Antenatal Patients Level of Satisfaction Toward Service Rendered by Health Workers in Selected Primary Health Centers of Ejigbo Local Government, Osun, State Nigeria.

(1)   B.L Ajibade (RN, Ph.D, FWACN). Ladoke Akintola University of Technology, Ogbomoso, College of Health Sciences, Isale-Osun, Osogbo

(2)   Oladeji M.O (RN, MSc) Ladoke Akintola University of Technology, Dept of Nursing, Osogbo.

(3)   E.A. Oyedele (RN, M.Ed, FWACN). Dept of Nursing, University of Jos

(4)   Amoo P.O (RN,RM,MSc) Ladoke Akintola University of Technology, Dept of Nursing, Osogbo

(5)   MakindeO.Y(RN,RM,MSc) Ladoke Akintola University of Technology,Dept of Nursing,Osogbo

Correspondence to:- Dr. B.L Ajibade, ladoke Akintola University of Technology, Ogbomoso c/o P.O BOX 1120, Osogbo

badelawal@yahoo.com (08034067021).

ABSTRACT

Introduction: Patients' satisfaction is related to the extent to which general health care needs and condition-specific needs are met. Evaluating to what extent patients are satisfied with health services. In clinically relevance, are the satisfied patients more likely to comply with treatment, take an active role in their own care; to continue using medical care services and stay with health care providers (where there are some choices), maintain the use of the specific system and to recommend the services to others. Therefore this study was aimed at assessing the level of satisfaction towards the care renders by health workers to patients receiving ANC in some selected health centers of Ejigbo Local government in Osun state, Nigeria.

Methodology: This was a cross-sectional descriptive research conducted among 234 antenatal patients attending the selected health centres between 10th December, 2012 and 11th March, 2013. Multistage sampling technique was employed in the selection of the health centers while simple random technique was used to select the respondents at each clinic until the calculated sample size was reached self-designed instrument consisting of open and closed ended questionnaire was used. The reliability of the instrument was 0.88 using Spearman Brown coefficient.

Results

In term of satisfactory level 60.3% related that all the categories of staffers in the various health centers greet them warmly and with dignity, more than half (59.0%) also reported that health workers introduced themselves before attending to them, thereby establishing good rapport. Privacy and confidentiality were reported by 77.4 % of respondents not to be adequate while 48% of respondents felt the waiting time in the facility was long and there was equally a relationship between the level of satisfaction and the interpersonal relationship of health workers. Majority of the respondents (74%) were satisfied with ANC services rendered. There was a relationship between the level of satisfaction and the cleanliness of the facility.

Conclusion: it was concluded that stake holder should provide competent health workers at the health centers, consulting room should be provided with the screens and periodic training should be carried out for the health workerss

Key Words： Antenatal patient level of satisfaction, Ejigbo, Osun health workers

INTRODUCTION

Patients' satisfaction is related to the extent to which general health care needs and condition-specific needs are met[1]. Evaluating to what extent patients are satisfied with health services is clinically relevant, as the satisfied patients are more likely to comply with treatment, take an active role in their own care to continue using medical care service and stay with a health provider (where there are some choices), Maintain with a specific system and to recommend the services to others[2,3].

The 5th millennium development goal aims at reducing material mortality by 75% by the years 2015[4]. According to the world health organization (WHO), there was an estimated 358,000 maternal deaths globally in 2008. Developing countries accounted for 99% of these deaths of which 3/5 occurred in Sub-Saharan Africa where Uganda lies. Abortion, obstetric Complications such as hemorrhage, dystocia, sepsis and infections such as tuberculosis and HIV are the major causes of maternal deaths in developing countries[5]. Although antenatal care

