HEALTH-SEEKING BEHAVIOURS OF HEALTHCARE PROVIDERS IN SELECTED FACILITIES IN UASIN GISHU COUNTY

BOWEN K. FELICITY

A Thesis Submitted to the Institute of Postgraduate Studies of Kabarak University in Partial fulfillment of the Requirements for the Award of a Master of Science in Nursing Leadership and Management Degree

KABARAK UNIVERSITY

NOVEMBER, 2025

DECLARATION

1. I do declare that:

i. This thesis is my original work, and, to the best of my knowledge, it has not been presented for an award of a degree in any university or college.

ii. The work has not incorporated material from other works or a paraphrase of such material without due and appropriate acknowledgement.

iii. The work has undergone anti-plagiarism checks and meets Kabarak University's 15% similarity threshold.

2. I do understand that issues of academic integrity are paramount, and therefore, I may be suspended or expelled from the University, or my degree may be recalled for academic dishonesty or any other related academic malpractices.

Signed:_____ Date:_____

Bowen K. Felicity

GMNU/M/3687/09/22

RECOMMENDATION

To the Institute of Postgraduate Studies:

The thesis "**Health-Seeking Behaviours of Health Care Providers in Selected Facilities in Uasin Gishu County,**" written by **Bowen K. Felicity** , is presented to the Institute of Postgraduate Studies of Kabarak University. We have reviewed the research thesis and recommend its acceptance in partial fulfillment of the requirements for the award of the Master of Science in Nursing Leadership and Management degree.

Signed: _____ Date: 25TH November, 2025

Dr Vincent Kiprono Mukthar

Department of Nursing

Kabarak University

Signed: _____ Date: 25TH November, 2025

Prof. Pamela Kimeto Ting'ei

Department of Nursing

Kabarak University.

COPYRIGHT

ACKNOWLEDGEMENTS

I appreciate my supervisors, Dr Vincent Mukthar and Prof. Pamela Kimetto Tingei, for their invaluable guidance in developing this thesis. The experience was truly exceptional.

I am also grateful to my employer for the opportunity to further my studies and the financial assistance provided, as well as my church, which has been a source of spiritual support.

Finally, I am grateful for the gift of good health from the Almighty God. I sincerely thank my husband, children, and extended family for their support. Their encouragement has been a constant source of strength on this journey.

DEDICATION

The following work is dedicated to my husband, children, family, friends, colleagues, and classmates for their unwavering encouragement and support. Their faith kept me going, and their contributions made this thesis successful.

I am deeply thankful to all who played invaluable roles. Thank you!

ABSTRACT

Health-seeking behaviour is a growing concern worldwide. However, among healthcare providers (HCPs) in resource-limited settings, such as Kenya, poor health-seeking behaviours (HSB) exacerbate the risks for mortality, delayed care, and compromised patient safety. Despite alignment with Sustainable Development Goal 3 and Kenya's universal health coverage agenda on preventive care, HCPs often prioritise patient needs over their own well-being. This study sought to explore HSB patterns among HCPs, identify socio-demographic and HSB-related factors, and examine associations between HSB and health perceptions in Uasin Gishu County, Kenya. A cross-sectional quantitative research design was employed. The study target population was 1483, comprising 1047 nurses, 206 doctors, and 230 clinical officers, drawn from across Levels 3 – 6 facilities. Guided by the Health Belief Model, data were collected through self-administered questionnaires using a multistage sampling approach (n = 323). Analysis used SPSS Version 28, with descriptive statistics, Chi-square tests, and multinomial regression. Ethical approval was obtained from the Institutional Scientific Ethics and Research Committee, and informed consent was obtained from all participants. Nearly half (48.47%) of HCPs exhibited good HSB (mean score=9.78), with 42.94% at the average level and 8.59% at the poor level; self-medication was common (55.73%). These scores were based on a structured HSB rating (, where numbers approaching 0 indicindicatedpoor HSB, 1and 2020+ Significant socio-demographic associations included age ($\chi^2 = 25.4$, $p < 0.001$), marital status ($p = 0.012$), health insurance (OR = 4.76, 95% CI = 1.42–15.9, $p = 0.011$), and religion ($p = 0.028$). Positive health perceptions were strongly correlated with good HSB ($\chi^2 = 20.38$, $p = 0.0046$), facilitated by flexible schedules (M = 2.31) and prompt services (M = 2.32), but hindered by limited preventive screenings (M = 1.93) and gaps in institutional support. These findings underscore the need for tailored interventions to bolster HCP well-being. Recommendations include comprehensive health insurance coverage, policies mandating regular check-ups, self-care education, and stigma-free access to foster resilient healthcare workforces and enhance care quality.

Keywords: *Intention to Emigrate, Nurse Emigration, Socio-Cognitive Factors, Social Cognitive Theory*

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS AND ACRONYMS

HCP - Health Care Providers

HCW - Health care worker

HSB - Health-seeking behaviour

IPGS - Institute of Postgraduate Studies

KUREC - Kabarak University Review and Ethics Committee

MOH - Ministry Of Health

NACOSTI - National Commission for Science, Technology & Innovation

NCDs - Non-Communicable Diseases

PMVs - Patent Medicine Vendors

SDGs - Sustainable Development Goals

SPSS - Statistical Package for Social Sciences version 28

UHC - Universal Health Care

WHO - World Health Organisation

CONCEPTUAL AND OPERATIONAL DEFINITION OF TERMS

Appropriate Health-Seeking Behaviour - The appropriate HSB in this study is defined as seeking medical advice from a qualified professional or visiting health facilities like private clinics, primary health centres, and general hospitals during illness or any situation requiring medical attention. It involves seeking medical care, conducting thorough investigations to diagnose disease, and obtaining prescribed medications following a comprehensive review.

Barriers- In this study, barriers refer to the factors that hinder healthcare professionals (HCPs) from adopting appropriate health-seeking behaviours (HSB). These barriers may include challenges related to access, lack of permission, insufficient time, financial constraints, lack of insurance, concerns about confidentiality, stigma, entrenched attitudes and behaviours, and institutional cultures.

Facilitators - In this study, facilitators refer to the factors that encourage healthcare professionals (HCPs) to adopt appropriate health-seeking behaviours. These factors may include perceptions, positive personal experiences, self-efficacy, support systems (both self and institutional), trust, Sociodemographic factors, health status, and having health insurance.

Healthcare Providers (HCPs) - In this study, HCPs refer to individuals with medical or surgical authority to deliver patient care, including consultant doctors, medical officers, clinical officers, and nurses.

Health-Seeking Behaviour (HSB) - In this study, HSB refers to the complex decision-making process undertaken by healthcare providers (HCPs) to seek health services for wellness assessment or to address health problems.

Inappropriate Health-Seeking Behaviour -Inappropriate HSB in this study refers to seeking healthcare services from unqualified individuals, such as chemists, traditional healers, and family members, or even ignoring medical attention. Self-medication practices and seeking healthcare by phone call to colleagues are also considered inappropriate behaviour.

Perceptions - In this study, perception refers to the beliefs and opinions of healthcare professionals (HCPs) regarding their health status, the risk of contracting diseases, the likelihood of encountering health issues, the seriousness of perceived health risks, and the perceived probability of achieving favourable outcomes if appropriate measures are taken. It encompasses factors influencing their decision-making process regarding me.

Sociodemographic Factors - In this study, sociodemographic factors refer to characteristics of healthcare providers (HCPs) related to their social and demographic backgrounds. These factors include age, gender, education level, income, work experience, profession, marital status, employment terms, and ethnicity—HCPs influence healthcare-seeking behaviours.

CHAPTER ONE

INTRODUCTION

This chapter introduces the subject and offers text. This section explains health-seeking behaviour and examines healthcare providers' responses to it. Furthermore, the chapter outlines the research problem, study objectives, and research questions this study aims to explore. This section also underscores the significance and breadth of the research.

1.1 Background of the Study

Health-seeking behaviour, also known as illness behaviour, refers to the actions individuals take to address health issues by selecting appropriate remedies (Singh Bhandari & Chataut, 2020)(Singh Bhandari & Chataut, 2020). The health belief model (HBM), formulated by Rosenstock and colleagues in the 1950s, posits that an individual's motivation to alter their health behaviours is mainly influenced by their perceptions of health. This model highlights several key elements: beliefs regarding health and illnesses can act as obstacles, access to information that inspires action is critical, people weigh the benefits of adopting healthier practices, they assess their vulnerability to illness, consider the potential repercussions of being unwell, and their confidence in their ability to succeed plays a significant role. These factors contribute to a broader concept of health behaviour, which encompasses maintaining good health, preventing disease, and addressing health issues (Boskey, 2024).

Empirical evidence suggests that health-seeking behaviour (HSB) can involve seeking medical care, self-medicating, and or using alternative medicine. Several factors have been conceptualised to influence HSB choices, including but not limited to socio-demographics, personal perceptions, and the presence of barriers or facilitators to the adoption of appropriate care. The behaviour can be classified as appropriate or inappropriate and involves different actions, such as researching symptoms online,

consulting a doctor at a healthcare facility, speaking with an alternative medicine practitioner, discussing symptoms with a pharmacist, or self-medicating with over-the-counter medications(Latunji & Akinyemi, 2018).

Appropriate health-seeking behaviour can help prevent diseases, promote good health, detect illnesses early, and effectively treat both communicable and non-communicable diseases. In the landscape of modern healthcare, the emphasis on health-seeking behaviours is pivotal not only for the general public but also for Good health, which is crucial to our daily lives, and its absence can disrupt our stability. Ensuring the health of healthcare providers is in tandem with Sustainable Development Goal (SDG) 3, which aims to promote well-being for all ages, as well as Kenya's healthcare agenda that centres on improving healthcare services through a focus on preventive care, which can only be achieved through seeking health services appropriately (MOH, 2022).

Healthcare providers are a vital resource in a nation's health, as they offer preventive, curative, and rehabilitative care to the population, including health education. Healthcare providers should adopt and maintain appropriate health-seeking behaviour to lead healthy lifestyles, as the healthcare environment exposes them to health risks while delivering services and often overworks them, thereby increasing their risk of burnout (Søvold et al., 2021).

Practising inappropriate health-seeking behaviour may lead to poor prevention of disease, late diagnosis, and the occurrence of preventable mortalities like those from NCDs, which, according to the WHO (2021), account for half the global mortality rate, which informed the WHO`s key goal of reducing premature mortality caused by non-communicable diseases (NCDs) by one-third. Conversely, the Kenyan nation aims for universal health coverage, with primary healthcare playing a role. By practising appropriate health-seeking behaviour, HCPs achieve disease prevention, early diagnosis,

and timely management, thereby reducing mortality among valuable human resources for health (Søvold et al., 2021).

Globally, healthcare providers' health has been a significant concern. In the United States, appropriate health-seeking behaviour is an area of interest in American healthcare. The U.S. healthcare system features a diverse range of healthcare delivery models, payment structures, and access to care. Healthcare providers in the US face various challenges, including demanding work schedules, high levels of stress, and burnout, which are significant factors affecting healthcare providers' health-seeking behaviours. Investigating how these challenges affect health-seeking behaviours was crucial to developing targeted interventions that addressed the specific needs of healthcare professionals in the United States (Shanafelt et al., 2017).

Among healthcare providers, the American Nurses Association (ANA) noted that they prioritise patients' health over their own following a health risk appraisal. Sixty-eight per cent (68%) of the surveyed nurses prioritised their patients' safety and wellness over their own (Linton & Koonmen, 2020).

A study conducted in Asia found that Iranian nurses could not adopt appropriate health-seeking behaviour due to fear, mistrust, limited access to and support, and the giving of excuses for not seeking care (Najafi et al., 2023). On the contrary, a study conducted on Australian doctors showed that most of them were willing to seek professional help when they experienced symptoms of depression. However, some barriers the doctors mentioned included confidentiality and its impact on careers (such as discrimination and licensing), as reported by Sevold et al. (2021).

In Sub-Saharan Africa, a Nigerian study found a substantial prevalence of self-medication among healthcare workers. The investigation further demonstrated that age,

gender, profession, and years of practice significantly influenced preventive and curative health-seeking behaviours (Adamu et al., 2018). A second Nigerian study found that Doctors and nurses feared appearing weak or lacking knowledge if they sought help, leading to the adoption of inappropriate health-seeking behaviours, with 96.2% of Nigerian doctors practicing self-medication (Adewoye et al., 2019).

A case study in Kenya, focusing on healthcare providers at Africa Air Rescue (AAR), a private healthcare establishment, found that the well-being of healthcare providers was not prioritized, nor was the quality of care they received. In AAR, healthcare professionals faced significant challenges that impacted their health and performance. These challenges included understaffing, heavy workloads, extended working hours, demanding patient expectations, and unique workplace hazards. The study further indicated that, despite HCPs' awareness of well-being measures, HCPs in Kenya experience illness at a higher rate than the general population (Wangeshi, 2021).

Healthcare providers (HCPs) operate in a demanding and sometimes hazardous environment that can adversely affect their physical and mental well-being, leading to issues like burnout and health problems. To counter these challenges, HCPS needs to adopt healthy behaviours, such as maintaining a balanced diet, exercising regularly, and ensuring adequate rest, while also seeking mental health support through peer networks or counselling when needed. Fostering a supportive workplace culture that encourages communication and work-life balance can further enhance HCPs' well-being. By prioritising their own health, they can improve the quality of care they provide to patients and contribute to a healthier healthcare environment overall (Wangeshi, 2021).

Another study was conducted in Kakamega County among nurses working in public facilities, focusing on their health-seeking behaviour regarding the use of disease screening services. It revealed that the health-seeking behaviour of the nurses was lower

than expected, with 33% of the nurses participating in voluntary health screening as a preventive care measure aimed at the early detection of disease, timely and effective treatment, and timely lifestyle changes to prevent disease. The study found that 67% of nurses did not voluntarily get screened without a prescription. (Nebert et al., 2017a).

As a nation, Kenya recognises the importance of appropriate health-seeking behaviour, and the adopted primary healthcare approach is crucial in promoting and supporting individuals' proactive engagement in maintaining their health and well-being (MOH, 2022). Appropriate health-seeking behaviour plays a pivotal role in disease prevention, health promotion, and the timely diagnosis and treatment of both communicable and non-communicable diseases, which are vital to improving human longevity (Haileamlak, 2018).

Although studies have shown poor HSB as a prevalent burden among healthcare providers, there are few studies in Uasin Gishu County; thus, this study sought to understand the health-seeking behaviours of healthcare workers in the County. Uasin Gishu County provides an excellent opportunity to gain insights into the health-seeking behaviours of healthcare providers within specific socio-economic and healthcare conditions. The research aligns with the World Health Organisation's Global Strategy. By investigating the health-seeking behaviours of healthcare providers in Uasin Gishu County, the study aims to provide evidence-based recommendations for policy and intervention development within the county and to contribute to the global discourse on optimising the health and well-being of healthcare professionals.

This study focused on nurses, doctors, and clinical officers in selected health facilities in Uasin Gishu County, drawing from level six national public hospitals, level four county hospitals, and level three sub-county hospitals. The study examined healthcare providers'

health-seeking behaviours in-depth, investigating sociodemographic factors, perceptions, facilitators, and potential barriers to appropriate health-seeking behaviour.

1.2 Statement of the Problem

Despite their critical role in sustaining public health systems, healthcare providers (HCPs) often exhibit health-seeking behaviours (HSB) that are inconsistent with best practices. Globally, a significant proportion of HCPs engage in self-medication, delay formal treatment, or avoid preventive care altogether, behaviours that compromise both their well-being and the quality of care they provide(Gerada, 2022; Muller, 2020; Mutua et al., 2022; Wangeshi, 2021). This paradox is particularly concerning given their specialised knowledge and access to healthcare resources.

In Kenya, emerging evidence reveals that HCPs face systemic and personal barriers to appropriate health-seeking, including stigma, lack of insurance coverage, and skewed perceptions of individual health. Studies in Kakamega and Nairobi counties have shown low participation in screening programs and high rates of informal care-se. Yet, there remains a glaring gap in research focused on Uasin Gishu County, a region that hosts major health institutions and a dense population of healthcare workers(Nebert et al., 2017b; Wangeshi, 2021).

The lack of localised HSB data among HCPs in Uasin Gishu County limits policymakers' and health administrators' ability to design targeted interventions. Without understanding the unique behavioural patterns, motivations, and barriers professionals face, efforts to promote wellness, reduce burnout, and improve patient safety remain fragmented and ineffective.

1.3 Objectives

1.3.1 Main Objective

To determine health-seeking behaviours among selected healthcare providers at selected facilities in Uasin Gishu County.

1.3.2 Specific Objectives

i. To assess the health-seeking behaviours of healthcare providers in Uasin Gishu County.

ii. To determine the sociodemographic characteristics influencing the HSB of healthcare providers in Uasin Gishu County.

iii. To identify the facilitators and barriers to appropriate health-seeking behaviour among healthcare providers in Uasin Gishu County.

iv. To determine the association between the perceptions of health and health-seeking behaviour of healthcare providers in Uasin Gishu County.

1.4 Research Questions

i. What is the health-seeking behaviour of healthcare providers in Uasin Gishu County?

ii. What socio-demographic characteristics influence the health-seeking behaviours of healthcare providers in Uasin Gishu County?

iii. What are the facilitators and barriers to appropriate health-seeking behaviour among healthcare providers in Uasin Gishu County?

iv. What influence do the perceptions of health have on the health-seeking behaviours of healthcare providers in Uasin Gishu County?

1.5 Justification for the Study

According to the health belief model by Rosenstock et al., as cited by Aligili and Bamashmous (2022), people's health behaviour is influenced by factors that cause discomfort, hinder daily functioning, or pose a threat to well-being, as well as by the perceived benefits of seeking medical help.

The repercussions of healthcare providers exhibiting inappropriate health-seeking behaviour are multifaceted and severe. Healthcare providers may experience delayed diagnoses and treatments, leading to preventable fatalities, increased medical insurance expenses, and poor quality of health service due to staff absences. Furthermore, inappropriate behaviour, such as the misuse of antibiotics for self-medication, can exacerbate antibiotic resistance (Muller, 2020). This is because healthcare providers may also self-medicate with antibiotics, leading to the proliferation of multidrug-resistant bacteria and the spread of antimicrobial resistance (Khadka et al., 2022; Mohammed et al., 2021).

Appropriate health-seeking behaviour comparatively reduces the chance of multidrug resistance, facilitates timely diagnosis and treatment of medical conditions, prevents preventable mortalities, and fosters a health workforce that leads by example, thereby building trust in their patients (Khadka et al., 2022). Adopting appropriate healthcare behaviours supports Sustainable Development Goal 3 by reducing the burden of communicable and non-communicable diseases. Uasin Gishu was selected due to the lack of prior research on HSB among HCPs in this region and the consideration that a diverse array of healthcare professionals at the level-six public institution within the county provides a rich pool of providers in the area.

This study investigated the factors influencing healthcare providers' decisions to seek care and the barriers that may hinder this process. The insights gained from the results

will help develop targeted strategies to encourage effective health-seeking behaviours among providers. The goal was to prevent disease, promote early detection, ensure effective treatment for both communicable and non-communicable diseases, and strengthen healthcare providers' resilience. Additionally, the findings will inform policy changes to improve healthcare access for providers and foster appropriate health-seeking behaviours, both locally and globally.

