

Original Article

Perception and Satisfaction with Nursing Care Among Pregnant Women Attending Antenatal Clinic at a Teaching Hospital in South Western Nigeria

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ABSTRACT

Perception and satisfaction of pregnant women with nursing care during antenatal care can help evaluate the quality of care offered and contribute to acceptance and continuity of care at the service centre. This study assessed the perception and satisfaction of antenatal care among pregnant women attending a Teaching Hospital in South Western Nigeria. This study employed a cross-sectional descriptive research design was conducted in 2021 using a convenient sampling technique to select 160 pregnant women that were receiving care at antenatal clinic who participated in the study. An adapted structured questionnaire was used to collect data from the respondents and same analysed using descriptive and inferential statistical techniques. Findings showed that 52% of the respondents had a good perception of nursing care, and 50.6% were highly satisfied with the nursing care received. Location of the hospital (95.6%), recommendation from family and friends (90.6 %), availability of modern facility (86.3%) freedom to verbalise one's feeling (83.1%) were factors that influenced the respondents' satisfaction with nursing care. There was no significant association ($\chi^2=2.89$, $p=0.24$) between the respondents' perception and satisfaction with nursing care. Also, there was no significant association between educational status and satisfaction with nursing care ($\chi^2=5.10$, $p=0.53$). The study concluded that pregnant women had good perception and were satisfied with nursing care. Location of the hospital, availability of modern facility and freedom to verbalise one's feeling were imperative to how pregnant women perceive care. There is need to improve quality of antenatal care services to improve satisfaction of pregnant women with nursing care during ante-natal care.

Keywords: Perception; Satisfaction; Nursing care; Pregnant women

INTRODUCTION

Improving the quality of health care delivery, especially in antenatal care (ANC), is a global priority to ensure patients' safety, cost-effectiveness and promote accountability. Determining the quality of nursing care from patients' perspectives and assessing their level of satisfaction can help promote quality and the effectiveness of care¹. Patients'

perception of nursing care refers to patients' views of nursing service, and the information can be used in healthcare planning and evaluation as well as understanding and impression about the care received, while satisfaction means the pleasure you feel when you get something you wanted or needed².

The perception and satisfaction of pregnant women with nursing care during antenatal care can help to

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evaluate the quality of care offered and contribute to acceptance and continuity of care at the service centre. Satisfied patients are likely to return for services and recommend services to others in their community. In contrast, the unsatisfied ones will abscond, contributing to negative health during pregnancy and delivery³. Therefore, patients' evaluation of health care is subjective⁴.

Antenatal Care (ANC) is the care given to pregnant women from conception to the time of delivery of the baby⁵. Globally, low usage of antenatal and maternal health services has been found to directly contribute to a high rate of maternal mortality⁶. This could be as a result of the dissatisfying experience of pregnant women from caregivers. Furthermore, ANC is among the Millennium Development Goals 4 and 5 which focus on child survival and maternal health; the major interventions aim to prevent maternal and foetal death and maintain women's health during pregnancy⁷. Therefore, antenatal care coverage is an indicator to assess Sustainable Development Goals (SDGs) three⁹. It has been estimated by the World Health Organisation (WHO, 2019) that approximately 303,000 women died from pregnancy and childbirth-related complications in 2015 and that these deaths could have been prevented if pregnant women had been able to access quality antenatal care¹⁰.

Quality antenatal care helps inadequate monitoring and maintaining sound health of the pregnant woman and unborn child to prevent pregnancy-related complications and deaths. The antenatal period offers pregnant women vital interventions to their health and wellbeing and their babies¹¹. Quality ANC will prevent maternal and child mortality¹².

According to the WHO recommendation on ANC for a positive pregnancy experience and outcome, certified nurses and midwives are part of health professionals that care for pregnant women in health care centres¹³. Hence quality health services are demanded from them.

Nurses' caring attitude toward pregnant women in the antenatal clinic can greatly influence their perception and satisfaction with care received as they have a lot of expectations from nurses¹⁴. Therefore,

assessing patients' perception and satisfaction is crucial to identifying dissatisfaction and improving nursing services⁴.

Perception and satisfaction with nursing care have been identified as important indicators of the outcome of care¹⁵.

A few studies have been carried out on knowledge and perception of antenatal care service among pregnant women in Africa including Southwest Nigeria, Cameroon and Gambia^{16,17,18};

Some studies have been done in Nigeria to assess perception of pregnant women towards midwives' practices during child delivery^{4,15,18}. However, there is little information on mothers' satisfaction with nursing care among pregnant women who attend the antenatal clinic in this part of Nigeria. Measuring patients' perception and satisfaction with nursing care, especially among pregnant women, can help to assess the quality of care, identify gaps in services, and to recommend the interventions to assist in management planning to reduce maternal mortality¹⁹. Hence, this study assessed the perception and satisfaction of pregnant women with nursing care rendered at antenatal clinics in OAUTHC, Ile-Ife.

