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PATIENT SATISFACTION WITH INTRAPARTUM CARE PROVIDED BY NURSE-MIDWIVES IN CIVIL SERVICE HOSPITAL, ILORIN, KWARA STATE, NIGERIA

Olabode Opeoluwa O.[1*], Onasoga Olayinka A.[2] and Aluko Joel O.[3]

[1]Department of Nursing Sciences, Faculty of Clinical Sciences, College of Health Sciences University of Ilorin, Ilorin, Kwara State, Nigeria.

[*]Corresponding Email: opeoluwadami@gmail.com

[2]Department of Nursing Sciences, Faculty of Clinical Sciences, College of Health Sciences University of Ilorin, Ilorin, Kwara State, Nigeria. Email: yinka_onasoga@yahoo. com

[3]Department of Nursing Sciences, Faculty of Clinical Sciences, College of Health Sciences University of Ilorin, Ilorin, Kwara State, Nigeria. Email: joelforfavour@gmail.com

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ABSTRACT: *Half a million women are estimated to die each year from pregnancy and childbirth. Greater than half of maternal and child deaths occur in Africa. Most of these deaths are caused by complications during or just after delivery and most of the complications are avoidable. Also, when reimbursement and performance policy is becoming a thing of need, patient experience and satisfaction is one of the ways of assessing and measuring the quality of care received in the health facility. This study attempted to explore patients' satisfaction with intrapartum care provided by nurse-midwives in Civil Service Hospital, in Ilorin, Kwara State, Nigeria. This is to enhance understanding of patients' perception and values of pregnant women during delivery, as well as factors influencing their satisfaction in other to guide nurse-midwives in providing quality care. Hence, working towards health-related Sustained Development Goals (SDGs) to reduce child mortality by two-thirds. The study employed a qualitative research design and a purposive sampling technique was used to select 16 mothers who just delivered in Civil Service Hospital, Ilorin, Kwara State. A semi-structured interview guide was used to collect the data. In-depth Interviews were done which comprised 16 participants. A qualitative method (thematic analysis) was used to analyse the data. Findings from the discussions revealed that the majority of the women said that they are highly satisfied with the provided by the nurse-midwives because of the type of care received from the competent nurses. it was also discovered that expectation is highly linked with satisfaction. Based on the findings; the participants recommended that the toilet facility, labour rooms and hospital beds should be renovated; electricity and water supply should be improved.*

KEYWORDS: Intrapartum Care, Nurse-midwives. Patients and Satisfaction.

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INTRODUCTION

Half a million women are estimated to die each year from pregnancy and childbirth. Greater than half of maternal and child deaths occur in Africa. Most of these deaths are caused by complications during or just after delivery and most of the complications are avoidable [(1)]. Over time there has been a regulatory and clinical care response to the concept of patient satisfaction and experience. Also, when reimbursement and performance policy is becoming a thing of need, patient experience and satisfaction is one of the ways of assessing and measuring the quality of care received in the health facility. Negative experience brings about poor satisfaction and positive experience leads to high satisfaction with services provided by health care providers. Hence, the patient's experience is multifaceted and is linked with patient satisfaction. Patient satisfaction is often measured but the satisfaction score is centred on many dynamics that a patient experience before, during, and after an episode of care, alongside characteristics of the care environment [(2)].

Patient satisfaction was defined as the individual's positive evaluation of distinct dimensions of healthcare, particularly when patient expectations are met. Patients' ken about quality healthcare service shapes their confidence with regard to the use of the available healthcare facilities. Patients with lower expectations tend to be more satisfied. Efficient and quality care that meets up with patients' expectations is a fundamental objective of public health services [(3)]. Women's satisfaction with maternal health care services is integral to the current push to decrease maternal mortality; especially in the developing world, particularly Sub-Saharan Africa including Nigeria.

