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

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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 Patients' Rights Charter among healthcare professionals at Mbagathi Hospital. Quantitative and qualitative methodologies in a descriptive cross-sectional research design were used for data collection, whereby a semi-structured questionnaire was administered to the selected healthcare professionals at Mbagathi Hospital. The stratified sampling method from Yamane's (1967) was used to select the desired sample in each of the six 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 the 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 health care 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 and clients (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 on the process of implementing the Kenyan Charter for Patients' Rights (P = 0.00), thus correlated with the adoption of the Patient Rights Charter. The study thus concludes that respondents appeared to be familiar with the patients' rights, but they faced several obstacles that prevented them from completely embracing the Patient's Rights Charter at the public hospital. Hence, recommend that, in order to safeguard patients' legal rights and deliver higher-quality care to them and their families, legislators and health care administrators have a thorough awareness of healthcare hurdles. The government should make sure that all healthcare professionals have the tools and information required.

INTRODUCTION

The World Health Organization's (WHO) Constitution has acknowledged health as a fundamental human right and the organization's mission for all people since 1946. The 1948 Universal Declaration of Human Rights affirms that all members of the human family have equal and inalienable rights, and the concept of patients' rights was established as the equality of all human beings and their inherent dignity (WHO, 2021). Patient's rights are a set of guidelines that govern interactions between patients and healthcare professionals (Agrawal et al., 2017). The Patients' Rights Charter contains information that is linked to human rights standards and aims to improve healthcare professionals' client-centred service, raise public awareness of health rights and appropriate health-seeking behaviour, and improve healthcare professionals' ethical practices in terms of rights and responsibilities in health service delivery. The implementation of the patient rights charter influences how adaptable health systems are. The leadership and governance of such institutions must adopt an appropriate approach in order to implement policies that enhance 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 principle that all people should be respected for their diverse backgrounds and that those making decisions under the Act must recognize and respect each patient's unique needs, values, and circumstances, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender, sexual orientation, and culture, without discrimination (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).

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 dehumanize them; this is especially true in settings where patients receive basic and prenatal care. 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.

Justification of the Study

The Patients' Rights Charter (2013) was enacted as a law or legal instrument in Kenya by the Constitution of Kenya (2010) to respect and safeguard the rights of patients and clients when seeking health care services. Understanding the determinants of the Patients' Rights Charter and how well the healthcare professionals of Mbagathi hospitals are aware of it is crucial to the improvement of health services. The findings will advise Mbagathi Hospital's health planners, funders, promoters, and policymakers on the deficiencies that need to be addressed to meet the constitutional needs of patients and clients. This will aid in the establishment of the required requirements for the Patients' Rights Charter's complete adoption. The findings will also be used to provide information and increase awareness

about the need to adopt the Patients' Rights Charter within the research site and the healthcare sector at large.

Research Questions

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

Research Objectives

Broad Objective

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

Specific objectives

i. 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.
ii. To determine the level of awareness of the Patients' Right Charter among healthcare professionals at Mbagathi Hospital in Nairobi City County, Kenya.
iii. To determine healthcare system characteristics associated with the adoption of the Patients' Right Charter among healthcare professionals at Mbagathi Hospital in Nairobi City County, Kenya.

Theoretical framework

The research used the patient-centred model, often known as the Bio-Psychosocial Model (BPM), which promotes person-centred treatment. The model confirms the existence of a link between patient care and patient rights. A lot of factors influence patient-centred care, including those affecting health care providers and those affecting patients. In terms of decision-making, patient participation in their own medical treatment is an indicator of quality care. The characteristics of healthcare professionals involved in the patient-centred paradigm, such as honouring the patient's specific preferences and requirements and ensuring that the patient's values lead 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-centred model of care (Guillemin & Barnard, 2015).

Characteristics of healthcare professionals involved in the patient-centred paradigm, such as honouring the patient's specific preferences and requirements and ensuring that the patient's values lead all therapeutic decisions. The patient's bill of rights enshrines all these characteristics. 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 right to privacy in healthcare opinions, questions, and complaints about healthcare, are all part of the patient-centred model of care (Guillemin & Barnard, 2015).