MATERIALS AND METHODS

The study employed a cross-sectional descriptive research design to assess the perception and satisfaction with nursing care among pregnant women attending the antenatal clinic of a University Teaching Hospital in Osun State Nigeria in 2021.

This hospital is the largest Teaching Hospital in Osun State, and it is owned by the Federal Government. The hospital offers primary, secondary and tertiary health care services, and it serves as a referral centre to different health care institutions from all parts of Nigeria. It also serves as a clinical training centre for Nursing, Medical, Pharmacy and physiotherapy students of the College of Health Sciences in Nigeria.

The hospital comprises six units that have a fair geographical location within the state. Ife Hospital Unit is the most central unit among these centres. It has antenatal department where clinics are run from

Monday to Friday except on days when the Federal government declares public holidays.

Slovin's formula was used to calculate a sample of 160 using the total number of pregnant women that attended the antenatal clinic for a period of 12 months as total population pregnant women. N was 268 and margin of error used was 0.05.

All pregnant women who had been booked for antenatal care who were present in the clinic at the time of data collection and were willing to participate in the research were included in the study while the exclusion criteria were pregnant women who had not participated in antenatal clinic attendance for at least 2 months and those who have attended the clinic for at least two months but are not consistent in attendance.

Convenience sampling was adopted to select eligible pregnant women because of decrease in the number of those who attended the antenatal clinic daily to ensure that social distance is maintained due to COVID 19 pandemic.

■ An adapted 45-item questionnaire developed by the researcher was used in data collection, and the questionnaire was divided into four (4) sections. Section one was seven items questions that assessed the socio-demographic characteristics of the respondents; Section two was 4 points Likert scale with eight items that explored the perception of respondents about nursing care received in the antenatal clinics, the minimum and maximum scores were 8 and 32 respectively and scores of 8-20 were categorized as negative perception while scores of 21-32 were taken as positive perception. Section three assessed the level of satisfaction with nursing care as received by respondents. Patients were asked to rate the care given by the nurses during their visits at the antenatal clinic. A 5-point Likert scale containing 17 items (Excellent, very good, Good, Fair, Poor). The minimum score was 0 while the maximum score was 68, scores from 0-22 were categorized as low satisfaction, 23-44 were grouped as moderate satisfaction while 45-68 were categorized as high satisfaction. Section four assessed the factors that influence the

respondents' satisfaction with nursing care. Thirteen items' questions with Yes/No options were used.

The instrument was modified questionnaire derived from Patients' perception of quality nursing care developed by Senarath and colleagues in 2012²⁰ and Patient satisfaction with nursing care quality questionnaire developed by Laschinger et al. 2005²¹. Face and content validity were used with the instrument given to the supervisor and other experienced and experts in the fields of nursing, obstetrics, psychology, test and measurement for scrutiny. Each item on the instrument was examined for clarity, scope and relevance to the study. A pre-test of the data collection tool was done through a pilot study. The internal consistency reliability test was carried and Cronbach's Alpha value was 0.87 which ensured the reliability of the instrument.

Ethical approval was then obtained from the Research Ethical Committee of OAUTHC where the study was conducted (with approval number; ERC/2020/11/19) to research the gatekeepers' permission. The initial visit was at the antenatal clinic of the study institution, and permission to carry out the research was sought from the Assistant Director of Nursing service in charge of the clinic and a detailed explanation about the study was given to the respondents and informed consent was obtained from them. The participants' privacy, anonymity, and confidentiality were maintained, and no form of physical harm was inflicted on the respondents. They were also informed that they were not under compulsion to participate in the study and that they were free to withdraw from the study even after giving their consent.

The researcher did the administration of the questionnaires. The respondents who did not understand English had the questions explained to them in their language, and the data collection duration was four weeks. Data generated from the study was analysed using Statistical Package for Social Science (SPSS) version 25. Descriptive statistical techniques (percentage, frequency, mean and standard deviation) and inferential statistical techniques such as Chi-square were used to analyse the hypotheses at a significance level of $P < 0.05$.

RESULTS

A total of 160 questionnaires (100% response rate) distributed were returned and after sorting, all were found to be correctly and completely filled

About fifty-nine percent (n=?) of the respondents were between 21- 30 years, more than three quarters were married, below half were secondary school holders, above one quarter were traders, majority of the respondents were Yoruba while the income of more than two third was more than ₦30,000.(See Table 1).

