

## **AN EXAMINATION OF THE DISCRIMINATION OF PATIENTS IN THE URBAN HEALTH CENTRES OF KAPIRI MPOSHI DISTRICT OF CENTRAL PROVINCE, ZAMBIA**

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### **Abstract**

The aim of the study was to examine the discrimination of patients in the health facilities of Kapiri-Mposhi district. The study employed both the qualitative and quantitative research methods to collect, integrate and analyze data. The study utilized concurrent research design. The sample size for the study was 50 respondents. Data was collected through the administration of questionnaires and interviews. Quantitative data was analyzed by excel software version 2013 to generate descriptive statistics in the form of frequency tables and percentage distributions in order to give clear presentation, explanation and interpretation of the research results. Qualitative data was analyzed by using thematic analysis in order to generate themes. The study shows that nurses discriminate patients based on various aspects such as personal characteristics of patients and socio economic status. The study showed that patients are discriminated because of their personal characteristics of patients, poverty, inadequacy of tools and equipment, violence of the patients, inadequacy medicines, lack of enough facilities, uncooperative patients, and low staffing levels of nurses and emergency of tribalism in the health sector. Thus discourage seeking medical services, patients fear expose their, sicknesses, fulfilment of health government policy, poor patient and nurse relationship and failure to achieve government goals on health. The presence of discrimination against patients by nurses is worrisome. This is because it contributes to high death rates as people are discriminated based on tribe and personal characteristics. The behaviors of nurses are likely to prevent government to achieve its goals on the health service delivery. Thus the study recommended an increase of health centers, increase staffing levels of nurses, close monitoring of nurses and ensure availability of medicines in health centres, ensure availability of tools and equipment.

**Keywords:** *Discrimination, Patients, Urban and health Centers*

### **1.0 INTRODUCTION**

A numerous policies have been formed in order to promote and provide good healthy among the Zambian people. Nation Health Policy of 2012 is one of the policies, which its goal must be attain by 2030. These are efforts made by the Zambian Government

to have a nation of healthy and productive people. However, there is a public concern that patients in today's health institutions are facing discrimination when seeking health services. The level of discrimination in the public health sector has been a point of serious discussion and many feel it is the reason for poor service delivery. Yet the factors influencing negatively to discrimination of patients remain underexplored.

Kasonde (2012) hoped that the National Health Policy would guide the continuous efforts to improve and deliver health services in the country. According to CSO (1992:42) government hospitals were 19 from 1964 to 42 by the year 1990, 187 run rural health centres were increased to 661 by the year 1990 and that time there was worst 11 health conditions due to lack of opportunities, the government made special efforts for the improvement of services through the adoption of Primary Health Care (PHC) countrywide. Furthermore, GRZ (2010) reported that government has been trying hard to improve and promote health status for all through massive infrastructure in order for the community to access primary health care services as close to the family as possible.

Amanuel (2009) argued in favour of healthcare quality theory that, satisfaction of the patient is a consequence of interpersonal and relational care, and it is a constructive judgment on all characteristics and facets of healthcare quality, chiefly about interpersonal care which involves the ability of the healthcare service provider to display optimum quality of interpersonal soft skills during the interaction period with the patients. He further pointed out that, the service providers see patients from various backgrounds therefore; their interpersonal skills carry the most important role in bringing satisfaction to the patients. These interpersonal skills show active listening abilities, communication skills and important attitudes including empathy, self-confidence and ability to maintain positive outlook play a major role in enhancing patients' confidence on the health services they receive at the public sector hospitals.

