

**FACTORS INFLUENCING PATIENTS' ATTRACTION TO HEALTH CARE SERVICES AT A FAITH BASED HOSPITAL IN VOI, TAITA TAVETA COUNTY, KENYA.**

**Margaret Wandera Nyongesa, PhD\*<sup>1</sup>**

**Ruth Maithya<sup>1</sup>**

<sup>1</sup>Amref International University, Nairobi, Kenya.

\*Corresponding Author

IJASR 2022

VOLUME 5

ISSUE 3 MAY – JUNE

ISSN: 2581-7876

**Abstract:** Factors influencing health seeking behaviours are well documented in literature. In Kenya, chronic shortage of drugs and staff in public health care institutions coupled with poor equipment maintenance and inadequate logistical support have all contributed to the compromise of quality of care forcing many patients to seek healthcare services in faith-based hospitals. This study sought to identify factors that led to patient's attraction to health care services at St Joseph Shelter of Hope (SJS Hope) Mission Hospital in Voi, Taita Taveta County, Kenya. A descriptive cross-sectional study design was applied and systematic sampling method was used to draw a study sample of 280 patients. A structured questionnaire was used to collect data during client exit interviews. Data was collected over 4 weeks, recorded and analysed at  $P \leq 0.05$  level of significance using SSPSS. The relationship between variables was tested using Chi-square and the results were presented in tables and graphs. The most significant contributing factors in attracting patients to the hospital were; waiting time, affordability of the drugs, patients trust of the health care providers, attitude of providers and overall cleanliness of the facility. The study recommends that Health Care Providers (HCPs) embrace patient-centred health care provision whereby the clients' concerns are considered and valued. Additionally, a health care funding system that affords the poor and vulnerable individuals quality health care should be put in place as a critical advancement towards the realization of Universal Health Coverage (UHC).

**Keywords:** Attraction, Faith Based Hospital, Health care services, Health Seeking Behaviour

## 1.0 INTRODUCTION

Given the competitive nature of the health market and the multiplicity of factors that may contribute towards patient's choice of a hospital, clients' needs and preferences for a hospital must be considered in the planning and decision making of hospitals and health care organizations. This study's aim was to identify the factors that contribute to patient's choice of a hospital and the importance of each factor.

Literature on demand for health care presents a myriad of factors affecting health seeking behavior. At the level of health care provider, the quality of medical care in terms of technical efficiency and availability of drugs has been cited as a key determinant of demand for health care (Bamfo & Dogbe, 2017). High-quality services may result in attracting new patients and retaining existing patients thus strengthening patient-provider relationships (Zareiet al., 2012). Furthermore, improving the quality of health care services, patient-centeredness, and paying attention to the patients' needs and preferences seem to be necessary for the patients' treatment. When patients have a good perception of the quality of health care services provided by a hospital and their opinions and beliefs are considered, they will probably return, and their relatives and friends will come to that hospital as well (Lee & Yom, 2007). The concept of quality is different when viewed from the different perspectives of providers and patients. Therefore, in order to assess the quality of services, each viewpoint should be measured appropriately, and the appropriate prioritization of the factors that influence patients' preferences should be considered (Soufiet al., 2010). The importance of attracting patients to hospitals and health care organizations may generate various benefits, such as increased patients' satisfaction, which may yield other referrals to the same hospital in the future.

One of the most important ways to achieve these goals is to improve the quality of services provided by enhancing all medical processes, because the quality of service is a main determinant of the choice of health care providers (York & McCarthy, 2011). Similarly, patients' expectations and preferences must be considered, and the quality of

services must be improved based on their opinions and comments (Mosadeghrad, 2014). When patients have a good perception of the quality of health care services provided by a hospital and their opinions and beliefs are considered, they will probably return themselves, and their relatives and friends will come to that hospital as well. Increasing trust increases the likelihood of choosing to seek care at a health facility instead of self-treatment. The implication of this is that the more trusting the relationship that the provider builds with their patients, the higher the probability of a visit to that provider in the event of illness or injury. Additionally, hospital staff must be responsive and ethical in their interactions with clients. (Zou *et. al*, 2014). Since many countries did not achieve the health targets of the Millennium Development Goals (MDGs), it is critical that all levels of health systems are strengthened if the Sustainable Development Goal (SDG) 3 targets are to be realized by the year 2030. Furthermore, alignment of both private and faith-based health-providers with national health systems and priorities is important for better partnerships and impactful outputs

