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Utilization of Service Charters in Public Hospitals in Kenya: A Case of Thika Level 5 Hospital, Kiambu County

Charles OnyambuMasese*, Wanja Mwaura-Tenambergen and Lillian Muiruri****

*Department of Health Systems Management, Kenya Methodist University & Correspondent
**Department of Health Systems Management, Kenya Methodist University

Abstract- Service delivery in government health facilities in Kenya still faces multiple challenges. These challenges can still be identified ten years down the line since the introduction of Service Charter. The objective of the study was to assess how the service charter utilization would influence health service delivery in Thika Level 5 Hospital (TL5H) in Kiambu County. Cross sectional study design was employed. Quantitative data was collected using questionnaires. A sample size of 156 technical employees of TL5H and patients participated in this study. Collected data was edited, coded, and entered into the computer using the Statistical Package for Social Scientists (SPSS v 23). The respondents strongly agreed that the hospital charter content is not viewed annually creating unfriendly services (mean 1.73, SD 0.97), (mean 1.74, SD 0.997) indicated the respondents strongly agreed that the service charter is not clearly understood by the majority of patients informing them of their rights when seeking services. The respondents disagreed that the hospital management is always active in monitoring performance and playing the oversight duty according to the SC (mean 2.19, SD 1.20) on whether failure to utilize the service charter may lead to deterioration of quality and equity of healthcare, the respondents agreed (mean 2.05, SD 1.54). Most of the respondents strongly agreed there is availability of support for the service charter (Mean 1.72, SD 0.93), while the respondents also indicated that the waiting time has not improved despite the availability of service charter (Mean 2.98, SD 1.09). The study also established that there was uncertainty in the amount of waiting time in TL5H (Mean 1.775, SD 0.91). The channels used for communication were not clear (Mean 1.993, SD 1.12) while the communication at TL5H does not ensure clarity on issues (Mean 1.9, SD 1.07) while the respondent agreed on communication at TL5H was not always done to get commitment from staff (Mean 1.923, SD 1.047) and there was inadequate open communication of most issues at TL5H (Mean 1.846, SD 1.075). The study recommends that 1) TL5H should improve the contents of the service charter to make it clear, to ensure that the patients fully understand the contents, 2) there should be proper monitoring of the members of staff to ensure that the service charter is fully implemented to minimize the amount of complaints by patients, 3) the service charter contents should be embedded in the organization culture to ensure that is fully and properly implemented to the satisfaction of the service users.

Index Terms- utilization, service charter, public hospitals, Kenya

I. Introduction

Health service delivery in any health system, good health services are those which deliver effective, safe, good quality personal and non-personal care to those that need it, when needed, with minimum waste of resources-be they preventive, treatment or rehabilitation. Effective provision requires trained staff working with the right medicines and equipment and adequate financing. Success also requires an organizational environment that provides the incentives to providers and users. Service delivery building block is concerned with how inputs and services are organized and managed to ensure access, quality, safety and continuity of care across health conditions, across different locations and over time (WHO, 2007).

A service charter is defined as a public document that sets out basic information on the services provided, the standards of service that users can expect from an organization, and how to make complaints or suggestions for improvement. A Patient's Charter is a written document containing a sort of "agreement" between a health structure and its patients, where the organization makes express and specific promises (standards) about the level of service quality (Baccarani and Ugolini, 2000).It is a useful communication tool for making quality known. It declares the efforts made to ensure high quality service and renders quality tangible to health staff and service users. As a patients' listening tool, the Patients Charter facilitates consistent information feedback from service users to the health organization.

The Kenyan government policy, (2006) requires that Service Charters be formulated and implemented by government agencies at all levels, statutory bodies, district authorities and local bodies. It is to be displayed in prominent places within the agencies/offices so as to make it clearly visible. In case where an agency fails to comply with the quality standards stated in its charter, the public can lodge complaint for non-compliance. Thus, the agency is made accountable, to its customers in a way that is more explicit and specific than before. For the government departments or agencies it was anticipated that the Charter would provide performance indicators, enable them to make evaluations and thus foster accountability and responsiveness in the public service (Common, 2001).

The Government of Kenya (2008-2012) acknowledges that service delivery in government health facilities in Kenya still face multiple challenges. The Charter introduced in the Ministry of Health in 2006 was intended to improve the old bureaucratic

service delivery mechanism in the hospitals by enhancing transparency, accountability and responsiveness to the clients and community health needs. The charter was intended to improve service delivery, openness and enable patients to easily understand theservices offered, their costs and when and where such services can be accessed. It is to guide patients and other users on services offered, charges, timeliness and where to get redress, as well as serve as a performance measure by the hospital. However, the Service Charter has failed since services are still user unfriendly, misleading and sometimes not implemented. This has made it impossible for patients to plan well on their treatment needs, forcing others to skip important services e.g. pre-natal, ante-natal, wellness clinics etc. (MainaWaikwa, 2013).

