

Factors associated with utilisation of staff clinic services by nurses at Parirenyatwa Group of Hospitals, Zimbabwe. A cross-sectional study

Rumbidzai Marevesa ¹, Maxwell Mhlanga ²,

1. Department of Nursing, University of Zimbabwe
2. Centre of Gender Equity, University of Global Health Equity, Zimbabwe

* *Corresponding author:* Maxwell Mhlanga., Centre of Gender Equity, University of Global Health Equity, Zimbabwe. E-mail: mmhlanga@ughe.org

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ABSTRACT

Introduction: Nurses, as gatekeepers of health, are expected to seek formal healthcare services, reflecting the advice they give patients. However, squalid working conditions, long hours, and heavy workloads expose them to occupational health hazards, limiting their ability to care for themselves. Properly implemented employee clinic services can help nurses address health problems, promote well-being, and reintegrate them into the workforce.

Objective: This study sought to determine factors associated with the utilization of staff clinic services by nurses at Parirenyatwa Group of Hospitals.

Materials and Methods: The study used an analytical cross-sectional design conducted in May 2023. A consecutive sampling method selected 50 participants. Data were collected via a structured questionnaire and presented as numbers and percentages. The questionnaire was divided into sections as follows: Participant demographic information (Age, gender, marital status, religion etc.); uptake of staff clinic services (Screening, treatment, awareness services etc), and factors associated with uptake of staff clinic services among nurses. Chi-square test or Fisher's exact test to evaluate significant differences for unpaired data. Statistical analysis was performed using STATA 16.

Results: Among the 50 participants, 66% were female. The study results show that the uptake of staff clinic services was low, with only 54% of the participants visiting the clinic on rare occasions. The most common barriers to utilizing the staff clinic were lack of time to go for screening (16%), fear of stigma (14%), and uncertainty about confidentiality (14%). Most participants utilized the acute illness treatment service (62%). Age was a significant factor associated with the utilization of the staff clinic ($p = 0.021$), with younger nurses using the clinic more often. Perceived benefits were also significantly associated with utilization ($p < 0.05$).

Discussion: The utilization of staff clinic services by nurses remains suboptimal despite high knowledge and awareness of these services. Utilization was mainly associated with age, perceived benefits of accessing the staff clinic services, and reasons for not utilizing some of the services. There is need to strengthen promotional activities for the utilization of staff clinic health services as this has been proven to increase productivity and health outcomes of clinical staff.

Keywords: Utilisation, Staff-clinic, Services, Attitudes.

INTRODUCTION

Healthcare workers are the backbone of any healthcare system, and their well-being is crucial for the delivery of quality healthcare services. Nurses, who constitute a significant portion of the healthcare workforce, are particularly vital as they provide essential patient care and support. In Zimbabwe, the Parirenyatwa Group of Hospitals is the largest medical facility, serving as a critical hub for healthcare delivery in the region. Recognizing the importance of maintaining the health and well-being of its staff, the Ministry of Health and Child Care of Zimbabwe introduced staff clinic services at hospitals, including Parirenyatwa.

Staff clinic services are designed to offer preventive, diagnostic, therapeutic, rehabilitative, and palliative care to healthcare workers, ensuring that they remain healthy and capable of performing their demanding roles. These services are intended to mitigate the health risks associated with the demanding nature of nursing, which includes long hours, heavy workloads, and exposure to various occupational hazards. Despite the availability of these services, there appears to be a significant underutilization among nurses at Parirenyatwa Hospital.

Previous research has highlighted several barriers to the utilization of healthcare services by healthcare workers. Studies have identified factors such as time constraints, concerns about confidentiality, fear of stigmatization, and a perceived lack of need as significant impediments. For instance, a study conducted in Nigeria by Akinyemi revealed that healthcare workers often avoid using available health services due to fears about confidentiality and stigma [1]. Similarly, data from other sub-Saharan African countries, such as Botswana, indicate that age and tenure can influence health service utilization, with younger and less experienced healthcare workers more likely to seek medical assistance [2]. Understanding the specific factors influencing the utilization of staff clinic services at Parirenyatwa Hospital is critical for developing targeted interventions that can enhance service uptake. The unique context of Zimbabwe, characterized by a high burden of infectious diseases such as HIV/AIDS and tuberculosis, further underscores the need for effective

health support systems for healthcare workers. The high incidence of these diseases among healthcare workers, combined with the occupational stress they experience, necessitates robust health services that are both accessible and trusted by the staff [3].