Assessment of the perception of Nursing care by pregnant women in the antenatal clinic showed that more than a third agreed that nurses listened to them attentively, 35.0% agreed that they were given adequate instruction, 37.5% reported they were treated as an individual, 49.4% agreed that nurses spent time with them, 43.1% agreed that nurses know how to give immunisation, 38.1% said they are confident with the patient, 48.8% agreed that they demonstrate professional knowledge. In contrast, 32.5% said they allowed the patient to express feelings about their disease and treatment and 38.8% agreed to giving the patient's treatments and medications on time (See Table 2).

The figure one shows a summary of the perception of nursing care by pregnant women in the antenatal clinic. The result showed that slightly above half of the respondents (pregnant women) had good perception while below half (had a poor perception of nursing care in the antenatal clinic.

The aspect of satisfaction with Nursing care by pregnant women in antenatal clinics using the Likert scale was analysed. Less than of respondents reported that the level of communication from nurses was good, one third claimed that information was given to their relatives about their condition, more than one third claimed that nurses involved their family and friends in their care was good, less than half reported that the courtesy and respect they received was friendly and kind. In comparison, slightly above one third said nurses were flexible in meeting their needs and one third rated the skill and competence of nurses as good (See Table 3).

The result also showed that half of the respondents

were highly satisfied with nursing care, while one third were low satisfied and 16.3% moderately satisfied.

Analysis of factors that influence the level of satisfaction with nursing care in the antenatal clinic showed that all factors highlighted were majorly accepted by the respondents. The factors identified were: competency of the nurse; conducive clinical environment; attitude of the nurses; freedom to verbalizes feeling; adequate staffing; location of the hospital; cheap and affordable coast of care; availability of experts/specialist; being treated with dignity; aesthetic reasons; recommendation from family and friends and availability of the modern facility (See Table 4).

An analysis of the association between perception and satisfaction with Nursing Care at the Antenatal Clinic showed no significant association between perception and satisfaction with nursing care in the antenatal clinic ($P>0.05$). (See Table 5)

Association between Educational Status and Satisfaction with Nursing Care at the Antenatal Clinic also showed no significant association between educational status and satisfaction with nursing care in the antenatal clinic ($P>0.05$). (See Table 6).

Table 1: Socio-demographic Characteristics of the Respondents

Variables	Frequency (N=160)	Percentage (%)
Age Mean: 26.87±2.76		
16-20	51	31.9
21-30	94	58.8
31-40	15	9.3
Marital status		
Single mother	3	1.9
Married	157	98.1
Highest Education Attainment		
No formal education	20	12.5
Primary	29	48.1
Secondary	77	18.1
Tertiary	34	21.3
Occupation		
Unemployed	33	20.6
Civil servant	38	23.8
Trading	46	28.7
Artisan	43	26.9
Religion		
Christianity	156	97.5
Islam	4	2.5
Ethnicity		
Yoruba	122	76.3
Igbo	34	21.2
Hausa	4	2.5
Average Monthly Income		
Less than 10,000	3	1.9
10,00-20,000	9	5.6
20,00-30,000	27	16.9
More than 30,000	121	75.6

Table 2: Perception of Nursing Care by Pregnant Women in Antenatal clinic

Variables	Strongly Agree	Agree	Disagree	Strongly Disagree
Attentively listening to the patients	15(9.4)	54(33.8)	85(53.1)	6(3.8)
Giving instructions or teaching the patients	6(3.8)	56(35.0)	86(53.8)	12(7.5)
Treating the patient as an individual	12(7.5)	60(37.5)	82(51.2)	6(3.8)
Spending time with the patient	43(26.9)	79(49.4)	35(21.9)	3(1.9)
Supporting the patients	6(3.8)	72(45)	79(49.4)	3(1.9)
Being empathetic or identifying with the patient	13(8.1)	64(40)	82(51.2)	1(0.6)
Helping the patient grow	19(11.9)	45(28.1)	92(57.5)	4(2.5)
Being patient or tireless with the patient	22(13.8)	61(38.1)	70(43.8)	7(4.4)
Knowing how to give Immunisations	19(11.9)	69(43.1)	68(42.5)	4(2.5)
Being confident with the patient	9(5.6)	61(38.1)	84(52.5)	6(3.8)
Demonstrating professional knowledge and skill	33(20.6)	78(48.8)	35(21.9)	14(8.8)
Managing equipment skilfully	31(19.4)	79(49.4)	37(23.1)	13(8.1)
Allowing the patient to express feelings about their disease and treatment	13(8.1)	52(32.5)	90(56.3)	5(3.1)
Including the patient in planning their care	16(10)	64(40)	75(46.9)	5(3.1)
Treating patient information confidentially	35(21.9)	51(31.9)	63(39.4)	11(6.9)
Returning to the patient voluntarily	15(9.4)	70(43.8)	62(38.8)	13(8.1)
Talking with the patient	12(7.5)	63(39.4)	79(49.4)	6(3.8)
Encouraging the patient to call if there are problems	16(10)	59(36.9)	80(50)	5(3.1)
Meeting the patients stated and unstated needs	13(8.1)	42(26.3)	102(63.7)	3(1.9)
Responding quickly to the patient's call	14(8.8)	63(39.4)	78(48.8)	5(3.1)
Helping to reduce the patient's pain	20(12.5)	75(46.9)	56(35)	9(5.6)
Showing concern for the patient	20(12.5)	82(51.2)	49(30.6)	9(5.6)
Giving the patient's treatments and medications on time	25(15.6)	62(38.8)	67(41.9)	6(3.8)
Relieving the patient's symptoms	37(23.1)	72(45)	36(22.5)	15(9.4)

