

Original Research Article

Health workers and users' perspective of quality of maternal health care in health facilities in Somali Region of Ethiopia: A qualitative study

ABSTRACT

Aims: In spite of progress made in reducing maternal mortality, there remains a high burden of deaths related to the quality of care mothers receive in low- and middle-income countries. Ethiopia health sector transformation plan focused on improving equity and quality of health care at all levels of the system. The study explored health workers and users' perspectives of quality of maternal health care in health facilities in Somali Region.

Study design: This was a descriptive study

Place and Duration of Study: Somali Region of Ethiopia in October 2021.

Methodology: A qualitative, descriptive design conducted in four project woredas in the region selected using multistage sampling technique. The participants were 23 health workers (health facility providers and health administrators) and 20 pregnant and lactating women purposefully identified and recruited based on their knowledge about maternal health care delivery in the study sites. The WHO framework for quality of maternal and newborn health care was used for the qualitative data collected using in-depth interviews and focus group discussions.

Results: The health workers had knowledge about what constitutes quality health care which include availability of adequate human resources, drugs and equipment, patient satisfaction and improved service utilization, effective referral services and use of clinical guidelines. Compassionate, respectful and caring health workforce was considered by the users as a major component of quality of care. Three major barriers to providing quality of care in the health facilities were human resource (shortage and high turnover of health workers, motivation, poor use of clinical guidelines), management constraints (limited training, and supervision, weak ambulance services for referral) and material constraints (shortage of medical supplies/drugs, equipment and infrastructure).

Conclusion: To ensure quality of maternal and newborn care, the identified barriers should be addressed focusing on the key priority areas

Keywords: quality of care, health workers, users, perspectives, maternal health care

1. INTRODUCTION

Quality of health care is defined as a degree of performance in relation to a defined standard of

interventions known to be safe and with the capacity to improve health within available

resources.¹ In order to provide quality maternal and newborn health care, availability of skilled birth attendants,

use of evidence-based care, health care infrastructural capacity, respectful care and supportive environment

are essential.^{2,3,4} High quality health care is essential for retaining patients and optimizing outcomes for

continuous use of health services. In spite of progress made in reducing maternal and child mortality, there remains a high burden of deaths related to the quality of care mothers and newborns receive in low- and middle-income countries (LMICs).⁵

Ethiopia has made great efforts in recent years to improve maternal, newborn, and child health outcomes. The implementation of the country's health-sector transformation plan and other strategic initiatives have driven a steady decline in maternal, newborn, infant, child and under five mortality.⁶

The health sector transformation plan focused on improving equity and quality of health care and enhancing the implementation capacity of the health sector at all levels of the system.⁷ The national quality strategy was devised to support the quality component of the health sector transformation plan. It focuses on ensuring excellent clinical care, protecting patients and attendants from harm, and improving the efficiency of the delivery of care, and dignity of care.⁸ In line with the strategy a number of service and program specific for quality improvement initiatives were developed and being implemented. However, a study that assessed the quality of maternal and neonatal health care provision at the health facility level in four regions in Ethiopia revealed that the majority of health facilities did not meet the national maternal and neonatal health quality of care standards.⁹ The study recommended that focus should be directed towards improving the input, process and output standards of the maternal and neonatal health care quality, with the strongest focus on process improvement.

This study therefore aimed to explore health workers and users' perspectives of quality of maternal health care delivery in health facilities in Somali Region and the findings will assist in developing priority areas to be focused on in improving quality of care in the region.

2. MATERIAL AND METHODS

2.1 DESIGN.

This study utilized a qualitative, descriptive design to explore the perspectives of health workers and users on the quality of maternal health care services in Somali Region of Ethiopia.

