

**Professional Commitment and Its Associated Factors
Among Institutional Delivery Services Providers in Public
Health Facilities, Shone District, Southern Ethiopia**

MPH Thesis

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Harar, Ethiopia

**Professional Commitment and Its Associated Factors Among
Institutional Delivery Services Providers in Public Health Facilities,
Shone District, Southern Ethiopia**

A Thesis Submitted to Department of Public Health,

School of Graduate Studies

HARAMAYA UNIVESITY

In Partial Fulfillment of the Requirements for Degree of Master of

Public Health in Health Service Management

Melaku Wolde

September, 2020

Harar, Ethiopia

STATEMENT OF THE AUTHOR

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TABLE OF CONTENTS

STATEMENT OF THE AUTHOR	III
BIOGRAPHICAL SKETCH	IV
ACKNOWLEDGMENT	V
TABLE OF CONTENTS	VI
LIST OF TABLES	VIII
LIST OF FIGURES	IX
ACRONYOMS/ ABBREVIATIONS	X
ABSTRACT	XI
1. INTRODUCTION	1
1.1. Background	1
1.2. Statement of the Problem	2
1.3. Significance of the Study	3
1.4. Objective	4
1.4.1. General Objective	4
1.4.2. Specific Objectives	4
2. LITERATURE REVIEW	5
2.1. Overview of Professional Commitment on Institutional Delivery Service	5
2.2. Levels of health Professional Commitment on IDS	5
2.3. Factors Associated with Professional Commitment on Institutional Delivery Service	7
3. METHODS AND MATERIALS	13
3.1. Study Area and Period	13
3.2 Study Design	13

3.3. Population	13
3.3.1. Source Population	13
3.3.2 Study Population	13
3.5. Sample Size Determination	14
3.5.1. Sampling procedure	15
3.6. Data Collection Methods	17
3.7. Study Variables	18
3.9. Data Quality Control	20
3.10. Data Processing and Analysis	21
3.11. Ethical Considerations	22
3.12. Dissemination of Results	22
4. RESULTS	23
4.1. Socio-demographic Characteristics of Study Participants	23
4.3. Job Satisfaction Related Factors	29
4.4. Level of Perceived Organizational Support	31
4.5. Organizational Commitment related factor	33
4.6. Level of Perceived Personal Characteristics	37
5. DISCUSSION	43
5.1. Strength and Limitation of the study	45
REFERENCES	47
8. Annex I: English Version of Questionnaire	50

LIST OF TABLES

Table 1:- sample size for objective two of the study that conducted in Shone District Public health facilities, Southern Ethiopia	15
Table 2 Socio-demographic characteristics of health professionals, Shone district, Hadiya Zone, Southern Ethiopia, from 1 March 2020 to 30 June 2020	24
Table 3 Perceived job satisfaction of health professionals, Shone district, Hadiya zone, government facilities, Southern Ethiopia, 2020 (n=480)	27
Table 4 Perceived for organizational support of health professionals, Shone district, government facilities, Southern Ethiopia, 2020 (n=480)	30
Table 5 Frequency distribution of five point Likert scale response of participants for professional commitment measuring items, Shone district , 2020 (n=480).	32
Table 6 Perceived for organizational commitment of health professionals, Shone district, government facilities, Southern Ethiopia, 2020 (n=480)	35
Table 7 Perceived for personal characteristics of health professional commitment, Shone district, government facilities, Southern Ethiopia, 2020 (n=480)	38
Table 8 Perceived for institutional delivery services uptake by health professionals, Shone District, government facilities, Southern Ethiopia, 2020 (n=480)	39
Table 9 Bivariate analysis of factors associated with professional commitment in public health facilities, Shone district, Hadiya Zone, Southern Ethiopia, 2020	41
Table 10 Multivariate analysis of factors related with professional commitment in public health facilities, Shone district, Hadiya Zone, Southern Ethiopia, 2020 (n=480)	42

LIST OF FIGURES

Figure 1: -Conceptual framework shows factors related with professional commitment on institutional delivery service (constructed based on reviewed literatures) in Shone District, southern, Ethiopia, from October 2019 to June 2020.	12
Figure 2: Schematic presentation of sampling procedure for study on level and factors associated with professional commitment Among Institutional Delivery Services Providers in Shone District, southern, Ethiopia, from October 2019 to March 2020.	16
Figure 3: Magnitude of professional commitment in government health facilities in Shone district, Southern Ethiopia, from October 2019 to June 2020.	28

ACRONYOMS/ ABBREVIATIONS

ANC	Antenatal Care
AOC	Affective Organizational Commitment
AOR	Adjusted Odd Ratio
BSc	Bachelor Science
COC	Continuance Organization Commitment
COR	Crude Odd Ratio
EDHS	Ethiopian Demographic and Health Survey
HC	Health Center
HPs	Health Professionals
HRH	Human Resource for Health
IDS	Institutional Delivery Service
IHRERC	Institutional Health Research Ethical Review Committee
MDG	Millennium Development Goal
NOC	Normative Organization Commitment
PCA	Principal Component Analysis
PI	Principal Investigator
SNNPR	South Nation Notational People Region
SDHD	Shone District Health Department
SPH	Shone Primary Hospital
SRS	Simple Random Sampling
VIF	Variance Inflation Factor
WHO	World Health Organization

ABSTRACT

Background: - Although health professional in public health facilities are often absent during working hours and these complaints are acknowledged by health workers commitments. These may affect quality maternal health services, to reduce maternal and neonatal mortality. Institutional delivery services (IDS) utilization coverage is increasing globally including Africa, but the progress is very slow. In SNNPR IDS utilization is about 10%, which is lower than the national levels (16%). Nevertheless, there is paucity of information on level of commitment among health professionals attending delivery service in public health facilities of low income countries like Ethiopia.

Objective: To assess the level and factors associated with professional commitment among institutional delivery services provider in public health facilities of, Shone District, Southern Ethiopia.

Methods: A facility-based cross-sectional study design was conducted in Shone District, South Ethiopia. Simple random sampling was applied for the selection of study participants in proportion to professionals in each public health facilities. Self-administered Likert scale type of questionnaire was used. Data were analyzed using SPSS version 20. The mean of commitment calculated as percentage of maximum scale score was used. Bivariate and multivariate logistic regression analyses were done to see the independent factor explanatory variables.

Results: - The magnitude of professional commitment for health professionals working in government health facilities of Shone district was 69.4%. The perceived type of health facilities in the health center was 66.3%. This study found that committed to their profession and believing that the end (outcome), perceived working environment and team approach was well organized with associated factors.

Conclusion: The professional commitment among institutional delivery service provision was medium. All health professional and should manage their own personal characteristics to behave in good way to be committed for their profession. Organizational commitment had great influence on professional commitment.

Keywords: Health professionals, Commitment, Institutional delivery service

1. INTRODUCTION

1.1. Background

Commitment is the belief in and acceptance the goals and values of the profession and a willingness to exert considerable effort on behalf the profession and definite desire to maintain membership in the profession. Thus, any scale that purports to measure professionals' commitment should tap one of these mindsets and should reference the target, what the employee is committed to, be it the organization, profession, a team, a change initiative, a goal which can be to the maternal health services goal (IDS) in this case (Khanifar *et al.*, 2010). Health professionals' commitment can be explained by adherence to principles of ethical practice, effective interactions with patients and with people who are important to those patients, effective interactions with other people working in the health care system, reliability, competence, knowledge, commitment to autonomous maintenance and continuous improvement of competence, pride in profession, appearance, flexibility and good behavior outside work (Elias *et al.*, 2006). Professional commitment is a more stable type of work commitment or occupational commitment feelings about a job or organization (Siraneh *et al.*, 2018).

Health professionals' commitment is an occupational or work commitment that belongs to the health workforce and expected from them as if assigned to the given services after taking the training based on the competences. Institutional delivery service is one of the essential maternal health services that is given at health facilities by trained and educated health professionals. Wallace define professional commitment is similar to the definition of organizational commitment (Allen and Myer). She states that professional commitment has three dimensions: (a) Affective commitment, (b) Continuance commitment and (c) Normative commitments (Meyer and Allen, 2001).

One of the most comprehensive studies of professional commitment is examined not only the determinants of professional commitment but also the determinants of organizational commitment. Personal background, organizational context, and socialization variables, organizational commitment and job satisfaction can affect professional commitment (Khanifar *et al.*, 2010).

1.2. Statement of the Problem

Institutional delivery services (IDS) utilization coverage is increasing globally including Africa, but the progress is very slow in sub-Saharan Africa including Ethiopia (national; 16 %,) (Daniel and Desalegn 2014). Skilled attendance during delivery can only be provided in the presence of functioning health systems which include adequately trained, motivated and committed workers and well-equipped facilities, transportation and rapid referral systems in place (Admassie *et al.*, 2015). In Ethiopia the health system is facing many challenges related to shortage of health professionals in different disciplines and at all levels (Nima *et al.*, 2017).

The factors that affect professional commitment could be role status, salary levels, degree of autonomy over work and the level of exposure to on-going training and staff development opportunities and levels of stress in the work environments (Giffords, 2009). Demographic characteristics (age, gender, marital status, and educational achievement and career history), work values and attitudes toward the job and organizational climate perceptions, and personality variables (Chaulagain *et al.*, 2012).

Given the lack of empirical evidence in relation to level and determinants of professional commitment in the country, there is no choice but to assume that these factors have resulted in low level of commitment among health professionals in Ethiopia. Although health professional in public health facilities are often absent during working hours and these complaints are acknowledged by health workers commitments (Tesfaye Dagne1 *et al.*, 2015). These may affect quality maternal health services, to reduce maternal and neonatal mortality. There are limited studies conducted about the health professional's commitment and factors among in an institutional delivery services in Ethiopia particularly in study settings because of no emphasis to study done on problem under study. Thus is, it is indispensable to assess the professional commitment and its related factors indifferent socio-economic setting of the country.

Therefore, the aims of this study is to assess the health professional commitment and its associated factors provision of institutional delivery services in public health facilities of Shone District, Southern, Ethiopia.

1.3. Significance of the Study

Identifying the of health professionals 'commitment and its associated factors is important to reinforce the need and for better future intervention that were provide new insight in solving professional commitment related problem. Specifically, may serve for any possible interventions aimed at improving the institutional delivery services utilization. The findings would be used by hospital management and health professional to improve quality institutional delivery service for mothers who give birth in a public health facility. The finding of the study would be used as baseline information for further researches.

