A Systematic Review of Client Perceptions on Quality of Care Offered by Hospitals in Kenya

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Abstract

The purpose of this study was to systematically review client perceptions on quality of care offered by hospitals in Kenya. A total of 7 studies published between 2017 and 2022 were included after screening 18 initial records across Cochrane Library, EBSCOhost, and Google Scholar. The review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Overall, most clients reported high satisfaction (above 70%) with prompt service, effective care, and clean facilities. However, significant impediments included costs, lack of knowledge, distance to facilities, poor communication, stockouts, lengthy waiting times, and mistreatment. Perceptions were strongly influenced by provider behavior, responsiveness, and facility conditions. Strengthening communication, counseling, and early detection services may improve client satisfaction and health outcomes.

Keywords: perceptions, quality, hospitals, client

1.0 Introduction

1.1 Background

In Kenya, the policy context has in recent years emphasized Universal Health Coverage (UHC) through pilot programs in counties such as Nyeri, Kisumu, Machakos, and Isiolo, alongside ongoing reforms in the National Hospital Insurance Fund (NHIF). These strategies are geared towards increasing the access, decreasing out-of-pocket spending, and enhancing the confidence of clients to receive services in the government health centers. Nonetheless, even following such reforms, service delivery and patient satisfaction still have gaps, which is why the client perceptions on quality of care need to be assessed as timely and vital.

All healthcare professionals have an ethical responsibility to offer quality healthcare, and all patients have a right to this care (Samartzis & Talias, 2020). Quality is the capacity to provide services that satisfy the needs of the consumer (Winarti, Rusmawati & Dian, 2021). Mayasari and Gustinya (2021) defined service quality as the capacity to meet or beyond client expectations. The National Health Sector Strategic Plan of 2005–2010 (Kenya) set out to minimise health care disparities and provide citizens with high-quality care by 2010, but neither objective has been met (MOH, 2010).

Hospitals in the public sector are frequently thought of as being poorly managed, political and poor service providers. Due to inadequate facilities, a lack of response, a lack of empathy, outdated equipment, and a lack of drugs, the public lacks trust and confidence in government hospitals in terms of the quality of services they deliver (Boatemaa, 2017). Overcrowding results from this, and as a result, the quality of services typically declines dramatically. They lack basic facilities, medical supplies, employees, doctors, infrastructure, contemporary technology, and adequate funding to run the units' activities effectively (Etafa, Argaw, Gemechu & Melese, 2018).

According to Zavareh, Mohammadlou, and Bigdeli (2017), the speed at which emergency workers delivered treatments, as well as their interpersonal interactions with patients and their families, were the most crucial elements influencing patient satisfaction and the caliber of healthcare. Findings from the other study suggested that more individualized care, which is linked to greater levels of patient satisfaction, is a result of the features of healthcare organisations or providers. More individualized care in hospitals will even lead to more patient engagement and communication, which will improve the standard of care. It is significant to note that participants in this survey placed less emphasis on hospital equipment and modern technologies. The proper and adequate emergency ward space is one of the key elements that can raise the standard of medical care. According to Zavareh

et al. (2017), the characteristics that have the greatest impact on how well medical care is delivered are related to how quickly medical services are provided and how well-trained the staff is at doing so.

Health care facilities should strive for excellent client relationships. The hospitals should endeavour to create lasting solutions and memorable experiences with their clientele. The client perceptions are critical in improving the standard of services offered by these institutions. Hospitals are faced with various challenges that hinder effective provision of services to clients. Previous studies have not adequately reviewed client perceptions on the quality of services offered by hospitals. Some of the studies have concentrated on client perception on quality of care offered in public hospitals (Garg, Basu, Rustagi & Borle, 2020; Waweru, Smekens, Gliemann, Ssengooba, Broerse & Criel, 2020). Other studies only focused on client perceptions on quality of services offered by private hospitals (Saadi, Molina, Vasquez, Inkelas & Ryan,2020; Krishna, Pathni, Sharma, Shrivastava & Hering, 2020). Additionally, most of the studies have been conducted outside Kenya. This creates knowledge and contextual gaps, that this study fills. This study systematically reviews client perceptions on quality of care offered by hospitals in Kenya

1.2 Aims and Objectives

The aim of this study is to systematically review client perceptions on quality of care offered by hospitals in Kenya. The study seeks to: Determine client perceptions on quality of care offered by hospitals in Kenya.

The study seeks to answer the question: What are the client perceptions on quality of care offered by hospitals in Kenya?

1.3 Significance of the study

This study will be important to the ministry of health. The study findings may inform policy on client perceptions on quality of care offered by hospitals in Kenya. The ministry of health may advise hospitals on areas of improvement. The policy makers at the ministry may implement the recommendations of this study to improve health care services to the people. This may enhance client perceptions.

