

**PREDICTORS OF NURSES' INTENTION TO REMAIN
EMPLOYED IN HOSPITALS OF YANGON REGION, MYANMAR**

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Thesis
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THESIS ADVISORY COMMITTEE: ORAPIN LAOSEE, Ph.D.,
CHEERAWIT RATTANAPAN, Ph.D.**ABSTRACT**

Myanmar hospitals were found to be busy with loads of patients, as nursing staff are dropping out leaving the rest with imbalanced workloads. However, information and research on Myanmar nursing staff is very limited. This study aims to explore the rate of intention to remain and factors associated with the intention to remain employed among nurses at hospitals in the Yangon Region. A cross-sectional descriptive study was conducted using self-administered questionnaire among 300 nurses aged between 20-60 years working in four private and two public hospitals of the Yangon Region.

Chi square tests were employed to identify the association of the factors and multiple logistic regression has been used to examine the predictive factors. The study revealed that 63.6% of nurses had the intention to remain employed. In general, individual characteristics such as age, marital status, working position, years of services and working departments and work-related factors such as occupational commitment, work characteristics, job stress & burnout, autonomy, and reinforcing factors including recognition, work environment, interpersonal relationships and supportive managers were found to be associated with nurses' intention to remain employed. Marital status (AOR: 2.219; 95%CI: 1.048-4.324), work characteristics (AOR: 2.424; 95%CI: 1.329-4.418), job stress & burnout (AOR: 1.773; 95%CI: 1.011-3.109) and recognition (AOR: 1.964; 95%CI: 1.072-3.598) were found to be significant predictors of nurses' intention to remain employed at the hospitals. Appropriate interventions in the human resource management should be used more at the hospitals. Rather than focusing on the monetary aspects, administrations should provide more of nonmonetary incentives such as recognition, welcoming and support in the work environment to their nurses in order to strengthen the retention. The findings of this study imply preventive programs for human resource shortages, focusing on factors exerting nurses' intention to remain employed in their current hospitals.

KEY WORDS: NURSES' INTENTION TO REMAIN / HOSPITALS / MYANMAR

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LIST OF ABBREBIATIONS

PHC	Primary Health Care
HRM	Human Resource Management
SET	Social Exchange Theory
SCT	Social Cognitive Theory
MDG	Millennium Development Goal
MOH	Ministry of Health
WHO	World Health Organization
DMR	Department of Medical Research

CHAPTER I

INTRODUCTION

1.1 Rationale and justification

In 21st century, global endemics are threatening us all over the world; human survival gains are being lost. Some of the world's poorest countries are facing rising death rates and collapsing life expectancy. More than risk to human survival, there are threats to health, development, and security in an interdependent world (1). Health crisis of today reflects as a neglect of human resources in health sector because extremely feeble national health systems are unable to cope and respond. Human resources are in very short supply in low and middle income countries compared with high income countries (2) since the accelerating health workers migration caused loss of nurses and doctors from countries that can least afford the brain drain (3).

The negative impact of migration is that when large number of doctors and nurses migrate from less developed countries that financed their education, those countries end up with fragile health systems bringing the whole structure close to collapsing due to inadequate quantity and quality of health personnel (4). The shortage of nursing staff and increasing in turnover rate in health systems becomes a worldwide concern especially in low and middle income countries compared with high income countries or with the skill requirements of a minimum package of health interventions (2). That shortages also impact on the quality of healthcare performance, patients' safety and healthcare costs overall leading to the deterioration of healthcare. Besides, in the long term these poor countries fail to catch up the health related Millennium Development Goals (MDGs) set out by WHO(4).

In the labor intensive sector of healthcare, the unbearable cost of recruitment and selection, the deceleration and loss of productivity during the assimilation period, the unendurable cost on profit of healthcare industry have subsequently highlighted the importance of retaining committed healthcare workers as an aspect of survival for organizations. Increasingly, health care managers and

organizations are focusing attention on the problem of low retention, recognizing that these losses are costly, negatively affect continuity of care and raise the potential for turnover of remaining employees who suffer stress and burnout from taking on the additional burden of care (5).

Health worker retention is critical for health system performance and especially a key problem is how best to motivate to retain the fundamental health work force like nurses (6). Nurses composed as the largest number of direct caregivers in the hospital setting and address complex patient needs with poor support, rapidly changing circumstances, shortage of resources and staff and dealing with death and dying. Research has revealed that people-oriented professions suffer often from burnout and propensity of turnover while little or no encouragement has returned for their hardships (7). Globally, nursing turnover rates range from 10–21% per year resulting in the need to find multiple solutions to providing adequate numbers of nursing personnel (8). Though, it is a global problem which needs global solution, the negative impact is more serious on the health systems of lesser developing countries.

Service quality, efficiency, and equity are all directly dominated by their willingness to apply themselves to their tasks. Even though, the availability of resources and nurses' competencies are there, it would be still difficult to ensure desired level of performance because of the shortages. Moreover, they are facing multiple roles, heavy workload, and lack of administrative support, poor service training and insufficient salary while they must be concerned about the needs of other people more than themselves.

In response to these potential problems, many forward-thinking organizations are striving to create a positive organizational climate in an attempt to retain valuable employees through various human resource management (HRM) initiatives (9). A systematic review over retention of health professionals in developing countries investigated that the intention to remaining of nurses is critically dependent on their level of work motivation (6). A motivated nurse has stronger behavioral, verbal and outcome empowerment than unmotivated nurses (10) and particularly, there is certain relation between motivation and care for patients efficiently as well as service quality. A study conducted in Turkey stated that nurses had been posted to the working fields that they do not prefer and such situation

impacted nurses working in their fields with pleasure negatively and certainly tended to leave their profession (11). Therefore, many factors ranging from available physical infrastructure to an individual's highly personal values must be considered because they influence the performance of health professionals (12).

The World Health Organization (WHO) has stated that countries less than density of 2.28 nurses per 1000 of the population were unlikely to be able to provide sufficient coverage to intervene the millennium development goals (13). Moreover, the declining of health care work force leading to imbalance ratio of health care professional and patients was identified especially in developing countries from sub-Saharan of Africa as well as Asia (14, 15). Health care systems of ASEAN countries such as Cambodia, Laos, Myanmar, Vietnam and Indonesia were having the most serious impacts of shortages in nursing along with other health care professions (16).

In less developing countries like Myanmar, low production, employment capacities, out migration of nurses along with feeble national health system were the reasons for coping with the problems of nurse-patients imbalances ratios (17). Therefore, promotion should be starting to establish for the retention of employment among the hospital nurses. The nurses' shortages had impacted a great length on the health care deliveries to the people by seeing the crowded and overloaded public hospitals running with few health work forces, unable to satisfy the growing demand of healthcare needs (101). Country has invested in infrastructures by developing increased numbers of health facilities and there are 32 public hospitals along with almost 100 of private hospitals for health accommodation of 7 million populations in Yangon Region. Myanmar produced almost 30,000 of nurses for its 51 millions of population but the indicators: maternal, infant and under-five mortality rates are still in challenging numbers to reach the targets of Millennium Development Goals (18). For the achievement of healthcare system management, material, machines, money and methods could be tried to improve but to improve imbalance manpower would be difficult as the nurses leaving and the country is being suffered from brain drain every day thus in turn, interrupt the continuity of care.

The roles of the nurses in Myanmar are diverse, ranging from delivering primary health care in remote areas to skilled practice in tertiary centers countrywide. When we focus on the work scope of the nurses in the hospital setting, they would be

recognized as direct health care providers addressing increasingly complex patient needs with rapidly changing circumstances and least work forces. They are the fundamental workforce in providing health care services so that they play as a vital component and serve as the back bone of the Myanmar health care delivery system. They constitute the largest human resource element in the healthcare organizations, thus have great impact on the quality of care and patient outcomes (19).

Studies had tried to prove that promotion of retention should be remarkable counterpart for the nurses' attrition and the potential to improve the quality of health services (5, 20-22). These studies stated that retention strategies can be focused on the work related and reinforcing predictors so that, organizations can adapted for creating and managing a work environment that provides high support for nurses to overcome challenges in the nursing profession and encourage them to remain. The studies also suggested that consideration of predictors that support the health care workers' retention is essential because they can have great influences on the retention of nurses but there is a limited amount of literature in the area of nurses' intention to remain employed in the hospitals of our country, Myanmar. Even so, as nurses are the back bone of Myanmar health care delivery system, it is essential to study their intention to remain for the sustainability of nurses' performance and better outcome of healthcare deliveries.

1.2 Research questions

What are the factors associated with intention to remain employed among nurses in the hospitals of Yangon Region, Myanmar?

1.3 Research objectives

1.3.1 General objective

To determine the association between work-related and reinforcing factors and hospital nurses' intentions to remain employed in health care delivering sectors in Myanmar.

1.3.2 Specific objectives

1.3.2.1 To ascertain the rate of intention to remain among hospital nurses in Yangon Region, Myanmar.

1.3.2.2 To describe individual characteristics, work-related and reinforcing factors of hospital nurses in Myanmar.

1.3.2.3 To identify the association between intention to remain and work-related and reinforcing factors among hospital nurses in Yangon Region, Myanmar.

1.4 Research hypothesis

There is association between hospital nurses' intention to remain employed in the hospitals and their individual characteristics, work-related predictors and reinforcing predictors.

1.5 Conceptual framework

The social cognitive theory explains that the nurses themselves can improve their self-efficacy, work motivation, job satisfaction, occupational commitment and autonomy with the encouragement and support of their social environment. Basing upon the Maslow's Needs theory, by adjusting their work characteristics, the nurses' basic physiological needs can be fulfilled in order to prevent burnout syndrome so that they can gain intention to remain. Herzberg's Motivation and Hygiene predictors help to identify the predictors for intention to remain. Using social exchange theory, the obligation to repay the organization, intention to remain can be expected from the nurses.

According to literature review, the variables used in the study are as followings:

Independent Variables

Dependent Variable

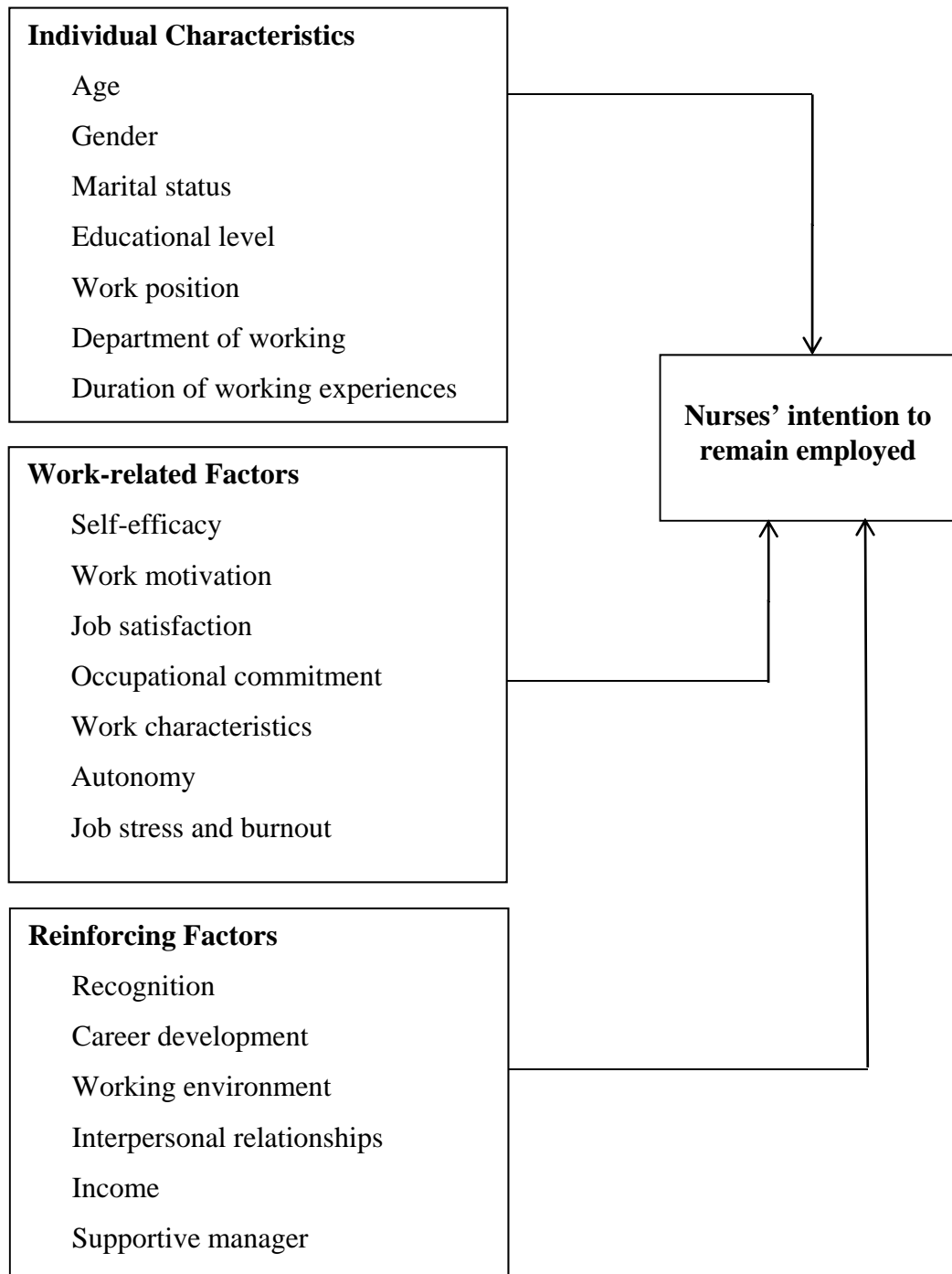


Figure 1.1 Conceptual framework

1.6 Operational definitions

1.6.1 Intention to remain employed

We define the intent to remain as the nurses' decision to continue employed in the current hospital before retirement.

1.6.2 Individual characteristics

Under the individual characteristics age, gender, marital status, educational level, work position, duration of working experience and working department of the responding nursing staffs were included.

1.6.2.1 Age

The age counted in year last birthday of the day of the study, according to personal characteristic in divide into 2 groups as less than or equal 30 and more than or equal 31 to 60 years old age.

1.6.2.2 Gender

It refers to the sex of the nurse, male or female.

1.6.2.3 Educational Level

According to educational preferences of the nursing practice, educational level is differentiated into bachelor in nursing and diploma in nursing.

1.6.2.4 Marital Status

In this study, marital status comprise of Single, Married but no child, Married with children, divorced and widowed.

1.6.2.5 Work position

Respondent nurses are differentiated into three level, junior (trained nurses), middle (staff nurses) and senior (head nurses).

1.6.2.6 Department of working

It referred to the medical, surgical or any specialty department that the hospital nurse was assigned at the time of the study, since many specialties and departments might have different work load and experiences.

1.6.2.7 Duration of working experience

It refers the total duration of working in the present hospital and another one refers to total duration of working in the nurse's career, since the

nurse graduated from professional school. Both durations were total duration until the time of data collection.

1.6.3 Work-Related Factors

1.6.3.1 Self-efficacy

It refers to job accomplishment, performance or satisfaction about doing a job very well, resolve problems and difficulties or the ability to see result from the work.

1.6.3.2 Work Motivation

It refers to the morale of nurses to engage with the work they do. A highly motivated nurse happens to come to work happily and never avoid the responsibilities.

1.6.3.3 Job Satisfaction

Job satisfaction refers to the satisfaction of the nurse for his/her current role, salary, responsibilities and career development opportunities.

1.6.3.4 Occupational Commitment

It is defined as 'commitment to a particular line of work'. It is also referred to a psychological link between a person and his or her occupation that is based on an affective reaction to that occupation. The importance of studying occupational commitment can lead to understanding of prediction of work behavior and professional activity.

1.6.3.5 Work Characteristics

It refers to good or bad perception towards the work they do. It covers the perception whether the work is demanding, interesting, challenging, innovative, easy or difficult.

1.6.3.6 Autonomy

In this study, autonomy refers to the authority and independent decision making ability of the nurses. The higher the nurse is being empowered, the higher the level of the autonomy.

1.6.3.7 Job Stress and Burnout

Job-related stress was defined as any work situation perceived by the participant as threatening because of the mismatch between the situations

demands and the individuals coping abilities. Burnout refers to emotional situation of the hospital nurses, concerning the stressful working condition. Both lead to the state of being suffered of depression and exhaustion so that the nurse cannot even continue the own responsibility.

1.6.4 Reinforcing Predictors

1.6.4.1 Recognition

It refers to the state of being recognized by superiors, co-workers, advisee or external persons. Recognition can be in the form of praise, admiration, supports or other actions that imply the admiration including being assigned to an important procedure.

1.6.4.2 Career development

It refers to the professional supervision to oversee workers, give suggestions, provide justification, accept opinion and solve problems by using technical skill. It also refers to the chance to promote to the higher position from present place, the development of new knowledge and skills, trainings and opportunity to higher education.

1.6.4.3 Working environment

It refers to availability of equipment, provision of convenient facilities and pleasant condition to work safely and efficiently.

1.6.4.4 Interpersonal relationships

It refers to the relationship among peers and colleagues and supervisor to discuss, to make a friend and to learn about the job in a group and identify the group.

1.6.4.5 Income

Salary as well as monthly earning that the nurse received from the government or the institutions that they are currently working.

1.6.4.6 Supportive manager

It refers to the head nurses' support and managing of the work schedule, monitoring the performance of subordinate nurses, and teaches proper skills to nurses and empowers with clear direction to operate the tasks.

1.7 Expected outcomes

To know the predictors which reflect to intention to remain employed as hospital nurse. The result can be a guideline for developing the effective promotion of retention strategies so that the productivity and performance in the hospital settings of healthcare industry can be improved.

CHAPTER II

LITERATURE REVIEW

This chapter discussed the literatures related to nurses' intention of remaining **employed** in the hospitals. The chapter covers the following –

- 2.1 Current Myanmar health care situation and human resource
- 2.2 Concept and theories related to Intention to remain
- 2.3 Application of theories to identify the situational related predictors
- 2.4 Related researches on the predictors that exert hospital nurse retention
- 2.5 Summary

2.1 Current Myanmar health care situation

Health care is one of the determinants of population health, with other determinants including socioeconomic, environmental, and behavioral factors. These relations generate a link between health of the population and productivity of the nation. According to the National Health Policy 1993, Myanmar set the goal of “Health for All” as the prime objective and it is assessed by the standard measures of maternal, infant, and under-five mortality. All three have been incorporated as indicators of the United Nations Millennium Development Goals (MDGs) (23). To be achieved at least three and disputably all of the Millennium Development Goals, the functioning of health systems would need to be improved.