1.4. Objective

1.4.1. General Objective

- To assess the professional commitment and its associated factor among institutional delivery services providers in public health facilities of Shone District, southern Ethiopia from 2019 to June 2020.

1.4.2. Specific Objectives

- To determine the health professional commitment on institutional delivery services in public health facilities of Shone District, southern Ethiopia from October 2019 to June 2020.
- To identify factors associated with professional commitment on providing institutional delivery services in public health facilities of Shone District, from October 2019 to June 2020.

2. LITERATURE REVIEW

2.1. Overview of Professional Commitment on Institutional Delivery Service

Literatures define the term professional commitment (health) in different ways but the meaning is almost similar. The term commitment can be explained in many ways. Professional commitment describes the concept of commitment as, “consistent lines of activity” and the more stable type of work commitment or occupational commitment feelings about a job or organization. Commitment is typically conceptualized in one of two ways, one emphasizing behavior and the other emphasizing identity as the locus of individual action (Burke & Reitzes, 1991; Mowday *et al.*, 1979). Professional commitment refers to one’s loyalty to the profession and the willingness to strive and uphold the values and goals of the profession and a willingness to maintain membership in the profession or professional commitment has be, (a) belief in professional goal and value, (b) willingness to make significant effort on behalf of the profession, and (c) desire to remain of part of the profession. Health professionals ‘commitment can be explained by adherence to principles of ethical practice (Nima *et al.*, 2017)

2.2. Levels of health Professional Commitment on IDS

Commitment to the form of employment explains variance of organizational outcomes over and above organizational commitment (Bishwajit *et al.*, 2014).The study done in Newyork, USA showed that physician executives who believed strongly in traditional values like the right of the profession to regulate itself were more professionally committed provides further support for the perspective(Hoff, 2000). Study done by Teng indicated that Professional commitment ($\beta=.19$, $p=.00$) positively influence overall patient safety (Teng C-I *et al.*, 2009). The study conducted in India on level of health professional commitment showed that any reform process in health sector with less (Roodt *et al.*, 2008) committed health workers that would be less likely to succeed (Maheshwari *et al.*, 2007).

Another study conducted in India showed that organizational climate, job satisfaction and training and development together explained 17% variance in employee commitment.

Furthermore, similar study was suggested that when employees feel satisfied with their job, they are more likely to experience higher levels of commitment to their organizations than otherwise (Fabienne *et al.*, 2016). One study done in Jordan revealed that there was strong correlation between Nurse's job satisfaction and organizational commitment ($r = 0.93$; (AL-Hussami *et al.*, 2008). Another study conducted in Ghana, which could be showed the commitment levels of total commitment recoded 73% (the same as $p - \text{value}$) was less than 0.05.

The studies done in three different parts of Ethiopia revealed that the magnitude of job satisfaction was 38.5% (95% CI; 33.82– 43.2%), 41.46 and 41.4% eastern, Western and Western Ethiopia respectively (Maheshwari *et al.*, 2007; Fufa, 2019). Another study done in Jimma showed that the majority of the respondents (50%) were satisfied with their job (Yami *et al.*, 2011).

Commitment as conceptualized in the three approaches. The model developed by Meyer and Allen has gained substantial agreed. According to this model, organizational and professional commitment can be conceptualized as consisting of three components: affective, continuance and normative (Meyer and Allen, 2001).The model explains that commitment to an organization or at large to the profession is a psychological state, and that it has three distinct components that affect how employees feel about the organization that they work for and for their profession; affection for job ("affective commitment"), fear of loss ("continuance commitment") and sense of obligation to stay ("normative commitment")(Bagraim, 2003).The affective commitment (AC) means the attachment, identification and involvement in the organization and/or to their profession. AC is adoption of organizational goals and commitment to them and to have positive emotions related to identification with it (Siraneh *et al.*, 2018).

The continuance commitment (CC) refers to an awareness of the cost related with the leaving an organization or profession. These costs can either be work-related for example, wasted time and effort acquiring non-transferable skills or non-work-related for example, relocation costs (Meyer and Allen, 2001). Normative component (NC) reflects affecting of obligation to continue their professions or organization. Even if they are

unhappy in their role, or even if they want to pursue better opportunities. The employees who feel like they should stay with their organization out of a sense of obligation. Because it is the right thing to do. This sense of obligation can root from several factors (Antonio *et al.*, 2012).

2.3. Factors Associated with Professional Commitment on Institutional Delivery Service

Literatures relevant to professional commitment indicated a number of variables that determine level of commitment are stated in different sections specifically (Meyer and Allen, 2001).

2.3.1. Socio-demographic and Economic Factors

According to the longitudinal study done, Norwegian Social Research also the results showed, factors known to be related to professional commitment are socio-economic background, education, amount of salary, work experiences, working facility, age, gender, type of profession, and family characteristics ($P < 0.05$) (Havig *et al.*, 2010). According to the study done in Gujarat/India in 2008, on 424 nurses and doctors using facility based cross-sectional study; the level of health professionals 'commitment score is different across different types of professions and qualification, work experiences and within other variables (Maheshwari *et al.*, 2007). The study conducted in Taiwan, older age group ($\beta = 0.11$, $p < 0.01$); those employee hospital level (Shu *et al.*, 2008).

The study done in Newyork,USA showed that control variable, age, was positively associated with professional commitment ($r = 0.230$, $p < 0.01$) (Hoff *et al.*, 2000). The study conducted in Kermanshah, Iran showed that the ages of the individual and organizational commitment were positively correlated. Allen and Meyer suggest that older workers are more satisfied with their jobs because they are more attitudinal commitment (Fabiene *et al.*, 2016). Although nurses with a bachelor degree (mean Rank=234.92) reported a lower level of job satisfaction compared to those with diploma (mean rank=257.68), there was no significant difference in total job satisfaction of respondents across different qualifications ($p < 0.05$) (Hong *et al.*, 2006). The study conducted in Bangladesh, most of the subjects had monthly salary between 18,001 –

24,000 Taka (40.46%) and had monthly salary higher than (24,001 TK 41.27%) and the median net monthly salary was 1233Birr [SD 614.10 Birr], ranging from 1000.00 Birr to 5,000.00 Birr (1 US dollar=19.75(Bishwajit *et al.*, 2014; Hailemichael Nima *et al.*, 2017).

2.3.2. Organizational Support Related Factors

Organizational culture is concerned with how employees perceive the characteristics of an organization's culture, not with whether or not they like them. Researchers found that strength of organizational culture (perceived value and care for employee) predicted job satisfaction well and positively (Stockdale, 2003). The study conducted in New York, USA showed that being a practicing clinician ($r = 0.127$, $p < 0.05$) and Both perceived job complexity and management job involvement ($r = 0.216$, $p < 0.001$; $r = 0.156$, $p < 0.01$, respectively) were also positively related to commitment (Hoff *et al.*, 2000).

The study done in Canada and Berkley, USA revealed that unpleasant supervisor contacts ($r = 0.29$, $p < 0.05$) and pleasant coworker contact ($r = -0.28$, $p < 0.05$) were found to account for a substantial portion of the variance in organizational commitment (Siew *et al.*, 2011). The study that showed participation of employees to decision making enables to increase the employee's commitment towards the organization (El-Salam *et al.*, 2008). Another study done in USA, that significantly related to Organizational Commitment ($R^2 = .34$, $F = 3.87$, $d.f = (20,151)$, $p < .001$). The study done in Bangladesh, the result showed that organizational commitment had significant, moderate, and positive relationship with.

Another study done in Gurage, south Ethiopia show that the perceived value and care for employee score was a significant predictor of organizational commitment score ($p < 0.0001$, $B = 0.524$, $95\% CI = 0.440, 0.608$) (Hailemichael *et al.*, 2017). Moreover, another study done in India, indicated that work environment has significant effect on employees OC perceptions (Maheshwari *et al.*, 2007). A study conducted in Iran showed that the work environment conditions were found to be responsible for 15% of the variance in affective organizational commitment (Vanaki *et al.*, 2009).

The way in which tasks or the work context were organized, the structure of the organization and job satisfaction, morale, motivation and perceived organization support, have all been associated with employee absenteeism and low commitment (AL-Hussami *et al.*, 2008). A study was conducted by Wu and Norman (2005, in China) on 75 nurses, found a positive correlation between job satisfaction and professional commitment ($r = .464, P < .01$) indicating that nurses who were more satisfied with nursing profession as a job were also more committed to the health care service. The study conducted in Johannesburg, South Africa showed that a significant negative relationship ($r = -0.521; p < 0.01$) between organizational culture and turnover intentions was found, meaning that the more positive professional nurses were about the culture of the hospital, the less inclined they were to turnover intentions (Roodt, 2008). On other study done in Gurage zone, southern Ethiopia, value and care for employee score was a significant predictor of organizational commitment score ($B = 0.524, 95\% CI = 0.440, 0.608$) (Hailemichael *et al.*, 2017).

2.3.3. Job Satisfaction Related Factors

Job satisfaction is defined as all the feelings that an individual has about his/her job. Researchers have attempted to identify the various components of job satisfaction, measure the relative importance of each component of job satisfaction and examine what effects these components have on workers' productivity. A range of findings derived from quantitative as well as qualitative studies has been reported in the literature regarding sources of job satisfaction among nurses. These sources include working conditions, interactions with patients/co-workers/managers, work itself, remuneration, self-growth and promotion, praise and recognition, control and responsibility and organizational policies (Hong Lu *et al.*, 2006). The study conducted in Malaysia, that showed the staff Interaction was positively related to organizational commitment ($r = .33, p < .01$) and it was the third predictor of organizational commitment ($\beta = .13, p < .05$) (Siew *et al.*, 2011).