Patients' satisfaction is diversified with different perceptions and values. Perceptions are patients' beliefs about events that reveal what happened, while values are patients' attachments to those events. They reveal the degree to which patients consider specific events desirable, expected, or necessary. Treatment and care to be received during delivery should involve the patient's needs and preferences. Patients should be informed about the care to be given and the expected outcome of the treatment and care, this means that a patient should not be coerced or assaulted in order to receive treatment and care. The various expected treatment and care to be received during intrapartum should be explained to the patient during antenatal clinic visits thereby making the midwife's work a little bit easier. To optimise maternal health all women must have access to quality care before, during and after delivery [(5)]. Therefore, it was necessary to explore patients' satisfaction during delivery and the factors influencing their level of satisfaction with intrapartum care provided by nurse-midwives in Civil Service Hospital, Ilorin, Kwara State, Nigeria.

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MATERIALS AND METHODS

A descriptive qualitative design was adopted to explore patients' satisfaction with intrapartum care provided in Civil Service Hospital, Ilorin, Kwara State. The target population comprised postnatal women who gave birth in the selected hospital, and a purposive sampling technique was used to enlist 16 postnatal women for this study.

In-depth interviews (IDIs) were employed as instruments of data collection for this study. The in-depth interview is a qualitative research tool that involves guiding intensive individual interviews with a small number of respondents to explore their viewpoint on a specific idea, programme or event. A total of 16 women who just delivered were interviewed using a semi-structured interview guide, and the sample size was determined based on data saturation for qualitative data [(4)]. The sample size decision was made by the researchers when no new data or themes could be gathered by a further interviews on the study questions. The choice of such a sampling method is consistent with the exploratory nature of the study [(5)]. Only women who consented to participate were interviewed inside a room in the ward while they were still inside the hospital. The setting was most appropriate because it was convenient, comfortable and conducive for discussion. The interview was conducted as soon as the patient was more stable and the duration of the interview did not exceed 45 minutes. The semi-structured question items were informed by the objectives of the study, the researcher's clinical experience and the literature reviewed. The information elicited from the postnatal women includes their age, marital status, educational qualifications, religion, ethnicity, occupation, parity, age at marriage, mode of delivery, length of hospital stay, and question on the following: (i) satisfaction with intrapartum care provided by nurse-midwives (ii) factors influencing patients' satisfaction with intrapartum care provided by nurse-midwives. The four criteria suggested by Lincoln and Guba (1985) cited in [(6)] for ensuring the trustworthiness of the findings of qualitative research were followed in this study. They are credibility, dependability, transferability and applicability.

Data were collected using semi-structured interviews. Four days were spent collecting data in the selected hospital. The researcher served as a facilitator of the in-depth interview discussion while a researcher with legible handwriting took down field notes during the sessions and a tape recording was taken. The interviews were conducted after obtaining approval to conduct the study from the relevant authorities.

The process of the data analysis began with transcribing the interviews with the respondents. In the beginning, notes made from each interview were reviewed and highlighted or new concepts were identified. Information obtained through record review and observation was also analysed qualitatively based on the framework provided and the literature. The data were analysed manually using the *"Framework Analysis"* approach developed by Ritchie and Spencer (1994) to assist qualitative researchers to arrive at the holistic and humanistic views of the findings of their studies. This approach involves five distinct, but interconnected stages which include familiarisation, identifying a thematic framework, indexing, charting and mapping and interpretation.

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First, the interviews were transcribed, translated and then analysed manually by assembling the transcript from each interview and utilised to form major themes and categories that emerged from the data according to the study's structure, process and outcome, in order to answer the original research questions. Ethical clearance was obtained from the selected hospital and informed consent was obtained from all participants involved in the study. The researchers ensured voluntary participation neither were the participants harmed in any way, and counselling was provided during interviews where necessary. Participants were given detailed information about the study without withholding information or giving false information concerning the study. The confidentiality and anonymity of participants were maintained since no actual names were used.

RESULTS

All the in-depth interviewees responded to at least one or two questions based on the semi-structured interview guide that was used. The findings from the in-depth interviews were clustered into themes and sub-themes. Two main themes and ten sub-themes were generated from the analysis of the data, and the content of each theme is described and, where required, relevant quotes are included. Table 1 indicates the themes and sub-themes that emerged from patients' in-depth interviews.