In Myanmar, health plans had been formulated and implemented systematically both at the national and regional levels to see that available human, financial and material resources are most effectively and efficiently utilized to implement the needs of health sectors in the present decade (24). Health Expenditure had been increased from 95,952 Million Kyats in 2011-2012 to 443,203 Million Kyats in 2012-2013 fiscal year (18). Although substantial new resources are pledged to health systems, many of the constraints cannot easily be resolved by money alone. In

order to address the achievement of the targeted MDG goals, Myanmar health care system still needs to consider for more strengthening and sustainability of its bloodline – human resource.

With the aim to develop and strengthen the human resources for health, Ministry of Health is training and producing all categories of health personnel. There are two nursing universities under the management of the Department of Medical Science. It also has 46 nursing and midwifery and related training schools across the country (18).

The two Universities of Nursing, Yangon and Mandalay are offering the two undergraduate programs; the first one is Four-year Bachelor of Nursing Science, B.N.Sc. (Generic) Program which admits 150 students per year who have high matriculation marks for admission. The second one is Two-year Bachelor of Nursing Science, B.N.Sc. (Bridge) program for in-service nurses who have earned a nursing diploma. For in-service nurses who want to enroll for the B.N.Sc. (Bridge) program must have at least two-year service for the government and need to sit selection exam which is usually held in October/November of every year.

Moreover, they offer a two year course of post graduate Master of Nursing Science, M.N.Sc. and nine month courses of Diploma in six nursing specialties. From 2015 academic year, M.N.Sc. general courses are changed to eight M.N.Sc. special subjects according to respective specialty such as adult health Nursing, maternal health nursing, child health nursing, mental health nursing, community health nursing, administration and management, orthopedic nursing and critical care nursing. Three year diploma course of nursing are offered from other 46 Nursing and Midwifery training schools under the Department of Medical Science. Total of 5320 B.N.Sc and 27864 diploma nurses were produced until February 2014 (18).

Altogether with other human resources, the nurses play as vital component and serve as the back bone of the health care delivering of Myanmar. The roles of the nurses are quite diverse, ranging from provision of primary health care in the rural area to skilled practice in the tertiary center. Although the physician treats the disease, the nurse is the healthcare provider that treats the patient by assessing and caring for the patients' needs, emotional responses and defining the barriers to care. They are the coordinator of the patient's medical care, family interactions, other healthcare

providers and the physician's orders. Although they practice in different facilities, they have committed themselves to the service of the community continue to demonstrate similar attributes that are indicative of successful careers in nursing.

According to Ministry of Health Myanmar's Report, there were total of 29,532 nursing staffs distributed in the public health system to cover its total population of 51 millions.(18) Distribution of Government Hospital nurse across states and divisions vary from 6 (Mon State) to 59 (Chin State) per 100,000 population. Yangon and Mandalay Regions, where major teaching hospitals are located, have high concentration of hospital nurses. A Chin State, as comparatively less populated, has a high number of health professionals sanctioned given the nature of terrain and difficulty in travel (25). (Figure 1.1)

Methodologically, there are no gold standards for assessing the sufficiency of the health workforce to address the health care needs of a given population. However, in the World Health Report 2006, it stated that countries with fewer than 23 physicians & nurses per 10,000 populations generally fail to coverage rates for selected primary health care interventions as prioritized by the millennium development goals framework (13). Basing upon that reference, Myanmar should have 118,000 nurses to cover its total 51 million populations, however, according to statistical report, it has only 30,000 nurses occupying in the health care sectors (18). That imbalanced nurse-population ratio can be seen as the crowded and overloading public hospitals, poor performances and unsatisfactory for service provision with the inability to keep up the increasing demand of health care needs (98). Material resources and competencies of nurses were there but to ensure desired level of performance is difficult because of the shortages (26).

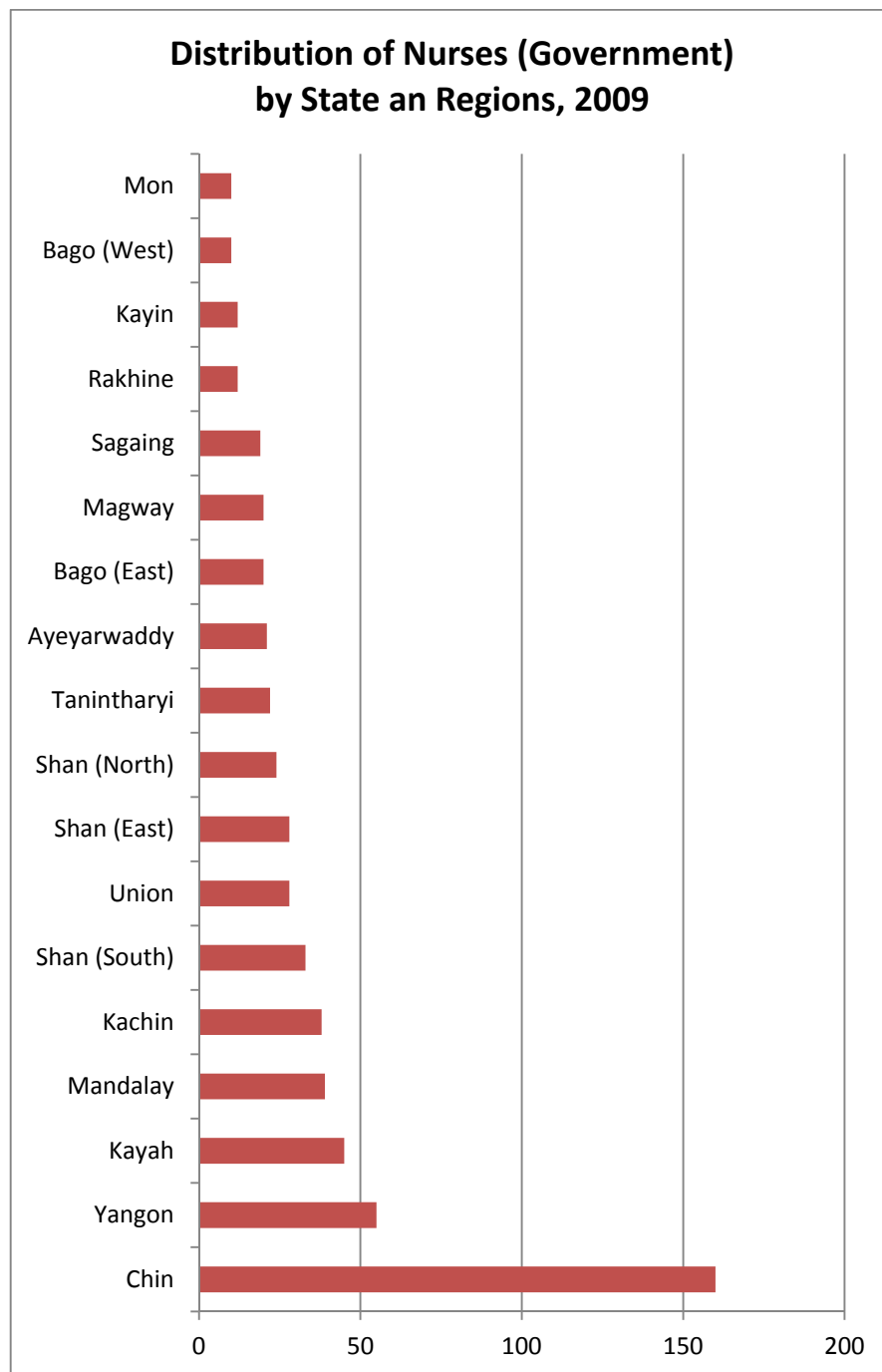


Figure 2.1 Distributions of government nurses per 100,000 populations by States and regions, 2009

Source: Myanmar Health Statistics, 2010

Even though, the government has allocated the development of human resources in health sector, there seems to be difficulties to close the gaps in health inequities and compensate attrition rate. Like in any other developing countries, Myanmar also has been suffering from the brain drain of health worker emigration to other countries. It becomes a trending among the developing countries that is even described as global problems which needs to be given a global solution (27). Yet, living in the country and striving as a nurse in the local hospital is a challenging decision while other nurses who left the country are settling with better carrier and living standards. It is now essential to understand which predictors such as work motivation, job satisfaction, occupational commitment, advancement are influencing to the hospital nurses' intention to remain in their institutions because retention strategies are necessary to be promoted right away.

In health care sector management, there is a vivid shift of understanding the casual factors of poor health worker performance. In World Health Report: Working Together for Health, the World Health Organization (WHO) indicated that focus should be on health workers' motivation and on management of the workforce rather than focusing on whether due to their lack of knowledge and skills (13). The questions for nurses rose to be concerned in the 1970s by Meir (1972) and McCloskey (1974) with their interest in predicting nurses' persistence at work and remaining on the job (28).

Studies had tried to prove that promotion of health worker retention should be remarkable counterpart for the nurses' attrition and the potential to affect the quality of health services (5, 20-22). These studies suggested that consideration of predictors that support the health care workers' retention is essential, thus consequently it can effect on health worker performance and better healthcare delivery. Many models and strategies have been suggested to explain and enhance nurse retention. Salary compression, where base wages are tightly clustered together with little variability is a common problem in retention of nurses at public sectors. But, surprisingly there are also turning over of nurses in private sectors even though they have high salary benefits and less job demand. Other factors of nurse retention such as work environment, organization and context-specific, individual factors such as

experience, education level, and age should be included for a clear picture of retention (29).

While these studies are proving the significant relation between improved healthcare performance and nurses' intent to remain employed, there is a limited amount of information in the area of nurses' intention to remain in our country, Myanmar. Availability of money, material, machine and manpower were there, however, management of the manpower needs more intervention because Myanmar cannot afford anymore of brain drain. In a quality and cost conscious health care environment, health care managers need to find effective, efficient and sustainable solutions for these difficult issues, to attract, retain and gain commitment from the fellow health care professionals. In this study, I would like to explore what predictors are relating to the intent to remain of the hospital nurses and lead them enjoying their work and so that the retention strategies can be promoted in the health care service delivery of Myanmar.

2.2 Concept and theories related to intention to remain

2.2.1 Conceptual overview and definition of intention to remain

Intent to remain is defined as the probability of an individual's situation of remaining with the current organization (30, 31) Intention to remaining sometimes related to the understanding of tendency to leave and intent to quit, behavioral commitment and attachment (32, 33). Studying of intention to remain can understand the employee's level of commitment to his/ her organization as well as the predictors that exhibit willingness to remain employed. Several studies have revealed that this concept whether it is called 'intent to remain' or 'propensity to leave', it is clearly the most important determinant of turnover (34). Thus, it is an important rationalizing to consider what is needed to prevent the turnover as well as how can it be encouraged to remain, because whenever an employee leaves, an organization has to incur the cost of recruiting and maintaining a new employee to fill up the vacant position (35).

Despite the copious amount of literatures and research into the most effective methods of encouraging the retention of people, reinforcing will always be a subjective matter. Social Exchange Theory (SET), Maslow's hierarchy of needs, Bandura's the Social Cognitive Theory (SCT) and Herzberg's motivator-hygiene theory (Herzberg's two factor theory) are some of the major content theories to be reviewed for the study.

2.2.2 Social Exchange Theory as Foundation of Intention to Stay

Social Exchange Theory (SET) developed by Thibaut and Kelley (1959), explained the reasons why individuals had personal relationships with others (Thibaut & Kelley, 1959). The theory also emphasized on personal relationships, its costs and benefits. What rewards did people receive from a given relationship, and what costs did they pay to obtain those rewards?

The actors in social exchange are normally viewed as unemotional beings who have information, cognitively process it, and make decisions concerning the pattern and nature of exchange with others formalized by Lawler (2001), the affect theory examines the structural conditions of exchange that produce emotions and feelings and then identifies how individuals attribute these emotions to different social units (exchange partners, groups, or networks) These attributions of emotion, in turn, dictate how strongly individuals feel attached to their partners or organizations, which drives collectively oriented behavior and commitment to the relationship.

Social Exchange Theory posited that good deeds should be reciprocated (Blau, 1964). Mossholder, Settoon and Henagan (2005) had pointed to Social Exchange Theory which proposed that individuals who felt that they had received benefits from others would later feel an obligation and then compensate through effort and loyalty. Effort and loyalty usually could be seen from a sheer commitment to their occupation and strong intention to remain employed. Employee's loyalty clearly fitted within the framework of SET since it focused on citizenship behavior whereby employees stopped looking for a new job elsewhere since they felt obligated to remain and repay the organization for support they had received (Rhoades & Eisenberger, 2002)

2.2.3 Maslow's Hierarchy of Needs

Maslow's hierarchy of needs theory, developed by Abraham Maslow, explained that individuals will try to fulfill and satisfy their set of instinctual needs at a certain time in accordance with basic physiological needs such as payment to self-actualizing needs like job satisfaction and work motivation. In the context of human resource management, Maslow's hierarchy of needs can be used to explain and influence the behavior of employees. By assuming the unsatisfied needs are the most powerful factor that managers and leaders can use to influence workers to work with their best effort (Maslow, 1943; Oseland, 2009). Therefore, the concept of Maslow's hierarchy of needs can help managers to know how they can apply the idea of the model into the existing motivation strategies and techniques in order to influence their workers to give their greatest contribution towards the assigned tasks and to make the employees feel like remaining with the organization for a long-term span.

2.2.4 Bandura's Social Cognitive Theory (SCT)

In Social Cognitive Theory (SCT), it explores the reciprocal interactions of people and their environments, and the psychosocial determinants of health behavior. The social environment means the family members, friends, colleagues, superiors and many others and the individual's feelings and behavior are influenced by those people's opinions, behavior, suggestions, thoughts and support and the individual has a mutual impact on those people. It elaborates the active, ongoing process and relation between personal factors, environmental factors and human behaviors and how they influence upon each other. SCT has been used as the underlying theory for behavior changes as it integrates concepts and processes from cognitive, behaviorist, and emotional models of behavior change. From the SCT, behavioral capability, expectations, self-efficacy and reinforcements were adopted and recognized as the prior concept of this study to determine the predictive behavioral changes of the nursing staff to remain employed.

Bandura considers self-efficacy the most important personal factor in behavior change, and it is a nearly ubiquitous construct in health behavior theories. Strategies for increasing self-efficacy also include reinforcement such as recognition, supervision, leadership and supports. Reinforcements are responses to behavior that

affect whether or not one will repeat it. Positive reinforcements increase a person's likelihood of repeating the behavior. External rewards (e.g., payment incentives, career development) encourage continued participation in multiple-session programs.

2.2.5 Herzberg's Motivation/Hygiene Theory

Herzberg's two factors theory (1966) suggested that there was a "two dimensional paradigm" where there were two different sets of factors affecting an individual's work. Predictors which are related directly with the work itself as well as the worker's relationship with the work and other predictors which are related with the intervention or reinforcing from surrounding environment. For instance, work-related predictors will include things like self-efficacy and autonomy in doing the work. Basing upon Herzberg's idea of Hygiene factors which are also the extrinsic ones such as career development, working environment, interpersonal relationships, income, and manager supports can be reinforced.

2.3 Application of theories to identify the situational related predictors

There are different predictors starting from personal factors to social as well as environmental factors that affect the intent to remain as hospital nurses. Even though most of the studies argued that work-related factors and reinforcing factors are always significantly related with the intention to remain or not, the personal characteristics also play as one of the major factors.

2.3.1 Individual characteristics

The individual characteristics include age, gender, marital status, educational level, work position, department of working and duration of working of the respondents.

Age

Studies indicated that the older the nurses get, the more positively they contributed to retention and more likely to continue working for their present employer (36-40).

Gender

A cross national study in Lebanon to investigate nurses' intention to leave stated that female are more likely to remain employed than the male (40). Even so, the other study stated that there was no significant difference between gender of nurses and their intent to remain or leave their work (39).

Marital Status

Being married has no significant effect on intentions to remain (37). However, a study among Lebanese nurses stated that single nurses are less likely to remain employed comparing to the rest marital statuses (40).

Educational level

Educational level belongs to the personal characteristics of the nurses and it could also become a factor that can decide to remain in their profession or not. In an internet based survey which tried to investigate the nurses' intention to leave the profession stated that the higher the nurse's level of education, the lower the nurse's intent to leave the nursing profession within the next year (39). However there are other arguments such as nurses with a higher education level were less likely to remain in the nursing profession (41).

Work position

It is the level of employment under which nurses are employed. To identify the nurses' intention to remain, every nursing position, starting from junior to senior position, has relatively associated with intention to remain. A study which measure the work morale of hospital nurses stated that the higher the work position of the hospital nurses, the higher the work morale (42), thus leading the nurse's intention to remain in their profession.

Department of working

Different departments have different work load, work shift and different responsibilities. In some departments, hospital nurse has to work for thirty-six hours duty shift while other departments need only for duty shift. While

departments like ICU is receiving critical cases, Pediatric department is filled with crying children, medical department is busy with end-stage cases, and geriatric departments will have one or two old patient who just need nursing care. So, working department will have a great exertion on the motivation of hospital nurse when they are enjoying with their current working department, there will be more potential to stay.

Duration of working experience

Years of working is a significant factor that can influence the motivation of hospital nurse (42). More than five years in public service was reported as a significant source of satisfaction and motivating factor for nurses (43). A study conducted to identify the factors exerting nurses' intention to remain stated that the strongest determinants of intent to stay also include years of experience (44). The internet base online survey on 1,300 registered nurses indicated that the higher the years of nursing experience, the greater the nurses' occupational commitment and greater intent to remain in the nursing profession (39). In a literature review of nurses turnover study, Tai also stated that the more experience a nurse had in nursing, the less likely it was that (s)he would leave (45).

2.3.2 Work-related factors

Self-efficacy

It refers to job accomplishment, performance or satisfaction about doing a job very well, resolve problems and difficulties or the ability to see result from the work. According to social cognitive theory, if individual has a sense of personal agency or self-efficacy, he can change behaviors even when faced with obstacles. When the work has sufficient difficulty, responsibility and complexity, it can lead that individual to adhere for completing of the job and expose his abilities. Being a dutiful nurse after entering to the work is an influential predictor to continue that professional. Because of the work that provides opportunities to use one's value skill and abilities, perceived importance and challenge of the work, and variety, a person motivates to engage in that work further a long time.

