Prevalence And Contributing Factors Of Horizontal Violence Among Nurses Working In Maternal – Child Health And Family Planning Clinics Of Nairobi City County

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Abstract:

Horizontal violence is a real entity within the health care facilities. The objective of this study was to explore prevalence and factors contributing to violence among nurses at their place of work and the effect violence had on their interrelationship and performance in provision of maternal-child and family planning services in the health facilities that directly serve their surrounding communities. The study design was a cross-sectional descriptive study of nurses working in health facilities with Maternal-Child Health and Family Planning (MCH/FP) clinics of Nairobi City County. Seven health centres that had MCH/FP and cervical cancer screening clinics were chosen for the study. The sampling frame comprised a comprehensive itemized list of all nurses in the fourteen health facilities with MCH/FP and cervical cancer screening clinics. Simple random sampling method was used to come up with seven health facilities with MCH/FP clinics. A sample of 170 participants was recruited for the study out of a calculated sample of 187. Quantitative data was collected using a self-administered structured questionnaire and an observational checklist. Each nurse included in study sample filled a questionnaire. SPSS version 17.0 was used to analyse quantitative data. Inferential statistics using Chi-square, and correlation were used to determine the relationship between the dependent variables and the independent variables. Results and findings of the study indicated that 77.6% (n=132) of the participants reported experiencing many of the negative behaviors associated with horizontal violence and 22.4% (n=38) of the participants had not experienced horizontal violence in last twelve months preceding this study. The prevalence of horizontal violence among the participants was 36.2% or 362 nurses per 1000. The following horizontal violence behaviors were experienced by participants: gossiped (51.8%), shouted at (34%), humiliated (30%), intimidated (24.7%), threatened (20%), excessively criticized (19%) and sexually harassed (4%). The study findings indicated that there were statistically significant differences between age of the participants and humiliation, p=0.005; work experience of the participants and humiliation, p=0.039; professional qualification and threat experience, p=0.031; and professional qualification and intimidation, p=0.034. There were no statistically significant differences between the demographic profiles of the participants and the following horizontal violence behaviors: gossiping, shouting, excessive criticisms, and sexual harassment. The study findings revealed that non-physical violence was very high among nurses accounting for 76%. Of the non-physical violence gossiping was the most experienced among nurses in the workplace. However there was no statistically significant difference between horizontal violence behavior of gossiping and demographic profiles of the
participants such gender, age, work experience and professional qualification. The findings demonstrate that horizontal violence occurs and that nurses were victims of violence and some nurses were perpetrators of violence amongst themselves as well. The findings are expected to assist policy makers, managers, and nurses on how to intervene in order to control workplace violence among nurses.