The study by George (2013) showed that discriminative nursing care would undermine the safety and security of patients and even expose them to serious and new harm and thus prolong their length of stay in the hospital. All of these factors impose more financial costs on patient. The results of Evans (2015) research also confirmed that the health care cost of patients being discriminated against is approximately twice that of those who are not discriminated against. Care (2019) confirmed that nurses do not discriminate on the basis of person's race, ethnicity, culture, political and spiritual beliefs, social or marital status, gender, gender identity, gender expression, sexual orientation, age, health status, place of origin, lifestyle, mental or physical ability, socioeconomic status, or any other attribute, but discriminative care of patients because of their membership in a particular demographic group (e.g. race, sex, class) like in the patient under discussion found in low class and age. This confirmed the report received by Australian Human Rights Commission under the racial discrimination Act, 453 complaints under the sex discrimination Act and 740 complaints under the Disability Discrimination Act for the years 2014 to 2015. (Australian Human Rights Commission 2015, Annual Report 2014-2015). Leary (2015) discussed that hurt feeling, jealousy; loneliness, shame, guilt, social anxiety, sadness, anger, and embarrassment occur when patients are discriminated against and feel less worthy than other patients. In addition, inadequate quality of care services will lead to lack of or delayed recovery among patients. The patient may even suffer from other serious, common disorders and conditions.

In Fitz (2017) showed that the attitude and feeling of nurses may led to nurse-patient conflict and mismatch, which in turn affect the interaction with the patient, diagnosis care and treatment processes. Thus patients with lower economic social, cultural, or educational levels as compared to the average levels at the society are more likely to be discriminated against as compared to other patients, by nurses. Furthermore, patients who do not have an appropriate and acceptable morality, behavior, and appearance may also experience discriminative nursing care more frequently than other patients may. Herzberg (2015) indicated that the hurt feeling, jealousy, loneliness, shame, guilt, social anxiety, sadness, anger, and embarrassment occur when patients are discriminated against and feel less worthy than other patients. However Llyod (2008) confirmed on diversity within healthcare that there are patients and healthcare workers with different characteristics and from different backgrounds.

According to the World Bank (2019), Zambia like many developing countries in Africa has subscribed to the global commitment toward Health for All (HA) and a nation of healthy and productive people. Under these policies, Zambia is accelerating the sustainable human development goals (SHDGs). To attain any of the health goals, nurses' performance is found to be significantly impacting the quality health care among countries implementing these policies. A robust implementation of the aforesaid policies and formation of Health Reforms in 2006 attracted more work load for nurses owing to increased massive infrastructure. (NHP, 2012) are the most important health goals in nearly all low-income developing countries. However, the pursuit of these goals has both positive and negative impacts on nurse performance.

Mwansa (2014) discussed that efforts to attain HA goals are usually accompanied by much increased resource flows with the support of international donor partners. However, at the same time, nurses can become seriously demoralized, especially when nurse recruitment does not keep pace with rapidly increasing population. In Zambia, for example, free medical services has increased the number of community members seeking quality health care services in their nearest clinics and hospital especially in areas where the demand for health care is strongest, despite inadequate flow of medical stores drug supplies. Nurses now have to cope with much increased workload with the introduction of free Health Services. Workloads and patient sizes have increased appreciably in many countries as a direct result of the Free Health Services low performance policy.

Malone (2008) discussed that the insufficient supplies of drugs and the increase in the number of patients accessing the health facilities affect the effectiveness of a nurse's performance. The study sought adequacy of drugs in health facilities pharmacies help delivery quality health care services as close to the family as possible but some drugs in pharmacy were not adequate or out of stock during the study. This makes screening of patients very abstract to them and could be a factor contributing to poor performance and patient satisfaction. The study by Care (2019) showed inadequate of drugs, poor time management, and discrimination in screening patients in Nigeria. Attracting and retaining highly effective nurses is another challenge, and static career steps are not enough. Nursing is a profession that should impact society. The nursing profession has been assisted by the different domains and realms of the society because they have understood how nursing could provide a point of salvage and hope for the helpless and needy suffering on a number of counts. Dorlo (2005) indicated that a profession is a group of people in a learned occupation, the members of which agree to abide by specified rules of conduct when practicing the profession. Indeed nursing is a career that leaves quite a lot to speak

about because this is something which goes a long way at developing relationships of people with one another and amongst the nurses as well.