Occupational stress has also been found to be a major factor related to the job satisfaction of nurses as well as role conflict and role ambiguity. Regarding overall job

satisfaction, more than half of respondents were satisfied (n=275, 53.7%). Almost three quarters of the sample felt dissatisfied or very dissatisfied with the rate of pay for nurses (n=373,72.9%). The study was done in Gujarat, India shows that respondent's commitment to their profession is significantly higher than their commitment to the department (Maheshwari *et al.*, 2007). The study conducted in Taiwan, showed promotion satisfaction ($\beta = 0.170$, $R=0.554$, $p<0.01$ and also other study done in USA, statistically significant ($\beta=0.8$, $F=0.57$, $p<0.01$ (Boone *et al.*, 2012; Giffords *et al.*, 2009).Another study conducted in India, that show job satisfaction and training strongly correlated ($r = 0.67$, $p < 0.05$ & $r = 0.51$ respectively) (Fabiene *et al.*, 2016).

Factors that affect job satisfaction of health professionals as mentioned in many literatures includes amount of pay, the availability of necessary equipment and consumables to ensure proper patient care, style of communication channels in different organizational units and between workers and management. The study done in Limpopo, South Africa job satisfaction has a significant positive medium association with staff relations ($r = .44$), patient care ($r = .44$), responsibility ($r = .58$), and the opportunity to develop ($r = .58$), all at a p value of less than 0.01(Arab *et al.*, 2000; Mamitsa *et al.*, 2010).Another study done in Jimma, that was showed the facility location score ($B=0.088$, 95%CI=-0.004, 0.180) (Siraneh *et al.*, 2018).

2.3.4. Personal characteristic related factors

The study done in Newyork, USA showed that each of the professional values ($r = 0.075$, $p < 0.05$) and work-related perceptions ($r = 0.127$, $p < 0.05$) were significantly correlated with professional commitment (Hoff *et al.*, 2000).Similar study also stated that belief in individual physician autonomy and belief in collective self-regulation were positively associated with professional commitment ($r 0.161$, $p < 0.01$).According to the study done by Hong *et al.*,2006, two-thirds of respondents reported experiencing light to moderate stressed at work (n=311, 60.8%). Scores of moderate to extreme stress reported by respondents related to workload (n=398, 77.8%) and involvement with life and death situations (n=276, 53.9%) (Hong *et al.*, 2006). According to the longitudinal study done Norwegian Social Research (ANOVA), Oslo, Norway, work commitment associated with

work load was 4.315 in 1993 and 4.293 in 2003, and the correlation ($r=0.444$) between the two was highly significant. Another study done in Israel, that showed significantly work absenteeism ($t =2.21$; $p <0.05$) (Golan and Aaron, 2007).

2.4. Conceptual framework

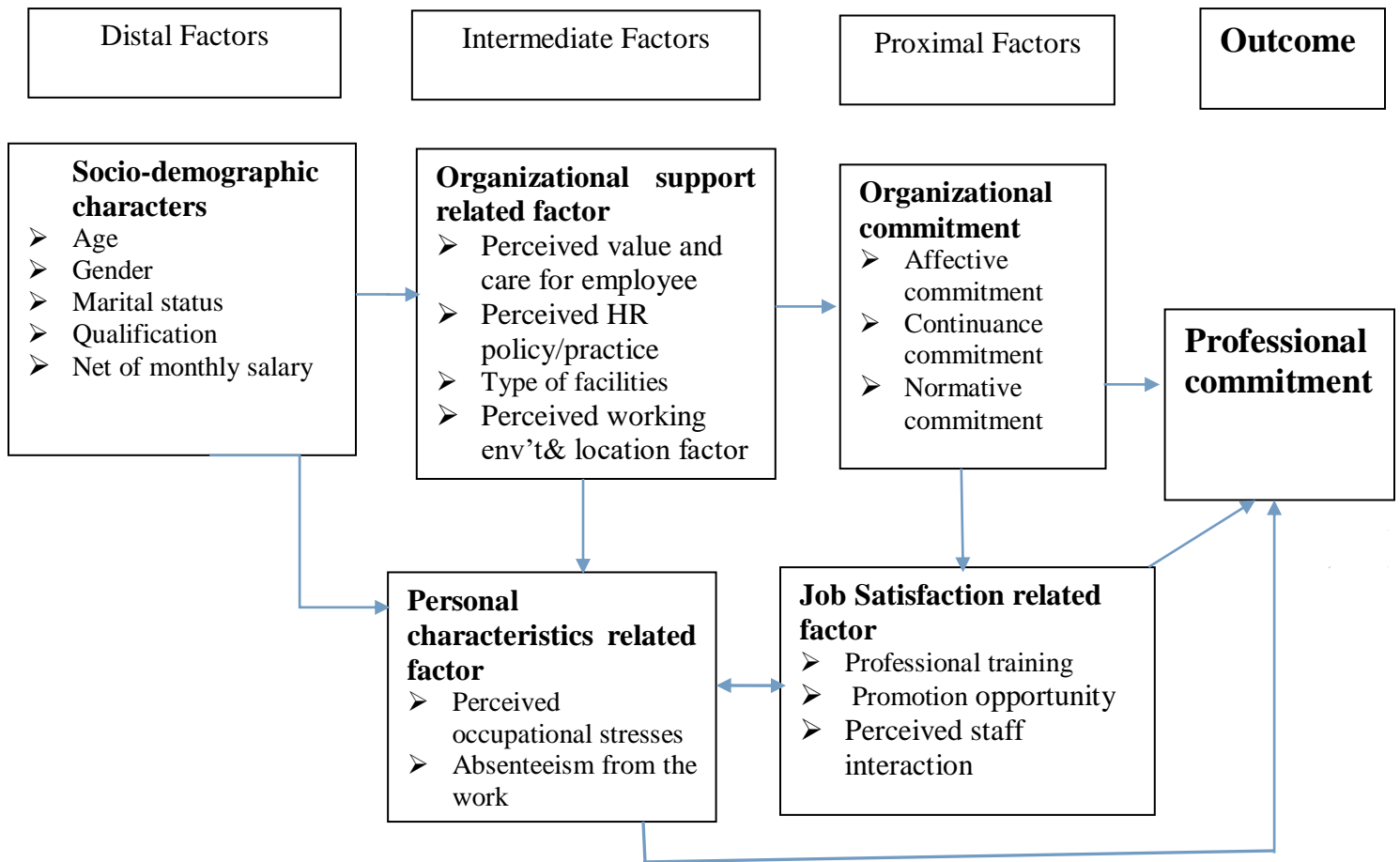


Figure 1:-Conceptual framework shows factors related with professional commitment on institutional delivery service (constructed based on reviewed literatures) in Shone District, southern, Ethiopia, from October 2019 to June 2020.

3. METHODS AND MATTERIALS

3.1. Study Area and Period

The study was conducted in Shone District, Hadiya zone, Southern Ethiopia from October 2019 to March 2020. Shone is located 100 km far from zonal capital city of Hosanna and 125 km far from Hawassa capital city of Southern Regional State and 334 km from Addis Ababa capital city of Ethiopia. Based on the 2007 Ethiopian national population and housing census the population of the town is above 300,000(FDRE CSA, 2007). Shone is geographically bordered in the south, Wolaita Zone, in the west, kambata Tambero zone, and in the north Halaba Zone and in the east Oromia. Haddiyissa is spoken as a first language by the majority residence and Amharic spoken as second language. In the shone there are one district Hospital, seven health center, four private medium clinics and six drugstores. About 870 health professionals from different disciplines from these the relevant for this study 668 have been working in the public health facilities of Shone District.

3.2 Study Design

A facility based cross-sectional study design was used.

3.3. Population

3.3.1. Source Population

The source population was all health professionals, those who are on providing institutional delivery services in public health facilities in Shone District.

3.3.2 Study Population

The study population were selected health professionals from the selecting health facilities, those who are on providing institutional delivery services in public health facilities in Shone District.

3.4. Inclusion and Exclusion Criteria

3.4.1. Inclusion criteria

All health professionals who has be employed in the health system for at least 6 months (these health professionals had not faced the true institution of health

facility environment) and directly involved in the care of pregnant women and institutional delivery service provision were included in the study.

3.4.2. Exclusion criteria

The respondents excluded from the study, when they are critically sick and these who are not directly involved institutional delivery service provision such as pharmacist, lab technician, environmental health, dentists, psychiatry nurse and radiographers.

3.5. Sample Size Determination

For the first objectives, the sample size was calculated using single population proportion formula with the following assumptions; P= 72.71%, level of health professionals commitment (Siraneh *et al.*, 2018), marginal error (d) of 5%, confidence level of 95% and $Z_{\alpha/2}$ is the value of the standard normal distribution corresponding to a significant level of alpha (α) of 0.05, which is 1.96 and design effect 1.5.

$$n = Z_{\alpha/2}^2 p (1-p)/d^2$$

$$n = 1.96^2 (0.7271) (1-0.7271)/ (0.05)^2$$

$$n = 305$$

$$n = 457$$

Assumption

P =Estimated percentage of professional commitment towards IDS (72.71%)

d = Marginal error/degree of precision =5% (0.05)

α = Critical value at 95% CI of certainty (1.96)

Z= Reliability coefficient

N = Sample size estimation of single population proportion

Then, by adding 10% (46) for non- response rate, final sample size became 503.

The sample size for second objective can be calculated using double population proportion formula with the following assumption, 95% confidence level, 1 to 1 ratio of exposed to non-exposed, that from dependent and independent variable; and the remaining assumption are included in the (Table 1).

Table 1:- sample size for objective two of the study that conducted in Shone District Public health facilities, Southern Ethiopia, from October 2019 to August 2020.

Variable	Proportion of outcome among exposed	Proportion of outcome among unexposed	AOR	Sample size	Reference
Perceived staff interaction	72.8	56.3	1.3	286	(Yibeltal Siraneh <i>et al.</i> , 2018)
Perceived work facility location	80.9	65.5	1.22	284	(Gebremariam Hailemichael Nima <i>et al.</i> , 2017)

As it is shown from the table, the sample sizes calculated using the two variables is less than that of calculated using single population proportion formula which is 503. Therefore, the final sample size for the study that was conducted on professional commitment in Shone District public health facilities is 503.

