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Causes of Violence Against Health Workers In Public Hospitals: A Case of Matero Level 1 Hospital.

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CHAPTER ONE: BACKGROUND INFORMATION

The Republic of Zambia is situated in sub-Saharan Africa region and covers an approximate area of 752,614 square kilometres. The country lies between latitudes 8 and 18 degrees south of the equator and between longitudes 20 and 35 degrees east of the meridian line.

It shares its boarders with Tanzania, Democratic republic of Congo, Angola, Botswana, Namibia, Zimbabwe, Mozambique and Malawi. Just like any other region in the world, the sub-Sahara region is currently facing the problem of harassment or beating of nurses. This has been well documented in other regions while other regions have documented little or none of this kind of violence.

The Country [Zambia] is divided into 10 Provinces and more than 80 districts. The Country's population stands at 13 million, of which 51.2% and 48.8% are females and males respectively (CSO 2010). The Country is a Christian Nation, but has a few other religions like Islam, Hinduism and Buddhism.

Zambia as a country is no exception from the harassment or beating of nurses. The act is in different forms, rates and in different settings that is a lot of harassment or beatings are common and high in outpatient department while other departments like pharmacy, radiology, laboratory among others have relatively recorded less cases.

Although much is known about nurses' exposure to workplace violence, much of the literature is fragmented and there is need to harmonize information to suit the oral reports with recorded cases of harassment or beating of nurses by the community. Such a review can

provide estimates of the exposure rates by different types of violence and in different settings. It can also indicate the proportion of each type of violence by various sources. There is little integration or synthesis that would allow one to draw conclusions about differences in exposure rates and sources of violence. This review addresses these issues.

The study was conducted in Lusaka district at Matero 1st level hospital which is found in Lusaka Province. Matero 1st level hospital is located on the south west part of Lusaka; this is about 12km from town Centre. It is surrounded by george, lilanda, emasdale Township, chunga, barastone, kabangwe, part of Lusaka west, zingalume and kasupe area. Matero township has grown and is now recognized fully as a settlement by the government and social security systems are now in place with population of 500,698. (CSO, 2010).

1.2 STATEMENT OF THE PROBLEM

As much as Nurses are trying to provide care to the patients, in the same way the community accesses health care services, there should be mutual respect between the community and the Nurses. What is obtaining on the ground is that Nurses are being harassed and beaten, hence the need to study the factors leading to the harassment and beating of Nurses at Matero 1st level hospital in Lusaka District, Zambia.

Researchers have identified that physical violence affects nurses in nearly all work environments and all regions of the world. In addition to the many published studies about the prevalence of violence in the United States (Gacki-Smith et al., 2009; violence was reported against nurses working in Australia. In Africa, Egypt (Samir, Mohamed, Moustafa, and Saif, 2012) and Zambia in particular is facing the same challenges of harassment or beating of nurses by the public. According to Zambia Union of Nurses Organisation (2015) “the organisation receives approximately 5 beatings and more than 20 harassment in a year’’. Other cases are not reported, for those that are reported are dealt with administratively.

At matero 1st level hospital, where the study was conducted reported about 50 cases of harassment in 2014, five cases of beating and at least 10 cases of harassment have occurred this year (2016).

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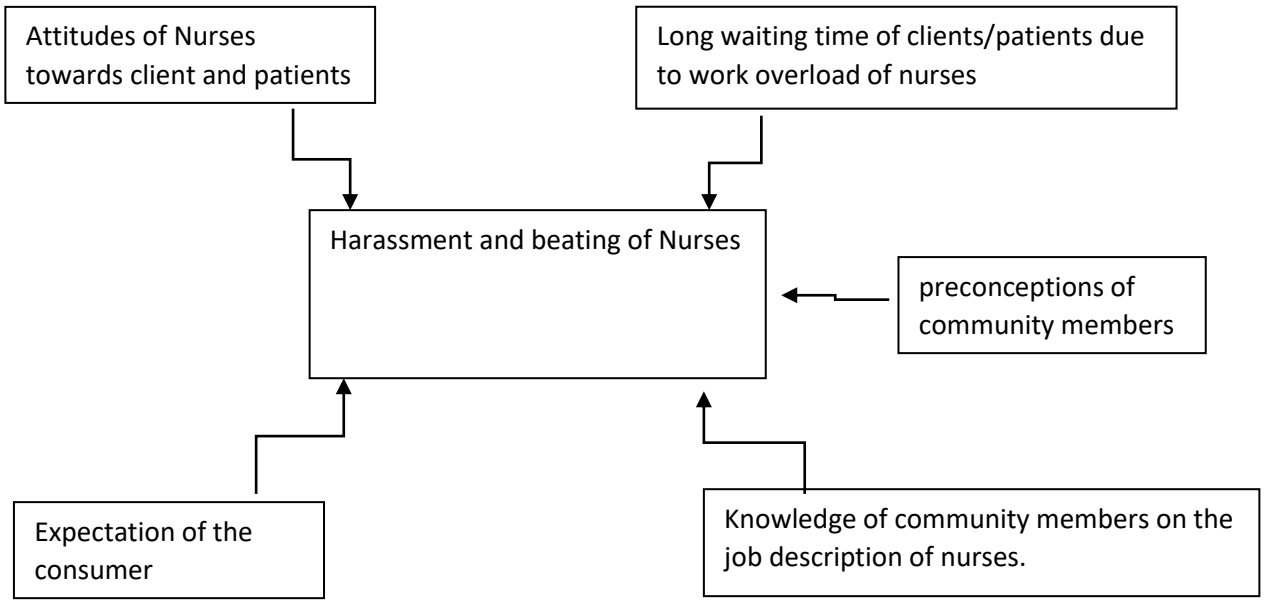
1.3 DIAGRAM OF PROBLEM ANALYSIS



1.4 POSSIBLE FACTORS LEADING TO THE HARASSMENT OR BEATING OF NURSES

The study was to understand why Nurses are harassed or beaten, it was necessary to look at the factors that may lead to the harassment and beating of nurses. The factors included:

- **Attitudes of Nurses**: For any person to enjoy his/her work, he or she must have the interest in what he or she is doing and must enjoy the work. The negative attitude of nurses towards work and patients lead to harassment and beating of nurses.
- **Expectation of the consumer**: The society members who are the consumer of health care expect quality care from the nursing staff. Well-educated community members are aware of their rights, therefore any omission on part of the nurse may lead to harassment or beating.
- **Long waiting time of clients or patients due to work overload of nurses**: Staffing levels are poor in many health facilities. This leads to increased work-load because nurses are overwhelmed with a lot of patients which leads patients waiting for long hours, as a result patients feel neglected and resort to harassment or beating of nurses.
- **Knowledge of community members on the job description of nurses:** the community is not aware of the nurse's job description hence they expect a lot from them. The community might perceive shortfalls in the care leading to harassment or beating of nurses.

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1.5 JUSTIFICATION OF THE STUDY

Harassment at work in any form is wholly unacceptable and we expect employing authorities to ensure that nurses enjoy a working environment in which the dignity of individuals is respected. Harassment at work is contrary to the Zambian conditions of service (2006) and the constitution of Zambia. The study was based on finding out the factors leading to harassment and beating of Nurses. If this vice or act is unchecked, it will continue and the Nurses will work in fear, resulting in poor service delivery, physical and psychological trauma. Whether it is written or not, the act is there and real. Therefore, we cannot seat and wait to record a death when measures can be put to prevent this epidemic negative act.

There is need to come up with interventions or measures to sensitize the community in order to stop the act that threatened the safety of Nurses hence the study.

1.6 RESEARCH OBJECTIVES

1.6.1GENERAL OBJECTIVE

To explore factors leading to the harassment or beating of Nurses.

1.6.2SPECCIFIC OBJECTIVES

- To determine the opinion of the community members on whether the services offered by nurses, met their health needs within the time they expected.
- To explore the level of knowledge of community members on the job description of nurses.
- To assess nurses' attitude through community's eyes.
- To determine the community members views on whether there are adequate nurses at Matero 1st level Hospital.

