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OUTLOOK

Improving Interactions With Clients: A Key to High-Quality Services

The quality of client-provider interaction affects all aspects of reproductive health care. Program managers and policymakers increasingly recognize that reproductive health programs are more effective when clients believe that their needs are met and that they are treated well. Clients who feel that they have been treated with respect, have had their questions fully answered, and have received appropriate guidance are more likely to properly and consistently use family planning and other reproductive health services. This link has been supported by the Programme of Action of the 1994 International Conference on Population and Development (ICPD) in Cairo, the 1995 International Women's Conference in Beijing, and other reproductive health meetings. All have emphasized the importance of strengthening the process and content of interactions between clients and providers.

The term "client-provider interaction" refers to all encounters, both verbal and nonverbal, that clients have with health care workers. This includes interactions with counselors, clinical providers, and other staff members, including receptionists and staff who schedule return appointments and manage payments. Improving client-provider interaction can make a difference to all programs, especially those with limited resources, time constraints, and heavy work loads. In these situations, improving client-provider interaction may offer the key to meeting client, provider, and program needs.

This article focuses on the interactions of service providers with their clients, and describes why improving client-provider interaction is an important component of improving the overall quality of reproductive health services. It presents key points to consider when seeking to strengthen the quality of client-provider interaction, and identifies common challenges.

The Importance of Client-Provider Interaction

Improving the interaction between clients and providers improves the overall quality of reproductive health services. For family planning programs, components of quality services also include appropriate method choice, client information, competent providers, follow-up and continuation strategies, and provision of a range of services.[1] Clients'

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This poster emphasizes the quality-of-care initiative launched by the Santé Familiale et Prévention du SIDA (SFPS) in Côte d'Ivoire. It states: "At 'Gold Circle' family planning centers, we are here to listen." Photo courtesy of SFPS/Johns Hopkins University Center for Communication Programs, 1999.

understanding of health information and their ability to follow through with method use or medication regimens can be affected by providers' communication skills. Clients who better understand a health service tend to be more satisfied with the service and promote it to others.

Good client-provider interaction involves a two-way exchange between clients and providers. By treating clients respectfully, making them feel at ease, asking nonjudgmental questions, and respecting their personal circumstances, health care workers can focus on clients' specific situations and better meet their needs (see box on opposite page). In contrast, if a provider gives biased or insufficient information, is not aware of the client's specific needs, fails to ask about a client's previous experiences with reproductive health services, or does not acknowledge their circumstances, the interaction is unlikely to achieve its potential.

Provider comfort in talking about sexual health issues (such as a client's sex life and the link between sex practices and health risks) is an important part of client-provider interaction. Data from Kenya found that only 36 percent of service providers asked clients about their sexual practices when discussing method choices.[2] When sexual health issues are not addressed, providers may miss warning signs of possible sexual or domestic violence, client infertility or dysfunction, or the need for emergency contraception, which can be used to prevent pregnancy in the event of contraceptive failure or unplanned sex.[3] Because these topics can be difficult to address, training is critical for health care providers, not only to give them the technical skills they need, but also to overcome the biases they share with the larger society.

Inviting clients to discuss their experiences with reproductive health services and providing information on potential contraceptive side effects are important components of effective client-provider interaction. Many providers are reluctant to discuss potential contraceptive side effects and inconveniences out of concern that clients may worry unnecessarily or decide not to use the method. Yet studies have shown that women are more likely to continue using a method when they have been thoroughly counseled about potential side effects. In China, for example, women who received counseling about side effects before and during their use of injectable contraceptives were much more likely to continue using the method for more than a year than women who received little or no counseling on side effects.[4] In The Gambia and Niger, a study found that contraceptive continuation was substantially higher among women who felt that they had received adequate counseling about side effects than among women who felt they had not received adequate counseling.[5]

A Client-Centered Approach

Placing clients' needs and satisfaction as a program's highest priority helps build high-quality reproductive health programs. According to a committee of family planning experts sponsored by the United States Agency for International Development, programs are more effective when they strengthen client interaction by treating clients well and offering respect, encouraging interaction, paying attention to verbal and nonverbal cues, and using handouts to reinforce key messages. With assistance from PRIME, several countries have begun to develop guidelines that embrace these recommendations. In Kenya, for example, guidelines were developed to improve reproductive health providers' skills when interacting with clients. During counseling, providers are reminded to be attentive to clients and maintain eye contact, tailor information to clients' needs, avoid information overload, and include information on infections and HIV/AIDS at each opportunity. The guidelines also remind providers to encourage clients to express their opinions, even if this means taking time to address feelings such as shyness, anger, depression, or embarrassment.[6] (See box on page 4.)

