

THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF BASIC NURSING

**KNOWLEDGE, ATTITUDE AND PRACTICES OF NURSES TOWARDS
MEDICAL EXAMINATION AT NDOLA CENTRAL AND ARTHUR
DAVISON CHILDREN HOSPITALS IN NDOLA DISTRICT**

BY

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ACRONYMS

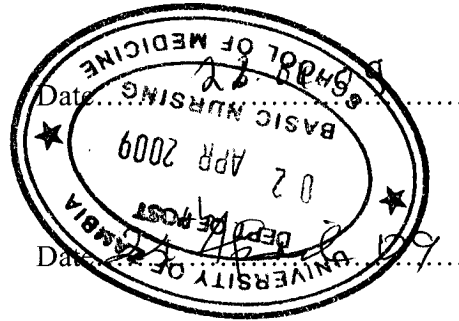
ADH:	Arthur Davison Hospital
AIDS:	Acquired Immune Deficiency Syndrome
CSO:	Central Statistics Office
ENT:	Ear Nose and Throat
GRZ:	General Republic of Zambia
HMIS:	Health Management Information System
HIV:	Human Immune Virus
ICN:	International Council for Nurses
MDGs:	Millennium Development Goals
MOH:	Ministry of Health
NCH:	Ndola Central Hospital
NDHO:	Ndola District Health Office
PBN:	Post Basic Nursing
TB:	Tuberculosis
TDRC:	Tropical Disease Research Center
UTH:	University Teaching Hospital
VCT:	Voluntary Counseling and Testing
WHO:	World Health Organisation
ZNA:	Zambia Nurses Association
ZUNO:	Zambia Union of Nurses' Organisation

DECLARATION

I Jaclyn Mulenga Kasongo Chileshe, here by declare that the work presented in this study for the Bachelor of Science in Nursing has not been presented either partially or wholly for any other degree.

Signed..... *Jaclyn Mulenga Kasongo Chileshe*
Candidate

Signed..... *[Signature]*
Supervisor



STATEMENT

I, hereby, certify that the result of my own labour and independent investigation. The various sources, to which I am indebted, are clearly indicated throughout the text and in the bibliography.

Signed.....*Amchuleshe*.....

Date.....*23. 04. 09*.....

Candidate

DEDICATION

To my elder sister Pascalina Kasongo Nalishuwa, a nurse who died the time I was offered a place at UNZA; all other nurses that have long gone to be with our Lord and those that are battling for their lives due to ill health, I humbly dedicate this study to them.

ABSTRACT

The study was aimed at determining the Knowledge, Attitude and Practices of nurses towards medical examination.

Medical examination is a health promoting service aimed at preventing diseases and improving health of an individual. This service has been underutilized by nurses and literature review had shown that there has been an increase in morbidity and mortality rates among health workers in general.

The study employed a non intervention descriptive study and was conducted at Ndola Central Hospital and Arthur Davison Hospital in Ndola District. A sample size of 44 nurses was selected by stratified random sampling according to the two categories of Registered and Enrolled Nurses.

A self administered questionnaire was used as a tool for data collection. A pilot study was conducted to test for validity and reliability of the study design and the data collection tool at one of the health centres in Ndola District which had similar characteristics of the Hospital settings.

The findings of the study revealed that there was no correlation between nurses' knowledge of medical examination and practices and utilization of medical examination services. The study also revealed that nurses' attitude has an influence on the utilization of the medical examination services.

The findings of the study on the factors contributing to underutilization of the medical examination facilities revealed that lack of confidentiality ranked first followed by lack of institutional policy on medical examination. The other contributing factor was poor communication in the institutions.

The study has come up with areas of recommendations.

CHAPTER 1

1.0 INTRODUCTION

1.1.0: BACKGROUND INFORMATION

1.1.1: OVERVIEW OF ZAMBIA

Zambia is a third world country located in the southern part of the Sub-Saharan region of Africa. It is a landlocked country covering an area of 752,612 square kilometers (about 2.5% of Africa) and she is at 1,300 meters above sea level. The country is divided into 9 provinces and 73 districts with Lusaka being the capital city. Zambia has a population of 11.7 million people with an annual growth rate of 2.9%. According to the 2000 census, the female population is more than that of the male folk (CSO.2005).

Zambia's social- economic status is characterized by a weak economy, with under-developed infrastructure, high levels of unemployment and poverty prevalence among its population, and significant resource constraints. Illiteracy levels are quite high at 73% which is spread across the country especially in rural and Peri-urban areas of Zambia. Poverty levels are at 80% which is also spread across the country (MDG 2006-2015).

The health sector is weak and challenged by many factors, including a high and complex disease burden, critical shortages of qualified health personnel, erratic supply of drugs and medical supplies, under-developed infrastructure particularly transport and communication and inadequate funding for basic health care services. However, despite all these constraints and challenges, Zambia is committed to improve the health standards of its people and ensure equity of access to cost-effective, quality healthcare as close to the family as possible. Zambia's health sector goal is to establish a society in which Zambians create environments conducive to health, learn the art of being well and provide assured basic level health care to all (MDGs 2006-2015).

Zambia like many other developing Countries has placed great emphasis on adoption of the concept of Primary Health Care which looks at the aspects of preventive care, promotion of health, curative and rehabilitation. Considerable emphasis is being placed on health promotion than curing illness. The target is to reduce on the cost and disability on chronic diseases by promoting wellness. There has been a tremendous increase in chronic illnesses which has placed a large and on-going burden on national health care systems, families as well as individuals.

1.1.2: OVERVIEW OF HEALTH SERVICES PROVISION IN NDOLA

Ndola is one of the 73 Districts in Zambia and is the Provincial headquarter for Copperbelt Province. The District is located at an altitude of 1,270 meters above sea level. It is 320km north of Lusaka and covers an area of 1,103 square kilometers. (NDHO Action plan 2008-2010). Ndola District has a projected population of 462,459 according the 2000 population Census with growth rate of 2.7%. The main reason for the increase in the population can be attributed to the expansion of industries and mining activities, as a result, people have moved in to look for employment. The usual male and female population ratio is reversed in Ndola and males are more compared to the females.

The health service in the District is provided by the private sector and the government. The private sector includes all Missionaries, individual private owned surgeries / clinics and those owned by the Army. However, the private owned health facilities refer to GRZ health facilities. There about 42 privately owned Health Facilities in Ndola and all provide Primary level care services.

Under the GRZ health facilities, the District has 2 hospitals and the District Health Management Team which refer various cases to the two hospitals. The two hospitals, Ndola Central Hospital and Arthur Davison Children Hospital offer First, Second and Third level care services. The District Health Management Team comprises of 18 clinics which are located in various townships. The District has also 6 Health facilities managed by the government offering veterinary services, ophthalmology, and public health.

1.1.3: OVERVIEW OF HEALTH PROMOTION

Health promotion is any measure designed to help the individual to improve unhealthy behavior, or measures and activities aimed at encouraging positive health. WHO (1984) defined health promotion as the “process of enabling people to increase control over, and to improve their health”.

Health promotion concept is a fundamental concept which is found in preventive medicine. Health promotion includes actions that people can take individually to improve their health and primary among these are maintaining a balanced and nutritious diet, getting sufficient sleep, having regular exercises and having periodic medical check-ups or examinations. Health promotion, therefore, offers the opportunities to improve health of every individual of which nurses are not an exception.

Medical examination is one of the essential elements of health promotion. Medical examination is a systematic investigation of all parts of the body in order to determine someone's health status. (Oxford Advanced Dictionary, 2007). A medical examination involves three dimensions, firstly getting a detailed health history; secondly a physical examination from head to toe and thirdly undertaking some investigative studies.

- Health history is the process of collecting and documenting subjective data that is obtained from the client through an interview and is often a verifiable indicator of diseases.
- Physical examination involves the collection of observable data by the practitioner using techniques of inspection, palpation, percussion and auscultation.
- Investigative studies only confirm the results of a physical examination and the complaints obtained during history taking. These investigations can be surgical interventions in cases of biopsy, serological tests or radiological examinations. (Craven, 1992).

In Zambia, Governments' demands for health promotion has recently recorded considerable impact as it is trying to encourage people to look after their own health. This is where Government is encouraging people to have regular medical check-up, supporting this through the media. (Post Newspaper No. 4220-Wednesday May 7, 2008). This was also echoed during this years' Women's' Day celebration where the Minister of Health advocated for the importance of health by advising the general population to seriously think about their health and go for a medical check-up to enhance their health status (Healthcare, Issue 002, Volume 1).

1.1.4: HEALTH PROMOTION IN THE NURSING CONTEXT

Pender (1987) stated that 'nurses, because of their recognized expertise, have the unique opportunity of providing a leading role in promotion of better health among themselves, individuals, families and communities'. A nurse can be a health promoter as well as a role model especially to clients who would want to be seen by a healthy nurse. Nurses have not tended to undertake health promotion, although, there is a role of health promotion within the context of nursing.

Nurses constitute the majority of the health personnel and are vulnerable to having health problems. The magnitude of the mortality and morbidity among nurses is of great concern since these are the people, according to the right to health care contained in the Universal Declaration of Human Rights, making a significant contribution to the work of the United Nations (Zambia Nursing News, Volume 1, Issue 1, January-March 2007). Nurses focus their work on a variety of public health issues including provision of health care and if they have to perform well and give a service which is of high quality, they have to be physically and mentally fit. An unhealthy nurse may not only provide a service lacking quality, but also put lives of clients under her care and those working with her in danger.

Nurses, therefore, need to take a leading role towards having medical examinations so that they are able to teach and persuade the general public to undergo medical examinations regularly.

Mwangala (1995) conducted a research on nurses' knowledge and attitude towards medical examination which was conducted at UTH and it was discovered that nurses rarely go for medical examinations. Chanda (1998), also in her study on nurses' attitudes towards their own health pointed that nurses are underutilizing the medical examination services at UTH.

It was observed that despite the above mentioned concerns, nurses are under-utilizing the medical check-up services and therefore a research is necessary so as to determine the knowledge, attitude and practices of nurses towards periodic medical examinations.

1.2.0: STATEMENT OF THE PROBLEM

Nurses form the bulk of the health workers; out of the overall figure of 13,297, medical personnel, the highest number of staff by cadre are the nurses at 6,496 (49%), followed by the group of "other medical personnel" at 2581 (19%), then Midwives at 2,240 (17%) and the lowest cadres are the Pharmacists at 37. (MoH -2006).

Nurses are front liners in patient care and are in contact with clients on a 24 hour basis. Nurses need to be physically fit in order to offer effective and quality health services to their clients. Nurses have not been spared from the tremendous increase in chronic diseases which include tuberculosis, hypertensive disorders, diabetes mellitus; all forms of neoplasms, cardiovascular diseases and HIV/AIDS. Apart from the named diseases, nurses suffer stress due to overworking, poor working conditions and balancing work with family life. Poor health robs nurses of their working hours as they often go on sick leave. Nurses are seen as both care givers and recipients of care.

A random inquiry on utilization of the medical check-up facility of 46 registered nurses in the Post Basic Department reviewed that only 2 (4.3%) had gone for the medical check-up in the previous year 2007.

Morbidity and Mortality among nurses from Ndola Central Hospital (NCH) and Arthur Davison Hospital (ADH) is as shown in the table below;

Table 1: Morbidity and Mortality of Nurses at NCH & ADH

	Total No. of nurses working at the institution	No. of Nurses who are ill and on light duty	No. of Nurses who have died from 2003 to 30.06.08
NCH	256	7(2.7%)	23(8.98%)
ADH	97	Nil	7(7.2%)
Totals	353	7(1.98%)	30(8.5%)

Source: Human Resource NCH & ADH

This has contributed to a very big shortage of nurses, hence, lowering the standards of care being offered. The two hospitals have devised a costly measure to cushion the nurse shortages by hiring nurses on part-time basis. This has contributed to these nurses being overworked as they are the same nurses who are working the normal shifts and part time, and in the long run contributing to stressful circumstances.

However, some factors could influence the nurses' knowledge, attitude and practices to undertaking a medical check-up.

1.2.1 Probable Factors Contributing To Nurses' Underutilization of the Medical Check-Up Facility

There were several factors that contributed to nurses' underutilization of medical check-up facilities. They were discussed under three categories as shown below;

1.2.2: Service related factors

Work policy on medical examination: lack of policy /implementation and enforcement

This had to do with the institutional policy on medical examination. Non availability of a work policy could influence nurses' utilization of the medical check-up facilities. A policy is a course of action adopted or proposed by an organisation. If the policy is available, it could be that it was not being implemented or not reinforced. This could also be due to lack of in-service education where physical examination discussions can be done. Employers who do not formulate and reinforce work policies could influence employees' knowledge, attitude and practices towards that service.

Insufficient resources: human (staff) and equipment

Shortage of resources such as human and equipment can influence the nurses' utilization of medical check-up facility. Drugs and other supplies often run out and equipment and other supplies are not maintained and are often faulty, frustrating quality services of conducting medical examinations even when health workers are skilled and motivated. The Human Resource in the health sector has been critically hit by staff shortage. There could be no Doctor readily available to conduct medical check-ups as the very few Doctors would be overwhelmed with the critical health care of patients. Nurse shortage could also have an influence on utilization of the service as these nurses could rarely have a free time to go for a medical check-up.

Lack of confidentiality

Familiarity and the interpersonal relationship that exist between nurses and Doctors could pose a threat to confidentiality. Nurses could find it very difficult to be examined by a colleague or a close associate who at times may even be reluctant to do an examination. The examination room may not be adequately furnished with lockable storage facilities and as a result confidential information for clients is easily accessed by anyone.