3.5.1. Sampling procedure

First, the health facilities were satisfied into hospital and health centers. Then, one district hospital and seven health centers were included in the study. Then based on numbers of study participants. Finally, simple random sampling was applied for the selection of study participants in proportion to professionals in each public health facilities (Figure 2)

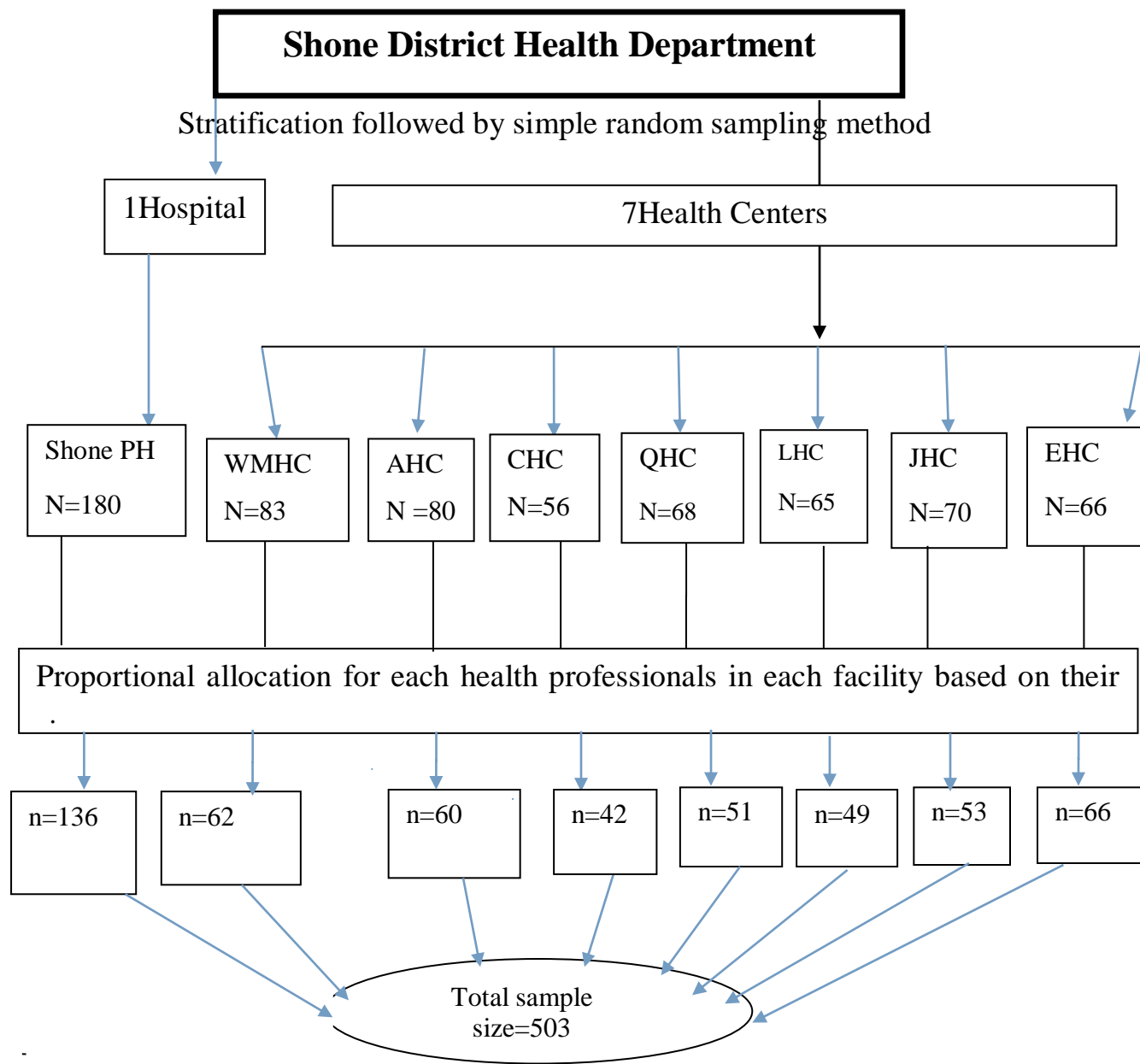


Figure 2: Schematic presentation of sampling procedure for study on level and factors associated with professional commitment Among Institutional Delivery Services Providers in Shone District, southern, Ethiopia, from October 2019 to March 2020.

3.6. Data Collection Methods

The quantitative data were collected using self-administered structured questionnaire that was adapted from different literatures based on the study objectives. The questionnaire comprises Socio-demographic and economic, job satisfaction related factor, perceived organizational support item, health professional commitment item, personal characteristic related factor and institutional delivery services, the level, factors affecting that health professional commitment and providing institutional delivery services in public health facilities. The questionnaire was prepared in English then translated into Amharic language and then back translated into English to ensure consistency.

3.6.1. Data Collection Procedure

Four data collectors were recruited for quantitative self-administered questionnaire from selected woreda as and/or from some facilities who are HO and Nurses (BSc) holders. They are fluent in Amharic and English language. Three supervisors who are 1 MPH and 2 BSc degree holders was recruited to oversee the data collection process. Data collectors was trained for one day and data was collected from selected health professionals, who give care on institutional delivery services. Over all supervision was conducted by principal investigator after giving the training for all data collection team on their specific responsibility, overviews regarding professional commitment and its impact on uptake of institutional delivery service, on each part of the tool, ethical consideration and data integrity for one day.

Quantitative data were collected using self-administered structured and the questionnaires were pre-tested in a similar study population in Shone district taking five percent of the actual sample size before the final work and appropriate measures was taken. The participants of the pre-test was contacted to give their general feelings, comments and problems encountered while responding the questions. Finally, relevant modifications were made before the start of the actual data collection. The study population invited to participate voluntarily by explaining the rationale of the study at the time of data collection. Trained data collectors were distributed the questionnaires to all eligible

health professionals at the same time during the tea breaks or at the entry or exit times like early morning or lunch time after informing was also fill the questionnaires privately.

3.7. Study Variables

Dependent Variable: Levels of professional commitments.

Independent variables: were Socio-demographic and economic variables (age, gender, marital status, qualification, type of facility and net monthly salary).Job satisfaction related variables (promotion opportunity, staff interaction and professional training).Organizational support related variables (Human resource policy/practice, Value and care for employee, and working env't and location).Personal characteristics related variables (absenteeism from the work, and occupational stress).IDS and Organizational goal related variables (Ambitious maternal health goal and shared vision).Organizational commitment variables (Affection for job/affective, fear of loss/Continuance, sense of obligation to stay/Normative commitment).

3.8. Operational Definitions/ Standard Definition

Health Professionals: refers to the study subjects who have direct involvement in the care of pregnant women and institutional delivery service provision such as medical doctors, nurses, Midwives, health officers, emergency surgeon and obstetricians, and anesthesia (Assefa Admassie *et al.*, 2015).

Job Satisfaction: This was measured five pre-assumed scales, 9 items of 5-point Likert scale respectively, in which 1 denoting very dissatisfied, 2 denoting Dissatisfied, 3 denoting Uncertain, 4 denoting Satisfied and 5 denoting very satisfied. Each score was created on a factor analysis and higher scores indicate higher job satisfaction. such as perceived promotion opportunity(It denotes both career development and educational upgrading opportunity in once organization),perceived resource availability and work setting (refers to the situation in which the professionals work in and the presence of adequate supplies and time for each client), perceived professional training (It represents the way how the organizations treat the health professionals and the presence of on job or off job training programs for the health professionals) and perceived staff interaction(It is

formal/informal relationship that is warm or bad, that practiced between anyone in the organization) (Yuqiu *et al.*, 2003, Lu. *et al.*, 2006).

Perceived Organizational Support: It was measured with 6 pre-assumed scales and total of 14 items; 1 denoting strongly disagree and 5 denoting strongly agree. Each score was created on a factor analysis and higher scores indicate higher perceived organizational support. perceived value and care for employee (It defines a job characteristic that the organization acknowledges the effort of health professionals and care for their wellbeing), perceived HR policy and practice (it indicates the effectiveness of HR policy and practices of health facilities), perceived compensation and benefit package (refers to the allowances/payment given to the professionals in addition to the basic salary by considering relevant issues), and Perceived working environment and location of facility (refers to the availability of infrastructural and locational advantage of the facility) (Boone *et al.*, 2012).

Organizational Commitment: This was measured using 3 components of pre-assumed scales (affective/affection for job, continuance/fear of loss, normative commitment/sense of obligation to stay) that was measured by 3 items each (20 total items) 1 denoting strongly disagree and 5 denoting strongly agree. Each score was created on a factor analysis and higher scores indicate higher perceived organizational commitment (Stockdale *et al.*, 2003; Hailemichael *et al.*, 2017).

Perceived Personal Characteristics: Those characteristics that are highly belongs/contextual to the individuals life/experience like, stress, work load, and absenteeism at working time, sense of being responsible and accountable for one 's action. This was measured using pre-assumed scales/variables that was measured by 1 item each with 5-point Likert scale, 1 denoting strongly disagree, 2 denoting disagree, 3 denoting neutral,4 denoting agree and 5 denoting strongly agree. Each score was created on a factor analysis and higher scores indicate higher perceived personal characteristics in line with expected ethical practice. (Lu. *et al.*, 2006, Hyggen *et al.*, 2007).

Perceived Institutional Delivery Service Uptake: Health sector has goal for maternal health improvement through maternal health service provision so that in what way the

health professionals ‘perceived/comply it, including the institutional delivery services ‘plan and its uptake, team approach/work, shared vision, and perceived ambitious maternal health goal. This was measured using pre-assumed 6 scales/variables that contain single item each of 5-point Likert scale, 1 denoting strongly disagree, 2 denoting disagree, 3 denoting neutral, 4 denoting agree and 5 denoting strongly agree. Each score was created on a factor analysis and higher scores indicate higher/increased perceived institutional delivery service and organizational goal uptake (Hong *et al.*, 2006).

Professional Commitment: It is the relative strength of an individual’s linkage to the respective profession. It is beyond a commitment for a particular organization and implies the individuals’ perspective towards their profession and the motivation that they have to stay in their job which refers to one’s loyalty to the profession and the willingness to strive and uphold the value and goals of the profession to maintain membership in the profession that can be explained by adherence to principles of ethical practice, effective interactions with patients and with other people working in the healthcare system, reliability, commitment to autonomous maintenance and continuous improvement of competence, pride in profession & good behavior outside work. This were measured using 10 items of 5-point Likert scale and 1 denoting for commitment, 0 denoting for uncommitted. Professional commitment score was created and higher score indicates higher professional commitment. The mean scores for all scales was reported as the percentages of scale mean score (%SM) after standardization the mean was calculated (Hailemichael *et al.*, 2017; Siraneh *et al.*, 2018).