The study may also be important to the management of hospitals in Kenya. The study findings may highlight client perceptions on quality of care. This may inform policy on customer service and help identify areas of improvement for the hospitals. Both private and public hospitals may use the study findings to identify areas of weaknesses in service provision. Challenges in service delivery will be identified and relevant solutions formulated.

This study may be beneficial to scholars. The study would therefore be a key reference material for scholars with interest in the same area and other related areas. Scholars may find literature in this study relevant to their studies. Lastly, the study would be significant to the general readership. Currently, quality of care offered by hospitals has become a household term that has gained interest across the wider society.

2.0 Methodological Approach of Literature Review

2.1 Material and Method

The dissertation's methodology section includes explanations of the sources from which data and/or information will be gathered, and the data collection methods that will be employed. The information that will be gathered for this secondary research is the information that has already been gathered and used in previous studies. According to McCombes (2019), secondary data is information that has already been gathered and examined.

To ensure rigor, a systematic process was followed, including screening, eligibility checks, and documentation using the PRISMA flow framework. Quality appraisal of included studies was also considered through criteria such as study design, sample size, and methodological clarity.

2.2 Study Design

A systematic and qualitative literature review will be used and applied in this study to provide a comprehensive study to realize reliable findings through discussions and comparisons of the various relevant authors, specialists and their findings according to their reports.

The researcher will rely on a systematic review that is guided by PRISMA that is, Preferred Reporting Items for Systematic Review and Meta-Analyses. A systematic reviews seek to assemble information that complies with eligibility criteria. Shah, Egan, Huan, Kirkham, Reid and Tejani (2020) claim that in order to ensure that all relevant research is covered, systematic reviews involve a formal pre-specified process with specific, clear criteria for the inclusion and exclusion of studies. This ensures that the review is more objective, repeatable and comprehensive.

Unlike narrative reviews, which are often descriptive, this systematic review applies structured steps including: database searching, de-duplication, screening, eligibility assessment, and final inclusion. This makes the review transparent and reproducible.

2.3 Search Strategy

Development of a protocol for the research will be conducted to help in fine tuning the protocol and research questions to realize any existing studies that meets the inclusion criteria and will be expected to be revealed by the search strategy. The Cochrane Library, EBSCOhost, and Google Scholar are among online databases that will be searched. Searches will be conducted for articles published from 2017-2022. In accordance with the selection criteria for data extraction, studies will be screened and selected. In order to organize, categorize and interpret the main findings in accordance with the study's objectives, a theme analysis will be carried out. Policy materials from organisations like the World Health Organization will be sourced from websites.

Key words to be used in search are: client perceptions and quality of care by hospitals. Owing to the diversity in use of terms surrounding client perception on quality of care, a range of combinations of key words will be applied in the search. For this review “client perception on health care” will be defined from systematic review of definitions as a sum of all interactions shaped by organizational culture that influence quality of care across the continuum of health.

The following Boolean search string was applied: (“client perception” OR “patient satisfaction”) AND (“quality of care”) AND (“hospitals” OR “health facilities”) AND (“Kenya”). Filters were applied for English-language, peer-reviewed studies between 2017–2022. The last search was conducted in December 2022.

Data will be created in a Microsoft Excel spreadsheet. The name(s) of the author(s), the publication year, study location, design, satisfaction measurement instrument, sample size, level of patient satisfaction and the details concerning the determinant factors will all be included. Regarding the mentioned criteria, the sample's representativeness, response rate, measurement tool, comparability to the topic, and the statistical test utilized in analyzing the collected data will be taken into consideration.

2.4 Selection Criteria

Inclusion and exclusion criteria will be used throughout the systematic review process in the research study to improve the credibility and reliability of the selected reviews and reports.

2.4.1 Inclusion Criteria

Studies will be considered eligible for inclusion if they will be based in any healthcare setting. Studies that cover the full range of patient population from children to elderly will be included. Both qualitative and quantitative studies will be considered for inclusion. Some key general patient satisfaction scales for reference to the content and discussion, all full texts on client satisfaction and original articles published in English language will be

included. The period of publication is 2017 to 2022.Only those studies done in Kenya hospitals will be considered. The articles for this study are those that are peer reviewed articles and freely accessible.

In total, 18 studies were initially identified, 13 screened after duplicate removal, and 7 finally included in the review.

