

“When I arrived, I was welcomed and the baby was given toys to play with.”



Assessing quality of interpersonal communication in primary health care services in Kenya

Background

The quality of interpersonal communication (IPC) between health provider and client can impact client uptake of health services and, ultimately, health outcomes. High quality IPC is key for client-centered care, as it helps to better understand client needs and strengths, following which a provider and client can jointly identify the most feasible actions for improving uptake of desired healthy behaviors and practices. Effective IPC includes adequate information, but, more importantly, it is about a provider signaling a supportive and caring attitude toward the client, which in turn enhances trust and helps the client open up to the provider.

In the short-term, high quality IPC increases client satisfaction with health services, motivates clients to reveal important information about their own or their child's health needs, improves retention of health information, and improves return for follow-up services. In the long-term, high quality IPC can improve healthy behaviors (including health-seeking behaviors) and enhance adherence to treatment; which in turn will result in better client health outcomes.^{1,2,3} On the flip side, poor quality IPC is associated with poor health-seeking behaviors and health outcomes. For example, lack of friendly and respectful communication on part of health providers during pregnancy decreases women's use of health services, which in turn may be associated with increased maternal mortality.⁴

In Kenya, there are several studies that discuss provider-client communication for chronic or terminal illnesses as HIV/AIDS, diabetes, and cancer.⁵ On the other hand, studies focusing on provider-client communication in maternal and child health (MCH) services tend to only capture the provider perspective or are purely focused on informational aspects of communication.^{1,6}

Methods

To better understand quality of health provider IPC from the perspective of clients receiving MCH services, PATH interviewed 53 women waiting to receive their first antenatal care (ANC) consultation and 96 caregivers of children under two years exiting child welfare clinics (CWC). The interviews were conducted in two health facilities in Siaya County (Usigu Health Centre and Bar Ndege Dispensary) and two health facilities in Homabay County (Kobodo Health Centre and Ober Health Centre) in western Kenya.

Participants were identified through convenience sampling. For example, all clients and companions present on a given day in a certain facility were approached and those who agreed to talk to the data collectors were interviewed. Clients were asked what they thought of the manner the provider interacted with them while delivering services. Their responses were coded and analyzed to determine recurring themes, and descriptive statistics were used to summarize trends.

¹ Larson E, Leslie HH, Kruk ME. The determinants and outcomes of good provider communication: a cross-sectional study in seven African countries. *BMJ Open* 2017;7:e014888. doi:10.1136/bmjopen-2016-014888

² Valentine N, Darby C, Bonsel GJ. Which aspects of non-clinical quality of care are most important? Results from WHO's general population surveys of "health systems responsiveness" in 41 countries. *Soc Sci Med* 2008;66:1939–50.

³ Zolnierok KB, Dimatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. *Med Care* 2009;47:826–34.

⁴ Mathole T, Lindmark G, Majoko F, Ahlberg BM. A qualitative study of women's perspectives of antenatal care in rural area of Zimbabwe. *Midwifery*. 2004;20:122–32.

⁵ Otieno, C.O., Makara, M.W.K., James, N.N. and Liyai, G.M. (2023) Towards an Effective Communication in the Care of Patients with Long Term Disease in Kenya via Cybernetic—A Systematic Review. *Open Journal of Applied Sciences*, 13, 2094-2126.

<https://doi.org/10.4236/ojapps.2023.1311164>

⁶ Afulani, P.A., Buback, L., Kelly, A.M. *et al.* Providers' perceptions of communication and women's autonomy during childbirth: a mixed methods study in Kenya. *Reprod Health* 17, 85 (2020). <https://doi.org/10.1186/s12978-020-0909-0>

Results

The primary finding was that 53 percent of pregnant women and 73 percent of caregivers of young children were satisfied with service provider IPC because providers were perceived to be friendly, kind, and patient with them. Namely, clients appreciated providers who were “happy and jovial,” gentle, and spoke softly and without rushing.

“The nurse was gentle when massaging my belly and was very friendly.” (ANC client, Usigu Health Center, Siaya County)

“...She was very welcoming, spoke softly, and she was warm.” (ANC client, Usigu Health Center, Siaya County)

“She was not doing things in a hurry, I could understand her better.” (ANC client, Bar Ndege Dispensary, Siaya County)

Several ANC clients shared that they were satisfied when providers asked them questions as they arrived, thanked them for coming, or apologized for being late with services.