(ANC) is not in itself very effective in reducing maternal mortality, it provides an entry for intervention which give health workers the opportunity to detect these risky conditions and therefore refer for early management leading to better maternal outcomes[6]. Evaluation of care must be done, so as to improve accountability, to raise standard and quality of care, to improve responsiveness to patients, to monitor health care, to improve outcome of care[7]. The measurement of patients' satisfaction is a common component of many evaluations but it is a wholly subjective and dynamic assessment of the quality of health care, and as such, is not a measure of final outcome. This has inadvertently steered up some debates about using client's perspective in evaluation of the quality services. While many stakeholders have viewed the client's perspective as a meaningful indicator of health services quality, others have dismissed the views of clients as too subjective. For the latter point of view, how a client feels is important, even though the provider's assessment of reality may be different, because at a minimum the subjective assessment of quality by clients, can still provide useful input to help the provider understand and establish acceptable standards of services[8]. Consumer assessment of interpersonal processes of care during antenatal care provide important information about how well clinicians satisfy the perceived needs of clients they serve. Furthermore, perceived quality of care received in health facilities is directly proportionately related to the use of health facilities[9]. In spite of the global efforts to improve maternal health in the developing countries, the present quality of maternal care as depicted by the magnitude of the high maternal morbidity and mortality in this region makes the realization of the millennium development goal for maternal health uncertain[10]. Among the various pillars of safe motherhood, antenatal care remains one of the interventions that have the potential to significantly reduce maternal morbidity and mortality when properly conducted[11]. In a study carried out in the Northern State, during their visit to health facility, most of the respondents felt their health concerns were addressed by the health provider and majority of the personnel ranging from the record staff to doctors greeted them very well at each of their visits[12]. The patronage of ANC Services even at the grass-root is higher among the literate portion of the population[13]. In Uganda the ANC services are characterized by poor attendance, poor counseling services and poor client provider relations, with the quality being worse in rural areas[14,15]. The quality of ANC is critical in enabling women and health workers identify risk and danger sign during pregnancy which should lead to appropriate action[16]. Whether or not women can identify danger signs during pregnancy and act appropriately depends on quality aspects such as depth of the information and counseling given at an ANC visit[17]. Provision of quality ANC service requires presence of relevant infrastructure adequate trained health workers[18]. Infections control facilities, diagnostic equipment, supplies and essential drugs[19]. In a study in Uganda, majority of the clients interviewed rated ANC services as satisfactory. Satisfaction with health workers attitude which has been found by other studies[20].

Objectives: The research study was premised on the following objectives:-
1.   To assess the level of satisfaction of respondents in term of reception accorded them by the health worker.
2.   To determine the good interpersonal relationship between respondents and the health workers.
3.   To evaluate the opinion of parents toward the time spent with health workers.
4.   To assess the level of satisfaction toward services to the respondents by health workers.
5.   To assess of respondents are willing to return for ANC or rcorded the centre to others.

Research Questions: The following questions were answered by the Research:
1.   What is the level of satisfaction toward the reception accorded the respondents during the ANC visit?
2.   What is the level of satisfaction by respondents toward their interpersonal relationship with health workers?
3.   What is the opinion of patients toward time spent with health workers?
4.   What is the level of satisfaction toward services render to respondents by the health workers?
5.   Will the respondent be willing to come for ANC or recommend the ANC to another person?

Hypothesis: Two (2) null hypotheses were tested at 0.05 level of significance.
1.   There is no relationship between time spent with health worker and level of satisfaction by respondents.
2.   There is no relationship between the cleanliness of health facilities and the respondents' level of satisfaction.

Methodology
Setting:- The study was carried out at Ejigbo Local Government which was created in 1954. It was one of the oldest local government areas to be in existence in Osun State, South West of Nigeria. It has the boundaries with Surulere Local Government of Oyo State in the West, Olaoluwa Local Government in the North, Egbedore Local Government in the East and Afijio Local Government of Oyo State in the South. It has the population of 132,515 by the 2006 population census. The people are predominantly farmers with Petit Trading. The people

are well travelled to places like Ivory Coast, Ghana, Togo and Lome. It has 34 active health centres with one comprehensive health centre. It has eleven (11) wards.

Study design: A Cross-sectional descriptive design was used to assess Antenatal clients' level of satisfaction toward the services rendered at the health centers in Ejigbo, Osun State, Nigeria between December 2012 and March 2013.

