

QUALITY HEALTH CARE PROVISION IN A RESOURCE CHALLENGED SETTINGS

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ABSTRACT

The quality of health care provided by a nation is an indicator of a country's ability to meet the health care needs of her people, especially for the most vulnerable of the society. In resource-challenged settings, the resources to provide quality health care are limited and the method these resources are allocated has implications on health care services provided to individual in that country. Hindrances such as human resources, technical logistics, communication, client or health care consumer challenges are impediments to the provision of quality health care to the citizenry. Challenges with nursing involvements in quality health care provision are highlighted. Recommendations are made on intervention in providing quality health care in resource challenged settings.

Keywords: Communication, Health Care, Nursing, Quality Care.

INTRODUCTION

Quality is an essential part of any service and production process over the years, it has become part of our life. Health care service quality depends on service, process and customer and service provider interactions. (Mclaughilin & Kaluzny 2006; Mosadeghrad 2012). Quality is a subjective phenomenon with intangible characteristics. Quality health care is a subjective, complex and multidimensional concept. The word “quality” is difficult to define and there is no single universal definition. The definitions of quality vary and depend on the perspective in which the context is considered. Quality is defined by various authors as cited by Mosadeghrad (2012) as excellence; conformance to specification, etc. Donabedian (1980) defined

health care quality as the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk. Quality is divided into three (3) components:

- Technical quality, which relates to the effectiveness of care in producing achievable health gains.
- Interpersonal quality refers to the extent of accommodation of patients' needs and preferences.
- Amenities which include features such as the comfort of the physical surroundings and attributes of organization of service priority (Donabedian, 1988).

Ovretveit (1988) also defines quality care as the provision of care that exceed patients' expectations and achieve the highest possible clinical amenities with the resources available. He developed the system for improving the quality of health care based on 3 dimensions of quality.

- ◆ Professional – This is based on professionals' news of whether professionally assessed consumer needs have been met using correct techniques and procedures.
- ◆ Clients – This is whether or not direct beneficiaries feel they get what they want from the services.
- ◆ Management quality – This is ensuring that services are delivered in a resource efficient way.

Schuster *et al* (1988) state that good health care quality means providing patients with appropriate services in a technically competent

manner, with good communication, shared decision making and cultural sensitivity. Lohr's (1991) definition of quality is the degree to which healthcare services for individuals and population increases the likelihood of desired healthcare outcomes and is consistent with the current professional knowledge. Mosadeghrad (2012) quality health care is consistently delighting the patient by providing efficacious, effective and efficient healthcare services according to the latest clinical guidelines and standards, which meet the patients' needs and satisfies providers. He also grouped attributes of quality health care into five categories.

- i. Environments
- ii. Empathy
- iii. Efficiency
- iv. Effectiveness
- v. Efficacy

He further highlighted quality health care characteristics as availability, accessibility, affordability, acceptability, appropriateness, competency, timeliness, privacy, confidentiality, attentiveness, caring, responsiveness, accountability, accuracy, reliability, comprehensiveness, continuity, equity amenities, and facilities.

Resource Challenged Settings:

In resource-challenged settings, the resources to provide quality health care are limited and the way these resources are allocated to address the health needs of individual and societal basis has implications for the well-being of the country's populations. The resource-challenged settings are characterized by a lack of funds to cover health care costs on an individual or societal basics which leads to one or all of the following:

- i. Limited access to medication, equipment, supplies and devices

- ii. Less – developed infrastructure (transportation) electricity, controlled environment/buildings.
- iii. Fewer or less trained personnel
- iv. Limited access to maintenance and part of equipment
- v. Limited availability of equipment, supplies, and medication.

Hindrances to Quality Care in a Resource Challenged Settings:

Quality care provision in a resource challenged setting is hindered majorly by:

- i. Human resource challenge
- ii. Technical challenge
- iii. Logistical challenge
- iv. Communication challenges
- v. Clients/Health consumer challenges.

Human Resource Challenge: - The shortage of health care workers is very severe in many countries in sub-region Africa. (Sidibe & Campbell 2015) Sub-Saharan Africa has 10% of the world's population and 25% of the world's burden of disease, with only 1% of the world's health care workers (Cisp, 2011).

The paucity of suitably trained personnel in healthcare system is likely to be the most significant of all other infrastructure – related challenges. The reasons for the paucity of suitably trained personnel are attributed to the following:

❖ Challenges with nursing involvement

The nursing profession is highly indispensable in the healthcare setting and can be regarded as the backbone and soul in providing quality care in any healthcare facility. The challenges attributed to nursing involvement are:

1. Scarcity of nursing resources
2. Difficulty in engaging nurses at all levels

3. The shortcomings of traditional nursing education in preparing nurses for their involving roles in our contemporary society.
4. Inability to engage and use nursing resources effectively
5. Staff attitude
6. The low incentive for work.

