Bournemouth University

Research and Knowledge Exchange Office

Briefing paper

Understanding Afghan healthcare providers: a qualitative study of the culture of care in a Kabul maternity hospital

Arnold, R., van Teijlingen, E., Ryan, K. and Holloway, I., 2015. Understanding Afghan healthcare providers: a qualitative study of the culture of care in a Kabul maternity hospital. *BJOG*, 122 (2), 260-267.

This study analysed the culture of a large maternity hospital in Afghanistan to understand the perspectives of healthcare providers on their roles, experiences, values and motivations and the impact of all this on the care of perinatal women and their babies. The research found that the quality of care was affected by the workload and high percentage of complicated cases. In addition, staff's priorities and motivation in the hospital were determined by cultural values and social pressures which led to inequality in opportunities for staff and care for perinatal women.

Key Findings and Impact

- **Survival**

The experience of healthcare providers can be summed up as 'surviving' in a hospital culture where power depended on 'who you know'. Power meant having a relative or important contact in the hospital or the government who would help you get a job, ensure that you were sent on training courses and ensure that you would keep your job, whatever happened. Having connections was of major importance.

Clinical training and the supervision of resident doctors was also largely dependent on connections, on knowing senior staff who would share their clinical skills. Residents without relatives or contacts in the hospital generally had to develop their clinical skills by trial and error on patients and hope that nothing would go wrong.

There was fear of: being humiliated in public, losing one's job and the consequences for one's family, and being blamed for a professional error. Many staff wanted to be appreciated, to receive appreciation letters rather than warning letters.

- **Family Pressures**

For most staff, their career would have been a family decision often made for economic or status reasons.

Healthcare providers were obliged to care for family members who came into the hospital or important people connected to their family regardless of whether they were looking after other women.

Families expect members to be successful, to keep their jobs regardless of working conditions and maintain the family honour.

Women experienced minimal professional attention unless they had relatives working in the hospital or had a high social status.

Poor, illiterate, pregnant women were low priority and particular at risk of poor care as they had little to contribute to the economic and social survival of staff.

Conclusion

The research revealed that deficits in the quality of care cannot be solved by simply increasing the number of staff and training courses. There are huge complexities within the health sector and care is heavily influenced by cultural values and processes. If the quality of care for women is to be improved, these cultural dynamics that are embedded into the workplace must be understood.

Future research

This research will be a foundation for future work in other parts of Asia, especially on rural maternity care in Nepal, which is a country even poorer per head of the population than Afghanistan.

Read the full document at:

http://dx.doi.org/10.1111/1471-0528.13179