

Investigation of Crisis Prevalence in the Health Sector: A Case Study of Bungoma Referral Hospital

Jackson Osore Matheshe¹, Dr. Gertrude Inimah²

Jomo Kenyatta University of Agriculture and Technology, P.O. Box 620000-00200, Nairobi, Kenya

Jomo Kenyatta University of Agriculture and Technology, P.O. Box 620000-00200, Nairobi, Kenya

Abstract: *Several crises have occurred in the health sector in Kenya that have adversely affected the reputation and financial health of many health facilities. This research sought to investigate the prevalence of crises in the health sector in the County of Bungoma. The study used mixed method. Structured questionnaires were used to quantitative data from a stratified sample of 32 staff workers, while in-depth interviews were used to solicit opinions from 8 purposively selected heads of departments. Research findings showed a high prevalence of crises at the Hospital. 31.25% and 21.87% of the respondents observed that strikes and shortage of drugs are the leading problems to the health facility. 37.5% stated that the strikes occur after one year. 75% of the respondents believed that the health care facility could forecast most of the crisis. The high crisis prevalence explains the negative consequences the hospital and patients face. Patients are the most hit by these adverse events considering that they are the primary beneficiaries of health care services offered by the hospital. A number of areas for further research are suggested.*

Keywords: *Crisis, crisis response, health sector, prevalence, stakeholders*

1. Introduction

Kenya promulgated a new constitution in 2010, which devolved resources and power from the national government to 47 counties. However, devolution of health service delivery presents institutional, resource allocation and utilisation challenges that may compromise effective and sustainable delivery of healthcare at the county level. In the Annual Conference Report on Health 2015, the Health Rights Advocacy Forum (HERAF) identified that devolution had achieved the establishment of new health facilities in far flung and marginalized areas, including purchase of ambulances in some deserving facilities and recruitment of additional staff (HERAF, 2015). However, the Kenya National Union of Nurses reported several challenges arising from the devolution of the health sector in Kenya. These problems poor current status of health care, unavailability of appropriate structures to address the emerging challenges in healthcare provision; irregular promotions and re-designations which resulted in delayed salaries; irregular salary scales for same grade nurses; ethnic cleansing and cumbersome transfer processes; perennial strikes by doctors, nurses and other paramedics attributed by staff shortages, lack of pharmaceuticals and non-pharmaceutical supplies; insecurity at workplaces and; failure by the national and county governments to address the existing issues, and lack of adequate resources (Mwaniki, 2013; HERAF, 2015). If crises in this critical industry are not managed properly, this can have devastating impact on the health of the citizens, ultimately affecting productivity and the overall economy of the county. This state of affairs informed the researcher to investigate the prevalence of crises in the health sector in the County of Bungoma.

2. Literature Review

Historically, organizational crises have been considered a threat to the operations of an organization. Crisis decelerates growth and brings instability in the polity. This

development is critical as internal and external stakeholders or publics will be sceptical that their huge investment would be safe, fear and insecure as well as lack of trust and confidence will prevail. As a consequence, many organizations globally are keen on issues of uncertainty and managing crises because such sudden events can have a devastating effect on an organization and its stakeholders (Kiousis, Popescu, & Mitrook, 2007).

Hospitals are often confronted by quality related issues like accidents, surgical mishaps, and suspicious deaths, among other operation-related problems can cause crisis in the health sector (Holmes, Kaufman & Pink, 2016). Also, unexpected loss of a key staff in a hospital, for example, can lead to a significant crisis to the organization because such employees constitute the organization's most critical resource, it can prove more difficult for the operating unit to continue running due to the interruption caused by the exit. Steinmetz, de Vries and Tijdens (2014) observe that downsizing can result in deteriorating health care quality, productivity and effectiveness. Steinmetz, de Vries and Tijdens (2014) demonstrate that exit of staff members with skills, capabilities, experience, and knowledge that are critical to their organization can lead to a serious crisis, which can damage the organization's image and reputation.

