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PRIMARY HEALTH CARE USER'S PERCEPTION OF PHC SERVICES IN DELTA STATE: IMPLICATIONS FOR POLICY AND SERVICE PROVIDERS

Policy Brief Paper By
Centre For Population And Environmental Development, CPED

This Policy Brief is supported by the ***Think Tank Initiative Programme initiated*** and managed by the ***International Development and Research Centre (IDRC)***

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PREFACE

This policy brief is the second in the series of communication to policy and decision makers on the on-going research project of the *Centre for Population and Environmental Development (CPED)* titled *"Strengthening the health system in Nigeria through improved equitable access to Primary Health Care (PHC): The Case of Delta State, Niger Delta region" funded by IDRC and WAHO.*

The policy brief series is designed to draw attention to key findings and their policy implications as the project is being executed. This edition which focuses on users' perception of the quality of services provided in PHC facilities is based mainly on the outcome of the qualitative survey in which key stakeholders participated in the research process through key informant interviews and focus group discussions.

We are particularly grateful to IDRC and WAHO as well as the *Think Tank Initiative* for the support to CPED which has enabled the Centre to carry out the study and the publication of this policy paper. We also appreciate the corporation of the Delta State Government and other stakeholders within and outside Delta State in collaborating with CPED in the execution of the on-going research project so far.

Andrew G. Onokerhoraye
Editor

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INTRODUCTION

The health sector occupies an enormously important position in ensuring sustainable overall socio-economic development in Delta State as in other parts of Nigeria. As a way of improving the health care system of the state the Delta State Government has over the years promoted the provision of Primary Health Care (PHC) services in terms of the establishment of PHC institutions across the various local government areas by both the public and private agencies. However, there are obvious shortcomings in the delivery of PHC services which have resulted in lesser utilization rates. One of these shortcomings of PHC in Delta State, as in many parts of Nigeria, is the overwhelming emphasis on quantitative aspect of the planning and provision of services, which means that, in the quest to chase runaway targets, we neglect the concept of quality of care, which is also a right of clients or users. Health care providers and programmes worldwide have increasingly recognized that the quality of care they provide determines their overall success in attracting the clients and meeting their health needs, and the quality improvement initiative has received considerable attention since it has been realized that poor quality health care provision is costly - to clients, to programmes and to the society overall.

The main reason for the establishment of PHC services is for the benefit of the clients, especially those located in remote rural areas. Primary health care is the window to any health system and primary health care indicates the quality care of health system reflected by patient's perception in terms of their satisfaction with the services they are provided through PHC centres. The experiences of the users with the services provided in PHC centres will influence their attitude toward PHCs; determine their return visit, compliance with treatment and achievement of better treatment success. Therefore assessing users' experiences of PHCs can provide policy makers and service

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providers with a yard stick against which to measure the quality of their services. Poor quality of healthcare results in loss of customers, lives, revenue, material resources, time, morale, staff recognition, trust and respect and in individual and communities' apathy towards health services, all of which contribute to lowered effectiveness and efficiency.

There is no doubt that the quality of PHC services could be improved through paying more attention to the perception of users, improving the competencies and skills of providers and improving the working environment by better management, provision of medical equipment and supplies and motivation of staff. The patient's perception of quality of care is critical to understanding the relationship between quality of care and utilisation of health services and is now considered an outcome of healthcare delivery. A concern for patient satisfaction has been taken up by many health care authorities worldwide with the aim of responding to client's needs when addressing the issue of quality improvements in PHC services. It is easier and more realistic to evaluate the patients' satisfaction towards the services provided than evaluate the quality of medical services that they receive using certain indicators. Therefore, an examination of users' satisfaction can be an important tool to improve the quality of PHC services in Delta State and indeed other parts of Nigeria.

This policy brief is based on the findings of an on-going research on *"Strengthening the health system in Nigeria through improved equitable access to Primary Health Care (PHC): The Case of Delta State, Niger Delta region.* The project is funded by the Canada's *International Development Research Centre (IDRC)*, Ottawa and the *West African Health Organization (WAHO).* The general objective of the research programme is to contribute to a body of evidence on the strengthening of the health system in Nigeria that can influence the development and modification and implementation of policies on equitable access to health care. This policy brief attempts to find out through

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qualitative surveys, the knowledge of clients and other stakeholders about the services offered at the PHC centres, how frequent they use these services and their views about the quality of the services received. The study also assesses, from the perspective of the users and other stakeholders, the factors acting as deterrents to the effective and efficient use of the available health services and the proffered solutions. It is expected that the findings will assist providers and policy makers in making evidence based decisions and policy formulations that will enhance primary health care services performance as well as form a data base for future interventions.