1.7 STUDY QUESTIONS

- Do the services offered by nurses meet the community's needs within the expected time?
- What is the knowledge level of the community members on nurse's job description?
- What is the community's perception on the attitude of nurses towards the clients/patients?
- What are the views of community members pertaining to the staffing levels t Matero 1st level Hospital?

1.8 HYPOTHESIS

Negative attitude of the nurses is a contributing factor resulting to harassment and beating of nurses.

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1.9 OPERATIONAL DEFINITION OF TERMS

1.9.1 Nurse: Someone who is trained to look after people, who are sick, injured or who have a problem.

1.9.2 Community; is defined as "a group of people who share some important features of their lives and use some common agencies and institutions.

1.9.4 Consumer; Recipient of nursing care services.

1.9.5 Harassment; Involve action, behaviour, comment or physical contact which is found objectionable or which causes offence; it can result in the recipient feeling threatened, humiliated or patronised and it can create an intimidating work environment.

1.9.6 Beating; use of physical force with the potential for causing injury, harm or death. It includes, but not limited to scratching, pushing, shoving, throwing, grabbing, biting, shaking, poking, hair pulling, slapping, punching, hitting, burning and use of restraints or strength against another person. Physical violence includes use of a weapon (gun, knife, or another object) against a person.

1.10 VARIABLES AND CUT OFF POINTS

Table 1: Six man table

VARIABLE	VARIABLE INDICATOR	VARIABLE CONCERN	CUT OFF POINT	QUESTION NUMBER	**FOR OFFICIAL USE ONLY**		
Dependent variable Harassment or beating of nurses	High low	Very bad Bad	3 and above beatings or harassment in a year Less than 2 in a year		VARIABLE SCORE	TOTAL SCORE	% SCORE
Independent variable							
knowledge of community members	High Moderate Low	Very good Average Poor	4-5 correct answers 2-3 correct answers 0-1 correct answer	7 - 11			
Attitude of nurses	High Low	Good Bad	3-6 correct answers 0-2 correct answer	12 - 19			
Expectation of consumers	High Low	High Low	2-3 correct answers 0-1 correct answer	20 - 22			
Work load	High Low	High Low	1-2 correct answers 0 correct answer	23 - 24			

CHAPTER TWO: LITERATURE REVIEW

The literature reviewed in this study was mainly on factors leading to harassment or beating of nurses at Matero 1st level hospital. The literature reviewed was presented and discussed from the works of various scholars from around the globe. In this chapter, the literature reviewed was arranged in three (3) parts namely, global perspective, regional perspective and national perspective, respectively.

2.2 GLOBAL PERSPECTIVES

Verbal abuse towards nurses is an international concern. Oweis and Diabat surveyed 138 Jordanian nurses who had reported experiencing verbal abuse by physicians. Their results showed that judging, criticizing, accusing, blaming and abusive anger were the most frequent and severe forms of verbal abuse reported. Roche, el at (1998) surveyed 2,487 Australian nurses of which 65% reported experiencing emotional abuse in the last 5 shifts they had worked. The majority of the nurses reported experiencing emotional abuse (39.6%) from patients. Jonker, el at (2000) surveyed 85 Netherland nurses and found that younger and less experienced nurses were more likely to be confronted with aggression. He also found that those nurses working in the intensive care unit experienced the highest percentage (87.5%) of verbal abuse and that the majority (57.2%) of the nurses were abused by patients' relatives.

A study by Georgia Health Workforce Cooperative (2002) titled "Violence against Nurses Working in United States Emergency Departments," states that 25% of respondents reported experiencing physical violence more than 20 times over the previous three years and 20% reported more than 200 instances of verbal abuse over the same period.

Nurses are subjected to physical, emotional and verbal abuse in the workplace by patients, families, physicians, administrators, fellow nurses and other healthcare workers. Rowe and Sherlock surveyed 213 nurses, using Cox's Verbal Abuse survey, found that 96.4% of the nurses had been verbally abused and the most frequent source of verbal abuse was other nurses (27%) of which 80% were fellow staff nurses and 20% were nurse managers. Walrath, Dang, and Nyberg, through focus group discussions that included a total of 96 nurses, reported that the participants observed or experienced a total of 225 disruptive behaviours, and physicians were identified as instigators in 42% of these events. Whitehorn and Nowlan (2003) reviewed that the issue of nurse's abuse in Canada and found that the less educated community members were physically violent towards nurses at workplace. A higher rate was

reported by Erickson et al where 82% of the studied community members in mid-south United States of America reported being unkind to nurses because they expected nurses to do everything for them. In the same study, it showed that the most common violent assailants were middle aged persons. Derazon et al reported the same finding, where middle-aged men of low socioeconomic level and ignorant of nurses' job constituted the majority of violent patients and patient's relatives. He also noted that lack of communication may be the reason for the high percentage of Arabic speaking assailants (70.2%), for harassing nurses. Majority of them were coming from a different linguistic background, hence nurses were not able to communicate effectively. Mao L, et al (2013) in their study said that health officials stressed that institutional factors within hospitals contribute to work place violence, such as sluggish procedures, which result in long waiting times. Additionally, poor communication between medical providers and patients often leads to work place violence. Also, individual factors from patients and nurses contribute to violence. The interviewed health managers believe that the combination of these factors causes dissatisfaction among patients and relatives with their doctors and nurses. Although the health needs of some of the respondents were met, harassment/beating of nurse's could still occur. This could be partially as a result of other respondents whose needs were not met.

2.3 REGIONAL PERSPECTIVES

This act has penetrated Africa as well with a number of isolated recorded cases of nurses being harassed by the community. Western Cape in South Africa, Thematic analysis was done of the semi-structured interviews. Four main themes and 10 categories were identified. Nurses experience physical threats, verbal abuse, psychological and imminent violence on a regular basis. Egypt Samir, el at (2012). In Ethiopia, a study was done and reviewed rising rate of workplace violence in health care facilities has become a major problem for health care providers including nurses. However, evidences are lacking in Ethiopia particularly in the study area. Benson et al (2006) reported that nurses in Kenya's public hospitals were rude, impolite and offered cold reception to patients. During our interaction with respondents, some mentioned that they come with preconceived mind that nurses are bad, rude and arrogant. Benson, et al in the same study, reported clients /patient's' own attitudes also influenced their evaluation of nurses' politeness.

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2.4 LOCAL PERSPECTIVES

Ministry of Health Permanent Secretary Peter Mwaba said government will not condone any of such actions from members of public. Dr Mwaba called upon members of the public to support health workers around the country. He stated that the public are however welcome to criticize the health workers where there are shortcomings adding that these will be cardinal in the country's quest to attain the Millennium Development Goals.

Dr Mwaba said this at the combined graduation ceremony of 140 nurses from Solwezi, Mukinge, and Kaleni Nursing Schools in Solwezi yesterday. He said government has taken measures to address some of the public complaints such as shortage of health personnel and drugs in health centers. The Ministry of Health Permanent Secretary has meanwhile called for change of attitude among health personnel in the country. He said the public has been looking at the professionals with negative perception but has since challenged them to start serving the public with honour to remove this perception.

Dr Mwaba reminded the health workers that their professional is a unique profession which calls for humility and dedication". Despite the permanents secretary's call to stop the harassment or beating of nurses, the public has continued with another case of Mr. Zindaba Soko 'The director Road Transport and Safety Agency" beats Care for business hospital staff after losing the mother. His mother died because the family rejected blood transfusion on a religious ground. Mr. Soko ran amok and fault battles with care for business nurses and a doctor on call named Witu. This happened on 14th December 2014 according to Watchdog Zambia.

Zambia news information service in March, 2015 reported the harassment of nurses at Kanyihampa urban clinic in Mwinilunga district. The reason for the harassment was due to the death of a chronically ill patient who died on the queue while seeking health care.