Healthcare professionals are susceptible to high levels of occupational stress, which has been defined as the negative physiological and psychological reactions that take place when the job demands do not correspond to their skills, resources, or needs [3]. Long hours, heavy workloads, as well as physical and mental stress of caring for sick patients are some contributing factors. In Zimbabwe, the general working class spends at least a third of their life at work, making them vulnerable to work-related stress. Nurses are additionally exposed to resistant forms of numerous bacteria that are known to live in hospital surroundings, increasing their vulnerability to serious infections that are challenging to treat [4].

The Ministry of Health and Childcare of Zimbabwe introduced staff clinic services at hospitals. The Staff Clinic serves staff members who require healthcare services. These services help healthcare workers cope with the workplace environment and develop healthier behaviours. Clinic services encompass preventive, diagnostic, therapeutic, rehabilitative, or palliative services provided by a facility that is not part of a hospital but is organized and operated to deliver medical care [5].

A wide range of services is provided by clinics. These facilities emphasize the concept of treating the body, offering everything from preventative care to the treatment and management of health conditions. Clinic services can aid in overcoming difficulties to improve the general quality of life as well as significant medical challenges brought on by illness or diseases [6].

This study aimed to identify and analyse the factors associated with the utilization of staff clinic services among nurses at Parirenyatwa Hospital. By examining demographic variables, perceived benefits, and barriers to access, this research sought to provide insights that can inform policy and practice, ultimately leading to improved health outcomes for nurses. Enhanced utilization of staff clinic services not only benefits the nurses themselves but also contributes to the overall efficiency

and effectiveness of the healthcare system, ensuring that nurses are healthy and capable of providing high-quality care to their patients.

Objective: The objective of the current study was to determine the factors associated with utilisation of staff clinic services by nurses at Parirenyatwa Group of Hospitals.

MATERIALS AND METHODS

We utilized an analytical cross-sectional study design. This study was conducted at Parirenyatwa Group of Hospitals, which is the largest medical facility in Zimbabwe, located in Harare. In addition to its basic medical and surgical departments, the hospital has a maternity unit, Sekuru Kaguvi, which specializes in eye care, an Annex for patients with mental health issues, and many specialized paediatric wards. In the main hospital complex, there are 12 theatres and more than 5000 beds.

Our study population consisted of nurses at Parirenyatwa Group of Hospitals. We consecutively sampled 50 nurses from across the departments at Parirenyatwa who were on duty, consented to participate in the study, and had been working at Parirenyatwa Hospital for at least six months, as they were more familiar with the clinic services. Nurses on duty were included in the study.

Instruments

A self-designed structured questionnaire was used for data collection, and it was informed by the Health Belief Model. The questionnaire was divided into sections A and B and C as follows:

Section A: Participant demographic information (Age, gender, marital status, religion etc.)

Section B: Uptake of staff clinic services (Screening, treatment, awareness services etc)

Section C: Factors associated with uptake of staff clinic services among nurses. The variables in the study included socio-demographic factors, benefits of clinic services, knowledge, attitude and

perceptions, health seeking behaviour, uptake of clinic services. The dependent variable was uptake or utilisation of staff clinic services. The instrument was reviewed for content and face validity by a group of professionals including nurses, lecturers and the Joint Research, and the Ethics Council. The instrument was pre-tested with 5 nurses from Harare hospital and revised to incorporate feedback, to ensure validity, and to address any ambiguity.

Statistical analysis

Data were presented as numbers and percentages in tables. The chi-square test or Fisher's exact test were performed to evaluate significant differences in proportions or percentages between the two groups. Fisher's exact test was used where the chi-square test was not appropriate. Finally, all p-values were always two-sided and all tests with p-value (p) < 0.05 were considered significant. Statistical analysis was performed using the STATA ver. 16.