Thika Level 5 Hospital Service Charter (SC) sets out acommitment to provide users with the service they expect and its vision statement of offering accessible, equitable and affordable service for every citizen. However, no empirical study had been done on service charter and its influence on service delivery in KiambuCounty. The objectives of the study were: 1) to determine the influence of service charter's content on service delivery in TL5H and 2) to assess the use of service charters for monitoring of service delivery in TL5H.

II. RESEARCH ELABORATIONS

The research was undertaken at Thika Level 5 Hospital in Kiambu County of Kenya. The hospital serves a population of 454,166 people and is the main referral hospital in Kiambu County. It has 265 beds and the outpatient department handles an average workload of 21,000 patients' per month with a total of 460 staff (Thika Hospital HIS, 2015). A descriptive cross-section research design was employed in this study. Quantitative data was collected using questionnaires from both service providers and hospital patients.The study adopted a stratified random sampling technique to select the respondents from the different stratum of the hospital staff. The service users on the other hand were selected through the simple random sampling technique. In total 156 respondents (69 health workers and 87 service users), a response rate of 95%, were included in the final sample. Data was collected over a period of three months in January 2015 – March 2015 and it was analyzed using SPSS version 23.Authorization to carry out research was obtained from Kenya Methodist University Science, Ethics and Research Committee, The Medical Superintendent of Thika level 5 Hospital, Hospital administrators and Thika hospital research committee. Informed consent was obtained before interviewing the respondents.

III. RESULTS OR FINDINGS

Socio-demographic Information

Among the clients, 53(60.9%) of the respondents were female, and 34(29.1%) were male (See Table 1). With regard to age, findings indicate that 11(12.6%) were aged 18-24 years; 35(40.2%) were 25-34 years; 23(26.4%) were 35 and 44 years; 12(14%) were aged 45 and 54 years; and 9(10.3%) were 55 years and above. From the findings it can be deduced that those aged between 18-24 years have greater knowledge on service delivery more especially with regard to service charter at 33 (36%) than respondents aged 55 years and above.

Table 1: Services Users Demographic Characteristics *(n=87)*

Characteristics	**Respondents N (%)**
Sex	
Male	34 (39.1)
Female	53 (60.9)
Age	
18-24 years	11 (12.6)
25-34 years	34 (40.2)
35-44 years	22 (26.4)
45-54 years	11 (14)
55 and above	9 (10.3)
Level of Education	
Primary	9 (10.3)
Secondary	40 (46.0)
Diploma	25 (28.7)
Graduate	13 (14.9)
Occupation	

Unemployed	13 (14.9)
Self employed	16 (18.4)
Employed	13 (14.9)
Retired	4 (4.6)
Student	8 (9.2)
Housewife	33(37.9)

Among the service provider respondents, there were more male service providers as compared to the female participants (See Table 2). The male respondents were 41 (63.1%) whereas the females were 24 (36.9%). Majority (75%)were aged between 25 and 44 years. Majority 46(70%) of the service providers who responded to the study were university graduates. With regard to the service providers' level of experience, majority of the respondents (69.5%) had 5-10 years work experience, with 20(30.8%) having less than 5 years experience.

Table 2: Services providers Demographic Characteristics *(n=69)*

Characteristics	Responses N (%)
Age	
18 - 24 years	7(11.3)
25 - 34 years	27(41.3)
35 - 44 years	17(26.3)
45 - 54 years	8(12.5)
55 years and above	6(8.8)
Education Level	
Diploma	11(17.5)
Graduate	46(70.0)
Post graduate	8(12.5)
Experience	
Below 5 years	20(30.8)
5 - 10 years	45(69.2)

Influence of Service Charter Content

On the service charter (SC) content, the study sought to establish to what extent the respondents agreed with the statements that determined the influence of service charters content on service delivery in TL5H. A Likert scale used was 1= Strongly Agree, 2= Agree, 3= Moderately Agree, 4= Disagree and 5= Strongly Disagree (See Table 3). Among the respondents, both service providers and service users, strongly agree to statements that the hospital charter is not viewed annually creating unfriendly services (mean 1.73, SD 0.97), (mean 1.74, SD 0.997) indicated the respondents agree strongly that the service charter is not clearly understood by the majority of patients informing them of their rights when seeking services. When asked whether the SC provides guidelines on the quality of services that should be offered at the hospital (mean 1.76, SD 0.991) indicated that the respondents strongly agreed as well. The respondents agreed when asked whether the staff abided with the SC when offering services to the customers (mean 2.01, SD 1.11). When asked if the SC promotes the principle that information about products is readily accessible and available, the respondents moderately agreed which was represented by (mean 1.73, SD 1.0).