2.4.2 Exclusion Criteria

All researches studying client satisfaction in health care setting, all researches studying client satisfaction in hospitals but not from clients' perspective, all letters to editor case reports, series, manual, and hospital reports on client satisfaction and client satisfaction in surgeries, transplants or critical health care. The processes above will follow the PRISMA flowchart and this is illustrated in the flowchart below:

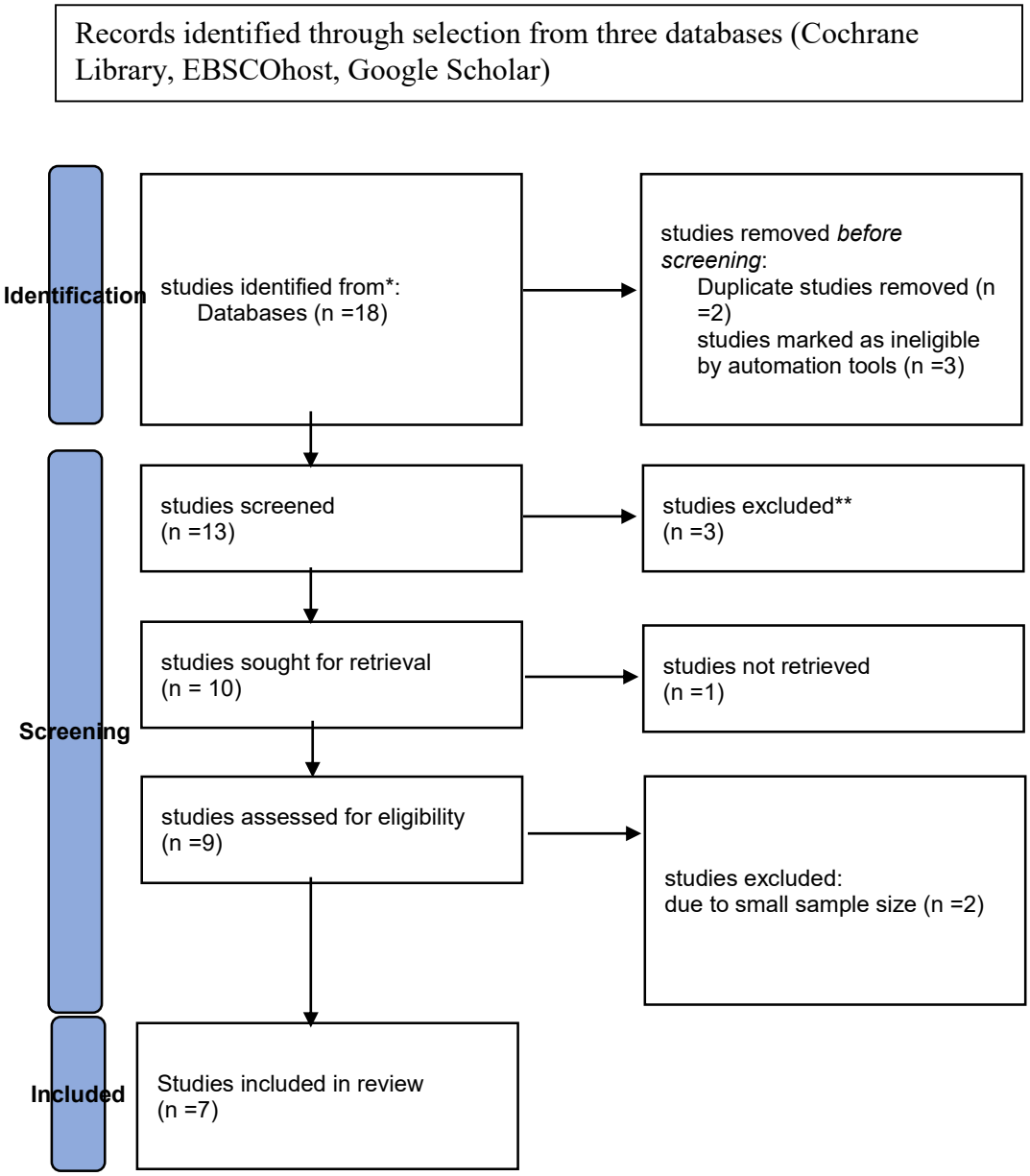

Figure 1: PRISMA flowchart. Source: Researcher (2025)

2.5 Ethical issues

Concerns around security and confidentiality when sharing and synthesizing data from secondary sources are among the ethical issues in secondary research. This study will make sure that the secondary data sources and material are cited and acknowledged. The study will guarantee the secondary sources used in a study are credible,

reliable, and valid. By citing the sources, this will be accomplished. Through methodical data searches and thorough crediting of information and data sources, objectivity, originality, and impartiality will be attained.