Ethical considerations

The study obtained approval from the Joint Research Ethics Committee for the University of Zimbabwe Faculty of Medicine and Health Sciences and Parirenyatwa Group of Hospitals (JREC) institutional IRB committee (approval number: JREC/23/2023). Written informed consent was obtained from participants, all had the opportunity to review the consent form, ask questions, and discuss the study before signing. Participation was voluntary, and confidentiality was maintained. The rights and welfare of participants were protected, and all research activities were conducted privately. For the current study, in addition to the strict ethical processes employed in the ongoing study, specific additional considerations were implemented.

De-identification of data

A great deal of protection for patient confidentiality was maintained during the conduct of this

research, and it will continue to be upheld in the future. Codes only known to the researchers were used with each participant having a unique identifier. These new identities were used throughout the analysis and reporting stages of the study.

Safekeeping of data

Extracted data was saved in a Microsoft OneDrive where it's locked and only accessed by those who have passed through all the orientation and clearance processes and granted access to the data.

RESULTS

The main objective of this study was to determine factors associated with utilization of staff clinic services by nurses at Parirenyatwa Group of Hospitals. Data was collected from 50 study participants who matched the inclusion criteria and major results were presented in tabular form.

Socio-demographic data

A total of 50 nurses were invited to participate in the study. Among the participants, 17 (34%) were male, while 33 (66%) were female. The majority of participants were below the age of 30 years and were married. Similarly, 33 (66%) of the participants resided outside of Parirenyatwa. A significant proportion (50%) of the participants had 1-5 years of working experience, and 96% identified as Christians.

A summary of demographic characteristics is provided in Table 1.

Variable	Description	Frequency (n)	Percentage (%)
Age (years)	< 30	10	40
	30-39	10	20
	40-49	16	32
	> 50	4	8
Gender	Male	17	34
	Female	33	66
Marital status	Married	25	50
	Single	14	28
	Widowed	7	14

	Separated	4	8
Place of residence	Parirenyatwa	17	34
	Out of Parirenyatwa	33	66
Period of working at Parirenyatwa	6 month – 1 year	7	14
	1 -5 years	25	50
	6 -10 years	14	28
	>10 years	4	8
Religion	Christian	48	96
	Moslem	0	0
	African	2	4
Work station	Parirenyatwa hospital	30	60
	Mbuya Nehanda	8	16
	Sekuru Kaguvi	8	16
	Annex	4	8

Table 1. Distribution of participants by demographic characteristics (n=50)

Uptake of clinic services

All participants were aware of the clinic services offered at the Parirenyatwa staff clinic. Among them, 38 respondents utilized the staff clinic services, while the remaining had never availed themselves of any of the services. A majority of participants had visited the staff clinic infrequently, comprising 54% of the total respondents, whereas 22% had never visited the clinic at all. Among the services provided at the staff clinic, acute illness treatment services were the most utilized. Interestingly, 84% of the participants admitted to self-medicating, and among those who preferred self-medication over utilizing the staff clinic, the percentage was 54%.

Variable	Description	Frequency (n)	Percentage (%)
Clinic services awareness	Yes	50	100
	No	0	0
Staff clinic services utilisation	Yes	38	76
	No	12	24
Staff clinic visit	Often	3	6
	Periodically	9	18
	Rarely	27	54
	Never	11	22
Service satisfaction	Yes	24	48
	No	14	28
	Not applicable	12	24
Screening and testing services	Yes	28	56
	No	3	6
	Not applicable	19	38
Satisfied with results	Yes	27	54
	No	4	8
	Not applicable	19	38
Self-medicated	Yes	42	84

	No	8	16
Self-medication preference	Yes	27	54
	No	23	46
Services accessed at Parirenyatwa	Primary diagnosis	8	16
	HIV testing	5	10
	Mental Health & Psycho-social support	1	2
	Family planning	1	2
	General Medical check up	1	2
	Occupational health	2	4
	Acute illness treatment	31	62
	Not applicable	12	24

Table 2. Presentation of results of uptake of clinic services (n=50)

Factors associated with utilization of staff clinic services.

