

Exploring diverse stakeholders' viewpoints on women's healthcare services at the primary healthcare level in Timor-Leste

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INTRODUCTION

- Timor-Leste struggles to provide quality Maternal, Newborn, and Child Health (MNCH) services
- Despite efforts like Continuous Quality Improvement (CQI), patient-centered care remains a challenge.



AIM

To explore the diverse perspectives of stakeholders, healthcare providers, and pregnant women regarding the quality of healthcare services.



RESULTS

Perspective of stakeholders on quality improvement

| FGD topics                                            | Themes                                                 | Categories                                                                                  |
|-------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Perceptions of QoC for MNCH services                  | 1.1 Service delivery                                   | Skilled practice of protocol and procedure; Communication; Infrastructure                   |
|                                                       | 1.2 Providers' behaviour                               | Good attitude, smile, attention, respect, avoid anger                                       |
|                                                       | 1.3 Women's experience of care                         | Feeling prioritised, being happy, confident and comfortable, satisfied                      |
| Opportunities and challenges for QoC of MNCH services | 2.1 Opportunities around skilled provider availability | Providers' skill and confidence, increased number of providers and training opportunities   |
|                                                       | 2.2 Challenges in access to health facility            | Demand-side challenge, road and transport barriers                                          |
|                                                       | 2.3 Challenges in resourcing                           | Workforce, logistics and infrastructure                                                     |
|                                                       | 2.4 The challenge of inadequate linkage between tiers  | QI structure, budget and coordination                                                       |
| Recommendations for improved QoC for MNCH services    | 3.1 Improved resource efficiency                       | Human resource-related, Logistics and infrastructure                                        |
|                                                       | 3.2 Strengthen leadership                              | Team building approach; monitoring, supervision and support; communication and coordination |

Summary: Findings from Interviews with Women

|                                                             |                                                                                                                                                                                                                                |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Theme 1:<br>Women's experience of care in health facilities | <ul style="list-style-type: none"><li>Women's waiting time for service</li><li>Provider's behaviour</li><li>Provider's clinical related practice</li><li>Women's privacy</li><li>Provider's communication with women</li></ul> |
| Theme 2:<br>Available resources in health facilities        | <ul style="list-style-type: none"><li>Infrastructure</li><li>Logistics and other support</li></ul>                                                                                                                             |

FGD participants by categories

| Category of providers                   | Laulara | Metinaro | Total provider by category |
|-----------------------------------------|---------|----------|----------------------------|
| Participants of 2 FGD at CHCs           |         |          |                            |
| Total Midwives                          | 4       | 4        | 8                          |
| Total nurse                             | 3       | 1        | 4                          |
| Total Doctors                           | 1       | 1        | 2                          |
| Total participants                      | 8       | 6        | 14                         |
| Participants of a FGD at national level |         |          |                            |
| Total Midwives                          | 2       |          | 2                          |
| Total nurse                             | 2       |          | 2                          |
| Total Doctors                           | 1       |          | 1                          |
| Total public health professionals       | 2       |          | 2                          |
| Total participants                      |         |          | 7                          |

METHOD

- Ethical approval from institutions in Timor-Leste and James Cook University, Australia.
- Focus group discussions with national stakeholders and antenatal care providers
- Interviews of 12 pregnant women from two sites.



CONCLUSIONS

- There are differences in understanding the concept of quality of healthcare amongst the providers, pregnant women who seek care and stakeholders.
- Bridging gaps in understanding the concept on healthcare quality may improve patient satisfaction and sustains services.
- Differences in healthcare providers' and pregnant women's views on quality of health care leads to communication issues and dissatisfaction.
- Patient's experience of care lies at the heart of the all healthcare interventions

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REFERENCES

Biswas R. The least developed countries: opportunities and challenges. In: Emerging Markets Megatrends. 2018. p. 167–86.

Cuenca-García E, Sánchez A, Navarro-Pabsdorf M. Assessing the performance of the least developed countries in terms of the Millennium Development Goals. Eval Program Plann. 2019;72:54–66.

Dorsey R, Claudio D, Velázquez MA, Petersen P. Identifying service quality gaps between patients and providers in a Native American outpatient clinic. BMC Health Serv Res. 2022;22(1):1–14.

General Directorate of Statistics. Timor-Leste demographic and health survey 2016. The DHS Program, ICF, Rockville, Maryland, USA. 2018. Available from: <https://www.dhsprogram.com/pubs/pdf/FR329/FR329.pdf>

King R, Jones L. Key factors deterring women's engagement with skilled birth attendants in three districts of Timor-Leste: a qualitative descriptive study. Midwifery. 2019;79 102555.

King R, Jones L. Timorese women's experiences and expectations of skilled birth attendance in Timor-Leste: a qualitative inquiry. Sex Reprod Healthc. 2022;33 100761.

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