Conceptual Framework

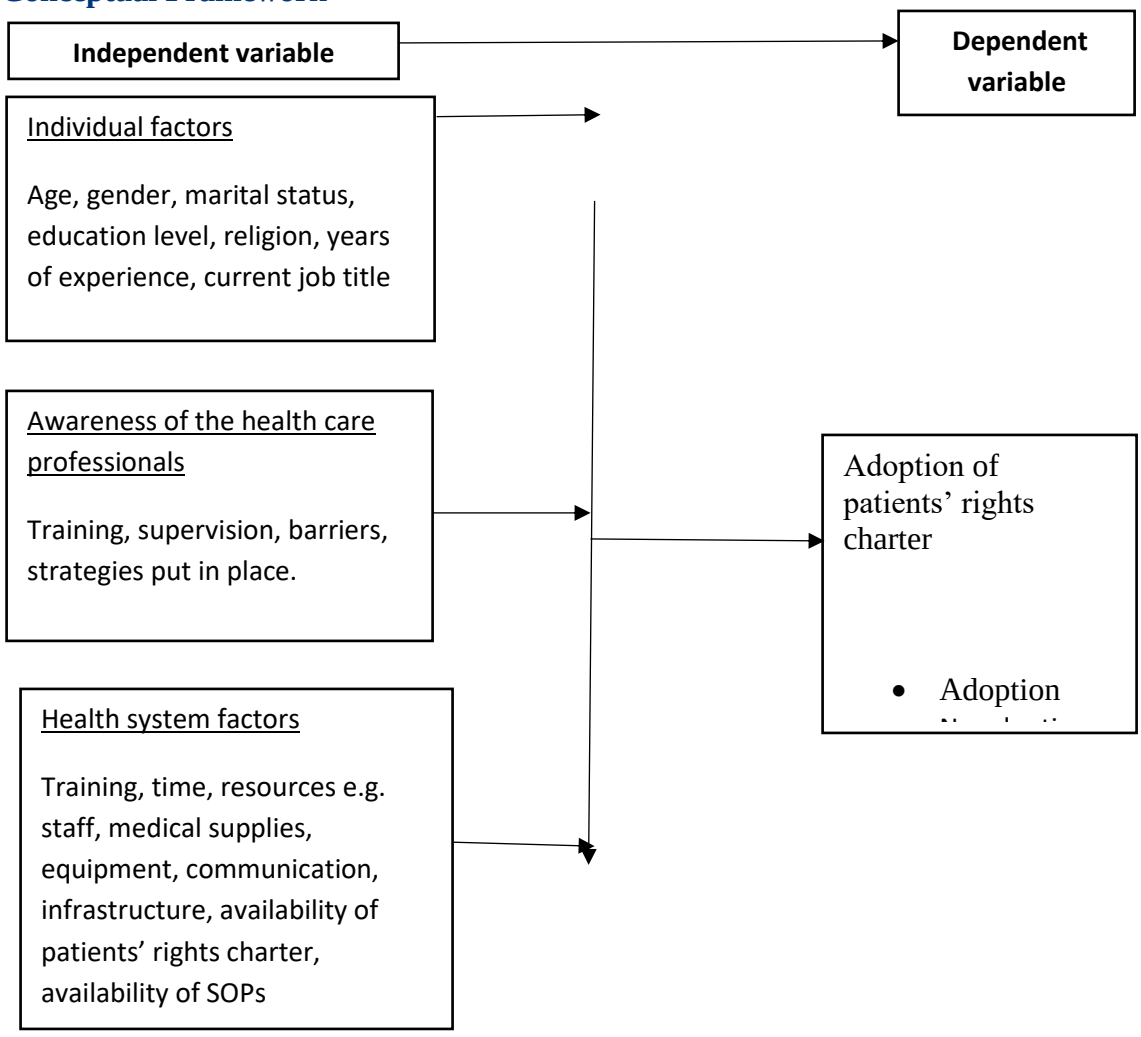


Figure 1.1: Conceptual Framework

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

LITERATURE REVIEW

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).