Countries in Europe have for instance introduced marketing strategies in the healthcare sector that are linked and encourage patient choice of private hospitals through competition and promotions aimed at meeting patients' wishes and priorities. The aforementioned strategies have been found to be effective in improving quality of care and increasing access, efficiency and affordability of health care (Gabe *et.al*, 2015).

According to Malik and Sharma (2017), the decision to visit a private healthcare facility for outpatient services is influenced by many factors key among them patient waiting time. Others are availability of qualified health care professionals, and the ethical behavior of the providers of (Leach *et al*, 2018). Furthermore, patients attribute quality health care with their medical problems being resolved, healthcare providers being skilled and competent, supportive and caring providers attending to their concerns while protecting their privacy, equity in care provision, involvement in decision making regarding treatment and assurance of confidentiality (Bamfo&Dogbe, 2017; Gabe *et al*, 2015). In related studies, the choice of point of care by a patient was found to be influenced by personal preference, satisfaction with the medical service they received once, knowledge and level of education, management and mismanagement of facilities and medical equipment, bureaucracy in medical practice and perceived standard of care rendered (Bamfo&Dogbe, 2017). Furthermore, Chen and Kao, (2011) found that the top six marketing-related ways of affecting customers' choice of hospitals are: free medical consultation, referral by friends and relatives, free clinical care, mailing of clinic schedules to prospective clients, access to TV news, and public health and hygiene education.

## 2.0 MATERIALS AND METHODS

### 2.1 Study Site

The study was conducted at St Joseph Shelter of Hope (SJSHope) mission hospital which is situated in Coastal Region, Taita Taveta County in Voi Sub- County, Kenya. Voi Sub- County has a population of 111,831 and Taita Taveta county has a population of 340,671 according to Kenya's national population census of 2019. SJSHope is approximately 2Km from Voi town.

### 2.2 Study design

Institutional-based cross-sectional study design was used.

### 2.3 Study population

The study population was composed of clients who sought health care at SJSHope Hospital during the study period. A sample size of 280 clients was drawn using Fisher's formula. Systematic sampling technique was used to recruit the clients to be interviewed.

### 2.4 Data collection Tools and Methods

In this study, both primary and secondary data were collected. Primary quantitative data was collected by use of a structured questionnaire that was used to conduct exit interviews. The questionnaire comprised of self-enumeration matrix questions rated on a Likert scale. Secondary data were obtained from existing records at the facility and other official statistics for the purpose of enriching the data.

### 2.5 Data Analysis

Data was analyzed using SPSS version 23. Results were presented in tables and graphic forms using percentage, frequencies, tables and cross tabulation. The relationship between variables was tested using Chi square.

### 3.0 RESULTS

#### Waiting Time

Patients whose waiting time was less than 20 minutes were more satisfied with the care given. At 95% level of confidence, the relationship is significant with longer waiting times associated with low levels of patient’s attraction behavior.