“When I arrived, the nurse was bothered to know how I am and my family and also asked me if the baby is playing in the womb...” (ANC client, Kobodo Health Center, Homabay County)

“The nurse welcomed me and thanked me for deciding to start my clinic visits.” (ANC client, Usigu Health Center, Siaya County)

Additionally, a sizeable portion of pregnant women (20 percent) appreciated the provider giving them updates on their unborn child’s health, as well as their own health, and answering the questions they had. Considering that these were first ANC clients, reassuring women about the pregnancies and answering their questions was a significant indicator of quality service provider IPC.



A provider using a Mother Child Health Handbook to counsel a pregnant woman. Photo credit: PATH

“[I liked it] because I have been informed about how the baby is growing.” (ANC client, Ndere Health Center, Siaya County)

“The nurse has run so many tests, even taking my pressure, they wanted to know why I have a headache.” (ANC client, Bar Ndege Dispensary, Siaya County)

“I had many questions and when I asked, she answered well.” (ANC client, Bar Ndege Dispensary, Siaya County)



A provider interacting with a child before offering her services. Photo credit: PATH

At CWC, among caregivers who had experienced positive IPC from providers, one-third specifically highlighted the warmth and friendliness exhibited by providers toward their children. Several caregivers remarked that they were satisfied when a provider played with their children or provided toys for them to play.

“The provider was loving and even carried my baby.” (CWC client, Usigu Health Center, Siaya County)

“The provider played with my baby and injected him without crying.” (CWC client, Usigu Health Center, Siaya County)

“When I arrived, I was welcomed nicely, and the baby was given toys to play with.” (CWC client, Kobodo Health Center, Homabay County)

Additionally, one-third of ANC clients and one-quarter of CWC caregivers expressed satisfaction with provider IPC because they received counseling on a topic of interest. Many referred to learning something new from the provider.

Of the ANC clients that specified a counseling topic, almost all referred to the nurse advising them to talk to the unborn child while still in the womb. Among CWC clients, three topics—namely, vaccination, child development, and child feeding—were highlighted.

“Got to learn some things that I didn’t know of starting from how to take care of the child from age 0–3 years.” (CWC client, Usigu Health Center, Siaya County)

Only about 15 percent of ANC clients and CWC caregivers initially had low expectations of service provider IPC. Some provided examples of when they expected providers to be angry with them (e.g., when a child was noisy or had a wet diaper, or when a caregiver came late) but that providers would still employ positive IPC with them.

“She is a friendly nurse. My son had a wet diaper, she did not get angry at me. She only explained why it is important for the baby to be dry every time.” (CWC client, Bar Ndege Dispensary, Siaya County)

“I came in late, and they didn’t turn me away or shouted at me.” (ANC client, Ober Health Center, Homabay County)

Conclusions

Overall, these results show that over half of ANC clients and almost three-quarters of CWC caregivers in a representative setting in Kenya are satisfied with the quality of service provider IPC. They are able to describe specific attributes of good IPC, which include providers being gentle, not rushing clients, and speaking softly.

The data also suggest that ANC clients—especially those coming for their first ANC visit—appreciate having providers ask and answer questions about their health and the health of their unborn children. At CWC, caregivers of young children appreciate service providers demonstrating warmth toward their children and interacting with them in a playful manner. Additionally, some clients mentioned receiving counseling on a topic of interest as an important component of overall satisfaction with provider IPC.

In contrast to Mozambique (see relevant brief), a significantly smaller portion of MCH clients in Kenya had low expectations of provider-client IPC (15 percent in Kenya versus 40–60 percent in Mozambique). This suggests that in Kenya, high quality provider IPC is expected by clients and that provider IPC might be reinforced through existing supervision and mentoring modalities.

Some of the salient takeaways from high quality IPC observed in a representative Kenyan primary health care (PHC) setting that may be relevant to other similar contexts include the following:

- Being joyful, friendly, gentle, and soft-spoken when interacting with caregivers and their children.
- Taking the time to explain concepts to clients, encouraging clients to ask questions, and

answering client questions—especially at important touchpoints such as the first ANC visit.

- Taking time to hold the child and play with her/him during a consultation.
- Avoiding reprimanding or scolding caregivers.
- Setting aside time for counseling during a consultation.

Next steps

These findings will be disseminated to relevant national and subnational stakeholders to advocate for more intentional inclusion of IPC content into health provider training curricula and mentoring and supervision tools.