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2.5 CONCLUSION

The impact of verbal abuse on nurses includes negative emotions, decreased productivity, increased potential for turnover, and a negative effect on nursing care. Cox found that work productivity declined from 100 % to 71.3%. Then 87.1% of nurses asserted that medical errors were more likely to increase after a verbal abuse. Oztunc discovered that 87.6% indicated that the verbal abuse negatively affected their morale, 91% experienced emotional exhaustion, 68.3% believed that it decreased their productivity and 63.1% agreed that it negatively affected their nursing care. Walrath et al reported that 48% of the nurses interviewed in focus groups knew of a nurse who had transferred to a different unit or department because of disruptive behavior, both verbal or physical acts that negatively affected patient care and one's ability to work and 34% stated that they knew nurses who had left the organization due to such harassments.

The current trend of under-reporting could be ascribed to workplace cultures that either frame workplace violence as part of the job or are in denial regarding patient-related violence (O'Brien-Pallas et al. 2008:32). Only during the last decade has international attention with regard to the issue managed to bring this pandemic to public notice. A 2011 report by the Emergency Nurses Association revealed that out of 6,504 emergency nurses polled, 54.5% reported physical and or verbal violence occurred during their previous work week. About 42% reported only verbal violence, 11.2% reported physical and verbal violence together and less than 1% reported physical violence alone. In all those cases, 46.7% of nurses said no action was taken against their attacker, and 20.4% said the perpetrator was given a warning. About 11% were transferred to psychiatric facilities. Additionally, almost 72% of nurses said their hospital gave them no response concerning the violence they experienced, nearly 11% of nurses said they were blamed for the incident, and 0.4% were actually punished following their attack. The study also noted that the majority of nurses who experienced violent events did not make formal reports documenting the incident. The situation elaborated in the studies above, is a true reflection of what is prevailing in the Zambian situation. There is little official documentation of harassment or beating of nurses. Many cases go without being reported.

CHAPTER THREE: RESEARCH METHODOLOGY

Both quantitative and qualitative approaches of a descriptive design were used. Data was collected systematically and analyzed. The study was descriptive because it involved a systematic collection and presentation of data to give a clear picture of factors that lead to harassment or beating of Nurses at Matero 1st level hospital in Lusaka district. The study used closed and open-ended questions.

3.1 RESEARCH SETTING (STUDY SITE)

The study was conducted in Lusaka district at Matero 1st level Hospital. Matero 1st level Hospital as a research site was arrived at because it recorded high cases of harassment or beating compared to other health centres within Lusaka district, according to ZUNO. Matero 1st level Hospital is located on the south west of Lusaka district 12km from the town centre. It is surrounded by george, lilanda, emasdale Township, chunga, barastone, kabangwe, part of Lusaka west, zingalume and kasupe area. Matero (community) has a total population of 500698 (CSO, 2010) translating into 9196 households.

3.2 STUDY / TARGET POPULATION

The study population was Matero community members.

3.3 SAMPLE SELECTION

The sampling was done from the target population. Simple random sampling was used to select the respondents. Respondents were chosen randomly using numbered cards and non-numbered cards. The cards were put in a box and respondents were allowed to pick a card each. Those who picked numbered cards automatically qualified for the interview.

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3.3.1 SAMPLE SIZE

The sample size was determined by Yamane Taro's formula. A sample of 100 respondents was considered under this study.

$$n = \frac{N}{1 + N(e)}2$$

Where **n** is the designed sample

N is the known population

e is the precision set at 0.10

$$n = \frac{54717}{1 + 54717(0.10)}2$$

$$n = \frac{54717}{1 + 54717(0.01)}$$

$$n = \frac{54717}{548.17}$$

$$n = 99.8$$

$$n = 100$$

3.4 DATA COLLECTION TOOLS

Data was collected by the research team using guided questionnaires from the respondents and the researchers were helping administering the questionnaires. The study also used incomplete observation method to observe the attitude of nurses towards patients.

3.4.1 VALIDITY

Validity was measured by ensuring that the same questions were asked to each respondent in the same sequence. Questions were clearly constructed to avoid ambiguity. Simple terms, translated in vernacular language when necessary, were instituted instead of medical language so that the community respondents understand the questions.

3.4.2. RELIABILITY

In this research, we ensured consistency, stability and repeatability of the results by standardizing the instrument. The research tools were tested before the main study was conducted using a Pre-test study in a different environment with similar characteristics.

3.5 DATA COLLECTION TECHNIQUE

Data was collected by using guided questionnaires and complete observations. The research team was available to clarify any queries from the respondents.

3.6 PRE-TEST STUDY

A pre-test study was conducted before the actual research. Necessary adjustments were made after the pre-test study. It was done on 10 respondents from matero health centre, which is 10% of the study sample. The pre-test study sample had similar characteristics with the study sample. The pre-test study aimed at testing the validity and reliability of the research tool. The raw data was collected from respondents using guided questionnaires and complete observations. The data was sorted out and edited for completeness, uniformity, accuracy and consistency.

3.7 ETHICAL AND CULTURAL CONSIDERATIONS

Participants needed to be treated with dignity. Dignity, justice and respect for humans are critical issues that should be kept in the forefront of all considerations.There are three ethical principles namely; beneficence, respect for human dignity and justice.

3.7.1 BENEFICIENCE

This study did not subject any respondent to any form of harm as the research never involved in any invasive procedures. Respondents were also protected from psychological and physical harm by considering utmost safety.

3.7.2 RESPECT FOR HUMAN DIGNITY

Respondents had the right to self-determination and treatment. They were free to withdraw from the study at any point if they so wished. To achieve this, we explained to individual respondents that they were at liberty to either participate in the study or not. The study

assured the respondents of confidentiality of personal information they shared with the researchers. The research team also obtained written or verbal informed consent from those who participated. The research team asked for permission from Lusaka district medical office and it was granted.

3.7.3 JUSTICE

The study ensured justice was upheld by not allowing favouritism. All the respondents were treated equally. Respondents were selected using a simple random sampling method achieving the inclusion criteria.

3.8 DATA ANALYSIS

Data and variables were categorised and scrutinized. Variables were further grouped according to the scales of measurement. After data collection, data was sorted out and checked for completeness. Editing of data was done in the field during data collection and before data analysis. Responses from open ended questions were categorised before entering on a data master sheet. Responses from closed ended questions were entered directly on the data master sheet. The data was analysed using Statistical package for the social sciences (spss) with the help of a calculator. Both univariate and bivariate analyses were used to determine the association of each independent variable with the dependent variable. Data was presented in the form of frequency tables and pie charts using univariate analysis. The chi-square test was used to examine the relationship between dependent and independent variables.

3.9 DISSEMINATION OF FINDINGS

After data analysis, a report was prepared and copies of the research thesis were submitted to Lusaka district medical office, Matero 1st level hospital, and Information and communication university library.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF FINDINGS

INTRODUCTION

The purpose of the study was to determine the factors leading to harassment/beating of nurses at matero 1st level hospital in Lusaka district. The study results were based on all the responses from hundred (100) respondents who were randomly sampled at matero 1st level hospital. The findings were entered on the data master sheet and spss for analysis.

Data analysis

After data collection, data was sorted out and checked for accuracy, completeness, uniformity and consistency.

Editing of data was done in the field during data collection and before data analysis. Responses from open ended questions were coded and categorised before entering on a data master sheet and spss. Responses from closed ended questions were entered directly on the data master sheet. Data was presented in the form of frequency tables and charts. Cross tabulations were also prepared to show the relationships among the variables.

4.3 PRESENTATION OF FINDINGS

The findings have been presented in frequency tables, charts and cross tabulations to show the relationships among variables as indicated below:

SECTION A: DEMOGRAPHIC DATA

Table 2 : Respondents' sex

sex	Frequency	Percent (%)	Cumulative Percent
male	29	29.0	29.0
female	71	71.0	100.0
Total	100	100.0	

The above table indicates that majority of the respondents were females representing 71 (71%).

