

ORIGINAL ARTICLES

Turnover intention and some related factors of health workers in Vietnam

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ABSTRACT

Objective: The study aims to describe turnover intention and some related factors of health workers in Vietnam 2024

Methods: A cross-sectional study was conducted with a sample of 889 health workers. The questionnaire was administered online during the period from November to December 2024 in Vietnam.

Results: the proportion of health workers who intended to leave was quit their jobs in Vietnam is 17.3%. The overall mean score of turnover intention scale was 2.94 (± 1.096) point. Turnover intention has a statistically significant relationship with age, qualification, job position and sector. Turnover intention increased among health workers working in the private sector and those with higher qualifications while it decreased among older health care workers and those holding managerial positions.

Conclusion: This study provided some evidence on turnover intention and some related factors of health workers in Vietnam and suggested that managers should take measures to increase the retention of highly qualified healthcare workers and future studies should contribute more evidence and expand understanding on the topic of turnover intention and related factors.

Keywords: Turnover intention, health workers, related factors.

INTRODUCTION

Health human resources are the most important factor among the input factors of World Health Organization (WHO) health systems framework (1). Adequate health human resources in quantity and quality are indispensable conditions to achieve universal health care coverage, one of the sustainable development goals of the WHO (2). However, the world is facing a shortage of about 18 million health workers in low- and middle-income countries with the most serious shortage is sub-Saharan Africa and Southeast Asia, including Vietnam (3). In such a context of human resource shortage, especially after the Covid 19 epidemic, retaining human resources becomes even more important. There are a number of studies around

the world that have research on the topic of the turnover intention of healthcare workers, such as study in hospitals in Ghana (4), study on primary healthcare workers in Guangdong province, China (5) or a series of study in Ethiopia (6) and so on (7). Some influencing factors have also been found from studies such as age, gender, occupation, qualifications...

Vietnam is also among countries with a serious shortage of health workers (3) as well as problems with health worker turnover. In just 18 months from 2021 to 2022, more than 9,300 medical staff resigned or quit their jobs from health facilities according to statistics of the Ministry of Health (8). This situation requires the need for research to serve as the based of policy making



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and strategic planning to retain human resources working at medical facilities (9) Therefore we conducted this study with the objective: Describe turnover intention and and some related factors of health workers in Vietnam 2024.

METHODS

Study design: a cross-sectional study was applied.

Study site and time: This study was collected data from November to December 2024 in Vietnam.

Research subjects: health worker with professional titles in the medical who working at facilities providing directly medical treatment and disease prevention services in Vietnam.

Sample size and sampling methods: Apply Solvin's sample size formula:

$$n = \frac{N}{1 + Ne^2}$$

Including: n is minimum sample size; N is population size, according to the 2019 - 2020 health statistical yearbook, the total number of health worker with professional titles in the health sector in 2020 was 482,975 people. e is the margin of error (e = 0,05). Applying the formula, the minimum sample size is 400.

Due to time and resource constraints, the study applied the convenience sampling method combined with the snowball method to collect data. We have obtained 1004 answers. After cleaning and removing invalid answers, the sample size for analysis was 889, accounting 88,5%.

Study variables and qualitative research topics

The questionnaire had 2 main variable groups includes: demographic information (age, gender, qualifications, occupation, job position, region, levels and sector); turnover intention scale – TIS – 6 of Bothma and Roodt (2013) with 6 items (10).

The questions in the TIS6 scale are rated on a 7-point Likert scale. Questions TI1, TI3, TI 4, TI6 will be rated from 1 – never to 7 – always/ every day; question TI2 will be rated from 1 – completely satisfied to 7 – completely dissatisfied; question TI5 will be rated from 1 – completely disagree to 7 – completely agree. Cronbach's coefficient alphas of TIS-6 are 0.689 showing that the scale is at an acceptable confidence level (11).

Tools and methods of data collection

The self-assessment questionnaire was distributed online via Google Form to health workers through multiple channels, including students and alumni of part-time bachelor's, master's, specialist I and specialist II programs of the Hanoi University of Public Health, Hanoi Medical University and Hanoi Medical College; the network of health partners in the provinces of the University of Public Health.

On the questionnaire, in addition to introducing the study, there is also a request that if convenient, health workers send the questionnaire link to their friends and colleagues in the medical profession so that the study can expand its reach to health workers.

Processing and analyzing data: Data was analyzed using SPSS 23.0, calculated frequencies, proportions and performed linear regression analysis to calculate coefficients, t – test, F - test and sig. The dependent variable in the regression model is the factor score for turnover intention, denoted as FACT_TI. This composite variable was generated from an Exploratory Factor Analysis (EFA) of the 6-item Turnover Intention Scale (TIS6). The use of factor scores is preferred over a simple average to enhance the accuracy of the regression estimates (11). The dependent variable are variables of demographic information group. Because the occupation variable is not an ordinal variable, it was converted into a dummy variable, distinguishing doctors (coded as 1) from all other professions (coded as 0) to perform linear regression analysis.

