



Trusting in public healthcare: perspectives from rural Burkina Faso

This note zooms in on the role of social relations in public healthcare facilities. It is built on specificities related to rural areas in Burkina Faso but there are commonalities across the West African countries and the key points in this policy brief are therefore of relevance for policy makers and health service managers in the region who wish to reflect on ways to promote trust between health workers and patients in primary healthcare. The government of Burkina Faso has invested in building more Centres de Santé et de Promotion Sociale (CSPSs - primary healthcare centers), in improved availability of generic drugs and in user fee subsidy policies with the assumption that better access would trigger higher levels of demand. Yet utilization of these facilities remains low.

Key points

1. **Trust is not a given** between healthcare providers and healthcare users but is constantly tested and negotiated.
2. Confronted with health worker power, **patients use specific tactics** to improve their hope of a positive outcome of the medical consultation.
3. **Patients combine signs of trustworthiness to orient their choice** of healthcare facilities.
4. **Nurses and midwives cope with work environment limitations and frustrations** by seeking the value of being a state-employed health worker within shifting repertoires.
5. **Empirical research on the processes of trust and mistrust provides insights into how to strengthen communication and collaboration** between healthcare providers and patients.

Research settings and methodology

This research is based on eight months of ethnographic fieldwork in the town of Tenkodogo and two villages in the Boulgou province of Burkina Faso between 2012 and 2014. Data collection collided with a period of political instability in Burkina Faso including lengthy strikes in its public healthcare sector (2012) as well as the regional Ebola outbreak (2014). The Boulgou province is characterized by poverty, material scarcity and stagnated agricultural growth. As women and their children are the most frequent users of public healthcare in Burkina Faso, the focus is on their interactions with nurses and midwives. A combination of qualitative methods was applied, including monthly interviews with 14 mothers,

repeated interviews with 19 midwives and nurses, 11 focus group interviews with health service users and health committees (CoGes) respectively, and document analysis. Structured observations at three primary healthcare centers and one regional hospital of over 100 consultations were conducted with the purpose of monitoring collaborative aspects of medical consultations.



What has been found?

Public healthcare in a low-tech environment: At the level of public primary healthcare, access to medical technologies is limited. Thus, the human workforce drives health-system performances and is decisive for improvement of population health. Nurses act as doctors and in the absence of most biomedical diagnostic technologies they must rely on their clinical skills to make a diagnosis. The health workers use standardized procedures of diagnosis and treatment in the hope of enabling patients to return to productive life. However, this routinization may contribute to the risk of facility based misdiagnosis, missing out on co-morbidity and delays in the treatment of other potentially life-threatening diseases: **sickness that could have been cured turns into co-morbidity and chronicity.**

Patient tactics: In spite of the power asymmetry between health professionals and lay people, this research shows that **women are not passive recipients of the services that nurses and midwives offer.** Women employ three tactics to become visible and acceptable to the health workers: establishing good social relations with midwives, being mindful of the health booklet, and making sure to attend the required number of prenatal care consultations. This research reveals that in this context, **local social relations become vital** as they mediate patient access to testing, medicines and referral to higher level facilities. The health booklet which contains patient data and documents patient compliance, becomes a social technology of visibility that sustains collaboration between health workers and patients. Prenatal care is perceived as

an 'entry ticket' to future nursing care by the pregnant woman rather than as a necessity in itself. However, women are not only preoccupied with ensuring access to biomedical care but also to protect their social reputation by not being seen as 'over-using' modern health services. These conflicting concerns put women in a difficult position vis-à-vis the health workers. Women perceive communication with midwives as particularly conflictual but whereas women in the village chose to submit to harsh treatment women in town were more likely to perceive health worker roughness as unfair. Level of education, economic independence and belonging to a born-again Church seemed to increase the likelihood of women being unwilling to accept inappropriate treatment.

Health worker strategies: Albeit front line health workers are aware of their privileged position compared to the villagers, they are, as civil servants posted far away from the capital, in a precarious position. The deprived material working conditions and their poor salary levels create frustrations. Being a health worker entails physical risk in terms of exposure to contamination with HIV, hepatitis and other infectious diseases. Being posted in a rural areas, adds moral to the physical risks, especially for the women who are there without their spouse and a sentiment of being 'out of the loop' for both male and female health professionals. Just as the system is working the health workers (in terms

of deciding where they are posted, for how long and under which conditions), **health workers actively and creatively work the system** trying to land a position in an urban facility and to control resources (protective equipment, training and seminars). Not always able to treat patients, health workers were seeking the meaning of the métier in processing cases or producing data for state bureaucracy. During the regional Ebola outbreak, health workers observed how foreign nurses were equipped with protective gear and offered a level of protection by their governments out of reach for themselves. These observations fueled reflections on the bases for own trust in their government.

Trusting in public healthcare: Lay people form knowledge about the trustworthiness of healthcare facilities through practical experiences and social interactions with nurses and midwives. **Trusting in healthcare encounters is differentiated and can pertain to interpersonal relations, technologies and to institutions** and to any combination of these. Findings from this research show that patients are preoccupied with the extent to which front line health workers make sensitive use of the discretionary power they hold over access to medicines; perceived empathy by health workers; and the biomedical quality of care. In a context where women cannot rely entirely on public healthcare, mistrust was often mobilized before trust as a protective

measure. Thus, the protective values of mistrust should not be neglected.

Way forward

To establish a healthcare practice that is focused on patient perceptions of quality of care, policy makers and health service managers must equip nurses and midwives with better skills to communicate with patients and their companions in a way that also takes into account factors beyond the health sector. The District Health authorities should recognize supervision as an important element of improving health worker performance. Supervision should increasingly focus on the quality of social interaction between health workers and patients and allow health workers to engage in dialogue with their supervisors about qualitative aspects of their work. The local health committees should be better trained by the District Health authorities to fulfill their role as representatives of patients so that accountability towards the local level is strengthened.

About this project

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Read more

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