**Table 1: The relationship between patients waiting time and attraction to health care services**

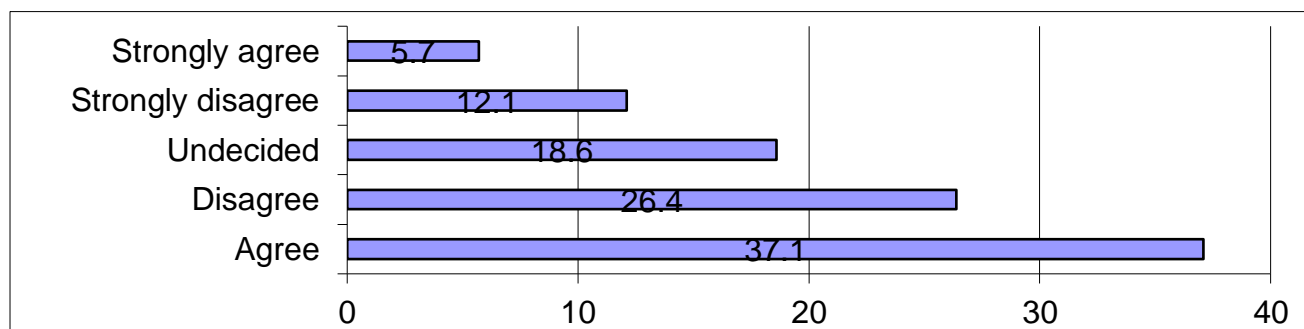
		Satisfaction					Total
		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	
Waiting time	Less than 20 minutes	85.4%	74.6%	53.8%	57.4%	66.7%	70.0%
	Between 20 - 1 hour	2.4%	10.7%	38.5%	27.9%	16.7%	15.7%
	More than 1 hr	4.9%	8.2%	7.7%	10.3%	16.7%	9.3%
	Not applicable	7.3%	6.6%		4.4%		5.0%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

#### Chi-Square Tests

	Value	df	p/value (2-sided)
Pearson Chi-Square	27.966(a)	12	.006

#### Drug Affordability

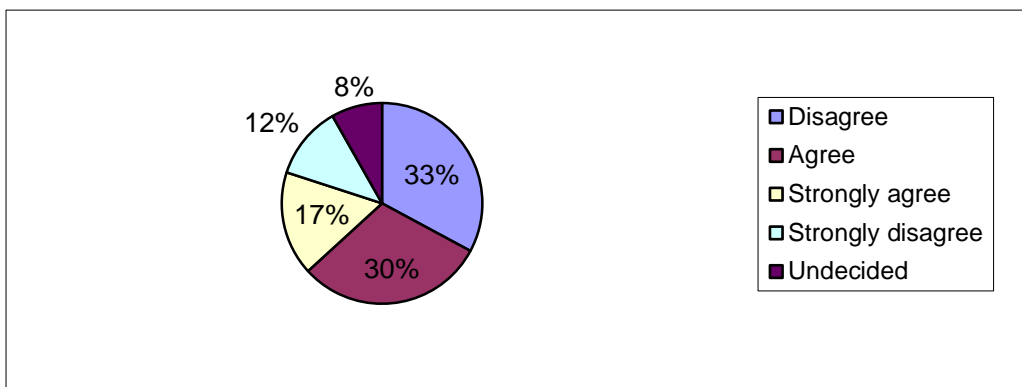
37.1% of the respondents (n=104) agreed that the cost of drugs given was reasonable while 26.4% (n=74) felt that the cost of the drugs given was expensive and they wished the price could be reduced to meet their expectation of a mission hospital. Additionally, 18.6 % of the respondents (n=52) were undecided whether the price of drugs was worth or not. On the same note, 46.4% of the patients, (n=130) agreed that they got all the drugs that were prescribed for them while 13.6 (n= 38) disagreed that they got all of the prescribed drugs and were told to buy from outside the hospital chemist.



**Figure 1: Drug Affordability**

**Patients' trust in the health care providers**

Among the clients who responded 33%, (n=92) strongly agreed that they trust health providers while 30%, (n=85) agreed that they have trust in health care providers and 17% (n=47) strongly disagreed that they have trust in health care providers. Other clients, 12% strongly disagreed and 8% remained undecided on the issue of trust.