Study Population: The study was carried out among pregnant women attending antenatal clinic at the Comprehensive health centre, Ejigbo. To be included in the study they should have registered for ANC with at least two (2) visits and they must signify interest to participate in the study.

Sample Size Determination: Rule of thumb was adopted in determining the sample size for the purpose of this study, 84% was picked as the high rate of clinic attendance by the pregnant women. The sample size was calculated using the formula.

$$n = \frac{Z^2 pq}{(d)2}$$

Where n = sample size

Z = 1.96, standard deviation set at 95%

P = 0.84 proportion of clients satisfied with services among primary health care centre was 81.4%

q = 1-P = 1-0.186

d = 0.05 degree of precision

$$= \frac{(1.96)\ (0.814)\ (0.186)\ 2}{(0.05)\ 2} = 234$$

Therefore, the sample size should be 234.

Sampling technique:- A multistage sampling technique was used in selecting the required sample size. In the first stage, the list of all the eleven (11) wards in the Ejigbo Local Government was obtained out of which three wards were selected randomly through balloting. From the three selected wards, the list of all the primary or comprehensive health centre's was obtained. One PHC/CHC in each of the three selected wards was then randomly selected through balloting. Based on client sitting arrangement at each clinic visit, the sample was selected on the basis of turn out of patient until required sample size was attained.

Selected respondents were organized and administered with the research instrument. The illiterate among them were assisted with the translation of the instrument. Each respondent spent not more than one (1) hour in filling the questionnaire.

Data Collection Method:- Self-design instrument generated through literature review with the reliability of 0.88 using spearman Brown analysis. Questionnaire was used to collect information from the respondents. The Questionnaire was Semi-structured both open and closed ended. The data collection was between December 15th, 2012 and March 11th 2013.

Data Analysis:-

Data collected were collated and analyzed using statistical product and service solutions (SPSS) window version 21. The research questions were answered using descriptive analysis inform of frequencies, tables and percentage while the two hypotheses were tested using chi-square (x^2) analysis at 0.05 level of significance.

Ethical Consideration:- Informed consent of the respondents through the information in the instrument and through verbal communication. The approval of the local government service commission was received through the chairman of local government and the Kabiyesi/Baale of the involved wards.

RESULTS

Table 1 - demographic data:

A total of 234 questionnaires were administered to the antenatal women attending the selected health centre in the Ejigbo Local Government. Out of the population 64.5% had the ages range between 15-24 years, while 5.6% were between 35 and 45 years old. Illiterate accounted for 1.7% respondents with secondary level of education was 38.9%. In term of tribe (table 1), 77.4% of the respondents were Yoruba because Ejigbo is majorly Yoruba speaking area.

With Special reference to the type of reception accorded the respondents by the health workers (table 2) 60.3% of the respondents reported to have been warmly received by health workers, while 39.7% reported poor reception 59% of the respondent reported that the health-workers gave self introduction while 41% refused to introduce themselves to the respondents. 29.5% of respondents were informed of what to expect from health workers while 70.5% were not informed. 88.9% of respondent reported that health workers gave them opportunity to ask questions while 11.1% reported that the opportunity was not given to them to ask questions. 86.3% of respondent affirmed that their questions were well answered; only 13.7% reported that their questions

were not well answered. 56% of respondents reported that the procedures were explained to them; while 44% reported that procedures were not explained to them (table 2).

In term of interpersonal relationship with respondents, (table 3), 64.1% of respondents was satisfied with interpersonal relationship of the health workers, only 2.6% was not satisfied while 33.3% of respondents was not sure. With reference to maitaining the confidentiality and privacy during the visit to the clinic, 22.6% reported that thier confidentiality and privacy were protected the while 77.4% reported that their confidentiality/privacy was not maintained (table 3).