In the overall evaluation of the clinic services provided, only one participant considered the services to be of high quality, whereas 32 participants (64%) rated the services as good. The primary reason cited for not utilizing some of the staff clinic services was not perceiving a need for them. Additionally, 7 participants (14%) expressed concerns about potential stigmatization, and another 7 (14%) were unsure if the screening results would be kept confidential. Interestingly, 20 participants (40%) acknowledged that accessing the staff clinic helped mitigate work-related health risks.

Variable	Description	Frequency (n)	Percentage (%)
Staff clinic general assessment	Quality services	1	2
	Standard services	15	30
	Moderate services	34	68
Clinic rating	Poor	18	36
	Good	32	64
	Excellent	0	0
Not utilising services reason	Not yet ready to get involved	8	16
	Fear of stigmatisation	7	14
	Not sure if the results from the screening will be kept confidential.	7	14
	Just do not see the needs.	13	26
	Do not have time to go for screening	8	16
	Still needs to be made aware of the need and the importance of the services.	7	14

Health information confidentiality	Yes	7	14
	No	19	38
	Somehow	24	48
Health information used to patronise you	Yes	17	34
	No	33	66
Benefits of accessing clinic	Yes	9	18
	No	14	28
	Partially	27	54
Benefits associated with taking clinic services	Preventing related health risks	20	40
	Increased productivity if treated against infections	13	26
	Ensures healthy working environment	7	14
	Early detection of chronic illnesses	10	20

Table 3. Presentation of results on utilization of staff clinic services

Fisher's exact test was performed to assess the significance of the association between socio-demographic characteristics and the uptake of staff clinic services. There was a significant association between age and the utilization of staff clinic services ($p = 0.013$). However, all other variables, including gender, marital status, place of residence, tenure at the hospital, religion, and work station of the respondent, had no association with utilization of staff clinic services ($p > 0.05$) (Table 4).

Variable	Description	Utilisation of staff clinic		Total n (%)	Fisher's exact <i>p</i> – value
		Yes n (%)	No n (%)		
Age (years)	<30	16 (32)	4 (8)	20 (40)	0.013*
	30 – 39	4 (8)	6 (12)	10 (20)	
	40 – 39	14 (28)	2 (4)	16 (32)	
	<50	4 (8)	0 (0)	4 (8)	
Gender	Male	13 (26)	4 (8)	17 (34)	0.875
	Female	25 (50)	8 (16)	33 (66)	
Marital status	Married	18 (36)	7 (14)	25 (50)	0.468
	Single	10 (20)	4 (8)	14 (28)	
	Widowed	6 (12)	1 (2)	7 (14)	
	Separated	4 (8)	0 (0)	4 (8)	
Place of residence	Parirenyatwa	12 (24)	5 (10)	17 (34)	0.320
	Out of Parirenyatwa	26 (52)	7 (14)	33 (66)	

Time worked at the hospital	6 months – 1 year	3 (6)	4 (8)	7 (14)	0.201
	1 – 5 years	19 (38)	6 (12)	25 (50)	
	6 – 10 years	12 (24)	2 (4)	14 (28)	
	>10 years	4 (8)	0 (0)	4 (8)	
Religion	Christian	37 (74)	11 (22)	48 (6)	0.286
	African traditional	1 (2)	1 (2)	2 (4)	
Work station	Parirenyatwa	25 (50)	5 (10)	30 (60)	0.198
	Mbuya Nehanda	6 (12)	2 (4)	8 (16)	
	Sekuru Kaguvi	5 (10)	3 (6)	8 (16)	
	Annexe	2 (4)	2 (4)	4 (8)	

* =significant test

Table 4. Association between sociodemographic variables and utilization of staff clinic services.

The results of Fisher’s exact test revealed significant relationships between certain factors and the utilization of staff clinic services. Benefits associated with accessing the staff clinic services and reasons for not utilizing some services were found to be significant factors influencing utilization ($p < 0.05$). However, health information privacy factors did not show any association with the utilization of staff clinic services.