Table 3: Respondent's Age

Age	Frequency	Percent (%)	Cumulative Percent
15 to 25	38	38.0	38.0
26 t0 35	38	38.0	76.0
above 35	24	24.0	100.0
Total	100	100.0	

Table 2 reviews 76 (76%) of respondents were from the age group of 15 to 35 years of age.

Table 4: Marital status of the respondents

M status	Frequency	Percent (%)	Cumulative Percent
single	40	40.0	40.0
married	57	57.0	97.0
divorced	2	2.0	99.0
widowed/widower	1	1.0	100.0
Total	**100**	**100.0**	

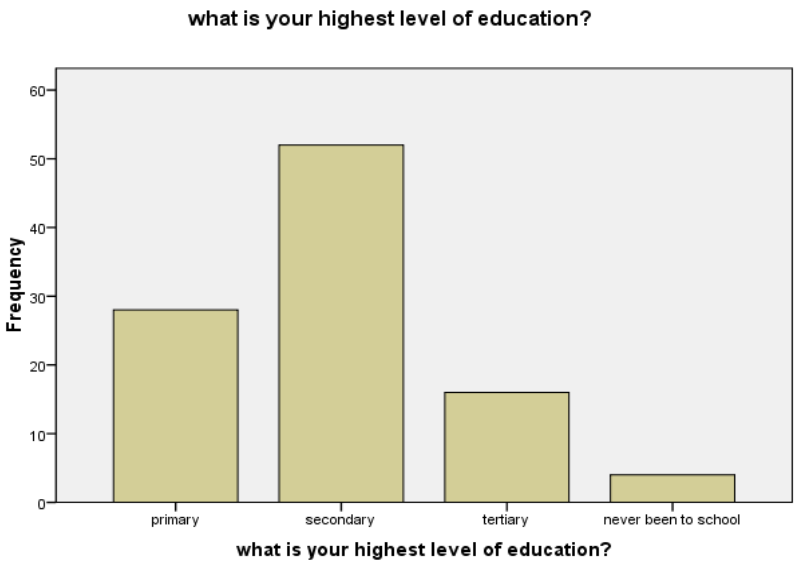
Table 4 shows that Majority of the respondents were married accounting for 57 (57%).

Table 5: Religion of the respondents

Religion	Frequency	Percent (%)	Cumulative Percent
Christianity	99	99.0	99.0
Buddhism	1	1.0	100.0
Total	**100**	**100.0**	

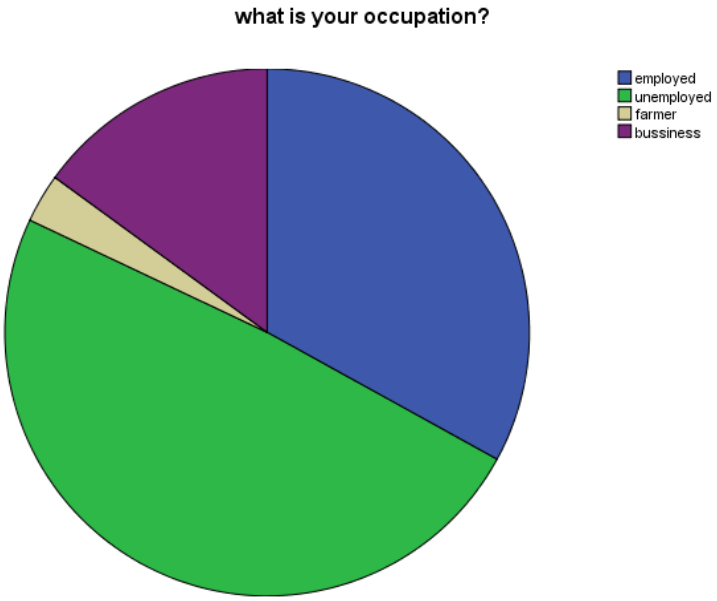
Majority of the respondents in the above table were Christians with 99 (99%).

Figure 1 illustrates the educational level of respondents



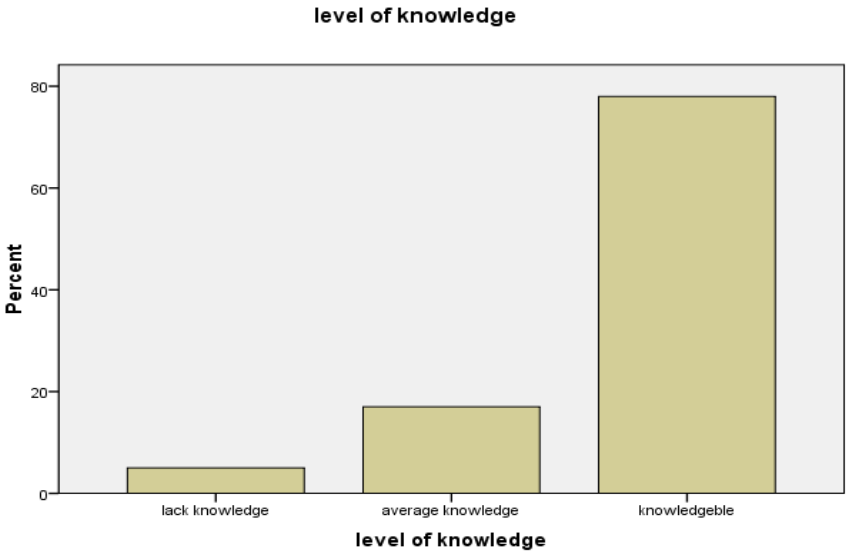
Majority 52 (52%) of the respondents' educational attainment was secondary.

Figure 2: Respondent's occupation.



Majority of the respondents 49 (49%) were unemployed.

Figure 3: Knowledge levels of respondents on nurse's job description.



The figure above shows that 78 (78%) of the respondents, were knowledgeable on the job description of the nurses.

Table 6: Community's perception towards nurse's attitude

Attitude	Frequency	Percent (%)	Cumulative Percent
good	60	60.0	60.0
Bad	40	40.0	100.0
Total	100	100.0	

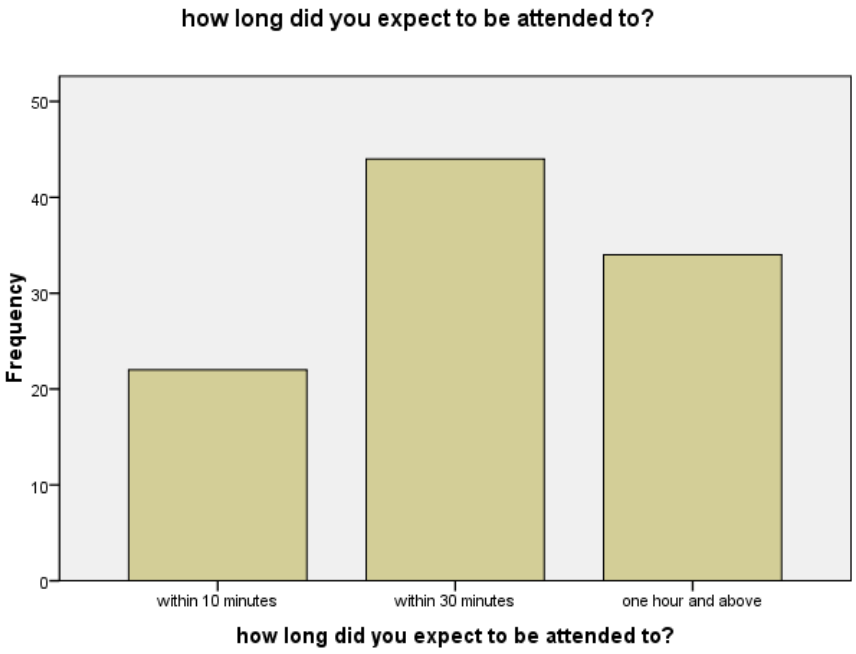
The table above indicates that 60 (60%) of the respondents said that nurses had good attitude.

Table 7: Respondent's responses to whether their health needs were met or not.

Health needs	Frequency	Percent (%)	Cumulative Percent
Yes	73	73.0	73.0
No	27	27.0	100.0
Total	100	100.0	

The figures in the above table indicates that, majority 73 (73%) of the respondent's health needs were met.