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).

Human Rights Violations in Healthcare

Violations of human rights or a lack of attention to them can have major health implications. Discrimination in health-care delivery, both within the health-care workforce and between health-care professionals and service users, is a substantial barrier to health-care access and contributes to poor-quality care (WHO, 2021). People with disabilities, indigenous peoples, HIV-positive women, sex workers, drug users, and transgender and intersex people are all at risk of human rights abuses, which include coercive or compelled treatment and procedures (Rubenstein & Amon, 2019). Furthermore, failing to respect these patients' rights in clinical practice erodes confidence between patients and healthcare professionals, putting patients' lives and safety in jeopardy (Farzianpour et al., 2016).

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 health care (WHO, 2019). The Kenya National Patients' Rights Charter (2013) is divided into three chapters. The first consists of a list of patients' rights, such as the right to receive emergency treatment in any health facility; the right to be informed of all the provisions of one's medical scheme or health insurance policy; the right to choose a health care provider; the right to the highest attainable quality of health care 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 respect and dignity. Chapter two encompasses patients' responsibilities, such as taking care of their health by leading a healthy lifestyle. If the patient is a minor (under 18), the minor's parent or guardian is responsible for providing protection care and a healthy lifestyle to the minor, to maintain a positive attitude towards their health and life, to defend the environment, to respect the rights of others and not endanger their life and health, to provide health care professionals with relevant and precise information, and to keep and produce health records in his or her possession as needed by health care professionals. Follow instructions, stick to them, and do not abuse or misuse prescribed medicine, treatment, or rehabilitation needs**.** Also, keep scheduled appointments, observe time, and communicate with the health care provider if this is not possible, to inquire about treatment and rehabilitation costs and make appropriate payment arrangements; to be aware of readily available health care services in his or her area and to make informed decisions while using such services responsibly; and to notify health care professionals, as needed, when one wishes to donate his or her organs or make other arrangements upon death. When an adult patient is unable to make decisions about their own health care, the spouse, next of kin, or guardian is responsible for providing protection and care to the patient, as well as seeking treatment as soon as possible and confidentially expressing any concerns. Chapter three provides a mode for resolving disputes between patients and healthcare professionals, employers, and regulatory bodies (MOH, 2013).

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).

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).

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 several studies, continual training and/or regular reminders for both healthcare professionals at the institutional level and patients using the services have provided a platform for accountability (Halawany et al., 2016). A responsive health system is one in which health information is safely kept and used in decision-making, as well as documentation of conflict reported by patients and action taken through institutional procedures to address the dispute. As part of the process for the Patients' Rights Charter, a record of patient complaints and feedback is essential (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).

RESEARCH METHODOLOGY

The study used a 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. Data from each of the six healthcare professional cadres at Mbagathi Hospital was collected at one specific point in time and analyzed from a representative subset of the population.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. 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 has a high number of healthcare professionals who serve a wide range of patients and clients. 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. Participants for this study included a sample of healthcare professionals with at least one year of work experience at Mbagathi Hospital in Nairobi City County, and only those who consented to participate in the study were included. The study excluded all healthcare professionals on an attachment and internship basis during the time of conducting this study. Employees who are not health care professionals were not included in the study. 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. The study first

applied probability proportional to size (PPS), which means that larger clusters have a higher chance of getting sampled. At a predetermined interval of 2, systematic random sampling was employed to choose respondents for the interview.

Table 1 Mbagathi hospital healthcare professional cadres will act as a cluster in the following table:

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
	Grand Total X	**301**		**186**

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

According to 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 will be given by:

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

Since the number of Mbagathi healthcare professionals is a finite population and less than 10,000, the overall sample size will be determined using the "finite population correction factor" (Yamane, 1967).