1.6 Significance of the Study

Understanding the factors that influence an individual's propensity to seek healthcare will benefit individuals, organisations, countries, and the global community. With an understanding of health-related behavior, people can make informed decisions to adopt appropriate health-seeking measures, which is crucial to achieving Sustainable Development Goal 3.

Studying health-seeking behaviours among healthcare providers in selected facilities in Uasin Gishu County is significant because of the potential to enhance the overall well-being of the healthcare workforce and improve the quality of healthcare services provided to the community. By identifying potential challenges, such as high workload, limited access to healthcare services, confidentiality concerns, and stigma, this study provides actionable insights.

Fostering healthier behaviours among healthcare providers in Uasin Gishu County will significantly enhance their well-being, improve job satisfaction, and ultimately lead to higher-quality care for residents. Investing in a healthier workforce will reduce burnout and absenteeism, leading to more accurate diagnoses, timely treatments, and a more effective use of healthcare resources. By promoting preventative health measures and ensuring healthcare providers are in optimal condition, we can reduce the prevalence of

preventable diseases, lower healthcare costs, and ultimately create a healthier community for all.

This research has the potential to inform local health policies, influence organisational practices, and help create a supportive environment for healthcare providers, thereby fostering a healthier, more resilient healthcare workforce. It also sheds light on health-seeking and its significance for healthcare providers in Kenya and worldwide.

1.7 Scope of Study

The study investigated healthcare providers in selected health facilities in Uasin Gishu County, Kenya. Specifically, the research examined how healthcare professionals in this region access healthcare services for their own well-being. The study established how factors such as privacy and confidentiality, healthcare knowledge, workload, and stress impact the health-seeking behaviours of healthcare providers. Accessibility and utilisation of healthcare services by healthcare providers were assessed by identifying potential barriers to appropriate health-seeking behaviours.

The study also identified factors that promote appropriate health-seeking behaviours among healthcare providers, including organisational culture within healthcare facilities, socio-demographics, access to care through medical covers, and manageable workloads. By examining these key aspects, the research offers valuable insights into the health-seeking behaviours of healthcare providers in Uasin Gishu County, ultimately contributing to targeted interventions that enhance their well-being. The study collected information from nurses, doctors, and clinical officers at Level 6 public hospitals, Level 4 county hospitals, and Level 3 sub-county hospitals in Uasin Gishu County.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section provides a review of the literature on the research objectives and the work and findings of other researchers. It highlights areas requiring further research and introduces a conceptual framework depicting the proposed relationships among the study's variables.

2.1.1 Health-Seeking Behaviours

Health-seeking or illness behaviour refers to how people address health concerns by selecting suitable treatments or remedies (Singh Bhandari & Chataut, 2020). The health belief model (HBM), developed by Rosenstock and his colleagues in the 1950s, suggests that people's motivation to change their health behaviours is significantly shaped by their perceptions of health. This model identifies several essential factors: beliefs about health and illness can serve as barriers; having access to motivating information is vital; individuals evaluate the advantages of adopting healthier behaviours; they consider their disease susceptibility; think about the possible consequences of poor health; and their self-efficacy plays a crucial role. These elements contribute to a broader understanding of health behaviour, which supports good health, disease prevention, and the management of health-related issues (Boskey, 2024).

Health-seeking behaviour encompasses various actions individuals take when addressing health concerns. This can include visiting a doctor at a healthcare facility for a professional review, which is considered appropriate in this study; researching symptoms online; discussing symptoms with a pharmacist; self-medicating with over-the-counter medications; ignoring symptoms until they worsen; making consultations over the phone without a proper examination; or using alternative medicine. Several

factors can influence these decisions, such as socio-demographic characteristics, personal health perceptions, and obstacles or support systems that affect the adoption of health-seeking behaviour either appropriately or inappropriately (Latunji & Akinyemi, 2018).

Appropriate health-seeking behaviour can help prevent diseases, promote good health, detect illnesses early, and effectively treat both communicable and non-communicable diseases. In the landscape of modern healthcare, the emphasis on health-seeking behaviours is pivotal not only for the general public but also for healthcare providers. Good health is essential to enhancing the quality of our daily lives, as it underpins our physical, mental, and emotional well-being and enables effective engagement in personal and professional pursuits. At the same time, its absence can disrupt our stability. Ensuring the health of healthcare workers is in tandem with Sustainable Development Goal (SDG) 3, which aims to promote well-being for all ages, as well as Kenya's healthcare agenda that centres on improving healthcare services through a focus on preventive care, which can only be achieved through seeking health services appropriately (MOH, 2022).

2.2 Health-Seeking Behaviours of Healthcare Providers

This study focused on the health-seeking behaviours of doctors, nurses, and clinical officers, which could be appropriate or inappropriate. Proper behaviour in this study included seeking medical advice from qualified professionals and visiting healthcare facilities like private clinics, primary health centres, and general hospitals at higher levels of care to receive preventive, curative, and rehabilitative care. It involved seeking medical care, conducting thorough investigations to diagnose diseases, and obtaining prescribed medications following a comprehensive review of the patient's medical history. On the other hand, inappropriate behaviour includes seeking healthcare services from unqualified individuals, such as patent medicine vendors (PMVs), chemists,

traditional healers, or family members; ignoring medical attention; engaging in self-medication; or seeking healthcare by phone from colleagues.

According to a Nigerian study by Adewoye et al. (2019), nurses' and doctors' knowledge of appropriate health-seeking behaviour did not translate into the adoption of proper health-seeking practices. In the same study, it was noted that nurses and doctors had apathy for regular medical checkups and practised self-medication. The health-seeking behaviour of doctors and nurses was influenced by years of clinical experience, long working hours, the presence or absence of health insurance, privacy concerns that caused fear of confidentiality breaches, and dissatisfaction with the services offered. These factors influenced their decision-making regarding self-medication, with 78.3% of nurses self-medicating, compared with 61.8% of doctors.

Self-medication leads to serious health issues such as incorrect self-diagnosis, increased risk of drug or supplement interactions, incorrect therapy choices, and the risk of dependence and abuse. (Linskey, 2023). In a study conducted in Ethiopia, it was noted that health professionals were obtaining drugs from medicine shops and self-medicating, which reportedly results in undesired consequences, including adverse reactions, drug interactions, and even the development of antimicrobial resistance. Therefore, it is highly recommended to discourage self-medication as much as possible (Mohammed et al., 2021).

Noncompliance with medication leads to rising antimicrobial resistance, which further leads to medication failures and poor health outcomes. Medication noncompliance was more common among Nigerian nurses (77.6%) than among doctors (90.2%), who were more likely to comply with medication (Adewoye et al., 2019a).

The healthcare providers' health-seeking behaviour could also be influenced by their health financial ability to procure healthcare, whether out of pocket or through medical insurance. Additionally, levels of education and years of practice can affect their behaviour through literacy, language, and experience. The availability of desired services and quality service delivery within health facilities are also essential factors. Lastly, healthcare providers' social support networks can also influence their decision-making process regarding seeking care (Adewoye et al., 2019a; Artiga & Hinton, 2018).

2.3 Socio-Demographic Factors Influencing Health-Seeking Behaviour

Sociodemographic factors refer to the social and demographic characteristics that influence individuals' health-seeking behaviours. These factors include educational attainment, occupation, income, employment status, marital status, sex, years of professional experience, age, and religion. They can impact people's health and decisions about seeking care, as well as shape health-seeking behaviour (CDC, 2023; Latunji & Akinyemi, 2018; Vo et al., 2023).

Another study found that the cost of healthcare services plays a crucial role in individuals' healthcare decision-making, particularly for those who pay out of pocket. The study highlighted that affordability was a key factor for the survey respondents (Latunji & Akinyemi, 2018). In another study, individuals with higher socio-economic status were more likely to seek appropriate healthcare, and having health insurance was associated with better health-seeking behaviour (Artiga & Hinton, 2018). This study, therefore, aimed to determine whether socio-economic factors affect the health-seeking behaviours of healthcare providers in Uasin Gishu County. Accessibility of healthcare services within the health systems

Physical accessibility, affordability, and information availability are both facilitators and barriers to accessing healthcare services. Geographical location can create barriers to

healthcare providers' access to healthcare services. Even when one could access care, due to low income or a lack of medical insurance, they might still be unable to afford it. In addition, healthcare providers may underutilise services because they are unaware of their availability in their setting or do not know whether the services they need are covered by their medical insurance or part of their workplace benefits.

In Singapore, 35% of healthcare providers identified cost as a barrier to accessing psychological help (Zaman et al., 2022a). In the systematic review, some studies did not ask participants whether accessibility, affordability, and awareness of access were barriers, as noted in the literature review on barriers to health-seeking behaviour. Therefore, it may have been underreported; thus, this study aimed to determine if access is a current barrier among healthcare providers in Uasin Gishu, Kenya.

Research indicates that healthcare providers' age influences their approach to seeking healthcare. Older providers have been noted to be more inclined to exhibit appropriate health-seeking behaviour. As age increases, health priorities change, with chronic ailments becoming more common. Older adults become more likely to seek medical attention for preventive screenings and manage multiple health conditions (Wangeshi, 2021).

It is noteworthy that whereas the AAR study was conducted within a private entity, the present research is situated in a public healthcare setting. Furthermore, while the AAR study encompassed a broad range of health service providers, this research specifically focused on three critical groups: nurses, doctors, and clinical officers, all of whom possess formal training in disease management and the authority to prescribe medications (Wangeshi, 2021).

Income indirectly influences healthcare providers' health-seeking behaviour. Higher income often equates to better insurance coverage, facilitating easier access to care when needed. Financial stability can also afford providers greater flexibility in their work schedules, allowing them to prioritise preventive care or address health concerns without undue stress. Additionally, increased income may grant access to specialised care or innovative treatments, potentially improving overall health outcomes (Zaman et al., 2022a).

An individual's financial status significantly influences their current healthcare-seeking behaviour. Accessing healthcare services can be expensive, hindering access for healthcare providers. Akerele et al. (2021) noted that individuals from lower-income households were less likely to seek medical care than those from more financially stable backgrounds, as they must allocate a larger portion of their monthly expenses to healthcare. Various approaches may have been adopted to overcome financial obstacles, but these strategies sometimes lead to a decline in their economic status and worsen healthcare outcomes. When healthcare providers have limited insurance coverage, they may prioritise their health-seeking needs to avoid exhausting their coverage or incurring out-of-pocket expenses. This can ultimately result in poor health outcomes (Ikhioya & Akerele, 2021; National Academies of Sciences et al., 2018). This study aimed to determine whether healthcare providers in Uasin Gishu County had insurance coverage and whether it met all their health needs or was limited in scope.

2.4 Perceptions Influencing Health-Seeking Behaviour

Understanding healthcare providers' perceptions of their health is crucial for modifying their health-seeking behaviour in Uasin Gishu County. The decision to pursue medical care is influenced by various factors, including the perceived likelihood of health issues, the severity of the perceived health risk, the financial cost of seeking the necessary

treatment, and the probability of a favourable outcome if the proper measures are taken. As a result, healthcare professionals are more likely to seek medical attention if they believe it will lead to improved health outcomes or prevent poor health altogether (Alagili & Bamashmous, 2021). This argument aligns with the health belief model, which applies to both providers and the general population.

The idea that health treatments can be affordable, effective, and obtained with minimal effort and discomfort serves as an incentive for adopting good health-seeking behaviour (Alagili & Bamashmous, 2021). The study in Uasin Gishu County established how the HCPs perceived their health status and whether it influenced their HSB.

Insights from this study will inform a nuanced understanding of healthcare providers' health-seeking behaviours regarding health insurance coverage in Uasin Gishu County.

Appropriate health-seeking behaviour leads to the maintenance of good health, the prevention of illness, and the restoration of health from ill health (Latunji & Akinyemi, 2018). To change a person's behaviour without clearly stating what is in it for them is futile. Studies have shown that perceived benefits are associated with the perceived effectiveness of a behaviour (Boskey, 2024).

The other benefits of adopting appropriate health-seeking behaviour are disease prevention, early diagnosis, and proper management of an existing disease. Appropriate health-seeking behaviour ultimately leads to reduced medical expenses, prevents disability that could occur if illnesses are not well managed, and reduces preventable mortality from both communicable and non-communicable diseases (Haileamlak, 2018).

This study investigated whether the benefits of appropriate health-seeking behaviours influenced healthcare providers' health-seeking behaviours in Uasin Gishu County. People are inclined to change their behaviour when they perceive a specific risk. Studies

indicate that perceived risk is a key determinant of preventive health-seeking behaviour (Boskey, 2024). Perceptions of risk influence individuals' adoption of appropriate health-seeking behaviours. A study done during the COVID-19 pandemic revealed that people with chronic illnesses were more aware of their susceptibility to the harmful effects of COVID-19, including superimposed illness and associated fatalities. This awareness prompted them to strictly adhere to preventive measures compared to those without underlying health conditions (Abraham et al., 2023). This research, therefore, focused on determining whether perceived susceptibility to illness influences the health-seeking behaviour of healthcare providers in Uasin Gishu County.

The likelihood that an individual will alter their health habits to prevent perceived severe outcomes is influenced by the severity of those consequences (Boskey, 2024). The severity of a health condition can be assessed by both the degree of emotional distress it causes and the specific challenges the individual anticipates it will bring (Miles, 2020). This research, therefore, focused on determining whether perceived susceptibility to illness influenced the health-seeking behaviour of healthcare providers in Uasin Gishu County.

Self-efficacy involves an individual's belief in their capability to perform a particular behaviour, which is influenced by cognitive, motivational, and affective processes, as well as selection processes. Healthcare providers can enhance self-efficacy through experience and verbal persuasion while considering the individual's emotional and physiological state. This can empower individuals to take charge of their health by motivating them, helping them feel in control, and fostering high self-esteem, which can lead to better health outcomes (Shorey & Lopez, 2021).

Self-efficacy enables nurses to regulate, care for, monitor, and manage their health and has been linked to positive health outcomes. It is pivotal in promoting health-seeking

behaviour among healthcare providers. This study, therefore, investigated whether self-efficacy influenced the health-seeking behaviour of healthcare providers in Uasin Gishu County.

When someone feels unwell, they often seek care to address the problem. This feeling can range from extreme pain to a physical limitation that makes it difficult to perform daily activities. The symptoms of illness and the expected symptoms associated with it often leave individuals feeling powerless (Tveiten, 2021).

2.5 Barriers and Facilitators to Appropriate Health-Seeking Behaviour Among Healthcare Providers

The variables in this study are viewed as either barriers or facilitators, depending on the specific circumstances. Whether a variable acts as a barrier or a facilitator is determined by its presence or absence in a given context; for this reason, the discussion and evaluation of these variables were conducted simultaneously.

In a systematic review of the barriers and facilitators of health-seeking behaviour among doctors, confidentiality was cited as a barrier to the adoption of appropriate health-seeking behaviour. Doctors were concerned about the negative impact of their health-seeking behaviour on their doctor-patient relationships and worried about how colleagues would perceive them when they sought care. Doctors may fear letting down colleagues who rely on them by taking time off work. The study cited confidentiality as a barrier that is common among psychiatrists, where it was noted that 66.2% would fail to seek help for confidentiality and privacy concerns, and 46% of psychiatrists preferred to be attended to in local private facilities for treatment compared to 4% who would choose to be treated in their facility of work as influenced by confidentiality and privacy reasons (Zaman et al., 2022a).

Among healthcare providers, doctors have a deep-rooted sense of professional identity, ‘the medical self’, which causes them to perform their jobs in accordance with societal expectations but becomes a barrier to their appropriate health-seeking behaviour (Gerada, 2022). This article discusses how the medical self is formed by drawing on psychoanalytic, anthropological, and psychiatric literature, concluding that their medical identity is all-encompassing, permeating all aspects of their lives, making them on duty at all times, and making it difficult for them to be patients when unwell due to the fear of shame. This study aimed to determine whether this barrier exists in our setting and if it affects nurses, clinical officers, and doctors equally.

Healthcare providers are overworked and burnt out due to heavy workloads and understaffing within health facilities, leaving them with no time for self-care and prompting them to self-medicate when they are unwell and too tired to take leave (Zaman et al., 2022a). They develop apathy for voluntary wellness screening. A systematic review examining how time constraints hindered HCPs' health-seeking behaviour found that 50% of HCPs across studies reported time constraints as a barrier to their health-seeking behaviour. Other studies in the same review noted that part-time doctors had better control over their schedules, could seek care, and were never guilty of letting colleagues down by taking time off for self-care (Zaman et al., 2022a).

Stigma refers to the negative views and opinions assigned to a person when their attributes or beliefs differ from societal norms. According to their systematic review, stigma was prevalent among HCPs who were avoiding mental healthcare. HCPs had stigmatised attitudes, especially towards being diagnosed with a mental health condition, shame, embarrassment, and a sign of weakness. At the same time, they hope to maintain a high standard of health for their patients and colleagues, and even the fear of losing licensure by doctors has been noted (Huang, 2021). This study aimed to determine

whether stigma is a potential barrier to appropriate health-seeking behaviour among healthcare providers, with the intention of informing strategies to reduce stigma among healthcare providers.

A study conducted in Nigeria on nurses and doctors working in a tertiary hospital aimed to determine the factors influencing self-medication among healthcare providers. The study revealed that healthcare providers did not regularly undergo wellness checkups, which was attributed to the absence of policies compelling them to adopt such practices. The study emphasised the importance of policies in promoting the wellness of healthcare providers and ensuring the delivery of quality healthcare services (Adewoye et al., 2019a).

Healthcare providers have been observed to adopt appropriate health-seeking behaviours within a supportive healthcare working environment. Leadership and management primarily influence this by putting in place structures and resources to promote healthy behaviours for their human resources' health. Apart from institutional culture, the social support systems of individual healthcare providers were noted as a facilitator of appropriate health-seeking behaviour. Social networks provide support that influences decision-making and allays anxiety (Zaman et al., 2022a). This study aimed to establish whether healthcare providers in Uasin Gishu, across various settings, had positive working environments that fostered positive health-seeking behaviour and ensured a resilient health workforce within the local context.

Healthcare providers who have been in practice for a long time and have extensive clinical experience are more likely to adopt appropriate health-seeking behaviour, including the use of drugs by prescription, rather than self-medication. As a result, the length of their practice is seen as a facilitator of proper health-seeking behaviour. This is evidenced by a study by Adamu et al. (2018), which found that 87.8% of experienced

healthcare providers with more than a decade of practice usually seek treatment from a doctor. This study, therefore, examined the work experience and health-seeking behaviour of healthcare providers in relation to years of experience.

Healthcare providers who undergo regular medical check-ups are more likely to closely monitor their health status. HCPs who have had a medical illness in the past are noted to be more careful about their health than those who have not. HCPs occasionally undergo medical checkups when required by their employers, which has been reported to encourage them to prioritise preventive healthcare (Adamu et al., 2018). Adamu et.al suggested that healthcare providers who had a family history of medical illness were more inclined to adopt appropriate health-seeking behaviours than those without such a history, due to their higher vulnerability to disease. This study examined whether health status influenced HCPS towards the adoption of appropriate HSB.