“Good professional commitment” when the study participant scores above mean value and was coded 1.

“Poor professional commitment” when the study participant scores equal to and below the mean value of the sample and was coded 0.

3.9. Data Quality Control

The questionnaire initially prepared in English was translated into local language (Amharic), and then back translated into English to ensure consistency. The questionnaire was pretested on 5% of the actual sample size in Shone district on those health facilities that are not already sampled (i.e. weramazoria health center and Shone primary Hospital)

before the actual data collection period to make correction on tool accordingly. Training was given for both data collectors and supervisors for one day by the investigator. There was supervision on daily basis, and checking on 5% of the collected questionnaire conducted by the investigator. Finally, verification was done by checking error report before entry to Epi data using each case code. Split sample validation and outliers 'detection done.

3.10. Data Processing and Analysis

Data collection activities, professional commitment, which is the outcome variable was measured using ten questions, the index value was generated using descriptive statistics, such as means, summary tables, and graphs was used for describing the data .First, data was checked manually by principal investigator for its completeness and consistency. Each completed questionnaire was assigned a unique code and entered to Epi-Data version 3.02 Software. Then, data were exported to SPSS version 20.0 for analysis. The negatively worded items was reverse-scored.

Bivariate analyses were used to assess the relationship between dependent and independent variables. Normality of distribution was checked by observing using bar chart. Multicollinearity was checked by examining the variance inflation factors (VIF), so if the values for each variable is less than or equal to 5 was taken as no similarity or correlation coefficient <0.9. Finally, homoscedasticity was checked by observing all residual, box plots and scatter plots. So, all plots and contained points expected to have the same width (approximately, 0 variance) In addition to this, all the assumptions of factor analysis/PCA was checked to conduct data reduction. Frequency distribution were used to check for outliers' consistencies and to identify missing terms.

Binary logistic regression was used to model identify the factors. Bivariable analysis-those with variables at p- value<0.25 insert into the final model (binary logistic regression). Hosmer and Lemeshow goodness test was used to check model fitness. By computing professional commitment mean scores between working health facilities (HC and hospitals) professionals after checking the assumption that whether the difference in mean commitment level between different group was statically significant or not. Factors

associated with professional commitment were identified using Binary logistic regression analysis at a significance level of p-value < 0.05 with 95% confidence interval.

3.11. Ethical Considerations

The study was approved by Haramaya University, College of Health and Medical Sciences Institutional Health Research Ethics Review Committee (IHRERC). The permission agreement consent was taken from SNNPR health bureau, Shone district health department and respective woreda health offices. Informed, Voluntary, Written & Signed consent was obtained from the Heads of health facilities. Participants was informed clearly about the purpose and benefit of the study, and Informed, Voluntary, written and signed consent was obtained. Those who are signed written consent were only participate in the study and the confidentiality of responses was maintained throughout the research process by giving code for participant. They was informed well that they have full right to totally refuse to participate and/ or draw from the interview at any time of they have any problem.

3.12. Dissemination of Results

The findings of this study would be primarily submitted to Haramaya University College of health and medical science, school of graduate studies. In addition, it would also be disseminated to Hadiya zone, Shone district. Besides, the study findings would be considered to be published and present on local or international conferences and peer-reviewed journals.

4. RESULTS

4.1. Socio-demographic Characteristics of Study Participants

Of the total of 503, 480 (95.42%) were participated in the study. More than half (50.6%, n=243) of the respondent were males. Similarly, more than half of the respondents were married (53.3%, n=256). Most of the respondents (71.7%) were in the age category of 24-34 years (table 1). Almost half (49.2%) of the respondents were nurses in their profession. Once more, more than half (54.2) of respondents had work experience of 2-5 years in labor ward. Nearly two third (65.6) of the respondents had work experience of 2-5 years in the health facility. Of the total of 480 respondents; 162 (33.8%), 200 (41.7%) and 118 (24.6%) were dwellers of rural, urban and semi-urban areas, respectively. Moreover, about two third (66.3%) of the respondents were workers in health centers. Furthermore, nearly half (47.1) of the respondents had monthly salary in the range from 3654 Birr to 5294 Birr (1 US dollar =32.5) Ethiopia Birr during the data collection period (Table 2).

Table 2: Socio-demographic characteristics of health professionals, Shone district, Hadiya Zone, Southern Ethiopia, from October 2019 to June 2020 (n=480).

Variable			frequency
Sex	Male	243	50.6
	Female	237	49.5
Age	<34	344	71.7
	35-44	129	26.9
	45-54	7	1.5
	>55		
Marital Status	Single	213	44.4
	Married	256	53.3
	Divorced	7	1.5
	Widowed	4	0.8
Professions of the respondent	Midwifery	141	29.4
	Nurses	236	49.2
	Public health officer	66	13.8
	General practitioner/GP	16	3.3
	Other	21	4.4
Work Experience in lab or wards	<2 years	180	37.5
	2-5years	260	54.2
	>6 years	18	3.8
Work Experience in Facility	<2 years	52	10.8
	2-5 years	315	65.6
	>6 years	113	23.5

Residence	Urban	162	33.8
	Rural	200	41.7
	Semi Urban	118	24.6
Working Institution	Health Centre	318	66.3
	Hospital	162	33.8
Net monthly salary	2628-3653	187	39
	3654-5294	226	47.1
	5295-7111	61	12.7
	7112-11037	6	1.3

∴ Other: IESO and Anesthetist

4.2. Level of Professional Commitments.

Out of 480 study participants; about half and 21.3% of them agree and strongly agree the idea that they had willing to put a great deal of effort to develop their profession, respectively. Similarly, about 46.5% and 30% of the respondents agree and strongly agree that they were identified by their profession, respectively. Likewise, nearly half (48.5%) and more than one third (33.8%) of the participants agree and strongly agree the perception that they would accept any type of job related to their profession to reduce complaints accompanied with it, respectively. Once more, about 46% and 37.1% of the respondents agree and strongly agree the idea that they felt strongly tied with their colleagues, respectively. Moreover, about 45.4% and 27.7% of the study participants agree and strongly agree the perception that they were proud to belong to their profession, respectively. Furthermore, nearly half (48.5%) and one third (29.8%) of the respondents agree and strongly agree the idea that they really inspired in their best in the way of job performance, respectively.

Of the 480 study participants; more than half (53.1%) and nearly one third (29.8%) of the respondents agree and strongly agree the idea that they were extremely glad to choose their profession to work for life in advance, respectively. Similarly, about 25.2% and 37.7% of the respondents disagree and agree the perception that they criticized their profession, respectively. Likewise, 42.9% and 37.7% of the study participants agree and strongly agree the idea that they considered their profession was important, respectively. Furthermore, about 35.0% and 27.5% of the respondents disagree and strongly disagree the perception that they tried to hide their profession, respectively (Table 3).

Table 3: Frequency distribution of five point Likert scale response of participants for professional commitment measuring items, Shone district , 2020 (n=480).

Items measuring professional Commitment	Strongly disagree	Dis agree	Neutral	Agree	Strongly agree
I am willing to put in a great deal of effort to develop my profession beyond expected	9(1.9%)	81(16.9%)	46(9.6%)	242(50.4%)	102(21.3%)
I am a person who identifies strongly with my profession	7(1.5%)	63(13.1%)	43(9.0%)	223(46.5%)	144(30.0%)
I would accept almost any type of job that related to my profession to keep working beyond expected from me	4(0.8%)	47(9.8%)	34(7.1%)	233(48.5%)	162(33.8%)
I am a person who feels strong ties with Other members of my profession	2(0.4%)	54(11.3%)	24(5.8%)	222(46.0%)	178(37.1%)
I am a person who is proud to belong to my Profession	0	64(13.3)	65(13.5%)	218(45.4%)	133(27.7%)
My profession really inspires the very best in me in the way of job performance	2(0.4%)	67(14.0%)	35(7.3%)	233(48.5%)	143(29.8%)
I am extremely glad that I chose this Profession to work for ever in advance	5(1.0%)	54(11.3%)	23(4.8%)	255(53.1%)	143(29.8%)
I am a person who criticizes my profession	36(7.5.9%)	121(25.2%)	39(8.1%)	181(37.7%)	103(21.5%)
I am a person who considers my profession to be important	5(1.0%)	63(13.1%)	25(5.2%)	206(42.9%)	181(37.7%)
I am a person who tries to hide belonging to my profession	132(27.5%)	168(35.0%)	34(7.1%)	100(20.8%)	46(9.6%)

The magnitude of professional Commitment was 69.4%, 95% CI (65, 74) of health professionals. More than half 53.1% and nearly one third 29.8% of the respondents agree and strongly agree the idea that they were extremely glad to choose their profession to work for life in advance, respectively

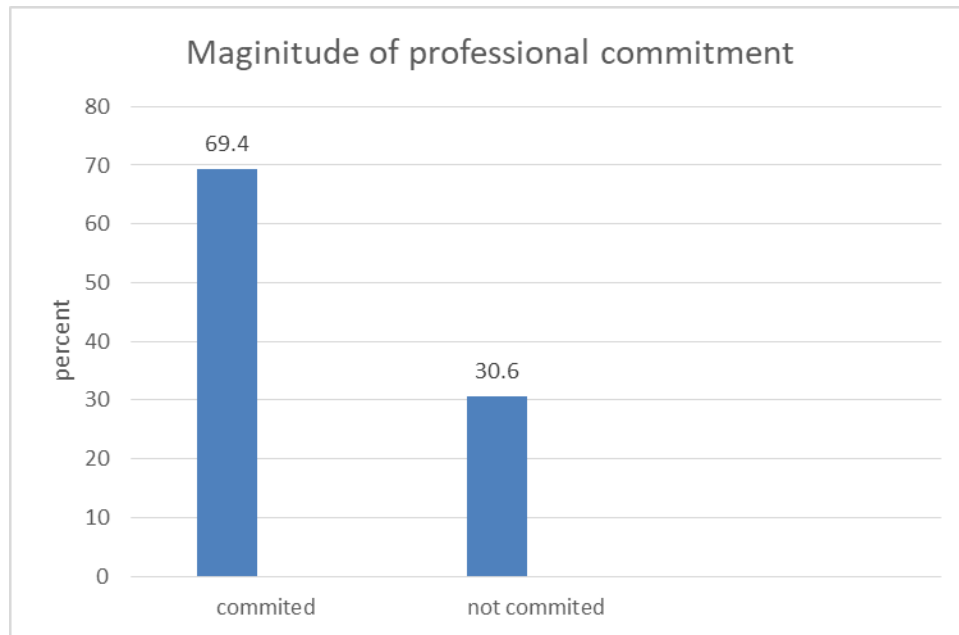


Figure 3: Magnitude of professional commitment in government health facilities in Shone district, Southern Ethiopia, from October 2019 to June 2020.