Chanda (2016) as a perception with a frame of reference defines an attitude as a way of organizing a perception. It is more or less a stable tendency to feel, think, perceive and act in a certain manner towards a situation. Therefore, in this case if the nurse examined and evaluated patient characteristics, they definitely adopt a negative or positive attitude toward a patient’s characteristics. They would hate and disgust the patient, which in turn leads to a complete conflict between the nurse and the patients. The study by Fitz (2017) showed that attitude and feeling of nurses toward their patient’s characteristics might lead to nurse-patient conflict and mismatch, which in turn affect the interaction with the patient, diagnosis, care and treatment processes. Thus the patients with lower economic, social, cultural or educational levels as compared to the average levels of the society are more likely to be discriminated against as compared to other patients by health practitioners. Therefore, patients who do not have an appropriate and acceptable morality, behavior, and appearance may also experience discriminative nursing care more frequently than other patients. Therefore the purpose of the study was to examine the discrimination of patients in the selected urban health centres of Kapiri Mposhi district, Zambia.

## 2.0 METHODOLOGY

The mixed research approach (qualitative and quantitative research methods) was used to collect, integrate and analyze data. These methods helped to maximize the strength and minimized the limitations or weaknesses of each other. Therefore complemented each other during the study, hence data collected was reliable. An embedded research design was used to integrate various components of the study in a coherent and logical manner in order to effectively address the research problem. The target populations were nurses and patients in the selected urban health centres of Kapiri Mposhi district. The sample size was 50 respondents. The questionnaire was used as both an instrument and method of collecting quantitative data. They helped to collect data from the vast areas, uphold respondents’ confidentiality and enabled respondents express their views freely. The interview guide was used as an instrument to collect qualitative data while the interview was used as a method. The interview method enabled the researchers to test information from respondents by cross examination, hence detailed and reliable data was obtained. Statistical Package for Social Sciences (SPSS) version 20 was used to analyse quantitative data from the questionnaire to generate descriptive statistics in the form of frequency tables and percentage distributions in order to give clear explanations, presentation and interpretation of the research results. Qualitative data was analyzed by using thematic analysis in order to generate themes.

## 3.0 RESEARCH FINDINGS AND DISCUSSION

### 3.1 Factors for Patients’ Discrimination

**Table 1: Factors for the patients’ discrimination**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
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Personal characteristics of patients	3	8.6
Poverty	5	14.3
Inadequacy of tools and equipment	2	5.7
Violence of the patients	3	8.6
Inadequacy medicines	4	11.4
Lack of enough facilities	4	11.4
Uncooperative patients	5	14.3
Low staffing levels of nurses	5	14.3
Tribalism	4	11.4
<b>Total</b>	<b>35</b>	<b>100</b>

Source: Field Work, 2022

N = 35

Table 1 show collective factors contribute to an environment where patient discrimination is prevalent, undermining the principles of equity and fairness in healthcare delivery. Discrimination based on personal characteristics gender, or socioeconomic status leads to differential treatment of patients. Patients from lower socioeconomic backgrounds may face discrimination due to their inability to pay for services or perceived as less deserving of care. Insufficient resources can result in discriminatory practices where patients with more severe conditions or those who require specialized equipment may receive preferential treatment. Instances of violence from patients can create a hostile environment for healthcare providers and lead to discrimination against certain patient groups, particularly those perceived as more prone to violence. Shortages or inadequacies in medicine supplies may lead to discriminatory practices where certain patients are prioritized over others based on the availability of medications. Overcrowded or under-equipped facilities may lead to discrimination as healthcare providers struggle to meet the needs of all patients equally. Patients who are uncooperative or non-compliant with medical advice may face discrimination in the form of decreased attention or care from healthcare providers. Understaffing can result in healthcare providers being overburdened and may contribute to discriminatory practices, such as prioritizing patients based on perceived severity or likelihood of positive outcomes. The emergence of tribalism within health centers suggests biases and prejudices based on ethnic or cultural affiliations, which can lead to differential treatment of patients from different tribal backgrounds.

