

# **Partners and Hosts**

## **Narratives about Power and Relationships in Short-term Medical Service Trips**

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# Presenter Disclosures

Kevin Sykes, PhD, MPH

- (I) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

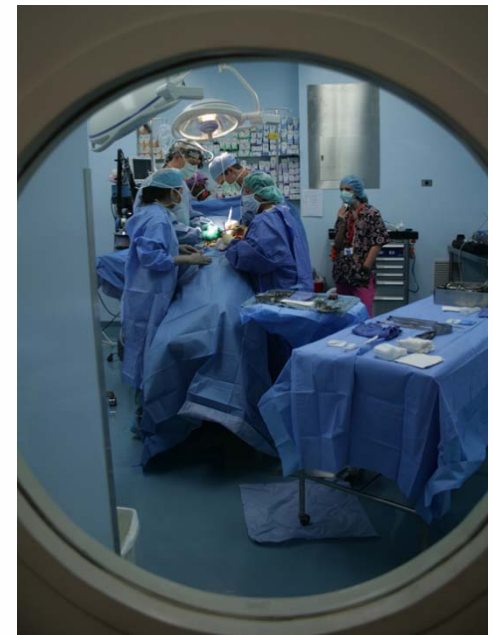
No relationships to disclose

# Purpose

- Present the volunteers perspective on partnership in the context of a short-term trip
- Describe some challenges to the “ideal” relationship between volunteers and hosts

# What is an MST?

- Volunteers providing healthcare to the ostensibly underserved
- Faith-based or secular
- One day to eight weeks
- International



# What is a partnership?

Organizational Identity		Mutuality	
		<b>High</b>	<b>Low</b>
	<b>High</b>	Partnership	Contracting
	<b>Low</b>	Gradual Absorption	Extension

<sup>1</sup>Brinkerhoff, J. M. (2002). Government-nonprofit partnership: A defining framework. *Public Administration and Development*, 22(1), 19-30.

# Gaps in the MST Literature

- How do recipients describe the care?
- How do volunteers describe the care they provide?
- Who goes on these trips and why?

# Methods

- Case-study approach
- Single organization responsible for MSTs
- 27 semi-structured in-depth interviews
  - Open-ended questions
  - Responses transcribed verbatim
  - Constant comparative method



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# Midwest Medical Service Foundation

- Secular organization
- Six to eight trips per year
- Medical and Surgical





# Interview Pool and Sample

- Board of Trustees (n=22)
- MMSF staff members (n=2)
- Trip leaders (n=11)

Informant Descriptors	n	%
<b>Gender</b>		
Female	19	70
Male	8	30
<b>Total</b>	<b>27</b>	
<b>Occupation</b>		
Healthcare Provider	16	60
Non-Medical	11	40
<b>Total</b>	<b>27</b>	

# References to Partnership in the Narratives

- Relationships with other MST organizations
- Relationships with organizations/communities
- Relationships with local healthcare workers

# What's Necessary for Success?

“It's inevitably in **collaboration with some organization on the ground** and I think over the years ... that became increasingly obvious that [it] was a critical component of successful trips.” (Medical, 215)

“**The partnership with the doctor** in [Guatemala] it's pretty amazing, ... he will have lined up surgeries for us.” (Medical, 202)

# Expectations for Partnerships

“There is **no reason to go if you don't have a partnership.** ... If you can't leave something behind as far as education or knowing that we can come back to follow-up.” (Medical, 202)

“I mean this will be our **third trip** to Ecuador and we're still **not partnering** with the local physicians.” (Medical, 201)

# Are they Considering Sustainability?

“In addition to doing clinical and surgical work, we have also ... started to do, education and I think **we’re more than just a medical mission group.** I think we’re more of education, growth and self-empowerment, is the way I see us.”  
(Non-Medical, 208)

# How is Sustainability Achieved?

“Mali, ... could use some massive help on the ... basic infrastructure side: water sanitation, basic agricultural things. I think we ought to partner with other organizations ... let them do what they're good at and let us do what we're good at and really make a better whole. Because if we start doing all these other projects we're, we won't be able to sustain ourselves.”

(Medical, 214)

# How is Sustainability Achieved?

“I would like to see the vast majority of trips geared towards long-term sustainable projects, but I don’t know that that always means you’re tied to one place in perpetuity. I think you can **elevate a location** and both through resources and education **help them reach a higher level of healthcare** and then you may be better off moving on at that point.”

(Medical, 215)

# Who Determines the Needs?

“I think it’s pretty true, not 100 percent, but pretty true, that we bring the specialties that are ... needed ... in the host countries, **so we ask ... what do you need?** ... In Uganda we bring exactly what they have requested and we’ve been able to staff that.”(Non-Medical, 210)



# Who Determines the Needs?

“I see that we do that fairly well. ... We wait to be asked instead of throwing something ‘we can do this.’ What do you need us to bring?”

(Medical, 202)

# Needs or Efficiency First?

“Pretty much **the goal** of the trip is to **make the biggest difference you can in a week** with what you have available in terms of patient population, the people you bring, and the supplies, the resources you bring in terms of manpower, physicians, and the rest of it.

(Medical, 203)

# Conclusions

- Partnership has many meanings
- Challenges of mutuality
  - Balancing power requires trust
  - Factoring in efficiency
  - Sustainability of what?
  - Possible in this model of healthcare delivery?
- Institutional knowledge

# Future Research



- Understanding the other side of the relationship
- Understanding the role and validity of educational efforts