2.1 STUDY POPULATION AND SETTING.

Ethiopian Health System

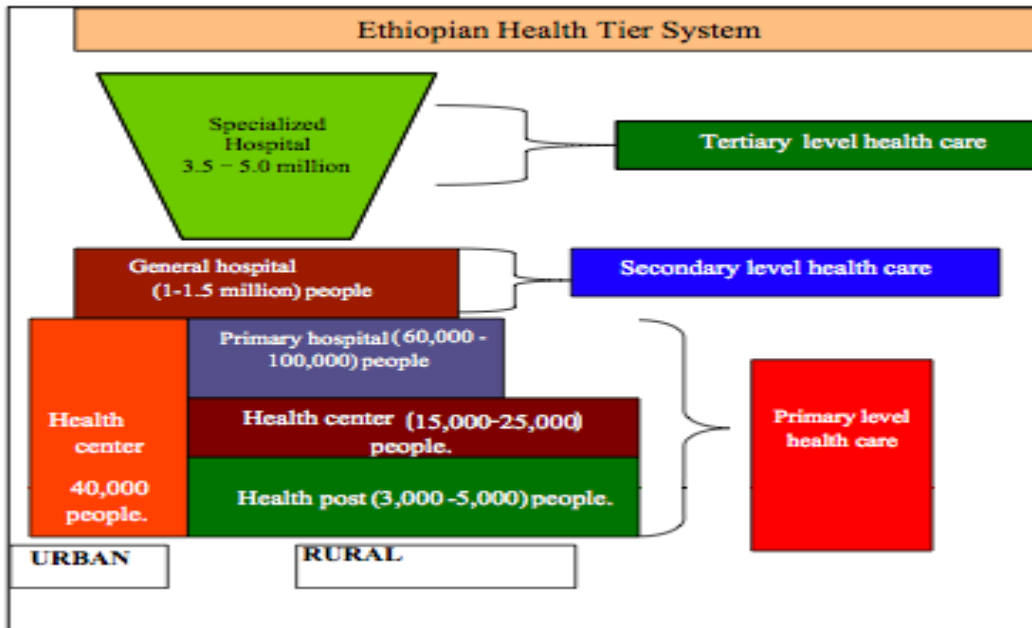


Figure 1 (Source Ethiopian Health Sector Development Plan 2016-2020)

The Ethiopian health system has three-tier structure as shown in figure 1. The secondary and tertiary levels are comprised of general and specialized hospitals, and the coverage of each extends to larger portions of the population. The management, coordination, and distribution of technical support in each and every level is the responsibility of the Woreda/ District Health offices and the Regional Health Bureaus, while the Federal Ministry of Health support with policy and guidelines. The primary care level is established at the district level (or 'Woreda') and includes a primary hospital, local health centers, and rural health posts. Each health center coordinates 5 health posts as a Primary health care unit (PHCU). The workforce includes medical doctors, nurses, midwives and other professionals including health extension workers who are low level skilled workers assigned to health posts. Maternal health care is a major component of the essential health services being provided in all health facilities.⁷

Study site: This study was conducted in 4 woredas of Awbare, Kebribeyah (in Fafan Zone); Degahbour and Gashamo (in Jarar Zone) in Somali region.

Awbare woreda has estimated population of 354,748 with 3 Health centers and 45 health posts, while Kebribeyah woreda has estimated population of 124,255 with 6 health centers and 34 health posts. Degahbour

woreda has estimated population of 27,513 with, 4 health centre and 15 health posts and Gashamo woreda has estimated population of 103572 4 health centre and 27 health posts.

In addition, the two referral hospitals in the 2 zones serving the woredas were included in the study.

The study population were the various categories of health workers, both health facility providers and health administrators involve in maternal health at the regional, woreda and health facility levels (hospital, health centre and health posts) and pregnant and lactating women in the study sites. The participants were 23 health workers and 20 pregnant and lactating women purposefully identified and recruited based on their knowledge about maternal health care delivery in the study sites

Sampling Technique: Multistage sampling technique was used. In the first stage, 2 zones were randomly selected from the from 5 zones with ongoing primary health care project.

In the second stage, 2 woredas were randomly selected from each of the 2 zones.

In the third stage, two health centers and 2 health posts were selected from each of the 4 woredas were selected randomly. In addition, the hospital in each of the 2 zones which are the referral hospitals for the health facilities in the Zones also selected. In each of the woreda and health facilities, the health workers involved in maternal health services were recruited into the study.

In addition, for the selection of the users, pregnant and lactating women in 2 of the selected woredas which were randomly selected from the four woredas were recruited into the study.

DATA COLLECTION AND STATISTICAL ANALYSIS

The WHO framework for quality of maternal and newborn health care was used for the qualitative data collected using in-depth interviews and focus group discussions.⁸

The in-depth interviews and FGDs were aimed at exploring the details of the perspectives of the participants on the quality of maternal health care services in study sites. The study was conducted in October 2021.