In addition, as this review involved only published studies, no direct ethical risks to participants were present. However, ethical rigor was maintained by accurately reporting, referencing, and synthesizing prior studies without misrepresentation.

3.0 Findings

This chapter presents the findings of the study. The study searches identified 18 records across Cochrane Library, EBSCOhost, and Google Scholar, of which 7 met the inclusion criteria after screening and eligibility checks. Journals from the three databases were analysed on the basis of the content on client perceptions on quality of care offered by hospitals in Kenya. From the Cochrane Library, the study identified 3 studies that were relevant.

Wairiuko, Cheboi, Ochieng and Oyore (2017) looked at access to medical treatment in Kenya's Kibera Slum (Annals of Medical and Health Sciences Research). This descriptive cross-sectional study, which targeted seniors, sought to determine the variables affecting access to healthcare. A multistage sampling strategy and mixed methods were employed. Three hundred and ninety-nine respondents were selected. Utilizing statistical software for social sciences, quantitative data was evaluated, while qualitative data was analysed thematically. According to the study's findings, just 40% of people had access to healthcare. Access was very good among those who were satisfied and very satisfied. Facility characteristics, provider preferences, and family support emerged as major determinants of access. Access was less likely to be related to those who preferred care from any health professional and those who identified as being of the same sex. Access expanded as service quality improved.

According to Wairiuko et al. (2017), older people living in informal settlements have limited access to healthcare. The main obstacles were availability and acceptability. The authors recommend policy reforms and provider attitude change to improve service acceptability for elderly populations.

Figure 2: client satisfaction measures. Source: Oyugi et al. (2018)

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	Access to health care (%)			Multinomial analysis	
	Yes	No	Total	OR (95% C.I.)	P value
Gender h/worker preference					
None/any	128(41.6)	18058.4)	308 (77.2)	3.660 (1.272-10.537)	<0.01
Same sex	21(29.6)	50 (70.4)	71 (17.8)	4.100 (1.298-12.953)	<0.01
Opposite sex	12(60.0)	8 (40.0	20 (5.0)		
Satisfied with h/care services					
Very satisfied	28 (93.1)	2 (6.7)	30 (7.5)	0.008 (0.001-0.091)	<0.001
Satisfied	114 (87)	17 (13.0)	131 (32.8)	0.005 (0.001-0.026)	<0.001
Dissatisfied	9 (6.9)	122(93.1)	131 (32.8	2.339 (0.527-10.383)	<0.01
Very dissatisfied	4 (10.5)	34 (89.5)	38 (9.8)	2.018 (0.288-14.122)	<0.01
Neither	6 (8.7)	63(91.3)	69 (17.3)		

Table 1: satisfaction levels of the participants. Source, Researcher (2025)

According to Wairiuko et al. (2017), older people living in informal settlements have limited access to healthcare. The main obstacles were availability and acceptability. The authors recommend policy reforms and provider attitude change to improve service acceptability for elderly populations.

The responsiveness of Kenya's health system to street children was examined by Lonnie, Pooja, Allison, Reuben, David, Juddy and Paula (2021). Their qualitative study is published in the Bio Medical Central Health Services Research journal. Western Kenya's five counties served as the sites of the qualitative investigation. The study carried out a thematic analysis within a conceptual framework for the responsiveness of health systems. A total of 417 respondents participated in the study. The study revealed variables that affect Kenya's health systems' receptivity to street children. Street children's contacts with the health system were impacted by economic issues, which also informed how they felt about being treated with respect, receiving decent basic amenities, having a choice of providers, and receiving fast attention.

According to the study by Lonnie et al. (2021), the stigmatization and discrimination of street children led to interactions with the health system where they felt degraded and didn't receive prompt attention. Provider stigma and negative attitudes were the most frequently reported barriers. Bad encounters and a lack of responsiveness in the healthcare system were caused by the healthcare personnel' negative personal emotions and attitudes toward street children. According to Lonnie et al. (2021), Kenya's health system does not sufficiently respond to the needs of street children. The study recommends increased public health spending, expanded universal health coverage, and interventions to reduce stigma among health workers.

The EBSCOhost database yielded 3 relevant publications for the study. A study by Gakunga, Kinyanjui, Ali, Ochieng', Gikaara, Maluni, and Subramanian (2019) is published in The Oncologist journal. The study aimed to determine the factors that facilitate and hinder breast cancer early identification and treatment in Kenya. Focus groups and a hermeneutic phenomenological approach were used in the qualitative research to identify obstacles and enablers to breast cancer care in Kenya. There were four focus groups involving eleven participants each. Depending on the participants' socioeconomic situation and breast cancer diagnosis, groups were created. Two experts independently coded the transcripts of the conversations.

