

**PATIENTS' RIGHTS CHARTER ADOPTION AMONG HEALTHCARE  
PROFESSIONALS IN MBAGATHI HOSPITAL, NAIROBI CITY COUNTY,  
KENYA.**

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**DECLARATION**

This thesis is my own original work and has not been presented for a degree in any other University.

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## **DEDICATION**

This thesis is dedicated to my beloved husband Peterson, our children Marcus, Caron, Joses, and my father Charles for their inspiration, intercession, and support.

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**ABBREVIATION AND ACRONYMS**

<b>BPM</b>	- Bio Psycho-Social Model
<b>COVID-19</b>	- Coronavirus Disease-2019
<b>ERC</b>	- Ethics Review Committee
<b>HIV</b>	- Human Immunodeficiency Virus
<b>ICESCR</b>	- International Covenant on Economic, Social and Cultural Rights.
<b>ICCPR</b>	- International Convention on Civil and Political Rights
<b>ISCO</b>	- International Standard Classification of Occupations
<b>ILO</b>	- International Labor Organization
<b>IRB</b>	- Institutional Review Board
<b>KEMRI</b>	- Kenya Medical Research Institute
<b>KU</b>	- Kenyatta University
<b>MOH</b>	- Ministry of Health
<b>NACOSTI</b>	- National Commission for Science, Technology, and Innovation
<b>Ph.D.</b>	- Doctor of Philosophy
<b>PPS</b>	- Probability Proportional to Size
<b>SPSS</b>	- Statistical Package for the Social Sciences
<b>SDGs</b>	- Sustainable Development Goals
<b>UDHR</b>	- Universal Declaration of Human Rights
<b>UNGA</b>	- United Nations General Assembly
<b>WHO</b>	- World Health Organization

## DEFINITION OF OPERATIONAL TERMS

**Awareness:** In this study, awareness refers to the degree to which healthcare professionals understand and recognize the Patients' Rights Charter, its importance, and its implications in relation to their practices and patient care.

**Healthcare Professionals:** Individuals who are licensed and trained to provide medical, nursing, therapeutic, or other health-related services. This includes doctors, nurses, pharmacists, and allied health workers involved in direct patient care.

**Healthcare System:** The organization of people, institutions, and resources that deliver healthcare services to meet the health needs of the target population. It encompasses public and private health sectors, facilities, policies, and services.

**Patient:** In this study refers to every individual who is receiving or is registered to receive healthcare services from the healthcare professionals of Mbagathi Hospital.

**Patient's Bill of Rights:** A formal declaration that outlines the rights and privileges patients are entitled to while receiving medical care. It includes aspects such as the right to informed consent, privacy, and access to medical records.

**Patient Rights:** The basic rights that patients are entitled to during their interactions with healthcare providers and the healthcare system, including the right to receive safe and respectful care, to make informed decisions about their treatment, and to be treated without discrimination.

**The Patients' Rights Charter:** A comprehensive document that specifies the rights of patients within a healthcare system, which clarifies the expectations of both healthcare providers and patients. It serves as a guideline for the delivery of healthcare services while ensuring that patients are treated fairly and ethically.

## ABSTRACT

Since 1946, health has been recognized as a basic human right in the World Health Organization's Constitution and it is the organization's purpose for all. While progress has been made in achieving the right to health, there are still substantial gaps. There are no documented studies that illustrate the factors that influence healthcare professionals' adoption of the 2013 Patients' Rights Charter in Kenya, specifically in the study area. This study's main goal was to investigate the factors that influence healthcare professionals at Mbagathi Hospital, Nairobi City County, Kenya, to adopt the Patients' Rights Charter of 2013. This study therefore examined the determinants of the adoption of the Charter among healthcare professionals at Mbagathi Hospital. The study was guided by the following study objectives; to identify the individual factors associated with the adoption of the Patients' Right Charter, to determine the level of awareness of the Charter and to ascertain healthcare system characteristics linked to the adoption of the Charter all among healthcare professionals at Mbagathi Hospital in Nairobi City County, Kenya. A quantitative and qualitative methodology in a descriptive cross-sectional research design was used for data collection, whereby a semi-structured questionnaire was administered to the selected healthcare professionals. Stratified sampling method from Yamane's (1967) was used to select the desired sample in each of the cadres of healthcare professionals. The study targeted 186 healthcare professionals who were chosen purposively. The results indicated that the average of the female respondents was 96 (51.6%), respondents aged 20–30 had 101 (54.3%), and medical doctors had 37 (19.9%) adopted patients' rights charter in public health facilities. The respondents' level of education was, however, statistically significant with a p-value of 0.002. Majority 174 (93.5%) of the respondents were aware that the Kenyan constitution contains a Patients' Rights Charter. While 135 (72.6%) said there were challenges that hindered the full adoption of patients' rights, which included the large number of patients in the facility, 112 (61%), 34 (18%) as a lack of equipment and 10 (5%) as incompetent staff in the facility. Most of the Healthcare system factors were statistically significant such as workload ( $P = 0.014$ ), workload effect ( $P=0.052$ ), confidential handling of patient/client communications and records ( $P = 0.003$ ), information provided to patients ( $P = 0.007$ ), adequate workspace ( $P = 0.007$ ), a copy of patients' rights and responsibilities offered to patients ( $P = 0.000$ ), parties involved in the disputes ( $P =0.003$ ), hospital investigated for medical legal issues ( $P = 0.050$ ), issues resolution ( $P = 0.018$ ), and documentation implementing the Kenyan Charter for Patients' Rights ( $P = 0.00$ ), thus correlated with the adoption of the Charter. According to the study's findings, respondents appeared to be familiar with the patients' rights, but they faced several obstacles that prevented them from completely embracing the charter at the public hospital. Therefore, recommend that, to safeguard patients' legal rights and deliver quality care to them, all healthcare stakeholders have thorough awareness of healthcare hurdles. The government should ensure that healthcare professionals have the tools and information required.

## **CHAPTER ONE: INTRODUCTION**

### **1.1 Introduction**

This chapter presents the idea of a study on patients' rights when seeking healthcare services around the world with the basic goal of increasing the availability and use of universally accessible, high-quality health services and the relationship between patients and healthcare professionals.

### **1.2 Background to the study**

The World Health Organization's (WHO) Constitution has recognized health as a fundamental human right since 1946, emphasizing the organization's mission to ensure this right for all individuals. The Universal Declaration of Human Rights, adopted in 1948, states that all people are equal and possess inalienable rights, forming the basis for the concept of patients' rights (WHO, 2021). These rights establish a framework for the interactions between patients and healthcare providers (Agrawal et al., 2017). The Patients' Rights Charter outlines principles that align with human rights standards, aiming to enhance client-centered services among healthcare professionals, increase public awareness of health rights and appropriate health-seeking behaviors, and improve the ethical practices of healthcare providers concerning their rights and responsibilities in delivering services. The effectiveness of the patient rights charter directly impacts the adaptability of health systems. Therefore, it is crucial for the leadership and governance of these institutions to adopt effective strategies that promote policy implementation to improve the responsiveness of health systems (Susan et al., 2019).

The level of patients' rights and the relationship between patients and healthcare professionals are two of the most important markers of healthcare quality. The

Patients' Rights Charter aims to improve healthcare quality by promoting communication between patients and service providers (Dadashi et al., 2019). Globally, the number of countries adopting laws and legal instruments to protect patients' rights has been increasing based on the 1964 Helsinki, 1968 Sydney, and 1978 Alma-Ata declarations. Rapid advances in biotechnology, genetics, pharmacology, transplantation, and biomedicine have created several problems for humanity, especially when it comes to upholding human rights in the healthcare industry. The theories and advancements in the disciplines of biology, medicine, ethics, and law must be considered to resolve these problems (Horodovenko et al., 2020).

The excellence of the declaration that patients must be protected from mistreatment, judgement, and moral practices during procedures (Zaami et al., 2020). Article 16 of the Banjul Charter (1981) of the African Charter on Human and Peoples' Rights reflects Article 12 of the ICESCR, stating that "every individual has a right to the best achievable state of physical and mental health" (Adeola et al., 2021). The Mental Health Act's Code of Conduct (2015) establishes the guiding principles that all people should be respected for their varied backgrounds and that decision-makers under the Act must understand and take into account the particular needs, values, and circumstances of each patient, without discrimination, including age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, gender, sexual orientation, and culture (Golightley & Goemans, 2020). Kenya must enact laws, regulations, and other measures to fulfil its national and international duties in health, setting the necessary requirements to ensure that the right to health is respected and progressively realized. The basic goal is to increase

the availability and use of universally accessible, high-quality health services. This is a crucial component of health system management that is mentioned in SDGs number three for 2015 (WHO, 2019).

## **1.2 Problem statement**

Despite efforts to raise patients' understanding of their rights, violations of patients' rights and a lack of adherence to medical ethics are still documented in many nations (Agrawal et al., 2017). In accordance with the WHO Constitution, which identifies health as a fundamental human right, Kenya's 2010 constitution, under the Bill of Rights, grants citizens the right to the best possible standards of health. Despite government efforts to include a patients' rights bill in the Kenyan constitution and introduce a Patients' Rights Charter in 2013, the public health system fails to adequately promote its adoption. Most nurses in public health facilities treat patients badly, abuse them, and dehumanise them; this is especially true in settings where patients receive basic and prenatal care (Ebrahim et la., 2024). An overwhelming workload, a shortage of nursing staff, poor communication skills, and a lack of nursing managers' involvement in the care process all contribute to nurses' incapacity to interact with patients in an effective way (Kwame & Petrucka, 2020). Increased utilization of health facilities due to the elimination of some user fees has resulted in incidents of congestion, stock-outs, and machine breakdowns in some institutions, raising equitable issues in terms of financial protection and access to excellent care (Okech & Lelegwe, 2016). Mbagathi Hospital is not immune to the issues that plague Kenya's public hospitals. The Patients' Rights Charter is available as a written document in most healthcare institutions, including the study area, but the extent to which it has been adopted is unknown. However, there is little information on healthcare professionals' adoption and implementation of the Patients' Rights Charter,

and there are no documented studies on the study site. This study aims to close this gap by investigating the factors that influence the adoption of the Patients' Rights Charter by healthcare professionals caring for patients and clients at Mbagathi Hospital.

### **1.3 Justification of the Study**

The Patients' Rights Charter (2013) was implemented in Kenya as a legal framework under the Constitution of Kenya (2010) to uphold and protect the rights of patients and clients accessing healthcare services. It is essential to understand the factors influencing the Patients' Rights Charter and the level of awareness among healthcare professionals at Mbagathi Hospital to enhance health services effectively. The results of this assessment will inform healthcare planners, funders, advocates, and policymakers at Mbagathi Hospital about the gaps that need to be addressed in order to fulfill the constitutional rights of patients and clients. This will facilitate the establishment of necessary measures for the complete implementation of the Patients' Rights Charter. Additionally, the findings will be used to raise awareness and promote the adoption of the Charter not only within the research site but also across the broader healthcare sector.

### **1.4 Research questions**

1. What are the individual factors associated with the adoption of the Patients' Right Charter among healthcare professionals at Mbagathi Hospital in Nairobi City County, Kenya?
2. What is the level of awareness of the Patients' Rights Charter among healthcare professionals at Mbagathi Hospital in Nairobi City County, Kenya?

3. What are the healthcare system characteristics associated with the adoption of the Patients' Rights Charter among healthcare professionals at Mbagathi Hospital in Nairobi City County, Kenya?

## **1.5 Research Objectives**

### **1.5.1 Broad Objective**

To examine the determinants of adoption of the Patients' Rights Charter among healthcare professionals at Mbagathi Hospital, Nairobi City County, Kenya

### **1.5.2 Specific objectives**

1. To identify the individual factors associated with the adoption of the Patients' Right Charter among healthcare professionals at Mbagathi Hospital in Nairobi City County, Kenya.
2. To determine the level of awareness of the Patients' Right Charter among healthcare professionals at Mbagathi Hospital in Nairobi City County, Kenya.
3. To ascertain healthcare system characteristics linked to the adoption of the Patients' Right Charter among healthcare professionals at Mbagathi Hospital in Nairobi City County, Kenya.

## **1.6 Significance and expected outcome of the study.**

These study findings would benefit Mbagathi Hospital, especially the healthcare management level, in ensuring the adoption of the Patients' Rights Charter among the staff as outlined in the charter, thus enhancing quality care service delivery to patients and clients. Other beneficiaries of this study include the patients and clients at Mbagathi because their rights would be protected, and they would therefore receive quality healthcare services. The staff would also benefit from delivering healthcare services to patients with knowledge and understanding of patients' rights and charter.

The study results would be beneficial to policymakers in Kenya since they would be able to understand different issues that relate to the study topic. The study would also offer baseline data that would be useful to healthcare professionals, other researchers, and the public.

### **1.7 Delimitation and limitation of the study**

Questionnaires were used to define the scope of the research. Given that the majority of healthcare professionals work in various counties with varied service delivery settings, the fact that the study was conducted in Mbagathi Hospital inside Nairobi County delimits generalizing the results to the general population of Kenya. The study included healthcare professionals who work in Mbagathi Hospital's various departments and care for patients. The data was collected from a carefully chosen sample of healthcare professionals from each of the six cadres. Data was collected using self-administered questionnaires as study instruments. The time and budget allocated for this investigation were inadequate.

### **1.8 Theoretical framework**

The research used the patient-centered model, often known as the Bio-Psychosocial Model (BPM), which promotes person-centered treatment. The model confirms the existence of a link between patient care and patient rights. A lot of factors influence patient-centered care, including those affecting healthcare providers and those affecting patients. In terms of decision-making, patients' participation in their own medical treatment is an indicator of quality care. The characteristics of healthcare professionals involved in the patient-centered paradigm, such as honoring the patient's specific preferences and requirements and ensuring that the patient's values lead to all therapeutic decisions, are enshrined in the Patient's Bill of Rights. Patients' rights to knowledge, informed consent to treatment, dignity, and options, including the ability

to select a healthcare practitioner, decline treatment, obtain emergency treatment at any healthcare institution, and be informed of any health plan terms or health insurance policy, access to and opinion, and the right to privacy in healthcare opinions, questions, and complaints about healthcare, are all part of the patient-centered model of care (Guillemin & Barnard, 2015).