According to the World Health Organisation (WHO, 2024), Health financing is crucial to a functional healthcare system. The WHO acknowledges that many healthcare providers may lack access to proper care due to the high cost of care, leading them to seek low-quality services through inappropriate channels. To address this challenge, some health institutions offer health insurance to protect people from catastrophic expenses. This has enabled individuals to access quality healthcare, alleviate their financial burden, and avoid seeking cheaper, but substandard, alternatives (Adewoye et al., 2019a). This study established whether healthcare providers in Uasin Gishu County had insurance coverage and whether their utilisation met all their health needs when they required care.

Despite the considerable efforts of numerous authors, significant gaps remain in the research about health-seeking behaviours among healthcare providers in Uasin Gishu County. Importantly, existing literature on this topic within this specific geographical

context is sparse, especially given the unique barriers and facilitators that may shape these behaviours in Uasin Gishu County.

Conclusively, prior studies have largely overlooked the examination of all three cadres of healthcare professionals, including doctors, nurses, and clinical officers, which this study endeavours to address. This investigation comprehensively explores the determinants affecting the health-seeking behaviours of these three groups, thereby enhancing our understanding of the factors that influence their health-related decisions.

While a study conducted in Kakamega offered valuable insights into health-seeking behaviours within a neighbouring county, it was limited to nurses. Given the distinctive healthcare dynamics in Uasin Gishu County, characterised by its healthcare infrastructure, cultural norms, and diverse socio-demographic profiles that significantly impact health-seeking behaviours, this study broadens its scope to include not only nurses but also doctors and clinical officers.

2.6 Theoretical Framework

2.6.1 Health Belief Model Theory

The Health Belief Model (HBM) provides a valuable theoretical framework for comprehending and analysing health-seeking behaviours among healthcare providers within specific facilities in Uasin Gishu County. Developed by Hochbaum, Rosenstock, and Kegels in the 1950s, the HBM is a prominent tool in health behaviour research. It centres on individuals' perceptions of health risks and the factors that shape their choices to adopt health-promoting behaviours (Rosenstock, 1974).

When analysing healthcare providers' health-seeking behaviours using the Health Belief Model, we considered several essential factors. Firstly, perceived susceptibility refers to

providers’ perceptions of their vulnerability to health concerns, such as occupational stress or burnout.

Another factor is perceived severity, which involves their evaluation of how serious the potential health outcomes associated with their profession are. Additionally, perceived benefits and barriers are crucial in shaping healthcare providers' beliefs about the advantages and challenges of adopting health-seeking behaviours.

In the county of Uasin Gishu, the attitudes, beliefs, and health-seeking behaviours of healthcare professionals are essential in determining whether they seek medical assistance for occupational health problems. The perception of the severity of potential outcomes, the perceived benefits of seeking healthcare, and existing barriers to accessing healthcare services can impact their decision-making.

Healthcare providers who feel vulnerable to health issues and perceive the consequences as severe are more likely to adopt health-seeking behaviours. On the other hand, if perceived obstacles, such as time constraints or the stigma associated with seeking help, outweigh the perceived benefits, individuals may be less likely to participate in activities that promote their health and well-being.

The Health Belief Model incorporates cues to action that motivate people to adopt healthy behaviours. For healthcare providers in Uasin Gishu County, such cues may include workplace health initiatives, organisational policies, or peer support, which can influence their choices to seek health services. This study, therefore, aimed to understand healthcare providers' health-seeking behaviours, focusing on their individual beliefs and decision-making processes. Using this theory, key concepts were adapted to examine the health-seeking behaviours of nurses, clinical officers, and doctors in the selected health

facilities in Uasin Gishu County. The variables of the conceptual framework were also developed based on the key concepts borrowed from this theory model.

2.7 Conceptual Framework

The study on Health-Seeking Behaviours Among Healthcare Providers in Selected Facilities in Uasin Gishu County included a conceptual framework that comprised interconnected dimensions: the provider's sociodemographics, the provider's behaviour, whether appropriate or inappropriate, the possible barriers and facilitators of appropriate health-seeking behaviour, and the possible influences of health perceptions on the HSBs of HCPs in Uasin Gishu County. These concepts are discussed below;

The study focused on appropriate Health-Seeking Behaviour (HSB), including seeking medical advice from a qualified professional or visiting public or private clinics, primary health centres, or general hospitals at various levels of care, during illness or any situation requiring medical attention. The study also examined preventive healthcare, including medical checkups, as an indicator of appropriate health-seeking behaviour.

The study defined inappropriate health-seeking behaviour as seeking healthcare services from unqualified individuals, such as patent medicine vendors (PMVs), chemists, traditional healers, family members, or ignoring medical attention altogether. Self-medication practices and seeking healthcare advice by calling colleagues without investigation were also considered inappropriate behaviour for healthcare providers in Uasin Gishu County.

The dimension being considered highlights the social and demographic characteristics of HCPs in Uasin Gishu County. The study examined how variables such as income, age, years of professional experience, occupation, religion, educational background, financial difficulties, and lack of insurance, as well as access to health insurance, influenced the

health-seeking behaviours of HCPs. The research aimed to determine whether socio-demographic factors are facilitators or barriers to HCPs' health-seeking behaviours.

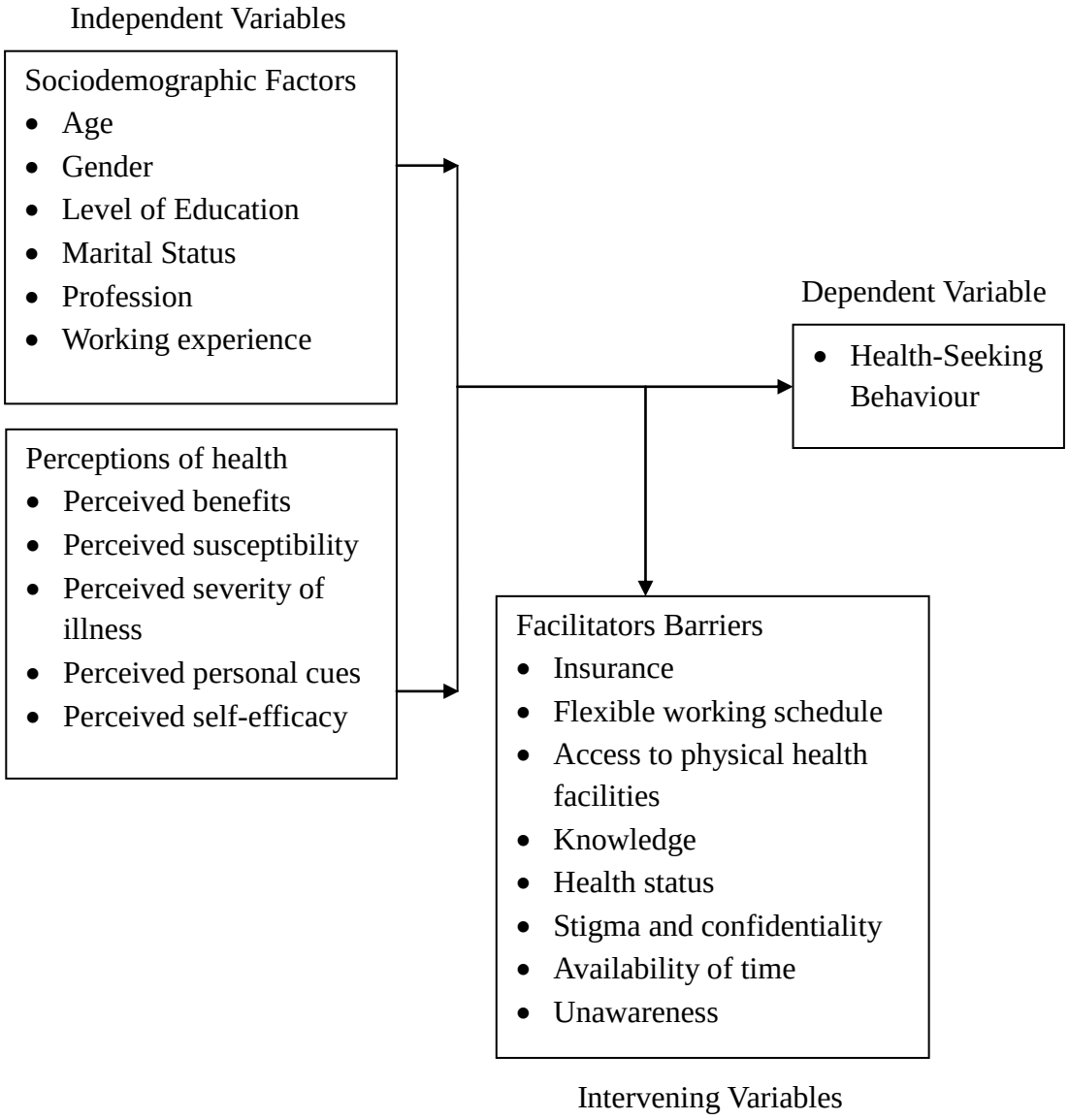
This part investigated the influence of health perceptions on HCPs' health-seeking behaviour in Uasin Gishu County. The study examined variables such as perceived susceptibility, perceived severity of illness, perceived personal cues, and perceived self-efficacy regarding healthcare providers' health-seeking behaviour in Uasin Gishu County.

This section examined the factors that influenced the adoption of appropriate health-seeking behaviours by HCPs in Uasin Gishu County. The investigated barriers included confidentiality and privacy concerns, lack of time to seek healthcare due to heavy workloads, stigma, inaccessibility of care, and institutional frameworks and cultures (Nebert et al., 2017b).

The study also evaluated the factors that encouraged HCPs in Uasin Gishu County to adopt appropriate health-seeking behaviours. Some of these factors included institutional cultures and frameworks, flexible work schedules, prompt service delivery, ease of access, provision of quality care, confidentiality, years of professional experience, perceived or known health status, and the availability of health insurance (Wangeshi, 2021).

Figure 1

Conceptual Framework of Health-Seeking Behaviour



Source: Adapted From The Health Belief Model (Orbell et al., 2020)

The conceptual framework proposed that sociodemographic factors, HCPs' perceptions of health status, and barriers and facilitators all contribute to shaping healthcare providers' health-seeking behaviours in Uasin Gishu County. By combining these dimensions, we gain an understanding of the factors that influence health-seeking behaviours, and the knowledge gained will be used to develop specific interventions that promote the well-being of healthcare providers in the County, nationally, and globally.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the process of gathering data and information that fulfilled the research objectives. It outlines the study's overall research approach. It outlines the research design, study population, sampling procedure, sample size, pilot study, instrument validity and reliability, data collection procedure, and data analysis.

3.2 Research Design

For this study, the researchers employed a quantitative approach, using a cross-sectional research design to gather data from a representative sample of the population at a specific point in time.

3.3 Location of Study

The study was conducted in Uasin Gishu, one of Kenya's 47 counties. It is situated in the Rift Valley region, bordering Trans Nzoia to its north, Elgeyo Marakwet to its east, Baringo County to its southeast, Kericho to its south, Nandi County to its southwest, and Kakamega to its northwest, covering an area of 3,345.2 Km^2.

Uasin Gishu has six constituencies, including Kesses, Turbo Soy, Moiben, Kapseret, Turbo, and Ainabkoi. It is home to one of the two existing level six public national hospitals in Kenya (Moi Teaching and Referral Hospital (MTRH)), which serves the Eastern and Central African Region, as well as several universities and tertiary institutions. It has 22 Level 3 facilities, 116 Level 2 facilities, and 2 faith-based facilities (Kariuki, 2020). Eldoret town serves as the healthcare and health education hub for the Rift Valley region, boasting many doctors, nurses, and clinical officers working across various levels of care in the public sector (Kiprotich et al., 2020).

Conducting the study in Uasin Gishu County was ideal, as it provided access to healthcare providers across all levels of health facilities, making it a suitable location for this research. The County's health infrastructure, cultural dynamics, and socio-demographics play a pivotal role in shaping healthcare providers' health-seeking practices in this setting.

3.4 Population of Study

This study focused on healthcare providers, including doctors, nurses, and clinical officers, in selected hospitals within Uasin Gishu County. The study drew on the level six national teaching and referral hospital, the level four county hospitals, and the level three sub-county hospitals, respectively, as per the Kenyan Gazette notice. (GOK, 2022; Kariuki, 2020). The population comprises 1,483 (1,483) healthcare providers, comprising 206 (14%) Doctors, 1,047 (70%) Nurses, and 230 (16%) Clinical officers, for a total of 1,483 healthcare providers as the target population.

Table 1

Study Population

Respondents	Number of Employees
Doctors	206
Nurses	1,047
Clinicians	230
Total	1,483

Source: Uasin Gishu County Health Records (2024) and MTRH HRH records (2024**)**

3.4.1 Eligibility Criteria

Inclusion Criteria

All hospital doctors, nurses, and clinical officers who had worked in selected facilities for at least 6 months and had consented to the study were included.

Exclusion Criteria

All doctors, nurses, and clinical officers who had worked for at least 6 months in the selected facilities and were on leave or off duty during the study period were excluded.

All doctors, nurses, and clinical officers who had worked in the selected facilities for at least 6 months but had not provided consent for the study were excluded.

3.5 Sampling Procedure and Sample Size

3.5.1 Sampling Procedure

Uasin Gishu County was selected as the study site due to its diverse and adequate population of healthcare professionals, including doctors, nurses, and clinical officers, who serve across various levels of healthcare facilities. The presence of a Level Six teaching and referral hospital within the County further contributes to a rich concentration of health personnel, making it a suitable location for research.

A multiphase sampling technique was employed to obtain the study sample. The study population was first stratified into three professional groups: doctors, nurses, and clinical officers. To ensure adequate representation, the researchers purposively selected one teaching and referral hospital and all county and sub-county hospitals, thereby capturing participants from all three levels of healthcare provision.

The selected facilities were categorised into three levels of care, namely Level Six, representing the national referral level; Level Four, representing county hospitals; and Level Three, representing sub-county hospitals. Proportionate sampling was then used to determine the number of participants from each professional cadre at each facility level. These proportions reflected the County's existing workforce distribution, where nurses make up approximately 73 per cent of health workers, clinical officers 16 per cent, and doctors 11 per cent.

Based on these proportions, the number of participants required from each cadre at every facility was calculated. Within each facility, simple random sampling was used to select individual participants. Sampling frames of all eligible health workers were compiled, and each person was assigned a unique identification number. A lottery method was then used to randomly select participants from each list, after which data collection was conducted among the selected participants. This multiphase sampling approach ensured that the study sample was representative, unbiased, and reflective of the actual distribution of healthcare providers across Uasin Gishu County.

3.5.2 Sample Size

This study investigated the health-seeking behaviours of healthcare providers using a specially developed assessment tool. This tool evaluated a variety of aspects related to health-seeking practices, allowing us to calculate a composite score. Based on this score, we classified health-seeking behaviours into three categories: good, moderate, and poor. To estimate the minimum sample size required, a sample size formula was used based on a Nigerian study by Adewoye et al. (2019), which reported a 60.8% proportion.

The formula used for estimating a single population proportion was given by Fisher et al. (1998):

$$n_0 = \frac{Z^2_{1-\alpha/2} \cdot P(1-P)}{d^2}$$

Where:

n- Sample size required

$Z^2_{1-\alpha/2}$= the critical value for the standard normal distribution at an α-level of

significance

α=0.05, $Z_{1-\alpha/2}$=1.96

p = 60.8% - the proportion of HCPS

d = margin of error (d=0.05)

Substituting the values, we get:

$$n_0 = \frac{1.96^2 \, X \;\; 0.608(1-0.608)}{0.05^2} \approx 366$$

When the population is finite and relatively small, the Finite Population Correction (FPC) is used to adjust the sample size estimate. The FPC helped determine the required sample size, given that it is smaller in a finite population than in an infinite one. Thus, we have: n, where this adjustment accounts for finite populations, is represented:

$$n = \frac{n_0}{1 + \frac{n_0 - 1}{N}}$$

n_0 The initial sample size estimate is 366.

N - total population size, which is 1483.

$$n = \frac{366}{1 + \frac{366 - 1}{1483}} \approx 294$$

10% of 294 is 29.4, which equals 323. The sample size then was 323, taking into account attrition and sampling errors.

Table 2

Sampling Procedure Per Cadre and Facility

Cadre	Z=Population 1483	Cadre sample =(Z*n) /Total population	Proportionate sample size	Level III	Level IV	Level VI
Doctors	206	$\frac{206 * 323}{1483} \approx 45$	45	2	2	41
Nurses	1047	$\frac{1047 * 323}{1483} \approx 227$	228	25	11	192
Clinical Officers	230	$\frac{230 * 323}{1483} \approx 50$	50	12	5	33

3.6 Instrumentation

3.6.1 Study Instruments/Tools

This study utilised quantitative data collection methods to ensure rigorous analysis. A comprehensive review informed the development of the research tool by drawing on both national and international literature, and it was grounded in the Health Belief Model. To ensure its validity, the tool was evaluated by a panel of experts. Additionally, its reliability was tested through a pretest conducted on 10% of the target population at Nakuru Teaching and Referral Hospital. The validated questionnaire was then self-administered to collect responses from study participants effectively.

The questionnaire, organized into three sections, aimed to gather sociodemographic and health-seeking practice data from healthcare providers in Uasin Gishu County.

Section A: Sociodemographic Information and Health-Seeking Practices

This section gathered demographic data, including gender, age, education, religion, marital status, and profession. Participants were asked about their work experience and whether they had undergone voluntary medical checkups. They were also questioned

about their motivations for these checkups and the frequency with which they occurred. The survey explored factors influencing participants' willingness to attend checkups, such as cost and convenience. Additionally, respondents indicated how they address health concerns, their preferences for treatment locations, and common symptoms they tend to ignore.

Section B: Facilitators and Barriers of Appropriate Health-Seeking Behaviour

This section explored the factors that encouraged or discouraged health-seeking behaviours. Participants evaluated how workplace processes, service delivery, flexible schedules, and preventive screenings influenced their decisions. They also considered how factors such as cost, insurance, work schedules, and concerns about confidentiality impacted their willingness to seek care.

Section C: Health Perception

The final section assessed participants' perceptions of their health status and its impact on health-seeking behaviour. Respondents rated their health, indicated any chronic illnesses, and discussed how these factors influenced their decisions to seek medical intervention.

3.6.2 Pretest of Tools

The study questionnaire was pre-tested to verify its correctness and accuracy using a sample of non-participating respondents. This pre-test was conducted on 10% of the calculated sample at Nakuru County Teaching and Referral Hospital, which shares characteristics similar to those of the study population. The pre-test results were valuable in enhancing the reliability of the research instruments.

3.6.3 Reliability of Instruments

The researchers evaluated the reliability of the research instruments using the internal consistency method, which involved calculating Cronbach's alpha coefficient from a pre-

test of the questionnaire. They utilised SPSS version 28 to obtain the statistical results. Internal consistency of the questionnaire was assessed using Cronbach's alpha.