31.2% of respondents reported a very long waiting time with health workers, 48.3% reported a long waiting time and 20.5 reported an accurate waiting time in the centre's (table 3). Virtually all respondents 97% intended to return to the centre for ANC, only 3% intended not to return to the centre (table 4). In the same vain, 98.3% reported that they will recommend the centres to others for ANC, while 1.7 reported that they will not recommend the centre to others (table 4). Considering the level of satisfaction with services rendered in health centres (table 5) 19.2 reported that they were very satisfied, 55.5% were satisfied, 22.2% were neutral while only 1.7% were dissatisfied and the same percentage was equally very dissatisfied. On the reasons for satisfaction (table 5) 84.4% based their satisfaction on the competence of staff, while 15.6 based their satisfaction on friendliness of staffers. In testing the hypotheses, there was significant relationship between time spent by patients and the level of satisfaction (table 6), equally, there was a relationship between the cleanliness of facilities at the health centres and the level of satisfaction.

DISCUSSION

Out of the 234 respondents sampled, 94.4% of them were within the reproductive age range of between 20-34 years. As this is the most fertile period in a woman's life span, other studies too would, as expected have a similar finding. In the South-western part of Nigeria, a study confirms this, with 81.3% of the respondents falling within the same age range[12, 13].

Greater than two-third of the respondents (73.9%) had some form of formal education, 24.4% had vocational education and only 1.7% of the respondents had no formal education. This implies that the patronage of ANC services even at the grass-roots was higher among the literate portion of the population [3, 12, 13].

During their visit to the health facility, most of the respondents, 64.1% felt their health concerns were addressed by the health provider, although greater than a third of the respondents (33.3%) could not really say if their health concerns were addressed and only 2.6% respondents felt their health concerns were not address. The large number of those who don't know if their health issues were addressed could be attributed to the fact that the clients patronizing the PHC are mostly those who are otherwise normal, with only those with physiologic changes, experienced by all pregnant women.

During their visit to the health facility, majority of respondents reported that staffers, ranging from the records staff to the nurses and the doctors displayed positive attitude, as 60.3% said they were greeted warmly and with dignity while 59% indicated that staffers introduced themselves. This is an important aspect as most clients were reffered by others because a favorable atmosphere was created for them and this also influences their will to continue patronage of the services in the PHC[12, 13, 14].

All respondents rated client/ health care provider interaction satisfactory in different aspects, as they believed that providers were interest in their condition, listening to them, understanding their concerns and being comfortable talking to them. On the other hand, majority of respondents (77.4%) reported that their privacy and confidentiality were not maintained during the consultation with the health provider[3, 12, 13].

Most respondents (97%) were willing to return to the health facility again to patronize ANC Services, in the same vein, 98.3% of the respondents were willing to recommend the ANC Services to others. Reason adduced for this effect included staffers friendliness (15.6%) while 84.4 reported that their reason was based on presence of competent staffers[12,13].

Considering their level of satisfaction to services provided, 74.0% were satisfied with services received while only 4.0% were not satisfied[12, 13,15,16].

Based on the finding of the study, significant relationship was found to exist between the level of satisfaction and time spent with health providers, equally significant relationship was found between cleanliness of the facility and satisfaction of patients [13, 14, 15].

Conclusion: Majority of clients attending Antenatal care in the selected health centres in Ejigbo Local Government were satisfied with the different aspects of their interaction with health providers in the facilities although, they felt that health workers did not protect their privacy and confidentiality during the clinic visits. Therefore, more consulting room should be provided and provision of screens should be considered as paramount. Therefore, more consulting room should be provided and provision of screens should be considered as very paramount.

Recommendations

1.   State and LGA should employ more skilled staff in order to reduce wasting time.
2.   Their must be continuous training of the staffers in interpersonal communication.
3.   LGA in collaboration with the state should provide more consulting rooms and screens to improve the maintenance of patient's privacy and confidentiality.