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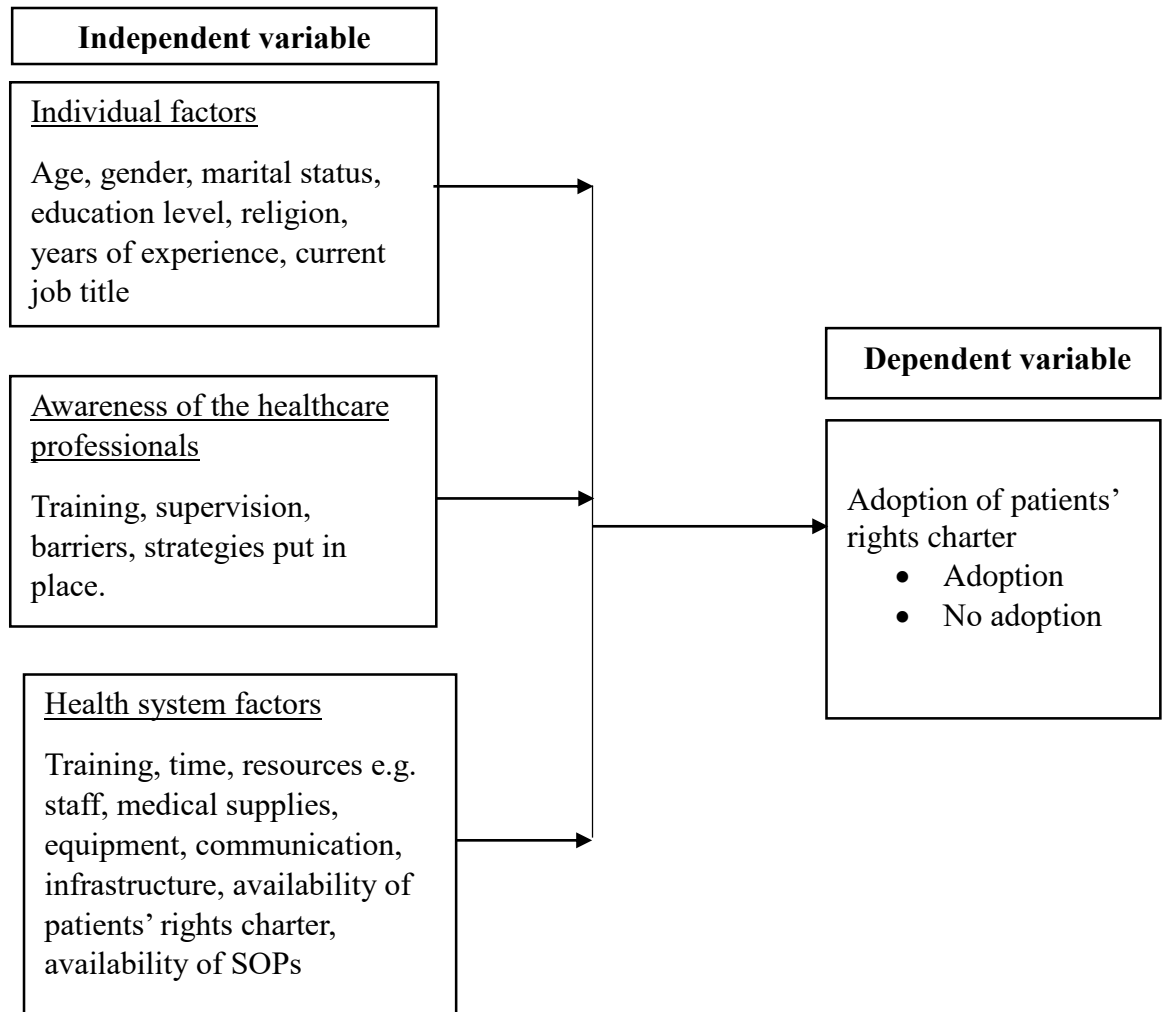


Figure 1.1 Conceptual Framework

Source: Adopted from *Bio Psychosocial Model and Patient Centered Care Model* (Guillemin & Barnard, 2015).

Researchers have created several models to serve as a foundation for defending patients' rights. This is accomplished by recognising and resolving the difficulties patients have when pursuing healthcare services. One of the models is the Bio-Psychosocial Model (BPM), which advocates for person-centred treatment. It explains a variety of factors that impact patient-centred care, including those that affect patients and healthcare professionals. It demonstrates the connection between patient rights and patient care (Guillemin & Barnard, 2015).

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

According to Khamadi (1992), the main objective of a literature review is to assist the researcher in carrying out their project in a way that is acceptable because prior research provides significant information about the problem area. In addition, a literature review advances the researcher's understanding of the issue and demonstrates to other researchers that the researcher is current and informed on the topic. The overview of the literature relevant to this researcher's study is included in this chapter. The main focus areas include healthcare professionals and adoption of the patients' rights charter.

### **2.2 Global patients' rights**

According to the WHO Constitution (1946), every human being has the right to the best possible state of health, regardless of nationality, religion, political beliefs, economic, or social condition (WHO, 2021). The ratification of international treaties like the Universal Declaration of Human Rights (UDHR) and the International Covenant on Civil and Political Rights (ICCPR) has reinforced the need for recognizing, guaranteeing, and implementing patient rights (London et al., 2015). Health policies, initiatives, and programs should be developed to increase the enjoyment of the right to health by all, with a particular focus on the most disadvantaged, and to adopt a rights-based approach (WHO, 2021). This aims to increase equity, which is a principle echoed in the recently adopted 2030 Agenda for Sustainable Development Goals and Universal Health Coverage (UNGA, 2015). Patient rights are being driven by globalization in public relations, scientific and technical advancements, medical research advances, the gradual development of information technologies, and others that are driving more attention to patient rights,

expanding the list, and protecting them both worldwide and nationally (Mavrov & Hristozova, 2020).

### **2.3 Core elements and components of a right to health**

The progressive fulfilment of health rights necessitates governments taking urgent steps to realize these rights while avoiding weakening existing economic, social, and cultural rights protection unless there are compelling reasons to do so (WHO, 2021).

The rights encompass essential elements such as healthcare service availability, accessibility, acceptability, and quality (Adionyi, 2020).

### **2.4 Human rights violations in healthcare**

Human rights violations or a disregard for them may have detrimental effects on one's health. Discrimination in the provision of healthcare is a significant barrier to access and is a factor in the provision of subpar treatment. It occurs both within the healthcare workforce and between providers and patients (WHO, 2021). Human rights violations, such as forced or forceful treatments and procedures, may affect persons with disabilities, indigenous peoples, HIV-positive women, sex workers, drug users, and transgender and intersex individuals (Rubenstein & Amon, 2019). Additionally, disregarding these patients' rights in clinical practice undermines patient-provider trust and endanger patients' lives and safety (Farzianpour et al., 2016).

### **2.5 An Overview of Patients' Rights Charter in Kenya**

Kenya's Ministry of Health began policy measures to enhance patient satisfaction in 2006, enacting a charter of patients' rights in 2013 with the aim of empowering health consumers to demand high-quality healthcare, promoting patients' rights, and guaranteeing the highest standard of health for all Kenyans (MOH, K. 2013). According to Article 43 of Kenya's constitution, everyone has the right to the greatest

possible health, that no one shall be denied emergency care, and that the state shall offer support to those who are incapable of caring for themselves or their dependents, including healthcare (WHO, 2019). The Kenya National Patients' Rights Charter (2013) is divided into three chapters. The first is a list of the rights that patients have, including the right to emergency care in any medical facility, the right to know all the terms of their health insurance plan or medical scheme, the right to select their own healthcare provider, the right to the best possible quality of medical products and services, the right to refuse treatment, the right to confidentiality, the right to informed consent, the right to information, and the right to be treated with dignity and respect. Chapter two encompasses patients' responsibilities, including maintaining a healthy lifestyle and taking care of their health. If the patient is a minor (under the age of 18), the minor's parent or guardian is in charge of giving them protection care and a healthy lifestyle, helping them to maintain a positive outlook on their health and life, protecting the environment, respecting other people's rights and not endangering their health, giving them accurate and pertinent information to healthcare professionals, and keeping and producing health records when requested by those professionals. Observe guidelines, adhere to them, and do not overuse or abuse prescription medications, treatments, or rehabilitation requirements. Moreover, one should be mindful of the availability of readily available healthcare services in their area and use them responsibly. One should also keep scheduled appointments, observe time, and communicate with the healthcare provider if this is not possible. Finally, one should notify healthcare professionals as needed when one wishes to donate their organs or make other arrangements upon death. Finally, one should enquire about the costs of treatment and rehabilitation and make appropriate payment arrangements. In cases when an adult patient lacks the capacity to make choices about their own

medical care, the patient's spouse, next of kin, or guardian has the responsibility of protecting and caring for them, as well as ensuring that they get treatment promptly and discreetly voice any concerns. Chapter three provides a mode for resolving disputes between patients and healthcare professionals, employers, and regulatory bodies (MOH, 2013).

## **2.6 Healthcare professionals and Patients' Rights Charter adoption**

Patients' rights are the expectations that a patient or client has of healthcare services, and they must include physical, mental, spiritual, and social demands that are manifested through criteria, standards, norms, and legislation (Adeola et al., 2021). Patients who are well-informed about their diseases and treatments are more likely to participate actively in their own care. As a result, healthcare professionals should establish a Patients' Rights Charter to educate people on their disease state (Waghmare et al., 2020). A multitude of issues, such as insufficient supervision, direction, and training; insufficient policy and procedure; restricted budget and facilities; and unsupported management, are associated with nurses' lack of understanding and positive attitude regarding patient rights. To prevent patient rights from being violated, interventions should be implemented. In-service training regarding patient rights laws and continuing education programs should receive more consideration (Sookhak et al., 2019).

A study conducted during the COVID-19 outbreak in India indicated that patients' rights were severely infringed upon when seeking healthcare services (Varshney & Raj, 2021). For future pandemics, proper rules and readiness should be devised, as well as a requirement to rigorously implement the Charter to preserve patients' rights and avoid health and life losses (Varshney & Raj, 2021).

## **2.7 Individual Related Factors and Adoption of Patients' Rights Charter**

According to Maimaitiyiming et al. (2020), healthcare providers with higher levels of formal education, especially in fields pertaining to ethics and patient advocacy, tend to exhibit a greater understanding and commitment to the principles outlined in the PRC. This study demonstrated that training programs emphasizing patient rights not only improved knowledge but also positively influenced the attitudes of healthcare professionals toward patient-centered care (Maimaitiyiming et al., 2020). Similarly, a study by Ndambuki et al. (2021) found that educational interventions significantly increased the levels of awareness and adoption of the Patients' Rights Charter among nurses and doctors, underscoring the role of continuous professional development in fostering a patient rights-oriented approach.

Personal beliefs and values also play a crucial role in the adoption of the PRC. Healthcare professionals' attitudes towards patient autonomy and dignity can affect their willingness to embrace the charter. Research by Karanja and Ochieng (2022) revealed that healthcare providers who hold strong beliefs in ethical practice are more likely to adhere to the principles of the PRC. Their findings indicated that individual values aligned with the rights articulated in the charter can facilitate better patient-provider relationships and enhance patient satisfaction (Karanja & Ochieng, 2022). This suggests that individual moral frameworks must be considered when assessing the adoption of the Patients' Rights Charter.

Furthermore, professional experience is another critical individual factor influencing the adoption of the PRC. Experienced healthcare professionals often possess practical insights into patient care dynamics, which can affect their perception and implementation of patient rights. For instance, a study conducted by Mwangi et al.

(2019) noted that healthcare workers with extensive experience tended to prioritize patients' rights more than their less experienced colleagues. The authors concluded that exposure to diverse patient interactions enables seasoned professionals to appreciate the importance of patient rights, thereby enhancing compliance with the PRC (Mwangi et al., 2019).

Lastly, awareness of the Patients' Rights Charter itself serves as a vital factor in its adoption. Without adequate knowledge of the charter's provisions, healthcare professionals may not fully integrate its principles into their practice. A systematic review by Kamau et al. (2021) highlighted that many healthcare workers are unaware of the specific rights outlined in the PRC, leading to inconsistent application in clinical settings. The review emphasized the need for targeted awareness campaigns and training programs to bridge the knowledge gap among healthcare providers (Kamau et al., 2021).

## **2.8 Awareness and adoption of Patients' Rights Charter among the healthcare professionals**

Some actions should be taken to stop rights violations by increasing the level of understanding and healthcare professionals' adherence to patients' rights. In-service training and continuing education seminars on the Patients' Bill of Rights should be explored (Sookhak et al., 2019). In nations where healthcare professionals were aware of and practiced patients' rights, content on ethical practice was incorporated into health professional curricula, which was expected of all healthcare professionals (Elewa et al., 2016). According to research conducted in Sudan, a significant number of nurses are uninformed of the Sudanese charter of patients' rights, indicating the need for increased efforts to popularize the charter (Mpouzika et al., 2021). The

responsiveness of healthcare systems is influenced by the implementation of the Patients' Rights Charter (Njuguna et al., 2019). Healthcare personnel in Saudi Arabia's basic healthcare institutions were found to have a limited understanding of their patients' rights, while a lack of standards and codified patient rights were noted as hurdles to patient rights observance (Al-Saadi et al., 2019). Involvement of healthcare professionals through training increases understanding of policies and influences healthcare professionals' practice of communicating the required changes (Yarney et al., 2016). Another survey found that most healthcare professionals in Machakos County, Kenya, are aware of the Patients' Rights Charter and actively apply it. Despite their knowledge of patients' rights and practices, no evidence of the institution's implementation of such rights or responsiveness was found (Njuguna, 2020).

## **2.9 Healthcare system related factors and adoption of Patients' Rights Charter**

Health system support is also required for the delivery of health services by healthcare professionals to patients (Kapologwe et al., 2020). The employment of directives, circulars, and administrative guidelines in policy execution demonstrates the commitment of health systems' leadership and governance pillars to safeguarding patients' rights (Njuguna et al., 2019). Effective health-care governance necessitates the establishment of policies, guidelines, and procedures for specific directives, as well as a mechanism for documenting best practices in the Patients' Rights Charter. Some studies have found weak to non-existent mechanisms, particularly in public hospitals with large patient populations (Gurung et al., 2017). Effective policy implementation that improves patient accountability and perceptions of health system efficacy has consequences for health service utilization at all levels (Scott et al., 2018). Healthcare professionals described instances in which they were confronted with

patient-rights violations that were unavoidable due to institutional flaws. They were dedicated to upholding patients' rights, but they lacked the necessary resources (Demir & Büken, 2016). The Charter is implemented through institutions whose activity has both technical and relational components, even though it is not technical (Yakob & Ncama, 2017).

According to multiple studies, the platform for accountability has been established by regular training and/or frequent reminders for both patients utilizing the services and healthcare professionals at the institutional level (Halawany et al., 2016). A responsive health system is one in which patient-reported conflicts are documented and resolved through institutional procedures, as well as the safe storage and use of health information in decision-making. A record of patient complaints and feedback is crucial to the process for the Patients' Rights Charter (Sieverding & Beyeler, 2016). Other factors affecting the practice of patients' rights are a lack of legal and administrative support, a scarcity of resources, and disregard for healthcare professionals' own professional rights (Dehghani et al., 2015). Raising awareness and advocating for patients' rights necessitates examining the perspective from which healthcare facilities operate. (Davoodvand et al., 2016).

