

EVALUATION OF TRAINING OF PROFAMILIA ADMINISTRATIVE STAFF TO
UPGRADE QUALITY OF FAMILY PLANNING SERVICES

REPORT ON THE QUALITATIVE AND QUANTITATIVE EVALUATIONS

PREPARED BY THE PROFAMILIA DEPARTMENT OF PLANNING AND
RESEARCH

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1. BACKGROUND

With the purpose of upgrading the quality of services offered to users, Profamilia, in cooperation with The Pathfinder Fund, scheduled 4 seminars on human relations for those staff members who have direct contact with users: administrators of each clinic, receptionists, secretaries, cashiers, surveyers and file personnel.

The seminars were programmed to train 96 officials from 34 Profamilia Clinics, and to be held in 4 cities: Medellín (August 28-31, 1988), Melgar (November 23 - 25, 1988), Cartagena (December 1-3, 1988) and Cali (December 8-10, 1988).

Following the first seminar, which included the participation of Juanita Sanz de Santamaria, Pathfinder Representative, it was considered necessary to evaluate the impact of the seminars on the quality of services provided by those participating staff members. Towards this end, it was decided that such evaluation was to be both qualitative and quantitative. The former was to be carried out through focal groups and direct observation during the seminars, and the latter through surveys with users of PROFAMILIA's services.

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2. OBJECTIVES

According to the project protocol prepared by Pathfinder, the objectives of the evaluation would be:

- . Measure the changes in knowledge and attitudes of the officials who participate in the seminars, through focus groups.
- . Measure the changes in the clients satisfaction through the application of surveys

3. METHODOLOGY

To achieve the above, qualitative and quantitative evaluations were carried out.

The qualitative evaluation included 6 focus group sessions under the supervision of Dr. Elena Prada, with the participation of officials from various PROFAMILIA centers or clinics. These focus groups sessions took place in three cities which had been selected beforehand: Bogotá, Cartagena and Cali. Two sessions were held in each of the above cities, one prior to and one following the seminar on human relations.

The qualitative evaluation was complemented through direct observation by Martha Luz Rojas, member of the Profamilia Planning and Research Department, during the seminars which took place in Bogotá, Cartagena and Cali.

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The qualitative evaluation was carried out through an "indirect survey" completed by users, with the cooperation of a surveyor at the Pasto, Armenia, Monteria and Bggolá (Kennedy neighborhood) clinics. Two surveys were made, one prior to and one following the seminars on human relations, each having a two-week duration. Ana Vega, assistant from the Profamilia Planning and Investigation Department, was responsible for this evaluation.

3. EVALUATION RESULTS

3.1 RESULTS OF THE QUALITATIVE EVALUATION

3.1.1 FOCUS GROUPS

A report prepared by Elena Prada with the results of the focus groups is included in Annex I.

3.1.2 REPORT ON DIRECT OBSERVATION OF "SEMINAR-WORKSHOP ON INTERPERSONAL RELATIONS: A STRATEGY TO UPGRADE QUALITY OF SERVICES AT PROFAMILIA" (MELGAR - CARTAGENA - CALI)

To sum up, this section includes the most important issues observed during the last three seminars funded by Pathfinder.

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These seminars took place in: Melgar from November 23 - 25 at the Cafam Hotel - 24 participants; Cartagena from December 1 - 3 at Hotel Caribe - 23 participants; and Cali from December 8 - 10 at Club Confenalco - 24 participants (See Annex 3).

The main negative aspects highlighted during the seminar by participants regarding services provided to users are:

- . Hastiness in attending users. Very little time is devoted each user thus neglecting quality of care.
- . There are some users who must wait a long time to be seen, sometimes because the doctor arrives late and others because of the volume of patients.
- . When there is a large volume of patients, the time dedicated to provide information regarding the family planning methods is insufficient (this is particularly true at the small centers).
- . Additionally, difficulties are encountered in providing adequate information given the absence in some centers, of a special place where patients can be seen individually or in small groups.
- . There are auxiliary nurses who do not indicate users the correct position to lay down on the stretchers, which causes inconveniences for both the auxiliary and the patient.