Figure 4: Expected waiting time



Out of the 100 representatives, majority (44) respondents expected to be attended to within 30 minutes representing 44%.

Table 8: Respondents response on the quality of health services offered by nurses

Satisfaction	Frequency	Percent (%)	Cumulative Percent
Yes	65	65.0	65.0
No	35	35.0	100.0
Total	100	100.0	

The table above shows that 65 (65%) were satisfied with the health services offered by the nurses at the clinic.

Table 9: Respondents response on whether there are adequate staff levels at the clinic

Staff levels	Frequency	Percent (%)	Cumulative Percent
Yes	25	25.0	25.0
No	75	75.0	100.0
Total	100	100.0	

Majority of the respondents 75(75%) said there are inadequate nurses at the clinic.

Table: 10 Respondent's responses to how busy nurses were, when they visited the clinic

Workload	Frequency	Percent	Cumulative Percent
not busy	22	22.0	22.0
Busy	37	37.0	59.0
very busy	41	41.0	100.0
Total	100	100.0	

Most of the respondents 41 (41%) said that during their previous visit to the clinic, nurses were very busy attending to patients.

Table 11: Respondents reasons to why nurse are harassed or beaten.

Reasons for harassment	Frequency	Percent	Cumulative Percent
rudeness	40	40.0	40.0
delaying to attend to patients	49	49.0	89.0
misunderstanding	6	6.0	95.0
not sure	5	5.0	100.0
Total	100	100.0	

The majority of respondents 49 (49%) justified the harassment/beating of nurses as to delaying to attend to patients.

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Table 12: Respondent's responses on whether it is right or wrong to harass or beat nurses.

Is it wrong to harass nurses?	Frequency	Percent (%)	Cumulative Percent
Yes	14	14.0	14.0
No	86	86.0	100.0
Total	100	100.0	

Majority 86 (86%) of the respondents represents those who said it is wrong to harass or beat nurses at work.

CROSS-TABULATIONS

Table 13: **Respondents occupation in relationship to expected waiting time and occupation.**

Expect waiting time		Occupation				Total
		employed	unemployed	farmer	business	
	within 10 minutes	6	16	0	0	22
	within 30 minutes	14	17	2	11	44
	one hour and above	13	16	1	4	34
Total		33	49	3	15	100

Most 14 (39%) of respondents were unemployed and said they expected to be attended to within 30 minutes.

Table 14: Respondents level of knowledge in relation to expected waiting time.

Expect waiting time		level of education				Total
		Primary	secondary	tertiary	never been to school	
	within 10 minutes	5	8	8	1	22
	within 30 minutes	10	29	3	2	44
	one hour and above	13	15	5	1	34
Total		28	52	16	4	100

Majority 29 (56%) of the respondents who attained secondary school said they expected to be attended to within 30 minutes.

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Table 15: Relationship between respondent's sex and expected waiting time.

sex	Expected waiting time.			
	within 10 minutes	within 30 minutes	one hour and above	Total
male	7	8	14	29
female	15	36	20	71
Total	22	44	34	100

Majority 36 (51%) of the respondents who expected to be attended to within 30 minutes were females.

Objective number one (1); to explore the level of knowledge of community members on the job description of nurses**.**

Table 16: Respondents level of education in relation to knowledge on nurse's job description

level of education	level of knowledge			
	lack knowledge	average knowledge	knowledgeable	Total
primary	2	6	20	28
secondary	2	9	41	52
tertiary	0	2	14	16
never been to school	1	0	3	4
Total	5	17	78	100

The majority 41 (79%) of the respondents who attained secondary education were knowledgeable on nurses' job description.

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Table 17: Respondents level of knowledge in relation to sex.

sex		level of knowledge			Total
		lack knowledge	average knowledge	knowledgeable	
	male	2	4	23	29
	female	3	13	55	71
Total		5	17	78	100

55 77%) represent the majority females that are knowledgeable on nurse's job description.

Objective number two (2); to assess community's perception towards nurse's attitude on patients/clients.

Table 18: shows the relationship between sex of respondents and their perception of nurse's attitude towards clients/patients.

sex		Attitude of nurses		Total
		good	bad	
	male	17	12	29
	female	43	28	71
Total		60	40	100

The majority of the respondents 43 (61%) were females and said that nurse have good attitude towards clients/patients.

Table 19: Respondents level of education in relation to community member's perception on the Attitude of nurses towards clients/patients.

Level of education		Attitude of nurses		Total
		good	Bad	
	primary	17	11	28
	secondary	30	22	52
	tertiary	11	5	16
	never been to school	2	2	4
Total		60	40	100

30 (58%) of the respondents who attained secondary education said that nurses have good attitude towards clients/patients.

Objective number three (3) to determine the community members views on whether there are adequate nurses at matero 1st level hospital.

Table 20: Respondents perception on the nursing staff levels at the clinic in relation to community members health needs being met.

Levels of nursing staff at a clinic		Health needs		Total
		yes	no	
	yes	17	8	25
	no	56	19	75
Total		73	26	100

The majority of the respondents 56 (75%) whose health needs were met, said nurses were not adequate at the clinic.

TESTING THE RELATIONSHIP BETWEEN DEPENDENT AND INDEPENDENT VARIABLES USING CHI-SQUARE.

This section presents results of the relationship of harassment/beating of nurses and knowledge, attitude, workload and consumer expectations. Chi-square was used to test the relationships between variables.

Table 21 Harassment/beating and level of knowledge

	Harassment/ beating of nurses	level of knowledge
Chi-Square	129.515[a]	91.940[b]
df	2	2
Asymp. Sig.	.000	.000

The table shows that harassment/beating of nurses was highly statistically significant, which means knowledge of the community members on the nurse's job description may have an effect on harassment/beating of nurses. There was an association between harassment/beating and knowledge of the community on nurse's job description (The chi-square test, p-value 0.00 < 0.05).

Table 22 Harassment/beating and level of knowledge

	Harassment/ beating of nurses	Attitude of nurses
Chi-Square	129.515[a]	4.000[b]
df	2	1
Asymp. Sig.	.000	.046

The table shows that harassment of nurses and the attitude of nurses is statistically significant, which means that the community's perception towards nurse's attitude may have an effect on harassment/beating of nurses. There is a significant relationship between harassment/beating of nurses and community's perception towards nurse's attitude.
(The chi-square test, p-value 0.46 < 0.05).

Table 23 Harassment/beating and Consumer expectations

	Harassment/ beating of nurses	Consumer expectations
Chi-Square	129.515[a]	80.180[b]
df	2	2
Asymp. Sig.	.000	.000

This table shows the relationship between harassment/beating of nurses and consumer expectation. Consumer expectations may have an influence on the harassment/beating of nurses. (The chi-square test, p- value 0.00 < 0.05).

Table 24 Harassment/beating and Workload

	Harassment/ beating of nurses	Workload
Chi-Square	129.515[a]	6.020
df	2	2
Asymp. Sig.	.000	.049

The table shows that harassment/beating of nurses and nurse's workload was statistically significant, which means the workload of nurses may have an effect on the harassment/beating of nurses. There was significant relationship between harassment and workload. (The chi-square test, p- value 0.049 < 0.05).

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CHAPTER FIVE

DISCUSSION OF RESEARCH FINDINGS

INTRODUCTION

The aim of the study was to explore factors leading to the harassment/beating of nurses and other health workers at Matero 1st level Hospital in Lusaka district.

The assumption before the study was that negative attitude of nurses is a contributing factor to harassment/ beating of nurses. The results were based on the analysis of the responses from hundred respondents selected from Matero1st level hospital catchment area in Lusaka district.

Characteristics of the samples

The sample consisted of 100 respondents who were randomly sampled among the patients, clients and the community members who escorted patients/clients to seek health services at Matero 1st Level hospital which was the setting of the study.

