



Original Article

บทวิทยากการ

# Factors Related to Turnover Intention among Thai Dentists

Chanchai Hosanguan B.Sc., D.D.S., M.S.

Department of Community Dentistry, Faculty of Dentistry, Chulalongkorn University

---

## Abstracts

**Objective** The purpose of this study was to investigate factors associated with turnover intention of Thai dentists.

**Materials and methods** A mailed survey was conducted on a systematic random sample of 2,723 Thai dentists, 733 of which returned completed questionnaires. Turnover intention was assessed by dentists' intention to change job or have a career break within 5 years. Demographic, economic, practice characteristic and psychosocial work environment factors were used to build three logistic models for the public and private sectors, as well as for the overall sample.

**Results** Overall, 41.5% of dentists reported turnover intention—55.6% for public dentists and 21.5% for private dentists. For the overall sample, a logistic regression model identified five factors: age, practice sector, job stress, job satisfaction and income. The model for public dentists included age, job stress, job satisfaction and specialization, while the private model contained age, job stress, job satisfaction and income.

**Conclusion** Different factors were found to affect turnover intention in public and private sectors.

(CU Dent J. 2012;35:27-38)

**Key words:** dentist; practice sector; psychosocial work environments; turnover intention

---

## Introduction

Turnover intention is generally referred to as one's voluntary intention to leave present job or organization within the near future. It is the last part of a long sequence which comprises of three major elements-- thoughts of quitting, job searching and the intention to quit.<sup>1</sup> While turnover intention is considered attitudinal aspects and may deviate from actual behavior, it has gained empirical and theoretical supports as an important predictor of actual turnover.<sup>2</sup>

Voluntary turnover of health care personnel represents a source of potential costs in terms of loss of valuable human resources, recruitment and training costs of new employee, as well as disruption of ongoing care. A vast amount of research exists on turnover intention among health care personnel with an increasing interest in describing the effects of psychosocial work environments on turnover.<sup>3-6</sup> Several psychosocial determinants of job turnover were identified, including organizational commitment, organizational support, job satisfaction, job stress and burnout. From economic literature, income has been identified as an important determinant of job turnover.<sup>7</sup> Demographics factors also have a potential influence on turnover.<sup>8</sup> Coomber and Barriball<sup>6</sup> showed that work environment factors, rather than demographic factors, were the most important factors influencing nurses' turnover intention.

In Thailand, chronic shortage of dentists in the public sector, especially in rural areas, has been recognized.<sup>9</sup> Since 1989, a compulsory bonded service has been required of newly graduated dentists for a 3-year duration in public hospitals outside Bangkok. The measure has partially alleviated maldistribution situations.<sup>10</sup> However, the implementation of this policy suffers from a serious retention problem since the majority of young dentists change their jobs soon after completing the bonded term of service. Turnover rates were reported as high as 50.5% in a group of young dental graduates from five universities working

under the bonded service.<sup>11</sup> Recent health system reform in Thailand also aggravated dentists' intent to leave public employment. However, little is known regarding turnover intention and its antecedents among Thai private dentists. It is essential to identify specific factors that influence turnover intention of Thai dentists in each sector so that we can create working environments that will retain them in particular sector. In this study, data from a research on psychosocial work environments of Thai dentists<sup>12,13</sup> were analyzed with a main focus on turnover intention. Explicitly, the study objective was to examine how demographic, practice characteristics, economics, as well as psychosocial work environment factors are associated with dentists' turnover intention, comparing between public and private sectors.

## Materials and Methods

A cross-sectional design was used to survey active practicing dentists in Thailand. A systematic random sample of 2,412 dentists was obtained from the registra of the Thai Dental Council. After two rounds of mailed questionnaires, 1020 dentists responded, yielding an initial response rate of 42.3%. Of these, 287 dentists were excluded due to the following non-active practicing status: retired, deceased, staying abroad, pursuing higher degree education, and being in academic/administrative careers. This left a total of 733 active practicing dentists for the sample (32.9% effective response rate). A detailed description of the study was previously presented.<sup>12</sup>

A self-administered questionnaire used for data collection included five sections: demographic characteristics (gender, age, marital status and having children under 18 year old), practice characteristics (practice sector, practice location, specialty, number of hours worked per week, number of patients per week and number of patients per years), economic attributes (monthly income), psychosocial work environments

(job satisfaction, job stress and burnout), and turnover intention. The questionnaire was accompanied by a self-addressed returned envelope and a cover letter describing the study purpose and assuring the anonymity of the respondents. Dentists were also advised that participation was voluntary.