One of the interviewed participants submitted that:

*Many are the times when nurses ask us to go and buy materials when there is no material to use. The inadequate supply of drugs leads to omission in patient procedures due to the gap that was to be created from the time the relative goes to buy and when to commence drugs on the patient. Sometimes drugs gotten when it is already time to knock off and patient record not updated (P1 and P5).*

Amanuel (2009) discussed that nurses have become demoralized, especially when nurse recruitment does not keep pace with rapidly flow of patients seeking medical services and expect satisfaction when the staffing levels of nurses is poor. Nurses have to cope with much increased workload with the abolition of user fees at the same time that the resources to deal with this increased workload have been strained. The way a patient appear and portrayed should have to determine the treatment and care would receive from the nurses. The patients from the well to do families are well taken care. Those coming from the poor background or low class

are discriminated by the health personnel. They tend to delay to initiate the medication for people from poor families. When other patients are brought here they tend to be very violent such that nurses would fear to attend to them wholeheartedly. Therefore, violent patients contribute to high discrimination.

The emergency of tribalism in the health sector tends to have a negative impact on patients. This should not be tolerated because this deals with someone’s life. Nurses’ job performance undergoes a number of hindrances and need to be improved, through organizational induction programs which are not being facilitated currently due to inadequate funding. Thus, professional encouragement for the failing nurses need to be emphasized now that the institution faces inadequate funding, programs like mentorship and coaching are not implemented. This requires management to be cognizance of the level of performance recognition and encouragement. Forthwith, management failure to set holistic opportunities for individual nurse performance goal attainment while allowing their autonomy to perform own duties with no interference, was among the significant causer of low nurse performance.

The other interviewed participant from a different health centre submitted that:

*Nurses have become demoralized, especially when nurse recruitment does not keep pace with rapidly flow of patients seeking medical services and expect satisfaction when the staffing levels of nurses is poor. Nurses now have to cope with much increased workload with the abolition of user fees at the same time that the resources to deal with this increased workload have been strained (P15).*

**Effects of nurses’ Discrimination of Patients on Quality Health Care Services**

**Table 2: Effects of nurses’ discrimination of patients on quality health care services**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
High death rates	8	22.9
Discourage seeking medical services	10	28.5
Patients fear expose their sicknesses	6	17.1
Unfulfilment of health government policy	3	8.6
Poor patient and nurse relationship	3	8.6
Failure to achieve government goals on health	5	14.3
<b>Total</b>	<b>35</b>	<b>100</b>

**Source: Field Work, 2022**

**N = 35**

Table 2 shows that the effects of nurses’ discrimination of patients on quality healthcare services are complex. Discriminatory practices erode trust between patients and healthcare providers, leading to decreased patient satisfaction and engagement with healthcare services. This can result in patients avoiding seeking necessary medical care, worsening health disparities and leading to poorer health outcomes. Furthermore, discrimination undermines the ethical principles of beneficence, as patients may receive substandard care or face delays in treatment based on irrelevant factors such as socioeconomic status. Such practices also contribute to a lethal work environment for healthcare professionals, impacting morale and job satisfaction. Ultimately, the prevalence of discrimination within healthcare settings not only compromises the quality of care provided but also

perpetuates systemic inequalities, necessitating comprehensive efforts to address and eliminate discriminatory behaviors and attitudes among healthcare providers.