The majority of the respondents were females representing 71% while 29% were males. This is because most of the people who were visiting the facility were females. The findings were in support of central statistics office (2010) which reviewed that the country's population stood at 13 million, of which 51.2% and 48.8% are females and males respectively.

The age group of the respondents were as follows 15 to 35 years 76% and those above 35 years representing 24%. Majority of participant's ages were ranging from 15 to 35 years old because this is the most active age for both males and females. This is in line with the demographic health survey findings for 2013.

Findings of the study shows that among the respondents, those who were single represented 40%, married 57%, divorced 2%, widowed/widower 1%. This could be attributed to the fact that marriage is universal and is also highly regarded as important in the Zambian society.

The majority (99%) were Christians while those who were Buddhist represented 1%. This could be because Zambia is a Christian dominated nation and was declared a Christian nation since 1991 and most Zambians regard Christianity as an official religion (cholwe, 1999).

The study indicates that most of the respondents attained secondary education with 52%.The majority were unemployed with 49%.This could be attributed to poor economic status and negative attitude towards school for both parents and children (Educating our future, 1999).

Objective number one (1); to explore the level of knowledge of community members on the job description of nurses.

The study shows that 78% of the respondents were knowledgeable on the job description of the nurses while those with average knowledge on the job description of nurses represented 17% and those who did not have knowledge on the nurses job description 5%.The findings indicates that despite majority of the respondents being knowledgeable on the nurse's job description, harassment/beating has continued. This will result into nurses working in fear leading to poor nursing services. Henceforth, there could be other factors related to being knowledgeable or not knowledgeable on the nurse's job description and harassment/beating of nurses. As it was in the case of Mr. Zindaba Soko 'The director Road Transport and Safety Agency" who is highly educated beat the staff at Care for business hospital after losing the mother (Watchdog Zambia, 2014). Our findings are similar to the work of Ashry Mohamed, who revealed that 54.3% of the community members were ignorant of the nurse's job description and attempted to harass nurses in one way or another. Similar findings were reported by Whitehorn and Nowlan who reviewed the issue of nurse's abuse in Canada and found that the less educated community members were physically violent towards nurses at workplace. A higher rate was reported by Erickson et al where 82% of the studied community members in mid-south United States of America reported being unkind to nurses because they expected nurses to do everything for them. In the same study, it showed that the most common violent assailants were middle aged persons. Derazon et al reported the same finding, where middle-aged men of low socioeconomic level and ignorant of nurses' job constituted the majority of violent patients and patient's relatives. He also noted that lack of communication may be the reason for the high percentage of Arabic speaking assailants (70.2%), for harassing nurses. Majority of them were coming from a different linguistic background, hence nurses were not able to communicate effectively. Few nurses we interacted with at Matero 1st level hospital reported that they were harassed even when patients were delayed in other departments such as laboratory, pharmacy and registry. It seems clients do not really understand what nurses do or the difference between the nurses

and those of other health providers. There is a very wide gap between nurse's job description and what the community knows. Any miscommunication or mistreatment in a clinical setting is perceived as caused by nurses. For instance, majority of the participants gave different views on nurse's job description such conducting major surgical operations, analysing laboratory specimen, interpreting radiology films and cooking for patients. However, harassment/beating of nurses was highly statistically significant, which means that knowledge of the community members on the nurse's job description may have an effect on harassment/beating of nurses. There was an association between harassment/beating and knowledge of the community on nurse's job description as indicated in the chi-square test, p-value of 0.00 ‹ 0.05.

Objective number two (2); to assess community's perception towards nurse's attitude on patients/clients.

The majority of the respondents reported that nurses had good attitude towards patient/clients with 60% while the minority reported that nurses had bad attitude towards patients/clients with 40%. Despite the community members rating the attitude of nurses as good, the act of harassment still continued. However, there is a relationship between harassment/beating of nurses because the discrepancy between respondents who rated nurses as good and those who rated nurses as bad was minimal. 40% is too big a number that cannot be ignored to influence the act. Hence, the community may avoid visiting the hospital due to negative attitude of nurses and other healthworkers and people will be dying from preventable and treatable illness at home. This can also lead to the public avoiding enrolling for nursing as a profession due to fear of being harassed.

This accept the research hypothesis and disputes the null hypothesis. Findings in this study are similar to that of Benson et al (2006) which indicated that nurses routinely engaged in acts that hamper the realization of patients' rights. This renders patients less empowered to participate actively in the nursing experiences. For instance, in Western Australia, Sara's Henderson found that nurses considered patient involvement in their own care as an interference in the nurse's duties and that the majority of nurses were unwilling to share their decision-making powers with patients. From the foregoing, it emerges that nurses' attitudes and behaviours pose an impediment to the actualization of patients' rights in many countries which is a source of harassment. The report also recorded complaints that nurses in Kenya's public hospitals were rude, impolite and offered cold reception to patients. During interaction

with respondents, some mentioned that they come with preconceived mind that nurses are bad, rude and arrogant. Benson et al in the same study, reported clients /patient's' own attitudes also influenced their evaluation of nurses' politeness. They further stated that some patients expected to be handled rudely even before they went to the health facilities. For instance, a labour ward patient expected to be insulted because of what she had been told before she went to the facility. Such presumptions could influence the patients' linguistic behaviour leading to choose of strategies aimed at countering the preconceived notion that the nurses were bound to be impolite. In such instances, the patient would be the aggressor by initiating the dignity-violating acts and failing to engage in what Gino Eelen has called strategic conflict avoidance. This retaliatory act of dignity violation is described by Calnan and colleagues as resistance, or asserting oneself in the face of threats to dignity. Moreover, Elizabeth Arnold and Kathleen Boggs argue that such stereotyping by patients would be a barrier to smooth interaction.

It appears that nurses' impoliteness does not merely constitute rudeness, but encodes a violation of dignity which, in turn, hampers the chances of enjoyment of broader human rights such as the right to autonomy, free expression, self-determination, information, personalized attention and non-discrimination. It emerges that when patients' rights are denied, patients resort to retaliation by violating the dignity of the nurses (harassment). This jeopardizes the envisaged mutual support in the nurse-patient relationship and compromises patient satisfaction or nurse's dignity. Hence, harassment of nurses and the attitude of nurses was statistically significant, which means that the community's perception towards nurse's attitude may have an effect on harassment/beating of nurses. There was a significant relationship between harassment/beating of nurses and community's perception towards nurse's attitude with the chi-square test, of p-value 0.46 ‹ 0.05).

Objective number three (3) to determine the opinion of the community members on whether the services offered by nurses met their health needs within the time they expected.

The study found that the majority 73% of the respondent stated that their health needs were met during their last visit while 27% said their health needs were not met. This means that majority of the respondents had high expectation. 65% of the respondents were satisfied with the health services offered by the nurses at the clinic while 35% of the respondents were not

satisfied and of those interviewed, 75% said there are inadequate nurses at the clinic while 25% said the clinic was adequately staffed. From the percentages given above on staffing levels, it is clear that if the situation is not addressed, shortage of nurses will continue and it will result to poor consumer satisfaction due to long waiting time. Apparently, these findings are similar to Mao L, et al (2013) which noted that patients are now frequently referred to as clients, users, consumers or customers, implying that people in need of health services should take a consumerist role and that they should have high expectations regarding medical results. If the desired results do not materialize, the patients or their families tend to demonstrate their dissatisfaction towards the healthcare professionals with whom they are in direct contact nurses in particular. Further in his study he reported that an angry knife-wielding patient violently attacked three nurses in a Changsha hospital, another patient who was unhappy with his nose operation stabbed a department head and two other doctors before being restrained by security guards and two radiologists were beaten up by nine people after these people were unable to be examined immediately, which resulted in one radiologist being hospitalized.

The same study Mao L, et al (2013) stated that healthcare managers are stressed, as patients and their families usually have high expectations for medical treatment and a tendency to believe that the symptoms of diseases can be controlled totally or relieved in hospitals. This results in little tolerance for medical treatment failure. Additionally, other macro system factors such as poor government investment in hospitals and the unsatisfactory role of medical insurance also contribute to increasing tensions between nurses and patients.