## **2.10 Summary of Literature Review and Study Gaps**

The literature focuses on the fundamental ideas that support patients' rights around the world, highlighting the legal frameworks set up by the World Health Organization and

other international agreements, including the Universal Declaration of Human Rights. According to these declarations, everyone has the right to the best possible level of health, regardless of their situation. Initiatives to improve patient rights strengthen the need for health policies that prioritise equity, especially for marginalized groups, as this leads to increased patient satisfaction and trust in healthcare systems. Human rights abuses in healthcare, particularly those involving discrimination or treatment neglect, continue to be major obstacles to receiving high-quality care, according to studies, especially for disadvantaged groups. The National Patients' Rights Charter was established in 2013 in Kenya as part of an effort to empower consumers by outlining patient rights and responsibilities. However, awareness and consistent application of the charter remain inconsistent, especially among healthcare professionals, which presents practical challenges.

Even while patients' rights are becoming more widely acknowledged, there are still significant gaps in the Patients' Rights Charter's actual implementation in different healthcare settings. Insufficient training, knowledge, and resources prevent many healthcare personnel from successfully implementing the Charter. Understanding and adherence to patient rights are greatly influenced by individual characteristics, including professional experience, personal values, and educational attainment. Research has demonstrated that in the absence of focused training initiatives, a large number of healthcare professionals continue to be ignorant about patients' rights, which results in uneven clinical practice.

Effective implementation is further hampered by structural issues such as poor policy enforcement, a lack of assistance for medical personnel, and a lack of accountability systems. This emphasizes how urgently comprehensive training programs, better

governance, and institutional support are needed to increase healthcare workers' practical knowledge and adherence to patients' rights.

## **CHAPTER THREE: MATERIALS AND METHODS**

### **3.1 Introduction**

This chapter discusses the research methods employed for this investigation. These include the study's design, variables, location, sampling, data collection, and analysis techniques and the researcher's ethical considerations. This study employed a descriptive research design to help achieve its objectives. Because of this design's adaptability and scope, the researcher was able to minimize any potential issues that might have occurred in the field when administering and interpreting the surveys. Due to its low cost, short turnaround time, and capacity to "capture a specific point in time," the researcher opted for a cross-sectional design. It uses quantitative techniques to collect, analyze, and summarize data in this research (Williams, 2007).

### **3.2 Study design**

The study employed descriptive cross-sectional study design. Data was collected using semi-structured questionnaires. This is a design that quantifies the problem and potentially related determinants at a given point in time for a described population (Kothari, 2008). Data from each of the healthcare professional cadres at Mbagathi Hospital was collected at one specific point in time and analyzed from a representative subset of the population.

### **3.3 Variables of the study**

The independent variables of the study were individual factors of healthcare professionals, awareness of patients' rights among healthcare professionals, and healthcare system characteristics associated with the adoption of the Patients' Rights Charter. The dependent variable, which is the Patients' Rights Charter adoption, was determined by the patients' rights practiced by healthcare professionals.

### **3.4 Location of the study**

The research was conducted at Mbagathi Hospital in Kenya's Nairobi City County. The facility is located at 1.30000°S, 36.76667°E in the Kenyatta Golf Course Location, Dagoreti Division, and Nairobi West Sub-County. The researcher chose the institution because it is a level 5 hospital with many healthcare professionals who treat a wide range of patients and clients from a local population with a variety of socioeconomic and cultural backgrounds. They also provide a variety of medical services, including referrals from lower healthcare levels.

### **3.5 Study population**

The target population included healthcare professionals as defined in the International Standard Classification of Occupations (ISCO-08), which encompasses any person who holds a qualification as a health professional and is licensed by the relevant regulatory body. This included doctors, nurses, dentists, pharmacists, clinical officers, medical laboratory technologists, and technicians who attend to patients and clients from different departments and units at Mbagathi Hospital on an everyday basis. The study sampled respondents from the 301 healthcare professionals in the health facility (Mbagathi County Hospital, 2019).

#### **3.5.1 Inclusion criteria**

The study included healthcare professionals who had a minimum of one year of work experience at Mbagathi Hospital in Nairobi City County, and participation was restricted to those individuals who provided their explicit consent.

### 3.5.2 Exclusion criteria

The study did not include any healthcare professionals who were on attachment or internships during its conduct. Additionally, individuals who were not healthcare professionals were also excluded from the study.

### 3.6 Sampling techniques

The study included a variety of sampling methods. Mbagathi Hospital was purposively chosen since it has a high number of healthcare professionals that serve a broad group of patients and clients. A stratified sampling method was utilized to choose the desired sample. The overall population was divided into subgroups, or strata, and the final subjects were drawn at random from each stratum in proportion to their size. This study first applied probability proportional to size (PPS), which means that the larger clusters had a higher chance of getting sampled. At a predetermined interval of 2, systematic random sampling was employed to choose respondents for the interview.

### 3.7 Sample size determination

The overall sample size of Mbagathi hospital healthcare professionals was determined using Fisher's formula.

As per the Fishers *et al.*, (1998), sample size

$$n = \frac{Z^2 P(1 - P)}{d^2}$$

Where:

n = the desired sample size

z = standard normal deviation (1.96)

$p$   
 $= 0.5$  sample proportion of the target population assumed to be aware of patients' rights

$q = 1 - p = 1 - 0.5 = 0.5$

$d =$  degree of accuracy (0.05), i. e. , at a 95% confidence interval

Therefore, the desired sample size was given by:

$$\frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} = 384$$

The total sample size was established utilizing the "finite population correction factor" since there are less than 10,000 Mbagathi healthcare practitioners, making them a limited population (Yamane, 1967).

Where  $n$  is the sample size as per the fisher's formula above:

$N$  is the population size, 301.

$$n = \frac{ss}{1 + \frac{ss - 1}{pop}}$$

$$= \frac{384}{1 + \frac{384 - 1}{301}} = 169.1$$

Therefore:  **$NF = 169$**

The figure of 169 is the baseline number that the researcher intends to reach in collecting the data. Nevertheless, the researcher considered an additional 10% of the sample size, which was 17 additional respondents, to account for any non-returned questionnaires, bringing the total number of respondents to 186.

**Table 3.1 Proportion of Healthcare Professionals selected from each category of healthcare professionals at Mbagathi Hospital**

Cluster No	Category of healthcare professional	Number of healthcare professionals (x)	Formula $(x/X)*n$	Sample size
1	Doctors	63	$(63/301)*169$	39
2	Clinical officers	28	$(28/301)*169$	17
3	Nurses	168	$(168/301)*169$	104
4	Medical Laboratory technologist	21	$(21/301)*169$	13
5	Pharmacist	18	$(18/301)*169$	11
6	Dentists	3	$(3/301)*169$	2
	<b>Grand Total X</b>	<b>301</b>		<b>186</b>

### 3.8 Construction of research instruments

To gather the essential quantitative data, self-administered questionnaires were utilized. The researcher designed these tools to effectively gather the required information from the study participants. In alignment with the research objectives, the questionnaire was organized into five distinct sections. The first section provided instructions on how to complete the questionnaire and explained its formal purpose. The second section included questions related to general and socio-demographic information. The third section assessed healthcare professionals' understanding of various elements of the Patients' Rights Charter. The fourth section explored specific factors that influenced the adoption of the Charter, while the final segment focused on the adoption of the 14 patient rights specified in the Charter.

### 3.9 Pre-testing of research instrument

Data collection tools were subjected to a pre-testing phase to ensure their effectiveness in gathering the necessary information to meet the study objectives. This pre-testing was conducted at KEMRI, because it has healthcare professionals of different categories who provide healthcare services to the study participants, both outpatients and inpatients, and clients in the outpatient department. A sample of 17 healthcare

professionals were engaged which represented 10% of the overall study sample. The selection of this sample was done randomly, thereby ensuring that the study instruments would be both valid and reliable. By employing a random selection process, it was possible to minimize bias and enhance the credibility of the findings related to the effectiveness of the tools. This thorough approach helped confirm that the data collection instruments were appropriate for the intended research, allowing for accurate and meaningful data to be collected in subsequent phases of the study.

### **3.9.1 Validity of the research instruments**

Validity refers to the extent to which data collection methods accurately measure the specific concepts they are designed to assess. Establishing validity is crucial, as it ensures that the findings of the study can be interpreted correctly and applied to a broader population. In order to achieve the highest level of accuracy and minimize any potential gaps or inaccuracies in the data, comprehensive training was provided to all data collectors prior to the commencement of the actual data collection process. This training aimed to familiarize them with the measurement tools and techniques, helping to enhance their understanding of the research objectives and the importance of collecting reliable data. By prioritizing validity and preparing the data collection team effectively, the study aimed to produce credible results that could be influential in addressing relevant issues within the target population.

### **3.9.2 Reliability of research instruments**

Reliability refers to the capacity of a measurement tool to generate stable and consistent data across various applications. When utilized by different respondents under standard conditions, questionnaires should yield similar results, ensuring that the findings are both dependable and replicable. To enhance the trustworthiness of the

research instruments employed, careful selection of research assistants was essential, along with a thorough review of the questionnaires before the research commenced. This rigorous preparation involved comprehensive training, equipping the research assistants with an in-depth understanding of both the study's subject matter and the specific research issues at hand. By fostering this familiarity, the team was able to approach data collection with confidence and accuracy, thereby reinforcing the reliability of the research outcomes.

### **3.10 Data collection techniques**

Secondary and primary data were employed in the study. Secondary data was collected through a thorough literature search to see what other similar or related research results had been discovered. Primary data was collected from selected healthcare professionals via semi-structured questionnaires.

### **3.11 Data analysis and presentation**

The data analysis encompassed a comprehensive approach utilizing both descriptive and inferential statistical techniques. Descriptive statistics, including frequencies, percentages, and means, were applied to provide a concise summary of the research findings. In contrast, inferential analysis delved deeper into the data by employing cross-tabulations featuring chi-square tests, multivariate analysis, and correlation tests to explore potential associations among various variables. The statistical software SPSS version 23 was leveraged as the primary tool for conducting the analysis.

Moreover, it is important to note that a 95% confidence level was established in the investigation, indicating a high level of certainty in the results obtained. Additionally, a P-value of 0.05 was considered statistically significant, signifying a strong association between the variables under scrutiny. The accuracy and reliability of the

analysis were guaranteed by these careful considerations, which finally led to a more thorough comprehension of the healthcare professionals' adoption of the Patients' Rights Charter at Mbagathi Hospital in Nairobi City County, Kenya.

### **3.12 Logistical and ethical considerations**

The researcher sought approval from the Graduate School at Kenyatta University (KU) as well as ethical clearance from KU, Ethical Review Committee. Research permit was sought from the National Council for Science, Technology and Innovation (NACOSTI). The NACOSTI permit no. is NACOSTI/P/22/22199. Research authorization was sought from Nairobi City County Director of Health Services Office. Permission was also sought from the management of Mbagathi hospital before the actual data collection.

Prior to interviewing research participants, the study obtained their informed consent. Participants were made aware that their participation in the study was entirely voluntary and free from undue influence or compulsion. The purpose of the study was presented in detail. All reasonable efforts were made to keep their information confidential and private.

The findings of this research would be presented to the Board of Examiners of Kenyatta University Department of Health Management and Informatics and Graduate School. These results would be disseminated to Mbagathi County Hospital. These results would also be published for reference and presented in conferences and workshops of relevant stakeholders.

## **CHAPTER FOUR: RESULTS**

### **4.1 Response rate**

The study aimed to gather insights from 186 healthcare professionals affiliated with Mbagathi County Hospital. Remarkably, all 186 questionnaires distributed were completed and returned, resulting in a response rate of 100%. This full participation indicates a strong commitment among healthcare professionals to contribute to the research, providing a comprehensive dataset that enhances the reliability and validity of the findings. The high response rate underscores the engagement of the staff and their willingness to reflect on the adoption of patients' rights within the healthcare setting, thereby ensuring that the analysis is both robust and representative of the perspectives within the hospital.

#### **4.1.1 Reliability of Results**

The reliability result was 0.885 which signifies a high degree of internal consistency for the measurement instrument used in the study on the adoption of the Patients' Rights Charter among healthcare professionals at Mbagathi Hospital. According to George and Mallery (2019), a reliability coefficient above 0.80 is generally considered very good, suggesting that the items within the questionnaire are measuring the same underlying construct effectively. In the context of this study, such a high reliability score implies that healthcare professionals consistently understand and respond to questions regarding the Patients' Rights Charter, enhancing the validity of the findings related to their levels of awareness, perceptions, and practices regarding patient rights.

### **4.2 Adoption rate of Patient's Rights Charter**

The adoption of patients' rights was determined by calculating the raw mean of all variables related to patients' rights. Values below the mean indicated a lack of adoption, whereas values above the mean signified that patients' rights were adopted. As illustrated in the figure below, a significant majority of 152 healthcare professionals (81.72%) at Mbagathi County Hospital adopted the Patients' Rights Charter, while only 34 (18.28%) did not.

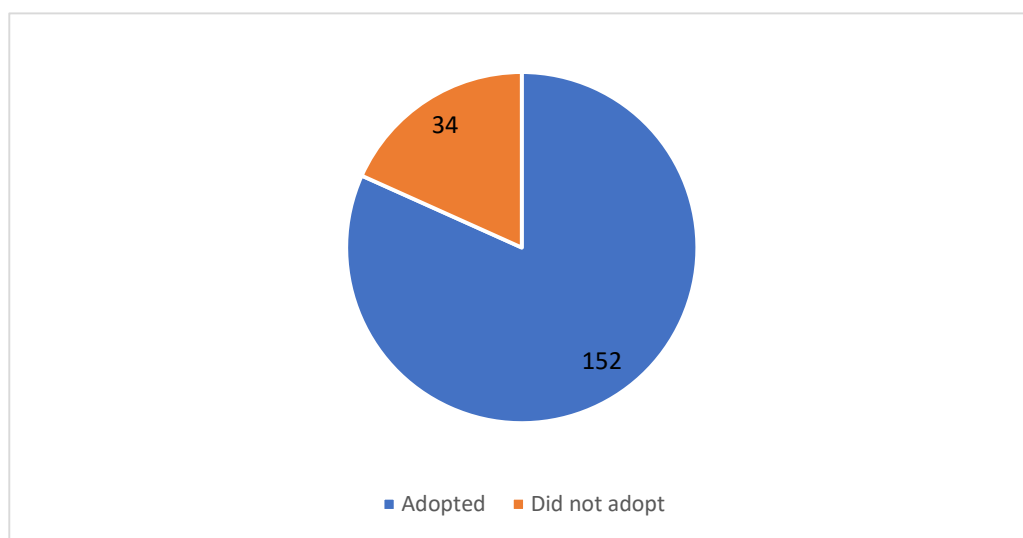


Figure 4.1 Adoption of Patient's Rights Charter by the Healthcare Professionals

### **4.3 Individual factors associated with the adoption of the Patients' Rights Charter**

From table 4.1 below, the results show that most of the female respondents, 96 (83%), and 56 (79%) of the male respondents adopted the patients' rights in public health facilities (p-value = 0.430), which is thus statistically insignificant. Respondents from the different age categories adopted the patients' right in the public health facilities. 100% adoption for 51 to over 60 years; however, age is statistically insignificant (p-value 0.337). Additionally, being married, 62 (85%), single, 88 (80%), and widowed, 2 (67%) adopted the patients right in the public health facility, P-value 0.555, which is statistically insignificant. 100% of the Hindus and those from other religions fully adopted the patients right in the public health facilities. Christians and Muslims had 115 (81%) and 30 (81%), respectively, adopted patients' rights in the public hospital (p-value, 0.653), hence statistically insignificant.