Table 3: Influence of SC content (n=156)

1.	2. 1	3. 2	4. 3	5. 4	6. 5	7.	8.
	1	1	1				
The SC ensures that clients receive friendly services	2	2	2			29.	30.
The SC is not clear and understood by all patients	3	3	3			41.	42.
The SC ensures that the clients receive feedback mechanisms	4	4	4			53.	54.

The hospital staffs abide by the SC	5	5	6	65.	66.
Charter promotes the principle that information about products is readily and widely accessible and available	6	7	7	77.	78.

The research established that in TL5H, the service charter is not reviewed annually thus creating unfriendly services. The findings also indicated that the service charter is not clearly understood by the majority of patients in TL5H. The findings further reveal that the service charter promotes the principle that information about products is readily accessible and assessable.

Use of Service Charter for Monitoring Service Delivery

Table 4presents the responses from both the service providers and service users on the assessment on the use of service charter monitoring on health service delivery in TL5H in Kiambu County.

Table 4: Use of SC for Monitoring Service Delivery (n=156)

79.	80. 1	81.	82. 2	83.	84. 3	85.	86. 4
	92. Fr	93. %	94. Fr	95. %	96. Fr	97. %	98. Fr
Staff are committed to the SC	102.75	103.48.1	104.48	105.30.8	106.20	107.12.8	108.6
Staffs have not been subjected to active oversight on SC	114.79	115.50.6	116.45	117.28.8	118.16	119.10.3	120.8
The hospital management is always active in monitoring SC	126.15	127.9.6	128.51	129.32.7	130.25	131.16.0	132.55
Failure to utilize SC may lead to the deterioration of quality and equity of health care	138.65	139.41.7	140.43	141.27.6	142.30	143.19.2	144.10
Non – functioning supervisory and inspection mechanism have meant	150.78	151.50.0	152.47	153.30.1	154.19	155.12.2	156.10

units
offering
poor
services

Results show that the respondents strongly agreed that that the hospital staff is committed to the SC (Mean 1.85, SD 1.074). The respondents which composed of both the service providers and service users disagreed that the hospital management is always active in monitoring performance and playing the oversight duty according to the SC (mean 2.19, SD 1.20). On whether failure to utilize the service charter may lead to deterioration of quality and equity of healthcare, the respondents agreed (mean 2.05, SD 1.54). Finally when asked whether non-functioning supervisory and inspection mechanism have meant units offering poor services, the respondents strongly agreed (mean 1.78, SD 0.97).

The findings indicated that the hospital staff is committed to the SC. The research also established that the members of staff in TL5H are not subjected to active oversight of the service charter. The findings of the research also show that the hospital management in TL5H is not always active in monitoring performance and playing the oversight duty according to the service charter. Findings show that none functioning supervisory and inspection mechanism have meant units offering poor services in TL5H.

The findings on the influence of service charters content on service delivery in TL5H go hand in hand with the research conducted by Brown & Moose (2001) who sought to determine how abiding by the charter improves the quality of service charters. Findings indicated that abiding by the charter rules leads to good service delivery. The study also agreed with the research conducted by Frost (2000) that proper guidelines to charters ensure quality and equity in service delivery as in the case of TL5H.

Findings from the assessment on the use of service charter monitoring on health service delivery in TL5H in Kiambu County agree with conclusions by Araujo (2005) that any failures that an organization may experience in utilizing the service charters may lead to deterioration of quality and equity of any services offered hence the need for proper utilization. According to Dias (2006), none functioning supervisory and inspection mechanism have meant units offering poor services. The findings further agree with Oliveira (2004) who concluded that supervisory and monitoring is essential for offing of good servicers. This was the case in TL5H.

IV. CONCLUSION

The research concludes that there is adequate information dissemination on the existence of the service charter in the hospital. This affects positively the ability of the hospital to offer services according to the guidelines provided in the service charter. The hospital however lacks strategies for the annual charter review. This affects the extent to which the charter is useful to the customers as reviews ensures incorporation of client suggestions among other simplified information.

There have been limited monitoring activities to the staff operations due to the failure of taking into consideration of the service charter guidelines in the hospital. With this, staffs have not been fully subjected to active oversight on the service charter. In spite of this, the role of the charter as an effective tool to ensure good monitoring and governance has not received much attention in the hospital.

With reference to the study results and conclusions made from these findings, the study recommendations that 1) the hospital should improve the contents of the service charter to make it clear, easy to understand and self-explanatory to ensure that the patients fully understand the contents, 2) there should be proper monitoring of the members of staff to ensure that the service charter is fully utilized to minimize complaints by the patients/clients, 3) The service charter contents should be embedded in the organization culture to ensure that is fully and properly implemented to the satisfaction of the service users.

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AUTHORS

First Author – Charles OnyambuMasese, Department of Health Systems Management, Kenya Methodist University & Correspondent

Second Author – Wanja Mwaura-Tenambergen, Department of Health Systems Management, Kenya Methodist University

Third Author – Lillian Muiruri, Department of Health Systems Management, Kenya Methodist University