The findings indicated that major impediments included costs, lack of knowledge, distance to medical facilities, lack of communication with medical staff, medicine stockouts, lengthy waiting times, a lack of or little counseling at diagnosis, patient vulnerability, and restricted access to rehabilitation supplies. Reliable social support, regular access to free information, early detection programs, and compassionate caretakers served as facilitators. Thus, both structural barriers (cost, stockouts, distance) and interpersonal barriers (communication, counseling) shaped client perceptions.

Nyatuka and Harpe (2022) looked at design factors for patient-centered eHealth interventions (Electronic Journal of Information Systems in Developing Countries). The potential to transform the healthcare industry is provided by eHealth. The authors note that because of issues like the design-reality gap, fragmentation, and expensive implementation, eHealth interventions in low-income environments continue to be insufficient. Furthermore, when it comes to the creation of these interventions, the voice of the patient is hardly ever heard.

The purpose of the study was to ascertain participants' views on how patient-centered eHealth interventions might be developed in a context with limited resources. In Nairobi, Kenya's informal settlements, six government health facilities participated in this qualitative study. Twenty-four in-depth interviews, 23 focus groups and observation were used to acquire the data. The Facility In-Charge, patients, community health workers, medical personnel, and ICT specialists made up the participants. Participants' perspectives of the standard of medical treatment, their difficulties, and the potential of eHealth to enhance medical care delivery were examined through interviews and conversations.

Thematic analysis identified eight design considerations: contextualization, multi-stakeholder engagement, integration of ICT, affordability, data accessibility, user-centered design, training, and quality assurance. Findings show that patients value interventions that are affordable, locally adapted, and inclusive of their input.

Abuya, Warren, Ndwiga, Okondo, Sacks and Sripad (2022) looked into the indicators, responses, and effects of mistreating newborns, infants and their parents. Their work is published in PLOS ONE. Despite efforts to include experience of care for women and babies in worldwide quality standards, the authors noted that there had been relatively little research into the experience of caring for small infants and unwell newborns.

The study addressed how unwell newborn children were mistreated in Kenyan hospitals, including perceptions, manifestations, reactions, and outcomes. In five facilities in Kenya, a qualitative formative study was carried out in order to help design ways for encouraging family interaction and respectful care. Detailed interviews were used to get the data. The study's findings identified five types of mistreatment: physical inappropriate care, health system conditions and limits, stigma and discrimination, and patient feelings of abandonment.

Responses included both passive acceptance (shame, tolerance) and assertive reactions (anger, complaints). The study concluded that mistreatment undermines client perceptions of quality care and recommended strengthening provider competencies, communication, and supportive environments. Table 2 illustrates the study participants:

Methods	**Nairobi**	**Bungoma**	**Total**
IDIs with policy makers	2	1	3
IDIs with providers and managers	18	14	32
IDIs with both parents	11	12	23
IDIs with single parents	1	1	2
FGDs with mothers	5	3	8
FGDs with male partners	2	2	4

Ethnographic observations	33	31	64

Table 2: study participants. Source, Researcher (2025)

The Nvivo 12 program was used to organize and perform a thematic analysis on the transcribed data. The study's findings identified five types of mistreatment: physical inappropriate care, such as obtaining blood samples and inserting nasogastric and intravenous lines into patients; health system conditions and limits, such as noncompliance with professional standards, delayed delivery of care, and insufficient provider abilities; stigma and discrimination because of provider perceptions of personal cleanliness or medical problems; and patient feelings of abandonment. Acquiescent or non-confrontational parental responses to mistreatment included feeling ashamed or tolerating the circumstance. Assertive replies occasionally involved expressing rage in order to communicate displeasure. In conclusion, poor quality of care was associated with newborn mistreatment. More respectful, high-quality care for newborns and young infants would result from interventions that prioritize improving communication, attending to infants' developmental needs and parents' emotional needs, enhancing providers' competencies in newborn care, and creating supportive, enabling environments.

In the Google Scholar database, the investigation found one study that was relevant. Githemo, Karani, Ogutu, and Gachoka (2018) assessed the level of patient satisfaction with nursing care at two Kenyan public hospitals; published with the Nursing & Healthcare International Journal. According to the authors, the most significant indicator of overall satisfaction with hospital care is patients' satisfaction with nursing care.

The objective of the quasi-experimental study was to gauge patient satisfaction with the caliber of nursing at two public hospitals in Kenya after the nurses had received training on how to apply nursing theory and the nursing process in patient care with a focus on patient involvement (Githemo et al., 2018). A sample of 270 participants were selected for the study. A Likert-style scale and structured self-administered questionnaires were used to collect data for SPSS analysis. The difference between the pre- and post-tests was determined using the chi-square test of significance, and the factors that would affect post-test satisfaction were predicted using logistic regression analysis.