Moreover, all the respondents, 100% with a Ph.D. and pharmacist level of education, adopted the patients' rights; the rest with certificates, diplomas, degrees, and master's had over 75% patient right adoption rate, p-value 0.434 statistically insignificant. Pharmacists and professors had 100% adoption of the patients' rights, p-value 0.002, hence statistically significant. Finally, respondents aged 21–40 adopted patients' rights in the public health center, while only those aged 01–20 had over 75% patients' rights adoption rate, P-value 0.225, hence statistically insignificant.

**Table 4.1 Relationship between individuals' socio- demographic factors and adoption of Patients' Rights Charter**

<b>Gender</b>	<b>Adoption of the charter N (%)</b>	<b>No Adoption of the charter N (%)</b>	<b>Statistical significance</b>	
Female	96(83%)	19(17%)	$\chi^2$ (df=1, N=186) =0.623 p=0.430	
Male	56(79%)	15(21%)		
<b>Age of the respondent</b>				
20-30	101(78%)	28(22%)	$\chi^2$ (df=4, N=186) =4.545 P=0.337	
31-40	28(85%)	5(15%)		
41-50	16(94%)	1(6%)		
51-60	3(100%)	0(0%)		
Over 60	4(100%)	0(0%)		
<b>Marital status</b>				
Married	62(85%)	11(15%)	$\chi^2$ (df=2, N=186) =1.177 P=0.555	
Single	88(80%)	22(20%)		
Widowed	2(67%)	1(33%)		
<b>Religion</b>				
Christian	115(81%)	27(19%)	$\chi^2$ (df=3, N=186) =3.798 P=0.653	
Hindu	6(100%)	0(0%)		
Muslim	30(81%)	7(19%)		
Others	1(100%)	0(0%)		
<b>Education</b>				
Certificate	13(87%)	2(13%)	$\chi^2$ (df=4, N=186) =1.627 P=0.434	
Diploma	46(78%)	13(22%)		
Degree	66(80%)	16(20%)		
Masters	14(82%)	3(18%)		
Ph.D.	13(100%)	0(0%)		
<b>Current title</b>				
Clinical Officer	28(78%)	8(22%)	$\chi^2$ (df=6 N=186) =21.369 <b>P=0.002</b>	
Dentist	12(80%)	3(20%)		
Lab Technologist	34(94%)	2(6%)		
Medical Doctor	37(86%)	6(14%)		
Nurse	22(59%)	15(40%)		
Pharmacist	10(100%)	0(0%)		
Professor	9(100%)	0(0%)		
<b>Years of experience</b>				
01-10 Yrs.	115(80%)	28(30%)		$\chi^2$ (df=3, N=186) =4.365 P=0.225
11-20 Yrs.	20(77%)	6(23%)		
21-30 Yrs.	12(100%)	0(0%)		
31-40 Yrs.	5(100%)	0(0%)		

#### 4.4 Level of awareness of the Patients' Rights Charter

From figure 4.2 below, it shows that the majority (94% of the respondents) were aware that the Kenyan constitution contains a patient's rights charter, while the rest (6%) were not aware.

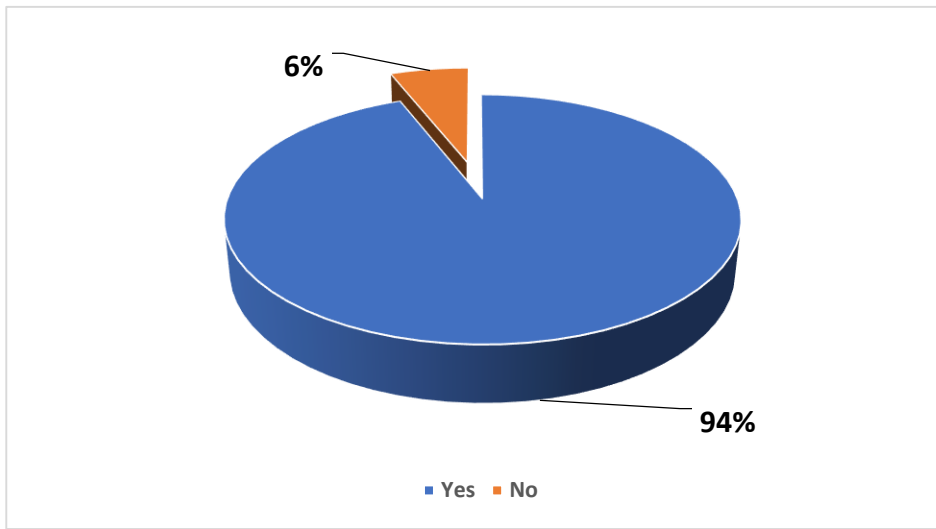


Figure 4.2

Healthcare Professionals' awareness of Patients Right Charter

Figure 4.3 shows the places where the respondents learned that the Kenyan constitution contains a patient's rights charter. More than half, 99 (60%), indicated they learned about it from the hospital, followed by 78 (48%) who heard about it from the patient from school, and a few 4 (6%) learned from healthcare workers.

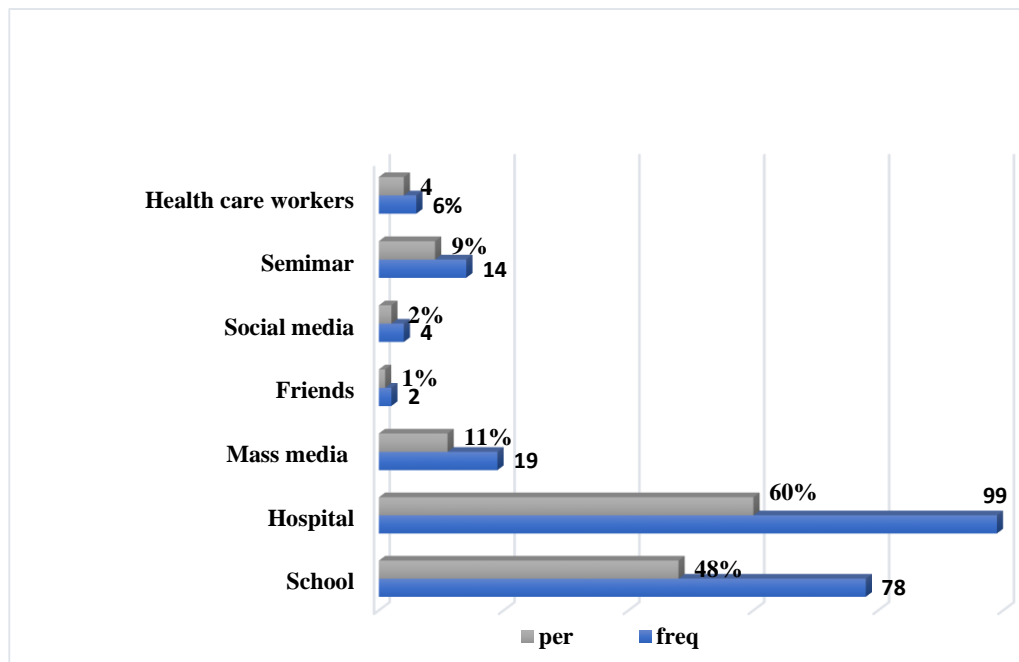


Figure 4.3 Place where the Healthcare Professionals learned about the Kenya patients' rights charter

#### 4.4.1 Patients' Rights Charter knowledge and sources of its information

Figure 4.4 shows that more than half of the respondents, specifically 123 individuals (66%), reported having seen the Patients' Rights Charter within their healthcare facility. In contrast, 63 respondents (34%) indicated that they had not encountered the charter. Figure 4.5 below shows that, among those who had seen the Patients' Rights Charter, a notable 139 respondents (74%) were aware of its contents, demonstrating a substantial understanding of the rights outlined for patients. However, 47 respondents (26%) admitted that they were unfamiliar with what the charter entails, highlighting a gap in knowledge that may impact the effective implementation of patients' rights in clinical settings. This disparity underscores the necessity for ongoing education and training for healthcare professionals to ensure that all staff are well-informed about the rights of patients they are committed to upholding.

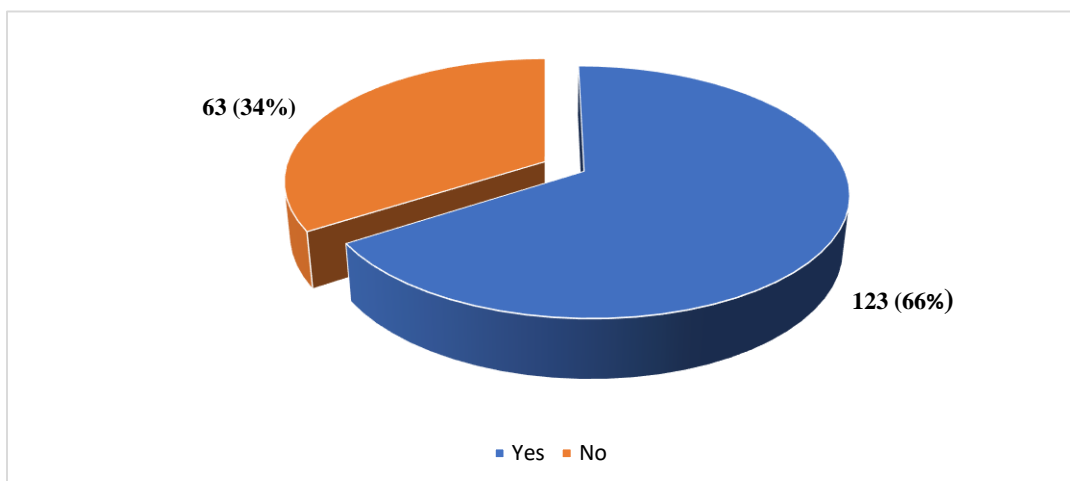


Figure 4.4 Patients' Rights Charter ever seen by the respondents

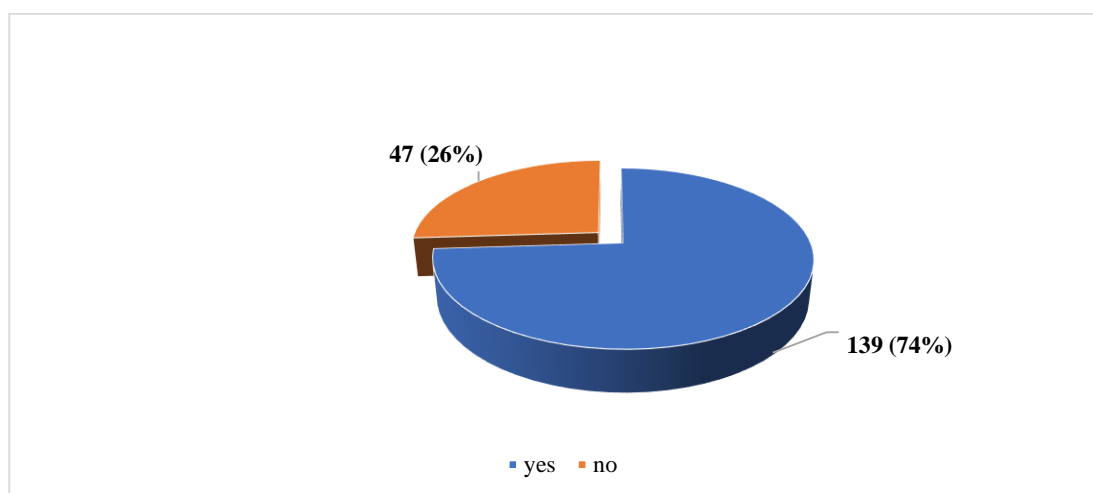


Figure 4.5 Content Knowledge of Healthcare Professionals about Patients' Rights Charter

#### 4.4.2 Patients' Rights Charter details awareness

From Table 4.2 below, a majority of 141 (95%) indicated that not only patients with the financial means to pay have the right to receive emergency therapy to stabilize their condition. 135 (91%) of the respondents stated that not every insured patient or client has the right to be informed about their rights and, if required, to challenge the content and choices of the health insurance system and policy. Additionally, 134 (90%) of the respondents indicated that every patient has the right to comprehensive and accurate health and medical information. Furthermore, every patient has the right

to access and receive health-related information. 117 (80%) indicated that the patients are not responsible for protecting the environment. Moreover, 120 (82%) indicated that the patient is responsible for seeking treatment at the earliest opportunity. 122 (82%) stated that it is not the patient who is responsible for confidentially expressing any concerns to the appropriate channel. Lastly, in cases of conflict in the health facility, 122 (82%) said that there are dispute resolutions between patients and healthcare professionals, and 128 (88%) said that there is dispute resolution between patients and their family members.