Moreover, hospitals are often confronted with cases of information sabotage. This type of crises includes unauthorized disclosure of patients' confidential records, theft of proprietary information, or tampering with records (Ros Moore & Stonham, 2016). According to Ros Moore and Stonham (2016), confidentiality and security of patient information is a serious issue in the health sector. For instance, the NHS Confidentiality Code of Practice of England clearly states all clinical practitioners are mandated to uphold record scrutiny and record confidentiality (Ros Moore & Stonham, 2016). The Code stresses the responsibilities and highlights obligations under which patients' data should be managed to foster confidence

among patients and the general public (Ros Moore & Stonham, 2016). Health practitioners are expected to comprehend these obligations and practice personal accountability for them. Therefore, breach of information security and confidentiality can lead to a serious crisis in a hospital.

In resolving the case, the trial court granted a motion of summary judgment for all the defendants, a decision the complainants could not content with hence appealed. On appeal, the defendant doctors held on the premise that the complainant had provided no evidence to support the claim that the defendant had intentionally invaded Mrs. Prince's privacy. Because they were merely negligent in sending the claim to the wrong recipient, the defendant doctors argued that they were not liable for invading the plaintiff's privacy (Christie, 2015). Based on the conclusion that Ohio allows an actionable invasion of privacy based on the negligence of the defendant, the trial court allowed the complainant to proceed in an effort to prove damages (Christie, 2015). This case represents a crisis arising from information sabotage in the health sector at the global level, which resulted from negligence. Violation of clients' privacy or other constitutional rights and freedom is an ethical conduct that can damage the reputation of an organization, besides financial and other losses that might be incurred due to the situation (Ros Moore & Stonham, 2016).

The recent strikes by nurses, doctors and pharmacists depicted a serious crisis in the health sector at the local level. On November 23, 2013, the doctors' union received 200 letters from doctors who intend to resign from the ministry of Health (Mwaniki, 2013). Estimates further revealed a 12.5% (4,000 - 3,500) drop in the number of doctors amid a shortage of 20,000 doctors and between 40,000 and 60,000 nurses in the county (Mwaniki, 2013). Barely three years after this crises, another mega crisis in the health sector in Kenya commenced on December 5, 2016 following failure by the government to pay their new salaries, which lasted for three months. Many patients suffered and died in different hospitals (Mwangi, 2016). The lack of transparent communication during this historic strike damaged the reputation of both the national government and ministry of health.

The review revealed that most of literature has focused on the business organizations. In fact, little research has addressed crisis prevalence in the health sector. Therefore, the current study was thus intended to illuminate the current state of crisis prevalence in the health sector, with a specific focus on Bungoma Referral Hospital, Bungoma County, Kenya

3. Research Methodology

The study used the mixed design to leverage the strengths of quantitative and qualitative approaches and avoid their bias (Rolfé, 2006). Four staff members were selected from 8 departments (renal, surgery unit, pediatric, critical care, maternity, blood transfusion, pharmacy, and human resource) using stratified sampling method to arrive at 32 questionnaire respondents. 8 heads of departments were purposively selected from each of the 8 departments.

Together, this made a total sample of 40 study participants. Closed-ended questionnaires were administered to the 32 employees while the 8 directors were individually interviewed to solicit their opinions about crisis prevalence in the hospital. The questionnaires were piloted using 10 participants from the finance department. This department was not used in the actual study. According to Mugenda & Mugenda (1991), a successful pilot study will use 1% to 10% of the actual sample size. The respondents were selected from a sample that has similar characteristics with those in the study.

A pilot test was used to test the validity and reliability of the study tools, as well as point out the weaknesses in the tools for purposes of amending them. Descriptive and inferential statistics were utilized to analyse the collected data, and findings presented in simple percentage of tables and figures and elucidated in prose. Qualitative data from the in-depth interviews was analyzed using Altheide's (1996) method of ethnographic content analysis. The approach allowed the researcher to investigate using as a protocol (a list of questions) that guided data collection (p. 26). A formal request to carry out the study was made through an introductory letter to obtain permission to administer the research tools from Bungoma Referral Hospital. The research participants were then informed about the purpose for the study and their consent obtained.

