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The Influence of Organizational Culture on the Use of Routine Health Information in Decision Making within Government Health Services in Rural Burkina Faso

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This explorative study aimed to identify cultural factors that influence the use of information in decision making in one health district in rural Burkina Faso where data on the provision of health care services are generated at regular intervals by health facilities. The relationships between cultural dimensions at the organizational level, organizational practices, and information use by managers were explored by interviewing a purposive sample of 20 health managers working within the district health department, health centers and the district hospital. The interviews were conducted individually with the use of an interview guide that was developed on the basis of a literature review and a preconceived conceptual framework on the area under study. Due to the paucity of information in the existing literature on the influence of organizational culture on information use in decision making particularly in sub-Saharan Africa, a conversational strategy was used within the interview guide approach.

The study included a smaller component in which the extent of information use in decision making was assessed by analyzing the statistics for 2005 and 2006 on the performance of both preventive and curative health services, and by looking for evidence of information use in locally produced documents. The indicators that were included in the assessment were selected among the core indicators that health managers working at the district and health facility levels were expected to monitor actively. The results indicate that in 2006 the monitoring of the core indicators was very uneven. Data on some of the indicators were used quite effectively to identify unsatisfactory performance and its causes, and to plan corrective measures, whereas data on other core indicators were not. The results of both study components also suggest that the intensity of information use varied considerably among health centers.

Five dimensions of organizational culture were identified as influencing information use in the study population: performance orientation, power distance, collectivism, gender egalitarianism, and locus of control which was defined as the extent to which individuals in a society or organization believe they can control the outcomes of their actions. These cultural dimensions seemed to be related to five organizational practices affecting information use. On the basis of the results, a conceptual framework is proposed on these relationships, and strategies are recommended for enhancing evidence-informed decision making.

Methodological limitations of the main component of the study include social desirability and recall bias. Additionally, the use of a single coder in the content analysis of the interviews increased the likelihood of investigator bias.

Nearly 50 percent of health center directors in the health district were excluded from the study because they had served for less than six months in their current post. Caution should therefore be exercised in extrapolating the findings of the main component of the study to the study population. However, the findings may be applicable in the health sector to similar rural environments in Burkina Faso, and also to other sectors of government that rely intensively on routinely collected data to assess and improve system performance.

The effectiveness of the recommended strategies for increasing the use of routine health information in decision making could be evaluated by conducting an intervention study in Burkina Faso. Given the significant differences between societal cultures in sub-Saharan Africa, further research is needed on the relationships between dimensions of organizational culture and information use in other parts of Africa. Such research could include an assessment of the relevance in other contexts of the suggested strategies for enhancing evidence-informed decision making.