HEALTH SEEKING BEHAVIOR AMONG NURSES WORKING IN PUBLIC HOSPITALS IN KAKAMEGA COUNTY, KENYA

1Nebert K. Mchidi
1Department of Public Health, Kenyatta University

Corresponding author’s e-mail: mchidinebert@gmail.com

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ABSTRACT

Purpose: Nurses are knowledgeable about disease and its treatment, have access to health care and health insurance. However, there is evidence that nurses engage in self-treatment and kerbside consultations, a complete contrast of what they expect of their patients. It is in this regard that health seeking behavior among nurses in Kakamega County was investigated.

Design/Methodology/Approach: The study design was descriptive cross-sectional, that utilized quantitative method. The design was chosen because the data collected on health seeking behavior is a product of temporal and spacial factors. It was a prevalence study to evaluate factors that explain health seeking behavior among Nurses in Kakamega County.

Findings: The study concludes that the predisposing, enabling and need factors are significant in explaining the health seeking behavior of nurses in Kakamega County and recommends empowering young and male nurses to utilize formal care through education. It also recommends that the County involves nurses in investing in quality health care.

Contribution to policy and practice: the study was also able to highlight the influence of health services access and availability of quality health services that nurses access in the County on health care use. These factors included the adequacy of health staffs who offer services to the nurses, the adequacy of NHIF as the insurance cover and availability of drugs.

Originality/Value: The study extends the literature on public health.
BACKGROUND

Nurses form a fundamental part of the health workforce worldwide and their contribution is essential to delivering safe care. Health care is only safe to the extent that the person providing it is also of good health. There is growing interest in the health of the health care provider stemming from the realisation that a healthy population depends on a healthy workforce that leads as an example. This has stimulated countries like China to start programs aimed at improving their health professionals’ health. With increasing morbidity in the health profession, the health of the nurse has to receive scrutiny by urgently seeking ways that enhance their utilization of health services if they have to make health seeking behavior advice to patients realistic (Chen et al., 2008). An ill health nurse is incompetent to provide health care and therefore the quality of care provided to patients will be substandard; a serious public health concern (Carlson & Warne, 2007; Bradley, 2009; Blake et al., 2011; Helfand, 2013; Mbaisi et al., 2013). Nurses, like doctors think that they are omnipotent and invisible, but there is increased morbidity among them due to the demanding nature of their work (Department of health UK, 2010; Judkins, 2005; Wolf et al., 2006; Agaba et al., 2011; Anonymous, 2012; Tuckett et al., 2014). They often practice presenteeism which is made worse by a conspiracy of silence in the medical profession about the health of their peers. Their health needs are unmet, being cited as poor beneficiaries of the health services they offer due to a multitude of predisposing, enabling and need factors (Harrison, 2008; Landry & Miller, 2010; Naidoo, A. et al., 2013). This scenario is contrary to the advice they give to their patients, “to immediately seek medical treatment when ill”. The link between the health of the nurse and the health of the public is direct (Wakaba et al., 2014), with observation that their health seeking behaviors are likely to be emulated by patients, a situation that calls for them to consciously avoid perceived negative health behavior. Propositions that increasing knowledge causes health behavior change have been found to be implausible even among nurses; the masters of medical knowledge (Rush, Kee, & Rice, 2010; Blake et al., 2011). There is an obvious negative impact on health not only for the individual nurse but also the public occasioned by inappropriate health seeking behavior (Álvarez & van Leeuwen, 2011). Nurses are prosocial and altruistic (Weinstein & Ryan, 2010) making them most trusted, yet they neglect their own health because they believe that patients will suffer in their absence (Rush et al., 2005; Urban, 2014). To be in tandem with efforts of other countries, Kenya needs to urgently address herself to the health care needs of her health profession, particularly the majority nurses, a reality that the Kenya health policy 2012-2030 does not adequately address itself to (Sousa et al., 2014). The Kenya health policy 2012-2013 is not explicit on the health of her health providers, (Harrison et al., 2013), yet their working conditions are more demanding and unfavorable (van der Doef, Mbazi, & Verhoeven, 2012; Wakaba et al., 2014). It would be proper for Kenya to adopt what other countries have started; improving the health of their health professionals (Chen et al., 2008). This exercise will be preposterous without information on health seeking behavior of nurses: a feat this study sought to achieve.
Research Problem