The results revealed a significant difference in patient satisfaction with the characteristics evaluated between the pre-test and post-test ($p < 0.05$). Post-test satisfaction improved by more than 20%, indicating that nurse training and patient engagement directly enhanced perceived quality. The majority of the patients were satisfied with the orientation, the information they received upon admission and with the general standard of nursing care they received. Education level and gender were found to significantly influence satisfaction.

	Access to health care (%)			**Multinomial analysis**	
	Yes	**No**	**Total**	**OR (95% C.I.)**	**P value**
Gender h/worker preference					
None/any	128(41.6)	18058.4)	308 (77.2)	3.660 (1.272-10.537)	<0.01
Same sex	21(29.6)	50 (70.4)	71 (17.8)	4.100 (1.298-12.953)	<0.01
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Satisfied	114 (87)	17 (13.0)	131 (32.8)	0.005 (0.001-0.026)	<0.001
Dissatisfied	9 (6.9)	122(93.1)	131 (32.8	2.339 (0.527-10.383)	<0.01
Very dissatisfied	4 (10.5)	34 (89.5)	38 (9.8)	2.018 (0.288-14.122)	<0.01
Neither	6 (8.7)	63(91.3)	69 (17.3)		

Table 3: Pre-test and post- test on the level of satisfaction. Source, Researcher (2025)

The findings of the logistic regression analysis indicated that women were more likely than men to be satisfied with introduction received at the ward. Additionally, individuals with only a high school diploma had a lower likelihood of finding the data in the introduction to be satisfactory. Table 4 shows the predictors of patient satisfaction at post-test:

Dependent Variable	Independent variable	Wald statistics	P Value
	Level of education (Primary ref)	4.343	0.037
Satisfaction with introduction received in the ward	Sex of the patient (Female ref)	4.944	0.026
	Hospital (Kiambu ref)	7.238	0.007
	Level of education (Primary ref)	0.004	0.949
Satisfaction with the information received on admission	Sex of the patient	0.606	0.436
	Hospital (Kiambu ref)	0.007	0.935
	Level of education (Primary ref)	4.504	0.034
Satisfaction with orientation in the ward	Sex of the patient	9.546	0.002
	Hospital (Kiambu ref)	2.404	0.121
	Level of education (Primary ref)	1.223	0.269
The nurse fully explained to me the nature of my treatment	Sex of the patient	0.046	0.83
	Hospital (Kiambu ref)	1.009	0.314
	Level of education (Primary ref)	0.004	0.949
Satisfaction with admission in the ward	Sex of the patient	0.606	0.436
	Hospital (Kiambu ref)	0.007	0.935
	Level of education (Primary ref)	3.71	0.054
Patient would recommend someone in the ward	Sex of the patient	4.995	0.025
	Hospital (Kiambu ref)	0.471	0.492
	Level of education (Primary ref)	2.516	0.113
Patient would like to be readmitted in the ward	Sex of the patient	5.029	0.025
	Hospital (Kiambu ref)	0.063	0.936

Table 4: predictors of patient satisfaction at post-test. Source, Researcher (2025)

The majority of the patients were satisfied with the orientation, the information they received upon admission and with the general standard of nursing care they received. The level of education also affected how patients perceived health care. Consequently, providing patients with knowledge can aid in their understanding of their healthcare needs as well as their ability to recognize quality when it is offered.

4.0 Discussion

The study by Oyugi et al. (2018) revealed that patients' opinions of staff behavior and healthcare delivery were good, but their opinions of the hospital's physical surroundings, its resources, and their ability to receive healthcare services were neutral. Customers reported excellent levels of overall satisfaction, with prompt service,

effective care of difficulties and a clean facility among the factors that contributed to this. Other social demographic indicators had no effect on quality judgment, but the county of domicile had a significant impact. The majority of the women thought that the quality of healthcare services was excellent and that the way that healthcare personnel handled difficulties linked to childbirth was satisfactory. Clients' perceptions of the quality of reproductive and maternal health services are significantly influenced by the behavior and practices of healthcare professionals. This highlights that staff behavior may outweigh infrastructure in shaping satisfaction. These findings concur with those of Gakunga et al. (2019), who assert that the delivery of healthcare and information sharing are critical for patient satisfaction levels in hospitals.