Tables

Table 1 Demographic Data of patients attending PHC for ANC

Variable	Frequency	Percentage
AGE		
15-24	151	64.5
25-34	70	29.9
35-45	13	05.6
Total	**234**	**100**
Educational status		
Illiterate	04	01.7
Vocational Training	57	24.4
Primary	67	28.6
Secondary	91	38.9
Tertiary	15	06.4
Total	234	100
Tribe		
Yoruba	181	77.4
Hausa	4	01.7
Ibo	2	0.9
Others	47	20.1
Total	234	
Religion		
Islam	102	43.6
Christianity	132	56.4
Total	**234**	**100**

Table 2 - Nature of reception Accorded the Patient

VARIABLE	FREQUENCY	PERCENTAGE
Corrected warmly with dignity		
Yes	141	60.3
No	93	39.7
Total	**234**	**100**
Staff introduced him/herself		
Yes	138	59
No	96	41
Total	**234**	**100**
Staffers explained what to expect		
Yes	69	29.5
No	165	70.5
Total	**234**	**100**
Health care provider encouraged me to ask question.		
Yes	208	88.9
No	26	11.1
Total	**234**	**100**
My questions answered completely		
Yes	202	86.3
No	32	13.7
Total	**234**	**100**
Explained procedure to me before it is carried out.		
Yes	131	56
No	103	44
Total	**234**	**100**

Table 3: Patient's level of satisfaction with Health Working interpersonal relationship.

VARIABLE	FREQUENCY	PERCENTAGE
Satisfied with health workers interpersonal relationship		
Satisfied	150	64.1
Dissatisfied	6	2.6
No Idea	78	33.3
Total	**234**	**100**
My privacy and confidentiality		
Yes	53	22.6
No	181	77.4
Total	**234**	**100**
I am satisfied with time spent with the health workers		
Just right	229	97.9
Too long	5	2.1
Total	**234**	**100**

Table 4: Willingness of clients to return or recommend the health centre to others.

VARIABLE	FREQUENCY	PERCENTAGE
Will return		
Yes	227	97
No	7	3
Total	**234**	**100**
Will recommend the facility to others		
Yes	230	98.3
No	4	1.7
Total	**234**	**100**

Table 5: Level of satisfaction to the services rendered.

VARIABLE	FREQUENCY	PERCENTAGE
Level of satisfaction		
Very satisfied	45	19.2
Satisfied	120	55.1
Neutral	52	22.2
Dissatisfied	4	1.7
Very dissatisfied	4	1.7
Total	**234**	**100**
Reasons for satisfaction		
Health centered manned by competent workers	146	84.4
Friendliness of workers	88	15.6
Total	**234**	**100**

Table 6: Relationship between time spent with health care provider and the level of satisfaction.

	Level of Satisfaction					
Time Spent	VS	S	N	DS	VD	Total
< 10 minutes	38	122	43	4	4	211
11 – 15 minutes	7	6	----	----	-----	13
16 – 20 minutes	---	---	4	---	---	04
> 20 minutes	---	---	3	---	---	03
No idea	---	---	3	---	---	03
Total	**45**	**128**	**53**	**4**	**4**	**234**

$$X2 = 43.4 \qquad df = 12 \quad \alpha = 0.05$$

Key to table 6 and 7

VS   -   Very Satisfied

S   -   Satisfied

N   -   Neutral

DS   -   Dissatisfied

VD   -   Very dissatisfied.

Table 7: Relationship between the facilities cleanliness and level of satisfaction.

Cleanliness	Level of Satisfaction					
	VS	S	N	DS	VD	Total
Very Clean	21	19	18	---	---	48
Clean	18	63	20	---	---	101
Fairly clean	6	43	23	4	4	80
Dirty	---	3	2	---	---	05
Total	45	128	53	4	4	234