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- . Most family planning users are nervous or fearful when they arrive, and they are not treated adequately.
- . Negative attitudes are assumed when attending patients: indifference, conceit, impatience and lack of interest.
- . During the mobile surgical programs there is a heavy work load, and some auxiliaries are "aggressive" with users
- . The work routine has caused users to be attended "mechanically". Often times their fears or doubts are not listened to.
- . There is no communication with users
- . Some doctors and nursing aide's see to their own needs (make phone calls, touch up their make-up, drink coffee, etc.) before attending the users.
- . There are users who do not feel comfortable when they are attended by men, and prefer to be seen by women
- . Auxiliaries are reprimanded in front of users. There are some doctors who express their disapproval of staff members' decisions in the presence of patients.
- . There are auxiliaries who argue in the presence of users

The main negative experiences among staff members are related to:

- . Excess of work which creates tension and causes colleagues to argue with one another. Sometimes even the slightest comment becomes annoying.

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- . At the small centers there are instructors who fail to correctly calculate the amount of medicines required for one month and must make several orders during the month while interfering with the secretaries' work, and further adding to their already heavy work load.
- . There are some doctors who are extremely difficult to please and become annoyed by trivial things. There is one doctor, for example, who becomes irritated by the fact that the wastebasket is not left in the exact same place, and calls the auxiliary's attention when he finds it in a different spot.
- . There are head nurses who are extremely rude and at times, use inadequate expressions to call the attention of auxiliary nurses
- . Some general service employees exceed their rights and ignore established procedures, which leads to conflicts among staff members.
- . There is a lack of communication and excessive gossiping. This has caused colleagues to be on the lookout and at times even aggressive with one another.

According to participants, some of the reasons behind the poor quality of services being offered are:

- . Lack of self-control by staff members
- . The individual's mood or personal his/her problems

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- . The user is not given confidence
- . The social and educational conditions of the user are not taken into account at times in order to use the language which best suits his/her needs. The same "speech" is used in all cases
- . High volume of users on some days
- . Staff members need to be rotated. Some are dissatisfied with their responsibilities and their positions. They are tired and their work becomes monotonous.
- . The lack of organizing the work to be done generally leads to an excess of responsibilities and thus, little time remaining to attend users
- . Excessive workload for secretaries at the small centers, particularly when the monthly activities reports are due. This implies difficulties to attend the user properly because it does not allow for the provision of adequate and sufficient information.
- . Lack of interest and concentration in their work
- . Insecurity, superiority complex, abuse of authority by some officials
- . Work routine mechanizes activities
- . Insufficient training and no monetary incentives
- . Inadequate information regarding responsibilities of each position, and lack of unification of concepts and criteria

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Further, the reasons for poor relation among staff members have to do with:

- . Excessive workload and lack of cooperation among colleagues
- . Inconformity with the work being performed
- . Negligence
- . Selfishness
- . Incompatibility of certain staff members
- . Lack of mutual respect. Rudeness
- . Conflictive employees
- . Authoritarianism. Some secretaries exceed their rights
- . Absence of a boss and authority.
- . Quality of work is not valued. Incentives other than monetary, are needed from superiors and colleagues
- . Lack of communication
- . Difficulties in adapting to new situations

The three seminars have the same schedule of activities, and the same audiovisual materials were used. PROFAMILIA staff members were eager to participate.

3.2 RESULTS OF THE QUANTITATIVE EVALUATION

As has been mentioned, the survey to evaluate the human relations seminar was applied at the Armenia, Ecogotá (Kennedy), Hentleria and Pasic clinics to users of the

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different services offered by PROFAMILIA. Towards this end, an external surveyor was hired at each clinic to carry out the survey. Annex 4 includes copy of the questionnaire used during both surveys.

The following table includes the total number of questionnaires completed by users at each of the four clinics selected:

	SURVEY I	SURVEY II
Armenia	155	87
Bogotá (Kennedy)	155	142
Monteria	192	121
Pasto	128	102
TOTAL	630	453

To better analyze the information gathered, a percentage distribution was made of users according to the service requested on the day of the survey: reversible method, irreversible method, control of irreversible methods, gynecology, laboratory or information (See Annex 4)

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The survey shows no noteworthy variations. There are some positive variations which may be kept in mind. These, however, cannot be used as a reliable indicator of changes produced in the quality of care resulting from a change in knowledge and attitudes by the seminar participants.