Turnover intention was assessed by a question "Have you intend to change your current job within the next 5 years?" Possible responses were '1-No', '2-Yes, leave for other private job', '3-Yes, leave for other public job', '4-Career break (e.g. Higher education, pregnancy)' and '5-Retired'. In this study, dentists who answered '2' to '4' were combined into a turnover intention group and those who answered '1' were designated as a no turnover intention group. Dentists with a retirement plan (answered '5') were excluded from this study as they signified the exit to the dental workforce and should be left for future research.

Job satisfaction was measured by the 22-item Job Satisfaction Scale (JSS).<sup>12</sup> Items related to job satisfaction were rated on a 5-point Likert scale with responses ranged from '1-least satisfied' to '5-most satisfied'. Based on results of exploratory factor analysis, items were classified into four domains: Administration, Job Condition, Job Characteristic and Job Advancement. The JSS scores showed satisfactory internal consistency reliability.<sup>12</sup> It is hypothesized that a high level of any domain of job satisfaction decreases turnover intention.

Job stress was measured by the 30-item Job Stress Inventory (JSI).<sup>14</sup> Items were rated on a 5-point Likert scale with responses ranged from '1-least stress' to '5-most stress'. The instrument consisted of five domains: Patient-related, Job Condition, Health System Reform, Job Characteristic and Time Pressure. The overall JSI and all domains exhibited high internal consistency.<sup>14</sup> It is hypothesized that a high level of any domain of job stress increases dentist's turnover intention.

Burnout was measured by the 22-item Maslach Burnout Inventory (MBI) Thai version.<sup>15</sup> Items were rated on a 7-point Likert scale ranging from '0-never' to '6-every day'. The instrument consisted of three domains: Emotional Exhaustion, Depersonalization and Personal Accomplishment. High scores on the Emotional Exhaustion and Depersonalization domains and low scores on the Personal Accomplishment domain indicated burnout. It is hypothesized that a high level of burnout increases dentist's turnover intention.

Bivariate tests were employed to screen for potential factors using Pearson Chi-square for categorical variables and t-test for continuous variables. Stepwise multiple logistic regression analyses were subsequently conducted with turnover intention as the dependent variable, and dentists' demographic, practice characteristics, income and psychosocial work environments as independent variables. Separate models were built for public and private sectors as well as for the overall sample.

## Results

The majority of dentists that participated in the study were females (66.4%). Almost half of the participants aged less than 35 years old (48.6%) and never married (47.6%). A little over 70% of the participants were general practitioners. About one-third of the dentists had a practice located in Bangkok. A total of 402 dentists (54.8%) were practicing in public sector (212 in district hospitals, 111 in regional/provincial hospitals, and 79 in other government facilities) and 331 dentists (45.2%) were in private sector. When comparing between public and private sectors, several differences in background characteristics were observed. Specifically, dentists working in public sectors were largely female (74.1%), younger than 35 years old (61.2%), single (57.2%) and having practice location outside Bangkok (86.1%). On the other hand, dentists in private sector were basically male and older

to a greater extent than their public counterparts. The majority of private dentists were in Bangkok (54.1%).

When asking “Have you intend to change your current job within the next 5 year?”, a total of 102 dentists, 69 in private sector and 33 in public sector, reported having a retirement plan. These were excluded from further analyses regarding turnover intention. Among the remaining 629 dentists, a total of 261 (41.5%) reported having turnover intention (Table 1). There was a significant difference of turnover intention rates between dentists in public and private sectors ( $p < 0.001$ ). More than half of public dentists reported having turnover intention while only one-fifth of private dentists reported so. When considering the relationship between turnover intention and practice location, a significant relationship was found for dentists in public sector ( $p < 0.001$ , Figure 1). About 23.9% of public dentists in Bangkok reported turnover intention as compared to 60.1% of public dentists outside Bangkok.

Table 1 also shows detailed distributions of dentists reporting turnover intention stratified by types of turnover intention. In particular, public dentists who intended to leave for other private organizations ( $n = 74$ , 20.1% of all public dentists) signifies the potential loss of manpower from the public sector over the

next 5 years. Dentists in district hospitals reported the highest loss rate (46 out of 201, 22.9%), followed by those in provincial/regional hospitals (19 out of 103, 18.4%) and those in other public facilities (9 out of 65, 13.8%) (data not shown in Table).

