CLIENTS’ PERCEPTION OF HEALTH WORKERS AND IMPACT ON HEALTH SERVICES OFFERED AT KOMBEWA DEMONSTRATION HEALTH CENTRE

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ABSTRACT

Objective: To study the clients’ perception of health workers in relation to the services provided at the centre, thus defining the relationship between the client and the health worker and the impact of this relationship on the services provided.

Study design: A Series of Focus Group Discussions (FGDs), interviews and observations were carried out in three (3) stages i.e baseline (T1), intervention (T2) and evaluation (T3) after 9 (nine) months. Qualitative and quantitative data were collected at all three levels. However, this study has laid more emphasis on the results of the qualitative data of the study.

Study population and setting: The study population were rural women who received health services from Kombewa Rural Health Centre.

Sampling: A selection of the women receiving the health services from the health facility within a five-kilometer radius who had consented to participate were identified. They were selected and grouped according to the following age groups: 12-20, 21-35 and over 35.

Results: Indicated that the initial relationship between health workers and clients were very poor, but tremendously improved after the Health Workers for Change (HWFC) intervention at T2 and improved further at evaluation after nine months (T3).

Conclusion: The clients’ perception of the health workers has an impact on how the health services are used. The poor interpersonal relationship between the clients and the health facility staff led to lack of compliance with treatment and delayed seeking of health services among the women. The health workers also developed negative attitude towards their clients, which made them lax in attending to them. The situation started improving with the initiation of HWFC intervention, where the health workers explored their situation and that of clients, which made them positive towards those that they served.

INTRODUCTION

Maximum utilisation of health services can be grossly hampered by poor relationship between clients and health workers. Client-satisfaction is an important element in the quality of health care. This often determines clients willingness to comply with treatment and influences effectiveness of care. The basic problems of poor interpersonal relationship within the health services needs to be addressed in order to improve health care and achieve health for all in developing countries(1). The study focused on client perception of health workers and its impact on the services offered at this rural health facility with a view to examining client-provider relationship using the HWFC intervention on health worker and client relationship. Evidence from South Africa indicates that HWFC intervention helps health workers examine the way they relate to female clients and also their job satisfaction, which lead to better health worker-client relations(2). In this community there were many health problems and clients only visited the health facility when there was no other alternative. Clients felt disgusted and negative about the health facility. After that intervention, the condition improved tremendously.

MATERIALS AND METHODS

Study Area: This study was conducted at Kombewa Rural Demonstration Centre (KRHDC), Nyanza Province,
Kenya. The facility offers curative, preventive and promotive health services.(3)

At the time of study the facility had a total staff compliment of 34, this included 25 technical staff, namely Nursing officer, Health Educators, Enrolled Community Nurses, Public Health Technicians, Clerical and a Subordinate Staff. The majority of staff (75%) were female. All the staff had contact with patients while the main job of subordinate staff was cleaning and cooking but were also involved in registering patients and occasionally gave injections. They had some kind of in-service training, and most of them participated only once and this occurred some years ago. The subordinate staff had not had any in-service training. Of the 23 staff members that were interviewed six (26%) had primary level education. Thirty eight per cent had per cent had over a year of training, and seven of these had more than six years of education. The study area was relatively wide since the centre acted as a referral centre for the numerous dispensaries in the region.

An average of 100 patients sought healthcare in this health facility everyday. It was a typical rural health facility in terms of the services provided and the number of staff employed. Such rural health facility, in addition to offering the usual health service also served as demonstration centres for medical trainees. The facility, like others, participated in innovative programmes such as, at the time of study there was Sexually Transmitted Diseases (STD) intervention involving chemotherapy and youth education at the centre and other sub-district health centres in the district. At the beginning of the study, provision of those services were inhibited by shortage of drugs and essential equipment, particularly existance of the long queues whenever drugs were available and the poor-client provider relations that led to lack of compliance and under-utilisation of services.

Study Population:
The study populations were the women who received the health services provided by the rural health facility.

Study Design:
The study involved collecting data from clients and health facility staff initially (T1), then four weeks after intervention (T2), and much later after nine months during evaluation (T3).

Interviews and FGDs were held at the facility and in the community. Observations were also undertaken at the health facility.

Women who consented to participate in the study within five-kilometer-radius were randomly picked, registered, and divided according to the age; over 35, 21 35 and 12 - 20 years. Twelve women were selected for each FGD. Not all turned up for interviews and FGDs. The group numbers who participated ranged between 7 and 12 participants. The table below shows how they participated.

<table>
<thead>
<tr>
<th>Focus group</th>
<th>T1</th>
<th>Age:</th>
<th>T2</th>
<th>T3</th>
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<tbody>
<tr>
<td>Age:</td>
<td></td>
<td>21-35 years</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Over 35 years</td>
<td>12</td>
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This table summarise the sources of the data in the study.

RESULTS
The research objective was to assess the impact of client perception of the health workers and its impact on the services provided.

The results were as follows:
Observation at baseline T1:
The researchers first observed the interaction between client and health workers. This was followed by interviews and FGDs. The interviews were mainly undertaken by the district hospital staff and the centre in charge. However the study does not focus on those interviewers.