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

N is the population size, 301. Therefore: ***NF= 169***

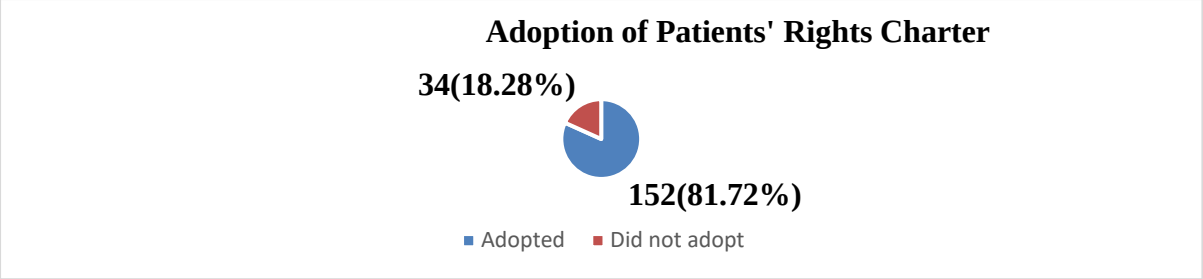
The figure of 169 is the baseline number that the researcher intends to reach in collecting the data. However, the researcher will consider an additional 10% of the sample size, which will be 17 additional respondents, to account for any non-returned questionnaires, bringing the total number of respondents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

To acquire the necessary quantitative data, self-administered questionnaires were used. The researcher built the tools in such a way that she could collect the necessary information from the study participants. Based on the research goals, the questionnaire was divided into five components. The first section contained directions for filling out the questionnaire as well as formal purposes. The second component included general and socio-demographic questions,

while the third section focused on the level of understanding of healthcare professionals regarding various aspects of the Patients' Rights Charter. The fourth section included queries about the specific aspects that influenced the adoption of the Patients' Rights Charter, while the last segment concentrated on the adoption of the 14 patient rights outlined in the Charter. Data collection tools were pre-tested to confirm that they could collect the information required to meet the objectives. Pretesting took place at KEMRI with 17 healthcare professionals, who made up 10% of the study sample. The sample was chosen at random to guarantee that the study instruments were valid and reliable. Validity is the degree to which data-gathering methods accurately measure what they are supposed to measure. This ensures that the study findings are correctly interpreted and applied to a wider population. To guarantee the highest degree of accuracy and reduce incompleteness, training prior to the actual data collection was conducted. Reliability is the ability of an instrument to produce reliable and consistent data. With standard use by different respondents, the questionnaires should offer consistent results. The reliability of research instruments was ensured by the appropriate selection of research assistants and a comprehensive review of the questionnaires before the commencement of the study. Before the data was collected, the research assistants were intensively trained and familiarized with the area of study and the research topic. 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. Percentages, frequency tables, charts, and graphs were presented in the descriptive analysis. Inferential analysis was presented in cross-tabulations using chi-square, multivariate analysis, and correlation tests for associations. SPSS version 23 was used for the analysis. A 95% confidence level was used in the investigation, and a P-value of 0.05 was considered significantly associated**.** The researcher sought approval from the Graduate School at Kenyatta University (KU). To perform the study, KU and ERC provided ethical approval as well as research authorization from NACOSTI. Before beginning the study, permission from the Nairobi County Health Office and Mbagathi Hospital was sought. Before participating in the study, participants were required to give their informed consent. All reasonable efforts were made to keep their information confidential and private.

RESULTS

The study targeted 186 healthcare professionals from Mbagathi County Hospital. Out of this, 186 questionnaires were filled out and considered for analysis, representing a response rate of 100%. The adoption of patients 'rights was grouped by adding the raw mean of all the variables that had information about patients' rights. Values that were below the mean indicated no adoption, while values above the mean indicated the adoption of the rights of patients. From the figure below, the majority of 152 (81.72%) healthcare professionals from Mbagathi County Hospital adopted the Patients' Rights Charter, while only 34 (18.28%) did not.



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.