Although all other remaining factors were associated with the utilization of staff clinic services, these associations were not statistically significant ($p > 0.05$). Table 5 provides a detailed profile of these results.

Variable	Description	Utilisation of staff clinic		Total n (%)	Fisher’s exact <i>p</i> – value
		Yes n (%)	No n (%)		
General assessment towards clinic services provided by staff clinic	Quality services	0(0)	4 (8)	1(2)	0.019*
	Standard services	15(30)	6 (12)	0(0)	
	Moderate	23(46)	2 (14)	11(22)	
Clinic services ratings	Poor	11(22)	7(14)	18(36)	0.043*
	Good	27(54)	5(10)	32(64)	
Reason for not utilizing some of the services provided	Not yet ready	6 (12)	2 (4)	8 (16)	0.001*
	Fear of stigmatization	7 (14)	0 (0)	7 (14)	
	Uncertainty about results confidentiality	7 (14)	0 (0)	7 (14)	
	Do not see the need	5 (10)	8 (16)	13 (26)	
	Do not have time to go for screening	8 (16)	0 (0)	8 (16)	
Still need get awareness	5 (10)	2 (4)	7 (14)		

Do you think your health information is kept confidential at the staff clinic?	Yes	6 (12)	1(2)	7 (14)	0.201
	No	13 (26)	6 (12)	19 (38)	
	Somehow	12 (24)	6 (12)	18 (36)	
	>10 years	19 (38)	5 (10)	24 (48)	
Do you think your health information can be used to patronise you?	Yes	13 (26)	6 (12)	19 (38)	0.186
	No	25 (50)	8 (16)	33 (66)	
Has accessing the staff clinic services been beneficial to you?	Yes	8 (16)	1 (2)	9 (18)	0.002*
	No	3 (6)	2 (4)	8 (16)	
What benefits do you think are associated with taking these services	Preventing work related health risks	16 (32)	4 (8)	20 (40)	0.165
	Increase productivity if treated against infections	12 (24)	2 (4)	4 (8)	
	Working environment	4 (8)	3 (6)	7 (14)	
	Early detection of chronic diseases	6 (12)	4 (8)	10 (20)	

* =significant test

Table 5. Association between factors associated with utilization (attitudes, perceptions, benefits) and utilization of staff clinic services.

DISCUSSION

The primary aim of this study was to identify the factors influencing the utilization of staff clinic services by nurses at Parirenyatwa Group of Hospitals. Limited research exists on the determinants of nurses' utilization of staff clinic services. Previous studies related to this topic have consistently indicated an underutilization of clinic services by nurses, despite the availability and benefits of such services. Nurses play a crucial role in the healthcare workforce, and maintaining good health is essential for them to deliver high-quality care. Accessing clinic services promotes wellness and helps employees manage their health concerns. Recognizing the gap in nurses' utilization of the staff clinic, the researcher conducted this study to explore the factors influencing their use of these services.

Sociodemographic Factors

Demographic variables such as age, gender, marital status, place of residence, tenure at the hospital, religion, and workstation may influence the utilization of staff clinic services. Powell emphasizes the importance of organizations understanding how these demographic characteristics affect employees' decisions regarding clinic service uptake and their perceptions of these services [9]. Such insights can enhance service uptake and promote inclusivity among employees from diverse backgrounds.

The study revealed a predominantly female participant group, which aligns with the gender distribution in many organizations, particularly in female-dominated professions like nursing. The higher utilization of staff clinic services by females may reflect their majority representation in the workforce. Additionally, younger nurses (below 30 years) exhibited a significantly higher percentage of clinic service utilization ($p= 0.013$), possibly due to their novelty in the system and enthusiasm for utilizing available services. Conversely, utilization was lower among nurses aged 30-39 and those over 50. This finding contrasts with a study in Botswana by Ledikwe et al., where older age was associated with greater participation in workplace wellness activities [11]. Longer tenure has been associated with higher health service utilization, as seen in a study conducted in South Africa, where more experienced healthcare workers were more familiar with available services and their benefits [15]. Nurses stationed at Parirenyatwa Hospital utilized the staff clinic more frequently than those at Annex Hospital, likely due to the clinic's proximity to their workstations.

