery technique. Individual identification numbers were generated electronically (Excel) to ensure random selection. The total sample was then allocated to each health facility proportionally using the formula:

Where N_i represents the sample size per facility, N indicates the total number of midwives, and N_i refers to the number of midwives within each public health institution.

Based on this distribution, 88 participants were selected from Jimma Medical Center, 14 from Shenen-Gibe Hospital, 6 from Jimma Health Center, 5 from Higher-Two Health Center, 4 from Bocho-bore Health Center, and 4 from Mendara-Kochi Health Center.

Data collection instrument and quality control

A structured questionnaire was developed following a review of relevant prior studies [16-19]. The tool was tailored to align with the study objectives. To ensure measurement quality, the questionnaire was prepared in English and evaluated for reliability and validity using Cronbach's alpha (0.75), along with expert review by public health nursing specialists.

A pilot test involving 5% of the total sample was conducted at a different health facility. Based on the pre-test findings, revisions such as rephrasing items, adjusting wording, and adding or removing unclear questions were undertaken.

Data collectors and supervisors were provided with one day of training on study procedures. The principal investigator further checked all completed questionnaires for completeness and internal consistency.

Study variables

Dependent variable

Intention to leave the profession or workplace among midwives.

Independent variables

Socio-demographic/personal background variables

Age, sex, marital status, educational attainment, length of professional experience, monthly income, years of schooling, and household arrangement.

Health facility-related factors/service-related factors

Work area/unit, job designation, type of facility (hospital or health center), and workload intensity.

Job satisfaction-related components among midwives

Compensation and benefits, health policy implementation, work environment conditions, supervisory support, recognition at work, workload pressure, performance evaluation system, autonomy in practice, training and career development opportunities, and relationships with colleagues.

Mutual support among midwives

Collaboration through requesting help, assisting co-workers, sharing feedback, and issuing warnings during high-risk or critical situations.

Operational definitions

Turnover intention

Turnover intention refers to an employee's conscious plan or willingness to leave their current job or organizational position. It was measured using three (3) statements rated on a 5-point Likert scale: (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, and (5) Strongly Agree. The overall score was computed, and respondents were classified as having turnover intention (Yes) if their total score was at or above the mean. In contrast, those scoring below the mean were categorized as not having turnover intention (No) [13, 14, 20]. The instrument demonstrated acceptable reliability (Cronbach's alpha = 0.75).

Job satisfaction

Job satisfaction was evaluated using items rated on a 5-point Likert scale, ranging from 1 (very dissatisfied) to 5 (very satisfied) [10, 14]. The measurement scale demonstrated good internal consistency with a Cronbach's alpha of 0.85.

Mutual support among midwives

Mutual support refers to the exchange of assistance, emotional or social backing, and constructive feedback among team members when needed. It was assessed using four yes/no questions. Scores were aggregated, and participants above the mean were considered to have mutual support, while those below the mean were categorized as lacking it. The tool reliability was acceptable with a Cronbach's alpha of 0.71.

Data processing and analysis

After verifying completeness and consistency, the collected data were coded and entered into EpiData version 4.4.2.1 (www.epidata.dk/download.php), then transferred to SPSS for cleaning and statistical analysis. Descriptive statistics were used to summarize the data using tables, figures, and frequency distributions. Logistic regression was used to assess associations; variables with $P < 0.25$ were included in the crude analysis, and those with $P < 0.05$ were considered statistically significant in the multivariable model. The outcome variable was overall turnover intention. All analyses were conducted using anonymized data to ensure participant confidentiality.

Ethics approval and consent to participate

Ethical clearance was granted by the Department of Management, College of Business and Economics (BECO), Jimma University, under Ref. No. MGMT/503/2022. Official permission letters were distributed to all participating public health institutions. Verbal informed consent was approved by Jimma University and deemed appropriate for this study. Data collection proceeded after written authorization was obtained from the medical directors of the health facilities, following an explanation of the study objectives. Oral consent was also secured from all participating midwives. Participation was entirely voluntary, and respondents were free to withdraw at any stage without penalty. All collected information was handled with strict confidentiality and used exclusively for research purposes.

Results and Discussion

The study examined turnover intention among midwives regarding their current employment. Of the total sample of one hundred twenty-one (121) participants, all selected midwives agreed to participate, resulting in a 100% response rate.

Socio-demographic and facility/institutional related characteristics of midwives

In this study, females constituted the majority (65, 53.7%) of respondents. The median age of participants was 28 years, with an interquartile range of (21–25) years. The mean working experience was 3.42 years. Most midwives (84; 69.4%) reported having no alternative job opportunities. A large proportion (86, 71.1%) lived separately from their family members due to work arrangements. Nearly all participants (96.7%) held a bachelor's degree qualification (**Table 1**).