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Table 4.1: Demographic distribution of participants (n= 16)

S/N	Age (years)	Marital status	Tribe	No of Children	Occupation	Religion	Educational qualification	Age at marriage	Mode of delivery	Length of hospital stay
P1	22	Married	Yoruba	1	Student	Christianity	Primary school	21-30	SVD	1 day
P2	28	Married	Yoruba	2	Self-employed	Islam	Tertiary institution	21-30	SVD	2days
P3	30	Married	Yoruba	4	Self-employed	Islam	Tertiary institution	21-30	SVD	1day
P4	31	Married	Yoruba	2	Self-employed	Islam	Tertiary institution	21-30	SVD	1day
P5	33	Married	Yoruba	3	Self-employed	Islam	Tertiary institution	21-30	SVD	1day
P6	25	Married	Yoruba	1	Self-employed	Islam	Secondary school	21-30	SVD	1day
P7	27	Married	Yoruba	1	Housewife	Islam	Secondary school	21-30	SVD	1day
P8	26	Married	Yoruba	2	Civil servant	Christianity	Tertiary institution	21-30	SVD	1day
P9	28	Married	Yoruba	4	Self-employed	Christianity	Secondary school	21-30	SVD	1day
P10	30	Married	Yoruba	1	Self-employed	Islam	Secondary school	21-30	SVD	1day
P11	32	Married	Yoruba	3	Civil servant	Christianity	Tertiary institution	21-30	SVD	1day
P12	26	Married	Yoruba	3	Self-employed	Islam	Secondary school	21-30	SVD	2days
P13	38	Married	Yoruba	4	Self-employed	Islam	Tertiary institution	31-34	SVD	1day

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S/N	Age (years)	Marital status	Tribe	No of Children	Occupation	Religion	Educational qualification	Age at marriage	Mode of delivery	Length of hospital stay
P14	24	Married	Yoruba	1	Student	Christianity	Tertiary institution	21-30	SVD	1day
P15	35	Married	Yoruba	5	Civil servant	Islam	Tertiary institution	21-30	SVD	1day
P16	32	Married	Yoruba	2	Self-employed	Christianity	Tertiary institution	21-30	SVD	1day

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Table 4.2: Themes and sub-themes that emerged from In-depth interviews (IDIs)

THEMES: postnatal women	**SUB-THEMES**
1. Patients' satisfaction with care provided by Nurse-midwives	Aspect of care not satisfied with
	Patient's expectations
	Future utilisation of the health facility
2. Factors influencing patients' level of satisfaction with intrapartum care provided by Nurse-midwives	Waiting time
	Professional skills of Nurse-midwives
	Pain and pain management
	Patient's reception into the labour ward
	Patient's involvement in care provided
	Opportunity to communicate with healthcare provider
	Essential physical resources and infrastructures

Patients' Satisfaction with Intrapartum Care Provided by Nurse-midwives.

1. Aspect of care not satisfied with

In bid for improvement in the care being provided to patients, evaluation of the aspect of care that they don't like need to be done in other to provide quality care. The majority of the women said that they are content with most of the care that was provided to them. But some aspects were identified whereby they are not happy with.

The participants' opinions on care the care that they were contented with are stated below**:**

"*Nothing, ...everything that they did for me, I am satisfied with..... because it is their work and everything that they are supposed to do" (*IDIs 1, 22year old*).*

"They attended to us immediately, they didn't even delay us and spoke politely to us, not shout at us" (IDIs 4, 31yr old).

"*aah, whenever I called that ahh, I want to urinate, I want to vomit, I want to defecate, they attended to me immediately"* (IDIs 16, 32yr old).