Work motivation

Motivation can be defined as 'an individual's degree of willingness to exert and maintain effort towards organizational goal (46). In the organizational context, motivation is referred to the willingness of an individual to respond to organizational requirements in the short run. It also pointed out that motivation causes people to make choices from the available alternatives, about how best to allocate their energy and time (47). From the above different definitions of motivation, three common characteristics or denominators can be identified from them. First, what energizes human behavior? Secondly, what directs this behavior and thirdly, how is such behavior maintained or sustained (48)? A study made in Turkey also stated that in some field works, even though the nurses did not prefer but they were selected and appointed, and that situation prevents nurses from working in their fields willingly resulting the motivation of nurses negatively and increasing attrition rate (11).

Job satisfaction

Price, 2001 defined job satisfaction as an affective orientation that an employee has towards his or her work (49). It is also identified as important influencing work-related predictors in the work outcomes such as organizational commitment and turnover intentions (50). Basing upon Herzberg's Motivation/Hygiene theory, when a person is fulfilled by motivators, i.e., when he's happy with his job content, what he do, he will cling on his work. Job satisfaction, as a composite construct, is the most consistent and possibly largest influencing factor on nurse intention to remain employed (44, 51). Job satisfaction originates in the organizational psychology literature, but has been adopted by some researchers in the field of human resources for health (52, 53). There are evidence that shows a relationship between nursing shortage and low job satisfaction; a relationship between low job satisfaction and increase intent to leave (54) and a relationship between low job satisfaction and nurses' low intent to remain (40, 55).

Shader conducted a study to relate job satisfaction and nurses' anticipation to turnover and it affirmed that the higher the work satisfaction, the higher group cohesion and the higher anticipation to remain employed (41). A study done to investigate the intention to remain employed among Japanese nurses state that nurses

who were satisfied with their work had stronger intention to remain employed (37). However, in the study done over the Canadian nurses, the term job satisfaction does not have significant influencing on their intention to remain employed in the hospital (56).

Occupational commitment

It is 'commitment to a particular line of work'. It is also referred to a psychological link between a person and his or her occupation that is based on an affective reaction to that occupation. The importance of studying occupational commitment can lead to understanding of prediction of work behavior and professional activity (38).

A meta-analytic review of occupational commitment stated that an individual with stronger occupational commitment will have more positive affection upon his occupation and this affection can have various implication on work behaviors and importantly, that individual's intention to remain with his occupation (57). The literature confirmed that enthusiasm of owns' work or passion or attachment to work generates the desire to continue working (58). Moreover, from the studies of all other commitment related to an employees' intention to remain or leave, occupational commitment became one of the important predictors to decide whether to remain or leave an organization (59). A study on nurse retention planning also stated that attachment to work is typically related to the commitment to occupation itself, and includes the personal engagement as well as embeddedness (22). As for the health care worker like nurses, it is about being committed to healing, caring and to the profession as a whole. Positive views about work have been found to encourage employees to work a longer term.

Many studies conducted to investigate occupational commitment and intention to remain supported that there is a positive relationship between the nurses' greater commitment to working and their intentions to continue nursing (39, 60, 61). The studies also stated that nurses with poor occupation commitment was identified the lack of a sense of belonging to their occupation which led weakening of their intentions to remain at their works (37, 62).

Work characteristics

It had been identified as critical determinants of health worker motivation and satisfaction, and had also been described as a core domain in the measurement of health workers' organizational commitment and conscientiousness (63). It related from daily task of nursing care for serving the patient to some administrative responsibilities at the hospital. It also refers to good or bad feeling towards the work characteristics. The work is boring, challenging, innovative, or easy or difficult or can be an interesting and exciting to make the nurses have opportunities to learn. Interesting, varying and demanding work can improve the nurses' motivation, so that the higher level of intention to stay in such work.

Autonomy

Closely related to strengthening individuals' competencies is maintaining autonomy, or perceived autonomy, as an essential prerequisite for creativity and complex problem solving (64). Nurses are empowered to perform because they feel important in the organization through having the freedom to make decisions and propose and engage in activities without needing to seek approval (65). Studies had stated that nurse motivation to continue to work is positively related to high autonomy level while it is negatively related to low autonomy level (66). Therefore, nurses with high individual-level autonomy have high intrinsic work motivation so that they enjoyed their profession more than others (67). Simultaneously, nurses with low autonomy and low social integration had less work motivation as compared with those who had high autonomy and high social integration(68) so that they feel reluctant to work and their commitment became lower. There is a positive relationship between nurses' perceptions of personal autonomy at work and their intentions to continue nursing (61). According to those strong literatures, the autonomy of hospital nurse needs to be studied as it play as a strong intrinsic factor of motivation and consequently can also effect on intention to stay in their profession.

Job stress and burnout

Job stress is the harmful physical and emotional responses that occur when work requirements do not match the capabilities, resources, or needs of worker. It is one factor that leads to burnout and increases the likelihood of turnover,

which is costly as well as destructive to nurse and patient outcomes (69). Nursing profession has been recognized as more prone to high stress and burnout because of the very nature of the work and experiences from their job (70). According to Maslach, Jackson, & Leiter, 1996, burnout was often defined as a state of exhaustion in which workers are pessimistic about the value of their occupation and doubtful of their capacity to perform (71). It is primarily determined by work load and limited social support (72).

Many nurses continue to leave their workplaces before they reach the age of retirement due to poor work conditions such as heavy workload and imbalance coping such as low job control, and low workplace social support leading them to burnout. A study on turnover propensity indicated that stress strikes throughout different stages in turn leading to a nurse burnout (62). Scarcity of reinforcing reactions which are inherent from the adversities in the hospital environment, poor interpersonal relationships and depressed payment lead nurses to burnout and lower intention to remain employed. Nurse work motivation is negatively related to emotional exhaustion and burnout (73) and comparing to motivated ones, nurses experiencing burnout are not pushed or pulled to work. Somewhat, their feeling of distance towards their working environment is getting wider.

Persons experiencing burnout are pessimistic about their work, and no longer delight in and derive satisfaction from their work. In other words, because they are dissatisfied with their work, they are less committed to the work, and perform poorer than others, thus leading to demotivation and an increased absent rate. Burnout among hospital-based nurses appears to be a serious problem as they tend to change jobs or abandon the practice of nursing (7) which in turn this situation finally leads to the deterioration of intention to remain in their work and consequently affecting negatively on the delivery of health care.

2.3.3 Reinforcing factors

Recognition

By recognition, it applies to all the expression whether verbal or gestural state of being recognized by superiors, co-workers, advisee or external persons. It can be in the form of praise, admiration, supports or other actions that

imply the admiration including being assigned to an important procedure. According to social exchange theory, recognition could be an important reinforcing predictor because once a person received recognition, s(he) would have positive response to the organization and as a result more attachment owns' profession which makes her/him remain there. A study of rural health workers in northern Vietnam revealed that appreciation by managers, colleagues and the community was a major motivator for their retention (74). A study done in Kenya also indicated that the recognition or appreciation of the hospital nurses' from the management role also influenced the nurses' probability to continue their profession (75). However, in a study done to explore the work morale argued that appreciation as well as patients' appraisal was not necessarily significant for the continuation of the hospital nurses' employment (42). For such controversial findings and statements, recognition should also be considered to study whether it is important reinforcing predictors for the retention of the nurses.

Career development

Herzberg (1966) suggested that the workers should achieve development through the tasks and the work to develop their own skills and professional knowledge so that their status or position can be increased. Career development and further qualification which can influence the work motivation so that increase desire to remaining, can be strengthened by offering supervision, training and continued medical education (76). Good supervision and management including adequate technical support and feedback, giving responsibilities are critical to the performance of health systems and the quality of care (13). Weak support, supervision and management have been identified as factors in job dissatisfaction which lead to demotivation and thus intention to quit. Training enables workers to take on more demanding duties and to achieve personal goals of professional advancement (77) as well as allow them to cope better with the requirements of their job and was found to be especially important for young health professionals (78). However, professional development is a reinforcing motivator that is difficult to do as it requires a lot of efforts from the workers themselves as well. Even so, when success, there is a great individual outcome which will in turn increase whole organizational performance. A system review on intention to remain, indicated that health workers take pride and are motivated when they feel they have the opportunity to progress (79). Professional

development opportunities were found to be a significant predictor for nurses' intent to stay in nursing (80).

A cross-sectional study over 1,000 nurses working in hospitals in Shanghai results that career development opportunities have significant contribution to improving nurses' intent to stay (36). Tao's study also reported that nurses have more opportunities to improve their professional skills through continuing education and training, thereby increasing their opportunities for promotion and intention to remain in their organization (80). Thus, using career development as reinforcing predictors, the managers can change their employees think about their jobs, give them supports to make them to become more capable and make them feel that their jobs are meaningful in order to make to come to work and feel happy with it. This is because the personal growth opportunity represents a tendency of human being to look out for ourselves.

Working environment

According to WHO, good working conditions and environment were considered as the best reinforcing predictor by the employees to remain in their current organization (81). A systemic review study over health worker retention in developing countries stated that efforts must be made to ensure health workers are able to do their job utilizing their knowledge to the fullest and this should be a fundamental component of any plan to increase retention. Hospital infrastructure and resource availability should be a principal consideration and patient care cannot be effective without the correct resources. Poor infrastructure does not inspire confidence from the health workers working there, nor from patients (79). To meet personal and organizational goals, it requires strengthening nurses' self-efficacy by ensuring the availability of essential means, materials and supplies as well as equipment and the provision of adequate working environment that provide them security and enable them to carry out their work appropriately and effectively (76). When the working environment and facilities are fulfilled at the highest, it's motivating to come to work and the degree of intention to stay in such working environment gets higher.

Interpersonal Relationships

It refers to professional relationships with supervisors and colleagues as a source of satisfaction and motivation. Strong interpersonal

relationships, respect etc. have been shown to have a positive effect on service quality, implying that the hospital's administration could start its effort to motivate the hospital nurses (43). The establishment of respect, trust and communication between co-workers is very important among the professional groups (82). A study investigating the intention to continue working of Australian nurses stated that there was a positive relationship between nurses' inter-personal relations at work and their intentions to continue nursing (61). A study conducted over Canadian's nurses' intention to remain employed found positive perceptions of teamwork and other work-group relationships had considerable influence on the nurses' intention to remain within the current work (56). A study conducted on Singaporean nurses reported that nurses' dissatisfaction with their supervisors was a factor turning down their intention to remain (62). Building general agreement concerning about goals and objectives of work group and establishing leadership which inspires the shared vision of the work group may lead to increased intention to remain employed. Therefore, it is necessary to further accumulate data in order to study whether the relationship with co-workers is significantly related to the intention to remain employed because well-established interpersonal relationships motivated nurses, which could maintain a satisfying work schedule thus it could lead to higher intention of remaining in the current work.

Income

Goff (2003) noted that to satisfy the physiological needs of employees, managers or employers need to provide employees with pay to purchase food and drink, benefits and working conditions. Maslow (1954) also stated that in his Hierarchy theory, as these physiological needs such as food, water and sleep are the most basic and instinctive needs and they are the literal requirements for human survival. Thus, when the administrators understand these needs, they can make a plan of how to maintain their employees. A study over US hospitals stated that these hospitals were using high payments as well as other richer benefits such as health insurance and vacation time as the incentives for their health workers retention (83). A study over Pakistan nurses also stated that financial incentives as well where reinforcing rewards in terms of payment, fringe benefits played important roles in nurses' retention (81). Almost all of studies discussed financial incentives as an important reinforcing factor for health workers retention, especially in countries where

government salaries and wages are insufficient to meet the basic needs of health workers and their families. Moreover, low salaries were found to be particularly demotivating as health workers felt that their skills were not valued. Furthermore, they became overworked when taking a second job to supplement their income (74, 84, 85) and their idea of retention become deter. On that account, payment as well as financial incentives has to be considered as important reinforcing factor for hospital nurses' intention to remain.

Supportive manager

Decisions about patient care are often made by a team, rather than by a single individual (86). To maintain open communication and better coordination, as well as avoiding possible conflicts, one must rely on the role of leaders to motivate the team to achieve the organization goal (87). A study conducted over Canadian nurses' intention to remain also reported in that when high quality relationships exist between nurses and their supervisors, nurses exert a stronger intention to stay (56). A study investigating over Australian nurses' retention stated the positive relationship between nurses' satisfaction with the supervisor-subordinate relationship and their intentions to continue nursing (61). A study conducted on Singaporean nurses reported that nurses' dissatisfaction with their supervisors was a factor turning down their intention to remain (62). Lack of concern for subordinates' welfare was found to be a negative indicator for the nurses' motivation in the workplace (88). The nurses' work motivation can be influenced by the encouragement and consolation by the superiors, and the trust and their ability to convince the subordinates for clear vision so that a profound leadership and support can propose the intention to remaining.

2.3.4 Intention to remain

In this study, nurses' intent to remain is defined as the nurses' decision to remain in the current hospital before retirement. Numerous factors such as individual characteristics, work relating as well as reinforcing factors could have influential effect on the nurses' intention to remain employed. There are of easily tangible factors such as years of services, working environments and monetary incentives while certain factors such as job satisfaction, work motivation, job stress, burnout and occupational

commitment are quite difficult to be tangible. Fisher et al. (1994) in a longitudinal study reported that autonomy, willingness to work and managerial environment were determinants of nurses' intent to stay. Taunton and colleagues (1997) examined managers' leadership and its effect on nurse retention and their findings suggested that managerial considerations and intent to remain have a direct effect on nurse retention (31). Tourangeau & Cranley (2006) identified the strongest determinants of nurses' intent to stay as age, job satisfaction and years of experiences (44). However, a systemic review on health worker retention in developing countries stated financial incentives and career development play as the most important roles in the retention (6).

2.4 Summary

The literature review was based upon the objectives of the study which is to determine the association between work-related and reinforcing predictors and hospital nurses' intentions to remain employed in hospital settings. From the literatures, the major determinants of intention to remain were found to be related with work relating predictors. According to the social cognitive theory, the nurses themselves can improve their self-efficacy, work motivation, job satisfaction, occupational commitment and autonomy with the encouragement and support of their social environment. Basing upon the Maslow's Needs theory, by adjusting their work characteristics, the nurses' basic physiological needs can be fulfilled in order to prevent burnout syndrome so that they can gain intention to remain.

It has pointed out that work reinforcing predictors as well are essential determinants for the nurses' intention to remain in their profession. Predictors like recognition, excellent leadership and strong interpersonal relationships from co-workers and superiors could be enhanced without much investing. Other hygiene predictors like appropriate payments, desirable working environment and chance for career development can be reinforced. So that, according to social exchange theory, they will feel obligated to repay the organization for support they have received and exert greater intention to remain.

The literature review revealed that many predictors may be associated with hospital nurses' intention to remain employed, such as personal characteristics, as well as work-related predictors and reinforcing predictors. Thus, this study aim to investigate the rate of intention to remain among hospital nurse and by identifying association between work-related and reinforcing predictors and the intention to remain employed among hospital nurses in Yangon Region. The findings from this study will be useful as guideline in areas of nursing administration, nursing research and hospital policy.

CHAPTER III

RESEARCH METHODOLOGY

This chapter describes study design, study population, sample size, sampling technique, study instrument, data collection procedures and data management and analysis.

3.1 Study design

This cross-sectional research is designed to explore predictors of nurses' intention to remain employed in hospitals of Yangon Region, Myanmar.

3.2 Study population

In this study, we defined nurses as the healthcare provider that assess and care for the patients' needs, emotional responses and define the barriers to care. As patient advocates, the nurse is the coordinator of the patient's medical care, family interactions, other healthcare providers and the physician's orders.

Nursing staffs who are employed in the private and public hospitals of Yangon Region comprise the study population for this study. A sample of nurses in two public and four private hospitals were asked to enroll.

3.3 Inclusion and exclusion criteria

3.3.1 Inclusion criteria

Nurses who hold diploma or bachelor degree in nursing sciences

Nurses who were currently employed as full time staff in the selected hospital

Nurses who were between 18 to 60 years of age, male and female
Nurses who were registered and licensed under Ministry of Health

3.3.2 Exclusion criteria

Nurses who had been employed less than 1 year

3.4 Study area

Yangon is a former capital of Myanmar and the capital of Yangon Region which is 10,170 km² in area. It is the country's largest metropolitan city with a population of almost 7 million which is 14.30 % of country's total population. Health services are provided by the public-private pluralistic mixed service provision with extended medical service facilities. There are 32 public hospitals and approximately 100 private hospitals accommodating tertiary care to the population in 44 Townships.

Even though, the numbers of private hospitals were abundant in Yangon Region, the utmost hospital bedding they could hold was essentially a hundred. Moreover, there were merely about thirty private hospitals with 100 bedded statuses. The rests were named under hospital categories while the services they could offer were specialist consultations with forty to fifty hospital beds.

In the public sectors, the number of hospitals was lesser yet Regional hospital could offer at least two hundred hospital beds to the patients. According to these situations, there were differences in numbers of hospital nurses employing in each hospital categories. Thus, when choosing hospitals for the data collection for the private sector, hospitals with at least twenty five nurses were selected for private while hospitals with at least two hundred nurses were selected for public sector.

3.5 Sample size and sampling technique

The sample size was calculated using the following statistical formula:

$$n = \frac{z^2 pq}{d^2} = \frac{(1.96)^2 (0.77)(0.23)}{(0.05)^2}$$

$$n = 272.13 \sim 272$$

Where, n = Estimated sample size

z = standard normal score at 95% of confidence interval (1.96)

p = estimated proportion of nurse who has intention to remain employed
(0.77)

q = 1 - p

d = allowance for error (0.05)

The estimated proportion of nurses who have intention to remain employed is calculated with the value (0.77) which was the proportion of Thai nurses who had intention to remain employed (89) as the information on Myanmar nurses' intention to remain employed was very limited. This estimated proportion was used because Thailand is the neighbor country and there is similarity in geographical and population information with similar social and cultural values. Furthermore, the providing health system is very similar with the pluralistic mix of public and private health care provisions.

Applying the calculation from the formula above, the sample size should be at least 272. In this study, the sample size was increased by 10% to prevent information loss due to incomplete data or withdrawal of participants from the study. Finally, a total of 300 nurses were needed to include in the study.

Two staged sampling frame had been applied. Firstly, two public hospitals which had employment of at least 200 hospital nurses and four private hospitals which had employment of at least 25 nurses were selected with purposive sampling method due to feasibility to conduct the study. Secondly, the required samples 100 from each public hospital were selected simple randomly and required sample 100 from the four private hospitals were selected proportionally to size to participate in the study.