**Table 4.2 Healthcare Professionals' Knowledge assessment of the Patients' Rights Charter details**

	Statement	Responses		
		Yes	No	Don't know
I	Patients should always receive healthcare services that encompass supportive, preventive, curative, reproductive, rehabilitative, and palliative care, as appropriate.	148 (99%)	1(1%)	
II	Only patients with the financial means to pay have the right to receive emergency therapy to stabilize their condition.	6(4%)	141(95%)	1(1%)
III	Every insured patient or client has the right to be informed about their rights and, if required, to challenge the content and choices of the health insurance system and policy.	6(4%)	135(91%)	7(5%)
IV	The patient has the right access to the healthcare professional of their choice and should not be unnecessarily confined by third parties, provided that the healthcare provider is certified, licensed, contracted, and in good standing with the relevant regulatory body to provide treatment for a specific ailment or disease, and provided that the decision is morally and medically acceptable.	17(11%)	131(87%)	1(1%)
V	The patient does not have the right to the best possible healthcare products and services.	18(12%)	127(85%)	4(3%)
VI	A patient or client has the right to refuse, discontinue, or withhold treatment if doing so does not pose immediate harm to the patient's or others' health, taking into consideration the individual's insight and ability.	121(82%)	22(15%)	1(3%)
VII	Unless the patient has provided consent or publication is permitted by law or in the public interest, the patient's confidentiality shall be kept, even after a patient's death, confidentiality should be preserved.	132(89%)	8(5%)	8(5%)
VIII	Except in the case of an emergency, the patient has the right to informed consent to treatment and to receive complete and accurate information in a	131(88%)	12(8%)	6(4%)

	language he or she understands about the nature of the disease, diagnostic procedures, proposed treatment, alternative treatment, and associated costs before making a decision.			
Ix	Every patient has the right to comprehensive and accurate health and medical information. Furthermore, every patient has the right to access and receive health-related information.	134(90%)	13(9%)	2(1%)
X	The patient has no legal right to be treated with dignity and respect.	26(18%)	118(80%)	4(3%)
XI	If a patient so desires, they have the right to seek a second medical opinion from another competent healthcare expert on the diagnosis, procedure, therapy, and/or medicine.	122(83%)	21(14%)	4(3%)
XII	The patient has the right to health insurance coverage regardless of age, pregnancy, disability, or illness, including disorders.	128(87%)	18(12%)	1(1)
XIII	After death, the patient has no legal right to donate his organs or make any other arrangements.	45(30%)	100(67%)	4(3%)
XIV	The patient has no right to file a complaint with the appropriate authorities about healthcare .	42(27%)	101(68%)	5(4%)
XV	The patient must take responsibility for their own health by leading a healthy lifestyle.	120(81%)	23(16%)	5(4%)
XVI	If the patient is a minor, the parent or guardian is responsible for the minor's protection, care, and healthy lifestyle.	125(84%)	18(12%)	5(4%)
XVII	It is the patient's responsibility to maintain a positive attitude on their health and life.	124(83%)	23(15%)	2(1%)
XVIII	The patient is not responsible for protecting the environment.	26(18%)	117(80%)	4(3%)
XIX	The patient is responsible for upholding others' rights and not risking their lives or health.	120(81%)	23(15%)	5(4%)
XX	While being truthful and honest about previous medical care, the patient is not responsible for providing healthcare professionals with pertinent,	45(30%)	97(64%)	7(6%)

	correct information to facilitate diagnosis, treatment, rehabilitation, or counseling.			
XXI	The patient is not responsible for maintaining and producing medical records in their possession when requested by healthcare professionals.	39(26%)	104(69%)	6(5%)
XXII	The patient is responsible for following instructions, adhering to any recommended medicine, treatment, or rehabilitation needs, and not abusing or misusing the medication.	125(84%)	18(12%)	5(3%)
XXIII	It is the patient's responsibility to inquire about the cost of treatment and rehabilitation and to make appropriate arrangements for payment.	119(80%)	28(18%)	2(2%)
XXIV	The patient is not responsible for being aware of the available health services in their area and making informed decisions while using these services responsibly.	45(30%)	97(65%)	7(5%)
XXV	It is the patient's responsibility to notify a healthcare professional, where appropriate if they desire to donate their organs and/or make other arrangements that are preferable after their death.	118(81%)	23(16%)	5(3%)
XXVI	Where an adult patient does not have the competence to make decisions about healthcare, the patient's spouse, if applicable, or next of kin and/or guardian must offer protection and care for the patient.	124(83%)	22(15%)	3(2%)
XXVII	The patient is responsible for seeking treatment at the earliest opportunity.	120(82%)	21(14%)	6(4%)
	The patient is not responsible for confidentially expressing any concerns to the appropriate channel.	25(17%)	122(82%)	1(1%)
XXVII I	There is no dispute resolution between patients and healthcare professionals.	25(17%)	122(82%)	1(1%)
XXIX	There are dispute resolutions between patients and health financiers or insurers.	125(86%)	17(12%)	3(3%)
XXX	There is a dispute resolution process between the patient and the employer.	121(82%)	23(16%)	3(2%)

XXXI	There is dispute resolution between patients and their family members.	128(88%)	11(8%)	6(4%)
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## 4.5 Healthcare system characteristics associated with the adoption of the Patients' Rights Charter

### 4.5.1 Information and training on the Charter

From Figure 4.6, more than half (55% of the respondents) indicated that their supervisor told them about the importance of patients' rights in less than 6 months, followed by 30% who indicated that the supervisor told them 1 year ago, and a few of the respondents (5%) were told about the importance of patients' rights more than 1 year ago.

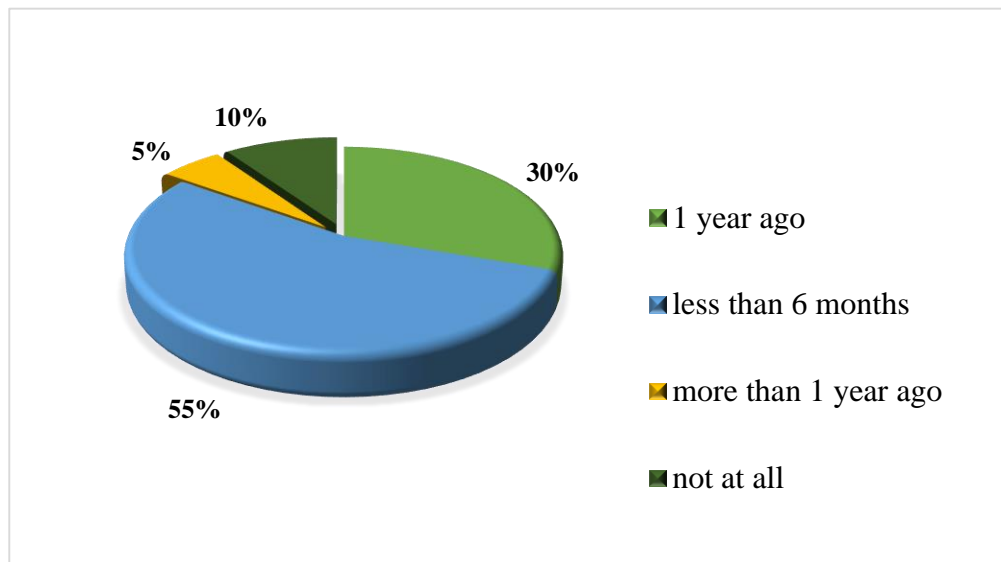


Figure 4.6 Last time informed of Patients' Rights Charter

From Figure 4.7, the results show that 37% of the respondents indicated that the hospital trains their staff on patients' rights twice a year, followed closely by 30% who said the hospital trains their staff once a year, and the least 13% of the respondents indicated that the hospital does not train the staff on the importance of patients' rights per year.

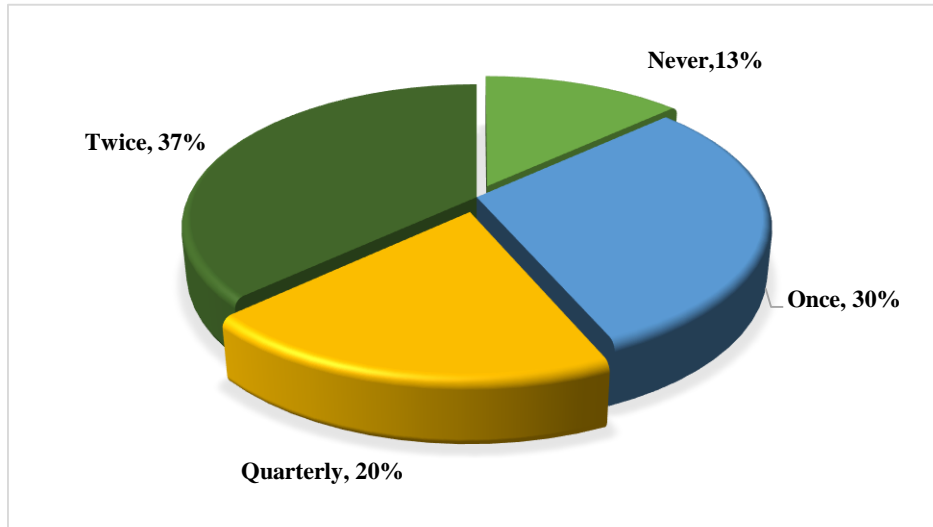


Figure 4.7 Hospital training per year on patients' rights

#### **4.5.2 Barriers that hinder awareness, adoption, and practice of the patients' rights.**

Figure 4.8 below shows that 135 (73%) of the respondents indicated that there are barriers or obstacles in your facility that hinder awareness, adoption, and practice of the Patients' Rights Charter, while the remaining 51 (27%) indicated that there are no barriers. On the types of barriers experienced, more than half 112 (61%) of the respondents said that there are a large number of patients, followed by 34 (8%) as a lack of equipment, 31 (17%) as a lack of enough working space, and a few 10 (5%) indicated that there are incompetent staff, as presented in figure 4.9 below.

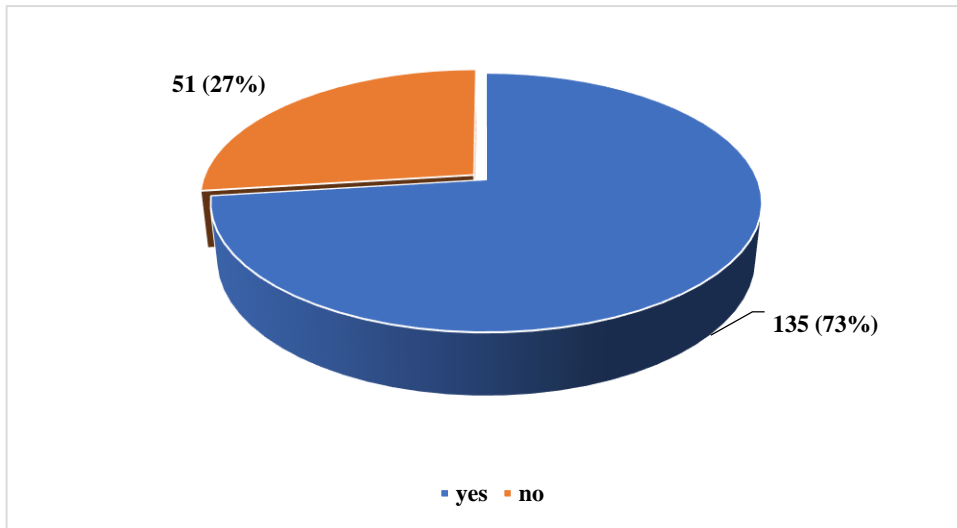


Figure 4.8

Barriers encountered by the Healthcare Professionals on Patients’ Rights Charter adoption

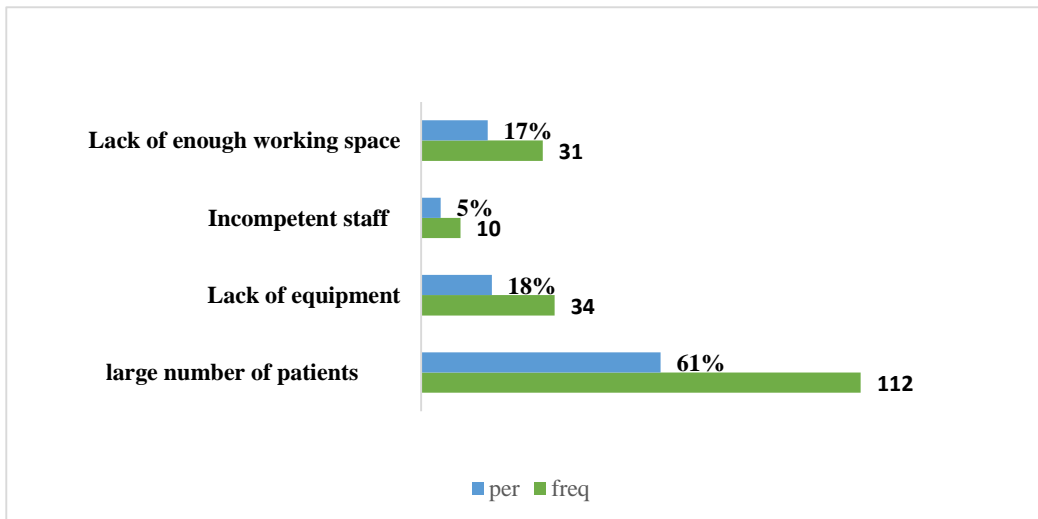


Figure 4.9 Examples of barriers encountered by the Healthcare Professionals in Patients’ Rights Charter adoption

### 4.5.3 Awareness of strategies and the types of strategies

Most of the respondents, 159 (87%,) indicated that they were aware of strategies put in place in the facility to promote awareness and adoption of the Kenya National Patients’ Rights Charter, while the rest, 24 (13%), were not aware. The strategies most known to the respondents were the Kenya National Patients’ Rights Charter with 104

(69%), 36 (24%), training, and a few 24 (16%) Standard Operating Procedures strategies.

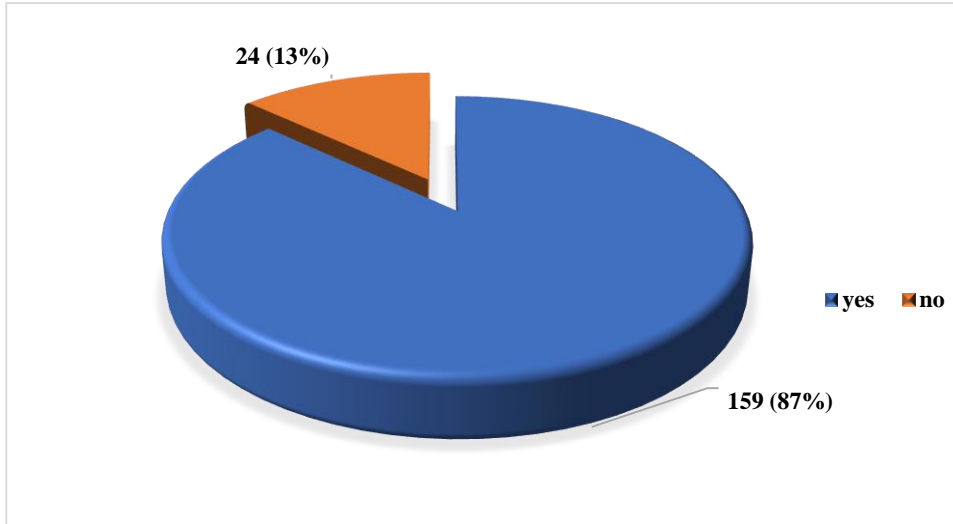


Figure 4.10

Healthcare Professionals’ awareness of strategies put in place to promote Patients’ Rights Charter adoption

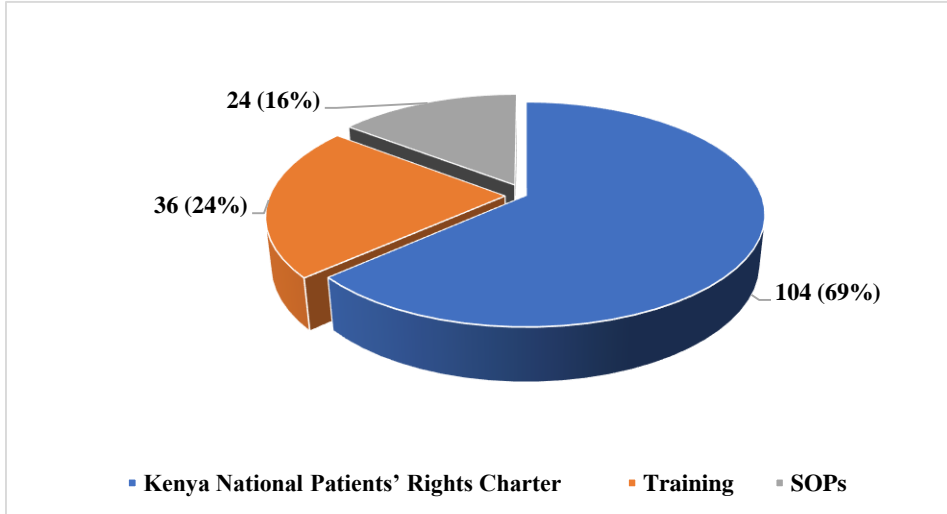


Figure 4.11  
Types of

strategies put in place to promote patients’ Rights Charter adoption

**4.5.4 Associations between awareness and adoption of Patients’ Rights Charter**

The majority, 134 (84.28%), of the professional healthcare workers who understood the Patients’ Rights Charter adopted it, while 15 (62.50%) who were not aware did

not adopt the patient charter. The level of awareness is statistically significant (p value 0.011).