The Key informants (health workers) were categorised into two:

1. Health facility providers

- Officer in charge of Maternal health services at the hospitals (2)
- Officer in charge of Maternal health services at the health centers (8)
- Health extension workers in the health posts that offer maternal health services (8)

2. Health administrators

- Maternal health experts at 4 woreda health offices (4)
- Maternal health expert at Regional health bureau level (1)

Two Focus Group Discussions were conducted among 20 pregnant and lactating women in selected village/kebeles (sub districts) within the health facility catchment area in two woredas of Awbare and Gashamo.

The questionnaire and interview guide with open ended questions were field tested, validated and administered by trained interviewers and confidentiality of the respondents assured.

The Focused Group Discussion (FGD) and Key informant Interview (KII) data from the participants were audio-taped and notes were also taken with prior verbal consent from the participants. They were triangulated and transcribed verbatim to produce transcripts of narrative text for thematic analysis. The data were coded according to the types of themes and issues and thematic analysis was used and comprised a mix of inductive and deductive coding.

3. RESULTS AND DISCUSSION

The results are organized in four major themes: understanding of quality of care; indicators of quality of care; barriers to quality of care and perception of beneficiaries about quality of care.

Three subthemes emerged from the barriers to quality of care in health facilities:(1) human resource constraints, (2) management constraints and (3) material constraints.

3.1: Theme 1: Understanding of quality of care. Participants expressed their knowledge and understanding about what constitutes quality health care and mentioned availability of adequate human resources, drugs and equipment, patient satisfaction, improvement in the use of the services and attitude of the health workers rather than a single common definition of quality of care. Some of the participants are quoted below:

'A quality health care is provided when there are enough health workers in the health facilities, availability of equipment, medicines, referral services and patient satisfaction'

[Maternal health expert woreda level 1]

'Quality of health care involves health workers being compassionate and showing empathy when providing services to the patients, so they are happy with the services and continue to use the clinic'

[Officer in charge of Maternal health services (Health centre) 1]

'Quality health care to me is applying the knowledge I have according the available protocols and guidelines in managing patients'

[Health extension worker 1]

'Good health care can be defined as the existence of good environmental condition, having appropriate medical supplies in the health facility and the availability of committed and qualified health professionals in the health facility'.

[Officer in charge of Maternal health services(hospital) 1]

3.2: Theme 2: Indicators of quality of care. Participants discussed different means to measure or determine if quality health care services are being provided in their health facilities. Some of the indicators mentioned included increase in the utilization of services, availability of needed equipment and supplies, adequate number of health workers and feedback from the patients. Some of the participants are quoted below:

'If there is quality of care, the number of people who receive the services will increase and the target set in our annual work plan will be achieved'

[Officer in charge of Maternal health services (health centre) 2]

'The feedback from the community/beneficiaries will tell us if they are happy or not and help us to know if quality health care is provided to them since they are the people we are serving'

[Officer in charge of Maternal health services (health centre) 3]

'All the essential equipment is available and working well with adequate number of staff in the facilities indicate high quality of care'

[Health extension worker 2]

3.3: Theme 3: Barriers to quality of care. The participants identified three major barriers to providing quality of care in the health facilities which are human resource constraints, management constraints, material constraints.

Sub theme 1: Human resource constraints: This is a major concern expressed by all the participants that affect the quality of care and include shortage of health workers especially at the health posts, high turnover of health workers, poor commitment and lack of motivation. Others are health workers' poor knowledge and skills and poor adherence to the treatment guidelines or protocols which are essentials in helping health workers in providing quality health care.

The participants reported that the major challenge with human resource was inadequate number of health workers and high turnover. All the health facilities reported inadequate number of expected qualified staffs based on the national guideline especially the health posts. Some of the participants are quoted below:

The challenge to providing quality health care is the number of health professionals in the health facilities that is not sufficient to deliver the services which is worsened by the high turnover of the staffs'

[Maternal health expert woreda level 2]

'Some facilities have no adequate number of trained midwives or other health professionals who can render the appropriate services. Even when we are able to recruit some, they usually leave after one or 2 years for other jobs with better salary or business'

[Maternal health expert woreda level 3]

'Getting qualified staffs to work is one of the biggest challenges we face in this region especially at the health posts and sometimes we are forced to close the health posts when there are no staff to be deployed'

[Officer in charge of Maternal health services (health centre) 4]

Motivation: Some of the participants identified low commitment of the staffs due to poor motivation and affect the quality of health care services being provided. The lack of motivation is also attributed to the high turnover of staffs in the health facilities. The participants identified both financial and non-financial incentives which include salary increase, trainings, career progression. Some of the participants are quoted below:

'Most of the staffs are not committed to the job and this affect their attitude to work and the quality of health care. Providing incentives to staffs like increase salary, career progression, regular training will motivate them to do their jobs properly'

[Health extension workers 2]

'Staff motivation is important to prevent turnover of staff which is a major challenge to quality health care in the health facilities in this woreda'

[Officer in charge of Maternal health services (health centre) 1]

Use of national treatment guidelines: The participants identified the use of national guidelines and protocols by the health workers for the management of patients as useful tools in providing quality health care. Some of the participants reported they used them while others do not use for various reasons which included non-availability, unwillingness and lack of training on the use. Some health workers do not use the guidelines when not translated into local language especially for the low level skilled health extension workers in the health post. Some of the participants are quoted below:

'I am not familiar with the guidelines, and I don't use it, because we don't have any in our clinic'

[health extension worker3]

'I'm familiar with the guidelines and use some of them that are translated to Somali language like that of under-five treatment guidelines which make it easy for me to use'

[Health extension workers 4]

'I'm using all the available guidelines we were given after training to manage my patients'

[Officer in charge of Maternal health services (health centre) 3]

'Utilization depends on the will of the staffs to use it. As regional health bureau we trained the staffs and distribute the guidelines but whether they are using or not needs supervision. I have seen also during supervision that there are facilities using the guidelines and some keep them on the shelf'.

[Maternal health Expert Regional level]

'Continuously we train and capacitate the staffs on the use of the guidelines. When we do supportive supervision, we encourage staffs to use them. Those who are not using, the reason may be staff motivation and skills of the staff'

[Maternal health expert woreda level 5]

Professional experience: Participants identified limited capacity of some of the health workers as other factors that affect the quality of health care. Some staffs because of shortage of qualified staffs, work in section that they are not well trained for while some have not received in- service training since deployed to the health facilities.

'All staffs working here at MCH section are diploma holders, if they get chance to upgrade their educational it will help improve their capacity and the quality of health care being provided'

[Maternal health expert woreda level 4]

'I provide maternal health services to mothers who come to the clinic but if I get training regularly it will help me to understand their needs and render the services better than how I'm now'

[Health extension worker 2]

'I am a health extension worker who have been trained for only six months and have limited skills to provide services for pregnant women especially during delivery though I try to learn on the job'

[Health extension workers 1]

Subtheme 2: Management constraints. The participants in the health facilities reported inadequate supportive supervision and inadequate on job training and poor ambulance services for referral by the woreda/bureau health team as some of the factors that affect quality of health care. However, the woreda health team identified financial constraints as the reason why they couldn't conduct regular supervision and trainings needed for these staff and referral services. The woreda team also identified limited NGO support to the team's effort in providing quality health care services.

Some of the participants are quoted below:

'Lack of regular training and regular supervision which can help the staff to give high quality care are some problems we face and want to be addressed by the woreda or regional bureaus so we have up to date knowledge and improve our skills for better service delivery'

[Officer in charge of Maternal health services (health centre) 4]

'There is also ambulance vehicle shortage which make it hard for the pregnant women and their babies to be referred to the hospital when needed for better health care services'

[Health extension worker3]

'The challenge we face is the failures of regional health bureau to perform regular supportive supervision to woreda health facilities which would have helped them identify the problems affecting quality of health care and provide the needed support from the region'

[Maternal health expert woreda level 4]

'As woreda MCH focal person, we try to train all staffs, but the very high turnover is a major challenge. We cannot immediately train the replacement because of limited fund allocated for training in the annual budget which make some health workers not adequately trained for the job/ services they render'

[Maternal health expert woreda level 3]

'There is shortage of vehicle to reach the far health center and posts during supervision and ambulance for referral. We need money to regularly maintain these vehicles which is not always possible because of limited fund allocated in the annual budget'

[Maternal health expert woreda level 5]

'We need partnership with NGOs and others to support us on maternal health services especially with supportive supervision and training because of its not possible for the woreda health team alone to visit all the health facilities timely because of the wide geographical areas to cover and the required logistics'

. [Maternal health expert woreda level 3]

Subtheme 3: Equipment/ supplies. Providers discussed how insufficient equipment, shortage of medical supplies/drugs and infrastructure impacted their ability to provide quality health care in their health facilities. Shortages of drugs and other essential supplies was a major problem reported and common to all the health facilities. This is said to be due to insufficient budgetary allocation for drugs procurement and last mile distribution in the woreda annual budget and poor forecasting of needed supplies. The health posts are dependent on their nearest health centre for their drug supplies and running costs for transportation of supplies. Stock out of drugs and supplies are more reported in the health posts because of these reasons.