4. Research findings

4.1 Distribution and return of questionnaire

Table 4.1.1: Distribution and return of questionnaire

<i>Questionnaire Distribution</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Questionnaires Distributed	32	100
Questionnaires not returned	1	3.13
Questionnaires wrongly filled, hence discarded	1	3.13
Questionnaires presented and analysed	30	93.75

Table 4.1.1 above shows that A total of 32 questionnaires were distributed to the 32 member of Bungoma Referral Hospital staff. Out of 32 questionnaires distributed, 31 (96.86%) participants managed to return their questionnaires but only one failed to return 3.13%. Out of the 31 returned, one respondent did not fill his or her questionnaire properly hence it was discarded. Therefore, 30 questionnaires (representing a 93.75% return rate) were presented and analyzed. 32 questionnaires were distributed. Out of 32 questionnaires distributed, 31 representing 96.863% were returned while 1 representing 3.13% were not returned. Out of the 31 returned, 1 representing 3.13% was wrongly filled hence discarded. Therefore, 30 questionnaires (representing 93.75%) were presented and analyzed.

4.2 Distribution and return of questionnaire

Table 4.2.1: Demographic profile of research respondents

<i>Demographic Characteristic</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Sex		
Male	18	56.25
Female	14	43.75
Total	32	100
No. of years at the hospital		

1 year	5	15.63
2 year	8	25
3 year	11	34.38
4 years & above	6	18.75
None response	2	6.25
Total	32	100

From the above table, it is clear that most of the research participants were male. Out of the 32 respondents, 56.25% were male while 43.75% were female. Also, the table indicate that the majority of the research participants had worked in the hospital for more than one year. Only 15.63% had worked for one year. 25%, 34.38%, and 18.75% has worked in the health facility for 2 years, 3 years, and 4 and above years, respectively. Since most of the respondents had worked for the hospital for some time, they had a clear understanding of the information disseminated to the staff and other external publics; the kind of crises the hospital faced, and the communication challenges that the facility faced. They would also be in a better position to give sound responses that would help explain the study objectives.

4.3 Crisis prevalence in the hospital

Table 4.3.1: Crises prevalence in the Hospital

<i>Crisis</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Strikes by doctors and/or nurses	10	31.25
Inadequate health workers	3	9.37
Water/power shortages	2	6.25
Limited beds	4	12.5
Shortage of drugs and medical supplies	7	21.87
Negative media coverage	3	9.37
Assault of patients	1	3.12
None response	2	6.25
Total	32	100

Table 4.3.1 above clearly shows that there is a high prevalence of crises at Bungoma Referral Hospital as the facility had faced a number of serious crises. Of the crises identified by the questionnaire respondents, strikes by doctors and/or nurses and shortage of drugs and other important medical supplies are the most prevalent crises at the hospital. 31.25% and 21.87% of the respondents observed that strikes and shortage of drugs are the leading problems to the health facility. Limited bed capacity (12.5), inadequate health workers (9.37%), and negative media coverage (9.37%) were also identified as considerable crises the hospital faced. The least prevalent crisis was assault of patients which was reported by only 3.12% of the respondents.

The findings from the interview responses corresponded with questionnaire responses. The 8 interviewees had varied opinions on the most prevalent crisis that occur at the hospital. 7 out of 8 interviewees reported that strikes by doctors and nurses were the most common crisis reported. This research coincided with an ongoing strike by nurses, which might have influenced the high rating of that crisis.

The decision to down tools by the medics escalated into a serious crisis that extremely affected both admitted and patients and incoming patients who were not aware of the strike. One departmental head confined in the researcher that the senator of Bungoma County, Hon. Moses Wetangula,

was shocked to find several bodies lying in the county's referral hospital during an impromptu inspection of the health facility. Just like other innocent citizens, the deceased had gone to seek medical care only to become victims of the ongoing industrial action by the health workers – Respondent 1.

Another respondent reported an incidence where a watchman helped an expectant mother to give birth after the health workers went on strike.

The middle aged woman did not know that doctors had downed their tools, in what became the longest strike in the history of industrial action in Kenya. In fact, the woman was glad that the guard helped her to deliver safely a baby boy despite the watchman having no formal medical training of any kind. Just like many other victims of the strike, the woman learned that both doctors and nurses were on strike and contemplated transferring to nearby private health facilities but most were overwhelmed. Even patients who had already been admitted were discharged from the facility as soon as the strike began – Respondent 5

Another crisis that was noted from the interviewees' responses was perennial shortage of drugs and other critical medical supplies.