The overall Cronbach's alpha coefficient for the 78 items was 0.866, indicating good reliability and suggesting that the items consistently measured the underlying constructs. Most items exhibited positive corrected item-total correlations, suggesting they contributed meaningfully to the scale. However, a few items (e.g., "gender," "frequency of voluntary medical checks," "time," "covered screening services by health insurance," and "been diagnosed with chronic illness") had negative or very low item-total correlations, indicating weaker alignment with the overall scale and potential conceptual divergence. The "Cronbach's alpha if item deleted" values ranged from 0.852 to 0.889, with no single item deletion resulting in a substantial improvement in reliability, confirming that the scale's internal consistency was stable.

Overall, the instrument demonstrated good reliability for measuring health-seeking behaviours.SPSS calculated the alpha coefficient based on the item correlations and variances, ensuring accurate measurement of the intended study constructs, as noted by Bujang et al. (2018).

3.6.4 Validity of the Instrument

The questionnaire on health-seeking behaviour and its associated factors among healthcare providers in Uasin Gishu examined elements that directly influenced both appropriate and inappropriate health-seeking behaviours. These elements include health perceptions, sociodemographics, barriers, and facilitators. The questionnaire was informed not only by existing literature but also by support and guidance from research supervisors. It is grounded in the psychological Health Belief Model (HBM) of health-related behaviour.

The research instrument was divided into sections that investigated all relevant variables of the study. The study tool's content and construct validity were assessed by experts in research and behavioural psychology from Kabarak University and Moi University.

The Content Validity Index (CVI) was calculated to assess the relevance, clarity, and necessity of the questionnaire items. Item-level CVI (I-CVI) values ranged from 0.66 to 1.00, with the majority of items achieving perfect agreement (1.00) across all three domains. Only one item regarding alternative options when conventional medical attention is not sought had slightly lower scores (relevance = 0.66, clarity = 0.70, necessity = 0.75), indicating the need for minor refinement. The Scale-level CVI using the average method (S-CVI/Ave) yielded scores of 0.991 for relevance, 0.991 for clarity, and 0.993 for necessity, all exceeding the acceptable threshold of 0.90 for excellent content validity. These results indicate that the instrument demonstrated strong content validity, with only minimal adjustments recommended for one item to enhance clarity and necessity.

3.7 Data Collection Procedure

Approval for the pretest was secured from Nakuru Level V Hospital and the Nakuru County Health Research Committee, following the necessary endorsements from ISERC and NACOSTI. This process enabled the pretesting of the research instrument collection to begin after all approvals were obtained, utilising questionnaires administered by the principal investigator and two trained research assistants with relevant medical backgrounds. These assistants underwent comprehensive training in research ethics, data collection procedures, and practical communication skills to ensure the integrity and quality of the data collected.

To promote inter-rater reliability and ensure the consistent application of research protocols, a comprehensive one-day training program was developed. This training

program addressed several key areas, including the proper use and administration of specific research instruments, effective data management practices to uphold integrity and completeness, and ethical considerations, such as adherence to guidelines for voluntary participation and obtaining informed consent from all participants.

Participants were thoroughly informed about the study's purpose, procedures, potential risks, benefits, their rights, and the measures taken to ensure confidentiality. Informed consent was obtained from all eligible individuals. Data collection, which involved the use of self-administered questionnaires, took place over a period of one month at selected facilities from 4th July 2025 to 4th August 2025. The collection primarily occurred during day shifts from 7:30 AM to 6:30 PM on weekdays, accommodating participants who worked night shifts.

Throughout the data collection process, confidentiality, anonymity, and privacy of the collected data were rigorously maintained. The researcher ensured voluntary participation and highlighted the participants' right to withdraw at any time. The data collection instrument was coded to allow data entry into SPSS Version 28. Data entry checks and validation processes were implemented to ensure accuracy, with all data securely entered into the electronic database in SPSS format and subjected to thorough data-cleaning procedures.

3.8.1 Data Coding and Cleaning

During data cleaning, some responses contained missing values. The missing data was relatively low across the dataset, with the highest percentage of missing values under 5%. Given that the missing data accounted for less than 5% of the dataset and that the missingness was at random, the decision was made to impute the missing values. This approach aligns with standard statistical guidelines, which state that missing data below 5% typically does not introduce significant bias.

A comprehensive Excel code sheet was developed before data entry to guide the conversion of all variables into numerical formats. The code sheet provided specific instructions for each variable, including variable names, descriptions, data types, and assigned numerical values. Continuous variables, e.g., age in years, were entered as their raw numerical values to preserve detail. For open-ended questions, responses were grouped into thematic categories, and numerical codes were assigned to these categories.

3.8 Data Analysis and Presentation

Self-administered questionnaires were used to gather data from the respondents. The data collection instrument was coded to allow data entry into SPSS Version 28. Data entry checks and quality control procedures were implemented to ensure accuracy, with all data securely entered into the electronic database in SPSS format and thoroughly cleaned. After collection, the data were meticulously cleaned and edited before being coded for analysis. They were entered into the Statistical Package for the Social Sciences (SPSS) version 28. Both descriptive and inferential statistical methods were employed to analyse the data, utilising means and standard deviations to illustrate the fundamental characteristics of the population under study. This approach aimed at providing insights into the health-seeking behaviours of healthcare providers in Uasin Gishu County.

The preliminary analysis included a summary of the study participants' demographics. Categorical variables such as gender, education level, and cadre were summarised as frequencies and their corresponding percentages. Numerical variables, such as age, were summarised using the mean and median, along with their corresponding standard deviations and interquartile ranges. Further analysis was conducted for each objective, as summarised in Table 3.

Table 3

Data Analysis Table

Objective	Outcome	Variables	Statistical Test
1) To assess the health-seeking behaviours of healthcare providers in Uasin Gishu County.	Appropriate health-seeking behaviour categorical variable	Dependent variable	Descriptive statistics • Frequency • Percentages • Mean • Median • Interquartile range
2) Determine the socio-demographic characteristics that influence the health-seeking behaviours of healthcare providers in Uasin Gishu County		Independent variables • Age • Religion • Level of education • Gender • Level of facility • Health insurance • Marital status • Cadre	Inferential statistics • Chi-Square test with Fisher's Exact • Multinomial logistic regression using an elastic net model to correct multicollinearity.
3) To identify the facilitators and barriers of appropriate health-seeking behaviour among healthcare providers in Uasin Gishu County	Appropriate health-seeking behaviour (Yes/ No) – binary categorical variable	Independent variables • Confidentiality • Time • Stigma • Accessibility of services • Insurance • Work schedules • Institutional factors • Knowledge	Descriptive statistics • Mean (SD) • Percentages/Frequencies • Weighted average for Decision
4) To determine the association between perceptions of health and health-seeking behaviour among healthcare providers in Uasin Gishu County.	Association of variables (Yes/No)	Independent variables perceptions Dependent variable Health-seeking behavior	Inferential statistics • Chi-square • Correlation analysis • Logistic regression,

Table 4

Variables Table

Concept	Variable	Operational definition	Measure	Source
Sociodemographic characteristics and health-seeking practices of HCPs	Sex	Biological attributes assigned at birth	Categorical	Questionnaire sociodemographic section
	Age	The length of years a person has lived since their date of birth	Continuous	Questionnaire sociodemographic section
	Level of education	The study level at the time of responding is either a certificate, diploma, higher diploma, master's, or doctorate.	Categorical	Questionnaire sociodemographic section
	Religion	A system of beliefs and practices involving the belief in a higher power or divine being(s) and influences a way of living.	Categorical	Questionnaire sociodemographic section
	Marital status	Cultural or legal relationship with a partner	Categorical	Questionnaire sociodemographic section
	Profession	Occupation of the participant at the time of data collection	Categorical	Questionnaire sociodemographic section
	Working experience	This may be defined as the number of years the individual has worked in their current position.	Continuous	Questionnaire sociodemographic section
	Voluntary check-up	A proactive approach to assessing one's health, identifying potential health issues early, and taking preventive measures.	Categorical	Questionnaire sociodemographic section
	Healthcare approach	How providers seek care when unwell	Categorical	Questionnaire sociodemographic section
	Frequency of checkups	How often do the providers go for checkups	Categorical	Questionnaire sociodemographic section
	Factors influencing voluntary	What influences healthcare providers to go for voluntary	Categorical	Questionnaire sociodemographic section

	checkups	checkups		
	Health-seeking approaches utilised by providers	How healthcare providers seek care when unwell	Categorical:	Questionnaire sociodemographic section
	Ignored health concerns	Common signs and symptoms often ignored by healthcare providers	Categorical	Questionnaire sociodemographic section
	Alternative approaches to care	Health practices and therapies are not considered part of conventional medicine.	Categorical:	Questionnaire sociodemographic section
Socio-demographic factors influencing the health-seeking behaviour of healthcare providers	Socio-demographic factors	Social and demographic characteristics influencing HCPs' opportunities and resources in the decision-making process of health-seeking	Categorical	Likert scale
Facilitators and barriers to appropriate health-seeking behaviour of Healthcare providers	Facilitators and barriers to appropriate HSB	Factors that motivate HCPs to seek healthcare appropriately when required, while barriers prevent individuals from seeking necessary healthcare.	Categorical	Likert scale
Perceptions influencing the health-seeking behaviours of HCPs	Perceptions	Interpretations of the world around HCPs based on their senses, experiences, opinions, and beliefs that influence their health-seeking behaviours	Categorical	Likert scale

3.8.2 Health-Seeking Behaviour Scoring System

To assess healthcare providers' health-seeking behaviours (HSB), the researchers developed a scoring system based on responses to key questionnaire questions. The scoring system aimed to quantify how healthcare providers actively engaged in

behaviours that promote their health and well-being, as well as their use of conventional versus alternative medical practices.

1. Health-Seeking Behaviours

The scoring system evaluated a variety of health-seeking behaviours as outlined in the research tool. These behaviours included accessing medical services such as self-medication, consulting colleagues, visiting medical clinics, and undergoing medical investigations, as well as the propensity to overlook illnesses. Each behaviour received point values based on its perceived positive or negative impact on health as outlined below.

i. Self-Medication: Providers who reported engaging in self-medication received 1 point for this self-care behaviour.
ii. Consulting a Friend: Providers who consulted a friend for advice received 1 point, indicating a lower level of health-seeking behaviour.
iii. Consulting a Colleague: Providers who sought professional health advice from a colleague received 2 points, reflecting a more formal approach to health-seeking behaviour.
iv. Calling a Colleague for Review and Investigation: Providers who took the extra step of having a colleague review and investigate their health issues received 2 points, representing active professional involvement in managing their health.
v. Visiting the Staff Medical Clinic: Healthcare providers who visited a medical clinic for professional evaluation and investigation received 3 points, indicating strong health-seeking behaviour.
vi. Ignoring Illness: Providers who reported ignoring their illness until symptoms worsened received 0 points, reflecting a lack of proactive health management.

2. Use of Alternative Medicine

The scoring system also accounted for the use of alternative health practices when conventional care was not sought. This included practices such as herbal remedies, health supplements, and spiritual interventions, all of which are common alternatives to traditional medical care.

i. Herbal Remedies: Providers who reported using herbal remedies as an alternative to conventional care received 1 point.

ii. Health Supplements: The use of health supplements received 1 point, reflecting the attempt to improve health through non-prescribed means.

iii. Herbal Saunas: Providers who used herbal saunas for self-care received 1 point.

iv. Chiropractic Care: Providers who consulted chiropractic practitioners received 1 point, indicating an alternative but professional approach to health management.

v. Spiritual Interventions: The use of spiritual interventions to address health concerns also earned 1 point, acknowledging this non-medical approach.

3. ***Symptoms and Health Management***

A crucial element of the HSB scoring system was the healthcare provider's propensity to either overlook or specifically address specific symptoms. This component was developed to assess how proactively a provider engages in health decision-making when faced with prevalent health issues.

i. For each symptom where the healthcare provider (HCP) did not seek health advice, such as headache, flu, abdominal discomfort, fever, nausea, or chest pain, providers received 0 points.

ii. Conversely, if a provider proactively addressed the symptom by seeking medical assistance, they earned 1 point for that action, reflecting appropriate health-seeking behaviour.

*4. **Scoring and Categorisation***

Once all individual behaviours earned points, the total points across all categories were calculated to give the HSB score for each healthcare provider, which was then grouped as shown below, as guided by (cite).

i. Good HSB: Providers with scores between 10 and 20 points were categorised as having Good HSB, indicating high levels of proactive health-seeking behaviour.

ii. Average HSB: Providers with scores between 5 and 9 points were categorised as having Average HSB, reflecting moderate health-seeking engagement.

iii. Poor HSB: Providers with scores between 0 and 4 points were categorised as having Poor HSB, indicating minimal or poor health-seeking behaviours

3.8.3 Analysis of Additional Comments On the Questionnaire

The instrument included dedicated sections for open-ended questions, allowing respondents to share any additional insights or comments that were not adequately captured in the provided options. This qualitative component was intentionally designed to gather rich, contextual data and uncover unexpected insights that closed-ended, quantitative questions might have overlooked.

The analysis of these qualitative responses was conducted separately due to a wide variability of responses, utilising thematic analysis as the primary method. This process involved several key steps: initially, all reactions were meticulously read and re-read to develop a comprehensive understanding of the content. Following this, initial codes were generated, focusing on specific phrases, ideas, or concepts that emerged. These codes

were then organised into broader overarching themes. This systematic approach enabled the identification of recurring patterns and unique perspectives, enriching the overall findings. The qualitative data provided valuable depth and nuance, enhancing the interpretation of the quantitative results.

3.9 Ethical Considerations

Clearance was obtained from the Department of Nursing at the School of Medicine and Health Sciences and from the Institute of Postgraduate Studies (IPGS) at Kabarak University. Ethical review and approval for data collection were granted by the Kabarak University Institutional Scientific Ethics Research Committee (ISERC) and the National Commission for Science, Technology, and Innovation (NACOSTI). Furthermore, permission was sought from the Nakuru County Teaching and Referral Hospital and the Nakuru County Health Research Committee, which played a crucial role in facilitating the pretest of the research tool. Before initiating data collection in Uasin Gishu, approval was secured from the County Government, the County Commissioner of Uasin Gishu, and the management of all selected facilities within Uasin Gishu County.

To prioritise the privacy and well-being of respondents, informed consent was obtained from all participants, clearly indicating that their participation was voluntary and that they were free to withdraw at any time. Only the researcher and trained assistants handled the questionnaires during data collection and analysis, ensuring confidentiality. To maintain anonymity, questionnaire signatures were used instead of participants' names, further safeguarding their privacy. All collected data were securely filed in a locked cabinet, with access strictly limited to authorised personnel possessing proper clearance. Digital copies of the work were stored and backed up in the researcher’s password-protected Google Drive.

Upon completion of the study, the data will be responsibly destroyed by shredding hard copies, minimising any potential risks to participants' privacy and well-being associated with data retention. The overall ethical framework underscores our commitment to conducting research with integrity, respecting participants' autonomy, and prioritising the security of their information. Consequently, we assessed that there was negligible risk for participants in this study, and no compensation was provided.

3.10 Feedback/Dissemination Plan

The research findings will be published in academic journals and online repositories to facilitate broader dissemination to a network of researchers. They will also be presented at healthcare conferences, workshops, and seminars. The findings will be shared with the respective facilities through departmental meetings and webinars to facilitate direct engagement with the research population and generate informed discussions and decisions toward health-seeking behaviour. For policymakers and practitioners, the research findings will be summarised in policy briefs to influence the development and implementation of evidence-based policies.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSIONS

4.1 Introduction

This chapter presents the findings and interpretations in accordance with the objectives and research questions**.** The study aimed to determine health-seeking behaviours among selected healthcare providers at selected facilities in Uasin Gishu County. To achieve this objective, the researchers assessed the health-seeking behaviours of healthcare providers(doctors, nurses, and clinical officers), determined the sociodemographic characteristics influencing the HSB of healthcare providers, identified the facilitators and barriers to appropriate health-seeking behaviour among healthcare providers, and determined the association between the perceptions of health and health-seeking behaviour of healthcare providers in Uasin Gishu County.

A total of 323 respondents were sampled, comprising 47 doctors, 230 nurses, and 50 clinical officers from three levels of healthcare (levels six, four, and three), representing a response rate of over 95%.

4.2 Health-Seeking Behaviours of Health Care Providers

The analysis of health-seeking behaviour (HSB) among healthcare providers revealed an average HSB score of 9.78, with a median of 9, indicating that most participants exhibited moderate HSB. The interquartile range (IQR) of 5.5 suggests a notable degree of variability in the participants' scores.

In terms of health-seeking behaviour categories, nearly half of the respondents, 48.47% (n=323), were categorised as possessing “Good” health-seeking behaviour, while 42.94% (n=323) were identified as having “Average” HSB. A smaller proportion, 8.59% (n=323), fell into the “Poor” health-seeking behaviour category.

Further examinations of specific health-seeking actions showed that 55.73% (n=323) of participants reported engaging in self-medication, while 44.03% (n=323) did not. Additionally, only 16.46% (n=323) sought health advice from colleagues, with the vast majority, 83.54% (n=323) refraining from this practice. A significant proportion of the sample, 67.35% (n=323), reported visiting medical clinics for health concerns, compared with 32.47% (n=323) who did not. Notably, only 7.95% (n=323) of participants ignored symptoms, suggesting that the majority are responsive to health issues and act rather than neglect them. Furthermore, approximately one-third of the respondents (33.64%; n=323) engaged in alternative health practices.

4.3 Sociodemographic Characteristics Influencing the HSB Of Healthcare Providers in Uasin Gishu County

This study examined a range of sociodemographic characteristics to determine their potential relationships with health-seeking behaviour (HSB). Several variables were analysed and assessed for statistical significance. Most healthcare providers were between 31 and 45 years old (54.66%; n=323), followed by those aged 18 to 30 years (28.57%; n=323), and a small proportion were over 46 years of age (16.77%; n=323). Notably, a statistically significant association between age and health-seeking behaviour was found, as indicated by a chi-square value of $\chi^2(2) = 30.248$ and a p-value of 0.000006.

Marital status emerged as another significant factor, with findings indicating χ^2 (2) = 13.501, p = .0035. The data revealed that married individuals were notably more likely to seek health services (69.76%; n=323) than their unmarried counterparts (29.05%; n=323) and those with different marital statuses (0.92%; n=323).

Religion also played a role in health-seeking behaviour, with results showing $\chi^2(1) = 5.47$, p = 0.0433. The analysis indicated that Christians were more likely to seek health

services (94.50%; n=323) than Muslims (5.50%; n=323). Health insurance was closely linked to health-seeking behaviour, as indicated by $\chi^2(1) = 32.178$, p-value = 0.000787. Individuals with health insurance were significantly more likely to seek medical services (94.80%; n=323) than those without insurance (5.20%; n=323).