The gender distribution indicates that 66% of the participants are female, and 34% are male. This gender disparity is consistent with the global nursing workforce, which is predominantly female. The higher percentage of female participants aligns with studies from other countries, such as Nigeria and Kenya, where female healthcare workers also constituted the majority and showed similar utilization patterns of health services [16].

Marital status revealed that 50% of the participants were married, 28% single, 14% widowed, and 8% separated. The utilization patterns based on marital status were not explicitly explored in this study but could provide an interesting angle for future research. Previous studies have shown mixed results, with some indicating higher health service utilization among married healthcare workers due to family health considerations.

The study found that 34% of participants resided at Parirenyatwa, while 66% lived outside. This aligns with findings from studies in urban areas where proximity to healthcare facilities influences utilization rates. Healthcare workers living closer to their workplace are more likely to use available services due to convenience.

An overwhelming majority of participants were Christian (96%), with a small minority adhering to African traditional religions (4%). Religious beliefs can impact health service utilization, although this study did not find a significant variation in utilization patterns based on religion. Similar studies have found that religion can sometimes influence health-seeking behavior due to different cultural beliefs about healthcare.

The distribution of work stations showed that 60% of participants were stationed at Parirenyatwa Hospital, with the remainder distributed among Mbuya Nehanda, Sekuru Kaguvi, and the Annex. Utilization of staff clinic services may vary by work station due to differences in work environments and stress levels. For instance, nurses working in high-stress areas such as emergency departments or mental health units may have different health service needs compared to those in less stressful environments.

The study reveals important socio-demographic factors associated with the utilization of staff clinic services at Parirenyatwa Hospital. While gender and age distributions are consistent with global trends, factors such as place of residence and work station highlight the importance of proximity and work environment in health service utilization. These findings are consistent with similar studies in the region, emphasizing the need for targeted interventions to address barriers and

promote the utilization of health services among healthcare workers.

Quality of Services and Clinic Ratings

Only 2% of nurses rated the clinic services as quality, while 30% and 68% rated them as standard and moderate, respectively. Furthermore, 36% rated the clinic as poor, 64% as good, and none rated it as excellent. Similar studies, have often report mixed perceptions of healthcare service quality in resource-limited settings [12]. Inconsistent service quality is a common issue that can deter utilization of health services [13].

Key reasons for not using the clinic services include lack of readiness (16%), fear of stigmatization (14%), concerns about confidentiality (14%), perceiving no need (26%), lack of time (16%), and needing more awareness (14%). Similar barriers are found in other studies. For instance, the fear of stigmatization and confidentiality concerns are widely reported in healthcare settings across Sub-Saharan Africa [7]. Time constraints and perceived lack of need are also common barriers identified in healthcare utilization studies [14].

Only 14% believed their health information was kept confidential, 38% said no, and 48% were unsure. Concerns about confidentiality are prevalent in many studies, where mistrust in the healthcare system hinders service utilization. Efforts to enhance confidentiality practices are essential to improve service uptake [15].

About 34% reported that health information was used to patronize them, while 66% did not. Such experiences can significantly deter individuals from seeking healthcare, as highlighted in research another research, which reported that negative experiences with healthcare providers reduce trust and subsequent utilization [15].

Only 18% perceived clear benefits from accessing clinic services, 28% did not, and 54% partially saw benefits. Benefits cited included preventing health risks (40%), increased productivity (26%), ensuring a healthy environment (14%), and early detection of chronic illnesses (20%). The

recognition of health benefits, such as early detection and productivity gains, is crucial for increasing service uptake. There is need to emphasize the importance of communicating these benefits effectively to encourage utilization.

Awareness and Utilization

Although all participants were aware of the staff clinic services, utilization rates varied, with acute illness treatment being the most frequently used service. However, services such as primary diagnosis, HIV testing, mental health support, family planning, and general medical check-ups were underutilized. Reasons for not utilizing some services included time constraints, concerns about result confidentiality, and fear of stigmatization. These findings are consistent with a study in Nigeria by Akinyemi on healthcare workers' health-seeking behavior. The study also found a significant association between the perceived benefits of staff clinic services and their utilization. Participants who found the services beneficial were more likely to utilize them, highlighting the influence of attitudes and perceptions on service uptake.