**Table 4.3 Associations between Healthcare Professionals' awareness and adoption of Patients' Rights Charter**

Level of awareness	Adopted patients' rights	Not adopted patients' rights	P value	X2
	Yes N (%)	No N (%)		
Yes	134(84.28)	25(15.72)		
No	15(62.50)	9(37.50)	<b>0.011</b>	(df=2, N=186) =6.5370

#### **4.5.5 Healthcare system factors and effects on the adoption of the Patients' Rights Charter**

From table 4.4 below, the results show that respondents who indicated that the workload in the facility is small had 100% adoption of patients' rights; however, the staff workload is statistically insignificant (p-value 0.014). The workload that had a negative effect on the patients had 113 (85%) adoptions, while the workload that affected the patients positively had 37 (73%) adoptions. The workload effect on patients is statistically insignificant (p-value 0.052). 143 (84% of respondents) who agreed that the hospital treats all communications and records pertaining to patients' or clients' care confidentially adopted the patients' rights, while those who didn't agree were 5 (56% of respondents) did not also adopt the patients' rights in the public health facility, hence statistically significant p-value of 0.003. Respondents who indicated that the hospital offers patients a copy of their rights and responsibilities

upon admission were 48 (69%) who adopted the patients' rights in the hospital; those who didn't were 101 (89%) who also adopted the patients' rights in the hospital, hence statistically significant with a p-value of 0.000.

Additionally, the availability of SOPs to guide the staff in observing patients' rights is statistically insignificant (p-value 0.090). Of those respondents who indicated there are SOPs, 129 (83%) adopted the patients' rights in the facility, while those who didn't indicate 15 (68%) adopted the patients' rights in the health facility, and only 7 (32%) did not adopt the patient right. Lastly, 140 (83%) of those respondents who indicated that there is provision of a safe and clean hospital environment for patients and staff adopted the patients' rights in the hospital. Respondents who did not indicate there is no provision of a safe and clean hospital environment for patients and staff were 6 (67%) who also adopted the patient right in the hospital, hence statistically insignificant p-value of 0.218.

In summary, hospital offering patients a copy of their rights and responsibilities upon admission (df = 1), p value 0.007, informing patients and clients about hospital policies, services offered, fees, and insurance coverage in addition to the provider's expertise (df =1), p value 0.007, hospital treating all communications and records pertaining to patients' or clients' care confidentially (df = 1), p value 0.003, and staff workload (df = 2), p value 0.014, were all associated with adopting the Patients' Rights Charter among healthcare professionals at Mbagathi Hospital in Nairobi City County, Kenya.

**Table 4.4 Healthcare system related factors and adoption of the Patients' Right Charter**

		<b>Adoption of patients' rights charter N (%)</b>	<b>No Adoption of patients' rights charter N (%)</b>	<b>P-Value</b>	<b>X2</b>
Workload of staff	Small	3(100%)	0	<b>0.014</b>	(df=2, N=186) = 8.516
	Moderate	31(67%)	15(33%)		
	Large	116(86%)	19(14%)		
Workload effect on patients	Positively	37(73%)	14(27%)	<b>0.052</b>	(df=1, N=186) =3.771
	Negatively	113(85%)	20(15%)		
The hospital treats all Communications and records pertaining to patients' or clients' care confidentially	Yes	143(84%)	28(16%)	<b>0.003</b>	(df=1, N=186) =8.767
	No	4(44%)	5(56%)		
Inform patients and clients about hospital policies, services offered, fees, and insurance coverage in addition to the provider's expertise	Yes	144(84%)	28(16%)	<b>0.007</b>	(df=1, N=186) =7.239
	No	5(50%)	5(50%)		
Adequate workspace to provide healthcare services	Yes	144(84%)	28(16%)	<b>0.007</b>	(df=1, N=186) =1.370
	No	5(50%)	5(50%)		

Hospital offers patients a copy of their rights and responsibilities upon admission	Yes	48(69%)	22(31%)	<b>0.000</b>	(df=1, N=186) =12.373
	No	101(89%)	12(11%)		
Availability of SOPs to guide the staff in observing patients' rights	Yes	129(83%)	26(17%)	0.090	(df=1, N=186) =2.875
	No	15(68%)	7(32%)		
Provision of safe and clean hospital environment for patients and staff	Yes	140(83%)	29(17%)	0.218	(df=1, N=186) = 1.516
	No	6(67%)	3(33%)		

#### **4.5.6 Hospital healthcare disputes**

The respondents who said that there are evident incidents in the hospital that were considered patient rights disputes in this facility 101 (81%) adopted the patient right in the facility (p-value 0.819), hence statistically insignificant. For the respondents who indicated that there are patient and healthcare professional disputes, 86 (87%) adopted the patients right in the facility, p-value 0.003, hence statistically significant. The remaining disputes between the patient and his or her employer (p-value 0.426), the patient and the regulatory body (p-value 0.187), and the patient and his or her health financier or insurer (p-value 0.767) were statistically insignificant. Moreover, respondents who said that the hospital has been investigated for medical legal implications because of medical malpractice were 108 (85%) adopted patients' right in the facility, p-value 0.050, hence statistically significant.

Respondents who indicated that the issues were resolved by the Board of Management were 90 (89%), followed by the Court of Law with 4 (80%), the regulatory body at 6 (67%), and the disciplinary team at 7 (58%), who adopted the patients' rights (p-value 0.0018), which is insignificant. Lastly, the respondents who said that the hospital has documentation on the process of implementing the Kenyan Charter for Patients' Rights in this healthcare facility 142 (87%) adopted the patients' rights, while those respondents who said that the hospital has no documentation 12 (63%) did not adopt the patient rights, p-value 0.000, thus statistically significant.

**Table 4.5 Hospital healthcare disputes in regard to patients' rights**

		Adoption of the charter N (%)	No adoption N (%)	p-value	X <sup>2</sup>
Evident incidences in the hospital that was considered patient rights disputes in this facility	Yes	101(81%)	23(19%)		
	No	44(80%)	11(20%)	<b>0.819</b>	(df=1, N=186) =0.052
Parties involved in the dispute	Patient and healthcare professional	86(87%)	13(13%)	<b>0.003</b>	(df =3, N=186) =17.750
	Patient and his/her employer	8(73%)	13(13%)	<b>0.426</b>	(df=3, N=186) =0.632
	Patient and regulatory body	15(71%)	6(29%)	<b>0.187</b>	(df=3, N=186) =1.739
	Patient and his/her health financier/insurer	11(85%)	2(15%)	<b>0.767</b>	(df=3, N=186) =0.088
Has the hospital ever been investigated for medical legal implications because of medical malpractice	Yes	108(85%)	19(15%)		
	No	40(73%)	15(27%)	<b>0.050</b>	df=1, N=186) =4.560
Was the issue resolved	Board of management	90(89%)	11(11%)		
	Regulatory body	6(67%)	3(33%)		
	Disciplinary team	7(58%)	5(42%)		
	Court of law	4(80%)	1(20%)	<b>0.018</b>	(df=3, N=186) =16.478
The hospital has Documentation on the process of implementing the Kenyan Charter for Patients' Rights in this healthcare facility	Yes	142(87%)	22(13%)		
	No	7(37%)	12(63%)	<b>0.000</b>	(df=1, N=186) =27.852

#### 4.6 Inferential Statistics

The table below shows that for the respondent's current title, dentists were 0.072 more likely to adopt the patients' rights charter in the public hospital (CI: -0.460, 0.290), p-value 0.516, which is statistically insignificant. Lab technologists were 0.154 (CI: -0.010, 0.320) more likely to adopt the patient right than the clinical officers; the p-value of 0.072 was also insignificant. Medical doctors were 0.074 more likely to adopt the patients' rights charter as compared to clinical officers (CI: -0.900, 0.238), p-value 0.376, hence insignificant statistically. Nurses were -0.129 less likely to adopt the patient right charter as compared to the clinical officers (CI: -0.298, 0.404), with a P-value of 0.135, which was also insignificant. The pharmacists were 0.258 more likely to adopt the patient right charter as compared to the clinical officers (CI: 0.036, 0.512, P-value 0.047), which is statistically significant. Lastly, professors were 0.185 more likely to adopt the patients' rights in the public health facility as compared to the clinical officers CI (-0.090, 0.460) p-value of 0.186, which is also statistically insignificant.

Additionally, respondents who indicated that the hospital did not treat all communications and records pertaining to patients' or clients' care confidentially were -0.420 less likely to adopt the Patients' Rights Charter in the hospital as compared to those who indicated that the hospital handled the patient's information with confidentiality (CI: -0.662, -0.179), p-value 0.001, which is statistically significant. In conclusion, respondents who responded that the hospital did not have any type of documentation on the process of implementing the Kenyan Charter for Patients' Rights in this healthcare facility were -0.207 less likely to adopt the patients' rights charter in the public hospital as compared to those respondents who indicated that the

hospital did not have any type of documentation CI (0.950, 0.319) p-value 0.000, hence statistically significant.

**Table 4.6 Regression analysis of adoption of Patients' Rights Charter**

	<b>Adoption of the charter</b>	<b>Coefficient</b>	<b>Confidence interval</b>		<b>p-value</b>
<b>Current title</b>	Clinical Officer	REF			
	Dentist	0.072	-0.460	0.290	0.516
	Lab technologist	0.154	-0.010	0.320	0.072
	Medical Doctor	0.074	-0.900	0.238	0.376
	Nurse	-0.129	-0.298	0.404	0.135
	Pharmacist	0.258	0.036	0.512	0.047
	Professor	0.185	-0.090	0.460	0.186
Handling patients' information with confidentiality	Yes	REF			
	No	-0.420	-0.662	-0.179	0.001
Documentation on the process of implementing the Kenyan Charter for Patients' Rights in this healthcare facility	Yes	REF			
	No	-0.207	0.950	0.319	0.000

**Table 4.7 All the significant predictors of adoption of the Patients' Rights Charter**

<b>Variables</b>	<b>Categories</b>	<b>Adoption of the charter N (%)</b>	<b>No adoption of the charter N (%)</b>	<b>P -value</b>
Workload of staff	Small	3(1.6%)	0	<b>0.014</b>
	Moderate	31(16.7%)	15(8.1%)	
	Large	116(62.4%)	19(10.2%)	
Workload effect on patients	Positively	37(19.9%)	14(7.5%)	<b>0.052</b>
	Negatively	113(60.8%)	20(10.8%)	
The hospital treats all Communications and records pertaining to patients' or clients' care confidentially	Yes	143(76.9%)	28(15.1%)	<b>0.003</b>
	No	4(2.2%)	5(2.7%)	
Inform patients and clients about hospital policies, services offered, fees, and insurance coverage in addition to the provider's expertise	Yes	144(77.4%)	28(15.1%)	<b>0.007</b>
	No	5(2.7%)	5(2.7%)	
Adequate workspace to provide healthcare services	Yes	144(77.4%)	28(15.1%)	<b>0.007</b>
	No	5(2.7%)	5(2.7%)	
Hospital offers patients a copy of their rights and responsibilities upon admission	Yes	48(25.8%)	22(11.2%)	<b>0.000</b>
	No	101(54.3%)	12(6.5%)	
Parties involved in the dispute	Patient and healthcare professional	86(46.2%)	13(7.0%)	<b>0.003</b>
Has the hospital ever been investigated for medical legal implications because of medical malpractice	Yes	108(58.1%)	19(10.2%)	

	No	40(21.5%)	15(8.1%)	<b>0.050</b>
Was the issue resolved	Board of management	90(48.4%)	11(5.9%)	
	Regulatory body	6(3.2%)	3(1.6%)	
	Disciplinary team	7(3.8%)	5(2.7%)	
	Court of law	4(2.2%)	1(0.5%)	<b>0.018</b>
The hospital has documentation on the process of implementing the Kenyan Charter for Patients' Rights in this healthcare facility	Yes	142(76.3%)	22(11.8%)	
	No	7(3.8%)	12(6.5%)	<b>0.000</b>

	<b>Adoption</b>	<b>Coefficient</b>	<b>Confidence interval</b>		<b>p-value</b>
Current title	Clinical Officer	REF			
	Pharmacist	0.258	0.036	0.512	<b>0.047</b>
Handling patients' information with confidentiality	Yes	REF			
	No	-0.420	-0.662	-0.179	<b>0.001</b>
Documentation on the process of implementing the Kenyan Charter for Patients' Rights in this healthcare facility	Yes	REF			
	No	-0.207	0.950	0.319	<b>0.000</b>

## **CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Discussion**

#### **Individual factors associated with the adoption of the Patients' Rights Charter.**

The overall adoption rate of the charter among healthcare professionals was notably high, with 152 individuals (81.7%) supporting the Patients' Rights Charter in public hospitals. Among them, medical doctors represented the majority, while only 37 individuals (19.9%) were nurses, and the fewest adopters were dentists, totaling 12 (6.5%). These findings contrast with the research conducted by Ghanem et al. (2015), which reported that only 5% of doctors and nurses demonstrated excellent practices regarding patient rights, with 42% showing satisfactory performance and 29% exhibiting just adequate practice.