Nurses make the majority healthcare providers and their health is important not only as members of the general public but also as providers of health care. In Kenya they formed 372% of all health professionals in 2010 (Luoma et al., 2010). They are the ‘first line’ staff in health care. Their work is stressful and hazardous (Jimenez et al., 2010), predisposing them to work-related ill health not only in the scope of occupational hazards like Ebola (Hewlett, 2005) but also limits their ability to achieve a work-life balance (Fronteira et al., 2011; Letvak, 2013). While, (2014) observes that nurses lack self-care discipline, experience substantial role changes in their interpersonal relationships making them poor role models to their patients. Kakamega County is the second populous County yet it’s nurse patient ratio of 34.87:100,000 is below the national average of 51.5:100,000. The most populous County, Nairobi with double the population has a nurse patient ratio of 88.74: 100,000 (MOH, 2012). This means the nurse in Kakamega County has a lot of work pressure to meet patient health care needs, a situation that could compromise not only the nurses health but also his/her engagement with health care when ill.

Study Objectives

i. To identify the predisposing factors influencing health seeking behavior of nurses in Kakamega County.

ii. To determine the enabling factors influencing health seeking behavior of nurses in Kakamega County. Establish the influence of Principals’ leadership on teachers’ job satisfaction in secondary schools in Njoro District; and.

iii. To investigate the need factors that shape health seeking behavior of nurses in Kakamega County.

LITERATURE

Health seeking behavior

Health seeking behaviour of nurses: Global situation.

Nurses form a large proportion of the health workforce globally. Their first line contact with patients has two pronged implications both for their health and practice and for public health and policy. One, they can be a source of health promotion to the patients they interact with if they are seen to be healthy role models (Helfand, 2013) and two, this first line contact can predispose them to contract infections form their patients particularly where these are highly infectious like Ebola (Hewlett, 2005). Nurses’ health has continued to generate a lot of interest. Dr. Frank Speizer (1976) and later Dr. Walter Willet (1989) designed an epidemiological cohort among nurses to assess the risk factors for cardiovascular diseases and Cancer. These studies dubbed the Nurses' Health Study have generated a lot of data on women health that has been used to shape health care policy of women particularly in the US (Khalili et al., 2013). Besides this, many other studies, mainly cross-sectional have been done to explore how nurses engage with health care systems in different settings that have recognizes the importance of the interconnectedness of the factors which determine the utilization of health services.

Health seeking behaviour has been studied extensively. Several theories have been utilized in health seeking behaviour studies (Ricketts & Goldsmith, 2005; Hausmann et al., 2012). An overview of the theories is presented here. The health belief model, developed by G.M. Hochbaum in 1958, has four constructs; perceived seriousness of the disease, perceived
susceptibility, perceived benefits, and perceived barriers (Taylor, D et al., 2006), which in combination can be used to explain health seeking behaviour. The greater the seriousness of the disease, the more the person will change behaviour or will seek treatment (Cockerham et al., 2014). Theory of reasoned action developed in 1975 by Fishbein and Ajzen proposes that a person’s health behaviour is determined by his intention to perform the health behavior. This intention is itself determined by the person’s beliefs, attitudes, norms, intentions and his perception of how significant others approve of or otherwise of the behavior. The theory of “four A’s” addresses the availability, acceptability, affordability and accessibility of health services (Glanz et al., 2008). Abraham Maslow hierarchy of needs theory intimates that individuals always aim to attain a higher level of satisfaction other than their currency. In the continuum of health, people are always seeking to attain a higher level of well-being by engaging in behavior that does not threaten the comfort of good health. The motivation Hygiene theory by Frederick Herzberg identifies two factors that influence satisfaction. He observes that humans have needs that emphasize on avoidance of loss of life, hunger, pain and other fears and those that compel the individual to realize his potential. It is in this quest to avoid life fears that people look for motivators for good health (Miner, 2005).

**Predisposing factors influencing health seeking behavior**

**Age**

Age influences health, its perception and its pursuit either alone or in combination with other factors. Young people have good physical health and cope well with job related stress (Mussshauer 2006; Misevičienė et al., 2013), but it may also be the age that is associated with high behavioural risks and drug use. However, mental health gradually increases with age (Fragar & Depczynski, 2011; Oyama & Fukahori, 2013). In a crosssectional study in Taiwan the age group associated with highest role strain was 30-40 years (Lou et al., 2007). Cleary et al., (2012) found reduced health care utilization by younger nurses who preferred self-treatment.