1.2.3: Individual related factors

Unknown fears

Nurses' own fears of unknown could also influence their utilization of the medical check-up services. Some nurses could have fear of the outcome of the check-up and the implications. Nurses could also have fears of being found with a dreaded incurable disease and thus may fear being declared redundant or stigmatized at the place of work.

Nurse apathy

Other factors include nurses' own attitude towards their own health. Nurses may have apathy towards going for medical checkup because they may be demotivated and frustrated. This is precisely because nurses are unable to satisfy their professional conscience and impeded in pursuing their vocation due to poor support and supervision systems at work or due to poor conditions of work and over working.

Lack of knowledge

Nurses could either have limited or no knowledge and understanding on the importance of undertaking regular medical check-up and consequences of not going for such. Nurses' lack of knowledge could be attributed to lack of self development through reading, non engagement or participating in research studies. According to Jones (2007) Nurses' life style Survey findings in 'Are you a typical Nurse?' she found out that only 23% of nurses find time to read. She pointed out that, 'Nurses need to embrace education in its broadest and liberal sense so as to broaden and encourage intellectual creativity, a capacity for lateral thought and argument and a deep knowledge of enthusiasm of any subject'.(Nursing Times. Vol 103 No. 51)

1.2.4. Socio economic and cultural factors

Lack of social support

Nurses could also lack support from significant others. Significant others include spouses for those nurses that are married, close relations and close friends. Nurses could fear

social separation, divorce and also social stigma from significant others if results turn out unfavorable. This could be in the case of debilitating illnesses like T.B, cancer or HIV/AIDS.

Age / service

It could also be assumed that a young nurse who has not served long (example 1-5 years) may not see the need of undertaking a medical check-up. This could be attributed to medical check-up nurses undergo when joining the profession and if the results were favorable, such a nurse might not see the need for another medical check-up.

Nurses' attitude and practices

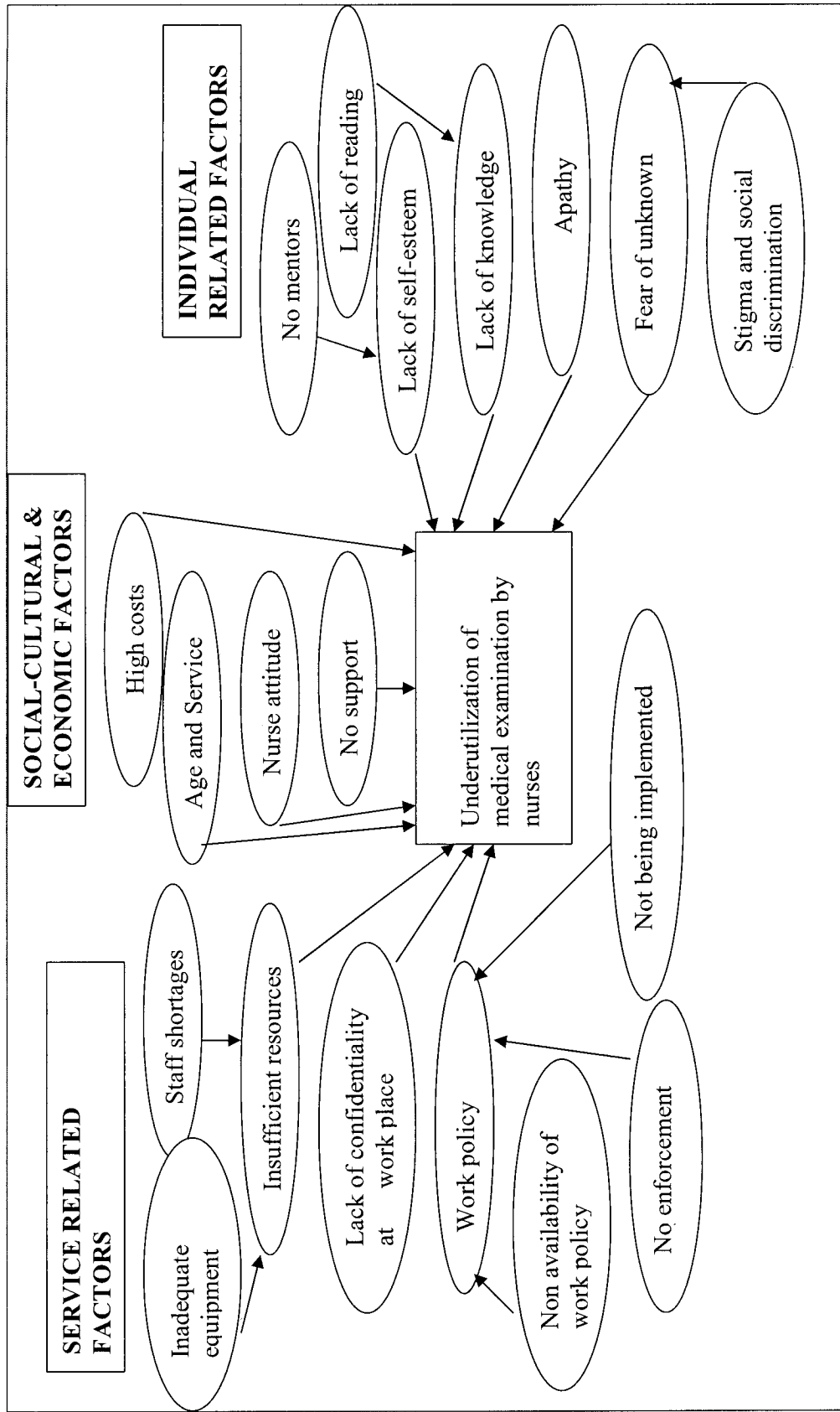
Nurses' attitude and practices could also affect their utilization of medical check-up services. Nurses may rarely seek medical attention when they are sick but would rather practice self treatment until the condition becomes unbearable. Such attitudes and practices could contribute to nurses not utilizing medical check-up services.

Poverty

High poverty levels could also make it difficult for nurses to access medical check-up facilities as it would seem like a misplaced priority over basic needs such as food and shelter.

Most investigative procedures are expensive and, moreover, there could also be transport costs to travel from home to the health centres as these medical examinations may not be done and completed in one day. The nurse may not afford all these expenses due to poor pay-conditions.

DIAGRAM OF ANALYSIS OF FACTORS CONTRIBUTING TO NURSES' UNDER UTILIZATION OF MEDICAL CHECK-UP SERVICES



1.3.0: JUSTIFICATION OF THE RESEARCH

According to findings at the UTH clinic 5 where medical check-up services are done, it was discovered that only those people who were seeking employment or had the desire for furthering their studies did go for medical checkups. Out of the 100 files randomly sampled, it was found out that only 4 files belonged to the nursing personnel. The Human Resource records showed that they were about 800 nurses working at University Teaching Hospital and this represented 0.5% utilization of medical examination in the year 2007.

Moreover, nurses work in an environment that is laden with infectious micro-organisms and are often more stressed, over whelmed by the work load and hence the need for regular medical examinations. Latest statistics concerning morbidity among nurses at University Teaching Hospital showed that a total of 28 are either on sick leave or are on light duty, representing 3.5%. Mortality rate as from January 2007 to 15th June, 2008 was on average one nurse dying every other month, (Human Resource -UTH). Furthermore, mortality rates at both NCH and ADH were at 8.5% which was quite high.

With such a background of figures, the researcher believed that nurses' personal beliefs, knowledge uptake and attitudes had serious implications on their health and practices. Thus, it was found necessary to conduct this research so as to motivate fellow nurses to take a leading role in health promotion activities, such as under taking periodic medical check-ups regularly. The research was conducted at Ndola Central Hospital and Arthur Davison Children's Hospital in Ndola District.

Findings of the research was hoped to be published in Nursing Journals, Nursing Magazines and also Health News Bulletins of Health Institutions so that every health worker other than nurses will have access to the information.

Above all the information was to enable the policy makers to form strategies on how to promote the medical check-up services.

1.4.0: OPERATIONAL DEFINITIONS

1.4.1: Medical examination / check-up

This is the systematic medical investigation of all parts of the body in order to determine the health status of an individual.

1.4.2: Inspection

Visual examination of the body or any part of it which employs the use of senses e.g. sight and smell.

1.4.3: Palpation

Examination by touch for the purposes of diagnosis; application of the hand or fingers to a part, or insertion of a finger into a body orifice, to detect characteristics and conditions of local tissues or underlying organs or tumors.

1.4.4: Percussion

The act of striking or firmly tapping the surface

1.4.5: Auscultation

The perception and interpretation of sounds arising from various organs, especially the heart, lungs, and pleura, to aid in the determination of their physical condition.

1.4.6: Nurse

A person who has undergone and successfully completed a course and is registered with the General Nursing Council of Zambia and is qualified to care for the patients / clients.

1.4.7: Patient / Client

Is a partner in health who seeks the services of the medical professionals for advice or care.

1.4.8: Knowledge

The sum of what is known about medical examination

1.4.9: Attitude

The way of thinking or feeling about something .It can be negative or positive. E.g. Ones' feeling about medical examination.

1.4.10: Practice

This is the action of doing something rather than theories about it: putting policy into practice like going for medical checkups.

1.5.0: HYPOTHESIS

A hypothesis is a statement that predicts the relationship between two or more variables (Ngoma, 2006). The hypothesis translates the research problem and the purpose into a clear explanation or prediction to the expected results or outcomes of the study (Burns and Grove, 1993). Below are the hypotheses used in the study;

- Nurses who have knowledge on the importance of having regular medical examination do utilize the facility regularly.
- Nurses' attitudes influences the utilization of medical check-up facilities

1.6.0: General objective

The main objective of the study was to determine the knowledge, attitude and practices among nurses towards periodic medical examinations so as to establish factors leading to low utilization of the service.

1.6.1: Specific Objectives

1. To determine the knowledge, attitude and practices among nurses towards medical check-up.
2. To establish factors leading to under-utilization of this service by nurses
3. To identify areas for further research
4. To make recommendations

1.7.0: Variables

Variables are the qualities, properties, or characteristics of persons, things or situations that change or vary. In research, variables are characterized by degrees, amounts, and differences (Burns and Grove, 1993).

The study was aimed at establishing the relationship between the variables. There are usually two types of variables in a study. They are either those variables that are assumed to cause changes or variations in the problem under investigation also known as the independent variable and the dependent variable which is the problem under investigation.

1.7.1: Dependant Variable

The dependent variable is the particular event or phenomena under investigation. This is the variable that is caused or influenced by independent variables. Dependant variables are affected by the causative factors. In this study, the dependant variable was 'Underutilization'.

1.7.2: Independent Variable

The independent variable is the variable that stands on its own and is not dependent on any other. Independent variables cause changes on the dependent variable. In this study the independent variables were;

- Knowledge
- Availability of work policy
- Availability of staff
- Availability of equipment / machinery
- Fear of unknown
- Social support
- Attitude
- Practices
- Costs
- Confidentiality

Table 2: Variable and cut off points

VARIABLE	CUT OFF POINT	INDICATORS	QUESTION NUMBERS
Knowledge	- High - Medium - Low	Correct responses with scores 5-7 Correct responses with scores 3-4 Correct responses of 2 and below	11 - 17
Attitude	- Positive - Negative	Able to accept that medical check-up services are important and should have undergone for a medical check-up in the last 1 year. Able to accept that medical check-up is important but has not gone for a medical check-up in the past one year.	18 - 23
Practices	- Very Good - Good - Bad	Full medical check-up annually About 5 selective medical checkup regularly Three or less selective attempts to medical checkup.	24 - 35

CHAPTER 2

LITERATURE REVIEW

2.1: INTRODUCTION

Literature review is a review of available studies or information, (Likwa, 2008). The literature review covers the pertinent studies that are related to the topic of interest and provides the reader with a background, knowledge of similarities and differences between the present study and prior research. Literature review helps the researcher to become familiar with the various methodologies that might be used in the study, it helps to find out what others have learnt and reported on the problem under study.

Medical examination is a health behavior that is undertaken by any individual who believes that he / she is healthy for the purpose of detecting or preventing diseases in an asymptomatic stage. It can also be undertaken by any individual who feels ill for the purpose of defining the state of his or her health and of discovering suitable remedies. Furthermore, medical examination can be undertaken by anyone who considers himself /herself ill for the purpose of getting well, (Kozier, 1995). Therefore, medical examination is an important health promotion activity that should be utilized by everyone.

ICN (2003) stated that ‘nursing includes the promotion of health, prevention of illness and the care of ill disabled and dying people. Promotion of health is the **core** aspect of the nursing profession’. Despite nursing being a health promotion activity in its context, nurses themselves have not tended to undertake health promotion. Infarct most health workers do not recognise the importance of having regular medical check-ups.

Therefore literature on utilization of medical check-up was reviewed under Global, Regional and National perspective so as to see the different view points from other authorities.

2.2: Global Perspective

Ward (1997) conducted a study in the United Kingdom on Student nurses' perception of health promotion. The research compared student nurses perception of health promotion with the perception of their roles as health promoters. The research findings recommended that a wider understanding of health promotion should be encouraged and that nurse lecturers and clinical staff should work more closely to develop a consistent approach to health promotion.