The years of experience among healthcare providers were also analysed. The results showed that 52.60% (n=323) of providers had between 0 and 10 years of professional experience, while 35.78% (n=323) had 10 to 20 years of experience. A total of 8.26% (n=323) of respondents reported having 20-30 years of professional experience, while a smaller proportion, 2.14% (n=323), had more than 30 years of experience. Statistical analysis using the chi-square test revealed a significant association between years of experience and health-seeking behaviour. Since the p-value is below the conventional threshold of 0.05, the result indicates that years of professional expertise significantly influence health-seeking behaviour among healthcare providers.

In examining gender as a potential determinant of HSB, it was found that 65.44% (n=323) of respondents were female and 34.56% (n=323) male. However, the chi-squared test yielded $\chi^2 = 9.1393$ and p-value = 0.2327, suggesting that gender does not have a statistically significant impact on health-seeking behaviour. Educational attainment was explored as a variable of interest, with most respondents holding a diploma (39.76%) or a bachelor's degree (45.87%; n=323). The chi-squared statistic revealed $\chi^2 = 9.5444$ and a p-value of 0.2467, indicating that education level does not significantly influence HSB.

The study also reviewed the cadre of healthcare professionals involved, with a significant majority of participants being nurses (70.34%; n=323), followed by clinical officers (15.29%; n=323) and doctors (14.37%; n=323). The chi-squared test yielded $\chi^2 =$

6.0191 and a p-value of 0.1518, indicating that the cadre of healthcare providers does not significantly affect HSB.

The analysis of health facilities affiliated with respondents revealed that a significant majority were connected to level six health facilities, accounting for 84.10% (n=323)of the total. This was followed by level three sub-county hospitals at 10.70%, and level four county hospitals, which comprised 5.20% (n=323)of the total. The chi-squared statistic of $\chi^2 = 9.2287$, with a p-value of 0.08354, suggests that the level of health facility does not exhibit a statistically significant association with HSB.

In summary, the analysis of socio-demographic factors and their relationship to health-seeking behaviour has provided meaningful insights. The results indicated that gender, education level, cadre of healthcare providers, and health facility level were not statistically significantly associated with HSB. In contrast, age, marital status, having health insurance, years of experience, and religion were.

Table 5

Sociodemographic Factors Associated with HSB using the Chi-Square Test

Variable	Variable Category	Frequency	Percentage	Degree of freedom	p-value
Age	18-30	92	28.57	4	0.000006
	31-45	176	54.66		
	46 and above	54	16.77		
Gender	Female	214	65.44	7	0.2327
	Male	113	34.56		
Marital Status	Married	276	70	3	0.00345
	Unmarried	95	29.05		
	Other	3	0.92		
Religion	Christian	309	94.50	2	0.04333
	Muslim	18	5.50		
Level of Education	Certificate	1	0.31	7	0.2467
	Diploma	130	39.76		
	Bachelor	150	45.84		
	Masters	42	12.87		
	PHD	4	1.22		
Cadre	Clinical Officer	50	15.29	3	0.1518
	Doctor	47	14.37		
	Nurse	230	70.34		
Years of Experience	0-10	173	52.60	6	0.000451
	11-20	117	35.78		
	21-30	27	8.26		
	31-40	7	2.14		
Level of Health Facility	Three	35	10.70	5	0.08354
	Four	17	5.20		
	Six	275	84.10		
Health Insurance	No	17	5.20	11	0.000787
	Yes	301	94.80		

**Chi-square with Fisher's Exact*

A multinomial logistic regression was also conducted to examine the relationship between socio-demographic characteristics and health-seeking behaviour (HSB) among HCPs in Uasin Gishu County, with Poor health-seeking behaviour as the reference category. The model included predictors such as age group, gender, education level,

profession, medical insurance, religion, years of experience, marital status, and hospital level.

A multinomial regression analysis was conducted to examine the predictors of health (Average vs. Poor, Good vs. Poor). Age was a significant predictor, with older participants showing increased odds of reporting better health compared to poor health (Average vs. Poor: COR = 1.89×10^{6} , 95% CI [1.89×10^{6} , ∞], $p < .05$; Good vs. Poor: COR = 1.58×10^{7} , 95% CI [1.58×10^{7} , ∞], $p < .05$). Gender also significantly predicted health status, with males being less likely to report poor health (Average vs. Poor: OR = 6.90×10^{-10} , 95% CI [0, ∞], $p < .05$; Good vs. Poor: COR = 3.40×10^{2}, 95% CI [0, ∞], $p < .05$).

Medical insurance showed a particularly strong association, with those having insurance being much more likely to report better health (Average vs. Poor: COR = 1.56×10^{17} , 95% CI [1.56×10^{17} , ∞], $p < .05$; Good vs. Poor: COR = 82.64, 95% CI [82.64, ∞], $p < .05$). Significant associations were also found for education level (advanced vs. basic: COR = 1.62×10^{-10} , 95% CI [0, ∞], $p < .001$), profession (doctor vs. other professions: Average vs. Poor: COR = 19.91, 95% CI [19.91, ∞], $p < .05$), and hospital level (level six vs. others: Average vs. Poor: COR = 3.14, 95% CI [1.07, 9.56], $p < .0$).

The overall model showed a good fit with a residual deviance of 324.86 and an area in the curve (AIC) of 388.86. These results suggest that socio-demographic factors, including age, gender, education, profession, medical insurance, and experience, significantly influence health-seeking behaviours in this population (Table 6).

Table 6

Multinomial Regression of sociodemographic factors associated with HSB

Predictor	Coefficient (Average vs. Poor)	Std. Error (Average vs. Poor)	Crude Odds Ratio (Average vs. Poor)	Coef (Good vs. Poor)	Std. Error (Good vs. Poor)	Crude Odds Ratio (Good vs. Poor)
(Intercept)	-16.91	0.7	1.67e-08	-11.52	1.4	9.94e-06
Age_group Older	15.45	0.53	1.89e06	16.57	0.53	1.58e07
Age group Young	0.43	1.07	1.7	-0.85	1.19	0.43
Gender- male	-17.09	0.40	6.90e-10	6.78	0.65	3.40e02
Education grouped-Basic	-20.54	0.5	1.62e-02	5.73	0.99	3.08e02
Education grouped-Advanced	-23.09	1.38	1.62e-10	2.86	1.66	3.08e02
Profession-Doctor	2.99	1.58	19.91	2.86	1.67	17.5
Profession-Nurse	1.79	0.95	6.01	1.45	0.93	4.27
Medical insurance -Yes	39.59	0.5	1.56e17	4.41	1.49	82.64
Religion-Muslim	1.41	1.82	4.09	-0.06	1.84	0.94
Years of experience grouped-Late Career	3.8	0.61	44.82	2.22	0.61	9.19
Years of experience grouped-Mid Career	-0.34	0.98	0.71	0.18	0.97	1.2
Marital-other	11.13	0	6.82e04	-7.3	0	6.72e-04
Marital-unmarried	-0.35	1	0.7	-0.07	1.01	0.93
Level of hospital-Six	1.14	1.07	3.14	2.26	1.19	9.56
Level of hospital-Three	4.23	2.14	68.39	5.83	2.15	340.05

4.4 Perceived Facilitators and Barriers to Appropriate Health-Seeking Behaviour Among Healthcare Providers in Uasin Gishu County

The Likert scale results highlighted various factors influencing health-seeking behaviour, with some areas perceived positively and others requiring improvement. Items that received higher scores and were classified as "high" perception included institutional processes promoting ease of seeking care (M = 2.33, SD = 0.91), service delivery at care points (M = 2.32, SD = 0.94), and flexible working schedules (M = 2.31, SD = 1.00). Over 50% of respondents agreed or strongly agreed with these items, suggesting that institutional support and flexibility are generally appreciated.

On the other hand, several items received lower scores, classified as "low" perception. These included preventive screening provisions (e.g., free cervical screening) (M = 1.93, SD = 0.90), availability of desired health services (M = 1.92, SD = 0.86), and frameworks supporting appropriate health-seeking behaviour (M = 2.10, SD = 1.04). These results indicate that participants felt there were insufficient screening options and health services, as well as inadequate institutional settings that encourage health-seeking behaviour.

Easy access to health services (M = 2.03, SD = 0.94) also fell into the "high" perception category, though with slightly less enthusiasm than the previously mentioned items. Overall, while institutional processes, flexible schedules, and access to services were viewed positively, preventive health screening and the availability of comprehensive health services were perceived more negatively (Table 7).

Table 7

Perceived Facilitators and Barriers Associated With HSB

	SA n(%)	A n(%)	D n(%)	SD n(%)	M	SD	Perception
Existence of processes easing health-seeking	48 (14.68%)	156 (47.71%)	71 (21.71%)	44 (13.46%)	2.33	0.91	High
Prompt service delivery at the care points	61 (18.65%)	132 (40.37%)	85 (25.99%)	41 (12.54%)	2.32	0.94	High
Flexible working	72 (22.02%)	120 (36.70%)	80 (24.46%)	47 (14.37%)	2.31	1	High
Supportive Institutional cultures	112 (34.25%)	138 (42.20%)	43 (13.15%)	25 (7.65%)	1.93	0.9	Low
Availability of desired health services	103 (31.52%)	155 (47.40%)	34 (10.40%)	23 (7.03%)	1.92	0.86	Low
The presence of health-seeking frameworks	104 (31.80%)	108 (33.03%)	57 (17.43%)	42 (12.84%)	2.1	1.04	Low
Easy access to desired health services	96 (29.36%)	130 (39.76%)	63 (19.27%)	26 (7.95%)	2.03	0.94	Low

NB: SA Strongly Agree, A: Agree, D: Disagree, SD: Strongly Disagree, M: Mean, SD: Standard deviation. Weighted average= 2.13

4.5 Association Between the Perceptions of Health and Health-Seeking Behaviour of Healthcare Providers in Uasin Gishu County

The results indicated that a considerable proportion of participants reported their health as "good" (46.79%) or "very good" (31.40%). A smaller proportion indicated their health status as "excellent" (14.68%), "fair" (6.42%), or "poor" (0.31%). In terms of chronic illness, an overwhelming 89.61% of participants reported having no diagnoses, while 10.39% reported having at least one chronic condition.

A chi-square test was conducted to examine the relationship between respondents' perception of their current health status and their health-seeking behaviour. The results

indicated a significant association, χ^2 (4, N = 326) = 20.38, p = .0046. In contrast, the analysis found no significant association between being diagnosed with a chronic illness and health-seeking behaviour, χ^2 (1, N = 326) = 1.06, p = 0.596. (Table 8).

Table 8

Perceptions of Healthcare Providers Towards Their Health

		Frequency	Percentage	Test Value (χ^2)	p-value
Perception of Current Health Status	good	153	46.79	20.38	0.0046
	very good	103	31.40		
	excellent	48	14.68		
	fair	21	6.42		
	poor	1	0.31		
Diagnosis of Chronic Illness	no	293	89.61	1.06	0.596
	yes	34	10.39		

The Likert-scale results revealed several factors influencing health-seeking behaviour. A poor health status (M = 2.28, SD = 1.36) was a significant determinant, with a majority agreeing that their perception of health influenced their behaviour. The Spearman's rank correlation for this factor indicated a significant negative relationship (ρ = -0.173, p = 0.0069), suggesting that the more negative the opinion about one's health status, the more likely the individual is to seek care.

On the other hand, the stage/type of illness (M = 1.86, SD = 1.15) and the severity of disease (M = 1.56, SD = 0.90) were viewed less favorably, with the majority disagreeing that these factors significantly influenced health-seeking behaviour. The correlation for severity of illness was significant and positive (ρ = 0.174, p = 0.0064), while stage/type of illness showed no significant correlation (ρ = 0.094, p = 0.146). Duration of illness (M = 1.80, SD = 1.05) also received lower scores, with respondents generally disagreeing that it influenced their health-seeking behaviour. However, a significant positive

correlation was found for this variable (ρ = 0.157, p = 0.0145), indicating that longer illnesses are associated with greater health-seeking behaviour.

In contrast, self-medication (M = 2.58, SD = 1.50) and unawareness (M = 3.20, SD = 1.54) were viewed as having a high impact on health-seeking behaviour. Self-medication had no significant correlation (ρ = -0.051, p = 0.433), suggesting that the ability to self-medicate does not strongly predict health-seeking behaviour. However, unawareness showed a significant positive relationship with health-seeking behaviour (ρ = 0.01, p = 0.882), indicating that greater unawareness was associated with greater health-seeking behaviour (Table 9).

Table 9

Perception Factors Associated With HSB Among HCPs

Extent	VlaE	LaE	N	LiE	VliE	M	SD	P	Test value	P-value
Personal opinion of a poor health status	113 (34.56%)	131 (40.06%)	1 (0.31%)	44 (13.46%)	38 (11.62%)	2.28	1.36	High	-0.173	0.0069
The stage or type of illness	156 (47.71%)	125 (38.23%)	3 (0.92%)	22 (6.73%)	21 (6.42%)	1.86	1.15	Low	0.094	0.146
The severity of my illness	198 (60.55%)	106 (32.42%)	0 (0.00%)	15 (4.59%)	8 (2.45%)	1.56	0.9	Low	0.174	0.0064
The duration of illness	154 (47.09%)	134 (40.98%)	2 (0.61%)	22 (6.73%)	14 (4.28%)	1.8	1.05	Low	0.157	0.0145
Ability to self-medicate	104 (31.80%)	99 (30.28%)	6 (1.83%)	65 (19.88%)	53 (16.21%)	2.58	1.5	High	-0.051	0.433
Unawarenes ss	62 (18.96%)	80 (24.46%)	11 (3.36%)	79 (24.16%)	95 (29.05%)	3.2	1.54	High	0.01	0.882

NB – VlaE- Very Large Extent; LaE- Large Extent; N- Neutral; LiE- Little Extent; VliE- Very Little Extent; P-Perception, Weighted average = 2.21

The regression analysis examined various predictors of health-seeking behaviour. Personal opinion of health (B = 0.247, p = 0.134), type of illness (B = 0.087, p = 0.680), severity (B = 0.224, p = 0.408), duration (B = 0.221, p = 0.322), and self-medication (B = -0.092, p = 0.525) showed no significant effects. Similarly, health status ratings ("fair," "good," "poor," and "very good") and illness diagnosis (B = -0.009, p = 0.987) did not predict behaviour. However, the categorical variable showed a significant positive relationship (B = 1.068, p < 0.001) in 2/3 of the cases (Table 10).

Table 10

Logistic Regression of Perception Factors Associated With HSB

Predictor	Coefficient (B)	Standard Error	z-value	P-value	Lower 95% CI	Upper 95% CI
Personal opinion	0.2473	0.1652	1.497	0.1343	-0.0764	0.5710
Type of illness	0.0869	0.2110	0.4121	0.6803	-0.3266	0.5004
Severity of illness	0.2236	0.2610	0.8281	0.4076	-0.3055	0.7527
Duration of illness	0.2209	0.2233	0.9894	0.3224	-0.2167	0.6586
self-medication	-0.0919	0.1447	-0.6349	0.5255	-0.3756	0.1918
unawareness	-0.0210	0.1320	-0.1593	0.8734	-0.2799	0.2378
Rate Current Health Status: fair	-0.3121	0.5842	-0.5343	0.5931	-1.4572	0.8329
Rate Current Health Status-good	0.2054	0.3789	0.5422	0.5877	-0.5371	0.9480
Rate Current Health Status-Poor	-0.3204	1.9631	-0.1632	0.8704	-4.168	3.527
Rate Current Health Status Very Good	-0.1255	0.3834	-0.3271	0.7434	-0.8770	0.6260
Diagnosis of Current Illness-Yes	-0.0090	0.5618	-0.01603	0.9872	-1.110	1.092
½	-1.2481	0.629	-1.985	0.04713	-2.480	-0.01580
$^{2}/_{3}$	1.068	0.09561	11.17	5.5929	0.8808	1.255

CHAPTER FIVE

DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a comprehensive summary and discussion of the findings on health-seeking behaviours and associated factors among selected healthcare providers across various facilities in Uasin Gishu County. Additionally, it concludes key insights drawn from the research and offers relevant recommendations based on the findings.

5.2 Summary of Major Findings

5.2.1 Health-Seeking Behaviours of Healthcare Providers in Uasin Gishu County

The study found that healthcare providers in Uasin Gishu County generally exhibit moderate to good health-seeking behaviour, with most participants falling into the "Good" and "Average" categories. Similar findings in another study indicated that healthcare providers were more likely to seek support than workers from other sectors (Castañeda-Millán et al., 2025), and were also supported by a similar study in Kenya and Nigeria (Adewoye et al., 2019b; Wangeshi, 2021).

Findings revealed that a small proportion of HCPs (8.59%) were categorised as having "Poor" health-seeking behaviour, highlighting the ongoing challenges in adopting optimal health practices. These behaviours align with global patterns indicating that healthcare professionals may not seek care due to work-related pressures, stigma, or institutional factors (Søvold et al., 2021).

The healthcare providers exhibited varied health-seeking behaviours (HSB) based on their experience and access to health resources. Privacy and confidentiality concerns played a vital role: some HCPs felt uncomfortable disclosing their health status to colleagues, while others delayed seeking care due to their workload. This finding aligns

with the existing literature, which indicates that doctors delay seeking care primarily due to stigma (Huang, 2021). Therefore, improving access and reducing stigma can promote the adoption of appropriate HSBS

The study revealed that preventive care utilisation among HCPs was inconsistent, and self-medication was a common practice. A significant proportion of HCPs identified inflexible work schedules as a major obstacle to attending regular medical checkups. Many reported difficulty prioritising their own health due to time constraints imposed by their job responsibilities. Financial barriers were also commonly reported, particularly regarding the limitations of their health insurance coverage, a finding supported by a study conducted in AAR (Wangeshi, 2021). Several HCPs noted that their insurance plans do not fully cover their medical needs, making it difficult to obtain necessary care. They called for consideration of insurance coverage to ensure comprehensive medical care.

Delayed care leads to worsened health outcomes, while self-medication promotes antibiotic resistance and delayed diagnosis of treatable conditions. A lack of institutional policies and frameworks designed to encourage regular medical checkups for health workers was identified as a key issue. Unfortunately, this results in preventable mortalities and an increase in non-communicable diseases, which have been noted to be on the rise (Muller, 2020; WHO, 2021).

Inappropriate health-seeking behaviour ultimately contributes to a less resilient workforce, directly impacting patient outcomes due to unavoidable absenteeism when symptoms worsen. To address these issues, it is crucial to promote a culture of appropriate health-seeking behaviour among healthcare providers by improving access to care, reducing stigma, providing training on personal health management, and building

institutional support systems that can enhance the adoption of appropriate health-seeking behaviours among HCPs.

5.2.2 Sociodemographic Characteristics Influencing the HSB Of Healthcare Providers in Uasin Gishu County

Sociodemographic factors, including age, marital status, health insurance, years of experience, and religion, were significantly associated with health-seeking behaviour. Middle-aged individuals were likely to seek care more appropriately than their older colleagues. This finding aligns with a study's conclusion that young HCPS were more likely to seek better care than their older counterparts (Adewoye et al., 2019b).

The appropriate health-seeking behaviour among middle-aged individuals may have been motivated by the perceived risk of illness associated with ageing. This drive to seek care aligned with their desire for an uneventful old age, as suggested by the Health Belief Model theory (Rosenstock, 1974).