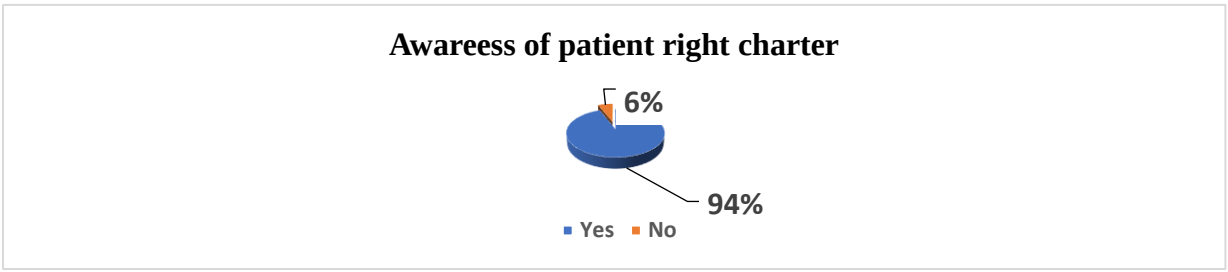
Table 2 Demographic Information

Gender	Adoption of the charter N (%)	No Adoption of the charter N (%)	Statistical significance
Female	96(83%)	19(17%)	
			X^2(df=1, N=186) =0.623
Male	56(79%)	15(21%)	p=0.430
Age of the respondent			
20-30	101(78%)	28(22%)	
31-40	28(85%)	5(15%)	
41-50	16(94%)	1(6%)	
51-60	3(100%)	0	
			X^2(df=4, N=186) =4.545
Over 60	4(100%)	0	P=0.337
Marital status			
Married	62(85%)	11(15%)	
Single	88(80%)	22(20%)	
Widowed	2(67%)	1(33%)	X^2(df=2, N=186)

			=1.177 P=0.555
Religion			
Christian	115(81%)	27(19%)	
Hindu	6(100%)	0	
Muslim	30(81%)	7(19%)	
			X^2(df=3, N=186) =3.798
Others	1(100%)	0	P=0.653
Education			
Certificate	13(87%)	2(13%)	
Diploma	46(78%)	13(22%)	
Degree	66(80%)	16(20%)	
Masters	14(82%)	3(18%)	
			X^2(df=4, N=186) =1.627
Ph.D.	13(100%)	0	P=0.434
Current title			
Clinical Officer	28(78%)	8(22%)	
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	
			X^2(df=6 N=186) =21.369
Professor	9(100%)	0	**P=0.002**
Years of experience			
01-10 Yrs.	115(80%)	28(30%)	
11-20 Yrs.	20(77%)	6(23%)	
21-30 Yrs.	12(100%)	0	
			X^2(df=3, N=186) =4.365
31-40 Yrs.	5(100%)	0	P=0.225

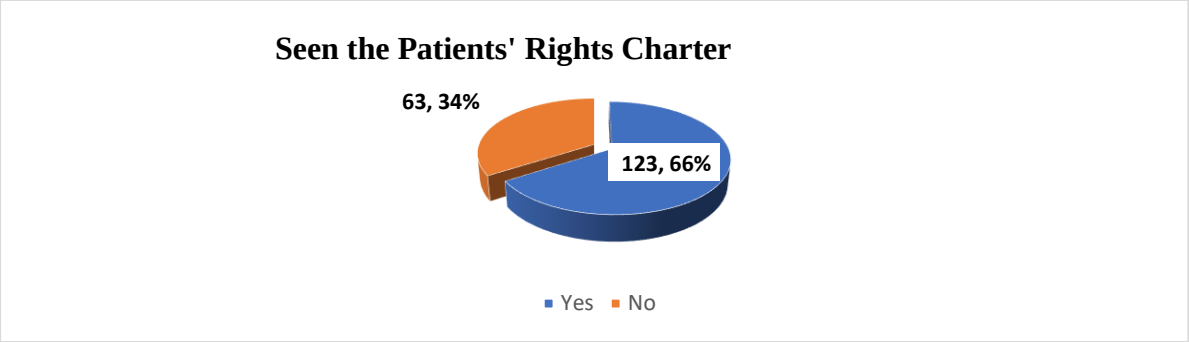
Level of awareness of the Patients' Rights Charter

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. 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.