The policy brief presents the findings of the qualitative surveys of primary health centres and the localities in which they are located across nine Local Government Areas (LGAs) in Delta State entailing key informant interviews and focus group discussions with key stakeholders and groups. The policy brief is therefore based on the views of the users and other stakeholders with respect to their perception of, and satisfaction with the services provided in PHC centres in their locality. It also presents the policy recommendations the users and other stakeholders provided to improve the services in primary health care centres in Delta State.

Ethical Considerations

Approval and permission to conduct the study was granted by the Delta State Government of Nigeria through the State Ministry of Health Research. The research protocol entailing the research methodology and the survey instruments were approved by the Delta State Ministry of Health's Ethical Review Committee. Permission was also obtained from the traditional authorities in the respective communities. For each participant interviewed, informed consent was obtained. Similarly focus group participants also gave their consent before being asked to participate in the discussions. The project research team informed the participants regarding the purpose, methods and procedure of the study. The

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participants made an informed choice to take part in the study, and did so freely and voluntarily. They were asked to give verbal approval before the commencement of the interactions while in some cases respondents and partieipants were asked to sign or thumb print on a form to indicate that they had given their informed consent to be interviewed. They were infomied that they could refuse to answer any question or discontinue their participation at any time. The privacy of the partieipants was respected throughout the surveys and all information collected has been kept strictly confidential. The participants' anonymity was sustained by substituting their names with numbers or codes. Participants were treated fairly and any unclear information was clarified for them during the focus group diseussions and key informant interviews.

Methodology

A qualitative, descriptive and exploratory research design was used to examine a variety of issues relating to clients' pereeption of PHC services in the nine target loeal government areas. The population of the qualitative survey comprised staff of PHCs, key stakeholders in the localities in which the PHCs are located including community leaders, users of primary health serviees, women and the youth. Key informant interviews entailed eollecting data by means of unstructured questionnaires which lasted between 60 and 120 minutes each, using the direct contact approaeh. The unstructured interviews were earried out more like normal conversation, but with a purpose which in this case is their assessment of the serviees provided in the PHCs in the loeality. During the interviews probing questions were asked in order to elicit more information from the participants and show partieipants that the researeher was interested in their experiences. The interviews were recorded by means of a tape recorder to prevent loss of data, and transcripts were made of the recordings. The researcher team made appointments with the participants and interviewed them while they were off duty at the clinies where they worked, or

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at their homes. Focus Group Discussions (FGDs) with randomly selected stakeholders in the localities of the PHCs were conducted in the nine different local government areas. Discussions lasted between one and two hours, and were digitally recorded, supplemented by note taking.

The issues discussed in both the key informant interviews and focus group discussions reflect the main attributes of PHC quality of care (structure, process and outcome) including: (1) the health care providers available to them for different diseases, (2) the kind of services provided, (3) conduct of staff (attitudes, interpersonal relations, communication skills, privacy, (4) technical care (examination of patients, diagnosing, interventions (injections, minor surgery, administration of drugs, satisfaction with treatment outcome), (4) health care facility (space, cleanliness, availability of toilet, accessibility to drinking water for patients, etc.), (5) drugs (availability, quality, willing to pay for it), and (6) waiting time (before seeing a health staff).

The transcripts and notes from the focus group discussions and key informant interviews were analysed using content analysis. At the first step of the analysis, the transcripts and notes were reordered to the topics addressed by the discussion. At the second step of the analysis, issues that were brought forward repeatedly or were discussed at length by the participants, and relevant parts from each FGD and notes were ordered by these issues, using a 'cut and paste' method. The third step was to make a summary of the results for each FGD, based on the issues examined in the discussions. The summaries were reviewed by an external expert to test whether the summaries were good representations of the FGDs and the summaries were then revised based on the expert's comments. Finally, an overall summary of the discussions was made. Thus the views reported in this policy brief represent the findings of the qualitative survey based on a small randomly selected sample of PHC users and other stakeholders in the communities. Notwithstanding the fact that the number of users of PHC services interviewed is

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small, the sample was selected scientifically, hence they may represent the true population of PHC users of PHC services in Delta State from the qualitative analytical point of view.