The data also revealed that 96 female respondents (51.6%) and 56 male respondents (30.1%) had adopted the Patients' Rights Charter in public health settings. Additionally, over half of the respondents, comprising 101 individuals (54.3%), fell within the age range of 20 to 30 years. These results align with the study by Khalaf et al. (2014), which indicated that the majority of participants (76.6%) were under 50 years old, with a significant proportion being female (68.51%) (Al-Saadi et al., 2019).

Furthermore, the current job title of the respondents was statistically significant, with a p-value of 0.002, indicating a relationship between job title and the adoption of the Patients' Rights Charter. However, no correlations were found between other individual factors, such as gender, age, marital status, religion, education level, or years of experience, indicating that these factors did not influence charter adoption.

#### **Level of awareness of the Patients' Rights Charter**

A significant majority of professional healthcare workers, 134 individuals, accounting for 84.28% who were familiar with the Patients' Rights Charter chose to adopt it. In contrast, only 15 (62.50%) of those who were unaware of the charter did the same. The study revealed a statistically significant relationship between awareness and adoption, with a p-value of 0.011. This finding aligns with research conducted in Nigeria by Iloh et al. (2017), which reported that all participants recognized patients' rights in healthcare settings. Similarly, Wachter et al. (2020) found high overall awareness of the importance of patients' rights at 91.51% among both nurses and physicians. Additionally, a survey by Sookhak et al. (2019) indicated varied levels of awareness among nurses, with 81.9% having poor knowledge, 16.9% moderate knowledge, and only 1.2% demonstrating good knowledge of patients' rights.

Furthermore, the study revealed that 143 respondents (76.9%) believed that the hospital treats communication and records related to patient care confidentially. This finding echoes the results of Bonella et al. (2016), who reported that 100% of respondents valued the right to privacy regarding medical information and records. Additionally, more than half of the respondents, 123 (66%) encountered the Patients' Rights Charter within their facility, while 63 (34%) had not. This finding is consistent with a survey in Uganda by Kagoya et al. (2013), which indicated that 69% of doctors and nurses lacked a strong familiarity with the Patients' Bill of Rights, a trend also observed in Egypt (Zeina et al., 2013).

When it comes to specific details of the charter, a majority of 97 respondents (52.1%) stated that patients are responsible for understanding the available health services in their area and for making informed decisions while utilizing these services responsibly. This aligns with findings from a previous study that asserted patients have

the right to refuse treatment, while doctors are obligated to provide all necessary information for making informed choices (Farzandipour et al., 2015). Other research has also suggested that involving nurses in this process enhances patients' decision-making capabilities (Nekoei et al., 2014).

### **Healthcare system characteristics associated with the adoption Patients' Rights Charter**

Several statistically significant factors within the healthcare system were linked to the adoption of the Patient Rights Charter. These factors include workload ( $P = 0.014$ ), the impact of workload ( $P = 0.052$ ), the confidential management of patient communications and records ( $P = 0.003$ ), the information provided to patients ( $P = 0.007$ ), adequate workspace ( $P = 0.007$ ), the provision of copies of patients' rights and responsibilities ( $P = 0.000$ ), the parties involved in disputes ( $P = 0.003$ ), hospitals being investigated for medical legal issues ( $P = 0.050$ ), issue resolutions ( $P = 0.018$ ), and proper documentation of the implementation process for the Kenyan Charter for Patients' Rights ( $P = 0.000$ ). This aligns with the research conducted by Kheili et al. (2022), which found that, although many healthcare professionals understood patient rights, systemic barriers hindered the full implementation of the Patient Rights Charter.

More than half (55%) of the respondents reported that their supervisors informed them about the importance of patient rights within six months, and 37% stated that their hospital provides training on patients' rights twice a year. Similarly, Mai et al. (2012) noted that while most nurses gained their ethical knowledge through nursing ethics courses during their education, they did not receive ongoing ethical training or refreshers while practicing in clinical settings.

Moreover, 135 respondents (72.6%) identified barriers in their facilities that obstruct awareness, adoption, and practice of the Patients' Rights Charter. This included 112 (61%) indicating a high patient load, 34 (18%) citing a lack of equipment, 31 (17%) pointing to insufficient workspace, and a small number (10 or 5%) mentioning the presence of unqualified staff.

These findings resonate with those of Jouzi et al. (2013), who found that factors such as reduced work hours (96%), nurse-friendly environments (94.6%), a poor patient-to-nurse ratio (92.6%), and the lack of job stability and emotional security for nurses (90.6%) significantly influenced the adoption of patient rights in hospitals. Additionally, 116 respondents (62.4%) expressed that the workload in their facility was heavy, while 113 (60.8%) acknowledged that this workload adversely affected the adoption of patients' rights. This supports the conclusion by Mousavi et al. (2017) that socioeconomic challenges and the demanding workloads of healthcare providers, particularly nurses, are among the primary obstacles to upholding patients' rights.

## **5.2 Conclusions**

### **Individual factors associated with the adoption of the Patients' Right Charter**

There is an association between the current job title and adoption of the Charter, which was statistically significant with a p-value of 0.002. The results of this study may aid in the development of initiatives by policymakers to guarantee that patients' rights are upheld in clinical settings and to educate healthcare professionals and patients on this subject. This would greatly increase patient safety, satisfaction, and the quality of healthcare provided in Kenya.

### **Level of awareness associated with adoption of Patients' Rights Charter**

Most healthcare professionals demonstrated a high level of awareness of the charter details, especially in chapters 1 and 2, but encountered numerous obstacles when attempting to provide healthcare services in accordance with the patient's bill of rights. Strategies are needed to ensure that patients' rights are adequately recognized and protected.

### **Healthcare system characteristics associated with the adoption of Patients' Rights Charter**

The adoption of the patient rights charter was linked to the majority of the healthcare system factors that were statistically significant, including workload ( $P = 0.014$ ), workload effect ( $P = 0.052$ ), confidential handling of all patient/client communications and records ( $P = 0.003$ ), information provided to patients and clients ( $P = 0.007$ ), adequate workspace ( $P = 0.007$ ), and a copy of patients' rights and responsibilities offered to patients upon admission ( $P = 0.000$ ). This may help to introduce measures to enhance adoption within the healthcare sector.

## **5.3 Recommendations**

### **Individual factors associated with the adoption of the Patients' Rights Charter**

Given the connection between the adoption of the Patients' Rights Charter and the current job titles of healthcare professionals, policymakers should create strategies to ensure that all levels of healthcare staff have the knowledge and resources needed to understand and uphold the rights of patients and clients, as outlined in the Patients' Bill of Rights, in both community and hospital environments.

### **The level of awareness associated with adoption of Patients' Rights Charter**

Although most respondents seemed to be aware of patients' rights, they faced various challenges in delivering healthcare services in line with the patients' bill of rights. It

is essential for policymakers and healthcare managers to understand these obstacles, as doing so will enable them to safeguard patients' legal rights and enhance the quality of care provided to patients and their families. The Ministry of Health, the government, and other relevant stakeholders should ensure that both public and private hospitals are equipped with all the necessary resources.

### **Healthcare system characteristics associated with the adoption of Patients' Rights Charter**

Several statistically significant factors within the healthcare system, including workload and its impact, the confidential management of patient and client communications and records, the availability of adequate workspace, and the provision of copies of patients' rights and responsibilities, were found to be associated with the adoption of the Patients' Rights Charter. As a result, policymakers should develop strategies that enable healthcare professionals to more effectively meet the constitutional rights and needs of patients and clients in both community and hospital environments.

#### **5.4 Further research**

The study raises the possibility for further investigation into patients' perspectives on the implementation of the patients' rights charter in public hospitals. While healthcare professionals were the focus of my study, the perspectives and opinions of patients and clients regarding their needs and rights when seeking medical attention can provide further information on the patient's rights charter.

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## APPENDICES

### **Appendix I: Informed Consent Form**

My name is Wang'ombe Muthoni Irene Thuo, a student at Kenyatta University undertaking a Master of Science degree in healthcare management. I am doing academic research on '*Determinants of adoption of Patients' Rights Charter among the healthcare professionals at Mbagathi Hospital, Nairobi City County, Kenya*'.

The information gathered will help improve patient-centered healthcare in the country by increasing knowledge and adoption of the Patients' Rights Charter among healthcare professionals.

#### **Procedures to be followed.**

Participation in this study requires answering a few questions and is entirely voluntary.

During the interview, you can also ask questions about the study at any time. You might simply refuse to respond to or answer any question that makes you feel uneasy.

You have the option of withdrawing from the interview at any moment.

#### **Discomfort and risks**

Please feel free to decline to answer any of the questions if they make you uncomfortable. You can terminate the interview at any point. The interview lasts between 20 and 30 minutes.

#### **Benefits**

By participating in this study, you will learn about numerous aspects related to patients' rights in healthcare. It will also assist you to gain a better understanding of the difficulties involved in adopting the Patients' Rights Charter.



## **Appendix II: Questionnaire for the Mbagathi Hospital healthcare professionals**

Thank you for agreeing to participate in this study. Your information will be kept private and used solely for the purposes of this study. It will take 20 to 30 minutes to complete the session. All of the questionnaires are done in an anonymous manner. You should try to be as accurate as possible when answering the questions. Please select the item that best represents your response by ticking or inserting it in brackets. Unless otherwise indicated, please make just one selection. Thank you very much.

### **A. Demographic information**

1. What gender do you identify with?

[1] Male            [2] Female

2. What age group do you fall into?

[1] 20- 30        [2] 31- 40        [3] 41-50        [4] 51-60        [6] over 60

3. What is your marital status?

[1] Single        [2] Married    [3] Widowed

4. What is your highest level of professional training?

[1] Certificate    [2] Diploma    [3] Degree [4] Masters    [5] PHD

5. What faith do you follow?

[1] Muslim                    [2] Christian                    [3] Hindu                    [4] Other  
(specify).....

6. What is the title of your current position?

[1] Professor    [2] Medical Doctor    [2] Nurse    [3] Clinical Officer  
[4] Laboratory Technologist    [5] Dentist [6] Pharmacist

7. How many years of experience do you have?

[1] 1-10        [2] 10-20        [3] 20-30        [4] 30-40

**B: The level of awareness among healthcare practitioners of certain provisions of Kenya's 2013 Constitution's Patients' Rights Charter.**

1. Are you aware that the Kenyan constitution contains a patient's rights charter?  
[1] Yes                      [2] No
2. If you replied yes to question 1 above, how did you learn about the Kenya National Patients' Rights Charter's information?  
[1] School    [2] Hospital    [3] Mass media (radio, TVs, newspaper)  
[4] Friends    [5] Brochure    [6] Social media sites  
  
[7] Seminar    [8] Healthcare workers    [9] others (specify-----)
3. Have you ever seen the Patients' Right Charter in your facility?  
[1] Yes                      [2] No
4. If you answered yes in question 3 above, where in particular? -----  
-----
5. Do you know what Patients' Rights Charter entails?  
[1] Yes                      [2] No
6. If you answered yes in question 5 above, respond to the following statements by ticking the most appropriate response for the statements in the table below.

	Statement	Responses		
		Yes	No	Don't know
i	Patients should always receive healthcare services that encompass supportive, preventive, curative, reproductive, rehabilitative, and palliative care, as appropriate.			
ii	Only patients with the financial means to pay have the right to receive emergency therapy to stabilize their condition.			
iii	Every insured patient or client has the right to be informed about their rights and, if required, to challenge the content and choices of the health insurance system and policy.			
iv	The patient has the right of access to the healthcare professional of their choice and should not be unduly restricted by third parties, so long as the healthcare professional is qualified, registered, contracted, and in good standing with the appropriate regulatory body to			

	offer treatment for a particular condition or disease and as long as that choice is medically and ethically justifiable.			
v	The patient does not have the right to the best possible healthcare products and services.			
vi	A patient or client has the right to refuse, discontinue, or withhold treatment if doing so does not pose an immediate harm to the patient's or others' health, taking into consideration the individual's insight and ability.			
vii	Unless the patient has provided consent or publication is permitted by law or in the public interest, the patient's confidentiality shall be kept. Even after a patient's death, confidentiality should be preserved.			
viii	Except in the case of an emergency, the patient has the right to be informed of consent to treatment and to receive complete and accurate information in a language he or she understands about the nature of the disease, diagnostic procedures, proposed treatment, alternative treatment, and associated costs before making a decision.			
ix	Every patient has the right to comprehensive and accurate health and medical information. Furthermore, every patient has the right to access and receive health-related information.			
x	The patient has no legal right to be treated with dignity and respect.			
xi	If a patient so desires, they have the right to seek a second medical opinion from another competent healthcare expert on the diagnosis, procedure, therapy, and/or medicine.			
xii	The patient has the right to health insurance coverage regardless of age, pregnancy, disability, or illness, including disorders.			
xiii	After death, the patient has no legal right to donate his organs or make any other arrangements.			
xiv	The patient has no right to file a complaint with the appropriate authorities about healthcare .			
xv	The patient must take responsibility for their own health by leading a healthy lifestyle.			
xvi	If the patient is a minor, the parent or guardian is responsible for the minor's protection, care, and healthy lifestyle.			
xvi i	It is the patient's responsibility to maintain a positive attitude on their health and life.			
xvi ii	The patient is not responsible for protecting the environment.			

xix	The patient is responsible for upholding others' rights and not risking their lives or health.			
xx	While being truthful and honest about previous medical care, the patient is not responsible for providing healthcare professionals with pertinent, correct information to facilitate diagnosis, treatment, rehabilitation, or counseling.			
xxi	The patient is not responsible for maintaining and producing medical records in their possession when requested by healthcare professionals.			
xxi i	The patient is responsible for following instructions, adhering to any recommended medicine, treatment, or rehabilitation needs, and not abusing or misusing the medication.			
xxi ii	It is the patient's responsibility to inquire about the cost of treatment and rehabilitation and to make appropriate arrangements for payment.			
xxi v	The patient is not responsible for being aware of the available health services in their area and making informed decisions while using these services responsibly.			
xx v	It is the patient's responsibility to notify a healthcare professional, where appropriate, if they desire to donate their organs and/or make other arrangements that are preferable after their death.			
xx vi	Where an adult patient does not have the competence to make decisions about healthcare, the patient's spouse, if applicable, or next of kin and/or guardian must offer protection and care for the patient.			
xx vii	The patient is responsible for seeking treatment at the earliest opportunity.			
	The patient is not responsible for confidentially expressing any concerns to the appropriate channel.			
xx viii	There is no dispute resolution between patients and healthcare professionals.			
xxi x	There are dispute resolutions between patients and health financiers or insurers.			
xx x	There is a dispute resolution process between the patient and the employer.			
xx xi	There is dispute resolution between patients and their family members.			