Patients' Rights Charter knowledge and sources of its information

More than half, 123 (66%) of the respondents, had seen the patients' charter in their facility, while 63 (34%) had not seen the charter. For all those respondents who saw the Patients' Rights Charter, 139 (74%) of the respondents know about its contents, while 47 (26%) do not know what the charter entails.



Patients' Rights Charter details Awareness

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 3 Knowledge assessment of the 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 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 if that choice is medically and ethically justifiable.	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 language he or she understands about the nature of the disease, diagnostic procedures, proposed treatment, alternative treatment, and associated costs before making a decision.	131(*88%)*	12(*8%)*	6(*4%)*
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 health care.	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%)*

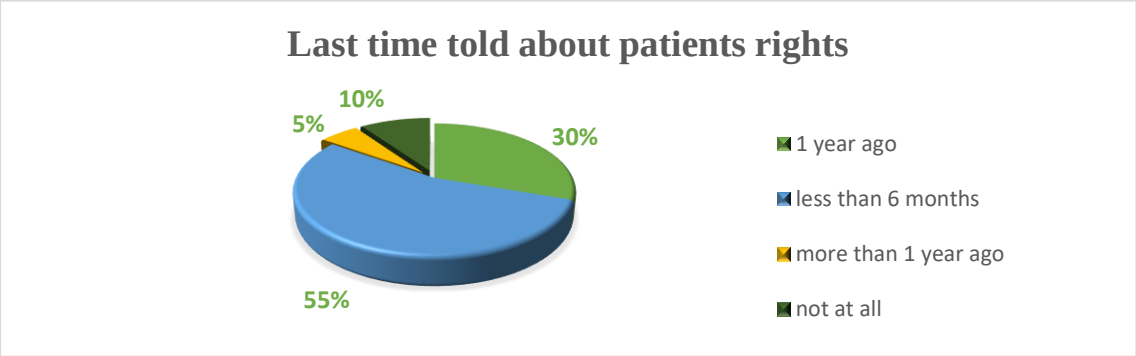
XVII	It is the patient's responsibility to maintain a positive attitude on their health and life.	124(*83%)*	23(*15%)*	2(*1%)*
XVIII	The patient is not responsible for protecting the environment.	26(*18%)*	117(*80%)*	4*(3%)*
XIX	The patient is responsible for upholding others' rights and not risking 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, correct information to facilitate diagnosis, treatment, rehabilitation, or counseling.	45(*30%)*	97(*64%)*	7(*6%)*
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%)*
XXVIII	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%)*

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

Information and training on the Charter

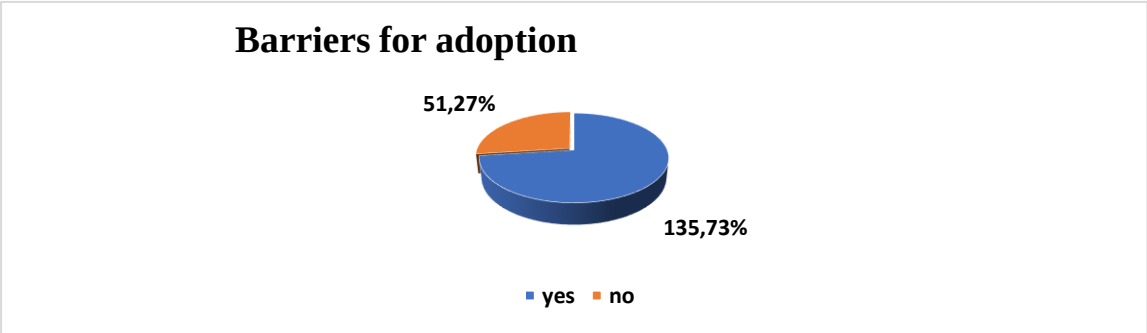
More than half (55% of the respondents) indicated that their supervisor told them about the importance of patients' rights in less than 6 months, followed by 30% who indicated that the supervisor told them 1 year ago, and a few of the respondents (5%) were told about the importance of patients' rights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

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.