4.3. Job Satisfaction Related Factors

Out of 480 respondents; about 37.7% were satisfied with recognition they got for good work. Similarly, regarding sufficient opportunity for professional growth; 31.3%, and 40.6% of the respondents were dissatisfied and satisfied, respectively. Likewise, of the total of 480 respondents; 27.5% and 39.0% of the respondents were dissatisfied and satisfied with perceived support for personal and educational growth. Once more, regarding training opportunities; more than one third (37.9% and 29.6%) of the respondents were dissatisfied and satisfied, respectively. Moreover, nearly one third (28.5%) and more than one third (33.5%) of the study participants were dissatisfied with appropriate training to enhance their job performance, respectively. Furthermore, regarding perceived divining organizational training and orientation for new staffs; about one third of the respondents were satisfied.

Regarding perceived good work relationship; about 34.4% of the respondents were satisfied. Similarly, nearly one third of the respondents were dissatisfied and satisfied on perceived cooperation between the staffs, respectively. Once more, more than one third (31.7%) of the respondents were dissatisfied with perceived working environment encouragement to make adjustment for profession (Table 4).

Table 4: Perceived job satisfaction of health professionals, Shone district, Hadiya zone, government facilities, Southern Ethiopia, 2020 (n=480)

Items measuring job Satisfaction	Strongly dissatisfied	Dis satisfied	Neutral	Satisfied	Strongly satisfied
Perceived recognition for good work	63(13.1%)	151(31.5%)	20(4.2%)	181(37.7%)	65(13.5%)
Perceived sufficient opportunity for professional growth	88(18.3%)	195(40.6%)	25(5.2%)	150(31.3%)	22(4.6%)
Perceived support for personal and educational growth	68(14.2%)	187(39.0%)	46(9.6%)	132(27.5%)	47(9.8%)
Perceived opportunities to training	52(10.8%)	182(37.9%)	48(10.0%)	142(29.6%)	56(11.7%)
Perceived appropriate training program to enhance professional job performance	58(12.1%)	161(33.5%)	50(10.4%)	137(28.5%)	74(15.4%)
Perceived divining organizational training and orientation for new staff	72(15.0%)	120(25.0%)	79(16.5%)	134(27.9%)	75(15.6%)
Perceived good work relationship	45(9.4%)	144(30.0%)	36(7.5%)	165(34.4%)	90(18.8%)
Perceived atmosphere cooperation between staff	55(11.5%)	172(35.8%)	59(12.3%)	130(27.8%)	64(13.3%)
Perceived working environment encourage to make adjustment profession	92(19.2%)	152(31.7%)	61(12.7%)	136(28.3%)	39(8.1%)

4.4. Level of Perceived Organizational Support

Nearly one third and about 39.4% of the respondents disagree and agree on the idea that they contributed value to their organizational, respectively. Similarly, one third (30.8% and 31.9%) of the respondents disagree and agree the perception that organization took pride on their accomplishments at work, respectively. Likewise, about 29% and 22.5% of the respondents disagree and agree the perception that there was clear promotion policy in the facility, respectively. Once more, nearly one third (28.1%) and one third (30%) of the respondents disagree and agree the idea that there was unbiased application of promotion policy in the facility, respectively. Moreover, about 31.5% and 27.9% of the respondents disagree and agree the perception that there was clear policy and procedure to evaluate employee performance in the organization, respectively. Furthermore, one fourth and one third of the respondents disagree and neutral on the idea that there was clear training and development policy in the facility, respectively.

Of the 480 study participants; about 33.5% and 31.7% of them disagree and agree the perception that the location of the facility they work gave them an opportunity to gate additional income, respectively. Similarly, about 30.6% and 28.1% of the respondents disagree and agree the idea that there was conducive weather condition in the facility location, respectively. Furthermore, about 38.1% and 28.8% of the study participants disagree and agree the perception that there was sufficient infrastructure in the place where facility is located, respectively (Table 5)

Table 5: Perceived for organizational support of health professionals, Shone district, government facilities, Southern Ethiopia, 2020 (n=480)

Items measuring organizational Support	Strongly disagree	Dis agree	Neutral	Agree	Strongly agree
Perceived organizational value contribution	59(12.3%)	142(29.6%)	36(7.5%)	189(39.4%)	54(11.3%)
Perceived organizational really care About well-being	74(15.4%)	148(30.8%)	60(12.5%)	153(31.9%)	45(9.4%)
Perceived organization takes pride in my accomplishment at work	44(9.2%)	156(32.5%)	87(18.1%)	162(33.8%)	31(6.5%)
Perceived clear promotion policy in In the facility	69(14.4%)	139(29.0%)	125(26.0%)	108(22.5%)	39(8.1%)
Perceived consistent/unbiased application of promotion policy	43(9.0%)	135(28.1%)	123(25.6%)	144(30.0%)	35(7.3%)
Perceived clear police and procedure to evaluate employee performance	34(7.1%)	151(31.5%)	128(26.7%)	134(27.9%)	33(6.9%)
Perceived clear training and development policy	44(9.2%)	123(25.6%)	144(30.0%)	110(22.9%)	59(12.3%)
Perceived fair training and development policy	50(10.4%)	191(39.8%)	86(17.9%)	115(24.0%)	38(7.9%)
Perceived location of facility gave an opportunity to generate additional income	58(17.1%)	161(33.5%)	59(12.3%)	152(31.7%)	50(10.4%)
Perceived cost of life where the facility is located is faire	88(18.3%)	143(29.8%)	98(20.4%)	133(27.7%)	18(3.8%)
Perceived weather condition where the facility Location is conducive	37(7.7%)	147(30.6%)	102(21.3%)	135(28.1%)	59(12.3%)
Perceived sufficient infrastructure in place Where the facility is located	77(16.0%)	183(38.1%)	67(14.0%)	138(28.8%)	15(3.1%)

4.5. Organizational Commitment related factor

Nearly one third(27.1%) and about 39% of the respondents disagree and agree the idea that they would be very happy to spent the rest of their career with the organization they were working currently, respectively. Similarly, about 35.8% and 25.6% of the respondents disagree and agree the perception that they really felt their organization's problem as their own, respectively. Likewise, more than one third (33.1%) and nearly one third (27.3%) of the respondents disagree and agree the idea that they thought they could easily become attached to other organization as they left the current one. Once more, about 21% and 35.6% of the respondents disagree and agree on the perception that the current organization they were working had a great deal of meaning for them, respectively. Moreover, about 22.1% and 31.7% of respondents disagree and agree the idea that they felt strong sense of belonging to their organization, respectively.

About 28.5% and one third (31.0%) of the respondents disagree and agree the perception that they were not afraid of what might happen if they quit their job without having another one lined up, respectively. Similarly, about 35.8% and 26.7% of the respondents disagree and agree on the idea that it would be too costly for them to leave the job now, respectively. Likewise, about 34% and 34.2% of the study participants disagree and agree on the perception that staying with their organization was the matter of necessity as much as desire, respectively. Once more, nearly one third (27.1%) and one third of the respondents disagree and agree on the idea that the major reason for them continue work in the current organization was that leaving the organization would require considerable personal sacrifice, respectively. Moreover, about 41.5% and 33.1% of the respondents disagree and agree on the perception that they did not think that people these days move from facility to facility too often, respectively. Furthermore, about 34.2% and 25.2% of the respondents agree and strongly agree on the belief that a person must always be loyal to his/her organization.

About 35% and 35.8% of the respondents disagree and agree on the perception that jumping from organization to organization was unethical for them. Similarly, about one third (30.4%) and 29.3% of the participants agree and disagree on the perception that the current organization was the best of all possible organizations for them to work.

Likewise, about 33.8% and 25.6% of the study participant agree and disagree on the idea that things were better in the days when people stayed in one organization for most of their careers. Furthermore; about 35.2% and 26.3% of the respondents agree and disagree on the perception that professionals willing to put a great deals of their effort was in order to help their organization (Table 6).

Table 6: Perceived for organizational commitment of health professionals, Shone district, government facilities, Southern Ethiopia, 2020 (n=480)

Items measuring organizational Commitment	Strongly disagree	Dis agree	Neutral	Agree	Strongly agree
I would be very happy to spend the rest of my career with this organization	37(7.7%)	130(27.1%)	87(18.1%)	187(39.0%)	39(8.1%)
I really feel as if this organization's	75(15.6%)	172(35.8%)	66(13.8%)	123(25.6%)	44(9.2%)
I think that I could easily become attached to another organization as I am to this one	71(14.8%)	159(33.1%)	82(17.1%)	131(27.3%)	37(7.7%)
This organization has a great deal of personal meaning for me	56(11.7%)	101(21.0%)	88(18.3%)	171(35.6%)	64(13.6%)
I feel a strong 'sense of belonging to my organization	90(18.8%)	106(22.1%)	57(11.9%)	152(31.7)	75(19.8)
I am not afraid of what might happen if I quit my job without having another one lined up	45(9.4%)	137(28.5%)	95(19.8%)	149(31.0%)	54(11.3%)
It would be very hard for me to leave my organization right now, even if wanted to	70(14.6%)	136(28.3%)	79(16.5%)	160(33.3%)	35(7.3%)
It would be too costly for me to leave my organization now	73(15.2%)	172(35.8%)	67(14.0%)	128(26.7)	40(8.3%)
Right now, staying with my organization is a matter of necessity as much as desire	34(7.1%)	163(34.0%)	57(13.9%)	164(34.2%)	62(12.9%)
One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice— another organization may	39(8.1%)	130(27.1%)	82(17.1%)	144(30.0%)	85(17.7%)

not match the overall benefits I have here

I don't think that people these days move 29(6.0%) 199(41.5%) 56(11.7%) 159(33.1%) 37(7.7%)

from facility to facility too often

Believe that a person must always be 27(5.6%) 106(22.1%) 62(12.9%) 164(34.2%) 121(25.2%)

loyal to his or her organization

Jumping from organization to organization 53(11.0%) 168(35.0%) 56(12.7%) 172(35.8%) 31(6.5%)

seem at all unethical to me

For me this is the best of all possible 59(12.3%) 126(26.3%) 103(21.5%) 146(30.4%) 46(9.6%)

Organizations for which to work.