Three logistic models of dentists’ turnover intention were built for the overall sample as well as separately for public and private sectors and the results are presented in Table 2. The model for overall sample explains about 45% of total variance of turnover intention (Nagelkerke  $R^2 = 0.45$ ). This model included five significant factors associated with turnover intention: dentists’ age, practice sector, income, JSS: Job Advancement domain and JSI: Health System Reform domain. Practice sector was the strongest predictor of turnover intention in the overall model. The odds of public dentists reporting turnover intention was 2.45 times greater than the odds of private dentists reporting so. Age and JSS: Job Advancement domain had negative relationships with turnover intention, while JSI: Health System Reform domain had a positive relationship with turnover intention.

The model for public dentists explains about 38% of total variance of turnover intention. Four factors were identified in this model: age (negative), specializa-

**Table 1** Turnover intention of dentists in public and private sectors

Turnover Intention	Public (n = 369)		Private (n = 260)		Total (n = 629)	
	n	%	n	%	n	%
	$\chi^2 = 71.31, p < 0.001$					
No	164	44.4	204	78.5	368	58.5
Yes :	205	55.6	56	21.5	261	41.5
Leave for private	74	20.1	26	10.0	100	15.9
Leave for public	64	17.3	5	1.9	69	11.0
Career break	67	18.2	25	9.6	92	14.6

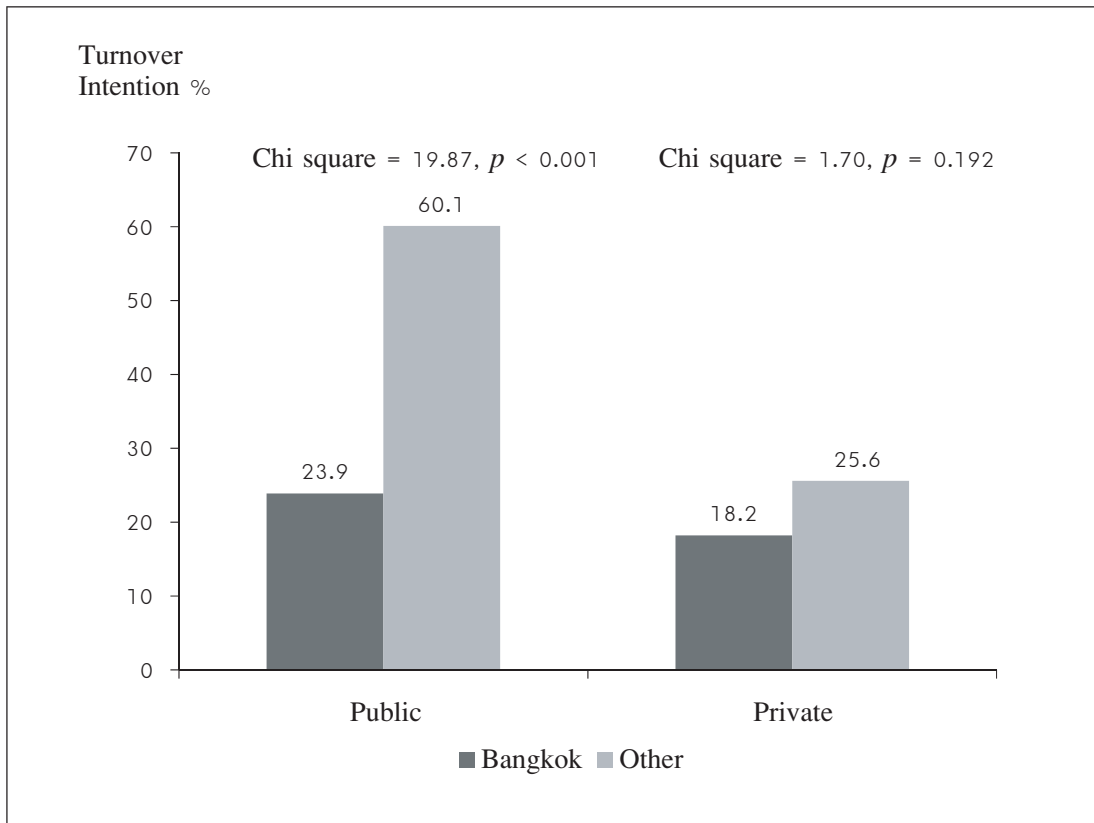


Fig. 1 Relationships between practice location and turnover intention in public and private sectors

tion (positive), JSS: Administration domain (negative) and JSI Health System Reform domain (positive). Specialization was the strongest predictor of turnover intention in this model. Public dental specialists had statistically greater odds of leaving their current jobs compared to public general practitioners (OR 2.23, 95% confidence interval 1.22-4.08). The model for private dentists explains about 39% of total variance of turnover intention. This model included four significant factors: age, income, JSS: Job Condition domain and JSI: Patient-related domain.