'Our clinic doesn't have adequate space to accommodate the expected number of patients and room for various service that will help ensure confidentiality when attending to patients. This affects the quality of health care we provide'

[Health Extension worker 4]

'In our MCH department, there are times we run out of drugs like oxytocin, HIV test kits Magnesium sulphate drug for pre-eclampsia and eclampsia cases and we don't have suction devices and oxygen machine in the labour room'

[Officer in charge of Maternal health services (Health Centre) 3]

'Our health centre also needs to provide free drugs to the health posts it supervises and supports, but this can be difficult when stocks are already low, so sometimes we can only provide about 40% of what a health posts ask for'

[Officer in charge of Maternal health services (health centre) 4]

'The shortage of drugs and supply is because the budget allocated to drugs is much less than the quantity of drugs and supplies needed because of the population we attend to'

[Maternal health expert woreda level 4]

'We at the health post don't have running cost to transport our medical supplies from the health centre or woreda stores, so we depend on when the health centers are able to bring the drugs and supplies which sometime are delayed'

[Health extension worker 4]

Theme 4: Perception of the users. Focus Group Discussions were conducted among pregnant and lactating women in selected kebeles(subdistrict) within the health facility catchment area. Respect and care by the health workers came out strongly as an important element during the focus group discussion. The

participants considered the respect and caring attitudes of health workers as factors they consider important when seeking health care services. Some of the participants are quoted as follows:

'I like how health workers respect and talk to me when treating me when I go to the clinic which makes me like the service being provided in the clinic'

[Participant during Focus group Discussion 1]

'What I like about the clinic is that the staffs are well qualified to treat me, and they are very respectful'

[Participant during Focus group Discussion 2]

'I suggest to the health professionals to serve patients in better way because people expect respect and to get all the required equipment and drugs in the facility and the facility should provide all the essential supplies'

[Participant during Focus group Discussion 3]

Participants also identified shortage of health workers, drugs and equipment as reasons why some are not satisfied with the health facilities they attended.

'I have heard from the midwife in our clinic that they don't have some equipment to use when attending to us and they only manage what they have, so I would suggest that the equipment be brought to us and they should recruit more staffs'

[Participant during Focus group Discussion 4]

'In the clinic in our kebele the quantity of drugs is small and gets used up quickly and so we usually don't get treatment when we or children feel sick and because of that some women don't like to go to the clinic again'

[Participant during Focus group Discussion 5]

'Sometimes when we get to the clinic, we notice the clinic are closed because the only health worker has gone for training or for outreaches and there is no other health worker. The government should put more health workers in the clinics'

[Participant during Focus group Discussion 6]

3.3 DISCUSSION

The study provided understanding of health workers and users' perspective on quality of maternal health care and barriers to quality care.

The health workers discussed their various understanding and knowledge about what constitutes quality health care from availability of adequate human resources, drugs and equipment, patient satisfaction, effective referral services, use of clinical guidelines, improvement in the use of the services and attitude of the health workers rather than a single common definition of quality of care. This is similar to a study where the providers discussed different components of quality care rather than sharing a single common definition which include clinic infrastructure, shortage of staffs, lack of resources, respective care, adherence to guideline.¹⁰

Participants discussed different means to measure or determine if quality health care services are being provided in their health facilities. Some of the parameters included increase in the utilization of services, availability of needed equipment and supplies and human resource and feedback from the patients. These are in line with the Ethiopia National Health Care quality strategy which identified outcomes of care, community trust in services, and effective coverage and competency of care as indicators for monitoring quality of care.⁸

The study identified three major barriers to providing quality of care in the health facilities which are human resource constraints, management constraints and material constraints.