Other human resource challenges are:

1. Uneven distribution of health workers
2. Non-willingness of the health care providers to work in rural areas.
3. Decrease students' enrolment in health training institutions
4. Delayed or freezes in the hiring of qualified professionals
5. High turnout among those already employed.
6. Lack of training and proper orientation for staff
7. Poor staff attitude
8. Weak accountability by staff
9. Weak leadership structure
10. Turnover and vacancy rate
11. Poor financial compensation
12. An unsatisfactory working condition such as:
 - Deteriorating living and working conditions.
 - Weak performance management, leadership and supervision structures.
 - Inadequate equipment and supplies.
 - A lack of recognition for good work.
 - Stress due to heavy workload.
 - Limited opportunities for career development and advancement.
 - A safety and security concerns related to protection, care, and risk.

The number of health workers employed is an indicator of a country's ability to meet the health care needs of its people, especially the poorest and the most vulnerable. Resource challenged countries have shown that shortages and uneven distribution of health workers threaten the health workers' capacity to tackle pandemic diseases like HIV/AIDS, T.B and Malaria.

Technical Resource Challenge:

The physical environment in many low resource settings can have extreme demands on the ability of technology to function properly. The technology must be able to function in the presence of humidity, temperature or dust. Aspect of technical resource challenge include:

1. Lack of essential diagnostic tools
2. Limitation in the knowledge of diagnostic tools use.
3. Shortage of sterilization and research equipment in many health facilities
4. Shortage of equipment

Logistic Resources Challenges: Logistic according to the Oxford Advanced Learner's Dictionary is the practical organization that is needed to make a complicated plan successful when a lot of people and equipment is involved.

The logistic resources challenge in the health sector are:

1. Field testing in target environment.
2. Time consuming and expensive process of obtaining regulatory approval for sale and marketing.
3. Bureaucracy in policy formulation and implementation.
4. Ease of doing business (only 2 countries meet the pre-requisite in Africa (South Africa and Rwanda).

5. Import regulation and tariff.
6. Transportation from the port of entry to the point of care may require a variety of modes of transport.
7. Inequitable distribution of health care resources between rural and urban settings.
8. Disparities between rural and urban areas with health policy implementation.
9. Varying cost of treatment for different medical ailments.
10. Lack of feedback.
11. Poor priority setting.
12. Poor resource allocation.
13. Lack of decision-making tools for health care providers.
14. Data collection and ethical consideration.
15. A weak understanding of value in health care provision.

Communication Challenges in Low Resource Settings:

Communication is a two- way process of sending and receiving information either verbally or non-verbally through a channel or a medium and with feedback from the receiver to the sender. The process of communication is a problem in challenging resource settings. This problem includes:

1. Poor documentation in files and registers.
2. Poor communication within and across the cadres of staff undermines the efforts of staff and management in establishing a sustained high quality of health care.
3. Lack of communication feedback.
4. Weak patient referral system among referring facilities.

Challenges with Consumers of Health:

The rich-poor gap is wide in the use of health facilities. People living in a resource challenged setting are vulnerable to ill-health and diseases because of the challenges as mentioned below;

1. Limited financial resources.
2. Limited knowledge of health matters .
3. Limited use of health services.
4. Socio – cultural acceptance of health care providers.
5. Patients' cooperation (falsification) by the patients .
6. Irresponsibility of patients in self-care.
7. Weak adherence to treatment protocol .

Intervention in providing quality health care in a resource challenged setting

Provision of quality health care in a resource challenged setting is an enormous task considering the host of challenges identified in this document. Improving quality of care in a resource challenged setting involve:

1. Critical self- assessment
2. Willingness to change
3. Determination and commitment
4. Contributions from clients, staff and management.

Element to consider when improving health care quality in resource poor setting highlighted by Nambiar et al 2017, is recommended when intervening for quality health care in resource challenged settings.

a. System thinking: Health systems are dynamic complex adaptive systems, where all part need to be considered. These parts are:

- 1) Inter-relationship between the patients, clinical and non- clinical workers in the health systems

- 2) The different levels of the health system ranging from the community to tertiary referral system.
- 3) The required human and material resources and training, supervision and management structures.

b. Participatory approach: Participatory, grounded and bottom up approaches involving health care professionals, patients and communities as well as researchers -in-residence are important to understand health systems. Participation also increases buy-in to quality improvement efforts and enables design and implementation of interventions that are effective in specific contexts, consider sociocultural beliefs and build accountability.

c. Accountability: The people involved in making health systems work must be accountable to the individuals and local communities the health system is serving. Data for decision making is important as it can be used to encourage and track quality improvements and when useful metrics are chosen. It can also be a mechanism by which the health system can be held accountable.

d. Evidence – based: Evidence on what works to improve quality of care in low- resource settings is scarce. We propose an evidence-based approach that supports data harmonization while at the same time maintaining the highest standards of scientific and academic rigor.

d. Innovative evaluation: Both plausibility and probability evaluation designs should be used as part of a research strategy to rigorously determine whether quality improvement interventions can work and how, why and in what circumstances they work. Using some research strategies from theory-based evaluation to cluster randomized controlled trials is important.

CONCLUSION

Many global and national health strategies do not sufficiently consider the issues of measuring and preventing health care quality in low resource setting. However, improvement in quality health care can contribute immensely to a healthier and wealthy population. It is therefore of utmost importance if all the highlighted elements in quality healthcare provision in a resource challenged settings are considered to maximize improving the health of the populace.

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