Studies by McCaughan (1998) which was published in 2004 on attitude of health workers towards Oncology screening reviewed that health workers generally held positive attitudes while a high proportion held negative views about cancer screening. The study also reviewed that particular interests or concern were their attitude to the value of active treatment. The study also reviewed that the personal beliefs, knowledge uptake and attitudes of nurses can have serious implication for their practice. The results showed that studies on Nurses attitude, practices and knowledge on various issues are lacking worldwide.

Martin Sandler conducted a Survey in 2003 entitled "Do you welcome health checks for nurses?" The following were the responses from different parts of Europe.

- 'Health promotion for nurses seems like a good idea for pulling participants and may have benefits in terms of reduced sickness rates and a generally healthier workforce' – London.
- 'This is a terrible idea, especially if the information is held centrally. It could be used to discriminate against staff when applying for jobs in other organizations' – South West London.
- 'These schemes have served to make nurses feel valued and fitter' – Scotland.
- 'Focusing on individual nurses neglects collective solutions. They should think of organizing whole system of health professionals' – Lancashire.

Jones (2007) conducted a research on nurses' life style Survey. The study reviewed that nurses do not do exercises and do not go for medical check-up regularly. Out of a sample of 3753 nurses, the findings reviewed that only 35% of nurses do exercises and 28% go for medical check-up regularly.

The morbidity and mortality rates among nurses are a global problem. According to Martin Sandler (2008), sickness rates among nurses are far too high and that nurses abuse health care systems when it comes to sick leave. He advised that diet and behavioral health styles individuals adopt do influence health outcomes more than realized by most people, including health care professionals.

2.3: Regional Perspective

Africa has the highest burden of disease of any continent but has the lowest number and ratio of health workers per population. Nurses and midwives in 22 Sub Saharan African Countries are the lowest health worker employment at 37% in the world (Bloom, 2004). Africa's health care system has been challenged by resurgence of older communicable diseases like Tuberculosis, Malaria, HIV /AIDS and non-communicable diseases, some of which are a result of lifestyle changes. The loss of trained nurses and health workers has an impact on the quality of care provided.

In Malawi there was a six-fold increase in mortality of health workers between 1985 (0.5%) and 1997(3.0%) and similar trends are found in other countries. In South Africa 13% of deaths among health workers between 1997 and 2001 were HIV /AIDS related.

In Botswana schemes aimed at health workers consisting of counseling, care and support as well as treatment have been put in place in order to sustain the Human Resource in health workers (Artkin & Kemp 2003).

Despite Africa's limited Human Resource in Health professionals, large numbers of its trained health workers are routinely poached by the Industrialized Countries of Europe, North America and Australia. High Occupational risks from HIV/AIDS have contributed

to the rise in nurses' migration from even relatively well-off countries of South Africa and Botswana.

WHO (2004) has called upon each member State to develop a realistic plan for development of Human Resource for health, motivate existing personnel through problem-solving training and improvement of conditions of service, as well as upgrade skills of personnel working in health sector in order to adequately respond to existing and emerging health issues especially preventive care.

2.4: National Perspective

Generally, very few people go for medical check-up regularly In Zambia and this includes health workers. Poverty levels in Zambia has contributed to increasing numbers of chronic diseases like Tuberculosis, Cancer, Hypertensive Disorders, Diabetes, Dental Carries, Anaemia, STI/HIV/AIDS. (HMIS, 2007). This has raised some concern not only in the health system but also the political system. This has caused Government's demands for health promotion to try and encourage people to look after their own health, supporting it through the reinforcement of Primary Health Care.

According to the Press release, Zambia Nurses Association in partnership with Ministry of Health came up with a programme to provide free Testing and treatment for nurses and other health workers. (Press release, 13th November, 2003). Testing and treatment is part of medical examination.

Amongst some reasons advanced for nurses' low utilization of medical check-up facility include lack of guiding work policy, fear of unknown, lack of social support, inadequate resources such as human and machinery, high costs involved, general practitioners' attitudes and inadequate knowledge on the importance on the service.

There are not many studies concerning nurses' underutilization of medical check-up done in Zambia. A study was done by Mwangala (1995) at UTH concerning nurses attitudes

towards medical examination. The study reviewed that lack of awareness of the institutional policy on routine medical examination ranked first on factors contributing to nurses underutilization of the service.

Chanda (1998) in her study to determine the knowledge, attitude and practices of nurses towards their health promotion reviewed that only 10% of nurses undergo medical examination yearly and 66% rarely undergo medical examinations. She attributed this to having no mechanism in place that would ensure nurses go for routine medical examination.

2.5: CONCLUSION

Literature review had shown that medical examination, being one of the essential elements in health promotion had not been fully utilized by nurses. The literature revealed that very little had been explored in terms of research on nurses' knowledge, attitude and practices towards their health promotion activities. Literature review had also shown that the morbidity and mortality rate among nurses was quite high.

The studies showed that nurses' knowledge and attitudes, lack of confidentiality, lack of reinforcements by employers were some of the factors that were contributing to underutilization of medical check-up by nurses.

Despite the recommendations from the 2 studies conducted in Zambia at UTH concerning implementation and reinforcement of work policies on medical check-up, there had not been an improvement on nurses' utilization of the medical check-up services. Therefore, there was need to work out a lasting solution to the problem so that nurses could utilize the medical check-up services and reduce on the morbidity and mortality rates. Moreover, there had never been an in depth study conducted to determine nurses underutilization of medical check-up services in Ndola District.

CHAPTER 3

RESEARCH METHODOLOGY

3.1: INTRODUCTION

This chapter describes the research methodology that was used in the study. Research Methodology refers to the development, testing and evaluation of research instruments and methods used in research investigation. The goal is to ensure reliability and validity in the tool used for data collection (Bason, 2000).

3.2: Research Design

A research design is a scheme of action for answering the research questions. It includes such factors as research settings, operational definitions, assumptions, relationships between variables, definitions, sampling procedure, instrument approach to be used and the method for analyzing data, ethical questions concerning subjects' rights and the use of data (Treece and Treece, 1986).

Research design is an overall plan for addressing a research question and its specification so as to enhance integrity of the study. The purpose of a research design is to achieve greater control and improve the validity of the study in examining the research problem. Research design takes into consideration the strategies to be employed in answering the research question.

3.3: Study Type

This was a non interventional, cross sectional and descriptive study. The study was non intervention because it did not involve any manipulation of the subjects and was undertaken in a natural setting. The study was descriptive as it was done on a small scale and little was known about the problem under study. The study was descriptive because it involved a systematic collection of data to give a clear picture of the particular situation.

Furthermore, the study was both qualitative and quantitative. It was quantitative because data was collected and quantified in numerical values and percentages. This enabled statistical inferences. The study was qualitative as it sort to describe life experiences based on knowledge, attitude and practices among nurses and give them meaning. The study aimed at determining the factors contributing to knowledge, attitude and practices of nurses towards medical examination.

3.4: Research setting

Research setting is a physical location and condition in which data collection takes in the study (Treece and Treece, 1986). The study was carried out at Ndola Central and Arthur Davison Hospitals in Ndola Urban District, on the Copperbelt Province of Zambia.

3.4.1: Ndola Central Hospital Brief Profile

Ndola Central Hospital is the adult referral hospital for Ndola District. The hospital caters for clients who are 14 years and above. The hospital offers curative, preventive, rehabilitative and training facilities. The hospital has several departments which include Medical Department, Surgical Department, Gynae & Obstetrics, Theatres, Psychiatry, Intensive Care Unit, Out –patients, laboratories, Radiology, Dental, Eye department, Physiotherapy, pharmacy , ENT department, Administration, National TB investigative and confirmatory centre and the Schools . Ndola Central Hospital has schools of Registered Nursing and Midwifery, and also school of Bio-medical within its grounds. Tropical and Disease Research Centre (TDRC) is also found in the hospital premises as a separate autonomous institution.

3.4.2: Arthur Davison Children Hospital Brief Profile

ADH is a children’s District referral hospital from ages 0 to 14years. The hospital offers curative, preventive and rehabilitative services. The hospital has several departments which include medical department, surgical department, Isolation department, Neonatal

unit, Theatres, Out –patients, laboratories, Radiology, Dental, physiotherapy, pharmacy, ART clinic and the Administration.

The study sites were selected for convenience and easy accessibility and, the majority of nurses in Ndola District work in the two institutions. The sites were also selected in order to ensure validity, reliability and non bias of the results since the two hospitals had different characteristics. Respondents were chosen from the different departments in the two hospitals.

3.5: Study Population

Study population is the total number or units from which a sample is collected, (Treece and Treece, 1986). The study population was composed of nurses from different backgrounds, that is, Nursing schools, professional achievement, experience, age and marital status. There were a total of 353 nurses working at the two institutions. 256 nurses were working at Ndola Central Hospital and 97 nurses were working at Arthur Davison Hospital.

3.6: Sample size

A sample size is a subset of a population selected to participate in a research study (Polit and Hungler, 1995). The sample size comprised fifty (50) nurses. This was according to the prerequisite for the Bachelor of Science in Nursing Programme. 30 (60%) of the respondents were taken from Ndola Central Hospital while 20(40%) were taken from Arthur Davison Hospital. This division was based of the population size of these two hospitals.

3.7: Sample Selection

Sample selection is a process of selecting a representative part of the whole, (Treece and Treece, 1986). Selecting a sample involves developing sample criteria, determining the sample size and formulating the process for acquiring subjects. This is the crucial process of research because it helps to select a representative part of the entire number under study.

Stratified random sampling was used in order to ensure adequate representation of nurses in their two major categories which were Registered Nurses and Enrolled Nurses. Stratified Random Sampling is a method of sampling where the population is sub-divided into homogeneous groups or strata, and from each stratum, random sample is drawn, (Basavanthappa, 2007). Thereafter, simple random sampling was used for the selection of nurses on which to conduct a study. These methods were used in order to give each element in the population an equal chance and non-zero probability of being included in the sample. The results thus obtained were generalized to the entire population. The selection criteria of the respondents were explained to the respondents so that they were not be suspicious of how they were picked.

3.8: Data collection

Data collection is the gathering of information needed. Data collection is a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of a study (Basavanthappa, 2007).

It is simply the gathering of information needed to address a research problem.

The study collected data through the use of structured questionnaires. A questionnaire is a paper and pencil instrument that a research subject is asked to complete. It is designed to gather data from individuals about knowledge, attitudes, beliefs and feelings. This enables first hand information or primary data. The questionnaire was appropriated because the respondents were literate and it was less costly to administer in terms of human, time and financial resources.

Advantages of using a questionnaire

- It is filled by the respondents which offers sense of autonomy
- The presence of the researcher was not mandatory
- It served on time and money as the questionnaires was used where the field of inquiry was large.
- It was applicable because respondents were all literate.

- Questionnaires offered complete anonymity and it avoided researcher biases as he /she was not there.
- It also required less skill to administer

Disadvantages of using a questionnaire

- Inability to probe the topic without becoming unduly lengthy.
- The respondents who did not feel like answering the questions did not return the questionnaire, which lead to low responses.

3.8.1: Data Collection Process

Data was collected for two (2) weeks during working hours. Before administering the questionnaire, I introduced myself to the respondents. I read instructions for answering the questionnaire to the respondents and asked for any concerns from the respondents for clarifications. The aim of the study was explained to each respondent and asked the respondent to sign consent before administering the questionnaire.

3.9: Pilot Study

A pilot study is the study carried out at the end of planning phase of research, in order to explore and test the research elements (Basavanthappa, 2007). The pilot study was carried out at Chipokotamayamba Clinic which is a mini hospital in Ndola District and has similar settings as that of the two hospitals. The study comprised of 10% of the actual sample. A total of 5 nurses were selected for the pilot study, 2 registered nurses and 3 enrolled nurses. The major reason for conducting a pilot study was to get general overview of the likely responses to the actual study. It also assisted to test feasibility, reliability, validity and estimated the possible time one took to complete the questionnaire. This also enabled necessary adjustments made to the tool in the major study.

3.9.1: Validity

Validity refers to the state to which a test has validity when it tests what it purpose to test, (Treece and Treece, 1998). It is the ability of the data gathering instrument to measure what it is supposed to measure. Validity was ensured in the study by seeing to it that the instrument and the questions were clear and a pilot study was done before the main study.

3.9.2: Reliability

Reliability is the consistency and dependability of a research instrument to measure a variable (Ngoma, 2008). Reliability is concerned with how consistent an instrument measures the concept of interest. Reliability was upheld by ensuring that questions were concise, brief and simple to understand.

3.10: Ethical Considerations

Ethical considerations refer to ethics which are system of morals and values concerned with the degree to which research procedures adhere to professional legal and social obligations to the study participants (Dempsey and Dempsey, 2000).

Permission to conduct the study was sought from both management at Ndola Central and Arthur Davison Hospital by correspondence. Respondents were first asked verbally for permission to be included in the study and then were given consent forms to read and sign after understanding the contents. Obtaining permission is very important because it facilitates cooperation from authorities and respondents themselves.

Respondents were assured of confidentiality and anonymity regarding the information they gave. Instructions were clearly stated on each questionnaire and respondents were told not to indicate their names on the questionnaires. Each questionnaire had a serial number which representing the respondent.

CHAPTER 4

4.0. DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1. DATA ANALYSIS

Data analysis is the systematic organization and synthesis of research data and testing of research hypothesis using those data (Polit and Hungler, 2001). Data analysis is a process of categorizing, scrutinizing and cross-checking the research data, (Treece and Treece, 1986).