Things were better in the days when people 65(13.5%) 123(25.6%) 79(16.5%) 162(33.8%) 51(10.6%)

stayed in one organization

I am willing to put in a great deal of effort 13(2.7%) 126(26.3%) 67(14.0%) 169(35.2%) 105(21.9%)

beyond that normally expected in order to help

4.6. Level of Perceived Personal Characteristics

Out of 480 respondent; perceived work load was beyond what others had that (40.8%) made me more committed to my profession and believing that the end (outcome) justifies the w (42.3%). Furthermore, regarding perceived always on time for work and the exposure to life and death situation Makes me stressed that affect my performance was (37.7%), (37.3%).Regarding perceived absentness from work even if faced difficulty; about (40.2%) and (24.0%) agree and disagree. The higher score indicate higher perceived personal Characteristics participants had in line with expected believe that the end (outcome) justifies the means improvising services (Table 7).

Table 7: Perceived for personal characteristics of health professional commitment, Shone district, government facilities, Southern Ethiopia, 2020 (n=480)

Items measuring personal characteristics	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I am always on time for work	4 (0.8%)	69(14.4%)	59(12.3%)	181(37.7%)	167(34.8%)
The exposure to life and death situation Makes me stressed that affect my performance	25 (5.2%)	104(21.7%)	115(24.0%)	179(37.3%)	57(11.9%)
My work load is beyond what others had that made me more committed to my profession	13(2.7%)	101(21.0%)	74(15.4%)	196(40.8%)	96(20.0%)
I believe that the end (outcome) justifies the Means in providing services, I am outcome-oriented	19(4.0%)	85(17.7%)	78(16.3%)	203(42.3%)	96(19.8%)
I may not be absent from work even if I faced difficult problem	26(5.4%)	115(24.0%)	82(17.1%)	193(40.2%)	64(13.3%)

4.7. Factors associated with professional commitment

In binary logistic regression analysis, profession of the respondents, work experience in labour ward, area of residence, type of health facility, net monthly salary, job satisfaction, organizational support, organizational commitment, personal characteristics and institutional delivery service were found to be associated with professional commitment(Table 8).

Table 8: Bivariable analysis of factors related with professional commitment in public health facilities, Shone district, Hadiya Zone, Southern Ethiopia, 2020 (n=480)

Variables	Professional Commitment (%)		COR(95%CI)	p value
	Committed (%)	Not Committed (%)		
Profession of the respondents				
Midwife	88(69.8%)	38(30.2%)	1	0.73
Nurse	157(70.1%)	67(29.9%)	1	0.70
Public health officer	39(60.0%)	26(40.0%)	1	0.53
General practitioner	13(81.2%)	3(18.8%)	1	0.30
Others	16(84.2%)	3(15.8%)	2.7(0.63 – 11.35)	0.18
Work experience in labour				
Ward				
≤1year	35(72.9%)	13(27.1%)	1	0.86
1-3 years	147(67.7%)	70(32.3%)	1	0.56
3-6 years	97(68.3%)	45(31.7%)	1	0.65
≥6 years	9(90%)	1(10.0%)	3.60(0.42-30.0)	0.24
Others	45(71.4%)	18(28.6%)	1	
Area of residence				
Urban	89(76.7%)	27(23.3%)	1	0.36
Rural	157(64.9%)	85(35.1%)	0.75(0.46-1.20)	0.23
Semi urban	87(71.3%)	35(28.7%)	1	
Type of health facility				
Health centers	205(65.5%)	113(35.5%)	2.06(1.33-3.22)**	0.001
Hospital	128(79.0%)	34(21.0%)	1	
Net monthly salary				
2628-3653	126(67.6%)	61(32.4%)	10.5(1.20-91.86)	0.034
3654-5294	162(72.2%)	63(27.8%)	13.06(1.5-114.0)	0.02

5295-7111	41(68.2%)	20(31.8%)	10.79(1.28-98.8)	0.035
7112-11037	3(50.0%)	3(50.0%)	1	
Job satisfaction				
Dissatisfied	197(64.0%)	111(36.0%)	1	
Satisfied	136(40.8%)	36(20.9%)	2.13(1.38-3.29)*	0.001
Organizational support				
Negative attitude	191(64.5%)	105(35.5%)	1	
Positive attitude	142(77.2%)	42(22.8%)	1.86(1.22-2.82)*	0.004
Organizational commitment				
Negative attitude	128(59.0%)	89(41.0%)	1	
Positive attitude	205(77.9%)	58(22.1%)	2.45(1.65-3.65)**	0.001
Personal characteristics				
Negative attitude	86(53.4%)	75(46.6%)	1	
Positive attitude	247(77.4%)	72(22.6%)	2.99(1.99-4.49)**	0.001
Institutional delivery services				
Negative attitude	137(63.1%)	80(36.9%)	1	
Positive attitude	196(74.5%)	67(25.5%)	1.70(1.15-2.52)*	0.007

These 10 variable, which had statistical significant associated with professional commitment in the preceding five model, were entered into the final model (MLR). Out of that only three them were significant independent variable of the professional commitment factor ($p < 0.05$ and/or $p < 0.001$). The socio-demographic and economic variables such as age, gender, marital status, qualification, work experience, profession, area of residence and net monthly salary were significant predictor in the final model. Among these variables only types of working facilities of the hospital participants (33.8%), health center (66.3%). From this model, type of working health facilities was associated with professional commitment. The result of independent hosmer and lemeshow test showed that professional commitment of health professionals were positively significantly different between hospitals and health centers ($p=0.001$).but the

area of residence not significant between urban (76.7%) and rural (64.9%) (p=0.36) (Table 9).

Table 9: Bivariable analysis of factors associated with professional commitment in public health facilities, Shone district, Hadiya Zone, Southern Ethiopia, 2020 (n=480)

Variable	professional commitment		P value	AOR(95%CI)
	Committed	Not committed		
Area of residence				
Urban	89(76.7%)	27(23.3%)	0.36 *	
Rural	157(64.9%)	85(35.1%)	0.23	0.75(0.46-1.20)
Type of health facility				
Health centers	205(65.5%)	113(35.5%)	0.001**	2.06(1.33-3.22)
Hospital	128(79.0%)	34(21.0%)		
Net monthly salary				
2628-3653	126(67.6%)	61(32.4%)	0.034 *	10.5(1.20-91.86)
3654-5294	162(72.2%)	63(27.8%)	0.02	13.06(1.5-114.0)
5295-7111	41(68.2%)	20(31.8%)	0.05	10.79(1.28-98.8)
7112-11037	3(50.0%)	3(50.0%)		

AORs with 95% indicated with bold shows that significant at p value <0.05 ** candidate for MLR at p<0.25

A multivariable logistic regression analysis was performed to identify factors associated with professional commitment of health care professionals. Consequently, three variables were found to be statistically associated with professional commitment after adjusting for confounders. These were type of facility, organizational commitment and personal characteristics. In this study, those who worked at hospital were 2.4 times more likely committed to profession compared with those who worked at health center [AOR=2.45:95%CI(1.29-4.67)]. Those who had positive attitude toward organizational

commitment were 2.3 times more likely committed to profession compared with those who had negative attitude toward organizational commitment [AOR=2.27:95% CI (1.25-4.12)]. Those who had positive attitude toward personal characteristics were 1.76 times more intended to professional commitment compared with those who had negative attitude toward personal characteristics [AOR=1.76:95% CI (1.04-2.96) p=0.03] (Table 10).

Table 10: Multivariable analysis of factors related with professional commitment in public health facilities, Shone district, Hadiya Zone, Southern Ethiopia, 2020 (n=480)

Variable	professional commitment		COR(95%CI)	AOR (95%CI)
	Committed	Not committed		
Types of health facility				
Health center	205(65.5%)	113(35.5%)	2.06(1.33-3.22)	2.45(1.29-4.67)**
Hospital	128(79.0%)	34(21.0%)	1	1
Job Satisfaction				
Dissatisfaction	197(64.0%)	111(36.0%)	1	1
Satisfaction	136(40.8%)	36(20.9%)	2.13(1.38-3.29)	1.72(0.72 – 2.47)*
Organizational Support				
Negative Attitude	191(64.5%)	105(35.5%)	1	1
Positive Attitude	142(77.2%)	42(22.8%)	1.86(1.22-2.82)	1.03(0.571-1.856)*
Organizational commitment				
Negative attitude	128(59.0%)	89(41.0%)	1	1
Positive attitude	205(77.9%)	58(22.1%)	2.45(1.65-3.65)	2.27(1.25-4.12)**
Personal characteristics				
Negative attitude	86(53.4%)	75(46.6%)	1	1
Positive attitude	247(77.4%)	72(22.6%)	2.99(1.99-4.49)	1.76(1.04-2.96)**

AORs with CI 95% indicated with bold shows variables which associated with outcome variable with p- value < 0.05*=p>0.05, **=p<0.05, ***=p<0.001

5. DISCUSSION

This study finding shows the level of professional commitment was 69.4%. This finding is lower than other study findings done in Ghana and South West Ethiopia (Jimma) which revealed that level of professional commitments were 73% and 72.7%, respectively. The possible explanation might be due to variation in working environment and the study setting as well. This study finding is higher than the study result done in Gurage Zone, Southern Ethiopia which showed that the proportion professional commitment to their organization was 64.81% (Hailemichael *et al.*, 2017). The possible explanation might be due to professional commitment improvement of promotion opportunities and other incentives. This finding is different of parentage may be due to the incentive, like housing loan, medical benefit (risk loan, the way of pay the duty) which were provided by the organization to the professionals and other finding done in India, showed that good relation with organization, fair training and development policy, clear promotion policy, cost to live on the same organization could help in delivery responsibilities' professionals that may add the professionals commitment respectively 17% (Maheshwari *et al.*, 2007, Fabiene *et al.*, 2016).