Table 1. Background and health facility variables of midwives working in Jimma Town public health institutions, Southwest Ethiopia (n=121).

Characteristics	Category	Percentage	Frequency
Gender	Female	53.7	65
	Male	46.3	56
Age	20–25 years	17.4	21
	26–30 years	57.9	70
	31–35 years	15.7	19
	≥ 36 years	9.1	11
Marital status	Married	67.8	82
	Single	32.2	39
Having children (<18 years)	Yes	52.1	63
	No	47.9	58
Family living arrangement	Living with family members	28.9	35
	Living away from family members	71.1	86
Educational level	Diploma	3.3	4
	First degree	96.7	117
Years of experience	1–5 years	64.5	78
	≥ 5 years	35.5	43
Monthly income (Ethiopian Birr)	≤ 4000 ETB	1.7	2
	4000–5000 ETB	2.5	3
	5000–6000 ETB	22.3	27
	> 6000 ETB	73.6	89
Institutional/career-related factors			
Working unit/department	Delivery ward	31.4	38
	Maternity ward	42.1	51
	Maternal Intensive Care Unit	5.0	6
	Prenatal care unit	7.4	9
	High-risk ward	3.3	4
	Gynecologic ward	10.7	13
Type of institution	Hospital	84.3	102

	Health center	15.7	19
Availability of alternative job opportunities	Yes	30.6	37
	No	69.4	84
Number of job changes	Never changed job	83.5	101
	One or more changes	16.5	20
Workload level	High	73.6	89
	Low	26.4	32

Midwives' level of job satisfaction

In the present study, 56 (46.3%) midwives reported overall job satisfaction, whereas 65 (57.3%) reported dissatisfaction. However, satisfaction levels differed across specific job-related dimensions such as performance appraisal, autonomy, and recognition. About 65 respondents (53.7%) expressed satisfaction with performance appraisal practices. In contrast, satisfaction with autonomy was reported by only 48 (39.7%) midwives, while just 19 (15.7%) felt satisfied with the recognition they received for their work (**Table 2**).

Table 2. Level of job satisfaction among midwives working in Jimma Town public health institutions, Southwest Ethiopia (n = 121).

Characteristics	Category	Percentage	Frequency
Performance appraisal	Satisfied	53.7	65
	Dissatisfied	46.3	56
Autonomy	Satisfied	39.7	48
	Dissatisfied	60.3	73
Training and professional development	Satisfied	54.5	66
	Dissatisfied	45.5	55
Relationship with co-workers	Satisfied	69.4	84
	Dissatisfied	30.6	37
Benefits and remuneration	Satisfied	14.0	17
	Dissatisfied	86.0	104
Health care policy and strategy	Satisfied	24.0	29
	Dissatisfied	76.0	92
Work environment	Satisfied	37.2	45
	Dissatisfied	62.8	76
Supervisor support	Satisfied	31.4	38
	Dissatisfied	68.6	83
Recognition	Satisfied	15.7	19
	Dissatisfied	84.3	102
Current workload status	Satisfied	26.4	32
	Dissatisfied	73.6	89
Overall job satisfaction among midwives	Satisfied	46.3	56
	Dissatisfied	53.7	65

Turnover intention among midwives

Turnover intention was evaluated using three indicator items. Twenty-nine (24%) of participants reported frequently thinking about leaving their current job. Additionally, 39 (32.2%) strongly agreed that they were likely to search for alternative employment within the next year. Regarding leaving their current organization, 40 (33.1%) strongly indicated a high likelihood of resigning. The mean score for turnover intention was 3.47 with a standard deviation of 1.306 (**Table 3**).

Table 3. Turnover intention among midwives working in Jimma Town public health institutions, Southwest Ethiopia (n = 121).

Items	SD	Mean	Strongly agree (SA) (n (%))	Agree (A) (n (%))	Neutral (N) (n (%))	Disagree (D) (n (%))	Strongly disagree (SD) (n (%))
I frequently consider resigning from my current position	1.35	3.17	25 (20.7)	29 (24.0)	27 (22.3)	22 (18.2)	18 (14.9)
I am likely to search for a new job within the coming year	1.23	3.69	39 (32.2)	35 (28.9)	25 (20.7)	14 (11.6)	8 (6.6)

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I intend to leave the organization as soon as I can	1.34	3.54	40 (33.1)	29 (24.0)	17 (14.0)	26 (21.5)	9 (7.4)
Overall mean and standard deviation	1.31	3.47					

Prevalence of turnover intention among midwives

The study demonstrated a relatively elevated level of turnover intention among midwives, with an overall prevalence of 48.76% (95% CI: 39.86–57.74) (**Figure 1**).