In January this year (2017), the health chief officer confirmed that Bungoma Referral Hospital was hit by acute shortage of drugs after Kenya Medical Supply Authority (Kemsu) cut off supply over a Sh21 million debt. This shortage included lack of basic supplies such as anti-malaria drugs, painkillers, syringes, and other important medical supplies. Other less prevalent occurrences include limited beds, power and water shortages, negative press, and shortage of health workers due to transfer and other losses, among others - Respondent 2.

Table 4.3.2: Frequency of strikes at Bungoma Referral Hospital

<i>Time</i>	<i>Frequency</i>	<i>Percentage</i>
+ 3 months	1	3.12
+ 6 months	8	37.5
+ 1 year	12	25
+2 years	6	18.75
3 + years	3	9.37
Non response	2	6.25
Total	32	100

As depicted in the table above, strikes by doctors and nurses are considerably frequent at the hospital. Out of the 32 questionnaire respondents, 37.5% stated that the strikes occur after one year. This frequency was followed by 25%, 18.75% and 9.75% who reported that strikes occur after 6 months, 2 years, and 3 years, respectively. Only 3.12% stated that strikes strike after 3 months.

On the other hand, all the 8 interviewees stated that the strike by health workers was an ongoing crisis at the time the researcher visited the health facility. The strike by nurses had entered its second day and was threatening to prolong for a longer period given the stalemate on registration of the

collective bargaining agreement (CBA) that had been entered a few months ago.

More than 50 nurses have downed tools. The hospital is currently relying on skeleton staff as we wait for the stalemate to be resolved. Although the outpatient department was still operational, there was a significant decline in the number of patients in this unit. The nurses went on strike yesterday demanding promotions and accusing the county government of failing to fulfill its promises made when they downed their tools last year – Respondent 4.

Also, all the interviewees opined that strikes in the hospital had become a more prevalent challenge.

Less than five months ago, the facility has faced another prolonged strike by doctors and nurses confirming the high prevalence of this problem. Attempts to replace the striking health workers in the previous strike proved ineffective as the health workers held that they could not be intimidated. According to them, it was illegal to advertise their jobs and the county government rather needed to shift its focus to addressing their grievances. One interviewee argued that the move by the county government to hire new healthcare workers on contract was baseless and meant to intimidate them – Respondent 7.

Table 4.3.3: Existence of early warnings of the crisis

Sign	Frequency	Percentage
Employees go slow	9	28.12
Reduced no. of patients	1	3.12
Complaints from patients	16	50
Reports/news from the media	4	12.5
No sign	0	0
None response	2	6.25
Total	32	100

Table 4.3.3 confirms that there existed a number of early warning signs that signalled the possibility of strikes by doctors/nurses at Bungoma Referral Hospital. No respondent missed to identify a sign. The major warning sign for the crisis was complaints from patients, which was reported by 50% of the respondents. Other significant signs that the respondents identified were employees (doctors and nurses) going slow at work (28.12%) and news/reports from the media (12.5%). Only 3.12% of the respondents identified reduced number of patient admission as a warning sign for the strike. The idea that all respondent identified at least one warning sign for the strikes indicates that strike was predictable.

Interview respondents shared similar sentiments identified by the questionnaire respondents. The major warning sign of the strike were the complaints from patients, which was reported by 5 out of the 8 interviewees. Another major sign identified to have signaled the occurrence of the strike were health workers going slow at work, complaints from patients, media coverage, and reduced number of patients admitted at the hospital. Similarly, all the interview respondents could report at least one warning sign just like their questionnaire respondents. This correspondence confirms the existence of early warning signs for the crisis at Bungoma Referral Hospital.

Failure to honor the CBA it had entered with the nurses led to the strike. A meeting that had been convened between officials of the Kenya National Union of Nurses (KNUN) and the governments (both national and county) early this year (2017) failed to reach consensus to harmonize the nurses' salaries. This led to the union to issue a 14-day notice. Upon expiry of the notice, nurses at Bungoma Referral Hospital joined their fellow nurses in the almost countywide strike. Nurses do also, complain about poor working conditions and other issues which can be said to have signaled the threatening crisis - Respondent 2.