Healthcare providers who possess health insurance and are married tend to engage more frequently in appropriate health-seeking behaviours (HSB). This underscores the significance of these factors in encouraging effective HSB among healthcare professionals. This observation aligns with findings from a study conducted in AAR Kenya, which identified health insurance coverage as a crucial facilitator of appropriate HSB (Wangeshi, 2021).

Similarly, research in China found that positive interpersonal relationships significantly influence the decision-making process regarding health-seeking behaviours. This emphasises that social support is vital in guiding HSB decisions, while health insurance is an essential enabler for individuals to pursue appropriate HSB (Liu et al., 2025). A comprehensive analysis of the respondents revealed that 84.1% were from the National

Hospital, 4.2% from County Hospitals, and 10.7% from Sub-County Hospitals. The demographic breakdown indicated that 65.4% of the respondents were female and 34.6% were male.

The distribution indicated that the national hospital employs a significantly larger number of healthcare providers than the county and Sub-County, guiding resource allocation. Additionally, most of the healthcare workforce was female. Therefore, healthcare human resource managers and policymakers ought to implement gender-sensitive interventions to effectively address the needs of both male and female HCPs.

A significant proportion of healthcare providers (50.8%) were categorised as middle-aged, specifically in the 31-45-year age range. Furthermore, 26.6% of participants were aged 21-30 years, while the remaining 16.5% were aged 46+ years. The results imply that the majority of HCP in Uansin Gishu county fall into the 20-45-year age category, which is considered young adulthood and a productive age. The results align with the results of another study in Kenya (Wangeshi, 2021). In terms of marital status, a significant majority of respondents (69.8%) were married, 29.1% were unmarried, and 1% had other matrimonial statuses, aligning with results from similar studies (Nebert et al., 2017a; Wangeshi, 2021).

The respondents' professional backgrounds included 14.4% doctors, 15.3% clinical officers, and 70.3% nurses, indicating that a significant portion of the healthcare workforce in Uasin Gishu County consists of nurses. Regarding medical experience, the study found that 52.6% of providers reported having less than 10 years of experience in the field. Additionally, 35.8% of the providers fell within the 11-20 years of experience range. A smaller fraction, 8.3%, had 21-30 years of experience, while only 2.1% had 31-40 years of professional practice.

Lastly, the findings revealed that 95% of the providers were covered by health insurance, leaving only 5% without any coverage. This disparity underscores the critical need for systemic improvements in access to healthcare benefits for all professionals, as a lack of coverage can adversely affect both providers' well-being and the overall quality of care delivered to patients. Prioritising health insurance for the remaining 5% could improve health outcomes and create a more equitable healthcare system.

The chi-square tests identified significant associations between various socio-demographic variables and health-seeking behaviour. Factors such as age, marital status, religion, and health insurance showed notable correlations with individuals' tendencies to seek healthcare. Notably, those aged 31 to 45 years (54.66%) were more inclined to engage in health-seeking behaviours. This finding is consistent with other research indicating that individuals in older age groups prioritise their health more, likely due to the heightened health risks associated with ageing (Haileamlak, 2018).

A study conducted in Kenya found that older adults were more proactive in seeking care than their middle-aged counterparts (Wangeshi, 2021). The findings align well with the health belief model, which suggests that the decision-making process is significantly influenced by individuals' perceptions of the risks associated with not seeking care and the benefits of seeking care promptly (Rosenstock, 1974). Research indicates that marital status significantly influences health-seeking behaviours, with married individuals more inclined to pursue medical care. This suggests that the social support inherent in marriage may promote appropriate HSB and enhance overall well-being (Søvold et al., 2021).

Health insurance emerged as a crucial factor, with individuals covered by insurance having a markedly higher likelihood of seeking medical services. A related study highlights that individuals with higher incomes can afford better insurance, thereby leading to improved health outcomes(Zaman et al., 2022a). Another study found that

health coverage alleviates financial barriers to accessing care, a vital consideration for understanding health-seeking behaviour (Artiga & Hinton, 2018). This finding highlights the need to obtain health insurance tailored to cover all their needs as a strategy to promote the HSB of HCPs.

The multinomial regression analysis further emphasised these findings, demonstrating that age and gender were significant predictors of better health. Older participants had higher odds of reporting better health than poor health, with males more likely to report better health than females. The analysis also found that individuals with advanced education and those in healthcare professions, like doctors, exhibited better health-seeking behaviours. These results highlight the importance of socio-demographic factors, such as age, education, and health insurance, influencing HCPs' health-seeking behaviours. Moreover, these findings suggest that institutional efforts to increase health insurance coverage and support for the ageing workforce could improve healthcare providers' health-seeking behaviours (Rosenstock, 1974; Boskey, 2024).

The findings revealed no association between sociodemographics and healthcare providers' HSB in Uasin Gishu County, providing valuable insights into the significant sociodemographic factors.

5.2.3 Perceived Facilitators and Barriers to Appropriate Health-Seeking Behaviour Among Healthcare Providers in Uasin Gishu County

This study explored the facilitators and barriers that influenced the adoption of appropriate health-seeking behaviours (HSB). Among the factors examined were the presence of processes that facilitate health-seeking in healthcare facilities, the availability of prompt service delivery at care points, flexible working schedules, supportive institutional cultures, and the accessibility of desired health services for healthcare

providers (HCPs). Additionally, the study investigated health-seeking frameworks that promote the adoption of appropriate HSB.

The study revealed that healthcare providers (HCPs) generally perceive a limited availability of essential services and preventive screenings, a lack of supportive institutional cultures, and limited access to desired services. This aligns with recent research among healthcare providers in China, which highlights restricted access to necessary resources and a lack of supportive institutional cultures and health-seeking frameworks as significant obstacles to appropriately seeking care (Liu et al., 2025; Mohammed et al., 2021; Zaman et al., 2022b), These findings align with the Health Belief Model (Rosenstock, 1974), which suggests that individuals' perceptions of accessibility, benefits, and barriers significantly influence their health behaviours. When healthcare providers feel that their work environment does not facilitate easy access to care or preventive services, they are less likely to engage in health-seeking behaviours.

This highlights the need for institutional reforms and targeted interventions to improve the accessibility and efficiency of health services for HCPs, thereby promoting greater population engagement in health-seeking practices. In addition to the negative findings, several positive outcomes were noted. Processes within healthcare institutions were in place that encouraged the adoption of appropriate health-seeking behaviours. Healthcare providers expressed appreciation for the prompt service delivery at care points and highlighted the flexibility in their schedules, which enabled them to take time to seek care when needed.

The findings above are consistent with a study conducted in Nairobi, Kenya, which emphasised that access to and availability of healthcare services are crucial factors influencing appropriate health-seeking behaviour. Similarly, research in China has identified a lack of awareness about available services as a significant barrier to care.

When healthcare providers are unaware of available services, they are less likely to utilise them effectively (Liu et al., 2025; Wangeshi, 2021).

Based on the findings, it is essential to enhance awareness and accessibility of healthcare services among both providers by implementing comprehensive training programs for HCPs to ensure they are well-informed about available services. By improving communication and information dissemination, we could facilitate better health-seeking behaviour and ultimately enhance desired health outcomes.

5.2.4 Association Between the Perceptions of Health and Health-Seeking Behaviour of Healthcare Providers in Uasin Gishu County

The study investigated healthcare providers' perceptions of their own health and how these perceptions relate to their health-seeking behaviours. Researchers assessed healthcare providers' personal opinions about their health, whether they had been diagnosed with a chronic illness, and whether such diagnoses influenced their behaviours. The study also examined additional factors that may prompt healthcare providers to seek care, including the type, severity, and duration of the illness, as well as their ability to self-medicate and their level of awareness regarding their health status.

The study revealed that healthcare providers with better health perceptions were likely to engage in appropriate health-seeking behaviours. The findings regarding health status perceptions among healthcare providers indicated that a significant (38.3%) rated their health as "Good," and 35.8% rated it as "Very Good." These positive self-reports suggest that most healthcare providers in Uasin Gishu County view their health favorably, which aligns with the idea that healthcare providers may generally perceive themselves as healthier than the general population, given their medical knowledge and training (Søvold et al., 2021).

Despite favourable health perceptions, the results indicated that health status did not influence healthcare providers' health-seeking behaviour, as evidenced by a significant p-value ($p = 0.0046$). This finding suggested that there was no significant association between perceptions of health and the HSB of HCPs. The relationship between health perceptions and health-seeking behaviour indicated that those who perceived themselves to be in good health were more likely to engage in appropriate HSB, such as seeking medical care and adopting preventive measures. These findings agree with those of Haileamlak (2018).

The data also highlighted that perceptions of severity and illness duration were significant positive correlates of health-seeking behaviour. This finding aligns with the Health Belief Model, which posits that individuals are more likely to act on their health if they perceive a higher risk or severity associated with their condition (Rosenstock, 1974). These findings suggest that individuals' perceptions of their health status may play a more critical role in influencing their health-seeking behaviours than their actual diagnosis of chronic illness.

In addressing chronic illness, it is notable that a substantial 89.61% of the participants reported having no chronic diagnoses, whereas 10.39% identified themselves as having at least one chronic condition. These results contrast with findings from a systematic evaluation of multimorbidity among healthcare workers in Africa, which indicated that over half healthcare providers were living with at least one chronic condition. This discrepancy suggests that the prevalence of chronic disease in Uasin Gishu is lower than previously observed (Calderwood et al., 2024). Furthermore, another systematic review found that in 2019, 11 countries accounted for non-communicable diseases that accounted for more than half of the overall disease burden (Vos et al., 2020). The high percentage of healthcare providers without chronic illnesses may reflect effective self-

care practices or successful preventive measures adopted within this population. However, the existence of the 10.39% who do have chronic conditions emphasises the ongoing need for support and resources to enhance their well-being.

Interestingly, the analysis revealed no significant effect of factors such as the ability to medicate or a lack of awareness on health-seeking behaviour. This suggests that although many healthcare providers may have access to healthcare knowledge and resources, they may still engage in self-medication or ignore symptoms due to personal biases or institutional barriers (Søvold et al., 2021). These findings emphasise the importance of addressing both personal health perceptions and institutional structures to improve healthcare providers' health-seeking behaviour.

5.2.5 Qualitative Findings

Three open-ended questions elicited responses, e.g., Question 8: What prompted you to have a voluntary medical checkup? Question 12: Would mandatory annual checkups for the insured be helpful? If yes, why? And Question 13: When you seek medical treatment, would you prefer to be reviewed at your workplace? If NO, why? The results are as discussed below.

Motivators of Voluntary Medical Checkups

Responses indicate that healthcare providers are motivated to undergo voluntary medical checkups for various reasons. Key drivers included routine health monitoring, compliance with insurance requirements, and general wellness assessments. Participants emphasised the role of preventive care in identifying health issues such as elevated blood pressure, diabetes, and cancer. External factors, such as participation in medical camps and encouragement from family and friends, also played significant roles in this process. Personal motivations, including feelings of unwellness and a desire to maintain health, further contributed to their decision to seek medical checkups.

Perceptions on Mandatory Annual Checkups

The consensus on mandatory annual checkups was mixed. While many healthcare providers acknowledge the potential benefits of early diagnosis and prevention of serious health issues, there is a preference for voluntary participation rather than strict obligation. Financial considerations, particularly coverage via insurance or employer-sponsored programs, emerged as a critical factor in facilitating regular checkups. However, time constraints surfaced as a significant barrier to participation, with many feeling that their good health reduced the urgency for routine visits.

Preferences for Workplace Medical Reviews

Responses regarding workplace medical reviews reveal differing preferences among healthcare providers. Proponents of workplace checkups cited convenience and privacy as significant advantages, highlighting the efficiency of avoiding long queues and extended waiting times in external facilities. Concerns regarding challenges within healthcare systems and restricted access to expertise and medications in external environments contributed to their preference for this approach.

Conversely, those opposed to workplace checkups expressed concerns about confidentiality and privacy, fearing that such reviews could attract unwanted attention and compromise personal health information. Many individuals who preferred external healthcare facilities valued their reassurance of confidentiality and privacy despite the associated inconveniences.

Discussion of the Except Qualitative Findings

The responses to the open-ended questions highlighted various motivations for healthcare providers seeking voluntary medical checkups. Key reasons included routine health monitoring, insurance requirements, increased awareness of preventive care, and the promotion of overall wellness. These findings resonate with the health belief model,

which posits that HCPs may incorporate cues that motivate them to adopt health-seeking behaviour (Rosenstock, 1974).

External factors, such as participation in medical camps and encouragement from family and friends, significantly influenced healthcare decisions. Many healthcare providers expressed that these checkups were crucial for understanding their health status and preventing future complications. Personal motivations, such as curiosity or a desire to maintain good health, further drove them to seek care. These findings align with the concept of perceived severity, which involves evaluating the potential outcomes of failing to seek appropriate care. This evaluation significantly influenced healthcare providers' decision-making when seeking medical attention.

Regarding mandatory annual checkups, although respondents acknowledged the benefits of these assessments for early diagnosis and the prevention of health issues, they preferred that they remain voluntary. Financial considerations, often linked to insurance coverage, were deemed essential for promoting regular evaluations, while time constraints were identified as a notable barrier. Preferences for workplace health reviews varied; some favoured the convenience and privacy they offered, minimising waiting times, while others raised concerns about confidentiality and the potential for bias, indicating a preference for external facilities despite the associated inconveniences. These findings align with the study conducted in AAR, which found that uncertainty about the confidentiality of health information can also discourage health providers from utilising services (Wangeshi, 2021). This suggests a need for accessible, flexible health-monitoring options that encourage voluntary participation.

5.3 Limitations and Delimitations of the Study

5.3.1 Limitations of the Study

Sample Narrowness and Generalizability: A primary limitation of this study is the narrow focus on only doctors, nurses, and clinical officers. While this facilitated a deep and focused analysis of these specific roles, it excludes the perspectives of other crucial healthcare providers (e.g., pharmacists, laboratory technicians, and nutritionists). Consequently, the findings should be interpreted with caution and are not generalizable to the entire population of healthcare providers.

Social Desirability Bias: Given that the study focused on healthcare providers, there was an inherent likelihood that participants from the researchers' workplace might provide responses they perceived as socially desirable or aligned with the researchers' presumed expectations. While mitigation strategies were employed (as noted in the delimitations), the potential for this bias still exists.

Self-Report and Recall Bias: Self-reported surveys are inherently susceptible to potential inaccuracies, including recall bias. Although the study sought to minimise this by restricting the recall period to one month, this type of bias remains a potential constraint of the data collection method.

This study revealed a significant gap in existing literature concerning clinical officers. Due to the lack of a robust theoretical or empirical framework, an exploratory research design was applied instead of an explanatory one for this group. As a result, the findings for this category should be viewed cautiously, as they may not apply to a broader population without further targeted research.

5.3.2 Delimitations of the Study

Focus on Specific Cadres: The study was intentionally delimited to focus exclusively on doctors, nurses, and clinical officers to ensure a manageable and targeted analysis of these primary clinical roles within the research scope.

Mitigation of Bias Through Third-Party Data Collection: To address the potential for social desirability bias stemming from the researchers' affiliation with the study site, trained, external research assistants were engaged to administer the surveys. This intentional procedure maintained detachment between participants and the principal investigator, reassuring participants about confidentiality and anonymity as outlined in the informed consent forms.

Geographic and Facility Scope: Due to the constraints of the allocated time and resources for this study, the research was delimited to a specific geographic region (Uasin Gishu) and included a single Level Six National Hospital, County Hospitals, and Sub-County Hospitals within that county. The study intentionally did not broaden the scope to include additional levels of care nationwide or a wider range of facilities across the entire region.

5.4 Conclusions

Objective 1. Determine the health-seeking practices of healthcare providers in Uasin Gishu County

In Uasin Gishu County, healthcare providers demonstrated a range of health-seeking behaviours, varying from average to good. Notably, nearly half of the providers were classified as exhibiting "good" health-seeking behaviours. However, a significant minority was found to have poor health-seeking practices, particularly when it came to

self-medication. This study underscores the need for enhanced institutional processes to promote and support better health-seeking behaviours among healthcare providers.

Objective 2: To determine the sociodemographic factors influencing health-seeking behaviours of healthcare providers in Uasin Gishu County

The study indicated that older individuals, those with health insurance, and married participants tended to demonstrate higher engagement in appropriate HSB. This pattern underscored the influence of demographic factors on health behaviours. Furthermore, healthcare providers generally expressed a positive outlook toward health services and preventive screenings; however, they also articulated concerns about the lack of institutional support. This disparity suggested a need for enhanced resources and frameworks to facilitate provider engagement better and improve overall health outcomes.

Objective 3: To examine factors associated with appropriate health-seeking behaviour among healthcare providers in Uasin Gishu County

Several key barriers to health-seeking behaviour were identified, notably the limited availability of essential services and the absence of a supportive institutional culture. These factors often hindered individuals' access to the care they needed. Conversely, there were positive influences that promoted health-seeking behaviour. Institutional processes designed to encourage care-seeking, along with prompt service delivery and comprehensive training programs for health providers, played a significant role in this regard. Additionally, flexibility in work schedules emerged as an essential factor, allowing providers to prioritise their own health needs better, ultimately fostering a healthier work environment.

Objective 4: To determine the association between the perceptions of health and health-seeking behaviour of healthcare providers in Uasin Gishu County.

Providers who held a favourable view of their own health and recognised the seriousness of their conditions were more likely to seek appropriate care. A weak correlation was observed between self-medication awareness and seeking health services, suggesting a clear need for initiatives to raise awareness among individuals. Many healthcare providers opted for voluntary checkups for health monitoring and insurance purposes, often preferring them over mandatory assessments due to concerns about finances and time constraints. Additionally, preferences for workplace health reviews varied significantly, highlighting issues of convenience and confidentiality.

To improve health-seeking behaviour among healthcare workers, it is crucial to enhance institutional support, expand insurance accessibility, launch targeted awareness campaigns, and address self-medication practices. Additionally, providing accessible, flexible health monitoring options can encourage voluntary participation in checkups.

5.5 Recommendations

5.5.1 Policy Recommendations

This study strongly recommends that policymakers support the implementation of comprehensive health insurance coverage for healthcare providers that addresses all their needs. By eliminating financial barriers to accessing healthcare services, this approach will encourage individuals to seek timely medical attention, ultimately enhancing health-seeking behaviour and improving overall health outcomes.

Furthermore, mental health support is crucial. Psychologists and counsellors should offer mental health support in safe environments, and administrators in health facilities should create safe environments where workers can access health services without fear of stigma

or professional repercussions, ensuring that they feel comfortable seeking help when needed. This holistic approach will benefit not only healthcare providers but also the quality of care delivered to patients by a resilient health workforce.

5.5.2 Recommendation for Further Research

Future researchers should focus on exploring the specific barriers and facilitators that healthcare providers encounter in adopting appropriate health-seeking behaviours. This includes examining the influence of institutional support systems, workplace culture, and access to resources on healthcare workers' health practices. Research should also investigate the effectiveness of interventions to improve healthcare providers' health-seeking behaviours, such as workplace wellness programs and awareness campaigns.