A significant finding of the study is the association between perceived benefits and utilization of staff clinic services. Participants who found the services beneficial were more likely to utilize them ($p = 0.002$). This highlights the importance of perceived benefits in influencing health service uptake. Similar trends have been observed in other studies, where positive perceptions of health services were linked to higher utilization rates [18]. The significant association between perceived benefits and service utilization emphasizes the need for targeted interventions to address barriers and promote the use of health services among healthcare workers.

Quality of Service

Participants' assessments of the clinic services showed significant differences. Quality services were rated by only 2% of the participants, standard services by 30%, and moderate services by 46% ($p =$

0.019). This indicates a general perception that the services are not of high quality. Similar studies in Nigeria and Kenya also reported that healthcare workers rated their staff clinic services as moderate to poor, citing inadequate resources and staffing as primary reasons for these perceptions [15].

When rating the clinic services, 22% of participants rated them as poor, 14% as good, and 64% as excellent ($p = 0.043$). This distribution suggests a polarized view, where a significant portion of users is dissatisfied with the services, while others find them adequate. A comparable study in South Africa found that ratings of clinic services were closely tied to the perceived responsiveness and professionalism of the staff, as well as the availability of medical supplies [18]. The mixed ratings at Parirenyatwa Hospital align with these findings, highlighting the importance of improving service quality to enhance user satisfaction.

The reasons for not utilizing some of the services provided were also significantly varied. The most common reasons included not seeing the need for the services (26%), not having time to go for screening (16%), and fear of stigmatization (14%) ($p = 0.001$). These barriers are consistent with findings from a study in Botswana, which reported that healthcare workers often avoided utilizing available health services due to similar reasons, including time constraints and fears about confidentiality [8].

Fear of stigmatization and concerns about the confidentiality of results were significant deterrents, with 14% of participants citing each as reasons for not using the clinic services. This is in line with studies conducted in Nigeria and Malawi, where healthcare workers expressed concerns about privacy and potential negative repercussions on their professional reputation if their health conditions were disclosed.

A notable 14% of participants indicated that they still needed to be made aware of the importance of the services. This points to a gap in effective communication and education about the benefits of utilizing the staff clinic. A similar issue was highlighted in a study in Uganda, where increased

awareness and educational campaigns were found to significantly improve the utilization rates of staff clinic services [19].

The study at Parirenyatwa Hospital reveals several factors influencing the utilization of staff clinic services that are consistent with findings from similar studies in other regions. Key issues such as service quality, fear of stigmatization, confidentiality concerns, and the need for increased awareness are recurrent themes. Addressing these barriers through targeted interventions could significantly improve the uptake of staff clinic services, leading to better health outcomes for nurses. Enhancing service quality, ensuring confidentiality, and conducting awareness campaigns are essential steps to encourage higher utilization rates and improve overall healthcare delivery among healthcare workers.

Limitations of the study

The sample size for our study was relatively smaller than what would be required for the generalisation of the study findings. Similarly, we used self-reported satisfaction of the participants which increases the chances for social desirability bias. Future studies can consider using the mixed methods approach with a bigger sample to triangulate data and get a clearer picture on the subject matter.

CONCLUSION

In conclusion, nurses' utilization of clinic services is influenced by their attitudes, perceptions, and barriers to access. Despite high awareness, service utilization remains low for certain offerings. Efforts to increase utilization should address barriers such as concerns about confidentiality and stigma, while also emphasizing the perceived benefits of the services. Enhancing the quality of services and fostering positive employee attitudes can further promote utilization and improve overall healthcare outcomes among nurses.

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Conflict of interest

The authors report no conflict of interest.

Authors' contribution

Rumbidzai Marevesa: Development of the original draft

Maxwell Mhlanga: Review of the manuscript, data analysis and discussion.

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