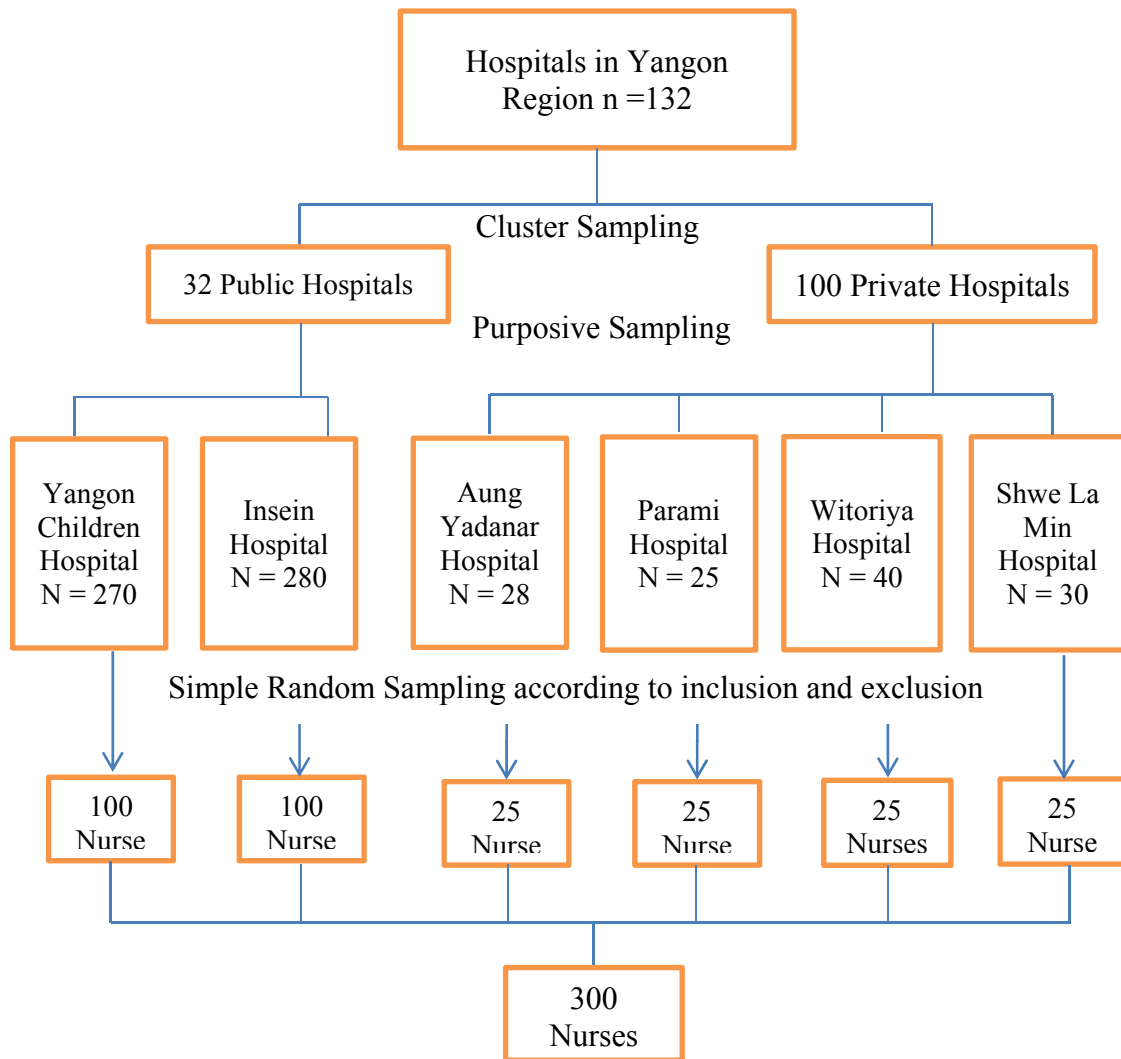


Figure 3.1 Sampling Technique

3.6 Research instrument

To explore the predictors of hospital nurses intention to remain employed in their work, a self-administered questionnaire was used as the instrument to collect the related data. The questionnaire was developed basing upon the literatures and previous researches (8, 29, 30, 35, 36, 90). It consisted of four parts as follow:

Part 1: Individual characteristics - Age, gender, marital status, highest educational level, duration of working as a nurse in this hospital, current position of

work, working department were collected as individual characteristics data in the first part and there is total of 7 items in Part 1.

Part 2: Work-related predictors and Reinforcing predictors - Work-related factors and reinforcing factors were measured by a psychometric scale called Likeart Scale as following answers to statements classified in five levels: SA= Strongly agree, A= Agree, N= Neutral, D= Disagree, SD= Strongly Disagree.

The positive statements were assessed on a five point scale. The answers ranged from strongly disagree to strongly agree. The statements were scored according to the following values - strongly agree (5 points), agree (4 points), neutral (3 points), disagree (2 points), and strongly disagree (1 point).

The negative statements were assessed on a five point scale with reversed code. The answers ranged from strongly agree to strongly disagree. The statements were scored according to the following values - strongly agree (1 point), agree (2 points), neutral (3 points), disagree (4 points) and strongly disagree (5 points).

To measure work-related factors that predicted the hospital nurses' intention to remain employed in the public hospital, a set questionnaire is developed. There were 36 items and assessed factors encourage remaining employed in the work.

Self-efficacy	4 questions (8 9 10 11)
Work motivation	4 questions (12 13 14 15)
Job satisfaction	4 questions (16 17 18 19)
Occupational commitment	8 questions (20 – 27)
Work Characteristics	4 questions (28 29 30 31)
Autonomy	4 questions (32 33 34 35)
Job Stress and Burnout	8 questions (36 - 43)

There were 24 items asking the reinforcing factors for intention to remain employed.

Recognition	4 questions (44 45 46 47)
Career development	4 questions (48 49 50 51)
Working environment	4 questions (52 53 54 55)
Interpersonal relationships	4 questions (56 57 58 59)
Payment	4 questions (60 61 62 63)
Manager Support	4 questions (64 65 66 67)

Result interpretation was done according to the range of score from the Likert scale. Scores of opinions on work-related factors and reinforcing factors were classified into 2 levels, i.e. high and low or poor and good level by using median as cut of point to classify high and low or good and poor score. It was categorized low, if score was < median and high if score was > median.

For example - Score Range	Meaning
< Median	Low Self-efficacy
> Median	High Self-efficacy

Part 3: Intention to remain employed- It was measured using an expanded version of a propensity to leave scale (91). This is a three-item scale asking respondents how likely they are to stay at the job or leave. The scale was expanded to include respondents' propensity to leave the profession as well. The three items were repeated and asked about the profession rather than their current position. In previous research correlations among the three items of the scale have been greater than 0.50. The alpha coefficient has been 0.85 in two studies with samples of nurses (92).

The statements were assessed on a five point scale. The answers ranged from 5 (Highly positive to remain) to 1 (Highly negative to remain). The total score will be categorized according to the following values - highly positive to remain (5 points), positive to remain (4 points), neutral (3 points), negative to remain (2 points) and highly negative to remain (1 point).

Based upon the operational definition, the question "Would you still work in this hospital until you retire?" had been used to identify nurses' intention to remain employed. The range of score was from 1 to 5. The score was classified into (+)ve intention to remain by combining the highly positive to remain and positive to remain statements while (-)ve intention to remain reflected the combination of the rest three statements.

3.7 Validity and reliability of instrumenet

Before collecting of data, the content validity of questionnaire was improved to be more valid and corrected by major academic advisor and the co-

advisor of the researcher and an external reviewer and then was cross translated from English to Myanmar Language by expert translator. The questionnaire was pre-tested for reliability in similar situation hospital, Labutta Township Hospital, with 30 nurses. Cronbach's Alpha reliability of measures was then calculated using SPSS software. Reliability was computed to check whether data items measured the variables they were supposed to measure and that the measures were stable when used for repeat measurements. The reliability result in the first pre-test was self-efficacy (4 items) = 0.678, work motivation (4 items) = 0.855, job satisfaction (4 items) = 0.664, occupational commitment (8 items) = 0.629, work characteristics (4 items) = 0.676, autonomy (4 items) = 0.687, job stress and burnout (8 items) = 0.884, recognition (4 items) = 0.698, career development (4 items) = 0.681, working environment (4 items) = 0.672, interpersonal relationships (4 items) = 0.847, payments (4 items) = 0.674 and manager support (4 items) = 0.871. After pre-test, the content was reviewed and revised for more clarification and understandable.

3.8 Data collection procedures

Data collection was conducted in 2nd week of May to 4th week of May, 2015 after the permission from the Ethics Committee of Mahidol University (MU-SSIRB) and Department of Medical Research, Lower Myanmar. The data collection was undertaken as follows;

A formal letter from the director of the AIHD was sent to the director of the hospitals to seek permission to collect data in this research. Authority of the hospitals and head of nurses were contacted to identify one nurse coordinator in each hospital. One day training was conducted for the coordinator to introduce objectives, methodology of the study, questionnaires and ethics matters of the study. The coordinators were assigned by heads of the nurses and they were the person doing mainly office work at the hospital.

At first, the coordinators allotted the name of the nurses into a box according to the inclusion and exclusion criteria. Then, the participants were picked up randomly from the allotted box. Before asking the nurses to answer the self -

administered questionnaire, the coordinator explained the purpose and process of the research and ensured that it was understood that all collected data would be kept confidential and that nurses could refuse to answer.

The coordinator distributed the questionnaires to nurses. Consent was obtained from each nurse who willing to participate in the study. Approximately 30 minutes was taken to complete the questionnaire. During questionnaire, no record of the name or address of the respondents was kept. An envelope was provided to each of respondent to fold and enclose the completed questionnaire and sealed it. By this mean, it was assured that no one could not keep track on the answers of each respondent. Then, the pick-up date of questionnaires was affirmed and reminded. One envelope (A-3 size) was provided by the researcher to each coordinator to collect the envelopes from respondents. One week after distributing questionnaire, the coordinator collected completed questionnaires, checked and closed in the envelopes and the researcher picked up the envelopes.

3.9 Data management and analysis

The questionnaires were labeled and coded by the researcher. The data was analyzed by SPSS version 22.

Univariate analysis was used to describe number, percentage median, quartile deviation (QD), mean, standard deviation (SD), minimum and maximum of each independent and dependent variables. For Bivariate analysis, Chi-square tests were used to identify the association between each independent variable and intention to remain among nurses of private and public hospitals. Multiple logistic regressions were used to determine significant predictors among associated independent variables and dependent variable.

3.10 Ethical consideration

An ethical approval was sought from the Committee for Research Ethics (Social Sciences), Mahidol University (MU-SSIRB) and Ethics Review Committee of

Depart of Medical Research (Lower Myanmar), Ministry of Health, Republic of Union of Myanmar. A written/verbal consent (which state overall purpose and any risks or benefits of participating) was obtained from each participant before administration of the questionnaire. All information on the study subjects was kept confidentially in order to protect their right to privacy. Participants were informed that their anonymity is secured.

CHAPTER IV

RESEARCH RESULTS

The study was conducted with the nurses working at the private and public hospitals in Yangon Region, Republic of Union of Myanmar in order to determine the association between work-related and reinforcing predictors and hospital nurses' intentions to remain employed in health care delivering sectors. A total of three hundred self-administered questionnaires was distributed to the nurses at four private and two public hospitals and 294 (98 %) were returned. There were 275 (91.67%) completed questionnaires for analysis. By descriptive statistics in frequency, percentage, median, QD, minimum and maximum, the outcome variable "Intention to Remain Employed" and all the independent variables (i.e., individual characteristics, work relating and reinforcing predictors) were summarized. Chi-square tests were employed to identify the association between intention to remain employed and individual characteristics, work-relating factors and reinforcing factors.

4.1 Description of respondents' individual characteristics working at the hospitals in Yangon Region, Republic of Union of Myanmar.

Individual characteristics of the respondents such as type of hospital, age, gender, marital statuses, education, years of services and departments of which they currently working are described in table 4.1.

In both private and public hospitals, half of the respondents (44.0%) and (53.8%) were between age 20-30, respectively, where the median age was 30 years old (QD=8.5). The majority (98.5 %) respondents were female nurses. The single nurses occupied as (80.2%) of private nurses and (70.2%) of public nurses. Regarding the educational categories, (81.3%) of private nurses and (75.5%) of public nurses were nursing diploma holders. Moreover, (62.6%) of nurses was working in the private

hospitals more than five years while (55.4%) of public nurses was found working less than five years.

Trained nurses were occupying as (46.2%) in private hospitals and (56.5%) in public hospitals. One out of four private hospitals selected was as a pediatric hospital and one out of two selected public hospitals was also a pediatric hospital. Thus, over all respondent nurses working in pediatric departments were a major proportion and it summed as two-fifth (40.7%) while the rest major specialties, medical, surgical, obstetrics and gynecology and other sub-specialties combined together as three- fifth(59.3%).

Table 4.1 Number and percentage of respondents by individual characteristics (n = 275)

Individual characteristics	Private		Public	
	Number	Percentage	Number	Percentage
Age				
20-30	40	44.0	99	53.8
31-40	31	34.1	41	22.3
41-50	13	14.2	34	18.5
51-60	7	7.7	10	5.4
Median = 30, QD= 8.5,	Min = 20		Max = 60	
Gender				
Male	1	1.1	3	1.6
Female	90	98.9	181	98.4
Marital status				
Single	73	80.2	129	70.2
Married with child	8	8.8	44	23.9
Married with no child	10	11.0	10	5.4
Divorced/ Widowed	0	0	1	0.5
Education				
Nursing degree	17	18.7	45	24.5
Nursing diploma	74	81.3	139	75.5

Table 4.1 Number and percentage of respondents by individual characteristics
(n = 275) (continued)

Individual characteristics	Private		Public	
	Number	Percentage	Number	Percentage
Position at work				
Trained nurse	42	46.2	104	56.5
Staff nurse	37	40.6	58	31.5
Head nurse	12	13.2	22	12.0
Years of services				
≤ 5 years	34	37.4	102	55.4
> 5 years	57	62.6	82	44.6
Median = 6 years, QD = 6.5,	Min = 1		Max = 40	
Working departments				
Pediatrics	21	23.1	31	16.8
Medicine	15	16.5	67	36.4
Surgery	8	8.8	14	7.6
Obstetrics and Gynecology	7	7.6	10	5.4
Other sub-specialty	40	44.0	62	33.7

4.2 Respondents' intention to remain employed in the hospitals

Table 4.2 shows the distribution of the respondents' who had intention to remain employed in the current hospitals and respondents' who did not have intention to remain. Out of 275 respondents, two-third (63.6%) had intention to remain employed in the current hospitals until their ages of retirement.

Table 4.2 Responses regarding intention to remain employed (n = 275)

Nurses' intention to remain employed	Number	Percentage
No	100	36.4
Yes	175	63.6

4.3 Description of work relating factors and reinforcing factors at the hospitals

In terms of work relating factors, half of the nurses (50.2%) reported that they had low work motivation and similar percentage (50.9%) had been found in nurses with poor occupational commitment. Moreover, more than half of the nurses (51.6%) and (55.6%) had low self-efficacy and low job satisfaction and there were also more than half of the nurses (54.9%) who perceived that their work had poor work characteristics. In addition, majority (79.3%) of the nurses felt that they had low autonomy in their hospitals. But in terms of job stress and burnout, numbers (50.2%) of nurses with low job stress and burnout were almost same that of high stress and burnout.

Table 4.3 Nurses' perception on work relating factors (n=275)

Work relating factors	Number	Percentage
Self-Efficacy		
– Low (≤ 15)	142	51.6
– High (>15)	133	48.4
Median = 15, QD= 1,	Min = 8,	Max = 20
Work motivation		
– Low (≤ 16)	138	50.2
– High (>16)	137	49.8
Median = 16, QD=1.5,	Min = 7,	Max = 20
Job satisfaction		
– Low (≤ 14)	153	55.6
– High (>14)	122	44.4
Median = 14, QD= 1.5,	Min = 5,	Max = 20
Occupational commitment		
– Low (≤ 27)	139	50.5
– High (>27)	136	49.5
Median = 27, QD= 2.5,	Min = 8,	Max = 38

Table 4.3 Nurses' perception on work relating factors (n=275)(Continued)

Work relating factors	Number	Percentage
Work characteristics		
– Poor (≤ 15)	151	54.9
– Good (>15)	124	45.1
Median = 15, QD= 1.5,	Min = 4,	Max = 20
Autonomy		
– Low (≤ 16)	218	79.3
– High (>16)	57	20.7
Median = 16, QD=1,	Min = 8,	Max = 20
Job stress & burnout		
– More job stress & burnout (≤ 21)	138	50.2
– Less job stress & burnout (>21)	137	49.8
Median = 21, QD= 8,	Min = 8,	Max = 40

Table 4.4 Nurses' perception on work relating factors (n=275)

Nurses' perception on Work relating factors	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
Self-efficacy					
-While working, I always think that I perform very important work.	2 (0.7)	2 (0.7)	6 (2.2)	83 (30.2)	182 (66.2)
-I always complete my tasks efficiently and effectively.	123 (44.7)	135 (49.1)	14 (5.1)	2 (0.7)	1 (0.4)
-I'm satisfied with the opportunity to use my skills and abilities in my job.	102 (37.1)	142 (51.6)	26 (9.5)	3 (1.1)	2 (0.7)
-I never feel appreciated by patients and families while working in this hospital.	108 (66.9)	76 (27.6)	43 (15.6)	32 (11.6)	16 (5.8)
Work Motivation					
-I became a nurse because I always wanted to help others cope with illness.	121 (44.0)	117 (42.5)	27 (9.8)	8 (2.9)	2 (0.7)
-I became a nurse because I felt that could advance in the field of healthcare.	95 (34.5)	133 (48.4)	37 (13.5)	9 (3.3)	1 (0.4)
-I became a nurse because nursing gives my life a sense of meaning.	80 (29.1)	141 (51.3)	31 (11.3)	18 (6.5)	5 (1.8)
-I became a nurse because I wanted to work in a caring occupation.	82 (29.8)	140 (50.9)	33 (12.0)	16 (5.8)	4 (1.5)
Job satisfaction					
-I see my job as providing positive satisfying pleasure to other individuals.	94 (34.2)	136 (49.5)	30 (10.9)	13 (4.7)	2 (0.7)
-I am not satisfied with my level of responsibility on my job.	40 (14.5)	77 (28.0)	79 (28.7)	58 (21.1)	21 (7.6)
-I'm satisfied with the meaningfulness of my job.	46 (16.7)	159 (57.8)	45 (16.4)	17 (6.2)	8 (2.9)
-I'm satisfied with my career advancement opportunities.	33 (12.0)	132 (48.0)	52 (19.3)	34 (12.4)	23 (8.4)