This study result showed that professionals working in health center were 2.45 times more likely to be committed to their work than professionals working in hospital. This finding is consistent with study findings done by Havig (Havig *et al.*, 2010). This might be due to decreased work overload in health centers than hospitals. Similarly, this study result reveals that health professionals who had positive attitude to their organization were 2.27 times more likely to be committed to their professions compared to health professionals who had negative attitude to their organization. This finding is in agreement with other study finding done in USA, Newyork which stated that Physicians loyal to their organization were committed to their professions (Hoff *et al.*, 2000).

Health professionals who had positive attitude to personal characteristics were 1.76 times more likely to be committed to their work compared with health professionals who had negative attitude to personal characteristics. This finding is consistent with other study

findings done in Newyork, USA which stated that belief in individual physician autonomy and belief in collective self-regulation.

Consequently, three variables were found to be statistically associated with professional commitment after adjusting for confounders. These were types of health facility, organizational commitment and personal characteristics. The result of independent variable show that professional commitment of health professionals were significantly different between hospital (33.8%) and health center (66.3%). In this study, types of health facility in health center lower than the result done in eastern, southern Ethiopia were (81.2%, 61.10%) by Merga (Merga *et al.*, 2019, Hailemichael *et al.*, 2017) respectively.

Organizational commitment related predictors of professional commitment were organizational affective (affection for job) commitment factors and organizational normative (Sense of obligation to stay) commitment factors. Related researches support this finding by phrasing the affective component (AC) is adoption of organizational goals and commitment to them and to have positive emotions related to identification with it. Similarly, this study result agreed with other study done in Bangladesh, which showed that work environment were good to their organizational commitment had significant, moderate, and positive relationship with. The other factor which affects professional commitment of health professionals in this study was perceived organizational commitment related variable that was perceived people, these day move from facility to facility too often 41.2%.

This study finding shows the personal characteristic, which is nearly half of respondent were work absenteeism higher than in study done Israel, which showed that work absenteeism(Golan and Aaron, 2007)). Similarity, this study result reveals that health professionals, they were always on time for work higher than the study done in the Norway, which show that they were always on time for work was reported by individuals was 4.315 in 1993 and 4.293 in 2003, and the correlation ($r=0.444$) (Hoff *et al* 2000).Other study done by Hong *et al.*,2006, perceived occupational stresses, showed

that life and death situation make those stressed that were low level of their performance(n=311, 60.8%).

5.1. Strength and Limitation of the study

High response rate which is 95.42% and being able to collect data on pre-planned period
Some of the limitation of study were social desirability bias and information bias (the information obtained were dependent on the participants 'self-report as well as the study not identify cause and effect relationship rather merely factors of professional commitment.

6. Conclusion and Recommendations

6.1. Conclusion

The magnitude of professional commitment among institutional delivery service providers in public health facilities in Shone district was medium. Personal characteristics was an important factors of professional commitment. More specifically, occupational stresses and having balanced work life time to foster a more high level of professional commitment. Organizational commitment had great influence on professional commitment. Specifically, affective and normative organizational commitment score affect the level of professional commitment positively. Moreover, the perceived work environment and perceived team work of the staff were to increases professional commitment. Finally, we can conclude that professional commitment was much more influenced by organizational related factors than personal factors by contributing many variables that can affect outcome of interest.

6.2. Recommendations

This research taking note of the findings in this study several measures could be recommended to positive affect professional commitment among institutional delivery service providers. In addition, we would like to forward the following recommendation to all concern bodies. All health managers at all level in district should work to increase their incentive of health professionals and to minimize their work load to have balance work life time in government health facilities. It is better if health managers at all levels should value the efforts, care and concern for the wellbeing of health professionals working in public health facilities. All health professional and should manage their own personal characteristics to behave in good way to be committed for their profession.

Further researcher to investigating on relationship between compliance of organizational commitment and professional commitment as well as between perceived value and care for employee, promotion opportunity, and professional commitment.

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8. Annex I: English Version of Questionnaire

Questionnaire developed for the level and factors associated with professional commitment of health professional providing institutional delivery services in Shone District, southern Ethiopian, from October 2019 to March 2020.

Table 4. Questionnaire of the thesis proposal

No	Question	Response option	Skip
	Part one socio demographic characteristic		
1	Your gender	Male Female	
2	Your age	_____ years	
3	Marital status	1. Single 2. Married 3. Divorced 4. Widowed	
4	Your profession	_____ (currently you are working)	
5	What is your qualification?	1. Diploma 2. Bachelor degree 3. Post graduate (master's holder or specialty certificate....)	
6	How long have you worked at this health facility?	_____ years	
7	Area of residence	1. Urban 2. Rural	
8	You are working in?	1. Health center 2. Hospital	
9	Net monthly salary you earn	_____ (ET /birr/)	

Part II: Job satisfaction questions:

How satisfied are you with the following aspects of your current job? Please circle the number that applies your current satisfaction level in front of each question/item. The items are scored as 1 = Very dissatisfied, 2 = Dissatisfied, 3= Uncertain, 4 = Satisfies, 5 = Very Satisfied.

	Sub-components and items	Very Dissatisf	Dissatisf ied	Uncertai	Satisfied	Very
	1. Promotion opportunity					
201	The recognition you get for good work					
202	Sufficient opportunity you have for professional growth					
203	Support for Personal growth and development through education and training you get					
	Professional Training					
204	With the training opportunities available to you					
205	Training programs appropriate to enhance your professional job performance					
206	Your organization gives training and orientation to new staffs well					
	5. Staff Interaction					
207	Good working relationship you have with your colleagues					
208	Atmosphere of co-operation between staff & management					

209	Working environment encourage you to make adjustment in your professional practice to suit patient needs					
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Part III: Perceived organizational support questions by considering the items 'score as strongly disagree=1, disagree=2, neutral=3, agree=4 and strongly agree=5. Please circle the number that applies your current perceived organizational support level in front of each question/item.

	Sub-components and items	strongly disagree	Disagree	Neutral	Agree	strongly
	1.Value and care for employee					
301	The organization values my contribution to its well-being					
302	The organization really cares about my well-being					
303	The organization shows very little concern for me					
304	The organization takes pride in my accomplishments at work					
	3. Human resource policy and practice					
305	There is clear promotion policy at my facility					
306	There is a consistent /unbiased application of promotion policy					
307	The transfer policy is consistent and fair					
308	There is clear policies and procedures on how to evaluate employees 'performance					
309	There is clear training and development policy					
310	There is fair training and development policy					
	4. Location of facility					

311	The location of facility gives me an opportunity to generate additional income					
312	The cost of life where the facility is located is fair					
313	The weather condition where the facility located is conducive for living					
314	There is sufficient infrastructure in the place where the facility is located					

Part IV/A: Professional commitment questions (to be scored as follows) strongly disagree=1, disagree=2, neutral=3, agree=4 and strongly agree=5. Please circle the number that applies your current professional commitment level in front of each question/item.

	Item	Strongly disagree	Disagree	Neutral	agree	strongly agree
401	I am willing to put in a great deal of effort to develop my profession beyond expected					
402	I am a person who identifies strongly with my profession					
403	I would accept almost any type of job that related to my profession to keep working beyond expected from me					
404	strong ties with other members of my profession I am a person who feels					
405	I am a person who is proud to belong to my profession					
406	My profession really inspires the very best in me in the way of job performance.					
407	I am extremely glad that I chose this profession to work					

	for ever in advance					
408	I am a person who criticizes my profession					
409	I am a person who considers my profession to be important					
410	I am a person who tries to hide belonging to my profession					

Part IV/B: Organizational commitment questions (to be scored as follows) Strongly disagree=1, disagree=2, neutral=3, agree=4 and strongly agree=5. Please circle the number that applies your current organizational commitment level in front of each question/item.

	Sub-components and items	Strongly disagree	disagree	Neutral	Agree	strongly
	1. Affective Commitment					
501	I would be very happy to spend the rest of my career with this organization					
502	I really feel as if this organization 's problems are my own					
503	I think that I could easily become attached to another organization as I am to this one					
504	This organization has a great deal of personal meaning					

	for me					
505	I feel a strong ‘sense of belonging to my organization					
	2. Continuance Commitment					
508	I am not afraid of what might happen if I quit my job without having another one lined up					
509	It would be very hard for me to leave my organization right now, even if wanted to					
510	It would be too costly for me to leave my organization now					
511	Right now, staying with my organization is a matter of necessity as much as desire					
512	I feel that I have very few options to consider leaving this organization					
513	One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice— another organization may not match the overall benefits I have here					
	3. Normative Commitment					
514	I don ‘t thinks that people these days move from facility to facility too often					
515	I don ‘t thinks that people these days move from facility to facility too often					
516	I believe that a person must always be loyal to his or her					

	organization					
517	Jumping from organization to organization seem at all unethical to me					
518	For me this is the best of all possible organizations for which to work.					
519	Things were better in the days when people stayed in one organization for most of their careers					
520	I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful					

Part V: Personal characteristics questions (to be scored as follows) Strongly disagree=1, disagree=2, neutral=3, agree=4 and strongly agree=5. Please circle the number that applies your current Personal characteristics level in front of each question/item.

	Item	Strongly disagree	Disagree	Neural	Agree	Strongly agree
601	I am always on time for work					
602	The exposure to life and death situation makes me stressed that affect my performance					
603	My work load is beyond what others had that made me more committed to my profession					
604	I believe that the end (outcome) justifies the means in providing services, I am outcome-oriented					
605	I may not be absent from work even if I faced difficult problem					

Part VI: Institutional delivery service and maternal goal related questions (to be scored as follow) strongly disagree=1, disagree=2, neutral=3, agree=4 and strongly agree=5. Please circle the number that applies your current Institutional delivery service and organizational goal uptake related issues in front of each question/item.

	Item	Strongly disagree	Disagree	Neutral	agree	Strongly agree
701	I think at national level, the maternal health goal is over ambitious so it is difficult to achieve					
702	At my facility as well as in health sector we had shared vision towards delivery service provision to be increased so as to reduce maternal morbidity & mortality					
703	At my health facility, delivery service providers ‘case team approach is well organized.					
704	I feel the facility level rules and regulations are not respected in line with professionals ‘ethics					