Research validates the importance of focusing on clients' needs. Clients are more satisfied and more likely

to continue using services when they are treated with respect.[7] In Nigeria, for example, clients of nurses trained in interpersonal relations and counseling were more likely to return for family planning services than clients of untrained nurses.[8] In rural Bangladesh, an analysis of data from nearly 8,000 reproductive-age women found that women who rated the quality of their interactions with field workers as high were 27 percent more likely to adopt a contraceptive method, and 72 percent more likely to continue using a method for up to 30 months, compared with women who felt they received poor care.[9]

Family planning method continuation and satisfaction rates also are higher when clients obtain the method they request. Results from an Indonesian study of nearly 2,000 women found that 72 percent of women who reported they had been denied their choice of contraceptive method had discontinued use within 12 months. In contrast, only nine percent of those who received the method of their choice discontinued its use.[10]

Awareness of social distance. Client-provider exchanges are affected by differences between providers and clients with respect to sex, age, class, religious

Conversation with Mary, an Adolescent Girl: An Example of Effective Client-Provider Interaction

Effective client-provider interaction assumes that clients are treated with respect, that their questions are fully answered, and that aspects of their lives that affect their health are addressed. This excerpt illustrates these points.

Mary: *(following a discussion with the counselor about her sexual partners)* Yes, I have had sex with several boys at my school. I try to say "No," but when they give me money for school fees, I give in. I do not want to get pregnant. I want to stay in school. That is why I want the IUD. My married sister uses it.

Counselor: I'm glad you came. You obviously are a smart young woman who wants to take care of herself. You mentioned that you might like an IUD. What have you heard about it?

Mary: My sister says it is very easy. Once a nurse puts it in, you don't have to worry about it any more.

Counselor: The IUD is a good method for women who already have been pregnant and who have one sexual partner. But for women with several partners, the IUD may cause a severe infection and can affect your future ability to have children. Also, young women who have not been pregnant sometimes find the IUD uncomfortable.

Mary: I had no idea there were any problems! My sister is so happy with her IUD.

Counselor: It sounds like your sister has made a good choice for her situation. Let's talk about other methods that might fit your current situation, and also how you can protect yourself from both pregnancy and sexually transmitted diseases, or STDs. Having several sex partners increases the risk that you will get an STD. There are several methods that can protect you against pregnancy, but only using condoms or abstaining from sex will protect you from infection. What other methods have you heard of?

Mary: I know about condoms but don't think I could ask my boyfriends to use them. I've heard about the injection, but I hate injections so that wouldn't work for me! What about the pill? Isn't that a good method?

Counselor: The pill can work very well to prevent pregnancy in girls who have a convenient place to store pill packets and can remember to take it every day. Would you be able to do that? Do you have any support at home for using the method?

Mary: I am very good at remembering things and I know how to organize things. I could take it every night after I finish my lessons. Also, my mother encouraged me to come here to get some help. She really wants me to finish school.

Counselor: It sounds like you are a good organizer and it's great that your mother is supportive. The pill could work well for you. Most girls have few or no problems with the pill, but let me tell you about some side effects so you will be aware of them and know what to do if they happen to you. *(Counselor explains side effects and what action is needed for each, how to use the pill, and when to return for routine visits.)*

Mary: Thank you—it sounds like the pill will work well for me.

Counselor: Now let's talk about protecting yourself from infection—the pill won't help with that. Can you talk to your partners about STDs and contraception?

Mary: I don't know how to discuss this with them...I don't think I could do that.

Counselor: I have a booklet about a girl like you who wants to protect herself from getting pregnant, and it gives some tips on how you might talk to your partners about sex and protection against pregnancy and STDs. You can take it home with you and share it with your mother and sister if you'd like. I'd also like to send you home with some condoms today. *(She shows her the condom and how it is used, and discusses other ways Mary might try to talk with her partners.)* Let's make an appointment for your next visit and remember—you can always come back sooner if you want to.

affiliation, and ethnic group.[11] It is important for providers to recognize these differences, often called "social distance." For example, a study in Indonesia that evaluated the feasibility of introducing a new injectable contraceptive found that some women hesitated to bring up questions with male providers, and also feared that providers were too busy to attend to women's concerns.[12] Training providers to be sensitive to these perceptions can help reduce the barriers created by social distance and thus create a climate in which clients feel free to raise questions or concerns. Personalizing interactions, particularly with special client groups, may enable providers to address unique information needs (see box on opposite page). In some cultures, it is important to employ health care workers perceived by clients as similar to them in cultural background and status.