### Discussion

Leaving of dentists from organizations is a serious problem as it contributes to the dentist shortage. World-wide, there has been an increasing trend of turnover among healthcare personnel during the past decade.<sup>16</sup> The results of this study suggest that a high percentage

(41.5%) of Thai dentists intend to leave their current job within the next five years. Even more alarming, when comparing between sectors, public dentists expressed turnover intention at a very high proportion (55.6%). This figure was much higher than the prevalence of turnover reported in the literature.<sup>17</sup> Comparisons of prevalence data between research are difficult largely due to differences among research regarding definitions of turnover and time frame. Some studies differentiated between different types of turnover intention such as intention to leave one’s organization, intention to leave one’s profession (quit), and intention to leave one’s country (migration).<sup>18</sup> When asking about the intention to leave, some studies referred to a shorter time frame (usually 1-2 years), some did not report the time frame, while others used a longer time frame. In this study, a time frame of five years was used and this may contribute to a high percentage of dentists with turnover intention.

**Table 2** Stepwise multiple logistic models of turnover intention for dentists in public and private sectors as well as in the overall sample

Predictors	Public			Private			Overall Sample		
	OR	95% CI	p	OR	95% CI	p	OR	95% CI	p
Age	0.84	0.81,0.88	< 0.001	0.89	0.85,0.94	< 0.001	0.88	0.85,0.91	< 0.001
Practice Sector (1 = Public)	NA	-	-	NA	-	-	2.45	1.46,4.12	0.001
Specialization (1 = Specialist)	2.23	1.22,4.08	0.009	NS	-	-	NS	-	-
Income	NS	-	-	1.00	1.00,1.00	0.018	1.00	1.00,1.00	0.041
JSS: Administration	0.64	0.43,0.96	0.031	NS	-	-	NS	-	-
JSS: Job Advancement	NS	-	-	NS	-	-	0.60	0.44,0.82	0.001
JSS: Job Condition	NS	-	-	0.19	0.09,0.41	< 0.001	NS	-	-
JSI: Health System Reform	1.70	1.12,2.58	0.012	NS	-	-	1.76	1.27,2.45	0.001
JSI: Patient-related	NS	-	-	1.90	1.15,3.14	0.012	NS	-	-
% Correctly classified		75.80			84.50			77.50	
Nagelkerke R <sup>2</sup>		0.38			0.39			0.45	

OR: Odds Ratios, CI: Confidence Interval, NA: Not Applicable, NS: Not Significant, JSS: Job Satisfaction Scale, JSI: Job Stress Inventory

Of particular interest, focusing to a sub type of turnover intention, i.e. leaving for other private organizations, can provide a loss rate of manpower from the public sector. Overall, the results of this study found an intended loss rate of 20.1% over a 5-year period, corresponding to an annual loss rate of 4.0%. According to an annual report of Thai dental manpower in the year 2010, the proportions of Thai dentists in all public sectors and in the Ministry of Public Health were 47.4% (4,705 out of 9,926) and 33.4% (3,312 out of 9,926), respectively.<sup>19</sup> Applying a 4.0% annual loss rate to these numbers would yield 188 and 132 dentists who intend to leave all public sectors and the Ministry of Public Health each year, respectively. These estimates are in accord with a situational report which provided figures between 62 and 187 dentists who left the Ministry of Public Health during the year 2000–2004.<sup>20</sup> During the next decade (2011–2020), annual outputs of dental graduates from all dental schools are projected to be between 700 and 723. These new batches of young dentists should continue to be able to replace vacant job positions in the public sectors. This strategy, however, cannot cure the chronic turnover situations since it does not deal at the causes of the problem. Long-term solution for the ongoing turnover-replacement cycle requires better understanding about etiologic factors of dentists' turnover intention.