Data analysis commenced in the third week after questionnaire administration. The questionnaires were sorted out according to category of the nursing cadre. Data was cleaned before entering it on the data master sheet. Data was analyzed manually by use of the scientific calculator. Frequency tables, pie charts, graphs, cross tabulations and numerical descriptions were prepared to show the relationships of variables that were used such as knowledge and attitude, knowledge and practices.

The raw data was collected, edited and corrected for completeness, uniformity and accuracy and then coded. Responses to closed ended questions were entered on a data master sheet for easy recording, whilst information from open ended questions was categorized into different themes and coded. The findings of the study were presented according to the sequence of the questions and sections in the questionnaire. The findings were presented in tables, pie charts, graphs and diagrams form. This was done to assist in examining the relationship between the data collected. The data collected was analyzed manually.

4.2. PRESENTATION OF FINDING

SECTION A

TABLE 3: Demographic data of the sample

DEMOGRAPHIC DATA OF THE SAMPLE	FREQUENCY	PERCENTAGE - %
SEX		
Male	3	6.8
Female	41	93.2
TOTAL	44	100
AGE		
20-24	3	6.8
25-29	8	18.2
30-34	7	15.9
35-39	10	22.7
40-44	8	18.2
45-50	2	8.8
50 and above	6	13.6
TOTAL	44	100
RESIDENCE		
Hospital compounds	7	15.9
Kansenshi	9	20.5
Lubuto	4	9.1
Chifubu	1	2.3
Others	23	52.3
TOTAL	44	100
EDUCATION LEVEL		
Grade 9	0	0
Grade 12	44	100
TOTAL	44	100

MARITAL STATUS		
Single	13	29.5
Married	28	63.6
Divorced	1	2.3
Widow	2	8.8
Widower	0	0
TOTAL	44	100
DENOMINATION		
Roman Catholic	13	29.5
SDA	9	20.5
Methodist	0	0
Others	22	50
TOTAL	44	100
PROFESSIONAL QUALIFICATION		
Registered Nurse	24	54.5
Enrolled Nurse	20	45.5
TOTAL	44	100
BASIC NURSING SPONSOR		
Government	31	70.5
Mines	3	6.8
Missionary	10	22.7
TOTAL	44	100
AREA OF SPECIALITY		
General Nursing	29	65.9
OBS / Gynae	11	25
Paediatric	2	4.5
Education	2	4.5
TOTAL	44	100
DURATION OF SERVICE		
Less than 2 years	7	15.9
2-5 years	6	13.6
6-9 years	9	20.5
10 years and above	22	50
TOTAL	44	100

Table 3 shows that 41 (93%) of the respondents were female. Most respondents, 10 (22.7%) were between 35 – 39 years of age. The majority of the respondents 9 (20.5%) resided in Kansenshi, while 23 (52.3%) of the respondents were coming from far places like Itawa, Ndeke, Northrise and Town Centre. All the respondents, 44 (100%) had reached grade 12. On marital status, most of the respondents 28 (63.6%) were married with 1(2.3%) divorced. All the respondents were Christians and majority 13(29.5%) respondents were Roman Catholic while 22(50%) were either Protestants, Jehovah' Witnesses or Pentecostal believers. 24(54.5%) of the respondents were Registered Nurses and 20(45.5%) were Enrolled Nurses. The majority of the respondents 31(70.5%) were trained by the Government in their initial basic Nursing School. Most of the respondents 29 (65.9%) were general nurses either working in medical or Surgical wards. Only 2(4.5%) are Nurse Tutors. As for duration in service, the majority of the respondents 22(50%) of the respondents had been in the service for more than 10 years.

SECTION B

RESPONDENTS KNOWLEDGE ON MEDICAL EXAMINATION SERVICE

TABLE 4: Respondents' understanding of Medical Examination

DEFINITION OF MEDICAL EXAMINATION	FREQUENCY	PERCENTAGE
-Detection of diseases	26	59.1
-A health promotion activity (correct)	18	40.9
-A requirement by the Ministry of Health.	0	
-Not sure	0	
TOTAL	44	100

The table shows that majority of the respondents 26 (59.1%) defined medical examination as detection of diseases and 18 (40.9%) respondents defined it as a health promotion activity.

FIGURE 1: Respondents' knowledge on yearly medical examination

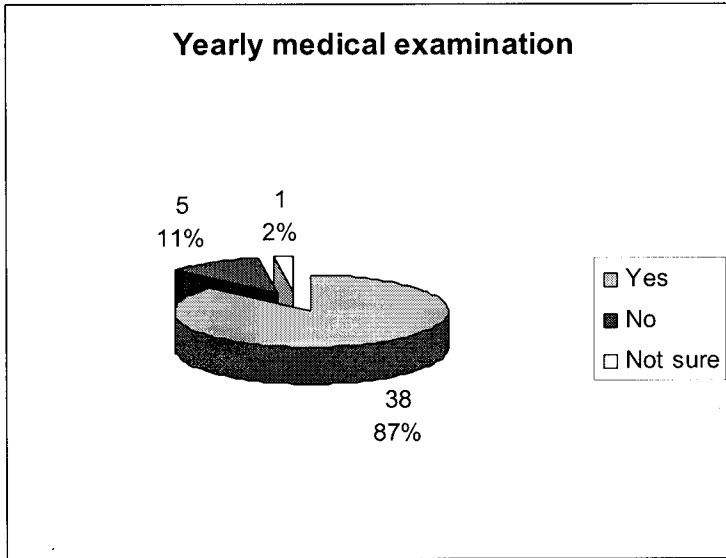
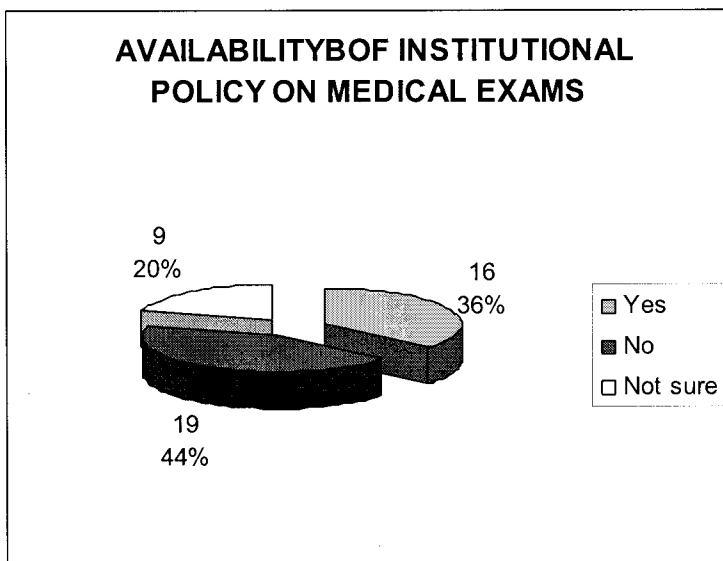


Figure 1 shows that the majority 38 (86%) of the respondents were knowledgeable about medical examination being a yearly requirement while only 1(2%) was not sure.

FIGURE 2: Respondents knowledge on availability of an institution policy .N = 44



The figure above shows that majority of the respondents 19 (44%) had no knowledge on the existence of the institutional policy on medical examination.

TABLE 5: Respondents' knowledge on what is involved in medical examination

KNOWLEDGE ON WHAT IS INVOLVED IN MEDICAL EXAMS?	FREQUENCY	PERCENTAGE
Yes	41	93.1
No	0	0
Not sure	3	6.8
TOTAL	44	100

The table shows that the majority of the respondents 41(93.1%) had knowledge on what is involved in medical examination.

TABLE 6: Respondents' knowledge on importance of medical examination to nurses

KNOWLEDGE ON IMPORTANCE OF MEDICAL EXAMS TO NURSES	FREQUENCY	PERCENTAGE
Yes	43	97.7
No	1	2.3
TOTAL	44	100

The majority of the respondents 43 (97.7%) had knowledge on the importance of medical examination to nurses. 1(2.3%) did not know.

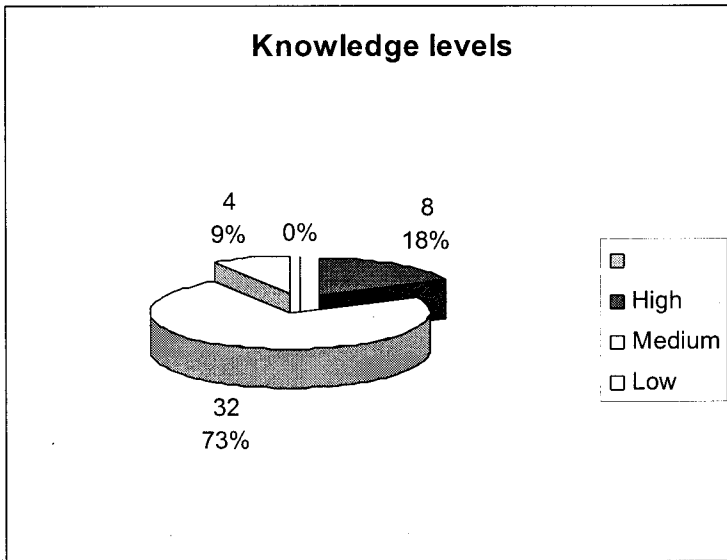
TABLE 7: Knowledge on reasons why medical examination is important to nurses

REASON WHY NURSES SHOULD GO FOR MEDICAL EXAMINATION	FREQUENCY	PERCENTAGE
Early detection and treatment of diseases	8	18.2
To maintain good health	8	18.2
To know ones' health status	12	27.3
Nurses' are at risk	11	25
To prevent and treat diseases early	5	11.4
TOTAL	44	100

The table shows that majority of the respondents 12(27.3%) stated that nurses' need to know their health status and two groups of 8(18.2%) of the respondents stated that for early detection and treatment of diseases and to maintain good health.

FIGURE 3: Total level of knowledge on medical examination among nurses

N == 44



The figure above shows that the majority of the respondents 32(72.7%) had medium level of knowledge while 4(9.1%) of the respondents had low knowledge.

SECTION C

RESPONDENTS ATTITUDE TOWARDS MEDICAL EXAMINATION SERVICE

TABLE 8: Nurses' feeling about Medical Examination

WHAT NURSES' FELT ABOUT MEDICAL EXAMS	FREQUENCY	PERCENTAGE
A waste of time	0	0
It brings about worries	3	6.8
It is a good service	41	93.2
TOTAL	44	100

The table shows that the majority of the respondents 41(93.2%) felt that medical examination services was a good service and 6.8% felt that the service brought about worries.

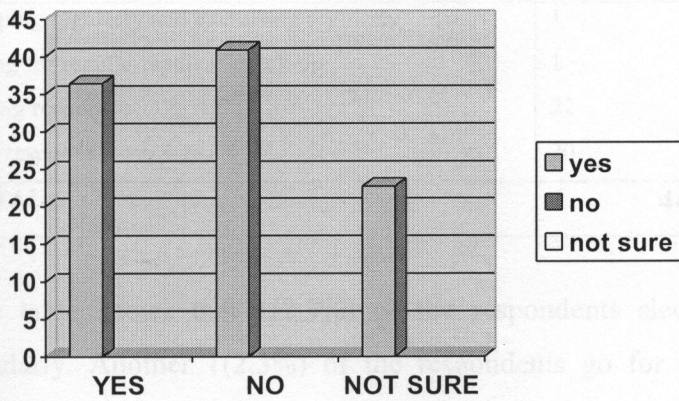
TABLE 9: Reasons for the feelings about Medical Examination

REASONS FOR MEDICAL EXAMINATION	FREQUENCY	PERCENTAGE
Enables one to know their health status	8	18.2
Enables early detection and treatment of diseases	16	36.4
Enables one to have a healthy life	14	31.8
Incases were there is no cure...more worries	3	6.8
Non response	3	6.8
TOTAL	44	100

The table shows that 16 (36.4%) of the respondents felt medical examination enables one to detect and treat diseases early. 3(6.8%) of the respondents felt that medical examination brought worries especially in cases were there was no cure.

FIGURE 4: Feeling on whether confidentiality is guaranteed at the place of work

N = 44



The graph shows that the majority of the respondents 18 (40.9 %) felt that confidentiality was lacking at their work institution and 10(22.7%) of the respondents were not sure.

TABLE 10: Nurses' engagement in any health promotion activities

N = 44

WHETHER NURSES' ARE ENGAGED IN ANY HEALTH PROMOTION ACTIVITIES	FREQUENCY	PERCENTAGE
YES	17	38.6
NO	27	61.4
TOTAL	44	100

The table shows that most of the respondents 27 (61.4%) were not engaged in health promotion activities while 17(38.6%) were engaged in health promotion activities.

TABLE 11: Health promotion activities that nurses' are involved in

HEALTH PROMOTION ACTIVITIES NURSES' ARE ENGAGED IN	FREQUENCY	PERCENTAGE
Sleeping regularly and exercising regularly	1	2.3
Going for regular medical check-up	1	2.3
Wrong responses	22	50
Non response	20	45.4
TOTAL	44	100

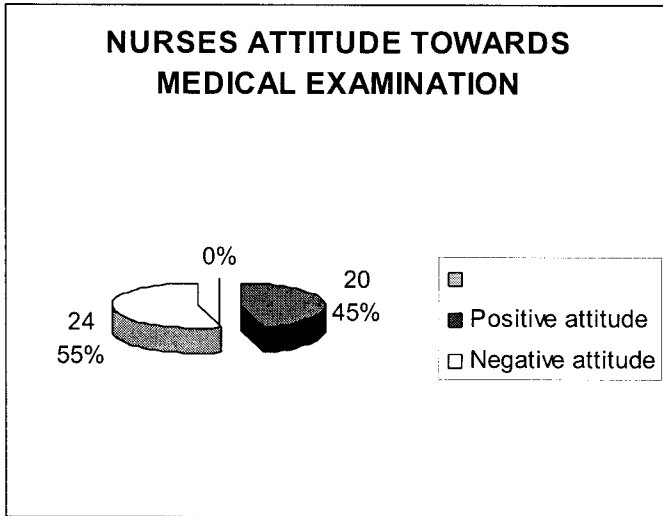
The table shows that 1(2.3%) of the respondents sleep regularly and do exercises regularly. Another 1(2.3%) of the respondents go for regular medical checkup. The majority of the respondents 22(50%) gave wrong responses.