Counseling. While it is important to strengthen client-provider interaction at all levels, counseling provides the best opportunity to meet clients' needs and goals. Counseling is defined as the exchange of information between a provider and a client that helps the client reach an appropriate decision and act on it. (For more information on counseling, see *Outlook*, Volume 13, Number 1.)

Counseling should include a discussion of medical and lifestyle issues as well as clients' concerns, fears, and values related to reproductive health. Family planning counseling should include information both on how to choose a method and how to use it. This includes:

- information on side effects and complications;
- advantages and disadvantages of the methods from the client's point of view;
- method effectiveness;
- proper method use once a method has been selected;
- what to do if the method fails or is not used properly;
- the availability of emergency contraception;
- sexually transmitted disease (STD) and HIV prevention; and
- information on next steps, including a schedule for return visits and supply, and unscheduled visits if there are problems.

Counselors should ensure that they have time alone with clients to avoid being pressured by a partner or relative who may monopolize the conversation.

Clients may need assistance identifying their goals, clarifying misunderstandings, or voicing concerns.

Client-Provider Interaction: Useful Messages for Providers[13]

Be nice.
- Identify personal benefits of treating the client well.
- Assure privacy and confidentiality.
- Be positive and encouraging.
- Build on existing interpersonal-communication strengths.
- Get comfortable with emotions and sensitive subjects.
- Work to reduce differences between the client and yourself.

Focus on the person.
- Client's lifestyle is important.
- Client's life stage is important.
- Client's life goals are important.
- Client's preferences are important.

Segment information.
- Avoid information overload.
- Focus on the choice or decision.
- Be brief; make time for questions.
- Use non-technical, simple language.
- Encourage questions.
- Check for comprehension.

Give clients their choice.
- Get informed about informed choice.
- Local policies and regulations matter.
- Deal with rumors respectfully.
- Know your method and treatment biases, and deal with them.

Use and give away information, education, and communication (IEC) materials.
- Use memory aids during interactions.
- Give clients the opportunity to see and touch samples/models.
- Give take-home materials to clients (information and advocacy).

Key information for family planning clients:
- STD/HIV assessment and prevention.
- Effectiveness of family planning method.
- How to use the family planning method.
- Advantages and disadvantages.
- Side effects and complications.
- What happens next, when and where to return, what to do about surprises or mistakes like missed pills or injections.

When the clients are young...
- Messages and the messenger must be credible and positive.
- Use concrete, simple language.
- Explore actions which do not require long-range planning.
- Sexual activity may not be voluntary (check for violence/abuse).
- Clients may only be sexually active sporadically but still need protection.
- Build self-esteem and other life skills.

Providers should ask questions in a sensitive inviting manner so that clients are comfortable answering completely. If the client is having difficulty making a decision, helping them to identify the challenges, choices, and consequences of their decision can be helpful (see box on page 6). A sensitive provider will explore why a client is silent, upset, or unable to make a decision, even if it requires more time.

If clients choose to include their partner in family planning discussions, counseling the couple may be more effective than counseling the individual. Studies from several countries (including Turkey, Ethiopia, Bangladesh, and China) have shown that providing family planning education and counseling to both the husband and wife, either together or apart, improves contraceptive adoption and continuation rates.[14] For example, in Bangladesh, continuation rates were higher for a group of Norplant® adopters whose husbands also received counseling than they were for other adopters in the study.[15] In China, a study of workers in 21 factories

Personalize Interactions to Meet the Needs of Special Groups

Clients' needs change as they move through different life stages and circumstances. Providers need to personalize their interactions to meet the needs of each individual.

Adolescents. All adolescents are not the same. Many adolescents are sexually active, although not always by choice. Concerns and needs will vary depending on whether the client is married or single. Many sexually active adolescents have experienced sexual violence or exploitation. Potential counseling topics include normal physical development and menstruation, STDs and HIV, condom use and/or abstinence, emergency contraception, coping with peer pressure, and setting life goals.

Young married women. Many married women (and their husbands) may need information about normal sexual and reproductive processes, as well as a chance to discuss sexuality issues. Young women may be sensitive to confidentiality and privacy issues, particularly if their husbands or families are not supportive of contraception. Potential counseling topics include information on sexual function and the reproductive cycle, inability to conceive, and contraceptive methods to delay pregnancy.