Future researchers should employ a qualitative approach to gain a deeper understanding of the barriers and facilitators that impact healthcare providers' adoption of effective health-seeking behaviours. This method will enable a comprehensive examination of the factors influencing their decision-making processes and practices.

Future researchers should also expand on this study's findings by including a broader range of healthcare provider roles. While this study focused specifically on doctors, nurses, and clinical officers for a thorough analysis, adding the perspectives of other essential roles, such as laboratory technicians, physiotherapists, and nutritionists, would lead to a more comprehensive understanding of the topic. A broader study would enable comparative analysis across different professional groups and provide valuable insights into how varying roles and responsibilities may affect the observed outcomes.

5.5.3 Recommendations in Practice

Policy makers develop and implement policies and frameworks that encourage regular health check-ups for healthcare providers and support flexible work schedules, allowing

for time for personal healthcare. These policies should also highlight the importance of healthcare providers modelling appropriate health-seeking behaviours for their patients, while ensuring that professionals prioritise their well-being as part of their responsibilities.

Healthcare institutions should prioritise the development and implementation of targeted health promotion programs for their staff through their respective leaders and managers.

Healthcare managers and administrators should prioritise regular health screenings and wellness programs for HCPs to maintain and improve their health status. These programs must emphasise the importance of self-care, preventive healthcare, and regular health checkups by collaborating with the insurance industry and, if possible, organising frequent medical camps. The checkups should be accessible, cost-effective, and flexible, emphasising voluntary participation to foster a culture of continuous health monitoring.

The Ministry of Health and the heads of human resources in health facilities are to establish support systems and accessible healthcare services tailored for providers living with chronic conditions. Foster a culture of health promotion, early detection, and disease management within the workforce to enhance the overall quality of healthcare delivery, benefiting both providers and the communities they serve at the institutional, county, national, and even global levels.

Educational institutions and professional associations should invest in continuous education as part of their professional development initiatives, emphasising the importance of personal health management. This is particularly crucial for healthcare workers, who are often at risk of burnout. By fostering a culture of health awareness and self-care, these institutions can promote their employees' well-being and improve overall patient care.

REFERENCES

Abraham, S. A., Agyare, D. F., Yeboa, N. K., Owusu-Sarpong, A. A., Banulanzeki, E. S., Doku, D. T., & Obiri-Yeboah, D. (2023). The Influence of COVID-19 Pandemic on the Health-Seeking Behaviors of Adults Living With Chronic Conditions: A View Through the Health Belief Model. *Journal of Primary Care & Community Health*, *14*, 21501319231159459. https://doi.org/10.1177/21501319231159459

Adamu, H., Yusuf, A., Inalegwu, C., Sufi, R., & Adamu, A. (2018). Factors influencing health-seeking behavior of health workers in a Tertiary Health Institution in Sokoto, Northwest Nigeria. *Sahel Medical Journal*, *21*(3), 162. https://doi.org/10.4103/smj.smj_55_16

Adewoye, K. R., Aremu, S. K., Ipinnimo, T. M., Salawu, I. A., Orewole, T. O., & Bakare, A. (2019a). Awareness and Practice of Proper Health Seeking Behaviour and Determinant of Self-Medication among Physicians and Nurses in a Tertiary Hospital in Southwest Nigeria. *Open Journal of Epidemiology*, *09*(01), 36–49. https://doi.org/10.4236/ojepi.2019.91004

Adewoye, K. R., Aremu, S. K., Ipinnimo, T. M., Salawu, I. A., Orewole, T. O., & Bakare, A. (2019b). Awareness and Practice of Proper Health Seeking Behaviour and Determinant of Self-Medication among Physicians and Nurses in a Tertiary Hospital in Southwest Nigeria. *Open Journal of Epidemiology*, *09*(01), 36–49. https://doi.org/10.4236/ojepi.2019.91004

Alagili, D. E., & Bamashmous, M. (2021). The Health Belief Model as an explanatory framework for COVID-19 prevention practices. *Journal of Infection and Public Health*, *14*(10), 1398–1403. https://doi.org/10.1016/j.jiph.2021.08.024

Artiga, S., & Hinton, E. (2018, May 10). Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. *KFF*. https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

Boskey, E. (2024). *How the Health Belief Model Influences Your Behavior*. Verywell Mind. https://www.verywellmind.com/health-belief-model-3132721

Calderwood, C. J., Marambire, E., Nzvere, F. P., Larsson, L. S., Chingono, R. M. S., Kavenga, F., Redzo, N., Bandason, T., Rusakaniko, S., Mujuru, H. A., Simms, V., Khan, P., Gregson, C. L., Ndhlovu, C. E., Ferrand, R. A., Fielding, K., & Kranzer, K. (2024). Prevalence of chronic conditions and multimorbidity among healthcare workers in Zimbabwe: Results from a screening intervention. *PLOS Global Public Health*, *4*(1), e0002630. https://doi.org /10.1371/ journal. pgph .0002630

CDC. (2023, September 1). *Socioeconomic Factors | CDC*. Centers for Disease Control and Prevention. https://www.cdc.gov/dhdsp/health_equity/socioeconomic.htm

Gerada, C. (2022). Doctors' identity and barriers to seeking care when unwell. *The British Journal of Psychiatry*, *220*(1), 7–9. https://doi.org/10.1192/bjp.2021.52

GOK. (2022). *NHIF Comprehensive hospital list* (pp. 64–65). https://www.nhif.o r.ke/wp- content/uploads/2022/12/GOK-Comprehensive.pdf

Haileamlak, A. (2018). Editorial: What factors affect health-seeking behavior? *Ethiopian Journal of Health Sciences*, *28*(2), 110. https://doi.org/10.4314/ejhs.v28i2.1

Huang, E. (2021). *Why Doctors Can't Get the Help They Need*. https://www.emra.o rg/emresiden t/article/mental-health-for-doctors

Ikhioya, Dr., & Akerele, S. S. (2021). Global trend in technology: its impact on healthcare-seeking behaviour and healthy life styles for better productivity. *Academic Journals*, *5*. 89-Article%20Text-195-1-10-20210723%20(1).pdf

Kariuki, S. (2020, January 17). Kenya Medical practitioners and Dentists Act(cap 253) (medical institutions)(amendments) rules,2007 (L.N. 3 of 2017) categorization of facilities. *The Government Prin.Ted*, 121–124.

Khadka, S., Shrestha, O., Koirala, G., Acharya, U., & Adhikari, G. (2022). Health-seeking behavior and self-medication practice among undergraduate medical students of a teaching hospital: A cross-sectional study. *Annals of Medicine & Surgery*, *78*. https://doi.org/10.1016/j.amsu.2022.103776

Kiprotich, D. E., Cheruiyot, D. J., Kitur, P. J., Lagat, G., Okwany, M., Kipsang, A., Cheplel, H., Yatich, M., Bargoret, K., Henry, & Mabele, P. (2020). *UASIN GISHU COUNTY HIV AND AIDS STRATEGIC PLAN*. https://nsdcc.go.ke/wp-content/uploads/2021/08/uasingishu.pdf

Latunji, O. O., & Akinyemi, O. O. (2018). FACTORS INFLUENCING HEALTH-SEEKING BEHAVIOUR AMONG CIVIL SERVANTS IN IBADAN, NIGERIA. *Annals of Ibadan Postgraduate Medicine*, *16*(1), 52–60.

Linskey, K. O. (2023, May 8). *Dangers of Self-Medication | Why Self-Medicate? | Learn More*. The Recovery Village Drug and Alcohol Rehab. https://www.the recovery vi lla ge. com/mental-health/dangers-of-self-medication/

Linton, M., & Koonmen, J. (2020). Self-care as an ethical obligation for nurses. *Nursing Ethics*, *27*(8), 1694–1702. https://doi.org/10.1177/0969733020940371

Liu, S., Hu, Y., Pfaff, H., Lei, X., Qi, Z., & Feng, X. (2025). Barriers and facilitators to seeking psychological support among healthcare professionals: A qualitative study using the Theoretical Domains Framework. *BMC Public Health*, *25*(1), 848. https://doi.org/10.1186/s12889-025-21912-3

Miles, A. (2020). *Perceived Severity | Division of Cancer Control and Population Sciences (DCCPS)*. National Cancer Institute (NIH). https://cancercontrol.cancer.gov/brp/research/constructs/perceived-severity

MOH, K. (2022). *UHC Report*. https://www.planning.go.ke/wp-content/ uploads /2022/0 2/UHC-REPORT-ammended-1.pdf

Mohammed, S. A., Tsega, G., & Hailu, A. D. (2021). Self-Medication Practice and Associated Factors Among Health Care Professionals at Debre Markos Comprehensive Specialized Hospital, Northwest Ethiopia. *Drug, Healthcare and Patient Safety*, *Volume 13*, 19–28. https://doi.org/10.2147/DHPS.S290662

Muller, M.-E. (2020). How do doctors care for their own health? *SMW-Swiss Medical Weekly*. https://smw.ch/index.php/smw/announcement/view/27

Mutua, D., Singh, Prof. P., & Njoroge, G. (2022). occupational stress among nurses working in the operating theatres at kenyatta national hospital. *International Research Journal of Medicine and Health Sciences*. https://www.irjp.org/ index.php/IRJMH S/article/viewFile/114/133

National Academies of Sciences, E., Division, H. and M., Services, B. on H. C., & Disabilities, C. on H. C. U., and A. with. (2018). Factors That Affect Health-Care Utilization. In *Health-Care Utilization as a Proxy in Disability Determination*. National Academies Press (US). https://www.n cbi.nlm.nih.gov /books/ NBK500097/

Nebert, M. K., Agina, B. M. O., & Andre, Y. (2017a). Health Behaviour among Nurses Working in Public Hospitals in Kakamega County, Kenya. *Nursing Research and Practice, 2017*, 1–8. https://doi.org/10.1155/2017/4683189

Nebert, M. K., Agina, B. M. O., & Andre, Y. (2017b). Health Behaviour among Nurses Working in Public Hospitals in Kakamega County, Kenya. *Nursing Research and Practice, 2017*, 1–8. https://doi.org/10.1155/2017/4683189

Orbell, S., Zahid, H., & Henderson, C. J. (2020). Changing Behavior Using the Health Belief Model and Protection Motivation Theory. In M. S. Hagger, L. D. Cameron, K. Hamilton, N. Hankonen, & T. Lintunen (Eds), *The Handbook of Behavior Change* (1st edn, pp. 46–59). Cambridge University Press. https://doi.org/10 .1017/978110 8677318.004

Rosenstock, I. M. (1974). The Health Belief Model and Preventive Health Behavior. *Health Education Monographs*, *2*(4), 354–386. https://doi.org/ 10.1177/1 09019817 400200405

Shanafelt, T., Goh, J., & Sinsky, C. (2017). The Business Case for Investing in Physician Well-being. *JAMA Internal Medicine*, *177*(12), 1826. https://doi.org/ 10.1001/ jamain ternmed.2017.4340

Shorey, S., & Lopez, V. (2021). Self-Efficacy in a Nursing Context. In G. Haugan & M. Eriksson (Eds), *Health Promotion in Health Care – Vital Theories and Research*. Springer. http://www.ncbi.nlm.nih.gov/books/NBK585659/

Singh Bhandari, M., & Chataut, J. (2020). Health-seeking behavior among Medical Students in a Teaching Hospital of Nepal: A Descriptive Cross-sectional Study. *Journal of Nepal Medical Association*, *58*(221). https://doi.o rg/10.317 29 /jnma.4741

Søvold, L. E., Naslund, J. A., Kousoulis, A. A., Saxena, S., Qoronfleh, M. W., Grobler, C., & Münter, L. (2021). Prioritizing the Mental Health and Well-Being of Healthcare Workers: An Urgent Global Public Health Priority. *Frontiers in Public Health*, *9*, 679397. https://doi.org/10.3389/fpubh.2021.679397

Tveiten, S. (2021). Empowerment and Health Promotion in Hospitals. In G. Haugan & M. Eriksson (Eds), *Health Promotion in Health Care – Vital Theories and Research*. Springer. http://www.ncbi.nlm.nih.gov/books/NBK585651/

Vo, C. Q., Samuelsen, P.-J., Sommerseth, H. L., Wisløff, T., Wilsgaard, T., & Eggen, A. E. (2023). Comparing the sociodemographic characteristics of participants and non-participants in the population-based Tromsø Study. *BMC Public Health*, *23*(1), 994. https://doi.org/10.1186/s12889-023-15928-w

Vos, T., Lim, S. S., Abbafati, C., Abbas, K. M., Abbasi, M., Abbasifard, M., Abbasi-Kangevari, M., Abbastabar, H., Abd-Allah, F., Abdelalim, A., Abdollahi, M., Abdollahpour, I., Abolhassani, H., Aboyans, V., Abrams, E. M., Abreu, L. G., Abrigo, M. R. M., Abu-Raddad, L. J., Abushouk, A. I., … Murray, C. J. L. (2020). Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: A systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*, *396*(10258), 1204–1222. https://doi.org/10.1016/S0140-6736(20)30925-9

Wangeshi, E. N. (2021). Determinants of health-seeking behavior among health workers in Kenya: A case of AAR Healthcare Kenya. *Dspace Publication*. https://su-plus.strathmore.edu/items/5325309e-afdf-47e5-9cc7-e54f3650742c/full

WHO, A. (2021). NCD Hard Talks Webinar: Reducing Risks, Averting Deaths! *WHO Publication*. https://www.who.int/publications/m/item/ncd-hard-talks-webinar--reducing-risks--averting-deaths--presentation-slides

WHO, A. (2024, February 26). *Health Systems Strengthening*. https://imaworld health .org /st rengthening-health-systems

Zaman, N., Mujahid, K., Ahmed, F., Mahmud, S., Naeem, H., Riaz, U., Ullah, U., & Cox, B. (2022a). What are the barriers and facilitators to seeking help for mental health in NHS doctors: A systematic review and qualitative study. *BMC Psychiatry*, *22*(1), 595. https://doi.org/10.1186/s12888-022-04202-9

Zaman, N., Mujahid, K., Ahmed, F., Mahmud, S., Naeem, H., Riaz, U., Ullah, U., & Cox, B. (2022b). What are the barriers and facilitators to seeking help for mental health in NHS doctors: A systematic review and qualitative study. *BMC Psychiatry*, *22*(1), 595. https://doi.org/10.1186/s12888-022-04202-9

APPENDICES

Appendix I: Consent Form

I am pursuing a master's degree at Kabarak University, and my research focuses on **"Health-Seeking Behaviours and Associated Factors Among Healthcare Providers in Selected Facilities in Uasin Gishu County".**

Principal investigator: Felicity Kaptuya Bowen

Supervised by Dr Vincent Mukthar and Prof Pamela Kimeto Ting`ei

You are cordially invited to participate in this study, which will gather data through questionnaires from doctors, nurses, and clinical officers at public hospitals in Uasin Gishu County. The purpose of this study is to comprehend the patterns of seeking healthcare services among healthcare providers, the socio-demographic factors that influence their health-seeking behaviour, identify possible barriers and facilitators to appropriate health-seeking behaviour, and evaluate any links between health perceptions and the adoption of appropriate health-seeking behaviours. Your voluntary participation and responses to the questionnaire will help us achieve these goals.

The study will focus on 323 nurses, doctors, and clinical officers employed at the selected facilities across different levels of care. Only healthcare providers who have given consent to participate in the study will be included; those who are off duty on the day of data collection will be excluded. The questionnaire should take approximately 30 minutes to complete, and participants may seek clarification from the researcher or research assistant as they complete it.

Your participation in this study involves no risks. Your responses will be kept confidential and will only be used for the academic purpose of this study. The findings will be shared with Uasin Gishu County healthcare providers through their respective hospitals, conferences, and Hospital Continuous Medical Education.

Participation in the study is entirely voluntary. If you are uncomfortable with any question on the questionnaire, you have the right to decline. There are no reimbursements or costs associated with participating in this study. Please refrain from writing your name on the questionnaires. We kindly request that you answer all the questions provided. If you require further information regarding your participation in the study, please get in touch with the principal investigator, Felicity Bowen (0721747826),

or the Supervisors, Dr Vincent Kiprono Mukthar (0722 216 266) or Prof. Pamela Ting'ei Kimeto (0722 548 895).

For any ethical concerns, contact KUREC through:

Private Bag - 20157

Tel: 254-51-343234/5 KABARAK, KENYA

Fax: 254-051-343529

Email: kurec@kabarak.ac.ke www.kabarak.ac.ke

Date……
Signature……

Statement of Consent

I hereby confirm that I have carefully read and comprehended the consent form provided by the researchers regarding the study. All of my inquiries and concerns have been addressed to my satisfaction. I have been fully informed about the potential benefits of participating in the research and all foreseeable risks. I understand that my involvement is voluntary and that I could withdraw from the study at any time.

I freely consent to participate in this study

Signing this form does not imply that I have given up my entitled participant rights.

I agree to participate in this study **YES……**

NO…….

Participants' signature…… Date…….

Appendix II: Questionnaire

Questionnaire number……

Name of Facility: _____Questionnaire number Day __ / / 2024.

Level of facility: (check as appropriate)

- **Level Six**
- **Level four**
- **Level three**

Instructions

- Please tick the proper choice only.
- Please respond to each question honestly. The collected data aims to establish the health-seeking behaviours of healthcare providers and associated factors.
- Please note that the provided information will be confidential and used solely for academic research.

Section A: Sociodemographic information and health-seeking practices among health providers in Uasin Gishu County

1. Indicate your gender:

Male ☐ Female ☐

2. Indicate your age in years ----------
3. Indicate the highest level of education you have reached.

Certificate ☐ Diploma ☐ Bachelor's ☐ Master's ☐ PhD ☐

4. What is your Religion?

Christian ☐ Muslim ☐ Other (Specify)……

5. Marital status

Married ☐ Unmarried ☐ Other (Specify)……

6. What is your profession?

Doctor ☐ Nurse ☐ Clinical officer ☐

7. Working experience in years after basic graduation ------
8. Have you ever gone for a voluntary medical checkup? YES ☐ NO ☐

If yes, what prompted you?

.....

.....

.....

9. How frequently do you do Voluntary Medical Checkups?

☐ Never

☐ Rarely

☐ Occasionally

☐ Frequently

10. What would influence you to go for a voluntary check-up? (*Tick all that are applicable*)

☐ Free check-up

☐ Mandatory check-up

☐ Age

☐ Individual lifestyle(sedentary/non-sedentary)

☐ Personal preference

☐ Ease of access to screening services

☐ Covered screening services by health insurance

☐ Perception of signs and symptoms of illness (health status)

☐ Perception of risk for disease through family history

Others (specify)……..

11. When you are unwell, how do you address your health concerns?

(Tick all that are applicable)

☐ Self-medication

☐ I call a friend to consult

☐ Ask a colleague to review me

☐ I call a colleague to review and investigate me

☐ I ignore illness until symptoms worsen

☐ I visit the staff medical clinic for review and investigations

Others (specify)……

12. Would Mandatory covered annual checkups by your employer be helpful to you?

YES ☐ NO ☐

If YES, why? {Give reason(s)}

……

……..