Out of the 100 representatives, majority 44% of the respondents expected to be attended to within 30 minutes, those who expected to be seen within 10 minutes 22% and within one hour and above 34%. Mao L, et al (2013) in their study said that health officials stressed that institutional factors within hospitals contribute to work place violence, such as sluggish procedures, which result in long waiting times. Additionally, poor communication between medical providers and patients often leads to work place violence. Also, individual factors from patients and nurses contribute to violence. The interviewed health managers believe that the combination of these factors causes dissatisfaction among patients and relatives with their doctors and nurses. Although the health needs of some of the respondents were met, harassment/beating of nurses could still occur. This could be partially as a result of other respondents whose needs were not met. Therefore, there is a relationship between

harassment/beating of nurses and consumer expectation. However, harassment/beating of nurses was highly statistically significant, meaning consumer expectation may have an influence on harassment/beating of nurses. (The chi-square test, p-value 0.00 ‹ 0.05).

Objective number four (4) to determine the community members views on whether there are adequate nurses at Matero 1st level Hospital.

The study indicated that majority of the respondents 41% said that during their previous visit to the hospital, nurses were very busy attending to other patients, 37% said nurses were busy and 22% said nurses were not busy. The high workload can result to physical and emotional stress of nurses resulting into poor service delivery. Not only will the high workload affect nurses but also the consumers will spend more time on queues waiting to be attended to by few nurses and other health workers on duty. As it happened in Mwinilunga District where a patient died on a queue while nurses were attending to other patients. These findings were not too far from what was observed the time the researcher was administering questionnaires. Most of the nurses were knocking off, missing launch and had long queues of patients waiting to be attended to especially in out-patient department. These findings are in line with the study conducted by Mao L, et al (2013) who commented that nurses also noted that heavy workloads and long waiting times are related to beating. One nurse is responsible for an average of 10 patients. However, this number can rise to more than 1:15 and sometimes nurses must continue to work even when they themselves are unwell. It is common in large hospitals to see nurses work nearly 10 or 11 hours a day. When patients' requests cannot be met on time, nurses become the object of frustration, discontent and anger. It was also observed that nurses were not enough to attend to patients. This is evidenced by what happened at Kanyihampa urban clinic in Mwinilunga district where nurses were harassed after a chronically ill patient died in a queue while nurses were attending to other patients (Zambia news information service, 2015). The similar results were observed by Mathewos F, et al, (2015) who reported that nurses faced violence while providing care to patients in public health facilities. This could mean that, work overload may contribute to harassment/beating of nurses by the community members. Therefore, harassment/beating of nurses and nurse's workload was statistically significant, meaning the workload of nurses may have an effect on the harassment/beating of nurses. (The chi-square test, p-value 0.049 ‹ 0.05).

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Other findings

Other than the reasons advanced above, community members said that harassment/beating of nurses was due to rudeness, misunderstanding between nurses and the community and others were not sure of what was making the community harass nurses. Although, harassment/beating occurs, majority of the respondents did acknowledge that the act is wrong. Mao L, et al (2013) also found that some cultural or social factors may contribute to violence against nurses. Traditionally, Chinese people tend to seek a high level of care even for minor, self-limiting conditions. Because they do not need to obtain referrals from primary health care physicians, patients often visit secondary and tertiary hospitals with unrealistic expectations. Jacelon (2006) reported similar observation of the three most violated patients' rights which include miscommunication, conflicts over payments, and lack of respect for personal, spiritual and religious values and beliefs by nurses. These would heighten the potential for conflict and confrontation inherent in all human interaction

IMPLICATIONS TO THE HEALTH CARE SYSTEM

The results indicate that majority 86% of the respondents said it was wrong to harass or beat nurses at work. Therefore, nurses will not perform to the expected standard due to fear of being harassed or beaten. This will impair the delivery and access of optimal health services. Furthermore, the act can result in physical, emotional and psychological trauma to nurses.

Implication to administration

The study shows that 75% of the respondents said the clinic was inadequately staffed. Furthermore, 41% of the respondents said that, during their previous visit at the hospital, nurses were busy attending to other patients/clients. The shortage of nurses at the hospital results into delayments in attending to clients/patients which lead to harassment/beating of nurses. The act will lead to the prospecting trainee nurses shunning the profession due to fear of being harassed/ beaten or for those already in employment may choose to go on voluntary separation. There is need of training and deploying of more nurses in all health facilities. Policy makers at national level should come up with deliberate policy on recruitment, training, deployment and retention of nurses in Zambia.

Implication to nursing research

The literature reviewed during this study shows that few studies have been conducted on harassment/ beating of nurse at work places. Therefore, there is need to conduct and scale up research program to generate information, that will be used to sensitise the community members on the negative effects of harassing/beating of nurses.

CONCLUSION

The study was carried out to determine the factors leading to harassment/beating of nurses at matero 1st level hospital in Lusaka district. The sample size was 100 selected by simple random sampling method. The study findings reviewed that attitude, knowledge, consumer expectation and workload were statistically significant associated with harassment/beating of nurses. With reference to the problem statement it can be confirmed from the results of this study that harassment/beating of nurses has some considerable effects on the delivery of health care services. A significant proportion of nurses at matero 1st level hospital had experienced different forms of violence. The results of the study further suggested that violence was a major occupational hazard and public health concern. Policy makers and other stakeholders should focus on the concoct of appropriate strategies on workplace violence prevention. The health facility should also establish health and safety programs for the prevention and management of workplace harassment/beating. Therefore, risk reduction efforts should target all patients, relatives and visitors and not be restrictive to any sub-population. Future research needs to quantitatively measure the frequency and severity of consequences and effects to the worker, workplace and patient care for those physically violent events deemed as most distressful.

RECOMMENDATIONS

With reference to the findings of this study, the following are the commendations;

Ministry of Health

- To recruit more nursing staff so as to combat the current shortage of staff nationwide.
- To construct another health Centre considering the fact that Matero community is densely populated.

- To enforce the policy that protects the plight of nurses at workplace so that there is zero-tolerance to all forms of harassment from all sources.
- To sensitize the community members on the negative effects of harassing or beating of nurse while on duty.

Zambia union of nurse's organization

- To encourage members to be reporting and pursuing all encountered cases of harassment or beating of nurses.
- Should effect and strengthen accurate documentation of all harassment or beating cases.
- Should be encouraged and supported to conduct researches on the harassment or beating of nurses.

Matero 1st level hospital

- To sensitize the community members through the neighborhood health committees on the negative effects of harassing or beating of nurses.
- To educate the community on the rights of the patient and responsibility of nurses.

LIMITATIONS OF THE STUDY

- Funding for the study was not enough due to economic challenges.
- Time frame within which the study was conducted was not adequate.
- Study used retrospective method to collect data which is dependent on respondent's memory which may be biased.
- Information on harassment/beating of nurses is not documented especially in Zambia.
- The research was biased towards community views

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ANNEX

Annex 1: INFORMED CONSENT AND QUESTIONNAIRE

INFORMED CONSENT

RESEARCH TOPIC: A STUDY TO DETERMINE THE FACTORS LEADING TO HARRSMENTOR BEATING OF NURSES AT MATERO 1ST LEVEL HOSPITAL IN LUSAKA DISTRICT, ZAMBIA.

The researcher is a student from Information and Communication University, faculty of Humanities and Social Sciences, pursuing a Master of Public Administration. The researcher is undertaking a study to explore the factors leading to the harassment or beating of nurses at Matero 1st level hospital, in Lusaka district. The researcher is kindly requesting you to participate in this study which is voluntary and involves no risks to you. The information you will avail, will be treated with the utmost confidentiality it deserves. The information will also be useful in developing strategies that will aim at stopping the act. The questionnaire / interview will take 30 minutes.