**Gender**

Gender is a social construct (Principles of gender-specific medicine, 2010). Nursing is female dominated and men in nursing face barriers to the extent that they are referred to as “male nurses” as opposed to “nurse” (Wolfenden, 2011; Emeghebo, 2012; MacWilliams, Schmidt, & Bleich, 2013; Valizadeh et al., 2014). In Kenya, male nurses 11 are called “daktari” which may enforces a culture of invincibility in them (Kouta & Kaite, 2011), akin to that observed in doctors (Harrison, 2008; Landry & Miller, 2010; Garelick, 2012). A Jamaican study found that more female health workers were either not concerned about their health or reported poor health and at the same time they had the highest prevalence of probable mental ill health (Lindo et al., 2009). Female nurses have higher health problems because of the demands of their nurturing duties in the home, lack of job control compounded with inadequate social support from work, that aggravate declines in their physical health (Mojoyinola, 2008; Portela et al., 2013). A crosssectional study in Kenya found that female nurses incurred percutaneous sharp injuries more than males (Mbaishi et al., 2013). Whereas women are more likely to report ill health, they are also more likely to seek treatment (Mussshauser 2006; Lindo et al., 2009).

**Education**
The training of a nurse is a vigorous and meticulous endeavour that enables them to have vast medical knowledge on the benefits of health behavior (Blake et al., 2011). They are thus expected to have superior health seeking behaviors and be role models for their patients. However, like everyone else, they face uncertainty about the meaning of disease and adopt a wait and see approach (Wallace et al., 2009; Garelick, 2012). Given that they know the implications of illness on their functionality, they tend to trivialize the disease and rationalize both the symptoms and the treatment by delaying help seeking (Kouta & Kaite, 2011), engaging in informal consultations or resorting to self-treatment (Kay & Clavarino, 2008).

**Social networks and Social interactions.**

Nursing is stressful, a construct that begins in early education (Jimenez et al., 2010), and accepted as a norm. Many studies have linked stress to burn out (Garrosa et al., 2010; McCann et al., 2013). Availability of social support correlates with better health and to adequately handle stress, studies have identified social coping strategies to cope with stress. Social coping strategy refers to the sharing a problem with someone, either a relative or a colleague. A Spanish study found that nurses who shared their difficulties with someone had low levels of stress (Garrosa et al., 2010). This finding is in agreement with other findings that showed that a nurses’ wellness was better with good supervisor-employee relationship (McNeely, 2005; Brunetto et al., 2011), while a US study found that nurses lacked social support from their superiors, which impacted badly on their view of the profession (Emeghebo, 2012). Ojakaa et al., (2014) found that health professionals enjoyed a great social support from their supervisors.

**MATERIALS AND METHODS**

The study design was descriptive cross-sectional, that utilized quantitative method. The design was chosen because the data collected on health seeking behavior is a product of temporal and spacial factors. It was a prevalence study to evaluate factors that explain health seeking behavior among Nurses in Kakamega County. Several studies on health seeking behavior have found the design robust (Kay et al., 2012; Canbulat & Uzun, 2008; Garelick et al., 2007). The study was not expected to measure changes in status of health or health seeking behavior at different points in time, further logistical, time and cost issues also influenced the design choice. The study population was nurses working in public hospitals in Kakamega County. Nurses working in seven (7) health facilities were studied. These facilities were four (4) Sub-County hospitals, two (2) County hospitals and one (1) County referral hospital.

**RESULTS**

**Health behaviour of the nurses.**

Health behaviour of the nurses. Health behaviour investigated self-reported voluntary actions of the respondents aimed at detecting or preventing disease and improving well-being. This component of the 27.2% 25.1% 34.8% 7.0% 5.9% Trust in God Economy and work environment Health promotion Age factors I am on treatment outcome variable investigated if nurses engaged in voluntary screening services for the purpose of detecting disease

**Voluntary screening undertaken by the nurses**

When asked about voluntary screening services, independent of a request from a health provider in the last 12 months, Figure 4.2 shows that majority of the respondents, 67% (n=126) said they had never undertaken any voluntary screening service in the year preceding the study, while 33% (n=61) said they had undertaken one or more voluntary screening services. Of these, majority 66% (n= 40) were female while 34% (n=20) were male.
Some of the voluntary screening services reported to have been undertaken included HIV screening, cervical cancer screening, breast cancer screening and screening for hypertension.

Table 1 Person that nurses consulted for treatment.