The interviewed participant indicated that:

*The presence of discrimination against patients by nurses is really worrisome. This is because it may contribute to an increase in death rates as people are discriminated based on tribe and personal characteristics. The behavior portrayed by some nurses prevents are likely to prevent government to achieve its goals on the health service delivery (P8).*

According to Lloyd (2008), the way patients appear and portrayed, determine the treatment and care they would receive from the nurses. It is the patients from the well to do families are well taken care. Those coming from the poor background or low class are discriminated by the health personnel. They tend to delay to initiate the medication for people from poor families. When other patients are brought here they tend to be very violent such that nurses would fear to attend to them wholeheartedly. Therefore, violent patients contribute to high discrimination. Nurses' job performance undergoes a number of hindrances and need to be improved, through organizational induction programs which are not being facilitated currently due to inadequate funding. Fitz (2017) discussed that professional encouragement for the failing nurses need to be emphasised that the institution faces inadequate funding, programs like mentorship and coaching are not implemented. This requires management to be cognizance of the level of performance recognition and encouragement. Forthwith, management failure to set holistic opportunities for individual nurse performance goal attainment while allowing their autonomy to perform own duties with no interference, was among the significant causer of low nurse performance.

The discrimination of nurses discourages women from giving birth at the health facilities. They prefer delivering at home than at the hospital or clinic. Discrimination discourages patients from visiting the health centres because whenever they do so they are told to go and buy their own drugs or materials needed. The attitudes of some nurses need much to be desired. The study argued with Mwansa (2014) that patients always wrongly dent the image of the station management and administration of failing to handle patients' main business and that it gives a very bad and wrong impression to society on the performance of the government on health care delivery.

### **Strategies to prevent nurses' discrimination on patients**

**Table 3: Strategies to prevent nurses' discrimination on patients**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<i>Increase health centres</i>	8	22.9
<i>Increase staffing levels of nurses</i>	7	20.0
<i>Close monitoring of nurses</i>	5	14.3
<i>Ensure availability of medicines in hospitals</i>	10	28.6
<i>Ensure availability of tools and equipment</i>	5	14.3
<b>Total</b>	<b>35</b>	<b>100</b>

Source: Field Work, 2022

N = 35



Table 3 shows that an increase of health centres, increase staffing levels of nurses, close monitoring of nurses ensure availability of medicines in health centres, ensure availability of tools and equipment can strategically prevent patients' discrimination as the population is increasing at a faster rate. There is need to increase the health facilities as well in the urban centres of the district. The rate of discrimination is increasing as the population increases. The only way out to end the challenge of discrimination in the health sector is to increase the number of health facilities such as clinics and hospitals. The nurses may try to practice discrimination because they are overloaded with responsibilities at their various health centres. George (2013) explained that the increase in the number of health staff in clinics and hospitals improves efficiency among the health workers. It is for this reason they discourage the emergence of nurses' discrimination against patients.

Taylor (2009) discussed the need to consider the organizational environment and physical setting in which different performance traits are affected, and respond appropriately to the challenges facing nurses in such settings because there are several factors that contribute to patient discrimination and a bulky of them are measured in patient satisfaction levels, such as institution culture; structures; communication with administrators, patients; equipment and facilities; flow of patients and abilities; professional treatment among others. The inadequacy of such factors brings about dissatisfaction and underperformance. The patients' satisfaction evaluation tools are a critical tool in identifying nurses' performance and patient achievement. Many states and countries are implementing more rigorous evaluation tools to assure patient satisfaction. When administrators accept nurse involvement in the planning and policy facilitating, the nurses tend to have a better attitude towards patients and embrace evaluation processes. Nurses also want constructive feedback from evaluators to help guide them in becoming the best service providers. Evans (2015) explained that the use of data and information obtained from evaluations to guide professional development that leads to a nurse's professional growth, otherwise, the purpose of the evaluation will not be met.