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

From the results, 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.



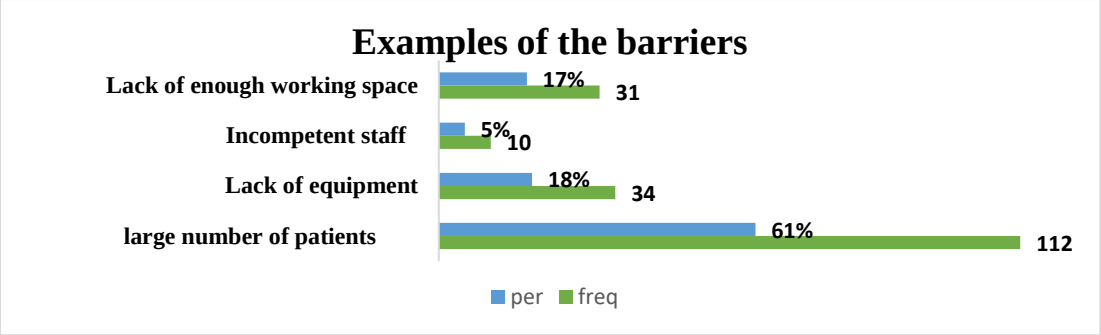
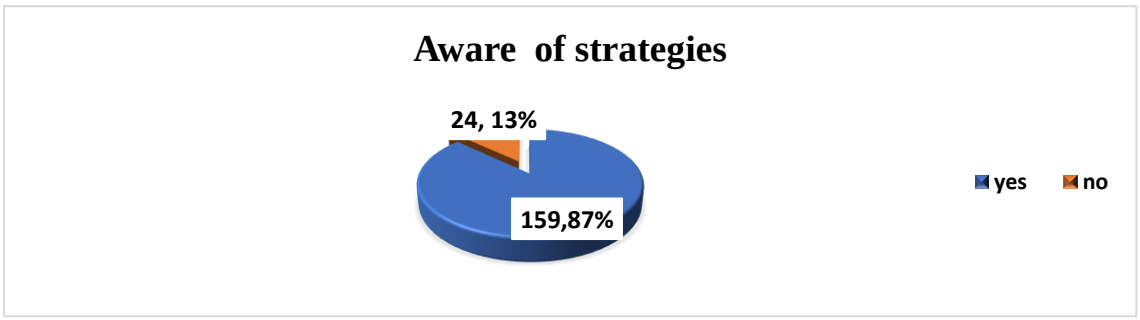
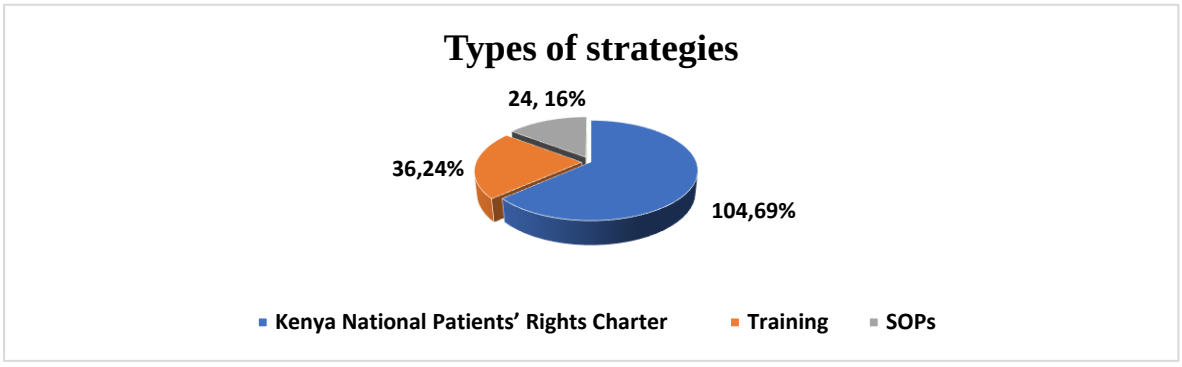


Figure 4. 9 Examples of barriers

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%) SOPs strategies.