There has been a scarcity of research comparing turnover of dentists or other healthcare personnel among practice sectors. Kankaanranta and other<sup>21</sup> studied physicians' intention to change work sector from public to private in Finland. Their results suggested that job satisfaction decrease a physician's intention to switch sector. However, that study did not directly compare turnover intentions of physician in both sectors. Although turnover seems to be a universal phenomenon, it is unclear whether the same set of antecedents could be applied across practice settings and sectors. In order to identify factors influencing Thai

dentists' turnover intention, the current study used a broader perspective to compare between public and private sectors as many groups of factors as possible. These included demographics factors, practice characteristics, economic attributes and psychosocial work environments, all of which were found significant predictors of Thai dentists' turnover intention. Results from multivariate analysis suggest that turnover intentions in public and private dentists were related to distinct sets of factors. Since public sector suffer to a greater extent from dentists' turnover phenomenon, focusing on turnover's antecedents in that particular sector would help healthcare managers and policy makers to find effective strategies to retain dentists in public organizations.

Dentists' age was the only common predictor of turnover intention in all three logistic models in this study. Several studies have also identified a negative relationship between age and turnover. Lavoie-Tremblay and other<sup>22</sup> reported as high as 61.5% turnover rate of newly graduated nurses in Canada. In this study, public dentists under 35 years old reported as high as 74.8% turnover intention. Such a high turnover rate at the beginning of career raised issues concerning recruiting and training of new personnel, continuing and quality of care, as well as the associated financial costs. Decision to leave public sector at the ending of bonded service may partly explain the high turnover intention among young public Thai dentists. However, that young private dentists also showed the highest percentage with turnover intention cannot be explained by the termination of bonded service term. Recently there has been evidence that career decisions of young generations of physicians are determined by controllable lifestyle issues.<sup>23</sup> From a generation viewpoint, entering workforce, called generation Nexters, are characterized as employees who will change jobs several times during their careers. They were less committed to their work and organization but more devoted to their own lifestyle.<sup>24</sup> The newest generation

of physicians has been reported as unlikely to engage the long hours that the prior generations of physicians worked.<sup>25</sup> It might be possible that a new generation of workforce, either in public or private sectors, will change to a new job setting where it possibly is easier to influence one's own work schedules to accommodate one's own lifestyle. Healthcare managers and policy makers should take this into account when implementing retention strategies for young workforce. Flexible work schedules could be used as a way of enhancing young workers' control over their own time and lifestyle and have been shown to reduce turnover rates.<sup>26</sup>

Several studies reported a negative relationship between job satisfaction and intention to leave among healthcare personnel.<sup>3,4,6</sup> When employees feel less satisfied, they show less commitment to the organization and have a higher tendency of leaving. In the United States, dissatisfied nurses were 65% more likely to have an intention to leave compared to their satisfied counterparts.<sup>3</sup> In line with these findings, the present study revealed a significant role of job satisfaction on turnover intention among public and private dentists as well as the combined sample. Dentists' low job satisfaction was associated with a higher intention to leave their current job. Distinct components of job satisfaction were identified, however, for each sector model: Administration component for the public model, Job Condition component for the private model, and Job Advancement component for the overall model. This finding suggests that turnover phenomenon is not only a complex but also contextual issue. In order for healthcare managers and policy makers to promote dentists' job satisfaction, they have to develop a better understanding of particular aspects of job satisfaction in each practice sector.

Healthcare system reform is creating new challenges and stressors such as increased focuses on cost containment, quality of care, and role expansion. As a result, healthcare personnel tend to leave "reformed"

organizations for more "comfortable" ones. Since the recent reform of Thai healthcare systems, notably the universal coverage reform, mainly affected public organizations, public dentists showed a marked increase of stress level due to health care reform.<sup>13</sup> In this study, the relationship between turnover intention and JSI: Health Care Reform domain scores exists only for public dentists. It is very likely that public dentists who decided to turnover due to this particular factor will not only leave their current organization but also will leave public sector. In a detailed analysis, it was found that public dentists who intended to leave for other private organizations ( $n = 74$ ) reported a significantly higher JSI: Health Care Reform score as compared to public dentists who intended to leave for other public organizations ( $n = 64$ ) (3.25 vs. 2.94,  $p = 0.004$ , data not shown in Table). Therefore, to retain valuable experienced dentists in public hospitals largely located in rural areas, the ongoing healthcare reform should address at improving work climate in response to the needs and interests of dental workforce.