The health workers saw clients as intruders. They would shout at the clients asking them “Why are you calling in at the wrong time? Where were you in the morning?” Some of the clients got upset but kept quiet as they waited for the drugs to be dispensed; others walked away in protest.

Clients were kept in the waiting in the queues for a long time before being attended. When they were finally attended to, some clients tried to greet the health workers, and the reply was: “If you do not want treatment do not waste our time”. “What is wrong with you, are you not sick?” These words easily flowed from health workers as they interacted with clients at the facility.

The clients were demoralised whenever they came into contact with health workers. Others had opportunity and explained their problems while some arrived in examination room only to find the prescription already written and given before they could spoke a word. Clients were rebuked and treated with disgust.

Observation data in T1 showed that interactions between the client and the providers needed to be improved. The interactions were very poor and clients, except friends of the health worker, were always rebuked.

The communication at T1 was characterized by the providers’ impoliteness, which kept many clients away from the facility. Clients in the FGDs reported having witnessed providers using derogatory language in addressing women at the Ante-Natal Clinic, especially to those who reported late or did not do the follow-up visits, or failed to carry a “Kanga” a piece of cloth that women wrap around their waist when working at home) when they visited the facility during T1.
During Focus Group Discussions (FGDs) clients described health workers as “venomous snakes (lethal animals), thieves who stole drugs from the facility embalmers of hospital funds and yet asking them to buy equipment e.g. syringes and needles”. At T2 the HWFC intervention workshop was implemented. During the latter part of T2 and T3 the clients spent less time at the facility waiting for service basically due to the HWFC intervention where health workers discussed issues including why they became health workers, why sometimes clients do not report to hospitals as early as expected and solutions to the problems they encountered with clients and the clients circumstances at home. This was immediately followed by notable changes as shown below.

By contrast during T2 and T3 communication between provider and client improved both in style and content. In addition to talking to clients in a respectful manner, health workers gave advice that clients felt more adequate than before. Better communication led to more adherence to the advice given by health workers. Clients, for example, complied when referred to the District Hospital and also when required to buy medical items to use at the centre, notably, syringes, needles and drugs. These requirements facilitated the activities of the health workers in solving their clients’ problems.

Clients who had difficulties in explaining their problems were assisted accordingly and developed trust and had more positive attitude towards health workers.

There were clear signs that after the intervention during T2 and T3 the health workers were more polite and more ready to care for their patients with considerable empathy.

During observations at T2 and T3, the health workers offered such kind words like; “Good morning” “How are you?” “What can I do for you?” “How did you wake up today?” “The approach was more polite and friendly than before. Instructions given were better understood and more appropriate to the clients and were received well. During the FGDs in the community one of the respondents said to the researchers that “Those health workers were venomous snakes, you have actually hit the snake on the head, they don’t bite us like before you came”. Another client added that, “they were like mad dogs”. Clients felt much more welcome now and free to go to the health center.

Because of the warm reception, the clients found it easy to explain their problems and express their concerns that were well received and their questions were answered. Providers made efforts to explain the need for medication, which helped clients to comply with the treatment and participate in the purchase of some medication.

After the intervention, health workers felt more motivated in provision of services to the clients. They ordered the requirements available from the District hospital. The positive attitude of the health workers and the availability of drugs at T2 and T3 increased utilisation of the health services as evidenced by long queues served. The maternity services were more sought for than before.

Not all providers were considered bad, arrogant and disrespectful at T1, some were good. But most of them were said to be negligent and biased while on duty. Female health workers were seen to be rude and arrogant. At T3 clients remarked that most of the health workers had changed, but some remained the same. Being a new innovation as suggested by EM Rogers (laggards, difficult people to change in a society) are expected to exist in society(5). This explains why some of them did not change. But the majority did change and there is hope that even the laggards will eventually change if consistency is maintained.

A client at FGD stated, during the later stages of T2 “Some health workers are naturally looking bad but, have no ill motives against clients. They just attend to people officially well.”

During FGDs, one client also reported that at T3, providers were now giving women a chance to explain their problems. “They nowadays ask you,” “How are you?” “What problems brought you here?” “Can I help you?” This had never happened before the intervention (T2). This communication increased understanding, made clients feel more at ease when interacting with health providers, consequently this improved client-provider relationship. The feared rebukes, abuses, quarrels etc. were no longer there. The clients received kind advice on how to take drugs and other instructions. Clients were happy and felt comfortable to visit the facility. Throughout the study, clients both at the community and the health facility level maintained that despite improvement the male health workers dealt with them better than the female ones. A client stated, “the male health workers treat us better than the female health workers”.

The female providers accepted this fact and stated that male providers are usually sympathetic to the women during deliveries. They reasoned that this was because males never give birth and that women are prepared culturally to give birth without much pain, so they do not understand the need for such sympathy. On the other hand, men are keen when attending to female clients and they are more sympathetic to them. However, after the intervention women had more empathy on the fellow female clients and showed kindness and became more helpful.