Wairiuko et al. (2017) qualitative study findings revealed that just 40% of people had access to healthcare. Access was very good among those who were satisfied and very satisfied. Access was determined by the facility, medical staff preferences, and family support. These findings agree with those of Oyugi et al. (2018), whose findings showed that facility conditions play a role in determining client perceptions on quality of care offered by hospitals in Kenya. According to Wairiuko et al. (2017), older people living in informal settlements have limited access to healthcare. The main obstacles were availability and acceptability. In the same breadth, Lonnie et al. (2021) noted that acceptability into healthcare centres was a determinant of client perceptions on quality of care. Wairiuko et al. (2017) study was qualitative in nature. A limitation was its small sample relative to the population of elderly in informal settlements, suggesting the need for larger mixed-methods studies.

Lonnie et al. (2021) study revealed variables that affect Kenya's health systems' receptivity to street children. Street children's contacts with the health system were impacted by economic issues, which also informed how they felt about being treated with respect, receiving decent basic amenities, having a choice of providers, and receiving fast attention. Bad encounters and a lack of responsiveness in the healthcare system were caused by the healthcare personnel' negative personal emotions and attitudes toward street children. Likewise, Gakunga et al. (2019) assert that attitude and communication by medical staff influences client perceptions on quality of care offered by hospitals in Kenya. According to Lonnie et al. (2021), to enhance patient-provider relations, it is necessary to address the deeply ingrained negative emotional reactions that healthcare professionals have toward street children. This demonstrates that social stigma, beyond structural barriers, is a critical determinant of negative perceptions.

A study by Gakunga et al. (2019) findings indicated that major impediments to client perceptions on quality of healthcare included costs, lack of knowledge, distance to medical facilities, lack of communication with medical staff, medicine stockouts, lengthy waiting times, a lack of or little counseling at diagnosis, patient vulnerability and restricted access to rehabilitation supplies. These findings agree with those of Mahmoud, Ekwere, Fuxman and Meero (2019) who noted that poor communication, inadequate medical supplies and huge costs are challenges to healthcare services provision. According to the study by Gakunga et al. (2019), it is necessary to provide early detection services with on-site counseling, cost reduction, and focused awareness and education for both health professionals and the general public. This could lead to more individualized management strategies and better patient experiences. In order to remove myths and misconceptions that fuel worry, misunderstanding, late presentation for treatment, and stigma, cancer education is also required for patients and the general public. Client views may be improved by critically analyzing the value chain and processes in the cancer care sector, as well as by developing and implementing initiatives to reduce costs while streamlining processes. The reliance on qualitative interviews in Gakunga et al. (2019) provides rich insights but may limit generalizability without triangulation through larger samples.

Nyatuka and Harpe (2022) ascertained participants' views on how patient-centered eHealth interventions might be developed in a context with limited resources. Participants' perspectives on the standard of medical treatment, their difficulties, and the potential of eHealth to enhance medical care delivery were examined through interviews and conversations. Contextualization, stakeholders, health IT utilization, implementation, integration, quality, user-centered design and data availability were identified using thematic analysis utilizing manual coding. These findings agree with those of Bosch, Voort, Kool, Bergé & Faber (2019) who noted that patients should be involved in the development and evaluation of eHealth interventions. This would enhance patient-centered outcomes. In the same breadth, Badawy, Cronin, Hankins, Crosby, DeBaun, Thompson and Shah (2018) study revealed that there was a high acceptance and satisfaction among patients on eHealth interventions for quality health care

services provision. This suggests that digital innovations, if designed inclusively, may help close gaps in access and satisfaction.

Abuya et al. (2022) study findings identified types of mistreatment: physical inappropriate care; health system conditions and limits; stigma and discrimination and patient feelings of abandonment. Acquiescent or non-confrontational parental responses to mistreatment included feeling ashamed or tolerating the circumstance. Assertive replies occasionally involved expressing rage in order to communicate displeasure. In conclusion, poor quality of care was associated with newborn mistreatment. More respectful, high-quality care for newborns and young infants would result from interventions that prioritize improving communication, attending to infants' developmental needs and parents' emotional needs, enhancing providers' competencies in newborn care, and creating supportive, enabling environments. These findings concur with those of Nadkarni and Street (2022) who found that miscommunication or lack of communication to patients were a hindrance to positive client perceptions on quality of health care services offered by hospitals. In the same breadth, Cui, Yan, Yang, Wang and Zhang (2022) findings agree with Abuya, et al. (2022) findings in that most inpatients and nurses rated attitude-centered nursing care as their preferred type of nursing care. Another major issue of inpatients was advice on health education. Along with providing advice on health education, nursing education should emphasize nurses' attitudes. Abuya, et al. (2022) focused on dispensaries and level 1 and two health facilities. Future studies should test whether these findings hold true in higher-level referral hospitals.