**Figure 2: Trust in the Health Care Providers**

**Perception of Health Care Providers' Attitude**

The patients who rated the attitude of the nurses as satisfying were 122 (42.9%) while 78 (28.6%) rated as dissatisfying. The majority of the respondents 186 (66%) were very satisfied and 71 (26.1%) satisfied with the skills and attitude of doctors who attended to them and none of respondents rated the attitude of doctors as dissatisfying. Most of the clients interviewed were undecided 147 (53.2%) on the attitude of the pharmacist, 89 (31.4%) were satisfied and 41 (14.6%) rated the pharmacist attitude as very satisfying. Majority of the patients 189 (67.5%) never responded to this question. Those who responded to this question rated the technologist as having very satisfying attitude 53 (18.9%) and 36 (13.2%) satisfying attitude. Otherwise 143 clients (51.1%) were undecided on the attitude of radiologists since they were not attended by them while 95 (33.9%) said they were very satisfied with radiologist attitude and 42 (14.3%) were satisfied with the attitude of radiologist. The majority of respondents 166 (59.3%) were satisfied with the attitude of cashiers while 17 (6.1%) rated the attitude of cashiers as dissatisfying.

**Table 3: Patients, Perception of the of the Health Care Providers Attitude**

variable	Response					
	Very satisfying	Satisfying	Very dissatisfying	dissatisfying	Undecided	Total
	F %	F %	F %	F %	F %	F %
Nurses	55 19.6	120 42.9	13 4.6	80 28.6	12 4.3	280 100
Doctors	186 66.4	73 26.1	0 0.0	0 0.0	21 7.5	280 100
Pharmacists	41 14.6	88 31.4	0 0.0	2 0.7	149 53.2	280 100
Laboratory/Technologists	53 18.9	37 13.2	0 0.0	1 0.4	189 67.5	280 100
Radiologists	95 33.9	40 14.3	1 0.4	1 0.4	143 51.1	280 100
Cashiers	44 15.7	166 59.3	5 1.8	17 6.1	48 17.1	280 100

### State of cleanliness of facilities

Majority of the clients, 67.6% (n=190) were attracted with overall cleanliness and comfort of the hospital while 14.9% (n=48) were somewhat attracted by cleanliness and 11.5% (n=20) were not attracted because of cleanliness of the hospital. Other respondents were undecided and very much not attracted at all due to cleanliness and this formed 3.4% and 2.6 % respectively

### 4.0 Discussion

Generally, the study focused on clients who were seeking health care services at SJS Hope hospital.

#### Patient waiting time

Majority of the clients who sought services at St. Joseph Shelter of Hope hospital felt that the providers did not keep them waiting for too long. At 95% level of confidence, the relationship was significant with longer waiting times associated with low levels of patient's attraction behavior and vice versa. This concurs with Malik and Sharma's (2017) finding that waiting time is a critical consideration in deciding which hospital to go to.

#### Affordability of services

Most clients felt the cost of services and drugs was reasonable and a good value for their money and indicated that they would refer their families to the same hospital. Financial protection for populations particularly the most vulnerable such as the poor, the elderly, the unemployed and individuals without an income is a prerequisite to the attainment of UHC (Ranabhat *et. al.*, 2019, Zhang *et. al.*, 2018). There needs to be a structured mechanism for health funding to allow equitable access to health care for all.

#### Patients' trust in the health care providers

The majority of the patients had faith and trust in Health Care Providers (HCPs) and felt that they were treated with courtesy and respect and this allowed them freedom to share their health concerns with the HCPs. The findings are in line with Zou & Buck, (2014) that trust in HCPs increases the likelihood of utilizing health services instead of opting for self-treatment. Trust is built through interpersonal relations between the client and the HCP through respectful communication, responsiveness to clients' needs and a feeling of satisfaction with the care given (Zhao, 2019). The implication of this is that the more trusting the relationship that the provider builds with their patients, the higher the probability of a visit to that provider in the event of illness or injury.

### State of cleanliness of facilities

The patients interviewed rated the overall cleanliness and comfort of the hospital as good. This is supported by Chen and Kao, (2011) in their study that found that the top six marketing-related ways of affecting customers' choice of hospitals are: free medical consultation, referral by friends and relatives, free clinical care, mailing of clinic schedules to prospective clients, access to TV news, and public health and hygiene education including level of clean environment.

### Conclusion

Our findings suggest that key factors that attract clients to a health facility include a short waiting period, affordability of services, trust in HCPs and general cleanliness of the facility.

Improving responsiveness to clients, considerations for affordable care and quality assurance are important strategies to ensuring increased access to health care services and also continuity of such care.