TABLE 12: Reasons nurses' do not go for medical examination

WHAT STOPS NURSES FROM GOING FOR MEDICAL EXAMINATION	FREQUENCY	PERCENTAGE
Fear	7	15.9
No confidentiality	13	29.5
Too busy	6	13.6
Staff shortages	6	13.6
No policy	6	13.6
Apathy	6	13.6
TOTAL	44	100

The table shows that the majority of the respondents 13(29.5%) did not go for their medical examination because confidentiality lacked at the place of work. 7(15.9%) of the respondents mentioned fear as the reason for not going for medical examinations.

FIGURE 5: Nurses attitude towards medical examination



The figure above shows that the majority of the respondents 24(55%) had a negative attitude towards medical examination and 20(45%) of the respondents had a positive attitude towards medical examination.

SECTION D

RESPONDENTS PRACTICES TOWARDS MEDICAL EXAMINATION SERVICE

TABLE13: Nurses’ practices towards medical examination

NURSES’ PRACTICES TOWARDS MEDICAL EXAMINATION	FREQUENCY	PERCENTAGE
When the last medical examination was done		
6 months ago	9	20.5
A year ago	11	25
5 years ago	13	29.5
Never	10	22.7
TOTAL	44	100

Occasion of the last medical exam		
First appointment	20	45.5
Confirmation	9	20.5
Pursuit for education	7	15.9
Routine	6	13.6
Sickness	2	4.5
TOTAL	44	100
Whether all logistics and staff were available during the last medical exams		
- No doctor	1	2.3
- No medical supplies	2	4.5
- No workable machine and equipment	5	11.4
- Every thing was in place	33	75
TOTAL	44	100
Description of staffing levels		
- Well staffed	-	-
- Understaffed	44	100
TOTAL	44	100
Duration of the last medical examination		
- One day	6	13.6
- Two days	4	9.1
- 3 days	10	22.7
- 1 week	13	29.5
- More than a week	11	25
TOTAL	44	100
Whether results were given after medical exams		
- Yes	40	90.9
- No	4	9.1
TOTAL	44	100

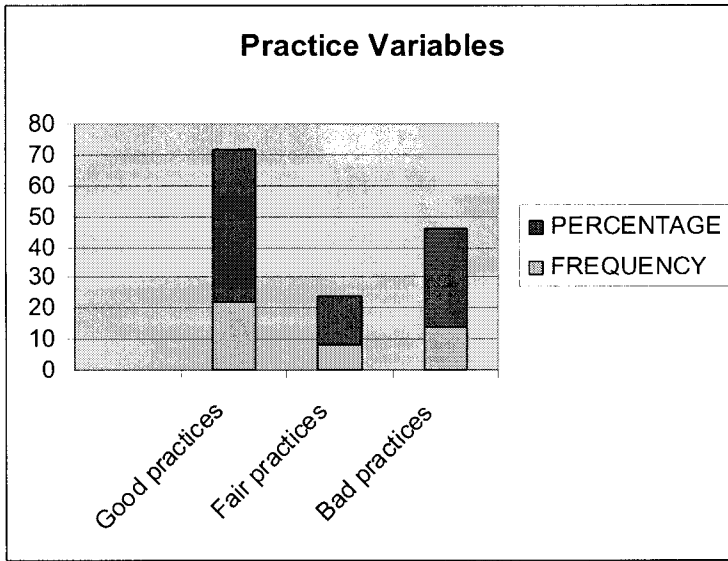
Whether satisfied with the service	30	68.2
- Yes	9	20.5
- No	5	11.3
- Non response		
TOTAL	44	100
Reasons for satisfaction /no satisfaction		
- Good service	28	63.3
-No advise given	1	2.3
-Took too long	1	2.3
-No communication	1	2.3
- Non response	13	29.5
TOTAL	44	100
Other reasons for the dissatisfaction		
- Results got lost	-	-
- Did not want to know the results	-	-
- Was not told when to collect the results	4	9.1
- Non response	40	90.9
TOTAL	44	100
What activities have been undertaken		
- VCT	29/44	65.9
- Pap smear	6/44	13.6
- Blood pressure checks	42/44	95.5
- Urinalysis	41/44	93.2
	33/44	75
TOTAL	44	100
Other investigations done		
- chest x-ray	15	34.1
- dental check-up	1	2.3
- full blood counts	14	31.8
- ECG	2	4.5
- Scan	1	2.3
- Breast examination	1	2.3
TOTAL	44	100

Minimum amount required for medical exam		
- Free of charge	13	29.5
- Less than K100.000	11	25
- K100 – K200	5	11.4
- Above K200	1	2.3
- Non response	14	31.8
TOTAL	44	100

On nurses' practices towards medical examination, the following has been noted from the table:

- The majority of the respondents 13(29.5%) had their medical examination five years ago.
- 20(45.5%) of the respondents went for medical examination on first appointment. 9(20.5%) of the respondents had gone for medical examination in pursuit for confirmation. Only 6(13.6%) respondents had routine medical check-ups.
- Majority of the respondents 33(75%) stated that all the logistics and personnel were available when they did their medical examination
- On staffing levels all the respondents 44(100%) stated that there was understaffing among health workers in all health institutions.
- On duration of medical examination, the majority of the respondents 13(29.5%) stated that it took more than 1 week for one to successfully undergo a medical examination.
- 40(90%) of the respondents got their results of their last medical examination, and out of these 30(68.6%) were satisfied with the services done and mentioned that the services were good.
- 4(9.1%) of the respondents were not satisfied with the medical examination services because they were not told when to collect their results.
- 6(14.6%) of all the 41 female respondents had been through Pap smear service. 1(2.3%) respondents had a dental check-up.
- On the minimum amount required for a medical check-up, majority of the respondents 13(29.5%) stated that the service is offered free of service to members of staff.

FIGURE 6: Nurses practices variables towards medical examination



The figure above shows that the majority of the respondents 22(50%) had good practices while 14(31.8%) had bad practices.

SECTION E

RELATIONSHIPS BETWEEN VARIABLES

TABLE 14: Respondents age in relation to professional level

PROFESSIONAL LEVEL	AGE IN RANGE							TOTAL
	20-24	25-29	30-34	35-39	40-44	45-49	50+	
REGISTERED NURSE	2 (66.7%)	7 (87.5%)	3 (42.8%)	4 (40%)	4 (50%)	1 (50%)	3 (50%)	24 (54.5%)
ENROLLED NURSE	1 (33.3%)	1 (12.5%)	4 (57.1%)	6 (60%)	4 (50%)	1 (50%)	3 (50%)	20 (45.5%)
TOTALS	3 (6.8%)	8 (18.2%)	7 (15.9%)	10 (22.7%)	8 (18.2%)	2 (4.5%)	6 (13.6%)	44 (100%)

Table 14 reveals that the majority 10(22.7%) of respondents are between 35- 39 years. The majority of respondents between 25-29 years 7(87.5%) were Registered Nurses while the majority of Enrolled Nurses 6(60%) were between 35-39 years.

TABLE 15: Professional level in relation to definition of medical exams

PROFESSIONAL LEVEL	DEFINITION OF MEDICAL EXAMS				TOTAL
	Detection of diseases	Health promotion activity	A ministry of health requirement	Not sure	
REGISTERED NURSE	13 (50%)	11 (61%)	-	-	24(54.5%)
ENROLLED NURSE	12 (46%)	8(44.4%)	-	-	20(45.5%)
TOTALS	26(59.1%)	18(40.9%)	-	-	44(100%)

Table 15 shows that 11(61%) of Registered Nurses defined medical examination as health promotion activity while the majority of Enrolled Nurses 12(46%) defined it as a detection of diseases.

TABLE 16: Professional level in relation to feeling about medical exams

PROFESSIONAL LEVEL	FEELING ABOUT MEDICAL EXAMS				TOTAL
	Waste of time	Brings about worries	A good service	Not sure	
REGISTERED NURSE	-	2 (66.7%)	22 (53.7%)		24(54.5%)
ENROLLED NURSE	-	1 (33.3%)	19 (46.3%)		20(45.5%)
TOTALS	-	3(6.8%)	41(93.2%)		44(100%)

The table above shows that 2(66.7%) of Registered Nurses felt medical examination brings about worries while the majority of enrolled nurses 19(46.3%) felt that medical examination was a good service.

TABLE 17: professional level in relation to engagement in health promotion activity

PROFESSIONAL LEVEL	ENGAGEMENT IN ANY HEALTH PROMOTION ACTIVITY			TOTALS
	YES	NO	IT IS NOT IMPORTANT	
REGISTERED NURSE	9 (52.9%)	15 (55.6%)	-	24(54.5%)
ENROLLED NURSE	8 (47.1%)	12 (44.4%)	-	20(45.5%)
TOTALS	17(36.6%)	27(61.4%)	-	44(100%)

Table 17 shows that the majority of Registered Nurse respondents 15(55.6%) were not engaged in any health promotion activities and 8(47.1%) of Enrolled Nurse respondents were engaged in health promotion activities.

TABLE 18: professional level in relation to occasion of last medical exams

PROFESSIONAL LEVEL	OCCASION OF LAST MEDICAL EXAMS				TOTALS
	First appointment	Confirmation	Pursuit for further education	Illness or routine	
REGISTERED NURSE	8 (42.1%)	6 (66.7%)	5 (62.5%)	2(25%) 3(37.5%)	24(54.5%)
ENROLLED NURSE	11 (57.9%)	3 (33.3%)	3 (37.5%)	3(37.5%) -	20(45.5%)
TOTALS	19(43.2%)	9(20.5%)	8(18.2%)	8(18.2%)	44(100%)

Table 18 shows that 19(43.2) of the respondents underwent medical examination on first appointment. Among those respondents who underwent medical examination on first

appointment the majority 11(57.9%) were Enrolled Nurses. Registered Nurse respondents were in the majority for those who underwent medical examination in pursuit of confirmation

TABLE 19: Knowledge of yearly medical examination in relation to last medical examination

DATE OF LAST MEDICAL CHECK-UP	KNOWLEDGE ON YEARLY MEDICAL EXAMS				TOTAL NO OF RESPONDENTS	TOTAL PERCENTAGE
	Yes	No	Not sure	Others		
6 months ago	8 (21.1%)	1(20%)	-	-	9	20.5
A year ago	9(23.7%)	1(20%)	1(100%)	-	11	25
5 years ago	14(36.8%)	-	-	-	14	31.8
Never apart from 1 st appointment	7 (18.4%)	3 (60%)	-	-	10	22.7
TOTAL	38(86.4%)	5(11.4%)	1(2.3%)	-	44	100

Table 19 shows that the majority of the respondents 38(86.4%) had knowledge on yearly medical examination and among them 14(36.8%) underwent medical examination five years ago. Among those who had no knowledge 3(60%) had never been for medical examination. 1(100%) of the respondents was not sure but had gone for medical examination in the previous year.

Table 20: Knowledge of yearly medical examination in relation to school of Nursing attended

KNOWLEDGE ON YEARLY MEDICAL EXAMINATION	SCHOOL OF NURSING ATTENDED			TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	Government School	Mine School	Mission School		
YES	28(90.3%)	2(66.7%)	8(80%)	38	86.4
NO	2(6.5%)	1(33.3%)	2(20%)	5	11.4
NOT SURE	1(3.2%)	-	-	1	2.3
TOTAL	31(70.4%)	3(6.8%)	10(22.7%)	44	100

Table 20 shows that the majority of the respondents in all the schools were knowledgeable about yearly examination.

Table 21: Feeling of medical examination in relation to last medical examination

FEELING OF MEDICAL EXAMINATION	LAST MEDICAL EXAMINATION				TOTALS
	6 months ago	A year ago	5 years ago	Never, since 1 st appointment	
Good service	9 (100%)	11 (100%)	12 (85.7%)	9 (90%)	41(93%)
Brings worries			2 (14.3%)	1 (10%)	3(7%)
TOTALS	9(20.5%)	11(25%)	14(31.8%)	10(22.7%)	44(100%)

Table 21 shows that among the respondents who felt that medical examination was a good service, the majority 12(85.7%) underwent medical examination 5 years ago.

Table 22: Years in service in relation to last medical examination

YEARS IN SERVICE	DATE OF LAST MEDICAL EXAMINATION				TOTAL NUMBER OF RESPONDENTS	TOTAL PERCENTAGE
	6 months ago	A year ago	5 years ago	Never apart from 1 st appointment		
LESS THAN 2 YEARS	2(20%)	5 (41.7%)	-	-	7	17.9
2-5	3(30%)	1(8.3%)	1(11.1%)	1(7.7%)	6	13.6
6-9	1(10%)	1(8.3%)	5(55.6%)	5(38.5%)	12	27.3
10+	4(40%)	5 (41.7%)	3 (33.3%)	7 (53.8%)	19	43.2
TOTAL	10(22.7%)	12(27.3%)	9(20.5%)	13(29.5%)	44	100

Table 21 shows that 13(29.5%) of the respondents had never been for a medical examination since their first appointment. The majority of those who had never been for medical examination 7(53.8%) had been in the nursing service for more than 10 years. The table also shows that those who had undergone medical examination in the previous year 5(41.7%) had only been in the nursing service less than 2 years and another 5(41.7%) had been in the service for more than 10 years. Among the respondents who had been working for 6-9 years, 5(55.6%) went for medical examination 5 years ago.