Research ethics: The protocol of this study was approved by the Scientific and Ethical Committee in Biomedical Research, Hanoi University of Public Health under Decision number No. 341/2024/YTCC-HD3.

RESULTS

Characteristics of respondents

The study obtained 889 responses that met the selection criteria for inclusion in the analysis. The proportion of female accounted for 71.3%, nearly three times more than male (28.7%).

Health workers aged 30-39 were the highest, accounting for 48.6%. The proportion of nurse is the largest (49.8%), followed by a doctors (16.9%). The proportion of Pharmacist is only 3.3%. Health workers with university degree were the highest, accounting for 41.6%, the proportion of health worker with CKII/PhD degree were lowest, only 3.0%. The ratio of health workers in the North and the South was similar, about 43%. There was 43% of health workers work at central level units. The majority of health workers work in public health facilities (93.1%), the proportion of staff working in private facilities is only 6.9%.

Table 1. Characteristics of respondents (n=889)

	Characteristic	Frequency	Percentage
Age group	Under 30 years old	124	13.9
	From 30 to 39 years old	432	48.6
	From 40 to 49 years old	275	30.9
	Over 50 years old	58	6.5
	Mean 37.75 (\pm 7.38) years old; Min = 21 years old; Max = 60 years old		
Occupation	Doctor	150	16.9
	Nurse	443	49.8
	Midwife	37	4.2
	Pharmacist	29	3.3
	Medical Technician	45	5.1
	Public Health Worker	128	14.4
	Physician	57	6.4
	Job position	Staff	671
Manager		218	24.5
Region	North	383	43.1
	Central	117	13.2
	South	389	43.8
Levels	Central route	383	43.1
	Provincial route	117	13.2
	District/ Commune route	389	43.8
Sector	Public	828	93.1
	Private	61	6.9

Turnover intention of health worker in Vietnam

Table 2. Turnover intention of health worker in Vietnam (n=889)

Code	Items	Score							Mean	Std	
		1	2	3	4	5	6	7			
Rated from 1 – never to 7 – always/ every day											
TI1	How often have you considered leaving your job?	n	400	294	93	53	13	15	21	2.00	1.337
		%	45.0	33.1	10.5	6.0	1.5	1.7	2.4		
TI3	How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?	n	296	339	125	73	21	18	17	2.22	1.331
		%	33.3	38.1	14.1	8.2	2.4	2.0	1.9		
TI4	How often do you dream about getting another job that will better suit your personal needs?	n	342	305	120	44	21	10	47	2.23	1.543
		%	38.5	34.3	13.5	4.9	2.4	1.1	5.3		
Rated from 1 – always/every day to 7 – never											
TI6	How often do you look forward to another day at work?	n	242	125	66	137	117	98	104	3.53	2.121
		%	27.2	14.1	7.4	15.4	13.2	11.0	11.7		
Rated from 1 – completely satisfied to 7 – completely dissatisfied											
TI2	How satisfying is your job in fulfilling your personal needs?	n	117	78	95	204	191	88	116	4.13	1.848
		%	13.2	8.8	10.7	22.9	21.5	9.9	13.0		
Rated from 1 – completely unable to agree to 7 – completely agree.											
TI5	How likely are you to accept another job at the same compensation level should it be offered to you?	n	262	90	67	162	123	68	117	3.52	2.131
		%	29.5	10.1	7.5	18.2	13.8	7.6	13.2		
Turnover intention - TIS									2.94	1.096	

When healthcare workers were asked about their intention to leave their job in the past 12 months, the mean score was 2.94 (± 1.096) point. With the question “How often have you considered leaving your job?” (TI1) up to 78.1% of health worker answered never and almost never (score 1 and 2). There were a small number of health workers (5.6%) who regularly consider quitting their jobs on a regular basis, ranging from once a week to daily (score 5, 6, 7). There were 6.3% of health workers often feel “frustrated when not given

the opportunity at work to achieve their personal work-related goals” (TI3) but 44.4% of health workers responded that they were dissatisfied with what their jobs brought to them at varying levels (TI2). And there were 35.9% health workers almost never “look forward to another day at work” (TI6). The ratio of health worker often “dream about getting another job that will better suit personal needs” (TI4) were 8.8% and 34.6% of them will accept for another job at the same compensation level if offered.

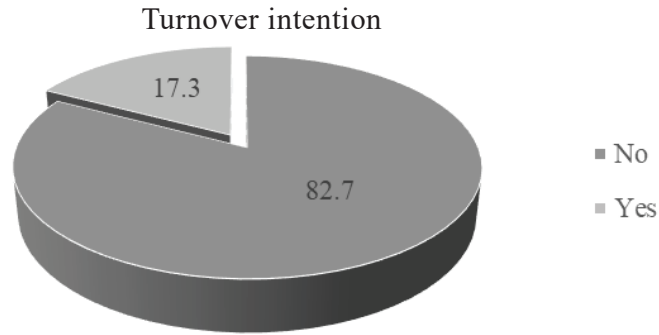


Figure 1. Health workers' turnover intention ratio

In this study, a mean score of 4 or higher was classified as having intention to leave. Then the rate of turnover intention among healthcare workers in Vietnam in this study is 17.3%.