Postpartum women. The needs and concerns of postpartum women vary according to the client's age, previous birth history, level of support from her spouse or partner, and history of complications during birth. Selected counseling issues include postpartum care; when to resume sexual relations; breastfeeding (including the lactational amenorrhea method) and other contraceptive methods; and special counseling if the woman is HIV-positive.

Post-abortion clients. The needs of post-abortion clients will vary depending on the emotional support and quality of care received during the abortion. In the case of unsafe abortion, women may present at the clinic with hemorrhage, infection, or other abortion complications. Selected counseling issues include special care instructions for infection or vaginal trauma; guidelines on when it is safe to resume sexual relations; contraceptive needs and choices, including emergency contraception; and future fertility.

Older women. Older clients may still need contraceptive protection, and are more likely to have chronic health problems, such as anemia or high blood pressure. Clients should be screened for cervical cancer and breast disease. Potential counseling topics include contraceptive options, menopause, and sexuality issues.

Men. Men often need information about both male and female reproductive systems and issues, including family planning methods that women use. If STD risk factors are present, providers should emphasize the importance of using condoms. Potential counseling topics include normal sexual development and functioning, STDs and HIV, vasectomy, withdrawal, and condoms.

Refugees. Clients from refugee or migrant communities may have difficulty trusting health care providers or understanding a foreign medical system; if available, a translator can be used to help with communication. Clients may have been exposed to sexual violence or exploitation, or may have been traumatized. Potential counseling topics include contraception (including emergency contraception), STDs and HIV, condom use, sexual violence, and depression.

Sex workers. Sex workers may have experienced sexual violence or exploitation. They need access to compassionate, nonjudgmental providers and a safe environment. Potential counseling topics include contraception and use of condoms, STDs and HIV, counseling strategies for negotiating male or female condom use, and normal physical and sexual development.

Male and female homosexuals. These clients may have difficulty trusting health care providers. Providers must be comfortable discussing sexuality and sexual practices in a nonjudgmental manner. Clients in this population need access to compassionate, nonjudgmental providers in a safe environment. Potential counseling topics include STDs and HIV, special counseling if HIV-positive, sexuality issues, and depression.

reported lower pregnancy and abortion rates among intrauterine device (IUD) users with partners who had participated in family planning education compared with women who had received the information alone.[16]

At the same time, programs must recognize that some women need to use contraceptives covertly. Research in Kenya found that wives whose husbands disapprove of contraception are reluctant to talk about it with their husbands, but will use methods covertly to meet their reproductive needs.[17] It is important for clinics to include methods that can be used privately, allowing women to achieve their fertility goals and avoid marital discord. Providers also should make an effort to educate men, including husbands, about the advantages and disadvantages of their family planning method (see *Outlook*, Volume 14, Number 3).

Working Toward Effective Client-Provider Interaction

While training alone is unlikely to bring about sustained improvement in client-provider interaction, it is an essential first step. Effective training builds on good counseling principles and strengthens the content and the process of counseling. In Tanzania, for example, family planning programs have started using a skills assessment tool developed by PRIME to strengthen skills in counseling for informed choice. The tool is used to assess skills both pre- and post-training, and to monitor competency on the job.[18]

Experience from many countries has found that training programs are most effective when they are active and participatory; emphasize practice; and are responsive to the knowledge level, skills, values, and emotions of trainees. Training to improve client-provider interaction through counseling may include the following steps:

- training in skills specific to the counseling process, such as using open-ended questions and summary statements, providing educational materials, and ensuring that the client understands the information being discussed;
- clarifying values to help explore and make decisions;
- showing examples of effective counseling via videos or role plays;
- offering trainees opportunities to observe themselves counseling via video or to reflect on their own experiences;
- providing supervision (observation, feedback, and practice) in a situation as close to reality as possible;
- using the group training process to establish good-counseling standards and demonstrate how providers should act toward clients; and
- on-the-job training.