If NO, why? {Give

reason(s)}.....

.....……

13. When seeking medical treatment, do you prefer to be reviewed at your workplace?

YES ☐ NO ☐

If not, why? {Give reason(s)}.....

……

……

14. What are some signs and symptoms you tend to ignore and not seek medical advice for?

☐ Headaches

☐ Flu

☐ Abdominal upsets

☐ Fever

☐ Nausea

☐ Chest pains

☐ Muscle and joint pains

☐ Abdominal upsets

☐ Dizziness

☐ Constipation

☐ Diarrhea

Others(specify)……..

15. When you fail to seek conventional medical attention, what other options do you use? *(Tick all that apply)*

☐ Use herbal remedies

☐ Use health supplements

☐ Herbal Sau*nas*

☐ Chiropractic practitioner advice

☐ Spiritual interventions

Others (specify)…….

16. Indicate the extent to which you agree or disagree with the following questions

Indicate the extent of influence of the following factors on your health-seeking behaviours.

Factors influencing health-seeking behaviour	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**
Income determines my health-seeking behaviour.				
The terms of my employment influence my health-seeking behaviour (permanent and pensionable/contract.				
The availability or lack of health insurance influences my health-seeking behaviour.				
The availability of the desired service within reach in the facility of interest influences my health-seeking behaviour.				

17. Do you have medical insurance coverage? YES ☐ NO ☐

a) If NO, how do you meet your medical expenses? (*specify*)

……

b) If yes, does the insurance cover/ cater to all your medical needs?

YES ☐ NO ☐

Section B: Facilitators and barriers of appropriate health-seeking behaviour

18. The factors stated below may facilitate the adoption of proper health-seeking behaviours. *(Indicate whether they influence the health-seeking behaviour of healthcare providers)*

Indicate whether they influence the health-seeking behaviour of healthcare providers	**Strongly disagree**	**disagree**	**agree**	**Strongly agree**
There are processes at my workplace that promote ease of access to care.				
Prompt service delivery at the care points promotes the adoption of appropriate health-seeking behaviour.				
Flexible working schedules that enable me to seek care at my convenience.				
Preventive screening provisions (Institutional culture supportive of appropriate health-seeking behaviours)-free cervical screening				
Availability of desired health services				
The presence of frameworks that promote appropriate health-seeking behaviour (Bone density, exposure level checks, UEC level checks)				
Easy access to desired health services				

Any others (specify)……..

……

19. To what extent do the following factors influence your health-seeking behaviour? *Tick the appropriate extent in the spaces provided.*

Factors Influencing Health-Seeking Behaviour	**Very Large Extent**	**Large Extent**	**Little Extent**	**Very Little Extent**
The cost of health services (the ability to pay for them) determines health-seeking behaviour.				
Having medical insurance coverage shapes my behaviour.				
Work schedules influence my health-seeking behaviour.				
The quality of service provided influences my health-seeking behaviour.				
Access to desired health services and tests influences my health-seeking behaviour.				
Knowledge of health services and test availability influences my health-seeking behaviour.				
Confidentiality concerns influence my health-seeking behaviour.				
Stigma concerns influence my health-seeking behaviour.				
Fear of the unknown influences my health-seeking behaviour.				

20. The factors noted below also influence healthcare providers' health-seeking behaviour. Which among them influences your health-seeking behaviour?

(Tick as appropriate)

Factors that influence healthcare providers' health-seeking behaviour	**No Influence**	**Little influence**	**Significant Influence**	**Highly Significant Influence**
Time				
Fear of the unknown				
Affordability/Cost				
Feeling of Wellness				
Privacy and confidentiality				
Ignorance				
Religious beliefs				
Medical knowledge and experience				

Section C: Health perception is a crucial factor influencing the adoption of appropriate health-seeking behaviour. Please respond to the following concerns regarding health perception.

21. How do you rate or perceive your current health status?

Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent ☐

22. a) Have you been diagnosed with any chronic illness?

Yes ☐ No ☐

b) If yes, does the nature of chronic illness influence you to seek medical intervention?

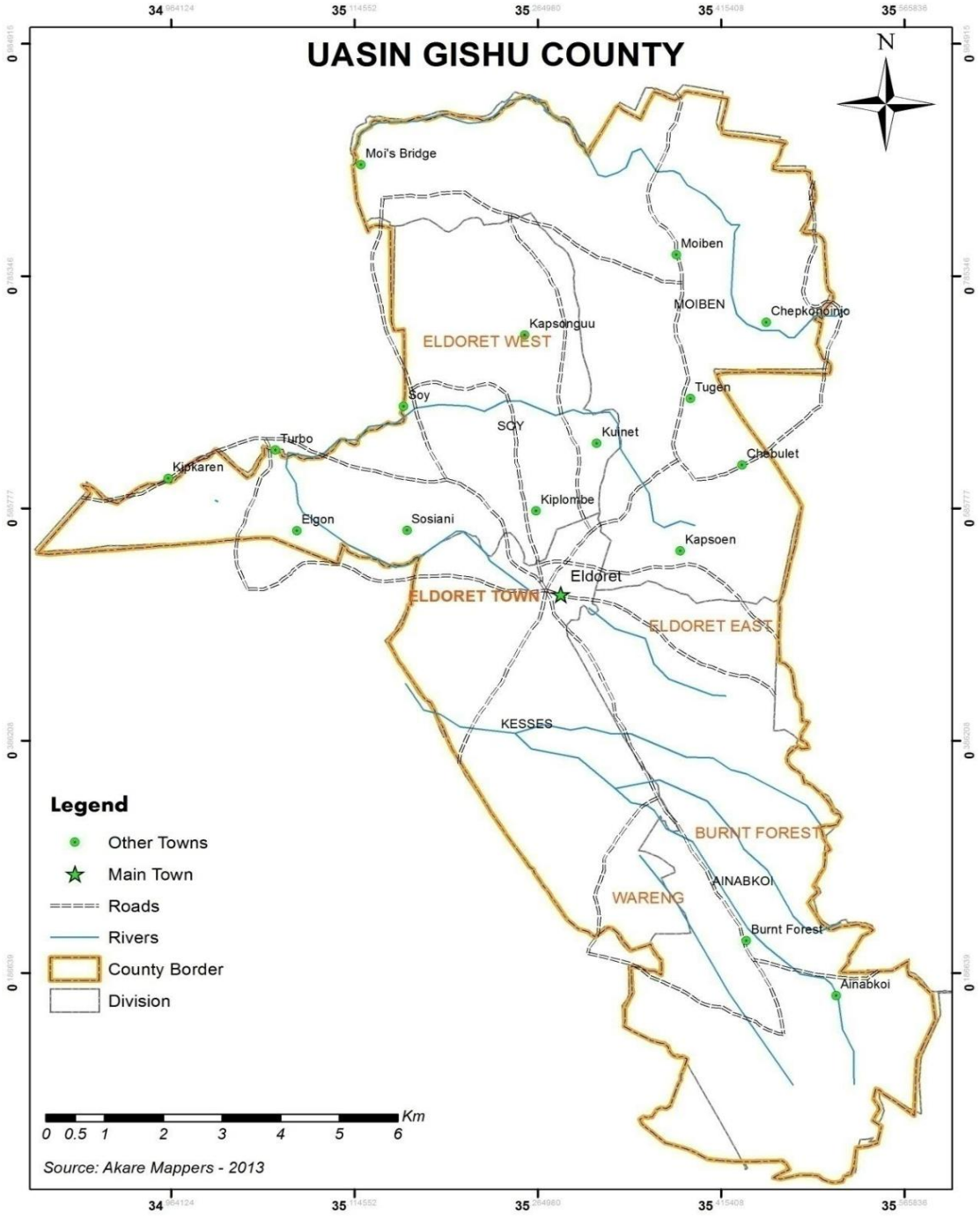
Yes ☐ No ☐

23. To what extent do the following factors influence your health-seeking behaviour?

(Tick as appropriate)

Perception factors influencing health-seeking behaviour	**Very Large Extent**	**Large Extent**	**Neutral**	**Little Extent**	**Very Little Extent**
Having a personal opinion about poor health status shapes my health-seeking behaviour.					
The stage/type of illness determines my health-seeking behaviour.					
The severity of my illness determines my health-seeking behaviour.					
The duration of a disease/ illness determines my health-seeking behaviour.					
The ability to self-medicate determines my health-seeking behaviour.					
Unawareness influences my health-seeking behaviour.					

Appendix III: Map of Uasin Gishu



Source: Uasin Gishu County Integrated Development Plant 2023 -202

Appendix IV: Kurec Clearance Letter

KABARAK UNIVERSITY RESEARCH ETHICS COMMITTEE

Private Bag - 20157
KABARAK, KENYA
Email: kurec@kabarak.ac.ke

Tel: 254-51-343234/5
Fax: 254-051-343529
www.kabarak.ac.ke

OUR REF: KABU01/KUREC/001/03/03/25

Date: 21st March, 2025

Feliity Kaptuya Bowen
REG No.: GMNU/M/3687/09/22
Kabarak University,

Dear Felicity,

RE: HEALTH-SEEKING BEHAVIORS AND ASSOCIATED FACTORS AMONG SELECTED HEALTHCARE PROVIDERS IN SELECTED FACILITIES IN UASIN GISHU COUNTY

This is to inform you that ***KUREC*** has reviewed and approved your above research proposal. Your application approval number is ***KUREC-030325.*** The approval period is 21***/03/2025 – 21/03/ 2026.***

This approval is subject to compliance with the following requirements:

i. All researchers shall obtain an introduction letter to NACOSTI from the relevant head of institutions (Institute of postgraduate, School dean or Directorate of research)
ii. The researcher shall further obtain a RESEARCH PERMIT from NACOSTI before commencement of data collection & submit a copy of the permit to **KUREC.**
iii. Only approved documents including (informed consents, study instruments, MTA Material Transfer Agreement) will be used
iv. All changes including (amendments, deviations, and violations) are submitted for review and approval by ***KUREC***:
v. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to ***KUREC*** within 72 hours of notification;
vi. Any changes, anticipated or otherwise that may increase the risk(s) or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to ***KUREC*** within 72 hours;
vii. Clearance for export of biological specimens must be obtained from relevant institutions and submit a copy of the permit to KUREC;
viii. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal and;
ix. Submission of an executive summary report within 90 days upon completion of the study to ***KUREC***

Sincerely,

Prof. Jackson Kitetu PhD.
KUREC-Chairman

KABARAK UNIVERSITY
INSTITUTIONAL RESEARCH ETHICS COMMITTEE
27 MAR 2025
APPROVED
P. O. PRIVATE BAG - 20157, KABARAK

Cc Vice Chancellor
DVC-Academic & Research
Registrar-Academic & Research
Director-Research Innovation & Outreach
Institute of Post Graduate Studies

Appendix V: Nakuru Health Research Committee Approval

REPUBLIC OF KENYA
COUNTY GOVERNMENT OF NAKURU
DEPARTMENT OF HEALTH SERVICES

Office of the County Director Public Health
P.O. Box 2060-20100
Nakuru, Kenya

Email: info.health@nakuru.go.ke
Website: www.nakuru.go.ke

REF: CGN/CDPH/RES/2025/1140

21st May, 2025

To
Felicity Kaptuya Bowen
GMNU/3687/09/22

RE: AUTHORIZATION TO CONDUCT PRE TEST STUDY

This letter serves as an authorization from the County Department of Health Services Nakuru for you to conduct pretest study in Nakuru County on the topic ***"Health-Seeking Behaviors and Associated Factors Among Selected Healthcare Providers".***

Please note that this approval is subject to adherence to the reasonable ethical considerations and the prevailing rules and regulations governing research work.

By a copy of this letter, the sub county team leads and medical Superitendent are requested to offer all the necessary support.

Thank you.

COUNTY DIRECTOR
PUBLIC HEALTH & SANITATION
NAKURU COUNTY
P.O. Box 2060-20100,
NAKURU

ELIZABETH KIPTOO
COUNTY DIRECTOR, PUBLIC HEALTH
NAKURU

C.C:
- Medical Superintendents
- Sub County Team Leads

Appendix VI: Nakuru County Referral and Teaching Hospital Approval

REPUBLIC OF KENYA
COUNTY GOVERNMENT OF NAKURU
DEPARTMENT OF HEALTH SERVICES

Nakuru County Referral & Teaching Hospital
Nakuru County
P.O. Box 71-20100
Nakuru, Kenya

Email: rvpghnakuru@yahoo.com
Website: www.nakuru.go.ke
Telephone: +254 721750460

Ref No: NCRTH/R&EC/VOL I/2025 **27th May 2025**

FELICITY KAPTUYA BOWEN
REG NO: GMNU/3687/09/22
KABARAK UNIVERSITY
P.O PRIVATE BAG - 20157
KABARAK

RE: AUTHORITY TO CONDUCT PRE TEST STUDY

Further to your application on the above subject, the Research and Ethics Committee discussed and approved your pre-test study, **Health-Seeking Behaviors and Associated Factors Among Selected Healthcare Providers.**

Ensure the pre-test is carried out in accordance to the laid down ethics and research regulations.

Kindly submit your findings to the committee prior to publication / exit.

NAKURU COUNTY REFERRAL & TEACHING HOSPITAL
27 MAY 2025

DR. SAMUEL WANJARA
CHAIRPERSON
RESEARCH AND ETHICS COMMITTEE
NAKURU COUNTY REFERRAL AND TEACHING HOSPITAL

Appendix VII: NACOSTI Research Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **121339**

Date of Issue: **17/April/2025**

RESEARCH LICENSE

This is to Certify that Ms.. Felicity Kaptuya Bowen of Kabarak University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Uasin-Gishu on the topic: HEALTH-SEEKING BEHAVIORS AND ASSOCIATED FACTORS AMONG SELECTED HEALTHCARE PROVIDERS IN SELECTED FACILITIES IN UASIN GISHU COUNTY. for the period ending : 17/April/2026.

License No: **NACOSTI/P/25/4172586**

121339

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix VIII: Uasin Gishu County Approval

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 121339

Date of Issue: 17/April/2025

RESEARCH LICENSE

COUNTY GOVERNMENT O. UASIN GISHU 02 JUL 2025 CHIEF OFFICER OF HEALTH

This is to Certify that Ms., Felicity Kaptuya Bowen of Kabarak University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Uasin-Gishu on the topic: HEALTH-SEEKING BEHAVIORS AND ASSOCIATED FACTORS AMONG SELECTED HEALTHCARE PROVIDERS IN SELECTED FACILITIES IN UASIN GISHU COUNTY. for the period ending : 17/April/2026.

License No: NACOSTI/P/25/4172586

121339

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

PROCEED 3/07/25

COUNTY COMMISSIONER UASIN GISHU COUNTY

FOR

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix IX: Evidence of Conference Participation

NATIONAL NURSES ASSOCIATION OF KENYA
Voice for the nursing profession

MINISTRY OF HEALTH

Certificate

OF ACKNOWLEDGEMENT

67th ANNUAL SCIENTIFIC CONFERENCE & ANNUAL GENERAL MEETING (AGM)

This certificate is proudly presented to

Felicity Bowen

in recognition of valuable contribution through the presentation of an abstract titled:

Health-Seeking Behaviors And Associated Factors Among Healthcare Providers In Uasingishu County, Kenya

during in the 67th International Annual Scientific Conference and Annual General Meeting (AGM) of the National Nurses Association of Kenya (NNAK) held at **The Grand Royal Swiss Hotel, Kisumu County**, from 29th - 31st October 2025, under the theme:

"Nursing Power to Change the World: A Call to Transformative Healthcare."

Hon. Chairperson, National Nurses Association of Kenya (NNAK)

Hon. Secretary General, National Nurses Association of Kenya (NNAK)

Hon. 2nd Vice Chairperson National Nurses Association of Kenya (NNAK)

Appendix X: List of Publication

East African Journal of Health and Science, Volume 8, Issue 3, 2025
Article DOI: https://doi.org/10.37284/eajhs.8.3.4006

East African Journal of Health and Science
eajhs.eanso.org
Volume 8 Issue 3, 2025
Print ISSN: 2707-3912 | Online ISSN: 2707-3920
Title DOI: https://doi.org/10.37284/2707-3920

EAST AFRICAN NATURE & SCIENCE ORGANIZATION

Original Article

Health-Seeking Behaviours among Healthcare Providers in Selected Public Health Facilities in Uasin Gishu County, Kenya

Felicity Kaptuya Bowen[1], Vincent Kiprono Mukthar[2] & Pamela Kimeto-Ting'ei[1]*

[1] Kabarak University, Private Bag, 20157, Kabarak, Kenya.
[2] Egerton University, P. O. Box 536-20115, Egerton, Kenya.
*Author for Correspondence Email: bfelicity@kabarak.ac.ke

Article DOI: https://doi.org/10.37284/eajhs.8.3.4006

Date Published: *17 November 2025*

Keywords: *Intention to Emigrate, Nurse Emigration, Socio-Cognitive Factors, Social Cognitive Theory.*

ABSTRACT

Health-seeking behaviour is a growing concern worldwide. However, among healthcare providers (HCPs) in resource-limited settings, such as Kenya, poor health-seeking behaviours (HSB) exacerbate the risks for mortality, delayed care, and compromised patient safety. Despite alignment with Sustainable Development Goal 3 and Kenya's universal health coverage agenda emphasises preventive care, HCPs often prioritise patient needs over their own well-being. This study sought to explore HSB patterns among HCPs, identify socio-demographic factors, facilitators, and barriers influencing HSB, and examine associations between HSB and health perceptions in Uasin Gishu County, Kenya. A cross-sectional descriptive quantitative research design was employed. The study target population was 1483, comprising 1047 nurses, 206 doctors, and 230 clinical officers, drawn from across Levels 3–6 facilities. Guided by the Health Belief Model, data were collected through self-administered questionnaires using a multistage sampling approach (n = 322). Analysis used SPSS Version 28, with descriptive statistics, Chi-square tests, and multinomial regression. Ethical approval was obtained from the Institutional Scientific Ethics and Research Committee; informed consent was secured from all participants. Nearly half (48.47%) of HCPs exhibited good HSB (mean score=9.78), with 42.94% average and 8.59% poor; self-medication was common (55.73%). These scores were based on a structured HSB rating (from 0-30), where numbers approaching 0 meant poor HSB, those between 10-20 meant average, and those above 20 implied good HSB. Significant socio-demographic associations included age ($\chi^2 = 25.4$, $p < 0.001$), marital status ($p = 0.012$), health insurance (OR = 4.76, 95% CI = 1.42–15.9, $p = 0.011$), and religion ($p = 0.028$). Positive health perceptions were strongly correlated with good HSB ($\chi^2 = 20.38$, $p = 0.0046$), facilitated by flexible schedules (M = 2.31) and prompt services (M = 2.32), but hindered by limited preventive screenings (M = 1.93) and gaps in institutional support. These findings underscore the need for tailored interventions to bolster HCP well-being. Recommendations include comprehensive health insurance coverage, policies mandating regular check-ups, self-care education, and stigma-free access to foster resilient healthcare workforces and enhance care quality.