Dentists' income was found to be associated with turnover intention in the private and overall logistic models. Surprisingly, despite negative relationships found in preliminary bivariate tests (data not shown), indecisive values of odds ratios around 1.0 were observed in both models. Previous studies also provide conflicting findings. Mueller and Price<sup>27</sup> found that pay is not related to turnover once other turnover determinants were included in the model. Kudo and other<sup>28</sup> reported that low satisfaction with poor implementation of fair salary raise had a significant impact on Japanese nurses' turnover intention. It may be that the distributive justice of the income has an impact on turnover intention rather than the actual amount of the income.

Specialization was a statistically significant factor in the public turnover model and increased public dentists' intention to turnover. A dentists'



specialty affects his or her intention to turnover because the possibility of work as a specialist depends mostly on the level of economic development of the population. In Thailand, public dental care delivery system is organized in a hierarchical structure. Small district hospitals, mostly in remote and rural areas, are largely staffed by general dental practitioners. Dental specialists mostly worked in large provincial hospitals. Therefore, once dentists acquired specialization through higher education, their intention to leave for specialty practice in larger organizations would greatly increase. At present, it seems that specialization is among one of the “push” factors that drives Thai dentists out of most district hospitals in rural and remote areas. Ironically, opportunities for higher education is frequently cited among main reasons for retaining in public hospitals.<sup>11</sup> In light of the fact that even with completion of higher education and becoming dental specialists, they would probably decide to leave district hospitals anyway. Development of community-based primary dental care specialty programs suitable for rural practice is therefore urgently needed so that dental specialists in such fields could retain their practice in rural communities.

The results of this study need to be treated with caution. Although a nationally representative sampling scheme was used, a low response rate limits generalization of the findings. It is impossible to directly assess non-response bias due to the lack of information regarding non-respondents' age and other relevant variables. Nevertheless, comparison between early respondents (those who responded to the first mailing,  $n = 538$ ) and late respondents (those who responded to the second mailing,  $n = 195$ ) found no statistical difference of respondents' age ( $p = 0.941$ ). Also, there were no statistical differences between the two groups regarding practice sectors ( $p = 0.328$ ) and specialization ( $p = 0.510$ ). Furthermore, odds ratios presented in this study were derived from multiple logistic regression analyses which adjusted for other variables included in the models. Thus, any non-response bias,

if existed, could have minimal impact on this representative sample of Thai dentists. The cross-sectional nature of the design used in this study does not allow for causal interpretation. Future research should use longitudinal designs to better assess the nature of causal relationship among variables and to collect actual turnover data. Self-report measures were used as the only form of data collection for key variables in this study, both outcome and predictors variables. This is unavoidable given the attitudinal and self-perceived nature of the measures. Nevertheless, it is recognized that a common method bias may exist.<sup>29</sup> Remedies to address this problem were employed, such as using well-tested measures and guaranteeing participant anonymity.

Multiple logistic regression evaluates only direct effects of predictors on the turnover intention and does not account for their indirect effects. The models in this study explain about 38–45% of variation of the outcome under study, which is a respectable amount of explanation given low levels reported in previous studies. For example, Seston and other<sup>30</sup> reported the Nagelkerke  $R^2$  of 0.10 for the model of intention to quit among UK pharmacists. However, that more than half of the variance remains unexplained indicates that there are unmeasured and potentially unknown predictors of dentists' turnover intention. More complete understanding of factors influencing turnover intention requires further research investigating other predictors not measured in the current study, such as organizational commitment, job embeddedness, organizational support, organizational culture and policies, role ambiguity, autonomy, work-life balance and health status.

## Conclusion

This research confirms the overall impact of demographic factors, practice characteristics, economic attributes and psychosocial work environments on

turnover intention of Thai dentists. Furthermore, multivariate models suggest that factors influencing turnover intention are contextual depending on practice sectors. Rather than having a generic policy that applies to all dentists, retention policies should be targeted to particular aspects in each practice sector and be sensitive to the needs of dentists with high risk of turnover.

### Acknowledgement

This research was supported by grant from the Faculty of Dentistry, Chulalongkorn University.