Table 4.4 Nurses' perception on work relating factors (n=275) (Continued)

Nurses' perception on Work relating factors	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
Occupational commitment					
-As a nursing staff, I must fulfill my duties and responsibilities.	155 (56.4)	113 (41.1)	4 (1.5)	0 (0)	3 (1.1)
-My work does not require professional knowledge and techniques.	175 (63.6)	63 (22.9)	26 (9.5)	7 (2.5)	4 (1.5)
-My work is challenging and I'm excited about it.	39 (14.2)	113 (41.1)	73 (26.5)	34 (12.4)	16 (5.8)
-I love my nursing profession because I can help sick and incompetent people.	107 (38.9)	146 (53.1)	17 (6.2)	4 (1.5)	1 (0.4)
-My work has so much variety, and I am not tired of it.	46 (16.7)	110 (40.0)	67 (24.4)	41 (14.9)	11 (4.0)
-I'm working as a nurse because I don't know what to do, if I change the career.	73 (26.5)	72 (26.2)	51 (18.5)	46 (16.7)	33 (12.0)
-In this hospital, nursing ability can be enhanced.	56 (20.4)	153 (55.6)	48 (17.5)	9 (3.3)	9 (3.3)
-My workload is appropriate to my working position.	40 (14.5)	161 (58.5)	37 (13.5)	24 (8.7)	13 (4.7)
Work characteristics					
-I generally have open communication with superiors about nursing methods.	49 (17.8)	150 (54.5)	32 (11.6)	30 (10.9)	14 (5.1)
-Nursing work in this hospital is generally performed efficiently.	43 (1.8)	182 (66.2)	29 (10.5)	16 (5.8)	5 (1.8)
-In this hospital, assignment to preferred stations is relatively easily granted.	25 (9.1)	111 (40.4)	56 (20.4)	48 (17.5)	35 (12.7)
-I can finish the entire work related to patients care before I go back home.	64 (23.3)	157 (57.1)	29 (10.5)	21 (7.6)	4 (1.5)

Table 4.4 Nurses' perception on work relating factors (n=275) (Continued)

Nurses' perception on Work relating factors	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
Autonomy					
-I am in charge of work requiring responsibility.	79 (28.7)	167 (60.7)	22 (8.0)	4 (1.5)	3 (1.1)
-I have opportunity to take part in decisions.	27 (9.8)	142 (51.6)	71 (25.8)	24 (8.7)	11 (4.0)
-I can take responsibility for outcome of my work.	87 (31.6)	163 (59.3)	16 (5.8)	8 (2.9)	1 (0.4)
-I am recognized as a required person at my work.	67 (24.4)	117 (42.5)	78 (28.4)	8 (2.9)	5 (1.8)
Job stress & burnout					
-I was bothered by things that usually don't bother me.	26 (9.5)	54 (19.6)	108 (39.3)	58 (21.1)	29 (10.5)
-I feel I do not have much to be proud of my work.	59 (21.5)	90 (32.7)	52 (18.9)	48 (17.5)	26 (9.5)
-I don't find my work is enjoying.	43 (15.6)	108 (39.3)	73 (26.5)	33 (12.0)	18 (6.5)
-I had trouble keeping my mind on what I was doing.	32 (11.6)	95 (34.5)	71 (25.8)	59 (21.5)	18 (6.5)
-I felt that I could not shake off the blues even with help from my family or friends.	26 (9.5)	56 (20.4)	53 (19.3)	101 (36.7)	39 (14.2)
-I'm tired taking care of others' responsibilities.	27 (9.8)	74 (26.9)	103 (37.5)	54 (19.6)	17 (6.2)
-I will like to give up this job for another equal conditions of service.	61 (22.2)	93 (33.8)	66 (24.0)	38 (13.8)	17 (6.2)
-Every morning, I hesitate to come and work.	37 (13.5)	103 (37.5)	80 (29.1)	39 (14.2)	16 (5.8)

In terms of reinforcing factors, more than half of the nurses (59.6%) reported that they received poor recognition for their works from the peers and patients. As for career development opportunity, (72.0%) of nurses thought that they had poor chance for career development. Moreover, more than half (57.8%, 58.2%) of the nurses reported that they had poor working environment and poor payment, respectively. In addition, majority (70.9%) felt that there were poor interpersonal relationships within their colleagues as well as other health care personnel in the hospital. Furthermore, supportive manager was poor in the perception of (82.9%) of nurses at their hospitals.

Table 4.5 Nurses' perception on reinforcing factors (n=275)

Reinforcing factors	Number	Percentage
Recognition		
– Poor (≤ 15)	164	59.6
– High (>15)	111	40.4
Median = 15, QD= 1.5,	Min = 4,	Max = 20
Career development		
– Poor chance (≤ 16)	198	72.0
– High chance (>16)	77	28.0
Median = 16, QD= 1.5,	Min = 4,	Max = 20
Working environment		
– Poor (≤ 15)	159	57.8
– Good (> 15)	116	42.2
Median = 15, QD= 1.5,	Min = 4,	Max = 20
Interpersonal relationships		
– Poor (≤ 16)	195	70.9
– Good (>16)	80	29.1
Median = 16, QD= 1,	Min = 4,	Max = 20

Table 4.5 Respondents' perception on reinforcing factors (n=275) (Continued)

Reinforcing factors	Number	Percentage
Payment and benefits		
– Poor (≤ 10)	160	58.2
– Good (>10)	115	41.8
Median = 10, QD= 2,	Min = 4,	Max = 20
Supportive manager		
– Poor (≤ 16)	228	82.9
– Good (>16)	47	17.1
Median = 16, QD= 1.5,	Min = 4,	Max = 20

Table 4.6 Nurses' perception on reinforcing factors (n=275)

Nurses' perception on reinforcing factors	Strongly	Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly	Disagree (%)
	Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly	Disagree (%)	
Recognition							
My achievements are acknowledged by my colleagues.	32 (11.6)	140 (50.9)	75 (27.3)	20 (7.3)	8 (2.9)		
I receive verbal recognition for good performance from my superior when necessary.	35 (12.7)	124 (45.1)	67 (24.4)	36 (13.1)	13 (4.7)		
I receive praise (e.g. thank you, well done, etc.) from patients in appreciation of services rendered	65 (23.6)	166 (60.4)	27 (9.8)	10 (3.6)	7 (2.5)		
I can proudly talk about my work among other people.	40 (14.5)	132 (48.0)	60 (21.8)	30 (10.9)	13 (4.7)		

Table 4.6 Nurses' detailed perception on reinforcing factors (n=275) (Continued)

Nurses' perception on reinforcing factors	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
Career development					
I have opportunity to attend workshops, seminars and conferences in order to increase knowledge.	56 (20.4)	174 (63.3)	22 (8.0)	13 (4.7)	10 (3.6)
I feel I achieve personal growth through working in this hospital.	33 (12.0)	155 (56.4)	54 (19.6)	21 (7.6)	12 (4.4)
I receive periodic supervisory visits and comments from my superior.	36 (13.1)	163 (59.3)	41 (14.9)	20 (7.3)	15 (5.5)
My work provides the training so that I can improve my skill and ability for career development.	73 (26.5)	180 (65.5)	18 (6.5)	2 (0.7)	2 (0.7)
Work environment					
Hospital inspires me to do my very best on the job.	35 (12.7)	140 (50.9)	68 (24.7)	23 (8.4)	9 (3.3)
I have sufficient equipment and tools to effectively carry out work.	56 (20.4)	160 (58.2)	24 (8.7)	22 (8.0)	13 (4.7)
I am provided with accommodation or given support at my current department.	45 (16.4)	124 (45.1)	41 (14.9)	23 (8.4)	42 (15.3)
I am pleased to have flexible and well-managed duty shifts.	44 (16.0)	147 (53.0)	42 (15.3)	34 (12.4)	8 (2.9)
Interpersonal relationships					
I am treated as a colleague, partner and friend by my superior.	61 (22.2)	157 (57.1)	37 (13.5)	13 (4.7)	7 (2.5)
I and my colleagues help each other to work friendly as a team.	76 (27.6)	158 (57.5)	29 (10.5)	7 (2.5)	5 (1.8)

Table 4.6 Nurses' detailed perception on reinforcing factors (n=275) (Continued)

Nurses' perception on reinforcing factors	Strongly	Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly	Disagree (%)
Physicians in this hospital are generally cooperative with nurses.	48 (17.5)	176 (64.0)	30 (10.9)	10 (3.6)	11 (4.0)		
In this hospital, there is generally good teamwork among all health care professions level.	41 (14.9)	170 (61.8)	37 (13.5)	14 (5.1)	13 (4.7)		
Income							
My salary cover well enough for my expenses.	11 (4.0)	47 (17.1)	65 (23.6)	87 (31.6)	65 (23.6)		
My payment is reasonable for the quantity and quality of the work.	9 (3.3)	52 (18.9)	58 (21.1)	89 (32.4)	67 (24.4)		
My payments have made me satisfied and well-being in society.	10 (3.6)	45 (16.4)	63 (22.9)	95 (34.5)	62 (22.5)		
I'll move to other work, if I can get more payment.	29 (10.5)	70 (25.5)	84 (30.5)	66 (24.0)	26 (9.5)		
Supportive manager							
The superiors are good leaders with knowledge and ability.	39 (14.2)	155 (56.4)	63 (22.9)	9 (3.3)	9 (3.3)		
My superiors generally listen to nurses' problems.	27 (9.8)	151 (54.9)	54 (19.6)	26 (9.5)	17 (6.2)		
My superiors generally instruct how to deal with the difficulties.	31 (11.3)	179 (64.1)	40 (14.5)	15 (5.5)	10 (3.6)		
My superiors are always looking towards for the nurses' development.	31 (11.3)	148 (53.8)	64 (23.3)	23 (8.4)	9 (3.3)		

4.4 Association between individual characteristics, work relating, reinforcing factors and intention to remain employed

Chi-square analysis test was used to identify the significant associations between individual characteristics and respondents' intentions to remain employed at the hospitals. P-value < 0.05 was considered statistically significant.

In chi-square tests, nurses' marital status was divided into two groups, "single" and "married/divorced/widow". As well as their working position was divided into two categories, junior and senior position. In addition, working departments were categorized into two groups, "Pediatrics" who were taking care of the child-patients and "Other specialty" that were responsible for the rest adult - medical, surgical, obstetric & gynecological and other sub-specialty.

Table 4.7 described the analysis revealing the significant associated individual characteristics. With regard to the type of hospitals, nurses who worked in private hospitals tended to have almost two times to remain employed than the nurses working in public hospitals (OR: 1.965; 95% CI: 1.132-3.408). The age also was associated with intention to remain employed at the hospital. Nurses who were more than 30 years of age were two times more likely to remain employed (OR: 2.159; 95% CI: 1.309-3.560). As for the marital status, nurses who were already married were two times more likely to remain employed (OR: 2.298; 95% CI: 1.247-4.232). It is found that nurses in senior positions were two times more likely to remain employed than the junior nurses (OR: 1.768; 95% CI: 1.071-2.917). Moreover, nurses who worked more than five years' experience in the healthcare professions were almost two time more likely to remain employed (OR: 1.954; 95% CI: 1.186-3.220). Nurses who were working in Pediatrics department tended to have intention to remain employed in the hospital (OR: 2.368; 95% CI: 1.431-3.919). On the other hand, educational preference did not show any association with respondents' intention to remain employed.

Table 4.7 Individual characteristics and respondents' intention to remain employed

Individual Characteristics	n	Intention to		Crude OR	95% CI	p-value
		Remain Employed				
		(%)				
	No	Yes				
Type of hospitals						
- Private	129	26.4	73.6	1.965	1.132-3.408	0.016*
- Public	146	41.3	58.7	1		
Age						
- ≤ 30	129	45.7	54.3	1		
- > 30	146	28.1	71.9	2.159	1.309-3.560	0.003*
Marital Status						
- Single	202	41.1	58.9	1		
- Married	73	23.3	76.7	2.298	1.247-4.232	0.008*
Education						
- Nursing Degree	62	37.1	62.9	1		
- Nursing Diploma	213	36.2	63.8	1.042	0.580-1.872	0.892
Position at work						
- Junior position	146	42.5	57.5	1		
- Senior position	129	29.5	70.5	1.768	1.071-2.917	0.026*
Years of Services						
- ≤ 5	143	42.0	58.0	1		
- >5	132	30.3	69.7	1.663	1.010-2.736	0.045*
Working Departments						
- Pediatrics	112	48.2	51.8	2.368	1.431-3.919	0.001*
- Other Specialty	163	28.2	71.8	1		

*Significant at p-value < 0.05

In the work relating factors, respondents with high occupational commitment were two times more likely to remain employed. (OR: 2.077; 95%CI: 1.257-3.431). Nurses working in a condition of good work characteristics were three times more likely to remain employed (OR: 3.362; 95%CI: 1.974-5.728). Moreover, respondents who realized that they have higher autonomy were three times more likely to remain employed. (OR: 3.305, 95% CI: 1.586-6.884). In addition, nurses with more job stress and burnout were found two times more likely to remain employed (OR: 2.324; 95%CI: 1.403-3.850). Self-efficacy and work motivation did not play significant association with respondents' intention to remain employed.

Table 4.8 Work relating factors and respondents' intention to remain employed

Work Relating Factors	n	Intention to Remain Employed (%)		Crude OR	95% CI	p-value
		No	Yes			
Self-Efficacy						
– Low (≤ 15)	142	39.4	60.6	1		
– High (> 15)	133	33.1	66.9	1.317	0.804-2.158	0.274
Work Motivation						
– Low (≤ 16)	138	38.4	61.6	1		
– High (> 16)	137	34.3	65.7	1.194	0.730-1.953	0.480
Job Satisfaction						
– Low (≤ 14)	153	38.6	61.4	1		
– High (> 14)	122	33.6	66.4	1.240	0.754-2.038	0.396
Occu. Commitment						
– Low (≤ 27)	139	44.6	55.4	1		
– High (>27)	136	27.9	72.1	2.077	1.257-3.431	0.004*
Work Characteristics						
– Poor (≤ 15)	151	48.3	51.7	1		
– Good (> 15)	124	21.8	78.2	3.362	1.974-5.728	0.001*

Table 4.8 Work relating factors and respondents' intention to remain employed (continued)

Work Relating Factors	n	Intention to Remain Employed (%)		Crude OR	95% CI	p-value
		No	Yes			
Autonomy						
– Low (≤ 16)	218	41.3	51.7	1		
– High (>16)	57	17.5	81.5	3.305	1.586-6.884	0.001*
Job Stress & Burnout						
– More stress (≤ 21)	138	26.8	73.2	2.324	1.403-3.850	0.001*
– Less stress (>21)	137	46.0	54.0	1		

*Significant at p-value < 0.05

Concerning with the reinforcing factors, respondents with high recognition value for the well done jobs were three times more likely to remain employed. (OR: 3.131; 95% CI: 1.813-5.406). Respondents working in a condition of good working environment were two times more likely to remain employed (OR: 2.255; 95% CI: 1.340-3.794). Moreover, respondents who seemed to have good interpersonal relationships with their colleagues, juniors and seniors were almost two times more likely to remain employed (OR: 1.913, 95% CI: 1.077-3.398). In addition, respondents who were working with good supportive manager were two times more likely to remain employed (OR: 2.095; 95%CI: 1.014-4.330). In contrary, career development opportunities and payments did not engage significant association with respondents' intention to remain employed.

Table 4.9 Reinforcing factors and respondents' intention to remain employed

Reinforcing Factors	n	Intention to Remain Employed (%)		Crude OR	95% CI	p-value
		No	Yes			
		Recognition				
– Poor (≤ 15)	164	46.3	53.7	1		
– Good (> 15)	111	21.6	78.4	3.131	1.813-5.406	0.001*
Career development						
– Poor (≤ 16)	198	38.4	61.6	1		
– Good (> 16)	77	31.2	68.8	1.376	0.785-2.410	0.265
Working Environment						
– Poor (≤ 15)	159	44.0	56.0	1		0.002*
– Good (> 15)	116	25.9	74.1	2.255	1.340-3.794	
Interpersonal. Relationships						
– Poor (≤ 16)	195	40.5	59.5	1		
– Good (> 16)	80	26.3	73.7	1.913	1.077-3.398	0.027*
Income						
– Poor (≤ 10)	160	40.6	59.4	1		
– Good (> 10)	115	30.4	69.6	1.564	0.942-2.597	0.084
Supportive manager						
– Poor (≤ 16)	228	39.0	61.0	1		
– Good (> 16)	47	23.4	76.6	2.095	1.014-4.330	0.046*

*Significant at p-value < 0.05

4.5 Predictive factors of nurses' intention to remain employed at the hospitals

Individual characteristics such as type of hospital, age, marital status, position in work, years of services and working departments, work-related factors such as occupational commitment, work characteristics, autonomy and job stress and burnout as well as reinforcing factors like recognition, working environment, interpersonal relationships and supportive manager are the independent variables with p-value less than 0.05 in the bivariate tests. These variables were included in Multiple logistic regressions by performing enter method. In the full model, Age (AOR: 3.529; 95%CI: 1.020-12.207), marital status (AOR: 2.129; 95%CI: 1.032-4.392), work characteristics (AOR: 2.157; 95%CI: 1.043-4.463) and job stress & burnout (AOR: 1.843; 95%CI: 1.040-3.263) were found to be significant predictors of nurses' intention to remain employed at the hospitals (Table 4.11).