CHAPTER 5

5.0: DISCUSSION OF FINDINGS

5.1: INTRODUCTION

The study was based on determining nurses' knowledge, attitude and practices towards medical examination. The study was aimed at determining factors leading to underutilization of medical examination services by nurses. Amongst some reasons advanced for nurses' low utilization of medical check-up facility included lack of guiding work policy, fear of unknown, lack of social support, inadequate resources such as human and material, high costs involved, general practitioners' attitudes and inadequate knowledge on the importance of the service.

The results were based on the analysis of the responses from forty-four (44) nurses working at Ndola Central Hospital and Arthur Davison Children's Hospital in Ndola District.

5.2:0 DEMOGRAPHIC/ BIOGRAPHERICAL DATA

The study revealed that 41(93.2%) were female respondents while 3(6.8%) were male respondents. This is because during Florence Nightingale's era, nursing was a woman's profession until late 1960s to-date; when it encompasses both male and female. This disparity between the male and female nurses can also be attributed to the enrollment policy of the Government of 1:3 ratios of males to females in nursing schools, (GNC, 2004).

The findings also revealed that the majority of the respondents 23(52.3%) were living in Chifubu which is not centrally located between the two hospitals but is easily accessible by road. The findings showed that the majority of the nurses depend on public transport for movement to and from work. Nurses not only report late for work but also suffer high

costs, largely due to poor transport and communication infrastructure which impinge on their meager salaries. This has contributed to nurses being demotivated.

All the respondents, 44(100%) had reached grade twelve which is in accordance with the entry requirements to the nursing school program, (GNC,2004). Majority of the respondents 10(22.7%) fell in the age category of 35-39 years. The findings also indicated that most of the respondents 28(63.6%) were married. This showed that most of the nurses were socially placed in society.

All the respondents were Christians and the majority 13(29.5%) were Roman Catholic. This is attributed to the origin of nursing which was founded by Florence Nightingale who was a missionary, (Dolan, 1968). This can also be attributed to the fact that Roman Catholics constitute a third of the general population of Zambia, (CSO, 2004). The other reason could be that there are some Missionary Nursing Schools here in Zambia which inculcates Christian values in nurses during the course of their training.

Most of the respondents 24(54.5%) were Registered Nurses and 20(45.5%) were Enrolled Nurses. This is mainly due to the fact that there are more Registered Nursing schools as compared to Enrolled Nursing Schools. This has come about as some of the Enrolled Nursing Training Schools have been converted to Registered Nursing Schools. So far there are 14 Schools offering Registered Nursing course as opposed to 10 nursing schools offering Enrolled Nursing in Zambia, private nursing schools included, (GNC, 2004). The increase in the number of Registered Nurses can also be attributed to the increase rate at which the Enrolled Nurses are converting to Registered Nursing. Ndola Poly-technique College of nursing which is a Private Nursing School is currently running an Enrolled Nurse conversion program.

The study reviewed that most of the respondents 31(70.5%) were trained in Government nursing institutions. In Zambia, Government through the MOH has put up scaling-up of training and development of health workers one of its main strategies in both pre- training programmes and in-service. There are currently 14 Government Nursing Schools in Zambia, (MoH, 2008).

Majority of the respondents 29(65.9%) worked as general nurses with no post qualification or specialty. This is mainly attributed to the 2006 Government ban on sponsorship for training in the civil service which adversely affected the MoH in-service training program which dropped by 20%, (MoH, 2006). The other reason is that there are very few nursing institutions offering specialist training like midwifery, theatre nursing, nursing education etc. The shortage of nursing specialties was also echoed by ZUNO president, (Zambia Nursing News, 2007), where he was urging Government to open the closed nursing specialty schools like the Enrolled theatre nursing school in Lusaka. The findings also reviewed that half the respondents 22(50%) had been in the nursing service for 10 years and above.

5.2.1: KNOWLEDGE

Table 4 revealed that most of the respondents 26(59.1%) understood medical examination as detection of diseases. This has demonstrated that nurses are focused more on curative than prevention aspect of health. This has shown that nurses would go for medical examinations when they are sick for the purpose of diagnosis and treatment of the diseases.

The respondents' knowledge on yearly medical examinations showed that the majority of the respondents 38(86.4%) had knowledge on yearly medical examination requirements. This could be attributed to the annual confidential reports that nurses fill in for appraisals which demands for accompaniment of medical certificates. The appraisal, as a Government policy, demands that the health care providers including nurses have to be fit to undertake extra responsibilities and staff development, (MoH, 2006).

Findings on availability of an institutional policy on medical exams (figure 2) revealed that the majority 19(43.2%) had no idea of its existence. This means that the policy could be available but management had neither communicated its existence to employees nor re-enforced on the organization. This could also demonstrate that there was simply no policy concerning medical examination. Chanda, (1998) in her study on nurses'

knowledge, attitude and practices of nurses towards their own health promotion revealed that most of the health institutions lacked a policy on medical examination. She also recommended institutions to ensure existence of work policies and draw up strategies and mechanism to ensure that nurses undergo medical exams yearly on regular basis. However, many institutions have not come up with work policies on medical examinations.

Findings on whether medical examination was important to nurses (table 6) revealed that most of the respondents 43(97.7%) acknowledged its importance. Sandler (2003) in his Survey entitled “Do you welcome health checks for nurses?” revealed that nurses felt that, ‘medical examination for nurses seems like a good idea for pulling participants and may have benefits in terms of reduced sickness rates and a generally healthier workforce’. This could be attributed to the fact that nurses work in an environment that is laden with infectious micro-organisms are at risk of contracting diseases. Therefore, nurses need to know their health status through regular medical examinations as the service provide for prevention, early detection and treatment of diseases so as to maintain good health.

On knowledge, the study showed that the majority of the respondents 32(72.7%) had medium knowledge on importance of medical examinations. This could be attributed to lack of institutional policy on medical examination and also lack of sensitization on the importance of medical examination. Nurses also lack the culture of reading to update their knowledge. According to Jones (2007) Nurses’ life style Survey findings in ‘Are you a typical Nurse?’ she found out that only 23% of nurses find time to read. Medium knowledge among nurses could be a sign that nurses rarely adapt to change especially in terms of knowledge. Nurses need to adapt to a reading culture in order to stay abreast with new trends evolving in the field of medicine.

5.2.2: ATTITUDE

Table 8 revealed that 3(100%) of the respondents felt that medical examination brings about worries. Studies have shown that a lot of women, nurses inclusive, do not want to be open about their health status, hence they die from preventable and curable diseases, (Healthcare, 2008). Some nurses could have fear of the outcome of the check-up and the implications. Nurses could also have fears of being found with a dreaded incurable disease and thus may fear being declared redundant or stigmatized at the place of work. Worries could also be attributed to self diagnosis or ones' own perception on his/her health status especially if one tends to be a sickling. Studies have also shown that nurses feel that a medical examination 'is a terrible idea, especially if the information is held centrally. It could be used to discriminate against staff when applying for jobs in other organizations', Jones (2007).

Figure 4 revealed that the majority of the respondents 18(40.9%) felt that there was no confidentiality at their place of work. Table 16 also showed that the majority of the respondents 13(29.5%) cited lack of confidentiality as the reason why nurses do not go for regular medical examination. Confidentiality could be in terms of storage of information or dissemination of findings. Some institutions lack good storage facilities such that information is accessed by anyone in the organization. Confidentiality is also compromised when information is not held in private but is passed on to other individuals in the organization.

The majority of the respondents 27(61.4%) were not engaged in any health promotion activities. The findings by Jones (2007) on nurses' life style Survey revealed that nurses do not go for medical check-up regularly. The findings demonstrated that nurses tend to focus much of their efforts on rendering a service to their clients and do not pay attention to their own health. Nurses rarely do frequent exercise, they eat poor quality meals and rarely have regular medical check-up, (MOH, 2008). Above all most nurses lack knowledge on the concept of health promotion activities.

5.2.3: PRACTICES

The findings in table 18 shows that the majority of respondents 13(29.5%) underwent medical examination 5 years ago. The results showed that the majority of the respondents 20(45.5%) went for medical examination on their first appointment to civil service. Findings show that nurses do not undertake their medical examination regularly or yearly as required but only do their medical examination on their first appointment. Nurses only do their medical examination on first appointment as this is enforced on them unlike the routine medical examination which is only done as one wish or as the situation dictates such as pursuit of confirmation or education. This is also attributed to lack of institutional policy. Chanda, (1998) advised the by then ZNA to come up with a policy on importance of yearly medical examination.

Findings shows that all the respondents 44(100%) stated that there was staff shortages in their institutions. The critical shortage and inequitable distribution of qualified human resources for health has long been identified as one of the major challenges facing the health sector in Zambia. According to MOH, the crisis is largely attributed to ‘poor and un-attractive conditions of service, leading to exodus of health professional to competitive local regional and international markets; high morbidity and mortality among health workers and increased work load’,(MOH,2006). Nurse shortages are a constraint on improvement of nurses’ own self care practices.

Findings on duration of medical examination show that the majority of the respondents 13(29.5%) stated that it lasts for a week. This means that for one to successfully undergo a medical examination and results communicated will have to wait for one week. The period is quite long and might cause a lot of anxieties. Duration of the examination might even worsen the condition as delay in treatment has an influence on the course of the disease.

The findings on whether the respondents were satisfied with the medical examination services during their last medical check-up revealed that most of the respondents 4(44.4%) who were not satisfied with the service were not told when to collect the

results and were not properly advised. This shows that cause of the dissatisfaction was due to poor communication. Communication is important especially in the health care as it helps to gather information about health matters which facilitate making a diagnosis of the client's health problem, satisfying the client about treatment and adherence to treatment. Poor communication was also cited in a study conducted by Chanda, (1998) and she advised institutions to ensure the follow-up of the findings of the medical examinations promptly.

Findings on nurses' engagement in screening/investigations as part of medical examination, revealed that 29(65.9%) had been for Voluntary Counseling and Testing (VCT). This positive response towards VCT is attributed to successful health campaigns on the need for health workers to take a leading role in knowing their health status. This could also be attributed Zambia Nurses Association in partnership with Ministry of Health, who has come up with a programme to provide free Testing and treatment for nurses and other health workers. (Press release, 13th November, 2003).

Other notable findings regarding screening practices nurses are involved in revealed that only 6(14.6%) of female respondents out of 41 had been for Pap smear for detection of cervical cancer. Pap smear screening is done every 6 months and according to reports in the Healthcare magazine (2008), this service has been underutilized by nurses. Other findings also indicate that nurses rarely do self breast examination, and do not have regular dental check-up. The findings show that nurses' lack self care health promotions which is a sad development as nurses, because of their recognized expertise, have a unique opportunity of providing a leading role in promotion of better health among individuals, families and communities.

Findings on minimum amount of money required for medical examination, the majority of the respondents 14(31.8%) had no response, 13(29.5%) stated that the service is free to members of staff. The findings show that those who did not respond had not utilized the medical examination facility because they knew that the service was free to members of staff.

5.2.4: RELATIONSHIPS BETWEEN VARIABLES

Findings on the relationship between professional level and age revealed that there are younger Registered Nurses than Enrolled Nurses. The study has shown that the majority of the respondents 7(87.5%) were Registered Nurses aged between 25-29years. This is attributed to more Registered nursing schools than Enrolled nursing schools and also because most of the young Enrolled Nurses are converting to Registered Nurses.

Findings on the relationship between professional level and knowledge on the definition of medical examination revealed that the majority of respondents (Registered Nurses) 11(61%) correctly defined medical examination as a health promotion activity while the majority of Enrolled Nurses, 12(46%) defined it as detection of diseases. This shows that Registered Nurses are more knowledgeable about the concepts of health promotion unlike the Enrolled Nurses who are more of bed side nurses hence are more cure oriented than the prevention aspect of health.

Table 22 on the relationship between professional level and the feeling (attitude) about medical examinations showed that the majority of respondents 41(93.2%) in both categories felt medical examination was a good service. However, among the respondents who felt medical examination brings worries, the majority respondents 2(66.7%) were Registered Nurses. This showed that the Enrolled Nurses, because of their constant interaction and experience in bed side nursing, had a better understanding of the disease process and hence the need for medical examination. Registered Nurses are more concerned with administrative duties and pay little attention to importance of medical examinations.

Findings on the relationship between professional level and engagement in any health promotion activities revealed that there was no relationship as majority of the respondents in both categories 27(61.4%) were not engaged in any health promotion activities. The findings demonstrate that all the respondents were working in the same environment and, therefore, were exposed to the same organizational culture.

The study in table 18 revealed that there was a relationship between professional level and occasion of the last medical examination. The study has shown that among the respondents who underwent medical examination on first appointment, 19(43.2%), the majority 11(57.9%) were Enrolled Nurses. Registered Nurses ranked first in pursuit of confirmation 6(66.7%) and pursuit of further education, 5(62.5%). This shows that Registered Nurses are more concerned with career development and, therefore, would want to be confirmed in the quickest possible time so that they pursue other avenues such as education and promotion than Enrolled Nurses. Staff promotion, confirmation and pursuit of further education demands one to undergo a full medical check-up as a pre-requisite by Government, (GRZ General Orders, 2002).