**C: Individual factors influence the adoption of the patients' rights charter.**

1. Have you ever attended awareness training on Kenya's National Patients' Rights

Charter 2013?

[1] Yes [2] No

2. Are you aware that patients have rights?

[1] Yes [2] No

3. Do you think it is necessary to implement the adoption of the patients' rights charter?

[1] Yes [2] No

4. How important do you think it is to practice patients' rights?

[1] Not important [2] slightly important [3] important [4] very important

5. Do you get adequate time for providing healthcare services to your patients or clients?

[1] Yes [2] No

6. How many hours do you work per shift?

[1] 6 hours [2] 8 hours [3] 10 hours [4] 12 hours [5] 12 hours and above

7. During the last month, how many patients did you attend to?

[1] Less than 20 [2] 20-30 [3] 31-40 [4] 40-50 [5] More than 50

8. How much time do you spend with your patients?

[1] 15-30 Minutes [2] 31-45 Minutes [3] 1-2 hours [5] over 2hours

9. Is your work schedule convenient for you?

[1] Yes [2] No

If no, comment.....

10. Are you committed to observing patients' rights?

[1] Yes [2] No

11. Are there specific patients' rights that you feel more committed to observing?

[1] Yes [2] No

12. If you answered "yes" in question 11 above, please name them.
- [i].....  
 [ii].....  
 [iii].....  
 [iv].....  
 [v].....
13. Do you identify yourself and your area of expertise as a healthcare professional to your patients and clients?  
 [1] Yes                      [2] No
14. Do you consider patients' rights to be something that you are responsible for implementing?  
 [1] Yes                      [2] No
15. Are you motivated to respond to patients' needs?  
 [1] Yes                      [2] No
16. Does the hospital provide you with the necessary resources for the job that you do?  
 [1] Yes                      [2] No

**D: Healthcare system factors and adoption of the Patients' Right Charter**

1. When was the last time your supervisor talked to you about the importance of practicing patients' rights?  
 [1] Not at all    [2] Less than 6 month    [3] 1 year ago    [4] More than 1 year ago
2. How often does the hospital give training to the staff on patients' rights in a year?  
 [1] Never        [2] once        [2] twice        [4] quarterly
3. Are there any barriers or obstacles in your facility that hinder awareness, adoption, and practice of the patients' rights charter?  
 [1] Yes    [2] No
4. If you answered yes in question 3 above, which ones?

[1] Large number of patients      [2] Incompetent staff

[3] Lack of equipment              [4] Lack of enough working space

5. Are there any strategies put in place in the facility to promote awareness and adoption of the Kenya National Patients' Rights Charter?

[1] Yes                                  [2] No

6. If you answered yes, in question 5 above, which one(s)?

[1] Availability of Kenya National Patients' Rights Charter [2] Training

[3] SOPs

7. What is the workload of staff?

[1] Large                              [2] Moderate                      [3] Small

8. How does the workload affect patients' rights practice?

[1] Negatively                      [2] positively

9. Does the hospital treat all communications and records pertaining to patients' or clients' care confidentially?

[1] Yes                                  [2] No

10. Does the hospital inform patients and clients about hospital policies, services offered, fees, and insurance coverage in addition to the provider's expertise?

[1] Yes                                  [2] No

11. Is the workspace adequate for you to provide healthcare services to the patients and clients?

[1] Yes                                  [2] No

12. Does the hospital offer patients a copy of their rights and responsibilities upon admission?

[1] Yes                                  [2] No

13. Are there SOPs to guide the staff in observing patients' rights?

[1] Yes                      [2] No

14. Does the hospital provide a safe and clean hospital environment for patients and staff?

[1] Yes                      [2] No

15. Have there been any incidents in the hospital that was considered patient rights disputes in this facility?

[1] Yes                      [2] No

16. If you answered yes in question 15 above, who were the parties involved in the dispute?

[1] Patient and healthcare professional [2] Patient and his/her employer

[3] Patient and regulatory body [4] Patient and his/her health financier/insurer

17. Has the hospital ever been investigated for medical legal implications because of medical malpractice?

[1] Yes                      [2] No

18. If you answered yes in question 17 above, where was the issue resolved?

[1] Board of management [2] Regulatory body

[3] Disciplinary team [4] Court of law

19. Does the hospital have any type of documentation on the process of implementing the Kenyan Charter for Patients' Rights in this healthcare facility?

[1] Yes                      [2] No

**E: Adoption of 14 patients' rights in public health facilities as outlined in the Kenya National Patients' Rights' Charter (2013).**

Please respond to the following statements by indicating your level of agreement in the table below.

**Note:** The abbreviations in the statement stand for:


**SD-** Strongly disagree, **D-**Disagree, **N-**Neutral, **A-**Agree, **SA-**Strongly agree

	<b>Statement</b>	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1	Patients who visit this facility always gain from the healthcare services that promote healthy living and preventive, curative, reproductive, rehabilitative, and palliative healthcare that is considerate and respectful, regardless of age, tribe, race, culture, and religion.					
2	I can always treat patients in an emergency scenario as an emergency to stabilize their condition, regardless of their capacity to pay.					
3	The patients or clients receive full information about all the provisions of their health insurance companies or health insurance policies for each insured patient.					
4	Patients may change physicians or healthcare providers as needed or change healthcare facilities to a healthcare facility of their choice, provided they are qualified, registered, retained, and in good standing with the regulator to provide treatment for the particular condition or disease while that choice is medically and ethically justifiable.					
5	Patients and clients are always provided with the best available healthcare products and services, which are always kind and courteous.					
6	Patients and clients may always refuse or discontinue treatment if the healthcare provider documents it in writing and in front of an independent witness; if the refusal, discontinuation, or withholding does not pose an immediate risk to the patient's or others' health; and if the person's awareness and competence have been considered.					
7	Confidentiality is always kept during consultation, examination, and treatment, and even after a patient's death, unless express agreement has been given or publication is permitted by law or in the public interest.					
8	Except in emergency cases, I always provide thorough and accurate information to my patients and clients					

	about the nature of their ailment, diagnostic procedures, planned therapy, alternative therapies, and costs so that they can make an informed decision.					
9	I always provide my patients and clients with complete and accurate health and healthcare information. In addition, I give them access to and obtain health-related information from them.					
10	The patients and clients are treated with respect and decency by the healthcare professionals at this institution.					
11	Patients/clients are given the option of seeking a second medical opinion, if desired, from other competent medical health professionals of their choosing on their diagnosis, investigations, procedures, therapy, and or medicines.					
12	Patients and clients are normally entitled to complain to the appropriate authorities about healthcare services that they believe are unsatisfactory or unprofessional, and such complaints are investigated and responded to by the authorities within a reasonable time limit of twelve months.					
13	Every patient covered by national insurance is given equal consideration at every appointment, regardless of age, pregnancy, handicap, or sickness, including disorders.					
14	Prior to death, healthcare professionals always safeguard the patient's health, reduce their pain, and allow the patient to give organs or make any other arrangements/wishes.					

**Thank you for your time and participation**

## Appendix III: Research approval from Kenyatta University Graduate School



**KENYATTA UNIVERSITY  
GRADUATE SCHOOL**

E-mail: [dean-graduate@ku.ac.ke](mailto:dean-graduate@ku.ac.ke) P.O. Box 43844, 00100  
 Website: [www.ku.ac.ke](http://www.ku.ac.ke) NAIROBI, KENYA  
 Tel. 020-8704180

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**Internal Memo**

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**FROM:** Dean, Graduate School **DATE:** 20<sup>th</sup> September, 2022

**TO:** Ms. Wang'ombe Muthoni Irene Thuo **REF:** Q140/CTY/PT/27118/14  
 C/o Department of Health Management &  
 Informatics

**SUBJECT: APPROVAL OF RESEARCH PROPOSAL**

=====


This is to inform you that Graduate School Board, at its meeting on 14<sup>th</sup> September, 2022, approved your Research Proposal for the M.Sc. Degree entitled, "Patients' Rights Charter Adoption among Healthcare Professionals in Mbagathi Hospital, Nairobi City County, Kenya."

You may now proceed with your Data collection, subject to clearance with the Director General, National Commission for Science, Technology & Innovation and Ethics Review Committee, Kenyatta University.


As you embark on your data collection, please note that you will be required to submit to Graduate School completed Supervision Tracking and Progress Report Forms per semester. The forms are available at the University's Website under Graduate School webpage downloads.

Also, please ensure that you publish article(s) from your thesis before submitting it to Graduate School for examination as per the Commission for University Education and Kenyatta University guidelines.

Thank you.



**DR. MARIET ISABOKE**  
**FOR: DEAN, GRADUATE SCHOOL**



**CC. Chairman, Health Management & Informatics Department Supervisors:**

1. Dr. Peter Kithuka  
C/o Department of Health Management & Informatics  
Kenyatta University
2. Dr. Kenneth Rucha  
C/o Department of Health Management & Informatics  
Kenyatta University

**Appendix IV: Research authorization from Kenyatta University Graduate School**



**KENYATTA UNIVERSITY  
GRADUATE SCHOOL**

E-mail: [dean-graduate@ku.ac.ke](mailto:dean-graduate@ku.ac.ke)

Website: [www.ku.ac.ke](http://www.ku.ac.ke)

P.O. Box 43844, 00100  
NAIROBI, KENYA  
Tel. 020-8704150

Our Ref: Q140/CTY/PT/27118/2014

DATE: 26<sup>th</sup> September, 2022

Director General,  
National Commission for Science, Technology  
and Innovation  
P.O. Box 30623-00100  
**NAIROBI**

Dear Sir/Madam,

**RE: RESEARCH AUTHORIZATION FOR MS. WANG'OMBE MUTHONI IRENE  
THUO REG. NO. Q140/CTY/PT/27118/14**

I write to introduce Ms. Wang'ombe Muthoni Irene Thuo who is a Postgraduate Student of this University. She is registered for M.Sc. degree programme in the Department of Health Management & Informatics.

Ms. Wang'ombe intends to conduct research for a M.Sc. thesis Proposal entitled, "Patients' Rights Charter Adoption among Healthcare Professionals in Mbagathi Hospital, Nairobi City County, Kenya."

Any assistance given will be highly appreciated.

Yours faithfully,

  
**PROF. ELISHIBA KIMANI**  
**DEAN, GRADUATE SCHOOL**



## Appendix V: Ethical clearance from Kenyatta University Ethics Review Committee



### KENYATTA UNIVERSITY CENTRE FOR RESEARCH ETHICS AND SAFETY

Fax: 8711242/8711575

Email: [chairman.kuerc@ku.ac.ke](mailto:chairman.kuerc@ku.ac.ke)  
Nairobi, 00100

Website: [www.ku.ac.ke](http://www.ku.ac.ke)

Our Ref: **KU/ERC/APPROVAL/VOL.1**

P. O. Box 43844,

Tel: 8710901/12

Date: 11<sup>th</sup> /11/2022

Irene Wang'ombe  
P.O BOX 43844-00100  
Nairobi.

**APPLICATION NUMBER: PKU/2615/I1740- PATIENTS' RIGHTS CHARTER  
ADOPTION AMONG THE HEALTH CARE PROFESSIONALS IN MBAGATHI  
HOSPITAL, NAIROBI CITY COUNTY, KENYA**

This is to inform you that **KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE** has reviewed and approved your above research proposal. Your application approval number is **PKU/2615/I1740**. The approval period is **11<sup>th</sup> /11/2022 to 11<sup>th</sup> /11/2023**

This approval is subject to compliance with the following requirements;

- i. Only approved documents including (informed consents, study instruments, MTA) will be used
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by **KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE**
- iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE** within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to **KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE** within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.

vii. Submission of an executive summary report within 90 days upon completion of the study to **KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE**

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke> and also obtain other clearances needed.

To serve you better, researchers are kindly requested to access and complete a customer feedback form and sent it back online as you continue with research and upon completion of data collection found on the following website link;  
;[https://docs.google.com/forms/d/1ytWefDwvyz5h1oz\\_VIn0xbxg3uGdIDzMXFWNDsMrRPQ/edit?usp=sharing](https://docs.google.com/forms/d/1ytWefDwvyz5h1oz_VIn0xbxg3uGdIDzMXFWNDsMrRPQ/edit?usp=sharing)

Yours sincerely



**Prof. Judith Kimiywe**

**Director: Centre for Research Ethics and Safety**

**Appendix VI: Research permit from National Council for Science, Technology and Innovation**

Republic of Kenya  
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 601010

**RESEARCH LICENSE**



This is to Certify that Ms. Irene Muthoni Thuo Wang'ombe of Kenyatta University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: **PATIENTS' RIGHTS CHARTER ADOPTION AMONG THE HEALTHCARE PROFESSIONALS IN MBAGATHI HOSPITAL, NAIROBI CITY COUNTY, KENYA.** for the period ending : 05/December/2023.

License No: NACOSTI/P/22/22190

Applicant Identification Number: 601010

Director General  
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Verification QR Code



NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.


See overleaf for conditions

**Appendix VII: Research authorization from the Nairobi County Health Services**

**NAIROBI CITY COUNTY**

Telephone 020 344194

Web: www.nairobi.go.ke



City Hall,  
P. O. Box 30075-00100,  
Nairobi,  
KENYA.

**COUNTY HEALTH SERVICES**

**REF: NCCG/DHS/REC/267** **DATE: 8<sup>th</sup> December, 2022**

IRENE WANGOMBE  
KENYATTA UNIVERSITY  
NAIROBI.

Dear Ms. Irene,

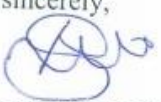
**RE: RESEARCH AUTHORIZATION**

This is to inform you that the Nairobi City County – County Health Research Ethics Committee (REC) reviewed the documents on the study titled " PATIENTS' RIGHTS CHARTER ADOPTION AMONG THE HEALTHCARE PROFESSIONALS IN MBAGATHI HOSPITAL, NAIROBI CITY COUNTY, KENYA."

I am pleased to inform you that you have been authorized to carry out the study at Mbagathi Hospital in Nairobi County. The researcher will be required to adhere to the ethical code of conduct for health research in accordance to the Science Technology and Innovation Act, 2013 and the approval procedure and protocol for research for Nairobi.

On completion of the study, you will submit one hard copy and one copy in PDF of the research findings to the REC. In addition, you will disseminate recommendations of the research at a virtual meeting organized by the REC. By copy of this letter, the Medical Superintendent – Mbagathi Hospital is to accord you the necessary assistance to carry out this research study.

Yours sincerely,



**DR. ANDREW TORO**  
**CHAIR - RESEARCH ETHICS COMMITTEE**

Cc: Chief Officer Health Services  
Medical Superintendent – Mbagathi Hospital

**Appendix VIII: Map of Mbagathi County Hospital**