Table 4.10 Full model of multiple logistic regressions

Independent variables	Adj. OR	95% CI	p-value
Type of hospital			
– Private	0.895	0.433-1.851	0.764
– Public	1		
Age			
– ≤ 30	1		
– > 30	3.529	1.020-12.207	0.046*
Marital status			
– Single	1		
– Married/Widowed/ Divorced	2.129	1.032-4.392	0.041*
Position at work			
– Junior position	1		
– Senior position	0.979	0.196 -4.889	0.980
Years of services			
– ≤ 5	1		
– >5	0.352	0.063-1.977	0.236

Table 4.10 Full model of multiple logistic regressions (Continued)

Independent variables	Adj. OR	95% CI	p-value
Working department			
– Pediatrics	1.794	0.973-3.308	0.061
– Other Specialty	1		
Occupation commitment			
– Low	1		
– High	1.271	0.687-2.351	0.445
Work characteristics			
– Poor	1		
– Good	2.157	1.043-4.463	0.038*
Autonomy			
– Low	1		
– High	1.174	0.413-3.336	0.763
Job stress & burnout			
– More stress & burnout	1.843	1.040-3.263	0.036*
– Less stress & burnout	1		
Recognition			
– Poor	1		
– Good	1.794	0.946-3.400	0.073
Working environment			
– Poor	1		
– Good	1.456	0.787-2.693	0.231
Interpersonal relationships			
– Poor	1		
– Good	1.191	0.521-2.721	0.679
Supportive manager			
– Poor	1		
– Good	1.145	0.413-3.169	0.795

*Significant at p-value < 0.05, Hosmer and Lemeshow Test = 0.213

For final model of multiple logistic regressions, a backward likelihood ratio method was used. Marital status (AOR: 2.219; 95%CI: 1.048-4.324), work characteristics (AOR: 2.424; 95%CI: 1.329-4.418), job stress & burnout (AOR: 1.773; 95%CI: 1.011-3.109) and recognition (AOR: 1.964; 95%CI: 1.072-3.598) were found significant in second logistic regression.

Nurses who are single were two times more likely to remain employed in the current work than nurses who are married, widowed or divorced. As for the work characteristics, nurses who perceived their work characteristics are two and a half times more likely to remain employed. Nurses who had been recognized because of their good work were almost two times more likely to remain employed. However, it is found that nurses who perceived they had high job stress and burnouts were more likely to remain employed than the nurses with low job stress and burnout.

Table 4.11 Final model of multiple logistic regressions

Independent variables	Adjusted OR	95% CI	p-value
Age			
– ≤ 30 years	1		
– > 30 years	3.290	0.996-10.874	0.051
Marital Status			
– Single	1		
– Married/Widowed/ Divorced	2.219	1.048-4.324	0.037*
Years of services			
– ≤ 5	1		
– >5	0.357	0.107-1.192	0.094
Working department			
– Pediatrics	1.738	0.997-3.029	0.051
– Other Specialty	1		
Work Characteristics			
– Poor	1		
– Good	2.424	1.329-4.418	0.004*

Table 4.11 Final model of multiple logistic regressions (Continued)

Independent variables	Adjusted OR	95% CI	p-value
Job stress & Burnout			
– High	1.773	1.011-3.109	0.046*
– Low	1		
Recognition			
– Poor	1		
– Good	1.964	1.072-3.598	0.029*
Working Environment			
– Poor	1		
– Good	1.584	0.882-2.847	0.124

*Significant at p-value < 0.05, Hosmer and Lemeshow Test = 0.193

CHAPTER V

DISCUSSION

The cross-sectional study was conducted to ascertain the rate of intention to remain among hospital nurses and to determine the association between work-related and reinforcing factors and the nurses' intentions to remain employed at hospitals in Yangon Region, Myanmar. Sample of this study were nurses who worked in selected four private hospitals (Aung Yadanar Hospital, Parami Hospital, Shwe La Min Hospital and Witoriya Hospital) and two public hospitals (Insein General Hospital and Yangon Children Hospital) in 2015. The self-administered questionnaire which consisted of 76 questions was used to collect data. It was included individual characteristics, work related factors, reinforcing factors and nurses' intention to remain employed at the current hospitals. The data were collected from 18th 31st May 2015. The questionnaires were distributed to 300 nurses, 294 questionnaires were returned and 275 were eligible to be analyzed.

This chapter discusses the nurses' intention to remain employed at the hospitals and association of work-relating and reinforcing factors to their intention as in following:

- 5.1 Nurses' intention to remain employed at the hospitals
- 5.2 Individual characteristics, work relating, reinforcing factors and intention to remain employed
- 5.3 Predictive factors of nurses' intention to remain employed at the hospitals

5.1 Nurses' intention to remain employed at the hospitals

The present cross-sectional study on hospital nurses in Yangon Region observed that almost two-third (63.6%) of nurses reported intent to remain employed. Another one-third (36.4%) indicated they did not intend to remain at their current job. The nurses' proportion of intention to remain employed in this study was almost two times higher rate of intention to remain compared with the Japanese Nurses (36.9%) (37). But it was lower than in the proportion to remain employed in study of Thai Nurses (77.6%) (89). Therefore, according to the results, there might be shortage of nursing as the hospitals in Yangon Region.

Moreover, there were sets of questionnaires which also accessed the nurses' intention to remain in their career and the results revealed that more than one quarter (27.6%) of nurses reported they did not intend to work as a nursing staff anymore while the remaining (72.4%) consented to remain employed in their career. However the nurses did not have intent to remain employed in the current hospitals, they still intended to remain in their career. Thus, hospital administration can prevent nursing dropout rate and by intervening the retention strategies, analyzing the present situation at the hospitals and putting incentives for the nurses' interest.

5.2 Individual characteristics, work relating, reinforcing factors and intention to remain employed

5.2.1 Association between individual characteristics and intention to remain employed

Type of hospital

In this study, the type of working hospitals was categorized in two groups; private and public. A significant association was found between private hospital nurses and their intention to remain employed at the hospitals. From the results revealed, private hospital nurses are two times more likely to remain employed in their current hospitals. It was corresponding with a study conducted to compare nurses' job retention between private and public hospitals (26). Moreover, a study

measured over Chinese nurses' intention to remain stated that working in higher-level hospitals with better work environment, higher pay and better welfare including medical insurance, maternity and retirement benefits, improved nurses' intent to stay (36). It might be due to the fact that private hospitals could provide better incentives, wages and benefits, with lesser workload or lesser numbers of patients in their care. All of these were favorable reasons for nurses' retention in private hospitals whereas working in public hospital would inevitably meet the opposite of these situations.

Age

Chi-square and multiple logistic regressions revealed that age was associated with their intention to remain employed. It is found that older nurses (>30 years of age) are two times more likely to remain employed than the younger nurses (≤ 30 years of age). A study of Lebanon nurses' intention to leave stated the same result as nurses who wanted to leave the country were also more likely to be younger than 30 years old (40). The same association between nurses' age and their intention to remain employed was also mentioned in a study done in China (36). This is also agreed with the finding of the studies done over nurses' retention, expressing similar information where older nurses were more likely to continue working for their present employer (37-39). That might be because the younger nurses more likely to have chances to work in another area and start a new career as they had more open opportunities while the older nurses wanted to settle within the same career. In addition, Jacynthe also mentioned in the previous study on predictors of nurses' intent to stay at work, older employees might stay in an organization because of a desire for stability (90).

Marital status

The study showed the significant association between marital status and intention to remain employed. Out of all the respondent nurses, nurses who already married were two times more likely to remain employed within the current hospitals than the single nurses. The previous studies also stated that marital status had significant association with the nurses' intention to remain employed, but it was not necessarily important to develop retention strategies. This might be due to the fact that, single nurses are more likely to make changes in their job as well as career while

they have more opportunities such as leaving the country or taking other high income jobs (40).

Years of services

In this study, the nurses with longer years of nursing experiences were more likely to remain employed than the shorter experienced nurses. It is corresponding with other studies where age or years of experience increased, nurses' levels of commitment to the profession increased significantly (39). It could be that nurses with longer years of services had invested themselves more in the organization so that it would make the leaving impractical. According to study over Singaporean registered nurses, it might be because more experienced nurses might remain as they perceive it to be too late for a change of career (93).

However, understanding personal characteristics that predict intention to remain employed does not lead to identification of strategies to promote stronger nurse intention to remain employed because these individual characteristics usually are not easily modified.

5.2.2 Association between work-related factors and intention to remain employed

Occupation commitment

Unlike the organizational commitment which is loyalty to the employing body, this study had drawn out the occupation commitment of the nurses. As there were upcoming national and global shortages, that relationship is assumed important particularly in nursing.(94) The study found the significant association between nurses' occupational commitment and their intention to remain employed. The higher their commitment value was, the likelier their intent to remain. This finding also corresponded to the finding from a qualitative interview study on 27 nurses' commitment to nursing which showed their professional commitment was the main reason for their retention.(95) Occupational commitment In all three aspects, affective, normative, or continuance, the higher the commitment the more likely nurses were intent to remain the profession.(39) Congruent with a study which specifically focused on relation of nurses' intention and occupational commitment, the study also revealed that normative commitment and its associated feelings of

obligation and loyalty play an integral part in nurse retention (38). Nurses demonstrate their organizational commitment by remaining employed in their hospitals rather than choosing to take another employment. It is, therefore, in the best interest of hospitals to develop and implement strategies that support nurses' occupational commitment. Managers need to be aware of the work-related factors most likely to secure nurses' professional commitment which will contribute to the retention.

Autonomy

The results disclosed significant association between autonomy value and nurses' intention to remain. It is found that nurses with higher autonomy value were more likely to remain employed than nurses with lower autonomy value. In a study performed by Price (2002), results showed that when a nurse enjoys autonomy and social integration, he/she is more satisfied, more committed and more motivated. Without necessarily attempting to become a 'magnet hospital', healthcare organizations could emphasize some of these characteristics in an effort to increase nurses' intent to stay at work and, consequently, retention.(90) In a study comparing public and private hospital nurses in Jordan also indicated that, lack of autonomy is one of the causes of nurse dissatisfaction and turnover.(29) Nurses should have autonomy to make clinical decisions in their own areas of competence and control over their own practice. Giving them such chance of autonomy and letting decision making decentralized, would give them ownership in their working environment and thus could enhance their intention to remain there.

5.2.3 Association between reinforcing factors and intention to remain employed

Working environment

It focused on whether the hospitals had been known by reputation as good place to work, inspired the nurses for more productive works and gave the nurses flexible working experiences and environment. It came up as significant associated factors with the nurses' intention to remain employed in their hospitals. Nurses with good working environment and privileges were more likely to remain employed than nurses under poor working environment because inadequate support for transport, training and operational costs could affect negatively to the

nurses' motivation to work. Similarly, in other studies working environment took part as one of the reinforcing factors for the nurses in order to remain employed (96).

Interpersonal relationships

The findings indicated that there was significant association between interpersonal relationships and nurses' intention to remain employed. Nurses who perceived support from their supervisor and close colleagues were more satisfied with their job than nurses who worked in a less supportive environment. This study found that collegial cooperation and dedicated interpersonal relationships were important determinants of nurses' commitment to the hospital. A study done over Singaporean nurses had produced the similar results that collegial relationships and supportive environment gave a nurse's decision to remain in that hospital (93). Previous findings indicated that interpersonal factors within the work situation were important to affect nurses' occupational turnover intention (96) They also stated that when it comes to situations of psychological stress, colleagues and supervisors are an important source of support (97). Even though the relationships were modest, their mere existence indicates that the social work environment can play a significant role in enhancing or lowering nurses' retention. Therefore, organizations should focus on the establishing methods to facilitate communication between nurses and physicians because those favorable interpersonal relationships prohibit nurses even when they intent to leave.

Supportive manager

Significant association was found between supportive manager and nurses' intention to remain employed in the current hospitals. Upon the Chi-square correlation tests, nurses' staying under good supportive manager revealed two times more likely to remain employed than nurses' under poor supportive manager. Supportive manager and their quality of leadership is one of the strongest predictors of intention to remain employed as a nurse (8). It might be because the administration structure of nurses has a relatively flat hierarchy with fewer managers while that of other healthcare professionals has complicated hierarchy (94). Moreover, in nursing administration, only the chief nurses had strong positions in the management structure of the hospital. Due to the fact that the support of the manager had positive relations on the nurses' intention and commitment to their work, it is also important to obtain

the best supporting and encouraging nursing manager in regards to facilitate the nurses' retention in the work.

5.3 Predictive factors of nurses' intention to remain employed at the hospitals

Good work characteristics

By Chi-square tests, there was significant association between work characteristics and nurses' intention to remain. It is revealed that nurses who had perceived their work as good work characteristics were two times more likely to remain employed. It also acted as one of the most significant predictors of nurses' intention to remain employed on the final regression. In the study, the work characteristics referred especially to the background characteristics of each hospital, starting with general communication among staff, whether the nursing ability of the hospital is being provided efficiently or not, and moreover, it also included the assignment of duty shift of the nurses. It also covered their appreciation on their work with positive or negative point of view and reflected their perception towards the work they were doing. It also includes whether their intuition on their work was boring and not productive or challenging and innovative so that there might have opportunities to learn and develop. Interesting, varying and demanding work can improve the nurses' motivation. Moreover, the inspiration, supports for effective and efficient work done, and manageable duties could lead the nurses motivated in their work place and following as a result of higher level of intention to stay in such work.

Job stress and burnout

Job stress and burnout had significant association with nurses' intention to remain employed. In this study, job stress and burnout showed positive correlation with nurses' intention to remain. Christina Maslach who emphasized on studying burnout and stated that burnout had been associated with various forms of job withdrawal—absenteeism, intention to leave the job, and actual turnover (98). A

midwifery study undertaken in Myanmar in 2007 concluded that the majority of midwives interviewed said they were overburdened with recording and reporting, disease control, environmental health and nutrition, and that this was affecting their main duties in relation to midwifery function. Those burdens of works would give negative effect on motivation of staff and consequently low motivated staff could lead to turnover from the employment. According to that, a reintegrated health planning system, and a human resource strategy for placement and retention of human resources was proposed in 2011 with particular strategies for local recruitment and retention of human resources (26).

However, oppose to those previous findings; the studied nurses responded as the more job stress and burnout they had, the more they were likely to remain in their current work. Moreover, nurses in private hospitals (63.7%) were suffering more stress and burnout than nurses in public hospitals. It might be due to lesser sampling size of private hospital nurses in the study or on the other hand, it might also be the fact that private hospitals have work load within a strict and competitive working environment with small workforce so that nurses were suffering more stress and strain. As for the public hospitals, (43.5%) of nurses were suffering high job stress and burnout but they kept remaining in their current jobs which might be because in their opinion, public hospitals have more job stability and chance of career development. Moreover, nurses from both private and public hospitals showed their intention to remain employed despite of high job stress and burnout might be because of other associated factors such as their high occupational commitment and autonomy, supporting work environment, good interpersonal relationships and supportive managers.

Recognition

Recognition could be described here as gestural or verbal appropriation from the colleagues, superiors and external persons. It also revealed as one of the strong predictors for nurses' intention to remain employed in their current work. Previous research has showed that recognition of performance has important and positive aspect on job satisfaction as it is associated positively with nurse retention.(99) Moreover, researches showed that nurses who indicated that they

received supportive behaviors of recognition from their colleagues and superiors reported greater intention to stay at work (90, 100). The results stated that nurses who had been shown a certain degree of recognition according to their outcome of jobs were more likely to remain employed. The findings also indicated that intrinsic rewards such as earning recognition from excellent nursing practice or service have great salience for retention. It seems nurses who are being recognized for their performance and achievements experienced more satisfaction to their job and motivated. Indeed, having the capacity to utilize one's nursing skills, achieving recognition for work done and being satisfied by it influences the degree of commitment in their occupation and as a result it decides the intention of the stayers.

CHAPTER VI

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This cross-sectional survey aimed to determine the association between work-related and reinforcing predictors and nurses' intentions to remain employed at hospitals of Yangon Region in Myanmar. The conceptual framework was formulated based on the three theories, Social Exchange Theory as Foundation of Intention to Stay, Maslow's Hierarchy of Needs, Bandura's Social Cognitive Theory and literature reviews. Those theories highlighted and helped in understanding the general intuition and perceptions of nurses on their work while a number of work-related factors and reinforcing factors associated with their intention to remain employed at the hospitals.

Independent variables were categorized into three groups. They were respondents' individual characteristics, work-related factors, and reinforcing factors. A structured questionnaire was used to collect data from the respondents. It was developed based on the previous studies and literature reviews. Ethical approval was obtained before data collection. Four private hospitals and two public hospitals in greater of Yangon Region were purposively selected according to feasibility and 300 questionnaires were distributed. Permission was taken from the hospital directors to conduct the study at their hospitals. Informed consent form was obtained from the participants who were willing to participate in this study. There were 294 nurses who responded the questionnaires and 275 completed for analysis.

The results of this study revealed that 36.4% had no intention to remain employed while 63.6% had intention to remain at the current hospitals. With regards to the outcome, this study confirmed that socio-demographic factors and work-related factors were associated with nurses' intention to remain employed. Individual characteristics which were found to be associated were type of working hospitals, age, marital status, work position, year of services and working departments. The work-related factors included occupational commitment, work characteristics, autonomy and

job stress and burnout. Reinforcing factors included recognition, working environment, interpersonal relationships and manager supports. The predictive factors found for the nurses' intention to remain employed at the current hospitals were age, work characteristics, job stress and burnout and recognition.

In summary, this study revealed that there was high risk of nursing shortage in the near future among the nurses working in both private and public hospitals of Yangon Region, Myanmar. It is already acknowledged that nursing shortages would affect nurses, health care delivery and populations also. Apart from the described work-related and reinforcing factors in here, there are a wide range of factors such as political, economic, social and cultural factors contributing to nurse shortages and migration. As most of the factors are beyond the scope of this discussion, some noticeable and preventive measures at work are expected to be applied to an extent. Improving nurses' intention to remain by providing healthy, happy and enjoying work environment by at least understanding the nurses' work-related and reinforcing factors associated with their intention to remain employed.

6.2 Recommendations

In order to promote hospital nurse retention, modifying the work-related and reinforcing factors in accordance with work and work environments would be appropriate rather than on modifying nurses because nurse retention challenges and obstacles are more likely to depend upon the hospitals in which they work.

6.2.1 Recommendations for the managers and decision makers of the hospitals

1. Provide inspiration to do very best on the job by supporting with sufficient equipment and tools to effectively carry out work. Good accommodation such as good housing facilities as well as well-fitting offices equipped all that are required for proper care and treatment of illnesses. Provide recreational facilities in the hospital environment in order to relax when they are faced with stress.

2. Encourage good interpersonal relationships in order to improve the communication and collaboration between nurses and other healthcare

professionals by providing the opportunity for sharing, developing ideas and learning from each other, thus indirectly fostering cohesion. Sharing the experiences, talking and solving difficult issues or medical problems together by building clinical meetings and doing rounds together could help improving interpersonal relationships between each medical professionals.

3. The hospital administration should listen to the nurses, recognize their contribution and allow them more autonomy. Involve nurses in decision-making in situations that will affect them directly as this communicates a sense of being recognized, belonging and having some control over their work. Administrators need to place more emphasis on the aspect of recognition and acknowledgements by providing greater professional opportunity for nurses' personal growth development and promotion to encourage their motivation for clinical excellence and high-quality patient care.