The study found that the major challenge with human resource was inadequate number of health workers and high turnover. All the health facilities reported inadequate number of expected qualified staffs based on the national guideline especially in the health posts. The impact of inadequate staffs on quality of health care services was also reported in other studies with the shortages of staff leading to short consultation period and increased workload compromising quality of care.^{11,12,13,14,15} The studies also reported that high turnover of staff leads to loss of skills and knowledge and most newly employed personnel do not have appropriate work experience and still require training needed to provided quality health care which may not be provided to them on time.^{11,12}

Lack of motivation of health workers was also reported as a factor that leads to both high turnover of staff and low quality of care. The participants identified both financial and non-financial incentives which include salary increase, trainings, career progression. This is similar to many studies on quality of care which reported that motivation for health workers influence the quality of care and include good working environment, improved salary, training opportunities, timely promotion, opportunities for upgrading their skills.^{12,14,16,17,18}

The study identified the use of treatment guidelines and protocols by health workers as important tools that help to provide quality health care. However, the study noted poor adherence to the use due to various reasons which included non-availability, unwillingness and no training on the use. In addition, some health workers do not use the guidelines when not translated into local language especially for the low skilled health extension workers in the health posts. This is similar to findings from various studies on use of guidelines by health workers which found poor adherence among various cadres of health workers and recommended training, retraining, peer support and support from supervisors and management to improve on adherence.^{10,19,20,21}

Similar to this study where participants suggested guideline to be translated into local language for ease of use for the low level health care providers, a systematic meta review suggested that guidelines be made available in a form that will be easy to understand and use by the health workers.²¹ Other studies identified insufficient staffs leading to work overload, inadequate supplies and co-morbidity presentation in patients as factors associated with non-adherence to guidelines though not reported in this study as reasons for poor compliance.^{21,22}

The study identified limited capacity of some of the health workers as a factor that affect the quality of health care. Some staffs because of shortage of health workers work in section that they are not well trained for while some have not received in service training since deployed to the health facilities. These findings are similar to other studies which found that health workers were unable to provide quality care according to standards and attributed this to poor training and development, as well as limited opportunities regarding continuing in-service education sessions and workshops to upgrade knowledge and skills.^{12,23,24}

The study found that shortages of drugs and other essential supplies and equipment due to insufficient budgetary allocation for drugs procurement and last mile distribution affect the quality of care. This is similar to

finding from other studies which also reported the unavailability or shortage of working medical equipment, essential drugs which reduce health workers' productivity and has profound impact on the quality of care being provided.^{13,25}

The participants in the health facilities reported poor supportive supervision, inadequate on job training by the woreda/bureau health team as some of the factors that affect quality of health care. However, the woreda health team who are to provide the supportive supervision and training identified financial constraint as the reason why they couldn't conduct regular supervision and training needed for the staff. The woreda health team also identified limited NGO support to the team's effort in providing quality health care services. The limitation by the woreda health team to support quality of health care services due to poor funding has been reported in many other studies.^{26,27,28} These studies reported that under-funding of healthcare facilities results in poor supervision and mentoring of health workers, the non-availability of critical medical supplies, and equipment, poor health facility maintenance and repair which affects health workers' performance and compromises the delivery of high-quality patient care.^{26,27,28}

The pregnant and lactating women who utilise the maternal health service being provided in the health facilities considered respectful and caring attitude as a factor they consider important when seeking health care services. This is similar to a study which reported that the users appear very sensitive to aspects of the interpersonal relations they have with professionals and the technical quality of the care provided.²⁹ The study suggested promoting professionalism and changing the relations between public authorities and the general public are the only means of improving the quality of health care services as well as user perception.²⁹ Increasing access to compassionate, respectful, and caring health workers is one of the priority areas/transformation agenda of Ethiopia Health sector transformation plan aimed at improving access to quality equitable health care services.⁷

The users in the study also identified shortage of drugs/supplies as critical factor that affect the quality of care in the health facilities. This is similar to findings from other studies where the users reported supply of medicines as the major factor affecting quality of care and utilization of services at the health facilities.^{30,31,32}

Limitation of the study.

The findings in the study were based on the feedback provided by the respondents which may be subject to various forms of respondent bias. This was however controlled by ensuring the interview guide are open ended questions, administered by trained interviewers and confidentiality of the respondents assured. Whilst this study was limited in its geographical coverage and number of participants it provided opportunity for better understanding of the health workers and users' perspective of quality of maternal health care delivery in health facilities because the participants are key actors in the health system in the region.

4. Conclusion:

The study provided understanding of health workers and users perspective on quality of maternal health care and the barriers to providing quality health care services. Compassionate, respectful and caring health workforce is considered by the users as a major component of quality of care. To ensure quality of maternal and newborn care, the identified barriers should be addressed focusing on the key priority areas.

ETHICAL APPROVAL

Approval for the study was given by the Somali Regional Health Bureau and oral consent was obtained from the participants before interviews were conducted.

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