Findings of the Qualitative Survey

The results of the discussions in focus group and key informant interviews are outlined briefly under the following three major themes that dominated the discussions as follows: (1) conduct of health staff and professional care, (2) PHC facilities and the availability of required drugs, and (3) waiting time before treatment.

Conduct of Staff and Professional Care

There were various positions expressed by respondents and participants with respect to the conduct of staff and the professional care they receive from PHCs in their locality. Among the factors known to influence how patients experience of health care services are responsiveness and empathy on the part of health personnel. These might be outwardly displayed in the attitude of health workers. Generally, the respondents in the PHC study perceived the attitude of the various categories of health workers to be good but some feel very strongly that some staff in public PHC facilities are not helpful to patients when they visit the centres. The focus group participants reported that staff in public PHC show varying attitudes. While some PHC staff members are reported to be polite others are perceived as being overly very insensitive to patients. Often they pointed out that most male staff are less harsh whilst most female staff tended to be harsh towards youngsters who visit, especially those with sexually transmitted diseases. Many of the participants and respondents emphasised the insensitivity of PHC staff in public facilities towards patients who needed urgent attention as well as general laxity in dealing with patients waiting for attention. Differences were noted between private and public health services such that private facilities treated patients better than in public facilities. According to

some participants rudeness is expressed by being shouted upon in public PHC facilities compared with those in private PHCs which tend to be generally friendly. Some of the participants noted that PHC staff tend to discriminate between and among patients according to their status or influence. The higher the perceived status of the client, the better the service provided compared with clients from low income background that often receive poor attention. Some participants acknowledged that a few PHC health staff show respect and compassion towards their patients but many especially in the public PHCs do not. Other PHC staff are said to be insensitive to particular problems of patients. Many of the respondents and participants pointed out that consultation with health staff tend to be brief with no thorough examination except for discussions around the patient telling what is wrong with him/her and then given medication on the basis of those reports. The problem of diagnostic practice is seen to be related to the failure of health staff to examine the patients thoroughly before they can determine treatment. Some respondents said that sometimes prescriptions were written even before examinations were done which was discouraging. They argue that this may be a reflection of the inadequate health staff and limited experience of those posted to rural areas.

One of the participants in a focus group discussion compared visiting a public PHC facility in their locality with visiting a traditional health care facility as follows:

"If I go to a traditional health care facility I am sure that I will be treated very friendly from the onset. When you knock at the door of the traditional healer you are immediately offered a seat, and thereafter one will be examined after reporting the health problems that one is having. After some examination, the traditional healer will say what is wrong with one's health. I do not have to explain what is wrong with me as the traditional healer will tell me after his/her examination. Unlike at the public PHC facility, where one is asked what is wrong and why you have that pain. .....how am I

supposed to know why I have pains as if I am a doctor?. I think they treat people better in traditional health care facilities than in public primary health one. This explains why many people prefer to visit traditional healers rather than visit public primary health centres ..."

Another focus group participant reported as follows, *"At the PHC clinic, the greetings come out more as threats rather a welcome'. You are not offered a place to sit before questions are thrown at you such as "are you attending school, what is your age and level of education, are you working and all that in front of other patients. They are not even writing anything down." "I should point out, however, that "at a private l'HC facility they take good care of atients. You are given a chair on arrival, and then you will be given a bed letter. The staff often speak to patients politely. The helpers show happiness and respect on their faces and they also greet patients. At the private health centre there is more privacy. The staff tell you your problems while you are in the examining room. The staff show compassion and understanding, when telling him or her what you feel."*

Another participant in one of the focus groups stated as follows:

"Some health staff at the clinic when one is ill even abuse the patient saying that "from the morning of the day one went to the clinic, you knew that you were not feeling well, why are you coming here now?" Then you will try to explain that the pain was not very bad by then, it only got worse later. Some rude health staff will say: "there is no such, there's no such...you cannot tell me a thing I have been a nurse for years, you know nothing. This attitude of health staff discourages people from these health centres...."