### Reference

1. Mobley WH, Horner SO, Hollingsworth AT. An evaluation of precursors of hospital employee turnover. *J Appl Psychol.* 1978;63:408-14.
2. Steel RP, Ovalle NK. A review and meta-analysis of research on the relationship between behavioral intentions and employee turnover. *J Appl Psychol.* 1984;69:673-86.
3. Shields MA, Ward M. Improving nurse retention in the National Health Service in England: the impact of job satisfaction on intentions to quit. *J Health Econ.* 2001;20:677-701.
4. Yildiz Z, Ayhan S, Erdogmus S. The impact of nurses' motivation to work, job satisfaction, and sociodemographic characteristics on intention to quit their current job: an empirical study in Turkey. *Appl Nurs Res.* 2009;22:113-8.
5. Firth H, Britton P. Burnout, absence and turnover amongst British nursing staff. *J Occup Psychol.* 1989;62:55-9.
6. Coomber B, Barriball KL. Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: a review of the research literature. *Int J Nurs Stud.* 2007;44:297-314.
7. Parker C, Rickman B. Economic determinants of the labor force withdrawal of registered nurses. *J Econ Finance.* 1995;19:17-26.
8. Tourangeau AE, Cranley LA. Nurse intention to remain employed: understanding and strengthening determinants. *J Adv Nurs.* 2006;55:497-509.
9. Hosanguan C. Factors related to practicing in dentists-shortage areas in the year 2002. *J Dent Assoc Thai.* 2005;55:314-29.
10. Hosanguan C. Geographic distribution and opinions relating to practice location of Chulalongkorn dental graduates under the policies of compulsory service requirement and universal coverage. *CU Dent J.* 2007;30:85-102.
11. Adulyanon S, Srisilapanan P, Pitiphat W. Factors affecting the compulsory dentists in working with public dental service. *J Dent Assoc Thai.* 1996;46:132-41.
12. Hosanguan C. A study of job satisfaction among Thai dentists in the year 2004. *J Dent Assoc Thai.* 2005;55:257-71.
13. Hosanguan C. Factors related to job stress among Thai dentists. *CU Dent J.* 2007;30:255-68.
14. Hosanguan C. Validity, reliability and factorial structure of the Job Stress Inventory for Thai dentists. *CU Dent J.* 2007;30:29-42.
15. Hosanguan C. Psychometric properties of the Maslach Burnout Inventory for Thai dentists. Paper presented at the 22<sup>nd</sup> Annual Meeting International Association for Dental Research/ Southeast Asian Division. Manila, Philippines, October 8-10, 2008.
16. Simoens S, Villeneuve M, Hurst J. Tackling nurse shortages in OPECD countries. OECD Health Working Papers No. 19. URL:<http://www.oecd.org/dataoecd/11/10/34571365.pdf>.
17. Hwang JI, Chang H. Work climate perception and turnover intention among Korean hospital staff. *Int Nurs Rev.* 2009;56:73-80.
18. El-Jardali F, Dimassi H, Dumit N, Jamal D, Mouro G. A national cross-sectional study on nurses'

- intention to leave and job satisfaction in Lebanon: implications for policy and practice. *BMC Nurs.* 2009;8:3.
19. Bureau of Dental Health, Department of Health. Number of dental personnel [Internet]. 2010 Jul; [cited 2011 Jun 13]. Available from: [http://www.anamai.exgates.com/public\\_control/files/001/0000507\\_1.pdf](http://www.anamai.exgates.com/public_control/files/001/0000507_1.pdf).
  20. Wongkongkathep S. A review of literature: Situation of dental manpower and delivery of oral health care in Thailand. Nonthaburi: Dental Health Division, Department of Health, Ministry of Public Health. 2006.
  21. Kankaanranta T, Nummi T, Vainiomäki J, Halila H, Hyppölä H, Isokoski M, et al. The role of job satisfaction, job dissatisfaction and demographic factors on physicians' intentions to switch work sector from public to private. *Health Policy.* 2007; 83:50-64.
  22. Lavoie-Tremblay M, O'Brien-Pallas L, Gélinas C, Desforges N, Marchionni C. Addressing the turnover issue among new nurses from a generational viewpoint. *J Nurs Manag.* 2008;16:724-33.
  23. Schwartz RW, Simpson WG, Strodel WE, Jarecky RK, Griffen WO Jr, Young AB. Career change: in quest of a controllable lifestyle. *J Surg Res.* 1989;47: 189-92.
  24. McNeese-Smith DK, van Servellen G. Age, developmental, and job stage influences on nurse outcomes. *Outcomes Manag Nurs Pract.* 2000;4: 97-104.
  25. Salsberg E, Grover A. Physician workforce shortage: implications and issues for academic health centers and policy makers. *Acad Med.* 2006;81: 782-7.
  26. Albaugh JA. Keeping nurses in nursing: the profession's challenge for today. *Urol Nurs.* 2003; 23:193-9.
  27. Mueller CW, Price JL. Economic, psychological, and sociological determinants of voluntary turnover. *J Behav Econ.* 1990;19:321-35.
  28. Kudo Y, Satoh T, Sinji H, Miki T, Watanabe M, Wada K, et al. Factors associated with turnover intention among nurses in small and medium-sized medical institutions. *Environ Health Prev Med.* 2006;11:128-35.
  29. Podsakoff, PM, MacKenzie SB, Lee JY, Podsakoff NP. Common method biases in behavioral research: a critical review of the literature and recommended remedies. *J Appl Psychol.* 2003;88:879-903.
  30. Seston E, Hassell K, Ferguson J, Hann M. Exploring the relationship between pharmacists' job satisfaction, intention to quit the profession, and actual quitting. *Res Soc Admin Pharm.* 2009;5:121-32.