### Acknowledgements

We sincerely express our gratitude to the staff of St. Joseph Shelter of hope hospital Voi where the research was carried out for their willingness to support during the study. More so, we are greatly indebted to all those who worked behind the scenes for their time and support and especially research assistants and respondents.

**Conflict of Interest.**

No conflict of interest.

**References**

1. Bamfo, B. & Dogbe, C. (2017). Factors Influencing the Choice of Private and Public Hospitals: Empirical Evidence from Ghana, *International Journal of Pharmaceutical and Healthcare Marketing*, 11(1), 80-96.
2. Chen, C.B., & Kao, P.L. (2011). The Effects of the Hospital Marketing Promotion on Consumers' Choice of Hospitals Consumers. *The Journal of Human Resource and Adult Learning*, 7(2): 156-168.
3. Gabe, J., Harley, K., & Calnan, M. (2015). Healthcare choice: Discourses, perceptions, experiences and practices. *Current Sociology*, 63(5), 623–635. <https://doi.org/10.1177/0011392115590061>
4. Leach, M. J., Wiese, M., Agnew, T., & Thakkar, M. (2018). Health Consumer and Health Provider Preferences for an Integrative Healthcare Service Delivery Model: A Cross-sectional Study. *International Journal of Clinical Practice*, 72(6) 1-15.
5. Lee MA, Yom YH. A (2007). Comparative study of patients' and nurses' perceptions of the quality of nursing services, satisfaction and intent to revisit the hospital: A questionnaire survey. *Int J Nurs Stud*;44(4):545–55.
6. Litvak, E. & Bisognano, M. (2011). More Patients, Less Payment: Increasing Hospital Efficiency in the Aftermath of Health Reform. *Health Affairs (Millwood)*. 1(30): 76–80.
7. Malik, J., & Sharma, V. (2017). Determinants of Patient Choice of Healthcare Provider: A study of selected private hospitals in Delhi-NCR. *NICE Journal of Business*, 12(1), 45-59.
8. Mosadeghrad AM.(2014) Patient choice of a hospital: implications for health policy and management. *Int J Health Care Qual Assur*. 2014;27(2):152–64. doi: 10.1108/IJHCQA-11-2012-0119
9. Ranabhat, C. L., Kim, C.-B., Singh, A., Acharya, D., Pathak, K., Sharma, B., & Mishra, S. R. (2019). Challenges and opportunities towards the road of universal health coverage (UHC) in Nepal: A systematic review. *Archives of Public Health*, 77(1), 5. <https://doi.org/10.1186/s13690-019-0331-7>
10. Soufi G, Belayachi J, Himmich S, Ahid S, Soufi M, Zekraoui (2010). Patient satisfaction in an acute medicine department in Morocco. *BMC health serv res*. 2010;10(1):149. doi: 10.1186/1472-6963-10-149.
11. York AS, McCarthy KA (2011). Patient, staff and physician satisfaction: a new model, instrument and their implications. *Int J Health Care Qual Assur*. 24(2):178–91.
12. Zarei A, Arab M, Froushani AR, Rashidian A, Tabatabaei SMG(2012). Service quality of private hospitals: The Iranian Patients' perspective. *BMC health serv res*. doi: 10.1186/1472-6963-12-31.
13. Zhang, X., Yu, B., He, T., & Wang, P. (2018). Status and determinants of health services utilization among elderly migrants in China. *Global Health Research and Policy*, 3(1), 8. <https://doi.org/10.1186/s41256-018-0064-0>
14. Zhao, D., Zhao, H., & Cleary, P. D. (2019). Understanding the determinants of public trust in the health care system in China: An analysis of a cross-sectional survey. *Journal of Health Services Research & Policy*, 24(1), 37–43. <https://doi.org/10.1177/1355819618799113>
15. Zou, Y., Buck, Z., & Yang, Y. (2014). Investigation of Outpatient Satisfaction in Class-A Hospitals and Countermeasures. *Journal of Modern Nursing*, 20(25): 3185-3188.