**DISCUSSION**

The discussion are based on data collected through triangulation of methods(6). Data were collected over a period of three months at T1 and T2 and 9 months later at evaluation (T3). The results show some changes that took place at the facility after HWFC workshop intervention that contributed to improvement in client-provider relationships.

During, the later part of T2 after intervention and evaluation at T3 the client spent less time at the facility waiting for services basically due to the intervention. At the intervention health workers discussed issues such as why they became health workers, why clients sometimes
do not report to hospitals as early as expected and solutions to the problems at work. From the intervention the health workers developed renewed commitment to work, which made them do the following:

- Report on duty in time. Attend to clients quickly
- Show more empathy to clients
- Give clients time to explain their problems
- Listen to the clients more carefully
- Generate team work among themselves
- Support each other in their work especially the non-technical duties such as dusting and preparing cards in order to avoid delay in starting patient care.

Commitment helped a lot in reducing time spent by clients waiting at the facility. Acquisition of more drugs and staff from district headquarters helped improve the services at the health centre.

The HWFC intervention workshop series assisted health workers to openly re-evaluate themselves and their work, and explore where they needed assistance and identify deficiency in skills and relevant equipment, buildings, etc. These are important elements in planning health service management in terms of training and distribution of personnel and supplies.

Data from this diverse area were collected, collated, analysed and results utilised, contributed to the improved communication between providers and clients.

Before the HWFC intervention, there were complaints regarding interpersonal skills; providers had negative attitude and behaviour. Clients were not complying with the prescriptions, this was because of distrust resulting from poor communication.

The HWFC intervention workshops were conducted in a participatory and inclusive manner involving communication between the providers and the female clients. In the process providers realised that some of the problems existing were actually their own and together they could apply better approaches and change. These included providing clients with the needed information: Health education session in the morning, information to clients about the facility services, times of operation, and the need to comply with the prescribed treatment among other issues.

Listening to the clients improved their satisfaction. The foremost need of clients was to get drugs and since most of the times, the drugs were not available they were dissatisfied with the services. This is in conformity with Marslow's hierarchy of needs, where the need had to be fulfilled to be satisfied(7).

However, the increased commitment of the health care workers, made them procure prescribe drugs and dispense them to clients. This made clients happy and satisfied.

Apart from the HWFC intervention, none of the providers during the research period ever attended a communication skills' course that could have improved client-provider communication.

Changes in the providers' attitude towards female clients resulted from HWFC intervention. From this, providers came to realise that some of the problems that clients brought to the facility were not of their own making, but the result of broad social issues that existed around the female clients. At T1 health workers complained that their clients did not follow instructions and came to hospital late. They further claimed that clients came to Maternal Child Health Clinics and maternity hospital without a "Kanga" they came with shaggy hair and untidy babies. After the workshop the providers developed critical awareness of the living conditions of their female clients and that enable them to transcend the victim-blaming syndrome and to develop a more positive attitude towards the clients. It is difficult to attribute availability of equipment and drugs to the intervention. However, the workshop raised awareness to the needs of the clients, which could have led to health workers making orders for the requirements at the facility. However, the delivery of these orders depended on the availability of these items, which was beyond the control of the health workers at this level. However, there was also great co-operation from the clients, who assisted in buying some of the requirements.

The fact that the researchers shared some information from the field with District Headquarters staff, and the fact that the research was funded by WHO may have facilitated the availability of drugs and equipment that the health facility required.

In general the HWFC intervention workshop led to an improvement in provision of services by changing health workers interpersonal communication skills and making them more committed to their work. They developed teamwork spirit and understood the problems of their female clients.

**IMPLICATION OF THE STUDY**

It is clear from this study that health workers can develop negative attitude, mismanage clients and loose credibility among the community they serve without knowing. This can greatly hamper the use of the services by the community hence the need for regular HWFC intervention workshops to raise consciousness about client perception and re-evaluate the health worker client relationship at intervals of every one or two years.

**CONCLUSION**

The perception of the client appeared to have an impact on the services provided in a rural health facility. Once the clients perceived the health workers negatively they arrived already biased and negative towards them. On the other hand, the health workers received them with contempt and misunderstood them with no common point of understanding. The community observed the health workers and made their own conclusions about them, which were negative. Such opinion led to lack of commitment of clients receiving the services and only went for them in tertiary stages of illness just because they had no where else to go. The population served by KRHDC was very unhappy with services offered by the
health facility staff; but they had no forum to express their dissatisfaction or address their problems. The health workers were oblivious of the community perception and could not have perceived it without the HWFC intervention. After the implementation, the relationship between the health workers and the clients improved and the community received the services with considerable satisfaction.

**RECOMMENDATIONS**

Health workers do not need external intervention to achieve good interpersonal relations with clients, but need to be committed to their work, become sensitive to clients' attitudes and observe their behaviour towards their clients. It is clear that the health workers need to be sensitised to use HWFC workshop interventions on their own to improve the services they offer, by making use of their colleagues in other nearby facilities to help them assess and improve their situations. Health workers for change intervention need to be repeated every two years or so to improve quality of the services offered at the health facility level to maintain positive perception by clients. Good interpersonal relationship which will lead clients to adherence to treatment and compliance.

**REFERENCES**