Table 3: Satisfaction with Nursing care by Pregnant Women at the Antenatal Clinic

Variables	Excellent	Very good	Good	Fair	Poor
Information you were given: How clear and complete the nurses' explanations were about tests, treatments, and expectations.	15(9.4)	39(24.4)	69(43.1)	36(22.5)	1(0.6)
Instructions: How well nurses explained how to prepare for tests and operations.	10(6.3)	48(30.0)	54(33.8)	48(30)	0(0)
Ease of getting information: Willingness of nurses to answer your questions.	6(3.8)	19(11.9)	55(34.4)	78(48.8)	2(1.3)
Information given by nurses: How well nurses communicate with patients, families, and doctors.	6(3.8)	38(23.8)	70(43.8)	46(28.7)	0(0)
Informing family or friends: How well the nurses kept them informed about your condition and needs.	5(3.1)	27(16.9)	59(36.9)	66(41.3)	3(1.9)
Involving family or friends in your care: How much they were allowed to help in your care.	13(8.1)	47(29.4)	61(38.1)	37(23.1)	2(1.3)
Concern and caring by nurses: Courtesy and respect you were given; friendliness and kindness.	10(6.3)	36(22.5)	68(42.5)	42(26.3)	4(2.5)
The attention of nurses to your condition: How often nurses checked on you and how well they kept track of doing.	15(9.4)	31(19.4)	65(40.6)	46(28.7)	3(1.9)
Recognition of your opinions: How much nurses ask you what you think is important and give you choices.	12(7.5)	28(17.5)	53(33.1)	63(39.4)	4(2.5)
Consideration of your needs: Willingness of the nurses to be flexible in meeting your needs.	7(4.4)	22(13.8)	62(38.8)	65(40.6)	4(2.5)
The daily routine of the nurses: How well they adjusted their schedules to your needs.	5(3.1)	27(16.9)	55(34.4)	69(43.1)	4(2.5)
Helpfulness: The ability of the nurses to make you comfortable and reassure you.	6(3.8)	35(21.9)	65(40.6)	52(32.5)	2(1.3)
Nursing staff response to your calls: How quick they were to help.	8(5)	41(25.6)	58(36.3)	53(33.1)	0(0)
Skill and competence of nurses: How well things were done, like giving medication, e.g., routine immunisation.	24(15)	40(25)	53(33.1)	41(25.6)	2(1.3)
Coordination of care: The teamwork between nurses and other hospital staff who took care of you.	17(10.6)	37(23.1)	71(44.4)	35(21.9)	0(0)
I am satisfied with the amount of peace and quiet. In the ANC	21(13.1)	27(16.9)	65(40.6)	45(28.1)	2(1.3)

Table 4: Factors influencing Level of Satisfaction with Nursing Care among Pregnant Women at the Antenatal Clinic

Variables	Yes	No	Mean SD	Rank
Location of the hospital	153(95.6)	7(4.4)	1.95±0.20	1
Recommendation from family and friends	145(90.6)	15(9.4)	1.90±0.29	2
Availability of modern facility	138(86.3)	22(13.8)	1.86±0.34	3
Cheap and affordable cost of care	138(86.3)	22(13.8)	1.86±0.34	3
Adequate staffing	133(83.1)	27(16.9)	1.83±0.37	4
Freedom to verbalise one feeling	133(83.1)	27(16.9)	1.83±0.37	4
Competency of the nurse	131(81.9)	29(18.1)	1.75±0.43	5
Availability of experts/Specialist	128(80)	32(20)	1.60±0.49	6
Being treated with dignity	121(75.6)	39(24.4)	1.58±0.32	7
Conducive clinical environment	97(60.6)	63(39.4)	1.50±0.53	8
Aesthetic reasons	78(48.8)	82(51.2)	1.48±0.50	9
The attitude of the nurses	71(44.4)	89(55.6)	1.44±0.49	10

Table 5: Association between Perception and Satisfaction with Nursing Care at the Antenatal Clinic.