6.2.2 Recommendations for the policy makers and government

The results of this study describe areas on which nursing policy makers should focus in order to improve nurses' intent to stay in the hospitals especially in public hospitals. Though it cannot reflect all the nursing staff in the country, the associated factors were fundamental facts to be considered while making policies. Thus, to solve the problem of shortage of human resources in nursing setting, the development of a longer term human resource strategy for placement and retention of staff is recommended as following.

Monetary incentives are important yet there are also non-monetary incentives which should also be focused like social welfare, safe and pleasant working environment and independent management to retain nurses in their current hospitals. Unlike the private hospitals, workload is heavier in the public hospital with imbalanced workforce so that leading the nurses increasing job stress and burnout. Therefore, stakeholders and policy makers should consider developing sustainable nursing workforce by promoting the quantity and quality of nursing training institutes, improving the rates of employment, appointing appropriate numbers of nurses in each regions, creating more career development and promotion opportunities for them and

reviewing management policies to fulfill the inadequate human resource in health care sectors.

6.2.3 Recommendation for further study

1. This study was conducted in Yangon Region in Myanmar. Future research to evaluate what affects the intentions of nurses whether they would want to remain or not in the current hospitals should be undertaken in other Regions and States in order to represent the whole country setting. Moreover, intention to remain in their profession could make another interesting study in the labor intensive health care industry.

2. Qualitative research using in depth-interviews should be utilized to acquire a more complete understanding of the factors related to the intention of nurses regarding to remain employed or not.

3. In addition, other than nursing staff, doctors are also regarded as fundamental health care work force in health care industry and Myanmar still could not keep up with the WHO recommendation of 2.8 doctors per 10,000 populations. It should also provide a great benefit for health human resource management to conduct study on predictors of doctors' intention to remain employed.

6.3 Limitation of the study

Methodologically, the study was conducted cross sectional so as a disadvantage of cross-sectional studies; it would be difficult to make causal inference. And it was only a snapshot – the situation might provide differing results in other different time frame. Moreover, the exploration of a multidimensional theoretical construct (such as motivation, satisfaction, occupational commitment) ideally requires a substantial number of questions yielding a high Cronbach's alpha score for a question set. Since, there was no prior experience of testing intention to remain of nurses in the Myanmar context but to produce a questionnaire of manageable length, each variable item were constructed with relatively few questions per construct.

Though the respondents were selected randomly, the four private hospitals and two public hospitals were selected purposively from urban area which in favor to

get enough respondents. Thus, further studies which include both rural and urban setting are suggested to reflect the intention of the nurses in the country.

Generally, to test the causal relationships, quantitative methods are useful. However to get more sufficient information to identify the reasons for those relationships, qualitative approach should also be included in the further research to bring out the many complex views of nursing staff regarding issues of their intention to remain employed in the hospitals.

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APPENDICES

APPENDIX A

QUESTIONNAIRE

PREDICTORS OF NURSES' INTENTION TO REMAIN EMPLOYED AT HOSPITALS IN YANGON REGION, MYANMAR

The purpose of this study is to find out predictors of nurses' intention to remain employed at hospitals in Yangon Region. It is anticipated that the results would be useful in assisting top management of the hospitals in decisions relating to staff retention. The information given would be treated as confidential, therefore be candid in expressing your opinions as much as possible. Your anonymity is assured – no individual/hospital names are required, only aggregate data would be presented as results. Kindly fold and enclose the completed questionnaire in the attached envelope and seal it. I will come for it a week from today.

Part 1. – Individual characteristics

1. What is your age at your last birthday? [.....] years
2. Gender: 1. Male 2. Female
3. What is your marital status?

<input type="checkbox"/> 1. Single	<input type="checkbox"/> 2. Married with child
<input type="checkbox"/> 3. Married with no-child	<input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Widowed
4. Your nursing educational level. 1. Degree 2. Diploma
5. What level would you classify your position?

<input type="checkbox"/> 1. Junior	<input type="checkbox"/> 2. Middle
<input type="checkbox"/> 3. Senior	<input type="checkbox"/> 4. Others (specify)
6. How long have you been working with the hospital? [.....] years
7. What is your department of working? E.g. Outpatient, If inpatient- any specialty, please specify. [.....]

Part 2–Please indicate your extent of agreement with the following statements using the following scale. Please **mark** (✓) where appropriate.

Strongly Agree [SA]; Agree [A]; Neutral [N]; Disagree [D]; Strongly Disagree [SD]

No	Contents	SA	A	N	D	SD
8.	While working, I always think that I perform very important work.					
9.	I always complete my tasks efficiently and effectively.					
10.	I'm satisfied with the opportunity to use my skills and abilities in my job.					
11.	I never feel appreciated by patients and their families while working in this hospital.					
12.	I became a nurse because I always wanted to help others cope with illness.					
13.	I became a nurse because I felt that I could advance in the field of healthcare.					
14.	I became a nurse because nursing gives my life a sense of meaning.					
15.	I became a nurse because I wanted to work in a caring occupation.					
16.	I see my job as providing positive satisfying pleasure to other individuals.					
17.	I am not satisfied with my level of responsibility on my job.					
18.	I'm satisfied with the meaningfulness of my job.					
19.	I'm satisfied with my career advancement opportunities.					
20.	As a nursing staff, I must fulfill my duties and responsibilities.					
21.	My work does not require professional knowledge and techniques.					
22.	My work is challenging and I'm excited about it.					
23.	I love my nursing profession because I can help the sick and incompetent people.					
24.	My work has so much variety, and I am not tired of it.					
25.	I'm working as a nurse because I don't know what to do, after I change the career.					
26.	In this hospital, nursing ability can be enhanced.					

No	Contents	SA	A	N	D	SD
27.	My workload is appropriate to my working position.					
28.	I can generally have open communication with superiors about nursing methods.					
29.	Nursing work in this hospital is generally performed efficiently.					
30.	In this hospital, assignment to preferred stations is relatively easily granted					
31.	I can finish the entire work related to patients care before I go back home.					
32.	I am in charge of work requiring responsibility.					
33.	I have opportunity to take part in decisions.					
34.	I can take responsibility for outcome of my work.					
35.	I am recognized as a required person at my work.					
36.	I was bothered by things that usually don't bother me.					
37.	I feel I do not have much to be proud of my work.					
38.	I don't find my work is enjoying.					
39.	I had trouble keeping my mind on what I was doing.					
40.	I felt that I could not shake off the blues even with help from my family or friends.					
41.	I'm tired taking care of others' responsibilities.					
42.	I will like to give up this job for another with equal conditions of service.					
43.	Every morning, I hesitate to come and work.					
44.	My achievements are acknowledged by my colleagues.					
38	I receive verbal recognition for good performance from my superior when necessary.					
39	I receive praise (e.g. thank you, well done, etc.) from patients in appreciation for services					
40	I can proudly talk about my work among other people.					
41	I have opportunity to attend workshops, seminars and conferences in order to increase					

No	Contents	SA	A	N	D	SD
42	I feel I achieve personal growth through working in this hospital.					
43	I receive periodic supervisory visits and comments from my superior.					
44	My work provides the training so that I can improve my skill and ability for career					
45	Hospital inspires me to do my very best on the job.					
46	I have sufficient equipment and tools to effectively carry out work.					
47	I am provided with accommodation or given support at my current department.					
48	I am pleased to have flexible and well-managed duty shifts.					
49	I am treated as a colleague, partner and friend by my superior.					
50	I and my colleagues help each other to work friendly as a team.					
51	Physicians in this hospital are generally cooperative with nurses.					
52	In this hospital, there is generally good teamwork among all health care professions					
53	My salary cover well enough for my expenses.					
54	My payment is reasonable for the quantity and quality of the work.					
55	My payments have made me satisfied and well-being in society.					
56	I'll move to other work, if I can get more payment.					
57	The superiors are good leaders with knowledge and ability.					
58	My superiors generally listen to nurses' problems.					
59	My superiors generally instruct how to deal with the difficulties.					
60	My superiors are always looking towards for the nurses' development.					

Part 3. Propensity to Remain Employed

Please mark with the one answer that best describes your situation.

1. If you were completely free to choose, would you prefer to continue working in this hospital or would you prefer not to? (Check one.)

(1) I would prefer very much to continue working in this hospital.

(2) I would prefer to work here.

(3) I would not care either way.

(4) I would prefer not to work here.

(5) I would prefer very much not to continue working here.

2. Would you still work in this hospital until you retire? (Check one).

(1) I would like to stay for as long as I can work until I retire.

(2) I would like to stay for quite a while longer.

(3) I would like to stay for a little while longer.

(4) I would like to leave soon.

(5) I would like to leave as soon as possible.

3. If you had to quit work for a while (for example, because of pregnancy), would you return to this hospital? (Check one.)

(1) Yes, I definitely would come back.

(2) Yes, I probably would.

(3) Perhaps.

(4) No, I probably would not.

(5) No, I definitely would not come back.

4. If you were completely free to choose, would you prefer to continue working as a nurse or would you prefer not to? (Check one.)

(1) I would prefer very much to continue working as a nurse.

(2) I would prefer to work as a nurse.

(3) I would not care either way.

(4) I would prefer not to work as a nurse.

(5) I would prefer very much not to continue working as a nurse.

5. Would you still work as a nurse until you retire? (Check one.)

(1) I would like to stay for as long as I can work until I retire.

(2) I would like to stay for quite a while longer.

(3) I would like to stay for a little while longer.

(4) I would like to leave soon.

(5) I would like to leave as soon as possible.

6. If you had to quit work for a while (for example, because of pregnancy), would you return to this the nursing profession? (Check one.)

(1) Yes, I definitely would come back.

(2) Yes, I probably would.

(3) Perhaps.

(4) No, I probably would not.

(5) No, I definitely would not come back.

This is the end of questionnaires.

Thank you for participation.

APPENDIX B

စစ်တမ်းကောက်ယူချက်မေးခွန်းလွှာ

မြန်မာနိုင်ငံ ရန်ကုန်တိုင်းဒေသကြီးအတွင်းရှိဆေးရုံများတွင် သူနာပြုများ ဆက်လက်တာဝန်ထမ်းဆောင်လိုသောဆန္ဒကို သက်ရောက်စေမည့် အခြင်းအရာများ

ဤလေ့လာမှု၏ရည်ရွယ်ချက်မှာ ရန်ကုန်တိုင်းဒေသကြီးအတွင်းရှိ ဆေးရုံများတွင် သူနာပြုများ ဆက်လက်တာဝန်ထမ်းဆောင်လိုသောဆန္ဒကို သက်ရောက်စေမည့်အခြင်းအရာတို့ကို ဖော်ထုတ်နိုင်ရန် ဖြစ်ပါသည်။ ဤလေ့လာမှု၏ရလဒ်များသည် ဝန်ထမ်းများရေရှည်မြဲမြံစေရန်နှင့် ပတ်သက်၍ ဆုံးဖြတ်ချက်များပြုလုပ်ရာ၌ ဆေးရုံ၏ အကောင်းဆုံးစီမံခန့်ခွဲမှု၊ ကိစ္စရပ်များတွင် အထောက်အကူဖြစ်စေရန် အသုံးဝင်နိုင်မည်ဟု မျှော်လင့်ပါသည်။ ရရှိလာသော သတင်းအချက်အလက်များကို ပေါက်ကြားစေခြင်းမရှိစေရန် စနစ်တကျ ကိုင်တွယ်မည်ဖြစ်သည့်အတွက် သင့်ထင်မြင်ယူဆချက်များကို အတတ်နိုင်ဆုံး လွတ်လပ်စွာ ဖော်ထုတ်နိုင်ပါသည်။ သင်မည်သူ မည်ဝါဖြစ်သည်၊ မည်သည့်ဆေးရုံမှဖြစ်သည် စသည်တို့မှ အစပြု၍ သင်ဖြေဆိုသည့် အချက်အလက်များကို လုံးဝဖော်ထုတ်မည်မဟုတ်ဘဲ တွက်ချက်ထားသည့်အချက်အလက်များကိုသာ ရလဒ်အဖြစ် တင်ပြမည်ဖြစ်ပါသည်။ ဖြေဆိုပြီးသွားသော မေးခွန်းလွှာများကို ခေါက်သိမ်း၍ အတူပါလာသည့် စာအိတ်အတွင်း ထည့်ပြီးပိတ်ပေးပါ။ ယနေ့မှ စတင်၍ ရက်သတ္တတစ်ပတ်ပြည့်လျှင် ကျွန်ုပ်လော့ယူပါမည်။

အပိုင်း ၁ - စစ်တမ်းကောက်ယူချက်ဆိုင်ရာ သတင်းအချက်အလက်

1. သင်၏အသက်မှာ ဘယ်နှနှစ်ပြည့်ပြီးပြီဖြစ်သနည်း။ [.....] နှစ်
2. သင်သည် 1. ကျား 2. မ
3. သင်သည် 1. အိမ်ထောင်မရှိ 2. အိမ်ထောင်သည် - ကလေးရှိ
 3. အိမ်ထောင်သည် - ကလေးမရှိ 4. ကွာရှင်း
 5. အိမ်ထောင်ဖက်ကွယ်လွန်
4. သင်သည် 1. သူနာပြုဘွဲ့ရ 2. သူနာပြုဒီပလိုမာ
5. သင့်ရာထူးသည် 1. အငယ်တန်း 2. အထက်တန်းသူနာပြု
 3. အကြီးတန်းသူနာပြု 4. အခြား (ဖော်ပြပေးပါ)
6. သူနာပြုအဖြစ်တာဝန်ထမ်းဆောင်ခဲ့သည်မှာ မည်မျှကြာမြင့်ခဲ့ပြီနည်း။ [.....] နှစ်
7. သင်တာဝန်ထမ်းဆောင်နေသည့်ဌာနကိုဖော်ပြပါ။ [.....]

အပိုင်း ၂ - လိုက်နာရန် - အောက်ပါအမှတ်ပေးစနစ်ကို အသုံးပြု၍ ဖော်ပြထားသည့်အချက်များကို သင့်သဘောတူညီမှုအတိုင်းအတာအား ဖြေဆိုပေးပါ။ ကျေးဇူးပြုပြီး ဖြေလိုသည့်နေရာတွင် အမှန်ဖြစ် (✓) ပြုလုပ်ပေးပါ။
 လုံးဝသဘောတူပါသည် [SA]; သဘောတူပါသည် [A]; မည်သို့မျှ မယူဆပါ [N]; သဘောမတူပါ [D]; လုံးဝသဘောမတူပါ[SD]

စဉ်	A ကြောင်းအရာ	SA	A	N	D	SD
၁	A လုပ်လုပ်နေစဉ်တိုင်း ကျွန်ုပ်သည် A ရေးကြီးသောတာဝန်ကို ထမ်းဆောင်နေရသည်ဟု A မြဲတွေးမိပါသည်။					
၂	ကျွန်ုပ်သည် ပေးထားသောလုပ်ငန်းတာဝန်များကို ထိရောက်စွာ ဆောင်ရွက်ပြီးစီးပါသည်။					
၄	ကျွန်ုပ်၏ လုပ်ငန်းခွင်တွင် ကျွန်ုပ်၏ကိုယ်ပိုင် A ရည်အချင်းနှင့် လုပ်ရည်ကိုင်ရည်ကို ပြသနိုင်သည့်အခွင့်အလမ်းရသည့်အတွက်					
၄	ဤဆေးရုံတွင်လုပ်ကိုင်နေစဉ်တွင် လူနာများနှင့် သူတို့၏မိသားစုများမှ ကျေးဇူးတင်သည်ဟု တစ်ခါမှ A ပြောမခံရပါ။					
၅	နာမကျန်းသည့်သူများကို A မြဲပင် A ကူညီပေးလိုသည့်အတွက် သူနာပြုအဖွဲ့အစည်းအရပ်ကို ကျွန်ုပ်လုပ်ကိုင်ခြင်းဖြစ်ပါသည်။					
၆	ကျန်းမာရေးစောင့်ရှောက်မှုနယ်ပယ်တွင် တိုးတက်မှုရရှိနိုင်မည်ဟု ယူဆသည့်အတွက် သူနာပြုအဖွဲ့အစည်းအရပ်ကို					
၇	သူနာပြုခြင်းသည် ကျွန်ုပ်အတွက် ဘဝအဓိပ္ပာယ်တစ်ခုပေးစွမ်းသည့် အတွက် သူနာပြုအဖွဲ့အစည်းအရပ်ကို ကျွန်ုပ်လုပ်ကိုင်ခြင်းဖြစ်ပါသည်။					
၈	ပြုစောင့်ရှောက်ရသည့်အလုပ်ကို လုပ်ကိုင်လိုသည့်အတွက် သူနာပြုအဖွဲ့အစည်းအရပ်ကို ကျွန်ုပ်လုပ်ကိုင်ခြင်းဖြစ်ပါသည်။					
၉	ကျွန်ုပ်၏အလုပ်မှာ အခြားသူများအား အကောင်းဘက်မှကျေနပ်နှစ်သိမ့်မှုကို ပေးစွမ်းနိုင်သည့်အလုပ်ဖြစ် မြင်မိပါသည်။					
၁၀	ကျွန်ုပ်အလုပ်တွင် တာဝန်ယူရသည်နှင့်ပတ်သက်ပြီး ကျေနပ်နှစ်သိမ့်နိုင်မှု မရှိပါ။					
၁၁	ကျွန်ုပ်အလုပ်၏ အဓိပ္ပာယ်ပြည့်ဝမှုပေါ် ကျေနပ်နှစ်သိမ့်မိပါသည်။					
၁၂	ကျွန်ုပ်ဘဝဖွံ့ဖြိုးတိုးတက်နိုင်သည့် အခွင့်အလမ်းများအတွက် ကျေနပ်နှစ်သိမ့်မိပါသည်။					
၁၃	သူနာပြုဝန်ထမ်းတစ်ဦးအနေဖြင့် ကျွန်ုပ်၏ တာဝန်နှင့် ဝတ္တရားကို ကျေပွန်စွာ ထမ်းဆောင်ပါမည်။					
၁၄	ကျွန်ုပ်၏အလုပ်မှာ ပညာရပ်ဆိုင်ရာ ဗဟုသုတနှင့် နည်းလမ်းများကို မလိုအပ်ပေ။					
၁၅	ကျွန်ုပ်၏အလုပ်မှာ စိန်ခေါ်စမ်းသပ်မှုများရှိပြီး ယင်းအတွက်လည်း စိတ်လှုပ်ရှားမိပါသည်။					
၁၆	ဖျားနာသူများနှင့် မသန်မစွမ်းသူများကို အကူအညီပေးနိုင်သဖြင့် ဤသူနာပြုအဖွဲ့အစည်းအရပ်ကို ကျွန်ုပ်နှစ်သက်မိပါသည်။					
၁၇	ကျွန်ုပ်၏အလုပ်သဘောမှာ အမျိုးမျိုးမည်မျှ များပြားကျယ်ပြန့်လှသဖြင့် ငြီးငွေ့သည်ဟူ၍ မရှိပါ။					
၁၈	A လုပ်ငန်းပြီးလုပ်ရမည်ဆိုလျှင် ဘာလုပ်ရမည်ဆိုသည်ကို မသိ၍ ဤသူနာပြုအဖွဲ့အစည်းအရပ်ကို ဆက်လုပ်နေခြင်း ဖြစ်ပါသည်။					