Associations between awareness and adoption of Patients' Rights Charter

The majority, 134 (84.28%), of the professional health care workers who were aware of 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 Associations between 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)	**0.011**	**(**df=2, N=186) =6.5370

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

From table 5below, 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 5: Healthcare system factors and adoption of the Patients' Right Charter

		Adoption of patients' rights charter N (%)	No Adoption of patients' rights charter N (%)	P-Value	X2
Workload of staff	Small	3(100%)	0		
	Moderate	31(67%)	15(33%)		
	Large	116(86%)	19(14%)	**0.014**	(df=2, N=186) = 8.516
Workload effect on patients	Positively	37(73%)	14(27%)		
	Negatively	113(85%)	20(15%)	**0.052**	**(**df=1, N=186) =3.771
The hospital treats all Communications and records pertaining to patients' or clients' care confidentially	Yes	143(84%)	28(16%)		
	No	4(44%)	5(56%)	**0.003**	(df=1, N=186) =8.767
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%)		
	No	5(50%)	5(50%)	**0.007**	(df=1, N=186) =7.239)
Adequate workspace to provide health care services	Yes	144(84%)	28(16%)		
	No	5(50%)	5(50%)	**0.007**	(df=1, N=186) =1.370
Hospital offers patients a copy	Yes	48(69%)	22(31%)		

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

Hospital healthcare disputes

The respondents who said that there are evident incidences 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 ever 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 6: Hospital healthcare disputes

		Adoption of the charter N (%)	**No adoption N (%)**	**p-value**	**X2**
Evident incidences in the hospital that was considered patient rights disputes in this facility	Yes	101(81%)	23(19%)		
	No	44(80%)	11(20%)	**0.819**	(df=1, N=186) =0.052
Parties involved in the dispute	Patient and healthcare professional	86(87%)	13(13%)	**0.003**	(df =3, N=186) =17.750
	Patient and his/her employer	8(73%)	13(13%)	**0.426**	(df=3, N=186) =0.632
	Patient and regulatory body	15(71%)	6(29%)	**0.187**	(df=3, N=186) =1.739
	Patient and his/her health financier/insurer	11(85%)	2(15%)	**0.767**	(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%)	**0.050**	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%)	**0.018**	(df=3, N=186) =16.478)
The hospital has Documentation on the process of	Yes	142(87%)	22(13%)		

implementing the Kenyan Charter for Patients' Rights in this healthcare facility					
	No	7(37%)	12(63%)	**0.000**	(df=1, N=186) =27.852

Multivariate Regression Analysis

The table 7 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 7: Multivariate regression analysis

	Adoption of the charter	**Coefficient**		**Confidence interval**	**p-value**
Current title	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

Conclusion and Recommendations

Conclusion

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 health care 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 health care 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 inform measures to enhance adoption within the healthcare sector.

Recommendation

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

Since the adoption of the Patients' Rights Charter and current job titles are related, policymakers should develop plans to guarantee that all healthcare professional cadres have the information and tools necessary to comprehend and uphold patients' and clients' rights based on the Patients' Bill of Rights in both community and hospital settings.

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

Considering that most respondents appeared to be aware of patients' rights but encountered numerous obstacles when attempting to provide healthcare services in accordance with the patient's bill of rights, understanding healthcare obstacles is crucial for policymakers and health care managers, as it will help protect patients' legal rights and deliver higher-quality care to patients and their families. The MOH, the government, and other pertinent parties should guarantee that both public and private hospitals have access to all necessary resources.

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

Most statistically significant factors of the health care system, such as the workload and its effect, the confidential handling of all patient and client communications and records, adequate workspace, and the provision of a copy of patients' rights and responsibilities, were all associated with the adoption of the Patients' Rights Charter.

Policymakers should therefore devise strategies to support them in better fulfilling the constitutional rights and needs of patients and clients in both community and hospital settings.

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