The other respondents through interviews lamented that:

*The population is increasing. There is need to increase the health facilities as well in the urban centres of the district. The rate of discrimination is increasing as the population increases. The only way out to end the challenge of discrimination in the health sector is to increase the number of health facilities such as clinics and hospitals. The nurses may try to practice discrimination because they are overloaded with responsibilities at their various health centres. Therefore, there is need to increase the number of health staff in clinics and hospitals in order to discourage the emergence of nurses' discrimination against certain patients (P12).*

The monitoring of nurses will also going to ensuring efficiency on the way these nurses and other health personnel execute their duties. Ademiran (2013) discussed that the availability of drugs, tools and equipment in the health centres are likely to ensure effective delivery of the health services, eventually help reduce the rate discrimination of patients from different family background. Thus for this to happen, there is need to consider the organizational environment and physical setting in which different performance traits are affected, and respond appropriately to the challenges facing nurses in such settings, as there are several factors that contribute to patient discrimination and a bulky of them are measured in patient satisfaction levels, such as institution culture; structures; communication with administrators, patients; equipment and facilities; flow of patients and abilities; professional



treatment among others. The inadequacy of such factors brings about dissatisfaction and underperformance.

#### 4.0 CONCLUSION

Basing on the foregoing study objectives the following conclusions can be drawn: There was a general consensus that patients are discriminated because of their personal characteristics of patients, poverty, inadequacy of tools and equipment, violence of the patients, inadequacy medicines, lack of enough facilities, uncooperative patients, and low staffing levels of nurses and emergency of tribalism in the health sector. High death rates, discourage seeking medical services, patients fear expose their, sicknesses, fulfilment of health government policy, poor patient and nurse relationship and failure to achieve government goals on health. The presence of discrimination against patients by nurses is really worrisome. This is because it contributes to high death rates as people are discriminated based on tribe and personal characteristics.

#### 4.1 Recommendations

The behaviors of nurses are likely to prevent government to achieve its goals on the health service delivery. Thus the government should increase health centers, increase staffing levels of nurses, close monitoring of nurses an ensure availability of medicines in health centres; ensure availability of tools and equipment. The population is increasing in Kapiiri Mposhi district. Thus, there is need to increase the health facilities in the urban centres of the district as a way to help end or reduce the challenge of discrimination in the health sector.

#### REFERENCES

- Amanuel, P. (2009). *Better patient Care through Nursing Research*. New York: MacMillan.
- Adeniran, S. (2013). Job motivation and organizational commitment among the health professionals: A questionnaire Survey. *African Journal of Business Management*, 5(21), 8601-8609
- Dorlo, T. (2005). A critical review of the Nursing shortage in Malaysia. *International Nursing Review*, 57, 32-39.
- Care, C. (2019). *Stepping stones to Professional Nursing* Saunders. New York: MacMillan Company.
- Chandan, J. S. (2016). *Management: Theory and Practice*. New York: Vikas Publishing House. Lloyd, L. (2008). *Health Promotion and the Community. Action for Health in Developing Countries*, Geneva; Division of Health Education.
- Malone, l. (2008). *The Expanded role of the Nurse AJN Company, Toronto Fines H Non reasurability of quality of Nursing Administration and the Nursing Services*. MacMillan Company. New York
- Herzberg, M. (2013). *The Motivation to work*. New Jersey: Transaction Publishers.

- Evans, W. (2015). *Organizational Behavior: Managing people and Organization*. USA: Houghton Mifflin Company.
- Kasonde, M. (2012). *Evaluation of the National Health Policy in Zambia*. Lusaka: MOH
- Taylor L. (2009). *Macro Effects of Myriad Shocks: Developing Countries in Economy in Bell and Reich*.
- UNICEF. (2014). *A study of motivation and condition of service*. Accra: UNICEF GHANA.
- World Bank. (2019). *Sub-Sahara Africa: From Crisis to Sustainable Growth*. Washington DC: World Bank
- Hegedoom, M. (2013). *Better Health in Africa: Technical Working Paper No. 7*.
- Fitz, G. (2010). *A call for Action: Promoting Health in Developing Countries*. Geneva
- Mwansa, L. (2014). *Better patient Care through Nursing Research*. New York: MacMillan.