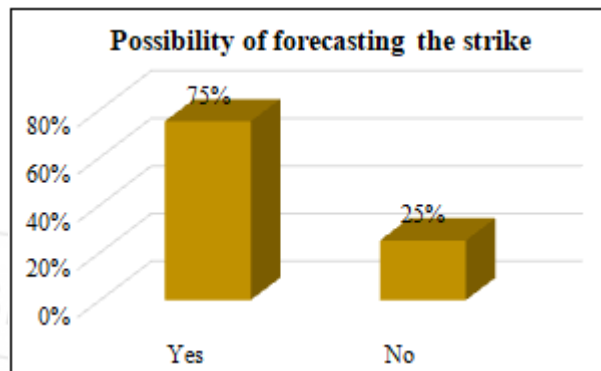


Figure 4.3.1: Possibility of the hospital to forecast the crisis early

Figure 4.3.1 above indicate that the most of the respondents stated that Bungoma Referral Hospital could have forecasted the occurrence of the crisis – strike by nurses. Only 25% of the respondents believed that the hospital could not forecast the crisis early enough.

Table 4.3.4: Internal stakeholders most affected by the crisis

Stakeholder	Frequency	Percentage
Management	18	56.25
Doctors	4	12.5
Nurses	5	15.62
General staff	3	9.37
None response	2	6.25
Total	32	100

Table 4.3.4 presented respondents' opinions on the internal stakeholders of the hospitals that were most affected by the crises. As shown in the table, the management was the internal stakeholder that was most affected by the crises. Out of the 32 questionnaire respondents, 56.25% stated that the management of the hospital suffered significant reputation loss as the occurrence of these crises corrupt the public perception towards the organization. As important stakeholders of the hospital, doctors, nurses and other general staff also suffered the effect of the strikes as their work were paralyzed by these events. 12.5%, 15.62%, and 9.37% of the respondents stated that doctors, nurses, and general staff were affected by the crises.

Table 4.3.5: External stakeholders most affected by the crisis

External Stakeholder	Frequency	Percentage
Patients	24	75
Suppliers	2	6.25
Government	4	12.5
None response	2	6.25
Total	32	100

Table 4.3.5 also shows that the crises affected several external stakeholders. Compared to other external stakeholders, patients were affected most as reported by 75% of the respondents. The county and national governments (12.5%) and suppliers (6.25) of drugs and other medical supplies were also affected by the crises.

The results of the in-depth interview support the above statistics. The interviewees confirmed that the health workers' strike affected different stakeholders. One common theme in the research findings is that patients were the most affected publics.

The strikes hit many patients especially those who were caught unaware. The health of many patients deteriorated while a couple of them succumbed to injuries and illness during the period health workers at Bungoma Referral Hospital had downed their tools. The hospital strictly admitted patients in critical condition once the industrial action was pronounced official. Many people residing from the larger Bungoma County as well as from nearby counties were forced to transfer their sick relatives to private hospitals, which meant dipping deeper into their pockets – Respondent 4.

In addition to the patients, three interview respondents stated that hospital as an organization and the national and county governments were negatively affected by the crises. Particularly, the patients and the general public developed negative perception towards the hospital and their governments for failure to address the problems. Occurrence and the prolonged existence of this crisis negatively shaped the public perception towards Bungoma Referral Hospital. Given that the hospital serves members of the public, it needs to have a respectable image to help it attract more customers. This reputation is negatively shaped by such events and how our personnel communicate and interact with patients. Equally, the image of both the county and national governments is negatively affected due to the failure by these parties to address the problem and help ordinary citizens to meet the health needs Respondents 2 & 8. Another stakeholder that was identified to have negatively affected by the strike were suppliers, specifically Kemsu. As noted early, the hospital suffered a serious shortage of drugs and medical supplies, a problem that was directly attributed to the inability to clear outstanding debts. The decision to cut off supply to Bungoma Referral Hospital was a direct response to the financial loss the agency was incurring.