Do you agree YES [ ] NO [ ]

Date---------- Signature----------

DATA COLLECTION TOOL (STRUCTURED QUESTIONNAIRE)

INTERVIEW SCHEDULE NUMBER ……

INSTRUCTIONS TO THE INTERVIEWER

1. Do not write the name of the respondent on the questionnaire.
2. Circle the chosen response, for questions with alternatives.
3. Write in the space provided for open ended questions.
4. Do not omit any questions unless there is need to do so
5. Write all responses clearly.

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QUESTIONNARE

THIS QUESTIONNAIRE WILL BE ADMINISTERED TO THE COMMUNITY MEMBERS OF MATERO

SECTION A: BACKGROUND VARIABLES/DEMOGRAPHIC DATA

For Official use

1. What is your sex?

(a) Male [ ]

(b) Female [ ]

2. How old are you?

(a) 15 to 25years [ ]

(b) 26 to 35 years [ ]

(c) Above 35 years [ ]

3. What is your current marital status?

a. Single [ ]

b. Married [ ]

c. Divorced [ ]

d. Widowed /widower [ ]

4. What is your Religion?

a. Christianity [ ]

b. Muslim [ ]

c. Hinduism [ ]

d. Buddhism [ ]

5. What is your highest level of education?

a. Primary education [ ]

b. Secondary education [ ]

c. Tertiary education [ ]

d. Never been to school [ ]

6. What is your occupation?

a) Employed [ ]

b) Unemployed [ ]

c) Farmer [ ]

d) Business [ ]

SECTION B: KNOWLEDGE OF COMMUNITY MEMBERS ON NURSES JOB DESCRIBTION

7. Who is a nurse?

(a) A person with a good heart [ ]

(b) A person trained to care for the sick [ ]

(c) A person who leads others [ ]

(d) A person who puts on a white coat. [ ]

8. What does a nurse do?

(a) Offers care to patients [ ]

(b) Screens blood in a laboratory [ ]

(c) Does everything [ ]

(d) Operates patients [ ]

9. Do you think nurses can offer all health services at this hospital?

(a)Yes [ ]

(b)No [ ]

10. Do you think nurses are adequately trained to offer the health services?

(a) Yes (if you tick "**YES"**, **skip** question 11) [ ]

(b) No (if you tick "**NO"**, **continue** with question 11) [ ]

11. If no, what makes you say they are inadequately trained?

(a) They do not attend to patients fast [ ]

(b) They do not care for patients [ ]

(c) They beat patients [ ]

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SECTION C: ATTITUDE OF NURSES TOWARDS THEIR CLIENTS/PATIENTS

12. How often have you been visiting the clinic?

(a) Daily [ ]

(b) Weekly [ ]

(c) Monthly [ ]

(d) Yearly [ ]

13. How was your previous experience with nurses/ midwives at the clinic?

(a) Good (if u tick "**GOOD", skip** question 14) [ ]

(b) Bad (if you tick "**BAD**", **continue** with question 14) [ ]

14. If bad why?

(a) I was beaten by a nurse [ ]

(b) I spent the whole day at a facility [ ]

(c) The nurse insulting me [ ]

(d) The nurse shouted at me [ ]

15. Were you greeted?

(a) Yes [ ]

(b) No [ ]

16. Were you offered a seat?

(a) Yes [ ]

(b) No [ ]

17. Were you attended to in a quickest possible time you expected?

(a) Yes (If you tick "**YES"**, **skip** question 18) [ ]

(b) No (If you tick "**NO**", **continue** with question 18) [ ]

18. If no why?

(a) Nurses were attending to other patients [ ]

(b) Nurses were eating [ ]

(c) Nurses were seated in the office charting [ ]

(d) Nurses were talking on the phone [ ]

19. What upsets you when you seek health services at a hospital/clinic?

(a) Nurses are few to attend to patients [ ]

(b) We are attended to but not given medicine [ ]

(c) It takes long to be attended to [ ]

SECTION E EXPECTATIONS OF CONSUMERS

20. Do you think your health needs were met during the last visit to the hospital?

(a) Yes [ ]

(a) No [ ]

21. How long did you expect to be attended to?

(a) Within 10 minutes [ ]

(b) Within 30 minutes [ ]

(c) 1 hour and above [ ]

22. Were you satisfied with the health services offered by Nurses?

(a) Yes [ ]

(b) No [ ]

SECTION D WORKLOAD

23. Do you think there are adequate nurses to attend to clients /patients at a clinic?

(a) Yes [ ]

(b) No [ ]

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24. How busy were the nurses when you last visited the clinic?

(a) Not busy [ ]

(b) Busy [ ]

(c) Very busy [ ]

25. Why are nurses harassed or beaten by the community members?

_____

_____

26. Is it right to harass or beat nurses while on duty?

(a) Yes

(b) No

_____

THANK YOU FOR YOUR PARTICIPATION

Annex 2: WORK PLAN

#	TASKS TO BE PERFORMED	RESPONSIBLE PERSON	DATES	TIME REQUIRED
1.	Background	Researcher	30/03/2018 - 6/04/2018	1 week
2.	Literature Review	Researcher	7/04/2018-14/04/2018	1 week
3.	Finalizing Research Proposal	Researcher	15/04/2018-30/04/2018	2 weeks
4.	Clearance from relevant authority	Researcher	01/05/2018-15/05/2018	2 week
5.	Pre-test study	Researcher	16/05/2018-31/05/2018	2 weeks
6.	Data collection for amendments	Researcher	1/06/2018-14/06/2018	2 weeks
7.	Date Collection	Researcher	15/06/2018-05/07/2018	3 weeks
8.	Data Analysis	Researcher	06/07/2018-13/07/2018	1 weeks
9.	Report Writing	Researcher	13/07/2018-25/07/2018	2 weeks
10.	Draft Report	Researcher	25/07/2018-31/07/2018	1 weeks
11.	Finalizing Report	Researcher	01/08/2018-07/08/2018	1 weeks
12.	Dissemination of findings	Researcher	07/08/2018-15/08/2018	2 weeks

Annex 3: GANTT CHART

TASK TO BE PERFORMED	RESPONSIBLE PERSON	MAR	APRIL	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Background	Research team	⇔								
Literature review	Research team		⇔							
Finalizing Research Proposal	Research team		⇔							
Clearance from relevant authority	Research team			⇔						
Pre-test study	Research team			⇔						
Data collection	Research team			⟺						
Data analysis	Research team				⇔					
Report writing	Research team				⇔					
Submission of draft report	Research team					⇔				
finalizing research report	Research team					⟺				
Dissemination of finding	Research team						⇔			

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Annex 4: BUDGET

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL
1	**STATIONARY**			
	A4 Ream of Paper	2	K 30.00	K 60.00
	Pens	10	K 1.00	K 10.00
	Pencils	10	0.50n	K 5.00
	Erasers	10	0.50n	K 5.00
	Correction fluid	1	K 20.00	K 20.00
	SUB-TOTAL			**K 100.00**
2	**SECRETARIAL SERVICES**			
	Typing	70 Pages	K 2.00	K 140.00
	Printing	140 Pages	K2.00	K 280.00
	Photocopying	500 Pages	0.25n	K 125. 00
	Binding	10 Copies	K 10.00	K 100.00
	SUB-TOTAL			**K 645.00**
3	Transport costs	10	K 50	K 500.00
4	Lunch allowance	60	K 10	K 600.00
	SUB TOTAL			**K1,845.00**
	TOTAL			**K1,845.00**
6	Contingency (10% of Total cost)			**K 185.00**
	GRAND TOTAL			**K 2030,00**

Annex 5: BUDGET JUSTIFICATION

Transport costs

The researchers needed money to cater for transport to and from information communication university office for research approval and matero 1st level hospital where the research was conducted.

Stationery

The researchers needed stationery to carry out the research. Bond paper was needed for typing, pens and pencils for writing and tippex for making corrections.

Secretarial services

Typing research proposal and the thesis, photocopying research proposal and thesis and binding required money.

Lunch allowance

The money allocated was used by researchers to buy lunch whilst in the field.

10% contingency of total amount

The contingency budget was added in case of the unforeseen costs and also to cater for any inflation costs.