Findings on the relationship between knowledge on yearly medical examination and period of the last medical examination sadly revealed that there is no relationship between knowledge and practice. Among the respondents who had knowledge on yearly medical examination (38 / 86.4%), the majority of the respondents 14(36.8%) underwent medical examination 5 years ago. This, therefore, rejects the hypothesis that nurses who have knowledge on medical examination do utilize the facility regularly.

Findings of the relationships between knowledge about yearly medical exams and basic Nursing School attended revealed that there was no relationship as all nursing schools demonstrated knowledge on yearly medical examination. The findings demonstrated that all nursing schools use the same training curriculum which is provided by the General Nursing Council of Zambia.

Findings in table 21 showed that there was a relationship between nurses' attitudes and utilization of medical check-up facilities. Findings revealed that despite the majority of the respondents 41(93%) feeling that medical examination was a good service, 12(85.7%) of the respondents underwent medical examination 5years ago. This demonstrate nurses negative attitude and therefore accepts the hypothesis that nurses' attitude influences the utilization of the medical examination facility.

The study has revealed that there is a relationship between years-in-service and period of last medical examination, (table 22). The findings has revealed that the majority of the respondents 7(53.8%) who had been in the service for more than 10 years had never undertaken a medical examination since their first appointment. The study also revealed that only those who were in the service for a period less than 2 years had recorded a good practice towards yearly medical examination. This clearly shows that most of the nurses have their medical examination on first appointment.

5.3: IMPLICATIONS

The study has shown that nurses' knowledge about medical examination is disease centered than the prevention aspect of disease. This has contributed to underutilization of the service as the nurse who is in asymptomatic state might not see the need for a medical check-up. This, therefore, is the source of nurses' negative attitude towards medical examination and influences utilization of the service.

The study also revealed that there was no correlation between knowledge and underutilization of the medical examination services as the majority of the nurses had medium knowledge on medical examination but did not utilize the medical examination facility. This also means that most of the nurses have got a negative attitude towards their self care.

The findings of the study have the following implications; to different aspects of self care, nursing practice, education, administration and research.

5.3.1: Self Care

Having regular medical examination is a self care activity aimed at improving one's sense of wellbeing and also prolonging one's life. Failure to engage in self care results in unhealthy life characterized by stress, burnouts, sick-offs and reduced life span. There is need for every nurse or health worker to adopt self care concepts and need to do full medical examination regularly in order to have a healthy and productive life.

5.3.2: Nursing Practice

Nursing care has a great influence on the health of the client, family community and the nation at large. Nurses focus their work on variety of public health issues including provision of health care and if they have to perform well and give a service which is of high quality, they have to be physically and mentally fit. An unhealthy nurse may not only provide a service lacking in quality, but also put lives of clients under her care and those working with her in danger.

5.3.3: Nursing Education

Knowledge is power and dynamic and nurses need to be updated with the latest information in order for them to render a good service. The study revealed that the majority of nurses had medium knowledge. Nursing Education has a major role to play in imparting knowledge which is a life long investment without which the nursing standards will be highly questionable. There is need for the nursing schools to not only incorporate health promotion in the curriculum but have it enforced so that it becomes a culture to the nursing field.

5.3.4: Administration

The study revealed that institutions lacked a working policy on medical examination and poor communication was also cited as the reason why there is underutilization of the medical examination facility by nurses. There is need for management to come up with policies on medical examination and also to make sure that the policies are implemented. There is also need to improve on the communication skills especially when disseminating information on results or outcomes of an investigation.

5.3.5: Research

It is said that every human behavior is caused and every cause has a behavioral correlate. The study revealed nurses had a negative attitude, apathy, and fear towards medical examination. There is need to therefore conduct research in these areas so as to identify the reasons for such behaviors which will safeguard the health of nurses in general, and enhance provision of quality patient care.

5.4: CONCLUSION

The study sought to determine factors associated to underutilization of the medical check-up facilities by nurses. The study design was drawn as a non-intervention, cross section descriptive study. The questionnaire was used as a tool in data collection. The study parameter was Ndola District, in the Copperbelt Province of Zambia and the study sites were Ndola Central Hospital and Arthur Davison Hospital. The study sample was forty-four (44) nurses selected by stratified and then random sampling.

Objectives of the study sought to determine the knowledge, attitude and practices of nurses towards medical examination; establishing factors leading to under-utilization of medical examination services; identifying areas needing further research and to come up with recommendations. Knowledge variables were categorized into high knowledge, medium knowledge and low knowledge. Attitude variables were categorized into positive and negative attitude. For practice, good practice and bad practice were used as its variables.

The study has revealed that nurses had medium knowledge on medical examination. The study also revealed that nurses had a negative attitude towards medical examination as demonstrated in table 25 and had bad practices towards the utilization of the service.

The study has rejected the hypothesis that Nurses who have knowledge on the importance of having regular medical examination do utilize the facility regularly. The study has revealed that there was no relationship between knowledge and utilization of the service. The study has failed to reject the hypothesis that Nurses' attitudes influence the utilization of medical check-up facilities. Findings show that there is a relationship between nurses' attitude and the utilization of the medical examination services.

The study revealed that some factors which contributed to low utilization of medical examination services by nurses included nurses' own perception about medical

examination, poor communication, lack of institutional policies, lack of confidentiality and staff shortages.

The study, therefore, revealed the need to improve on communication skills, work out institutional policies, to improve on confidentiality and possibly to improve staffing levels.

5.5: RECOMMENDATIONS

The study has brought about various challenges which need to be met through different sectors of society.

- There is need for health institutions to come up with work policies on medical examination which they should strive to implement.
- There is need for improvement of confidentiality in all levels of management and health care settings.
- There is need for nurses to have a positive attitude towards their own health.
- There is need to conduct further research on a large sample.

5.6: LIMITATION OF THE STUDY

- Due to change of shifts, some nurses who had been selected in the sample knocked off and went home with questionnaires which were never brought back and this limited the study sample.
- The bureaucracy involved in getting permission to carry out research study was very long and much time was wasted waiting for the feedback from the institutions where the study took place.
- The study can not be generalized as it focused on a small sample.

5.7: DISSEMINATION AND UTILISATION OF THE FINDINGS

Dissemination of findings entails the measures that would be undertaken to make known to the relevant authorities and study subjects what the study has measured. Five reports were produced and distributed in the following manner;

- One copy to the Department of Post Basic Nursing in the School of Medicine to serve as reference to other researchers.
- The second copy to Ndola Central Hospital Human Resource for planning purposes.
- The Third copy to Arthur Davison Hospital Human Resource for planning purposes.
- The 4th copy to Zambia Union of Nurses as the mother body for nurses for policy formulation and also for publication in the Nursing Magazine so as many nurses can access the information.
- The 5th copy to General Nursing Council as a policy maker so that the importance of medical examinations to be reflected in their teaching programmes.

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APPENDIX 1

INFORMED CONSENT

INTRODUCTION

My name is Mrs. Jaclyn Chileshe. I am a student enrolled in the Bachelor of Science in Nursing Program in the Department of Post Basic Nursing at the School of Medicine, University of Zambia.

STUDY TOPIC AND OBJECTIVES

In partial fulfillment of the Degree of Bachelor of Science in Nursing at the University of Zambia, I am required to undertake a research project. My research topic is on '**Nurses Knowledge, Attitudes and Practices towards medical examination**'.

The main objective of the study is to determine nurses' knowledge, attitudes and practices towards medical examination so as to establish factors contributing to underutilization of the service.

PARTICIPATION IN THE STUDY

You have been selected to participate in this study and I wish to inform you that participation in this study is voluntary and you are free to withdraw at any stage if you so wish.

You will be given a questionnaire at the time convenient to you and you will be asked to answer questions about medical examination, its significance and why it is underutilized. The procedure will take about 20 -30 minutes.

CONFIDENTIALITY AND ANNONYMITY

All the information given to me will be kept confidential.

BENEFITS

You will receive no direct benefit from the study or monetary gain. The information you will give will help develop a better understanding of the problem of underutilization of medical examination and will be used by health planners and other organizations that have not tackled this problem.

Signature of the researcher.....

If you have any queries please contact me on my mobile phone 0977644046.

I..... hereby called participant understands the guidelines of the study and I am willing to participate in the study.

Date.....

Signature of the respondent.....

APPENDIX II

QUESTIONNAIRE

THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF POST BASIC NURSING

**TITLE: FACTORS CONTRIBUTING TO NURSES' UNDERUTILISATION OF
THE MEDICAL SERVICES AT NDOLA CENTRAL HOSPITAL AND ARTHUR
DAVISON HOSPITAL IN NDOLA DISTRICT**

RESPONDENTS' NUMBER.....

INSTRUCTIONS

1. Do not write your name on the questionnaire
2. Answer the questions either by encircling the most appropriate response provided or by writing down the answers in the spaces provided.
3. The information obtained will be treated in strict confidence.

SECTION A - Biographic History	Official Use
<p>1. Sex</p> <ul style="list-style-type: none"> a) Male b) Female <p>2. Age range at your last birthday</p> <ul style="list-style-type: none"> a) 20-24 years b) 25-29 years c) 30-34 years d) 35-39 years e) 40-44 years f) 45-49 years g) 50 years and above <p>3. Residential address</p> <ul style="list-style-type: none"> a) Hospital Compounds b) Kansenshi c) Lubuto d) Chifubu e) Others, specify..... <p>4. Level of Education</p> <ul style="list-style-type: none"> a) Grade 9 b) Grade 12 c) University c) Other (specify)..... 	
<p>5. Marital status</p> <ul style="list-style-type: none"> a) Single b) Married c) Divorced d) Widower e) Widow 	

<p>6. What is your denomination?</p> <p>a) Roman Catholic</p> <p>b) SDA</p> <p>c) Methodist</p> <p>Other</p> <p>(specify).....</p> <p>7. What is your professional qualification?</p> <p>a) Registered Nurse</p> <p>b) Enrolled Nurse</p> <p>8. Which school of nursing did you do your Basic Nursing?</p> <p>a) Government School</p> <p>b) Mine School</p> <p>c) Missionary</p> <p>d) Other (specify).....</p> <p>9. What is your area of speciality?</p> <p>a) Medicine</p> <p>b) Surgery</p> <p>c) Gynae & Obstetrics</p> <p>d) Other (specify).....</p> <p>10. How long have you been working as a nurse?</p> <p>a) Less than 2 years</p> <p>b) 2-5 years</p> <p>c) 6-9 years</p> <p>d) 10 years and above</p>	
---	--

SECTION B – KNOWLEDGE

11. What do you understand by medical examination?
- a) It is detection of diseases
 - b) It is a health promotion activity
 - c) It is a requirement by the Ministry of Health
 - d) Not sure
12. Do you know that you are required to undergo medical exam every year?
- a) Yes
 - b) No
 - c) Not sure
13. Does your Institution have a work policy on Medical examination?
- a) Yes
 - b) No
 - c) Not sure
14. Do you know what is involved in the medical examination?
- a) Yes
 - b) Not
 - c) Not sure
15. Do you think it is important as a nurse to undergo medical examination?
- a) Yes
 - b) No
 - c) Not sure
16. IF answer to (16) is 'YES' give reasons
-
-
-
17. If answer to (16) is 'NO' give reasons.....
-
-

SECTION C - ATTITUDE

18. What is your feeling about Medical Examination?
- a) It is a waste of time
 - b) It brings about worries
 - c) It is a good service
19. Give reasons for your answer in (18).....
-
-
20. Is confidentiality guaranteed at your place of work?
- a) Yes
 - b) No
 - c) Not sure
21. Are you engaged in any health promotion activity?
- a) Yes
 - b) No
 - c) It is not important
22. If the answer to (23) is yes, specify which ones
-
-
-
23. What stops you from going for medical exams?
- a) Fear
 - b) No confidentiality
 - c) Too busy
 - d) Staff shortages
- Others (specify).....
-
-

SECTION D - PRACTICES

24. When did you last undergo a medical examination?
- a) 6 months ago
 - b) A year ago
 - c) Five years ago
 - d) Never
25. What was the occasion of your last examination?
- a) First Appointment
 - b) Confirmation
 - c) Pursuit for further education
 - d) Other (specify).....
26. During your last medical examination, were all logistics and staff available?
- a) No Doctor was around
 - b) No medical supplies like needles, syringes, and reagents.
 - c) No workable machines and equipment
 - d) Others (specify).....
27. How would you describe the staffing levels at your institution?
- a) Well staffed
 - b) Understaffed
 - c)
- Other (specify).....
28. How long did it take you to complete the medical examination the last time you had one?
- a) One day
 - b) Two days
 - c) Other (specify).....

29. Were you given the results of your last medical examination?

a) Yes

b) No

30. If yes, were you satisfied with the service?

a) Yes

b) No

31. If 'yes' to (31) give reasons.....

.....

.....

32. How were the results communicated to you?.....

.....

.....

33. If answer to (31) is 'NO' please explain

a) Results got lost

b) I did not want to know the results

c) I was not told when to collect them

d) Others (specify).....

.....

.....