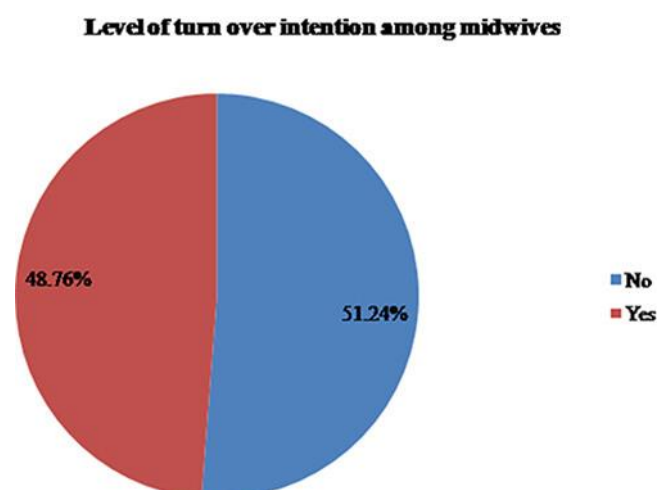


Figure 1. Turnover intention among midwives working in public health institutions in southwest Ethiopia (n = 121).

Mutual support among midwives

Regarding teamwork and support, 86 (71.1%) of midwives reported helping colleagues during periods of high workload. Similarly, 91 (75.2%) reported seeking assistance from co-workers when experiencing excessive job demands. Furthermore, 81 (66.9%) reported that midwives' feedback was constructive, promoting positive professional relationships and future collaboration (**Table 4**).

Table 4. Mutual support among midwives working in Jimma town public health institutions, southwest Ethiopia (n = 121).

Items	Mutual support/Teamwork	
	No (n (%))	Yes (n (%))
Midwives support their colleagues when the workload becomes heavy	35 (28.1)	86 (71.1)
Midwives seek help from colleagues when they feel overloaded	30 (24.8)	91 (75.2)
Midwives alert one another about potentially risky situations	36 (29.8)	85 (70.2)
Feedback among midwives is given in a constructive manner that encourages positive interaction and future collaboration	40 (33.1)	81 (66.9)

Factors associated with turnover intention among midwives

The association between the outcome and explanatory variables was examined using logistic regression. After confirming model assumptions and goodness-of-fit, variables with P-values < 0.25 in the bivariate analysis were included in the multivariable logistic regression model. Accordingly, variables such as sex, marital status, family arrangement, perceived leadership style, job satisfaction, and mutual support met the screening criterion and were entered into the adjusted model. In the final multivariable analysis, sex, institutional type, and mutual support remained statistically significant predictors of turnover intention among midwives. Male midwives had higher odds of reporting turnover intention compared with females (AOR = 2.9 (95% CI: 1.14–7.39)). Those working in hospitals showed a lower likelihood of turnover intention (AOR = 0.20 (95% CI: 0.06–0.70)) compared to those in health centers. Similarly, midwives who experienced mutual support—such as assisting colleagues during heavy workload, sharing feedback, and seeking help from other healthcare providers—were less likely to report turnover intention (AOR = 0.17 (95% CI: 0.07–0.44)) (**Table 5**).

Table 5. Results of the bi-variable and multivariable logistic regression analysis of factors associated with turnover intention among midwives in Jimma town, public health institutions, southwest Ethiopia (n = 121).

Variables	Category	P-value	AOR (95% CI)	COR (95% CI)	Turnover intention (Yes, n (%))	Turnover Intention (No, n (%))
Gender	Female		1	1	35 (53.85)	30 (46.15)
	Male	0.025*	2.9 (1.14–7.39)	1.56 (0.76–3.21)	24 (42.86)	32 (57.14)
Working institution	Hospital		1	1	45 (44.12)	57 (55.88)
	Health center	0.012*	0.20 (0.06–0.70)	0.28 (0.09–0.84)	14 (73.68)	5 (26.32)
Marital status	Married/divorced				37 (45.12)	45 (54.88)
	Single	0.942	1.04 (0.36–3.0)	0.64 (0.31–1.37)	22 (56.41)	17 (43.59)
Family arrangement	Living with family		1	1	14 (40.0)	21 (60.0)
	Not living with family	0.122	0.42 (0.14–1.26)	0.61 (0.27–1.35)	45 (52.33)	41 (47.67)
Job satisfaction	Satisfied		1	1	35 (53.85)	30 (46.15)
	Not satisfied	0.374	0.67 (0.27–1.63)	0.64 (0.313–1.32)	24 (42.86)	32 (57.14)
Mutual support/teamwork	Yes		1	1	34 (75.56)	11 (24.44)
	No	0.001*	0.17 (0.07–0.44)	1.6 (0.07–0.36)	25 (32.89)	51 (67.11)
Perceived leadership style	Democratic		1	1	23 (34.33)	44 (65.67)
	Non-democratic	0.074	2.27 (0.9–5.59)	3.83 (1.79–8.16)	36 (66.67)	18 (33.33)

