

CONTRIBUTORY FACTORS TO CLIENTS' SATISFACTION IN A TERTIARY ANTENATAL CLINIC, PLATEAU STATE

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Abstract

Background: Utilization of antenatal care and maternity services is an important maternal health indicator. Increasing the proportion of mothers who are cared for in health facilities during pregnancy, childbirth and puerperium reduces the health risk to mothers and their children. Clients' satisfaction is paramount in this process. This study aimed at identifying factors that contribute to clients' satisfaction in a tertiary antenatal clinic in Plateau State.

Methods: This was a facility-based, cross sectional study where 100 clients of reproductive age (15-45 years) were selected using systematic sampling technique. Data was collected using a structured, interviewer-administered questionnaire that was pre-tested before administration. Prior to data collection, permission was obtained from the authorities of the hospital and informed consent was gotten from each of the respondents. Data was analysed using Epi info software version 3.5.1

Results: Contributory factors to client satisfaction included their perception on number of Doctors at each clinic day (48% felt this was adequate), adequacy of their training (79% felt this was adequate), their working hours (80% of them felt this was adequate), the working environment (71% of the respondents felt the working environment was conducive), standard of equipment used (80% of them felt the equipment used were standard) and antenatal care charges (76% felt the charges were adequate). The most statistically significant association was between the level of education and adequacy of the number of Doctors ($p=0.0145$).

Conclusion: Generally, majority of the clients were satisfied with manpower, material and management aspects of the antenatal clinic.

Key Words: Contributory Factors, Clients' Satisfaction, Tertiary Antenatal Clinic

Introduction

Client satisfaction refers to the benefits or the value of the services (as perceived by the clients) provided by a program or clinic, often measured in terms of the quality of interaction with providers and the efficiency and responsiveness to individual client needs.¹ It is regarded as one of the desired outcomes of care, an element in health status, a measure of the quality of care, and as indispensable to assessments of quality as to the design and management of health care systems.²

It has been proposed that the effectiveness of health care is determined, to some degree, by satisfaction with the services provided.³⁻⁵ Support for this viewpoint has been found in studies that have reported that a satisfied patient is more likely to utilize health services⁶, comply with medical treatment⁷, and continue with the health provider.⁸

Several factors contribute to client satisfaction and these range from service charges,⁹ privacy and waiting time,¹⁰ staff and equipment¹¹ among a

few. Various studies have shown that satisfaction is related to technical and interpersonal competence, more partnership building, more immediate and positive non-verbal behaviour, more social conversation, courtesy, consideration, clear communication and information, respectful treatment, frequency of contact, length of consultation, service availability, and waiting time.¹²⁻¹⁴

Delivery of health services is expected to respond to preference and client demand. Therefore, client satisfaction is a useful measure of the quality of service.

Methods

This was a descriptive, cross sectional, facility-based study where one hundred females of reproductive age group; 15-45 years, were recruited using systematic sampling technique, following informed consent of each of the respondents.

Permission was also obtained from the authorities of the hospital. Using a semi-structured, interviewer-administered questionnaire that was pre-tested to correct ambiguities, data was collected from the respondents and was analysed using EPI info version 3.5.1. (2008) software. A P-value of less than or equal to 0.05 was considered as statistically significant.

Results

Majority; 42% of the respondents were aged 25-29 years, had tertiary education; 48% and were married; 98%. A lesser proportion, 2% were aged 40-44 years, 3% had primary education and 3% were single. (Table1)

Table 1: Sociodemographic features of the respondents

Age	Frequency	Percentage
15-19	4	4
20-24	18	18
25-29	42	42
30-34	25	25
35-39	9	9
40-44	2	2
Level of education		
Primary	3	3
Secondary	44	44
Tertiary	48	48
Islamic	5	5
Marital status		
Married	97	97
Single	3	3

Working hours and the standard of equipment; 80% used were the most contributory factors to client satisfaction. Majority; 79% of the clients felt the training of the Doctors was adequate to ensure their satisfaction. The least proportion of clients; 20% felt the standard of equipment used in the antenatal clinic was not adequate, thus negatively affecting their satisfaction. (Table 2)

Table 2: Contributing factors to client satisfaction

Factors	Adequate		Not adequate		Total
	Frequency	Percentage	Frequency	Percentage	
Number of Doctors	48	48	52	52	100
Doctors Training	79	79	21	21	100
Working hours	80	80	20	20	100
Working environment	71	71	29	29	100
Standard of equipment	80	80	20	20	100
Antenatal care charges	76	76	24	24	100

Table 3: Relationship between level of education and number of Doctors

Level of education	Number of Doctors		Total
	Adequate	Not adequate	
Primary	1	2	3
Secondary	33	11	44
Tertiary	38	10	48
Islamic	1	4	5
Total	73	27	100

Discussion

It is said that the quality of healthcare service and patient satisfaction are generally difficult to determine.¹⁵ From this study, the working hours of Doctors and the standard of equipment used on the clients were the factors that satisfied them the most. This latter factor was similar to a study conducted in Ugandan maternity services where the equipment used on the clients contributed to their satisfaction.¹¹ This factor further emphasises the aspect of materials in patient management as an input factor and their satisfaction as an output factor. The contributory factors in this study were in contrast to some noticed in a rural setting where waiting time contributed significantly to client satisfaction.¹⁰ This may be due to geographical disparities. This study was in an urban center and the quoted study in a rural setting, where possibly majority of the populace reside with a higher client need and a lower healthcare work force. This will most likely increase client waiting time and negatively influence their satisfaction with quality of care.

The adequacy of the number of Doctors was the factor that carried the least satisfaction among respondents in this study. This is not surprising as most parts of the West African Region have a poor Doctor client ratio; 1:31,000 in Ghana.¹⁶ Considering the fact that this study was conducted in a tertiary antenatal clinic, it is expected that the manpower strength should be adequate enough to cope with the increasing client demands, but due to certain system challenges, this may not be feasible. Notable among these system challenges is the inability of the system to accommodate most of the trained manpower on ground to address the health needs of the clients. That notwithstanding, it is expected that due to the level of specialisation, there will be an increased demand on the manpower strength and therefore such an outcome is not unexpected.

There was a statistically significant relationship with educational level and client satisfaction in terms of adequacy of the number of Doctors. This could be due to the fact that educational level has a significant influence on the level of satisfaction with healthcare delivery. The more educated clients usually have a higher degree of satisfaction.¹⁷

Though this study concluded a generally satisfactory outcome with client satisfaction in this tertiary antenatal clinic, there is still room for more expanded studies to identify other aspects this study did not explore in contributory factors to client satisfaction.

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