Training can help health workers become more aware of the biases they bring to their interactions with clients. For example, training to include a sexuality focus within family planning services at clinics in Jamaica and Brazil helped staff to identify their prejudices toward sexually active adolescents and homosexuals that made it difficult for some staff to serve these clients.[19] Once their

Counseling Tips for Providers with Limited Time

A commonly perceived challenge to implementing good client-provider interaction is lack of time. Many health care workers already feel overburdened by the number of clients they see on a daily basis. But good client-provider interaction need not take extra time, even in difficult counseling situations. Several tips for ensuring good client-provider interaction are described below.[20]

Goal	Technique
Establishing rapport	• Use positive body language (for instance, make eye contact and smile).
Gathering information	• Arrange for assistants to obtain certain client information in the waiting area. • Have the client complete a questionnaire while waiting.
Providing information	• Use waiting time to distribute leaflets and show videos. • Provide only the information that the client needs or wants. • Offer group education sessions.
Decision-making; problem-solving	• Follow an organized three-step approach that ensures good decision-making processes in a short time: - Identify the **challenge** or decision that is being made. - List at least three **choices** or options. - For each choice, list several positive and negative outcomes or **consequences**.
Applying decisions to daily life	• Ask reality-based questions like: - What would keep you from doing it? - How could you prepare to deal with that?

discomfort was identified, staff worked to become more accepting of a range of sexual behaviors, a process that required ongoing commitment, the support of their supervisors, and an opportunity to share experiences with colleagues on a regular basis.

Clients also can benefit by learning about their right to good services, including counseling. An evaluation of a provider-training project in Nepal found that client-provider interactions were most positive when both the client and the provider had listened to a series of radio programs about interpersonal communications and counseling.[21]

Effective use of time. While many providers are limited by time constraints, prioritizing information according to clients' needs ensures that both providers' and clients' time is used most effectively (see box on page 6). For example, family planning staff in Jamaica, Honduras, and Brazil found that introducing a sexuality focus to their programs did not cause counseling sessions to run longer. By starting counseling sessions with a focus on the particular circumstances of the client, counselors avoided covering unnecessary information.[19] Similarly, an evaluation of a Clinical Services Improvement (CSI) project in Egypt found that providers who had been trained in interpersonal communications and counseling engaged clients more directly by inquiring about their contraceptive preferences and offering a wider range of choices than non-CSI trained providers. Overall, consultations with CSI-trained providers were associated with a threefold-higher level of both client satisfaction and method continuation, even though the sessions lasted only one minute longer on average.[22]

Effective use of resources. In some clinics, existing resources such as informational materials can be better used to help clients retain information. For example, an assessment of the Haki Yako program in Kenya found that client materials developed to supplement counseling and information sessions were used in fewer than one-half of client contacts.[23] Using available materials can improve client-provider interaction without any additional costs. Also, community-based organizations may be able to contribute to the efficiency of client-provider interaction by offering reproductive health information outside the clinic setting and educating clients about their right to respectful and appropriate services.

Program management. Effective client-provider interaction requires ongoing institutional support and a commitment from workers at all levels. Programs must view clients as "customers" who have unique concerns and needs, and must make it clear that all staff contribute to the improvement of client-provider interactions. Effective management strategies include a clearly articulated, client-centered mission statement; guidelines and on-the-job training for all staff; evaluation from a client-centered point of view (including using program evaluation indicators that measure client satisfaction); and ongoing emphasis on the value of improved client-provider interaction.[24] Other important support strategies include a logistics system that ensures the availability of a wide array of methods, a client-flow system that reduces waiting time, and management that is responsive to clinic needs.[25]

A health care worker in Bangladesh provides print materials as she meets with clients. Educational materials can be used both inside and outside of the clinic setting to reinforce important messages. Photo courtesy of the Johns Hopkins University Center for Communication Programs, 1993.

Policy assessment. Policies established by ministries of health, donors, and service facilities can promote or hinder client-provider interaction. For example, policies that clearly establish informed choice as the client's right and identify client-centered counseling as a priority promote good client-provider interaction. In contrast, regulations that require spousal approval or unnecessary medical procedures for contraceptive use limit informed choice and often undermine quality of care. Similarly, programs that use targets, quotas, or incentives to motivate providers and measure clinic performance may limit quality of care.

Conclusion

Improved client-provider interactions enhance the likelihood of achieving both clients' and health programs' goals. Responding to clients' needs and concerns is the key to effective programs. Clients who are better informed and more satisfied with the services they receive are more likely to continue using the services and will promote them to others. Similarly, providers who feel

that clients respect their skills and that their work improves their clients' lives are more satisfied and motivated. Improving the quality of services requires ongoing commitment to policy change, performance improvement, and management support. Ultimately, efforts to improve client-provider interaction and the overall quality of services will benefit both reproductive health programs and their clients.

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