<p>34. Which of the following have you undertaken?</p> <ul style="list-style-type: none">a) VCTb) Pap smearc) Blood pressure checksd) Weight checkse) Urinalysisf) Others (specify)..... <p>35. What is the minimum amount required for a medical examination?</p> <p>.....</p>	
---	--

END OF QUESTIONNAIRE! THANK YOU FOR YOUR PARTICIPATION.

APPENDIX III

RESEARCH WORK SCHEDULE

TASK TO BE PERFORMED	DATES	PERSONNEL	DAYS REQUIRED
Literature	Continuous	researcher and supervisor	Continuous
Compiling Research Proposal	2 nd June to 31 st July 2008	Researcher	9 weeks
Clearance from the school and authorities	14 th April to 29 th August 2008.	Researcher	20 weeks
Pilot study	1 st September to 5 th September 2008	Researcher	5 days
Data collection	8 th September to 19 th September 2008.	Researcher	2 weeks
Data analysis	22 nd September to 3 rd October 2008.	Researcher	2 weeks
Report writing and typing	6 th October to 24 th October 2008.	Researcher	3 weeks
Draft reporting to PBN	27 TH October to 7 th November	Researcher	2 weeks
Finalization of the report	10 th November to 21 st November 2008.	Researcher	2 weeks
Monitoring and evaluation	Continuous	Researcher	Continuous
Dissemination of results	22 nd December 2008 to 2 nd January 2009.	Researcher	2 weeks

APPENDIX IV

RESEARCH PROJECT WORK PLAN 2ND JUNE, 2008 TO FEBRUARY 2009

TASK TO BE PERFORMED	DATES	PERSONNEL	DAYS REQUIRED
Literature	Continuous	researcher and supervisor	Continuous
Compiling Research Proposal	2 nd June to 31 st July 2008	Researcher	9 weeks
Clearance from the school and authorities	14 th April to 29 th August 2008.	Researcher	20 weeks
Pilot study	1 st September to 5 th September 2008	Researcher	5 days
Data collection (main study)	8 th September to 19 th September 2008.	Researcher	2 weeks
Data analysis	22 nd September to 17 th October 2008.	Researcher	4 weeks
Report writing and typing	20 th October to 28 th November 2008.	Researcher	6 weeks
Draft reporting to PBN	1st December to 12 th December 2008.	Researcher	2 weeks
Finalization of the report	15 th December to 7 th February 2009.	Researcher	6 weeks
Monitoring and evaluation	Continuous	Researcher	Continuous

APPENDIX V

THE GANTT CHART SHOWING VARIOUS TASKS TO BE UNDERTAKEN FROM 2ND JUNE TO 31ST JANUARY 2009.

MONTHS		JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN
TASK TO BE PERFORMED	PERSON RESPONSIBLE								
Literature Review	Researcher and Supervisor								↑
Compiling Research proposal	Researcher		↑						
Clearance	Researcher			↑					
Data collection tool (pilot study)	Researcher				↑				
Data collection	Researcher				↑				
Data analysis	Researcher					↑			
Report writing	Researcher						↑		
Draft report to PBN	Researcher							↑	
Finalization of report	Researcher								↑
Monitoring and evaluation	Researcher and Supervisor								↑

APPENDIX VI: BUDGET

No.	ITEM	UNIT COST (ZMK)	QUANTITY	TOTAL (ZMK)
1.	STATIONERY			
	Realm of paper	25,000.00	4 realms	100,000.00
	Ball pens	1,000.00	5	5,000.00
	Pencils	500.00	5	2,500.00
	Erasers	2,000.00	2	4,000.00
	Tippex	7,500.00	2	15,000.00
	Note books	2,000.00	2	4,000.00
	Stapler	25,000.00	1	25,000.00
	Staples	20,000.00	1 box	20,000.00
	Scientific calculator	125,000.00	1	125,000.00
	Perforator	25,000.00	1	25,000.00
	Spiral binders	5,000.00	4	20,000.00
	Front and back hard covers	2,000.00	8	16,000.00
	Flip chart	50,000.00	2	100,000.00
	markers	5,000.00	4	20,000.00
	Subtotal			481,500.00
2.	SECRETARIAL SERVICES			
	-Flash disk (USB) 4G	450,000.00	1	450,000.00
	-Proposal script	200,000.00	1	200,000.00
	-Typing and printing research questionnaire	3,000.00 /page	12 pages	36,000.00
	-Photocopying	250.00 /page	200 pages	500,000.00
	-Typing and printing final research report	3,000.00/ page	140 pages	420,000.00
	-binding final report	10,000.00 /copy	5 copies	50,000.00
	-Bag for stationary	45,000.00	1	45,000.00
	subtotal			1,702,000.00

3.	PERSONNEL			
	- Lunch Allowance for the researcher	50,000.00	15 days	750,000.00
	- Transport allowance for the researcher	20,000.00	15 days	300,000.00
Subtotal				1,050,000.00
4.	Dissemination workshop			2,000,000.00
	Sub grant total			5,233,500.00
	Contingency fund 10%			523,335.00
	Grand Total			5,756,835.00

University of Zambia
School of Medicine
Department of Post Basic Nursing
P.O Box 50110
Lusaka
23rd July 2008

The Centre Manager
Chipokotamayamba Clinic
NDHMT
NDOLA

UfS: The Head of Department
Post Basic Nursing
School Of Medicine
P.O Box 50110
Lusaka

Dear Madam:

SUBJECT: REQUEST FOR PERMISSION TO UNDERTAKE A PILOT STUDY/COLLECT DATA

I am a fourth (4th) year student in the Department of Post Basic Nursing at The University of Zambia, School of Medicine.

In partial fulfillment of the award of the Bachelor of Science Degree in Nursing, I am required to carry out a research project. My topic of study is "***To Determine the Knowledge, Attitudes and Practices among Nurses towards medical examination***". I therefore request for permission to administer Questionnaires to Two (2) Registered Nurses and Three (3) Enrolled Nurses at your Clinic as part of the pilot study to test the reliability and validity of the questionnaire. I intend to carry out this exercise at your Center in the First week of September 2008.

Your assistance will highly be appreciated.

Yours Faithfully

Jaclyn M.K. Chileshe (Mrs.)

4th year BSc. N. Student

UNZA

University of Zambia
School of Medicine
Department of Post-Basic Nursing
P.O. Box 50110
LUSAKA
23rd July 2008

The Executive Director
Ndola Central Hospital
PA
NDOLA

UFS: The Head of Department
University of Zambia
School of Medicine
Department of Post Basic Nursing
P.O Box 50110
LUSAKA

Dear Sir

SUBJECT: REQUEST FOR PERMISSION TO CARRY OUT A RESEARCH STUDY AT YOUR INSTITUTION

I am a 4th year student (Finalist) at The University of Zambia, School of Medicine, in the Department of Post Basic Nursing pursuing a Bachelor of Science Degree in Nursing.

In partial fulfillment for the award of the Bachelor of Science in Nursing Degree. I am required to conduct a research study in the final year of training. My research topic is **“To Determine Knowledge, Attitudes and Practices among nurses towards medical examination at Ndola Central Hospital and Arthur Davison Hospital”**. The study will be conducted on nurses of all cadres at your Institution.

I am here by requesting for permission to carry out the study.

I will be very grateful if my request to carry out the study will be considered.

Thanking you in anticipation.

Yours faithfully

Jaclyn M.K. Chileshe (Mrs.)
4th year BSC. N. Student
UNZA

University of Zambia
School of Medicine
Department of Post-Basic Nursing
P.O Box 50110
LUSAKA
23rd July 2008

The Executive Director
Arthur Davison Children's Hospital
NDOLA

UFS: The Head of Department
University of Zambia
School of Medicine
Department of Post Basic Nursing
P.O Box 50110
LUSAKA

Dear Sir

SUBJECT: REQUEST FOR PERMISSION TO CARRY OUT A RESEARCH STUDY AT YOUR INSTITUTION

I am a 4th year student (Finalist) at The University of Zambia, School of Medicine, in the Department of Post Basic Nursing pursuing a Bachelor of Science Degree in Nursing.

In partial fulfillment for the award of the Bachelor of Science in Nursing Degree, I am required to conduct a research study in the final year of training. My research topic is **“To Determine Knowledge, attitudes and practices among nurses towards medical examination at Ndola Central Hospital and Arthur Davison Hospital”**. The study will be conducted on nurses of all cadres at your Institution.

I am here by requesting for permission to carry out the study.

I will be very grateful if my request to carry out the study will be considered.

Thanking you in anticipation.

Yours faithfully

Jaclyn M.K. Chileshe (Mrs.)
4th Year Student
UNZA

University of Zambia
School of Medicine
Department of Post-Basic Nursing
P.O Box 50110
LUSAKA

23rd July 2008

The District Director of Health
NDHMT
NDOLA

USF: The Head of Department
University of Zambia
School of Medicine
Department of Post Basic Nursing
P.O Box 50110
LUSAKA

Dear Madam:

SUBJECT: Request for permission to undertake a pilot study/collect data

I am a fourth (4th) year student in the Department of Post Basic Nursing at The University of Zambia, school of Medicine.

In partial fulfillment of the award of the Bachelor of Science Degree in Nursing, I am required to carry out a research project. My topic of study is "*To Determine the Knowledge, Attitudes and Practices among Nurses towards medical examination*".

I therefore request for permission to administer Questionnaires to Two (2) Registered Nurses and Three (3) Enrolled Nurses at Chipokotamayamba Clinic as part of the pilot study to test the reliability and validity of the questionnaire. I intend to carry out this exercise at the named Center in the First week of September 2008.

Your assistance will highly be appreciated.

Yours Faithfully

Jaclyn M.K. Chileshe (Mrs.)
4th year Student
UNZA

University of Zambia
School of Medicine
Department of Post-Basic Nursing
P.O Box 50110
LUSAKA.

23rd July 2008

The Provincial Health Director
Copperbelt Province
NDOLA

USF: The Head of Department
University of Zambia
School of Medicine
Department of Post Basic Nursing
P.O Box 50110
LUSAKA

Dear Sir/Madam

SUBJECT: REQUEST FOR PERMISSION TO CARRY OUT A RESEARCH STUDY IN NDOLA DISTRICT

I am a 4th year student (Finalist) at The University of Zambia, School of Medicine, in the Department of Post Basic Nursing pursuing a Bachelor of Science Degree in Nursing.

One of the requirements for fulfilment of the program is to conduct an academic research study in the final year of training. My research topic is '**To Determine Knowledge, attitudes and practices among nurses towards medical examination at Ndola Central Hospital and Arthur Davison Hospital**'. The Target population are the Nurses at two named hospitals, while the pilot study will be conducted at Chipokotamayamba Clinic.

I am here by requesting for permission to carry out the study.

I will be very grateful if my request to carry out the study will be considered.

Thanking you in anticipation.

Yours Sincerely

Jaclyn M.K. Chileshe (Mrs.)

4th year student
UNZA

All correspondence should be addressed to the
Executive Director
Ndola Central Hospital
Postal Agency
NDOLA

Telephone: 611585-9
Fax: 612204
E-mail: *nch @ zammet.zm*



MINISTRY OF HEALTH
NDOLA CENTRAL HOSPITAL

5th September, 2008

Mrs. Jaclyn M. K. Chileshe
University of Zambia
School of Medicine
Department of Post Basic Nursing
P.O. Box 50110
LUSAKA

Dear Mrs. Chileshe,

RE: RESEARCH STUDY

Reference is made to your letter dated 23rd July, 2008 regarding the above mentioned subject matter.

I am pleased to inform you that Management has no objection to your request.

Wishing you all the best.

Yours faithfully,
NDOLA CENTRAL HOSPITAL


R. MAKWELELE
A/HUMAN RESOURCES MANAGER
For/EXECUTIVE DIRECTOR

cc: Nursing Services Manager
: Human Resources Officer - Training
: File

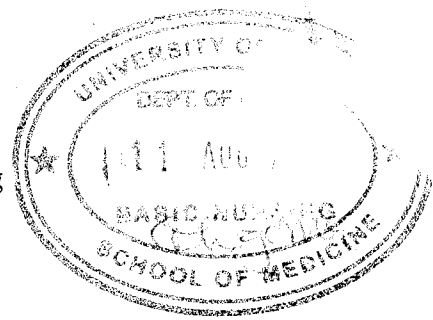
University of Zambia
School of Medicine
Department of Post-Basic Nursing
P.O Box 50110
LUSAKA
23rd July 2008

Approved.
ATTN: NSM
Please assist the student
- Kumbula

- 2 SEP 2008

The Executive Director
Arthur Davison Children's Hospital
NDOLA

UFS: The Head of Department
University of Zambia
School of Medicine
Department of Post Basic Nursing
P.O Box 50110
LUSAKA



Dear Sir

SUBJECT: REQUEST FOR PERMISSION TO CARRY OUT A RESEARCH STUDY AT YOUR INSTITUTION

I am a 4th year student (Finalist) at The University of Zambia, School of Medicine, in the Department of Post Basic Nursing pursuing a Bachelor of Science Degree in Nursing.

In partial fulfillment for the award of the Bachelor of Science in Nursing Degree, I am required to conduct a research study in the final year of training. My research topic is **“To Determine Knowledge, attitudes and practices among nurses towards medical examination at Ndola Central Hospital and Arthur Davison Hospital”**. The study will be conducted on nurses of all cadres at your Institution.

I am here by requesting for permission to carry out the study.

I will be very grateful if my request to carry out the study will be considered.

Thanking you in anticipation.

Yours faithfully
Jaclyn M.K. Chileshe
Jaclyn M.K. Chileshe (Mrs.)
4th Year Student
UNZA