Table 3. Factors related with turnover intention of health care workers

Variables	Standardized Coefficients (Beta)	t	Sig.
Age	-0.176	-4.923	0.000
Gender	0.066	1.946	0.052
Qualifications	0.217	5.211	0.000
Doctor	0.004	0.112	0.911
Levels	0.049	1.401	0.162
Job position	-0.085	-2.145	0.032
Sector	-0.119	-3.603	0.000
Adjusted R Square		0.078	
F		11.726; p < 0,001	

DISCUSSION

The study was conducted to describe the turnover intention of health workers with professional titles in the medical who working at facilities providing directly medical treatment and disease prevention services in Vietnam.

When asked about turnover intention in the past 12 months, the proportion of health workers who intended to leave was quit their jobs in Vietnam is 17.3%. The rate of health workers have intention to This rate is lower than other studies such as a study in hospitals in Ghana

(2024) the rate was 67.4% (4) or in Ethiopia, where some studies in 2020 - 2021 showed that the rate of health workers intending to leave their jobs ranged from 43.9 – 70.7% (6). %. The overall mean score of turnover intention scale was 2.94 (± 1.096) point. However, when analyzing each question in this scale, the results showed that health workers were not very satisfied with their job in fulfilling their personal needs, the mean score was 4.13 (± 1.848). And they are more likely to accept another job at the same compensation level if offered, the mean score was 3.52 (± 2.131) point. This means that the loyalty of health

workers to their current work unit is not high. Although their intention to leave is currently low, if given the opportunity, they are quite likely to leave their job to go elsewhere.

The study also found an association between turnover intention and several factors including age, qualification, job position and sector. The results show that age has a negative impact on turnover intention. This relationship can be explained by the conservation of resources (COR) theory. As the COR theory suggests that individuals need to turn to other kinds of resources to supplement their actual and potential resource loss (12). Therefore, because older workers had invested time in working at the health facilities, so they will tend to protect this investment by staying longer. This is also true for healthcare workers in management positions, who have also invested more and are less likely to intend to leave than employees. This result is similar to some other studies such as the study in Ghana found a negative relationship between age and turnover intention (4) or the research in Guangdong province, China (2024) also showed that intention to quit decreased among older health workers and those in managerial positions (5).

Notably, this study found a positive relationship between qualifications and turnover intention. The higher the level of qualifications of health workers, the higher the intention to quit with statistical significance level $p < 0.001$. This relationship can also be explained by COR theory. To have high qualifications, health worker must invest a lot of resources in terms of time, effort and money to study, so the resources gained from work must be enough to compensate for losses and accumulate new resources. If the resources they get from work are not commensurate, they will tend to have a higher intention to quit. This result is different from the study in Guangdong province, China, where health workers with Master's degree or those with senior professional title have less

intention to quit their job (5). This difference may be due to the higher remuneration for highly qualified medical staff in China compared to Vietnam. While on the other hand, studies in Ghana found no relationship between these two variables (4). The results of this study also showed that health workers working in the public sector have less intention to leave their jobs than health workers working in the private sector. This difference may be due to the fact that the public sector also provides other resources to retain health workers, such as conditions for further education.

This study found no statistically significant relationship between turnover intention and gender, occupation and level of health care facility they worked for. This is different from the study in Guangdong province, China where males had higher intention to quit than females (5), while the study in Ghana showed the opposite, where females had higher intention to quit than males (4). This difference can be explained by cultural issues in each country. For example, in China, there is a male-dominated ideology, so it is more difficult for women to find jobs, leading to low intention to quit. In Vietnam, gender equality is high, so gender does not affect turnover intention. Studies in Guangdong, China and Ghana also found a slight association between occupation and turnover intention, but this study found no link (4, 5).

Like other studies, this study also has certain limitations. First, due to time and resource constraints, convenience and snowball sampling were used to increase the scope of interviews. While this approach was instrumental in gathering a substantial dataset from 889 respondents, it is acknowledged that the generalizability of these results to the entire population of Vietnamese healthcare workers should be approached with caution. Second, the scale used to measure the variables in the model is a perceived scale, so it may be affected by the respondents' subjective opinions. Lastly,

there may be concerns that a sample of graduate students may restrict the generalizability of our findings. However, recent research found few differences between student-recruited samples and nonstudent-recruited samples in terms of both resulting sample characteristic and observed bivariate correlations (13). Besides, our respondents still are health worker who just study at weekend and they did not have to fear any negative repercussions, which should have increased the likelihood of accurate responses.

CONCLUSION

In this study, we found that the proportion of health workers who intended to leave was quit their jobs in Vietnam is 17.3%. The overall mean score of turnover intention scale was 2.94 (± 1.096) point. Turnover intention has a statistically significant relationship with age, qualification, job position and sector. Turnover intention increased among health workers working in the private sector and those with higher qualifications while it decreased among older health care workers and those holding managerial positions. . The study results also recommend that managers should take measures to enhance the retention of highly qualified healthcare workers and that future studies should contribute more evidence and expand understanding on the topic of turnover intention and related factors.

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