Insofar as the opinions of users of reversible methods (Tables 1 and 6), positive variations can be observed in: information on the use of the methods (84.4% during the first survey and 88.5% during the second), information provided in the waiting room (from 18.2% to 35.8%), information offered by the auxiliary nurse in the consultation room (17.3% to 30.9%), kind and adequate care by the clinic personnel in general (from 40.3% to 53.0%) and timely and immediate care by clinic personnel (from 11.3% to 16.7%).

With reference to the opinion of users of irreversible methods (tables 6 - 12), variations are observed in: adequate information in the waiting rooms (from 10.0% to 39.4%), kind and adequate care by the auxiliary nurse (from 78.4% to 68.8%), complete information by the auxiliary nurse in the consultation room (from 18.9% to 28.1%) and assistance offered by the clinic personnel in general (33.3% to 31.4%).

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Info
Missing

With relation to the users of control of reversible methods Center's staff and learn about the problems they are facing
b) give instructions on how to proceed to solve problems, and
c) revise the responsibilities of the vasectomy counselor, analyze his work and proceed accordingly.

Improve existing facilities at the pilot center's survey section, and the area where the patient is "prepared for insertion" at the Ibaque Clinic.

Seek means to improve communication between the directors of each center and his staff.

Unify criteria for surgical procedures by preparing a manual to be available at each center, and hold regular meetings with the medical director of the center to revise the document, clear up doubts and define criteria. The manual should be updated whenever there are changes and modifications in any of the procedures.

Revise the policies of the mobile units to include: a) limiting the number of surgeries to be performed during one day; b) establish follow-up or supervision procedures for the doctors who oversee the recovery of patients; c) verify that the sites selected to perform sterilizations meet all established requirements and d) verify that the mobile team

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The best participation was no doubt attained at the Club Comfenalco in Cali, followed by Hotel Cafam in Melgar. It would be worthwhile to consider sites such as these which allow for a better integration of officials and creates a better work environment.

Whenever secretaries are scheduled to participate, it is advisable that seminar dates do not coincide with the end of the month when activities reports are prepared. The secretaries' work accumulates and deadlines cannot be met.

Lastly, if an evaluation is carried out, it is recommended to extend the lapse of time between the end of the seminars and the evaluation. The experiences obtained through the present evaluation have proven that given the time elapsed between the seminar and the application of Survey II, and the difficulty to follow-up officials who participated in the seminars it is not possible to observe any significant changes.

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FOCUS GROUPS

RECOMMENDATIONS

The purpose of exploring through these focus groups, those issues different from changes in attitudes following a course on human relations, is to cooperate with PROFAMILIA in its objective of offering increasingly better services.

Comments made in these reports should be revised and analyzed, since are not the opinions of all the institution's employees.

The following recommendations are made:

Organize and carry out refresher courses on contraceptive technology for those staff members in charge of motivation, i.e. secretaries (small centers), instructors, auxiliary nurses and nurses. These courses should include easily understandable "language alternatives" for the user, that is communication techniques that the individual can use during his/her motivation sessions. This will contribute to decreasing the amount of time required in offering "assistance" to those few patients who find it difficult to understand the message being communicated, but are ashamed to admit it.

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Revise the administrative reporting system to make the secretaries time more productive, as it is unreasonable to make a monthly summary of information which is reported weekly. This summary can be easily prepared at the Central Level, where electronic processing is available.

Revise the responsibilities of the auxiliary nurses at the Pilot Center. Based on what has been noted, this personnel is being underemployed, and they are almost certainly capable of performing activities other than instrumentation.

Continue to offer the courses on human relations until all the PROFAMILIA staff directly involved in service provision has participated. Priority should be given to auxiliary nurses, receptionists, cashiers and doctors.

Should Narzha Poveda continue to direct the human relations courses, she should be requested to change her attitude particularly during the first day of sessions so that participants feel confident rather than inhibited. Likewise, it is suggested that she modify the "negative experiences" approach. Participants feel pressured and forced in some cases, to make up situations which they have never in fact experienced.

Send a committee of 2 or 3 individuals to the Ibaque Clinical Center with the purpose of a) holding a meeting with all the

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Center's staff and learn about the problems they are facing,
b) give instructions on how to proceed to solve problems and
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that the sites selected to perform sterilizations meet all
established requirements and d) verify that the mobile team
departs only when all patients have recovered.

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