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<th>Cadre consulted</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
<td>1. Medical doctor</td>
<td>72</td>
<td>62.1</td>
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<tr>
<td>2. Clinical officer</td>
<td>37</td>
<td>31.9</td>
</tr>
<tr>
<td>3. Nurse</td>
<td>7</td>
<td>6.0</td>
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<tr>
<td>4. Total</td>
<td>116</td>
<td>100.0</td>
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As shown in Table amongst the respondents who sought treatment when ill (n=116) majority, 62.1% (n=72) consulted a medical doctor, 31.9% (n=37) consulted a clinical officer while only 6% (n=7) consulted a fellow nurse.

Regression Analysis

Table 2 Reasons why nurses chose to consult a health care provider.

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<th>Reasons for choosing the preferred provider</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
<td>His/her speciality</td>
<td>50</td>
<td>43.1</td>
</tr>
<tr>
<td>His/her clinical experience</td>
<td>35</td>
<td>30.2</td>
</tr>
<tr>
<td>It did not matter</td>
<td>26</td>
<td>22.4</td>
</tr>
<tr>
<td>He/she is a personal friend</td>
<td>5</td>
<td>4.3</td>
</tr>
<tr>
<td>Total</td>
<td>116</td>
<td>100</td>
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Concerning how the respondents decided on the person to consult when they were ill, table 2 shows the main reason was the provider specialty, 43.1%, (n=50) followed by 62% 38% Sought treatment Did not seek treatment 30.2% (n=35) who preferred the provider’s clinical experience, 22.4% (n=26) mentioned that it did not matter and 4.3 % (n=5) mentioned they consulted on friendship basis.

Concerning the type of consultation, 84.3% (n=98) sought treatment in public facilities while 15.7% (18) sought help in private facilities.

Unmet needs reported by the nurses.
As asked if they got all the treatment they sought from the health provider, figure 4.9 shows that 57% (n=66) of the respondents said they got all the treatment, while 43% (n=50) reported that they did not get all the treatment they sought.

Figure 2 Got all treatment sought last time the nurse was ill

As asked if they got all the treatment they sought from the health provider, figure 2 shows that 57% (n=66) of the respondents said they got all the treatment, while 43% (n=50) reported that they did not get all the treatment they sought.

Reasons for the unmet health needs of the nurses
Amongst those who did not get all the treatment they sought; those who sought treatment in public facilities reported that drugs were not available in the pharmacy and therefore they had to buy the drugs while those who sought treatment in private facilities said the cost was too high, which forced them to consult only for diagnosis then proceed to buy the drugs from a chemist.

CONCLUSION
The study revealed high proportion of nurses that used formal health care for their illness. Being nurses, it is expected that they have good knowledge of and should advocate for the benefits of formal healthcare utilization as compared with any form of informal healthcare. Concerning predisposing factors that influence health seeking behavior, it was women who predominantly utilized formal health care services not withstanding this is a predominantly female profession, bivariate analysis demonstrated this variation in relation to gender. Increasing education seems to negate the use of formal service and promotes the perception of invincibility evident in this study because, as can be seen “more educated” nurses consider themselves self-sufficient in responding to illness. Regarding the enabling factors, the study was also able to highlight the influence of health services access and availability of quality health services that nurses access in the County on health care use. These factors included the
adequacy of health staffs who offer services to the nurses, the adequacy of NHIF as the insurance cover and availability of drugs.

**Areas for Further Research and recommendations**

To develop long term solutions to the problems of self-medication in the nursing profession, emphasizing formal health utilization is invaluable, the study recommends that; Reorientation of health towards the individual needs to be emphasized so that predisposing factors to health care use does not seem to hinder the nurses, particularly the young and male to utilize health care services when ill, this may mean more education. Nurses build trust in the health care providers and not depend on a concoction of both prescription and over the counter medication for their health problems which is a potential source of drug resistance, poorly managed diseases, worsening health states, and possibility of labeling medication as less efficacious on the basis of wrong utility, which may be the same information that they may share with the general public. Nurses be sensitized to undertake screening tests for both communicable and non-communicable diseases for the purpose of not only leading from the front but also so that the Kakamega County population is served by a healthy work force, from which they draw inspiration. The prioritization of scarce resources for health care in Kakamega County is addressed so that nurses lead from the front in utilization of health care services if they have to make advice to patients realistic. Areas of further study include investigating health seeking behavior of all nurses using a nationwide sample so that there is a national reference point. Investigate, through qualitative designs the decision making processes underlying health seeking behavior of nurses so as to uncover factors that enhance use the reported health seeking channel. Investigate, validate and utilize self-rated health tools to form a continuous process of evaluating possible changes in the need for health services by nurses in the County. Investigate the determinants of access to quality health services to the nurses.

**REFERENCES**