Satisfaction	Perception		Total	χ^2	df	p-value
	Poor perception	Good Perception				
Low satisfied	27(50.9)	26(49.1)	53(100.0)	2.89	2	0.24
Moderately satisfied	8(30.8)	18(69.2)	26(100.0)			
Highly satisfied	37(45.7)	44(54.3)	81(100.0)			
Total	72(45.0)	88(55.0)	160(100.0)			

Table 6: Association between Educational Status and Satisfaction with Nursing Care at the Antenatal Clinic.

Educational status	Satisfaction			Total	χ^2	Df	p-value
	Low satisfied	Moderately satisfied	Highly satisfied				
No Formal Education	6(30.0)	2(10.0)	12(60.0)	20(100.0)	5.10	6	0.53
Primary	25(32.5)	15(19.5)	37(48.1)	77(100.0)			
Secondary	9(31.0)	2(6.9)	18(62.1)	29(100.0)			
Tertiary	13(38.2)	7(20.6)	14(41.2)	34(100.0)			
Total	53(33.1)	26(16.3)	81(50.6)	160(100.0)			

DISCUSSION

From the present study, more than half of the respondents had a positive perception about nursing care received during antenatal clinic, while less than half had negative perceptions. More than one third claimed that most of the nurses listened to them attentively; more than half had adequate knowledge on giving immunisation; majority claimed that nurses demonstrated professional knowledge and skill, while more than one third were displeased with how the nurses did not allow them to express feelings about their disease and treatment. These

findings are similar to submissions in a Thailand study to determine ANC users' knowledge and perception of ANC²². They found that more than half of the respondents had positive perceptions regarding ANC. The study is however in variance with the study carried out by Fagbamigbe et al., 2013, where two thirds of the respondents had negative perceptions regarding ANC services while others had positive perceptions²³. The percentage obtained from the overall perception of nursing in this study is low compared with the overall perception percentage of nursing in the study done by Afaya *et al.*, 2017²⁴. Although the perception of pregnant women about antenatal nursing care

received in the clinic refers to pregnant women's views about nursing care received, which can be used to improve nursing services, prevent complications during pregnancy, delivery, and post-delivery period. The difference in perception level may be due to cultural background and the literacy level of the respondents

According to Adhikary, *et al*²⁵, factors influencing patients' satisfaction can be health care provider's competence, interpersonal relationship skills and health care environment, type of facilities that have significant influence. Similar to this was a study done on assessment of patient satisfaction with nursing care in Lagos University Teaching Hospital, Nigeria, identified that quality of care, communication and information skills, professional-technical skills, the competence of nurses and environmental factors affected patient's satisfaction with nursing care and that socio-demographic factors of patients do not affect their satisfaction with nursing care¹⁶.

The present research suggests the need for improvement in nursing care during the antenatal period. Pregnant women that attend antenatal clinics have high expectations from nurses in that nurses' attitude and discharge of duties influence their perception and satisfaction with antenatal care. A woman-friendly approach to delivering maternal health care should be based on adequate response to women concerned and health challenges, which will be critical to curbing women's dissatisfaction with nursing care.

CONCLUSION

There is a marginal level of satisfaction with nursing care during antenatal services among pregnant women in the Obafemi Awolowo University Teaching Hospitals Complex. However, policymakers and health providers should address improved clinical environment, freedom to verbalise one's feelings, reduction of waiting time, and ensure that health interventions are available for all pregnant clients.

Recommendations

- i. There is need for a general improvement in nursing care during the antenatal period.

- ii. Nurses' attitude and discharge of duties influence their perception and satisfaction with antenatal care. Hence, nurses need to develop positive attitude to pregnant women to meet their high expectations.
- iii. A woman-friendly approach to delivering maternal health care should be based on adequate response to women concerned and health challenges, which will be critical to curbing women's dissatisfaction with nursing care.

Limitation

The major limitations of this study were relatively small sample size and the dependence on self-reported data about perception and satisfaction with antenatal care among pregnant women in the selected hospital.

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Attestation

This is to state that the manuscript has been read and approved by all the authors and all authors met the requirements for authorship and that each author believes that the manuscript represents honest work of all the contributors. There is no known conflict of interest about this manuscript.

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