"The nurse did not treat me with contempt."

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

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 obviously includes caregiver education; 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 Mozambique, there is little information about the quality of health provider IPC and how it is perceived by clients, other than a few studies that document such communication to be generally inadequate.[5,6]

Methods

To better understand quality of health provider IPC from the perspective of clients, PATH interviewed 25 women and 19 female companions in maternity wards and 68 caregivers of children under two years exiting child health services in four health facilities in Monapo District, Nampula Province, Mozambique. These are facilities where PATH has supported Monapo District health and social action services since 2019 to integrate developmental monitoring and counseling into routine primary health care (PHC) as well as improve overall quality of counseling and IPC—namely, Monapo Sede, Monapo Rio, Carapira, and Itoculo. Additionally, PATH interviewed 18 caregivers in three other health facilities where it has not supported service delivery—Napala, Natete, and Netia—in the same district.

A nurse supporting breastfeeding in a maternity ward. Photo: PATH.

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[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] Zolnierek 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] Takeyama, N.; Muzembo, B.A.; Jahan, Y.; Moriyama, M. Health-Seeking Behaviors in Mozambique: A Mini-Study of Ethnonursing. *Int. J. Environ. Res. PublicHealth* **2022**, *19*,2462. https:// doi.org/10.3390/ijerph19042462
[6] Rodrigues, C. F. (2021). Communicative trust in therapeutic encounters: Users' experiences in public healthcare facilities and community pharmacies in Maputo, Mozambique. *Social Science & Medicine, 291,* Article 114512. https://doi.org/10.1016/j.socscimed.2021.114512

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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 way the provider interacted with them while delivering services. Their responses were analyzed to determine recurring themes, following which descriptive statistics were used to code qualitative data around identified themes.

Results

The primary finding was that client expectations for positive interaction with service providers were generally very low. For nearly half of the women and their female companions surveyed in maternity wards, the mere absence of bad treatment on part of the provider made them satisfied with the quality of services rendered. Participants mentioned providers not being angry or insulting them, not treating them with contempt, and not asking for money as sufficient reasons for being happy with the services.

"I was not maltreated even though I was noisy because of the pain." (Maternity client, Monapo Sede Health Facility)

A similar tendency to be satisfied with the absence of bad treatment was observed among caregivers of young children accessing child health services. Here, close to 40 percent of caregivers referred to lack of anger, screaming, and contempt as what made them feel good about the services that they received.

"The nurse talked well to me, without showing her nerves." (Sick-child client, Netia Health Facility)

"She did not treat me with contempt as if I am some strange person." (Child-at-risk client, Carapira Health Facility)

"The nurse did not look at me with a 'closed face.'" (Well-baby clinic client, Carapira Health Facility)

The word "desprezo" (meaning "contempt" in Portuguese) came up repeatedly when clients described poor service provider IPC. This may refer to situations where the nurse is not responding to client needs or is communicating in an insulting or offensive manner. The absence of contempt was perceived as a crucial facet of good IPC.

"The nurse did not treat us with contempt, she took us in with humility. I really liked it." (Maternity companion, Carapira Health Facility)

"I was not treated with contempt. When I complained about something, the nurse would help me… She did not insult me." (Maternity client, Carapira Health Facility)

"She did not look at me with contempt, we talked well. There are other nurses that offend caregivers and look at them with contempt." (Well-baby clinic client, Monapo Sede Health Facility)

Counseling session during well-baby clinic. Photo: PATH.

In contrast, clients described humility, respect, friendliness, and familiarity as facets of quality IPC, where service providers were perceived to be responsive to client needs and talking kindly and courteously with them.

"The nurse used friendly words. She talked well to me." (Well-baby clinic client, Netia Health Facility)

"The nurse treated me as if I was from her family." (Maternity client, Carapira Health Facility)

"The nurse talked to me with respect and even told me her name." (Maternity client, Monapo Rio Health Facility)

Provider interacting with caregivers in the waiting room. Photo: PATH.

Clients also appreciated when nurses showed care and attention to them or to their children. A provider helping a pregnant woman or picking up and playing with the child was mentioned by several clients as what made them satisfied with overall quality of services.

"The nurse helped me to climb on the bed and talked well with me." (Maternity client, Monapo Sede Health Facility)

"[I liked it] because the nurse played with my child during consultation, she held my child skin to skin." (Well-baby clinic client, Monapo Sede Health Facility)

Additionally, one-third of caregivers of young children at child health services expressed satisfaction with provider IPC because they received counseling on a topic of interest. Close to 60 percent of caregivers mentioned counseling on child development (playing and talking with the child) as what made them satisfied with the services received, with several mentioning that this information was new to them.

"He taught me things I did not know. For example, he explained not to use a shaker for this age, and also told to play with my child in all moments." (Well-baby clinic client, Carapira Health Facility)

Additionally, close to half of caregivers mentioned receiving counseling on child feeding as what made them satisfied with the services received.

"She talked to me in a friendly manner and gave me good advice that I thought was very important: giving moringa to the child." (Child-at-risk client, Carapira Health Facility)

Provider using a job aid to counsel on child development. Photo: PATH.

Caregivers also expressed appreciation when the service provider not only focused on their children's health, but also addressed caregiver health needs.

"The nurse talked well to me and even recommended I do family planning." (Well-baby clinic client, Monapo Sede Health Facility)

"When I arrived the nurse greeted me and asked about my health and that of the child. That's why it was great, as there are other nurses that only ask about the problem of the child." (Child-at-risk client, Monapo Sede Health Facility)

In the health facilities where PATH had not supported service delivery, a larger proportion of caregivers (60 percent) were satisfied with the mere absence of abusive treatment, compared with 40 percent in the facilities where PATH had supported service delivery. Additionally, no caregivers in these other facilities reported receiving any type of counseling, and only one caregiver mentioned the provider picking up and observing her child.

Conclusions

Overall, these findings show that most clients have very low expectations of provider IPC and that the mere absence of negative treatment (characterized by anger, insults, and contempt) appears to be enough for them to be satisfied with provider IPC and overall quality of service delivery. Nonetheless, the findings also suggest several ways in which quality of service provider IPC can be improved. These include the following:

- Being friendly and courteous to clients—which may mean introducing oneself to the client, using a pleasant tone, taking a few minutes to play with a child, and not reprimanding clients.
- Noticing and being responsive to client needs.
- During child health visits, remembering to also pay attention to the health needs of the caregivers accompanying the children.
- Engaging in counseling on topics that are of interest to clients (e.g., child feeding and development).

Next steps

These findings are currently being incorporated into a module on IPC that will be included in the national early childhood development training package in Mozambique. Additionally, findings will be disseminated to relevant national and subnational stakeholders to advocate for inclusion of IPC content into health provider training curricula and mentoring and supervision tools.