စဉ်	A ကြောင်းအရာ	SA	A	N	D	SD
၁၉	ဤဆေးရုံတွင် သူနာပြုစောင့်ရှောက်မှုစွမ်းရည်ကို တိုးမြှင့်နိုင်သည်။					
၂၀	ကျွန်ုပ်လုပ်ဆောင်ရမည်မှာ ကျွန်ုပ်၏ လက်ရှိရာထူးအ နေအ ထားနှင့် သင့်လျော်မှုရှိပါသည်။					
၂၁	သူနာပြုစောင့်ရှောက်ရမည့် နည်းလမ်းများနှင့်ပတ်သက်၍ A ထက်လူကြီး များနှင့် ပုံမှန်ပွင့်လင်းစွာ					
၂၂	ဤဆေးရုံတွင် သူနာပြုစောင့်ရှောက်ရမည့် ကိစ္စမှာ ယေဘုယျအားဖြင့် ထိရောက်စွာ ဆောင်ရွက်မှုရှိပါသည်။					
၂၃	ဤဆေးရုံတွင် မိမိနှစ်သက်ရာဌာနများ၌ တာဝန်ထမ်းဆောင်ရန် လိုက်လျောညီထွေစွာခွင့်ပြုပေးလေ့ရှိသည်။					
၂၄	ကျွန်ုပ်အိမ်သို့မပြန်မီ လူနာများအား ဖြုစောင့်ရှောက်မှုဆိုင်ရာ ကိစ္စအ ဝဝကို ပြီးစီးသည်အထိ လုပ်ဆောင်နိုင်ပါသည်။					
၂၅	ကိုယ်တိုင်တာဝန်ယူတတ်မှုနှင့် သက်ဆိုင်သည့် ကိစ္စရပ်များတွင် ကျွန်ုပ်တာဝန်ခံ ဖြစ်ပါသည်။					
၂၆	ဆုံးဖြတ်ချက်ချမှတ်ရမည့် ကိစ္စရပ်များတွင် ပါဝင်ဆောင်ရွက်ရန် အ ခွင့်အ လမ်းရှိပါသည်။					
၂၇	မိမိဆောင်ရွက်သည့် ကိစ္စရပ်အ တွက် ကျွန်ုပ်တာဝန်ယူနိုင်ပါသည်။					
၂၈	ကျွန်ုပ်သည်အ လုပ်တွင် လိုအပ်သည့်သူတစ်ဦးဖြစ်ပါသည်။					
၂၉	သာမန်အ နှောင့်အ ယှက်မပေးသည့်ကိစ္စများက ယခုကျွန်ုပ်စိတ်ကို အ နှောင့်အ ယှက်ပေးနေကြသည်။					
၃၀	ကျွန်ုပ်အ လုပ်အ တွက် ဂုဏ်ယူစရာသိပ်မရှိဟု ခံစားရပါသည်။					
၃၁	ကျွန်ုပ်အ လုပ်တွင် ပျော်ရွှင်ဖွယ်မရှိပါ။					
၃၂	ကျွန်ုပ်တစ်ခုခုလုပ်နေစဉ်တွင်၎င်းကို အ ဘုံစိုက်မှုရရန် ခက်ခဲနေပါသည်။					
၃၃	မိသားစုနှင့် သူငယ်ချင်းများကိုပြောပြပြီးသော်လည်း အ ခက်အ ခဲ၊ ပြဿနာများကို ဆက်လက်တွေးနေမိပါသည်။					
၃၄	အ ခြားသူများ၏ ဝတ္တရားများအ ဘေး တာဝန်ယူဖြေရှင်းရမည်ကို ကျွန်ုပ်စိတ်ကုန်လျက်ရှိပါသည်။					
၃၅	တူညီသည့် ဝန်ဆောင်မှုပေးအပ်သော အ ခြားအ လုပ်တစ်ခုအ တွက် လက်ရှိဤအ လုပ်ကို နှုတ်ထွက်လိုပါသည်။					
၃၆	မနက်တိုင်း အ လုပ်သို့လာရန် ဝန်လေးမိပါသည်။					
၃၇	ကျွန်ုပ်၏အ ဘင်မြင်မှုရလဒ်များကို လုပ်ဖော်ကိုင်ဖက်များက အ သိအ မှတ် ပြုပေးပါသည်။					
၃၈	ကျွန်ုပ်၏လုပ်ဆောင်ချက်ကောင်းများအ တွက် လိုအပ်ပါကအ ထက်လူကြီး ထံမှ နှုတ်ဖြင့်အ သိအ မှတ်ပြု					

စဉ်	A ကြောင်းအရာ	SA	A	N	D	SD
၃၉	ဝန်ဆောင်မှုပေးအပ်ချက်အတွက် လူနာများထံမှ ကျေးဇူးတင်ချီးကျူးမှု (ဥပမာအားဖြင့် ကျေးဇူးတင်ပါတယ်။)					
၄၀	A ခြားသူများအကြားတွင် ကျွန်ုပ်၏အလုပ်အကြောင်းကို ဂုဏ်ယူဝင့်ကြားစွာ ပြောပြနိုင်ပါသည်။					
၄၁	A သိပ္ပံဘာသာရပ်ပညာရပ် ညှိနှိုင်းစုဝေးပွဲ၊ ဆွေးနွေးပွဲနှင့် အစည်းအဝေးပွဲများသို့ တက်ရောက်ရန် အခွင့်အရေးရှိပါသည်။					
၄၂	ဤဆေးရုံတွင် လုပ်ကိုင်ဆောင်ရွက်ခြင်းဖြင့် မိမိဘဝအတွက်တစ်ကိုယ်ရည်ဆိုင်ရာ ဖွံ့ဖြိုးတိုးတက်မှုကို					
၄၃	ကျွန်ုပ်၏အထက်လူကြီးထံမှ ပုံမှန် လာရောက်လေ့လာမှုနှင့် အကြံပြုညွှန်ကြားမှုများ ရှိပါသည်။					
၄၄	ကျွန်ုပ်၏ ကျွမ်းကျင်မှု၊ တိုးတက်ဖွံ့ဖြိုးမှုအတွက် ကျွန်ုပ်၏အလုပ်မှ သင်ကြားလေ့ကျင့်မှုများ ပြုလုပ်ပေးပါသည်။					
၄၅	A လုပ်ခွင်တွင် အကောင်းဆုံးလုပ်ကိုင်နိုင်ရန်အတွက် ဆေးရုံမှလှုံ့ဆော်မှုပေးစွမ်းပါသည်။					
၄၆	A လုပ်ကိုင်ထိရောက်စွာလုပ်ကိုင်နိုင်ရန် လိုအပ်သည့်ပစ္စည်းကိရိယာများကို ပံ့ပိုးပေးထားပါသည်။					
၄၇	လက်ရှိဌာနတွင် ကျွန်ုပ်အား နေထိုင်ရန်နေရာ၊ အထောက်အပံ့များ ပေးအပ်ထားရှိပါသည်။					
၄၈	ညှိနှိုင်းစီစဉ်ထားရှိသည့် တာဝန်ချိန်များကြောင့် ကျွန်ုပ်ကျေနပ်မိပါသည်။					
၄၉	ကျွန်ုပ်၏အထက်လူကြီးသည် ကျွန်ုပ်အား လုပ်ဖော်ကိုင်ဖက်တစ်ဦးအဖြစ်ခင်မင်စွာ ဆက်ဆံပါသည်။					
၅၀	ကျွန်ုပ်နှင့် လုပ်ဖော်ကိုင်ဖက်များသည် ခင်မင်ရင်းနှီးစွာဖြင့် အသင်းအဖွဲ့ကဲ့သို့ လုပ်ကိုင်ကြပါသည်။					
၅၁	ဤဆေးရုံရှိ ဆရာဝန်များသည် သူနာပြုများနှင့် အတူလက်တွဲလုပ်ကိုင်ကြပါသည်။					
၅၂	ဤဆေးရုံတွင်ရှိ ကျန်းမာရေးဝန်ထမ်းများအားလုံးတို့သည် အသင်းအဖွဲ့စိတ်ဓာတ်ဖြင့် အလုပ်လုပ်ကြပါသည်။					
၅၃	ကျွန်ုပ်၏လစာငွေသည် အသုံးစရိတ်များအားလုံးကို ပေးချေနိုင်စေပါသည်။					
၅၄	ကျွန်ုပ်ရရှိသော လစာငွေသည် ကျွန်ုပ်လုပ်ကိုင်ရသော အလုပ်နှင့် မျှတမှုရှိပါသည်။					
၅၅	ကျွန်ုပ်၏ လစာငွေကြောင့် ပတ်ဝန်းကျင်တွင် ကျေနပ်နှစ်သိမ့်ရသော အနေအထားကို ရရှိပါသည်။					
၅၆	လစာငွေပိုရမည်ဆိုလျှင် ကျွန်ုပ်သည် အခြားအလုပ်သို့ပြောင်းရွှေ့လုပ်ကိုင်ပါမည်။					
၅၇	A အထက်လူကြီးများမှာ အသိပ္ပံဘာသာရပ် လုပ်ကိုင်နိုင်စွမ်းရည် ပြည့်ဝသော ခေါင်းဆောင်ကောင်းများ ဖြစ်ပါသည်။					
၅၈	ကျွန်ုပ်၏အထက်လူကြီးများသည် သူနာပြုများကြုံတွေ့ရသော ပြဿနာများကို ကြိုးစားဆောင်ရွက်ပေးပါသည်။					

စဉ်	A ကြောင်းအရာ	SA	A	N	D	SD
၅၉	ယေဘုယျအားဖြင့် ကျွန်ုပ်၏အထက်လူကြီးများသည် အခက်အခဲများ ကြုံလာသည့်အခါ မည်သို့ဆောင်ရွက်ရမည်ကို					
၆၀	ကျွန်ုပ်၏ အထက်လူကြီးများသည် သူနာပြုများဖွံ့ဖြိုးတိုးတက်ရေး အတွက် အစဉ်အမြဲကြိုးပမ်းပေးပါသည်။					

A စိုင်း ၃ - A လုပ်တွင်ဆက်လက်လုပ်ကိုင်နိုင်ချေရှိမှု

သင့်စိတ်ခံစားမှုကို A ကောင်းဆိုးဖော်ပြနိုင်သည့်အ ဖြေတစ်ခုကို (တစ်ခုကိုသာ) ရွေးချယ်ပါ။

၁။ လွတ်လပ်စွာရွေးချယ်ခွင့်ရမည်ဆိုလျှင်၊ ဤဆေးရုံတွင်ဆက်လက်လုပ်ကိုင်လိုသလား (သို့) မလုပ်ကိုင်လိုပါသလား။

-(၁) ဤဆေးရုံတွင်လုံးဝဆက်လက်လုပ်ကိုင်လိုပါသည်။
-(၂) ဤဆေးရုံတွင်ဆက်လက်လုပ်ကိုင်လိုပါသည်။
-(၃) သိပ်ကိစ္စမရှိပါ။
-(၄) ဤဆေးရုံတွင်ဆက်လက်မလုပ်ကိုင်လိုပါ။
-(၅) ဤဆေးရုံတွင်လုံးဝဆက်လက်မလုပ်ကိုင်လိုပါ။

၂။ သင်အလုပ်မှ အနားယူသည်အထိ ဤဆေးရုံတွင်လုပ်ကိုင်ပါမည်လား။

-(၁) အလုပ်မှ အနားမယူသေးမီအထိ ကျွန်ုပ်အလုပ်လုပ်နိုင်သေးသရွေ့ ဆက်လက်လုပ်ကိုင်လိုပါသည်။
-(၂) အချိန်အတော်ကြာ ဆက်လက်လုပ်ကိုင်လိုပါသည်။
-(၃) အချိန်အနည်းငယ် ဆက်လက်လုပ်ကိုင်လိုပါသည်။
-(၄) သိပ်မကြာခင် အလုပ်ထွက်ချင်ပါသည်။
-(၅) မြန်နိုင်သမျှမြန်မြန် အလုပ်ထွက်ချင်ပါသည်။

၃။ အလုပ်ခဏလောက်နားရမည်ဆိုလျှင် (ဥပမာ - ကျန်းမာရေးကိစ္စ) ဤဆေးရုံသို့ပြန်လာအလုပ်လုပ်မည်လား။

-(၁) ကျွန်ုပ်လုံးဝပြန်လာလုပ်ပါမည်။
-(၂) ပြန်လာလုပ်ပါမည်။
-(၃) ပြန်လုပ်ကောင်းပြန်လုပ်ပါမည်။
-(၄) ပြန်လာမလုပ်ဖြစ်ပါ။
-(၅) ကျွန်ုပ်လုံးဝပြန်လာမလုပ်ပါ။

၄။ လွတ်လပ်စွာရွေးချယ်ခွင့်ရမည်ဆိုလျှင်၊ သူနာပြုအဖြစ်ဆက်လက်လုပ်ကိုင်လိုသလား (သို့) မလုပ်ကိုင်လိုပါသလား။

-(၁) သူနာပြုအဖြစ် လုံးဝဆက်လက်လုပ်ကိုင်လိုပါသည်။
-(၂) သူနာပြုအဖြစ် ဆက်လက်လုပ်ကိုင်လိုပါသည်။
-(၃) သိပ်ကိစ္စမရှိပါ။
-(၄) သူနာပြုအဖြစ် ဆက်လက်မလုပ်ကိုင်လိုပါ။
-(၅) သူနာပြုအဖြစ် လုံးဝဆက်လက်မလုပ်ကိုင်လိုပါ။

၅။ သင် A လုပ်မှ A နားယူသည် A ထိ သူနာပြု A ဖြစ်လုပ်ကိုင်ပါမည်လား။

.....(၁) A လုပ်မှ A နားမယူသေးမီ A ထိ ကျွန်ုပ် A လုပ်လုပ်နိုင်သေးသရွေ့ ဆက်လက်လုပ်ကိုင်လိုပါသည်။

.....(၂) A ချိန် A တော်ကြာ ဆက်လက်လုပ်ကိုင်လိုပါသည်။

.....(၃) A ချိန် A နည်းငယ် ဆက်လက်လုပ်ကိုင်လိုပါသည်။

.....(၄) သိပ်မကြာခင် A လုပ်ထွက်ချင်ပါသည်။

.....(၅) မြန်နိုင်သမျှမြန်မြန် A လုပ်ထွက်ချင်ပါသည်။

၆။ A လုပ်ခဏလောက်နားရမည်ဆိုလျှင် (ဥပမာ - ကျန်းမာရေးကိစ္စ) သူနာပြု A ဖြစ်ပြန်လည် A လုပ်လုပ်မည်လား။

.....(၁) ကျွန်ုပ်လုံးဝပြန်လာလုပ်ပါမည်။

.....(၂) ပြန်လာလုပ်ပါမည်။

.....(၃) ပြန်လုပ်ကောင်းပြန်လုပ်ပါမည်။

.....(၄) ပြန်လာမလုပ်ဖြစ်ပါ။

.....(၅) ကျွန်ုပ်လုံးဝပြန်လာမလုပ်ပါ။

မေးခွန်းများပြီးဆုံးသွားပါပြီ။

သင်ပါဝင်ဖြေဆိုပေးသည် A တွက် ကျေးဇူးတင်ပါသည်။

APPENDIX C

Table 7.1 Nurses' intention to remain employed in the hospital

Would you still work as a nurse until you retire? (Check one.)		n	%
1.	I would like to stay for as long as I can work until I retire.	90	32.7
2.	I would like to stay for quite a while longer.	85	30.9
3.	I would like to stay for a little while longer.	76	27.6
4.	I would like to leave soon.	15	5.5
5.	I would like to leave as soon as possible.	9	3.3

Table 7.2 Nurses' intention to remain employed in the profession

Would you still work as a nurse until you retire? (Check one.)		n	%
1.	I would like to stay for as long as I can work until I retire.	146	53.1
2.	I would like to stay for quite a while longer.	53	19.3
3.	I would like to stay for a little while longer.	54	19.6
4.	I would like to leave soon.	13	4.7
5.	I would like to leave as soon as possible.	9	3.3

APPENDIX D



Certificate of MU-SSIRB Approval

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Certificate of Approval No.:	2015/165.0605
MU-SSIRB No.:	2015/169 (B2)
Title of Project:	PREDICTORS OF NURSES' INTENTION TO REMAIN EMPLOYED IN HOSPITALS OF YANGON REGION, MYANMAR
Principal Investigator:	Dr.Pyone Mjinzu Lwin
Name of Institution:	ASEAN Institute for Health Development, Mahidol University
Approval includes:	<ol style="list-style-type: none">1) MU-SSIRB Submission form version received date 29 April 20152) Participant Information sheet version date 29 April 20153) Informed Consent Form version date 29 April 20154) Questionnaire version received date 6 March 2015

The Committee for Research Ethics (Social Sciences) is in full compliance with International Guidelines of Human Research Protection such as Declaration of Helsinki, The Belmont Report, CIOMS Guidelines and the International Conference on Harmonization in Good Clinical Practice (ICH-GCP)

Date of Approval:	May 6, 2015
Date of Expiration:	May 5, 2016

Chairman


(Emeritus Professor Dr.Santhat Semsri)

Head of the Institute


(Assoc.Prof.Dr.Wariya Chirwanno)
Dean of Faculty of Social Sciences and Humanities

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APPENDIX E



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Letter No. 34/ Ethics 2015

Dated: 22.4.2015

The Ethics Review Committee on Medical Research Involving Human Subjects, Department of Medical Research, approves to conduct the following proposed research project.

Predictors of Nurses' Intention to remain Employed at Hospitals in Yangon Region, Myanmar

Principal Investigator: Dr. Pyone Mjinzu Lwin


22.4.15
Dr. Myint Htwe
Chairperson
Ethics Review Committee
Department of Medical Research
(Lower Myanmar)

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