One other participant stated as follows:

"The nurses and midwives don't talk to patients well. May be they always have bad mood from home and put it on their patients. If she had a problem with her family, she becomes crossed with patients for no apparent reason. The nurse will just scold you even if you did nothing wrong. For example, you are on the queue and she says, 'next', while you are still deep in thoughts, she won't speak with you well. She will shout, 'why did you not come here?"

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Another of the participants emphasized the attitude of health staff with respect to discrimination based on status within their communities as follows:

"They treat you depending on your background, i.e. it depends on the kind of family you come from; your appearance also contributes towards the whole thing. If you visit the clinic wearing nice clothes and jewellery they will give you first preference. If you come in tattered clothes, then things are different. It is painful to a sick person who needs care because any person who is sick cannot have time to dress as if he/she is going to the market or party.."

"They look at the kind of person you are, if they don't like you, they won't give you the urgent attention. The nurses look at the surname. If one patient is related to her, the service is faster. "The nurses should not judge us because of where we come from or which families we are coming from. They should treat us in the same way, equally."

Another of the respondents emphasised the poor medical examination of sick persons during visits to health care facilities. According to the respondent:

"The nurses do not examine you; they just ask what is wrong with you and give you medication. You actually have to know what is wrong with you when you go to these places otherwise you will not be helped. People who complain about feeling pain in general and do not point to any specific place on their bodies cannot be helped. The medication you get is based on the patient's 'own diagnosis...."

Another participant reported along the same line as follows:
"When you are ill the first thing to do is to tell PHC staff what you are suffering from. They won't tell you what kind of illness it is, what causes it, and the functions of medicines they are giving you. They will only tell you that you must take one tablet three times a day. They do not tell you that a particular type of disease, you should not eat this and that.. "
"They do not ask, they just take an injection and fill it up, then say undress the baby. They will then say you will massage the buttock on the way, while you are busy walking. They do not tell us what the function

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of that injection is. We take children to clinic six weeks after birth, and we are not told what it is for. At the clinic they do not tell us the reason for injecting us..." "We are often not satisfied with the outcome at the clinic, we just tell ourselves that God will heal us because the drugs they are giving us are just useless, they are not strong enough to cure patients. The nurses give us medication for other diseases, not for what we are really suffering from."

Availability of Facilities and Drugs

Generally, the participants in the focus group discussions reported relatively good cleanliness of the PHC facilities. Basic amenities of health services such as clean waiting rooms are aspects often highly valued by patients. However, some participants and respondents complained of having small buildings as PHC centres that force them to queue outside sometimes in the sun or rain. There are no resting places and often chairs or benches for sitting are not adequate, people have to sit under tree shadows waiting for attention. Beds are only available for a few patients not more than two or three people at a time. Water was reported not to be available in many PHCs and consequently toilets are not functioning well. Overall most of the PHC environments are poor and not clean. The participants singled out the lack of drugs as a major challenge in public PHC facilities and this tends to discourage users from visiting them. Participants agreed that it is the government and not the PHC staff that should be held responsible for the lack of drugs in the PHCs. However some of the participants pointed out that even when drugs are available health staff do not have patience to explain the use of the drugs to them.

One of the focus group participants recounted her experience in the PHC in their locality as follows:

"The health staff generally do not explain how we should take the pills. At the health centre they give you medicines but they do not tell you the function of these medicines. All they tell you are take three teaspoons three times a day and keep out of reach of children. But at the private practitioner clinic they explain the

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function of the pill and guide you properly on how to use them ..."

Another focus group participant pointed out as follows:

"Sometimes the medicines we get from health centres help but most of the times they are useless. Sometimes you can clearly see that they have added water to the medicines. PHC medicines are too weak. You can give those medicines to a child with flu; he or she won't get better. Two weeks can pass without any change. "We want to believe that the medication that we are supposed to be given is used by the health workers for their own purposes" This problem of poor drug supply to patients do force most of us to take a child to the private PHCs where better drugs are provided"

A health staff in one of the PHCs also blamed the patients for not following the instructions given to them with respect to the use of the drugs and only for them to turn round to blame the health staff. He pointed out that "... *there was a time when I attended to a patient and gave him the prescriptions on how to take the medication; I had instructed him to take certain painkillers two times a day when he was sweating in an awkward way. It so happened that he took the medication many times within one day and not as I prescribed. He got worse in his condition, in which I was unnecessarily blamed for the failure of the patient to follow instructions."*

The members of one of the focus group discussions concluded by making the following recommendation with respect to improving the drug supply situation in PHCs.