$$X2 = 43.4 \qquad df = 12 \qquad \alpha = 0.05$$

REFERENCES

1. Ajibade, B.L. Clients' level of Satisfaction to Nursing Care in Osun State, BEST Journal.2011, 8(2): 170-173.
2. Peterion, MBH; Measuring Patient Satisfaction: Collecting useful data. Health Care management renew. 1998; 2: 25-35.
3. Moses T, Elizabeth, KE, John B. Quality of Antenatal care services in eastern Uganda: implications for interventions, Pan African Medical Journal.
4. Maggi M, Madika N and Diamond I, Factors associated with unfavourable birth outcomes in Kenya. Journal of Biosocial Science, 2001; 33(02): 199-225.
5. Wirth, M et al. Delivery on the MDls?: Equity and Maternal Health in Uganda, Ethopia and Kenya. East Africa Journal of Public Health 2008; 5(3): 133-141.
6. Nikiema L. et al,.Quality of Antenatal Care and Obstetrical Coverage in Rural Burkinafaso. 2010 Vol. 28.
7. Chakraborty N, et al. Utilization of postnatal care in Bangladesh: evidence form a longitudinal study. Health & Social Care in the Community. 2002; 10(6): 492-502.
8. Wilkin D, Hakam L and Dagget M. Measures of Need and outcome for Primary Health Care. Oxford: Oxford Medical Publications; 1992.
9. Donabedian A, The Quality of Care. How can it be assessed? JAMA 260, 1988; 1743-1748.
10. World Health Organisation. Mother-Baby Package: Implementing Safe Motherhood in Developing Countries. Practical Guide Geneva, WHO. WHO/THE/MSM/94-11 1994.
11. Lari AM, Tambulin M and Gray D. Patients' Needs Satisfaction and Health. Related Quality of Life: Towards a Comprehensive model. Health and Quality of life outcomes 2004; 2:32.
12. Ford RC, Blach SA, and Foxxler MD. Measuring of Patients Satisfaction in Health Care Organisations. Health Care Management Review 22, 1997, 74-89.
13. Sufiyan, M3, Umar AA, and Shugaba A. Client satisfaction with Antenatal Care Services in Primary Health Care Centres in Sabon Gari Local Government Area, Kaduna State. Journal of Community Medicine And Primary Health Care, 25(1): 13-22.
14. Mawajdeh S, Ra'eda Al-Qutob and Fras. The Assessment of Quality of Care in Prenatal Services in Irbid, North Jordan: Women's Perspectives. Copyright International development Research Centre. Htt://www.idrc.ca/books/focus/773/ma wajdehihihtml assessed on 9th June, 2013.
15. Mathole T et al. A qualitative study of Women's perspectives of antenatal care in a rural area o Zimbabwe. Midwifery 2004; 20(2)l; 122-132.
16. Balogun OR. Patients Perception of Quality of Antenatal Service in four selected Private Health facilities in Ilorin; Kwara State of Nigeria. Nigerian Medical Practitioner. 2007. 51(4); 80-84.
17. Oladapo OT, Christiana Al and Adewale OS, Quality of Antenatal Services at the Primary Care level in South West Nigeria. African Journal of Reproductive Heatlh 208; 12(3).
18. Pitaloka D. and Rizal Am. Patients' Satisfaction in Antenatal Clinic Hospital, University of Kebangsaan, Malaysia. A presentation to the department of Community Health, Faculty of Medicine 2006; University of Kebangsaan Malaysia.
19. Rashmi K and Vijar Kumar B. Client Satisfaction in Rural India for Primary Health Care. A Tool for Quality Assessment. Al-Ameen Journal of Medical Science 2010; 3(2) 109-114.
20. Caroli G, Rooney C, and Villar J. How effective is antenatal care in preventing maternal mortality and services morbidity? An overview of the evidence. Pediatric and Perinatal Epidemiology. 2001: 15:1-42.-

This academic article was published by The International Institute for Science, Technology and Education (IISTE). The IISTE is a pioneer in the Open Access Publishing service based in the U.S. and Europe. The aim of the institute is Accelerating Global Knowledge Sharing.

More information about the publisher can be found in the IISTE's homepage:
http://www.iiste.org

CALL FOR JOURNAL PAPERS

The IISTE is currently hosting more than 30 peer-reviewed academic journals and collaborating with academic institutions around the world. There's no deadline for submission. **Prospective authors of IISTE journals can find the submission instruction on the following page:** http://www.iiste.org/journals/   The IISTE editorial team promises to the review and publish all the qualified submissions in a **fast** manner. All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Printed version of the journals is also available upon request of readers and authors.

MORE RESOURCES

Book publication information: http://www.iiste.org/book/

Recent conferences: http://www.iiste.org/conference/

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digtial Library , NewJour, Google Scholar