Githemo et al. (2018) quasi-experimental study findings indicated that women were more likely than men to be satisfied with introduction received at the ward. Additionally, individuals with only a high school diploma had a lower likelihood of finding the data in the introduction to be satisfactory. The majority of the patients were satisfied with the orientation, the information they received upon admission and with the general standard of nursing care they received. The level of education also affected how patients perceived health care. These findings agree with those of Hirpai, Woreta, Addis and Kebede (2020) whose study findings showed that patients who were younger, had more education, and had private insurance were more likely to prioritize leading a healthy lifestyle. The study methodology by Githemo et al. (2018) was different from that of McCarthy, Street, Sprogis and Considine (2022), who carried out a convergent mixed methods study and found out that the level of understanding of happenings in a clinical environment influence client perception on quality of care offered. Consequently, providing patients with knowledge can aid in their understanding of healthcare processes as well as their ability to recognize quality when it is offered. This underscores the consistent role of patient education across contexts in shaping perceptions.

4.1 Conclusion

Previous studies have showed varied findings on client perceptions on quality of care offered by hospitals in Kenya. Across the 7 included studies, four recurring themes emerged: provider attitudes and communication, facility conditions and resources, accessibility and affordability, and patient dignity. Overall, clients have reported excellent levels of satisfaction, with prompt service, effective care of difficulties and a clean facility among the factors that contributed to this.

It is important to note that clients' perceptions of the quality of health services are significantly influenced by the behavior and practices of healthcare professionals (Oyugi et al., 2018). Health care facility conditions play a role in determining client perceptions on quality of care offered by hospitals in Kenya. Additionally, acceptability into healthcare centres is a determinant of client perceptions on quality of care. Acceptability of health systems are largely impacted by economic issues of clients. Bad encounters and a lack of responsiveness in the healthcare system are caused by the healthcare personnel' negative personal emotions and attitudes. To enhance patient-provider relations, it is necessary to address the negative emotional perceptions and reactions of clients and healthcare professionals.

Major impediments to client perceptions on quality of healthcare included costs, lack of knowledge, distance to medical facilities, lack of communication with medical staff, medicine stockouts, lengthy waiting times, a lack of or little counseling at diagnosis, patient vulnerability and restricted access to rehabilitation supplies. Barriers were both structural (e.g., distance, cost, stockouts) and interpersonal (e.g., communication, stigma,

mistreatment).

It is necessary to provide early detection services with on-site counseling, cost reduction and focused awareness and education for both health professionals and the general public. This could lead to more individualized management strategies and better patient experiences. In order to remove myths and misconceptions that cause negative client perceptions, misunderstanding, late presentation for treatment, and stigma, health education is required for patients and the general public. Patient empowerment through health literacy emerges as a cross-cutting solution.

Poor quality of care is associated with mistreatment. More respectful, high-quality care for newborns and young infants would result from interventions that prioritize improving communication, attending to infants' developmental needs and parents' emotional needs, enhancing providers' competencies in newborn care, and creating supportive, enabling environments (Nadkarni & Street, 2022). Miscommunication or lack of communication to patients are a hindrance to positive client perceptions on quality of health care services offered by hospitals. Along with providing advice on health education, nursing education should emphasize nurses' attitudes (Abuya et al., 2022). Providing patients with knowledge can aid in their understanding of healthcare processes as well as their ability to recognize quality when it is offered.

4.2 Recommendations

The study recommends that health facilities regularize their cost of healthcare. This would enhance access to the service by patients. The health care providers' knowledge should be above board-this would be achieved through rigorous training to the healthcare professionals. This study recommends that healthcare facilities should institute clear communication channels within the healthcare facilities or premises. This would enhance service delivery. The health facilities should ensure there is enough medicine in their facilities, so that clients can access healthcare. This study recommends that healthcare facilities provide early detection services with on-site counseling, cost reduction and focused awareness and education for both health professionals and the general public. This could lead to more individualized management strategies and better patient experiences. In order to remove myths and misconceptions that cause negative client perceptions, misunderstanding, late presentation for treatment and stigma, health education is required for patients and the general public.

This was a systematic review of literature. It is recommended that other studies undertake primary research in hospitals in Kenya. This would enhance findings of the study, thus giving it a wider scope to better examine client perceptions on quality of care offered by hospitals in Kenya. Mixed methods methodology could be adopted by other studies. This would give a better understanding of the phenomenon.

4.3 Conditions and Limitations

The characteristics of a study that the researcher cannot influence or change are considered its limitations. One major disadvantage of secondary research was that it could not have the information the researcher was looking for or particularly address the study topics the researcher was interested in. This limitation was reduced through a thorough examination of the literature.

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