"As a solution to this problem of lack of medication the government should introduce fees for drugs. This will mean that we will get proper undiluted drugs."

Waiting Time

Prompt attention has been shown to be a key dimension in surveys of community satisfaction with health services. Individuals value prompt attention because it might lead to better health outcomes, allaying fears and concerns that come with waiting for diagnosis and treatment. Prompt attention on its own is not a function of health improvement, but it is a

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dimension of patient satisfaction. The participants at the focus group discussions point out that the ideal total waiting time should be about one hour and patients expected to be seen quickly, attributing long waiting times to unnecessary delays. Some patients identified the dispensary and injection rooms as places likely to delay patients, so management will have to find out the causes of such delays and help minimize them. There was a general perception that at PHCs patients must have to wait for a long time until they are attended to and are even sometimes turned back if they come late in the queue. Long queues are also experienced on antenatal and postnatal days in the PHCs. The attitude of the health staff was reported by participants to be very poor in dealing with patients that needed urgent attention. There was also a problem of lack of waiting space. People wait under tree shades. At private practitioners the waiting time was very little.

One of the participants stated as follows:

"At the PHC we stand on the queue for a long time and we become tired. You will read every pamphlet on the wall until your eyes are painful." "At clinic the queue is always long because of free services whereas at the private practitioner there is absolutely no queue due to high payments."

"At the health centres the queues are always long, especially where there are supposed to be free or lower cost of services whereas at the private practitioner there is absolutely no queue due to high payments."

Recommendations by Participants to inform policy on Improving the Quality of PHC Services

A large proportion of the discussants at the various focus groups pointed out that the quality of services in most of the facilities was acceptable while many argue that the situation is bad in their health centres. However, they all agreed on the need to improve on the prevailing situation by implementing some recommendations which they have suggested. These recommendations which they believe will impact on the quality of PHCs services include the following:

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(i) The range of drugs given was limited to mainly painkillers, vitamins and anti-malarial. Consequently more drugs should be provided in the PHCs;

(ii) The staff were inadequate so the few available were overworked and tired affecting their performanee. Efforts should be made to employ more staff in the PHCs;

(iii) The referrals were too many and costly, encouraging self-medication. They suggested having qualified medieal doctors visit PHCs on specified days to reduce referrals.

(iv) There is the need to provide ambulances or vehieles in the PHCs especially to help transport referred cases.

(v) Some health workers were perceived as rude, unfriendly, unapproachable or impatient, or did not respect patients. They should be trained on how to handle patients because the attitude of health staff towards patients complicate their health challenges;

(vi) Favouritism was sometimes praeticed to the chagrin of other patients. They advocated respeet for all in respective of their social status;

(vii) There were no services in most PHCs on weekends. In eertain facilities even medical assistants were not available over the weekends. The situation should ehange with the employment of more staff or the payment of weekend allowanee;

(viii) Waiting times were longer, especially at the dispensary or when going for an injeetion. The suggested ideal total waiting time for seeking medical help should not be more than one hour; and

(ix) Health workers should be effectively supervised to reduce illegal eharges.

Conclusion

Improving drug availability, interpersonal skills and professional care have been identified as the key priorities for enhancing

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perceived poor quality of primary health care services in different parts of Delta State. According to the participants in the qualitative surveys, there is urgent need for action on the part of provider and policy makers to remedy the situation. Patient satisfaction as a measure of health care is an important outcome measure. It is useful in assessing consultations and patterns of communications. If used systematically, feedback enables a choice between alternatives in organizing or providing health care. The efficacy of medical treatment is enhanced by greater patient satisfaction. It can also be taken as the proxy measure for the quality of health care. This policy brief is restricted to the views of the users of primary health services and it identifies various impediments in the delivery of primary health care services that may be important to the users but may appear trivial to healthcare personnel. Incorporating the views of the users in the management of primary health services will lead to fewer unsatisfied users. Policy makers and care givers should respect these patient preferences to deliver effective improvement of the quality of care as a potential means to increase the utilization of PHC services in Delta State in particular and other parts of Nigeria in general.

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