Note: Logistic regression is significant at the 0.05 level of significance.

This cross-sectional study aimed to assess the magnitude of turnover intention among midwives and identify its contributing factors. The findings revealed a considerable level of turnover intention, accounting for 48.76% (95% CI: 39.86–57.74). This estimate closely aligns with a study conducted in Iran, which found that 47.7% of respondents reported an intention to leave their jobs [21].

However, the current result is lower than findings from a longitudinal study in Senegal, which reported that 58.9% of midwives intended to leave their positions [22]. The variation may be attributed to methodological differences: the Senegal study employed a longitudinal design focusing on the effect of job satisfaction over time, as well as to differences in population characteristics and analytical approaches (linear regression). Conversely, the present finding is higher than that reported in studies in selected developing regions of Ethiopia, where 39% of midwives reported turnover intention [10]. This discrepancy may be linked to contextual differences across study settings, variation in sample size (107 participants), and the use of mixed-methods approaches combining qualitative and quantitative data.

Moreover, this study found that male gender was significantly associated with turnover intention. Male midwives were 2.9 times more likely to express turnover intention compared with female midwives (AOR = 2.9 (95% CI: 1.14–7.39)). This observation is consistent with studies conducted in health centers in Yeka Sub City, Addis Ababa, Ethiopia [23], in North Shoa Zone, Amhara Region, Ethiopia [24], and in hospitals in Iraq [25]. On the other hand, it contradicts findings from studies conducted in health facilities in Kafa Zone, Southwest Ethiopia [26], Faith-Based Hospitals in Uganda [27], and Indonesia [28]. Although further research is needed to clarify gender-related differences in turnover intention, the existing literature suggests that gender influences workplace satisfaction and retention, with some evidence indicating that female workers tend to report higher job satisfaction and lower turnover intentions [29, 30].

The study also showed that midwives working in hospitals were less likely to report turnover intention (AOR = 0.20 (95% CI: 0.06–0.70)) compared to those working in health centers. This could be explained by the fact that health centers often operate with fewer staff (approximately 4–7 midwives), leading to increased workload pressure and weaker peer support, which may encourage intentions to transfer to hospital settings.

In addition, midwives who reported better teamwork and mutual support were less likely to have turnover intention. This finding is consistent with evidence from Ontario, Canada [31]. This may be because weak teamwork and poor mutual support contribute to job dissatisfaction and increased intention to leave. In contrast, supportive work environments enhance well-being, strengthen retention, and promote a healthier organizational culture [32]. Furthermore, insufficient mutual support and poor teamwork may increase burnout levels, which in turn can intensify intentions to leave the profession.

This study has certain limitations. First, it included only midwives working in government-owned public health institutions, excluding those employed in private health facilities in the area. Second, the exclusive use of a quantitative design may have limited deeper contextual understanding that could be captured through mixed methods. Additionally, the possibility of social desirability bias cannot be ruled out.

Conclusion

In summary, turnover intention among midwives working in public health institutions in Jimma town was high. Sex, teamwork/mutual support, and the type of health facility were significant predictors of turnover intention. Therefore, public health institutions should strengthen collaboration and mutual support among midwives. Health center managers should also improve leadership practices, enhance workforce support systems, and increase staffing levels to reduce turnover intention and minimize movement from health centers to hospitals.

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Study area and period, study design, population (study participants) and eligibility criteria, sample size determination, sampling techniques and procedure, ethics approval and consent to participation, and socio-demographic characteristics of the midwives in the result section of this manuscript were previously published in Dove Medical Press, Journal of Healthcare Leadership [33].

Conflict of interest: None

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Ethics statement: Ethical approval of the study was obtained from Jimma University, College of Business and Economics, Department of Management Research Review Committee. The participants were informed of the study's purpose and that Jimma University had approved the verbal consent process. Generally, all data collected from the midwives were collected in accordance with the Declaration of Helsinki, a statement of ethical principles for medical research involving human subjects.

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