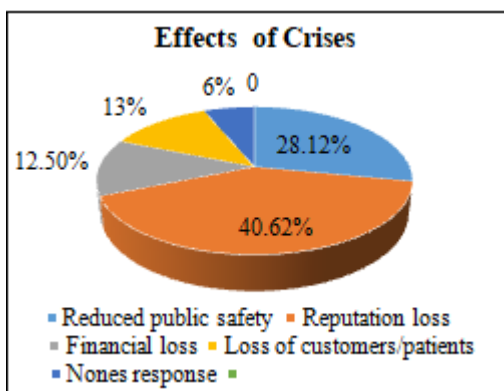


Figure 4.3.2: Effects of the crisis

Figure 4.3.2 clearly indicate that most of the questionnaire respondents believed that reputation loss was the worst damage the crises had on the hospital. 40.62% rated reputation loss as the worst impact of the crises. 28.12% of the respondents stated that the crises led to reduced public safety due to limited access to treatment and drugs. This was followed with loss of customers and patients and financial which were both identified by 12.5% of the respondents.

The findings from the interview responses concurred with those of questionnaires. All interviewees stated that the strike by health workers resulted into a lot of serious injuries, damages, and losses. First, the Respondents 3 and 6 identified losses of lives and severe suffering of patients as a direct consequence of this industrial action. Second, different parties, including patients, the hospital, and its suppliers incurred huge financial losses due to the decision of nurses to down their tools.

About three patients died during the health crisis. Scores were turned away due to the strike and paralysis of health services at the hospital. Relatives who could afford means of taking their patients to private hospitals sought the treatment in private hospital. This was the only alternative that was at their disposal. Therefore, I can confidently agree that these events led to some of our patients and customers to develop a negative image towards our hospital not to mention the reduced level of confidence in the ability of the hospital to meet their health needs - Respondent 3

According to Respondents 1, 4, and 8, the paralysis of the health services at Bungoma Referral Hospital implied huge loss of income. Third, Respondent 2 noted that the hospital and the two levels of government suffered considerable reputation damage due to this event.

Both the national government and the county government are institutions entrusted with the responsibility of ensuring that citizens have access to better and reliable health services. Failure by these governments to fulfill this basic and legal duty influenced public perception. Definitely, the public perceived this as outright negligence on the part of the government, which in turn compromised their image – Respondent 8

5. Discussions

The findings of the study, based on both survey and key informants' responses, show that the hospital face a number of crises, including strikes by doctors and/or nurses, inadequate health workers, water and power shortages, limited beds, shortage of drugs and medical supplies, negative media coverage, and assault of patients. Strikes by doctors and nurses was the most prevalent crisis in the hospital. The majority of the survey respondents stated the crisis occur at least after one year. The key informant responses corroborated their findings. Assault of patients was established to be the least prevalent. Complaints from patients was the major early warning sign for most of the strikes the hospital face. Some of the identified crises occur more frequently, which suggest a high crisis prevalence at the hospital.

The high crisis prevalence explains the negative consequences the health care facility encounters, such as reduced public safety, reputation damage, financial loss, and loss of customers, among others. Patients are the most hit by these adverse events considering that they are the primary beneficiaries of health care services offered by the hospital. In the event doctors or nurses down their tools or the facility runs short of medical supplies, water, power, or beds, patients are and will be first victims of the situation.

Besides patients, the high crisis prevalence compromises the image of the organization. Every organization strives to have a positive image before its publics. According to the Situational Crisis Communication Theory, crises are adverse and inevitable events that cause stakeholders to make “attributions” (interpretations) regarding crisis responsibility, which impact the way they interact with the organization. Building on the SCCT, the results of this study show that most of the crisis affected both internal and external public of the hospital. Therefore, health services are a critical and basic human need whose paralysis can wreak havoc in the public. Lack of or limited access these services can adversely impact an organization, its stakeholders, and the community at large. Organizations hit by crises may suffer serious consequences, such as loss of finance, reputation, and public safety. Therefore, health care facilities and other public and private organizations should put in place effective crisis response strategies to mitigate or manage the adverse consequences associated with these sudden events.

The current study was limited to the crisis prevalence in Bungoma Referral Hospital, which is a public health facility. Also, the investigation was limited to internal stakeholders (employees) of the hospital. Therefore, there is need for further research in other public and private health institutions, other sectors, and external publics especially patients of customers. Insights from this study will help ascertain the findings of this research.

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