# ปัจจัยที่มีความสัมพันธ์กับความตั้งใจโยกย้าย งานของทันตแพทย์ไทย

ชาญชัย ให้อสงวน วท.บ., ท.บ., M.S.

ภาควิชาทันตกรรมชุมชน คณะทันตแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย

## บทคัดย่อ

**วัตถุประสงค์** การศึกษานี้มีวัตถุประสงค์เพื่อระบุปัจจัยที่มีความสัมพันธ์กับความตั้งใจโยกย้ายงานของทันตแพทย์ไทย

**วัสดุและวิธีการ** ดำเนินการสำรวจกลุ่มตัวอย่างทันตแพทย์ไทยจำนวน 2,723 คน ซึ่งถูกคัดเลือกด้วยการสุ่มตัวอย่างแบบเป็นระบบ เก็บข้อมูลด้วยแบบสอบถามทางไปรษณีย์ มีทันตแพทย์ตอบกลับจำนวน 733 คน ประเมินความตั้งใจโยกย้ายงานจากการที่ทันตแพทย์แสดงความต้องการเปลี่ยนงานหรือหยุดพักงานชั่วคราวภายในระยะเวลา 5 ปี สร้างแบบจำลองโลจิสติก 3 แบบจำลองสำหรับทันตแพทย์ภาครัฐ ทันตแพทย์ภาคเอกชน และทันตแพทย์รวมทั้งหมด โดยใช้ตัวแปรด้านประชากร เศรษฐกิจ ลักษณะการประกอบวิชาชีพ และสิ่งแวดล้อมเชิงสังคม-จิตวิทยาในการทำงาน

**ผลการศึกษา** โดยรวมแล้วมีทันตแพทย์ร้อยละ 41.5 แสดงความตั้งใจโยกย้ายงานจำแนกเป็นทันตแพทย์ภาครัฐ ร้อยละ 55.6 และทันตแพทย์เอกชนร้อยละ 21.5 แบบจำลองโลจิสติกสำหรับทันตแพทย์ทั้งหมดประกอบด้วย 5 ตัวแปร คือ อายุ ภาคส่วนการปฏิบัติงาน ความเครียดในงาน ความพึงพอใจในงาน และรายได้ แบบจำลองสำหรับทันตแพทย์ภาครัฐประกอบด้วยตัวแปรอายุ ความเครียดในงาน ความพึงพอใจในงาน และการเป็นทันตแพทย์เฉพาะทาง ส่วนแบบจำลองสำหรับทันตแพทย์เอกชนประกอบด้วยตัวแปรอายุ ความเครียดในงาน ความพึงพอใจในงาน และรายได้

**สรุป** การศึกษานี้แสดงให้เห็นว่าทันตแพทย์ที่ปฏิบัติงานในภาครัฐและภาคเอกชนมีกลุ่มปัจจัยซึ่งมีส่วนสัมพันธ์กับความตั้งใจโยกย้ายงานที่แตกต่างกัน

(จ. ทันต. จุฬฯ 2555;35:27-38)

**คำสำคัญ:** ความตั้งใจโยกย้ายงาน; ทันตแพทย์; ภาคส่วนการปฏิบัติงาน; สิ่งแวดล้อมเชิงสังคม-จิตวิทยา