"*There was a particular nurse that ...., was she a nurse? I think she was even a matron, an elderly woman. She was just always caring, she will talk to you, pray for you like... you get. Giving reassurance and making you happy, you know the condition you are in is not a very favourable one but seeing someone coming around to check up on you as a mother. Parents were not allowed in.... and.... So, she was just like a mother in the labour room. The woman is nice"* (IDIs 2, 28yr old).

"*The person that has been attending to me oh, for me, it is okay with me"* (IDIs 16, 32yr old).

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Participants' opinion on aspects of care not happy with:

"*There was a lady nurse after delivery she did like a mother, during delivery she behaved somehow to me. You know, issue of money…., we will ask you to do something, you didn't do"* (IDIs 8, 26yr old).

"Eehn, they delayed us that when my husband went to go and tell them that we are ready to go home, they now said that we need to go and do another PCV which they did not even inform us before and there was not enough nurse here ……." (IDIs 4, 31yr old).

She also went further to say that she is not pleased with the bed that was given to her:

> *"The bed they gave us is not okay*" (IDIs 4, 31yr old).

2. Expectation from nurses

On patient expectation, most of the respondents did not have much expectation, probably because they don't have a knowledge of the care that was expected of the nurse during delivery. It includes their opinion on what they were expecting that the nurses didn't do for them and what they were not expecting, the nurses did for them.

Below are participants' opinions on what they were expecting that the nurses didn't do:

"*nothing"* (IDIs 8, 26yr old).

"*I don't think that there is something that they are supposed to do for us that they did not do. If they don't do everything perfectly, their work will not be okay"* (IDIs 6, 25yr old).

" *They did what they are expected to do for me o, I don't know of another person"* (IDIs 13, 38year old).

"*That was what I was telling you like the day I gave birth, I wanted to bathe even before I left the labour room. They were like there is no water, no hot water just to pour on my body. Not to press my body but the hot water to just clean up because of the dirt because I pooed so I needed water to wash up. No cleaner, and my sister-in-law that came with me had to go and look for water"* (IDIs 9, 28yr old).

Concerning the aspects of what they were not expecting that the nurses did for them, their responses are noted below:

"*toorh, ……. because when I am here, I am just feeling back pain and I didn't come with anything, and I said let me come and complain with back pain. …. Immediately after I reach, they used all their own instrument, including the pad. So we didn't expect, I think they hold us till when we bring that thing…"*

3. Future utilisation of the health facility

The future utilisation of the health facility is dependent on the previous experience and satisfaction with the care that was provided. The majority of the respondents affirmed that they will still come back to the hospital if they had another opportunity or refer someone irrespective of their dissatisfaction. Below are some of their statement:

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"*if I have another opportunity, I will register here because they are trying their best"* (IDIs 8, 26yr old).

"*I will come, I will like to come here"* (IDIs 4, 31yr old).

"yes, aah. I have told a lot of people that they should come to this hospital" (IDIs 5, 33yr old).

Another informant said:

"*aah, noo. I don't want to give birth again, aah, it is enough. But I can tell other people to come to this hospital"* (IDIs 13, 38yr old).

Factors Influencing Patients' Satisfaction with Intrapartum Care Provided by Nurse-midwives

1. Waiting time

Waiting to receive care in the health facility without any tangible reason can be tiring. The majority of the informants said that they did not wait for a long time before the nurse-midwives answered them when they were asked. Below are their responses:

"They didn't take time o, immediately" (IDIs 16, 32yr old).

bed" (IDIs 5, 33yr old).

"Nodded no, they even rally around me" (IDIs 1, 22yr old).

An informant explained that though they quickly answer them when they entered the ward, they were held when they were supposed to leave the hospital and she explained the reason below:

"There were only two persons that attended to us that day. we want to make payment, even before we made the payment, they wasted our time. They delayed us since there were no many nurses" (IDIs 4, 31yr old).

2. Professional skills of Nurse-midwives:

Some informants said the nurses are skilful because of the way they were treated or received while those that said that some nurses are not skilful said so because of the way they were treated or received when asked about their experience on the technical skills of the nurse-midwives. Below are their responses with reasons:

"well, they are capable. But normally, they will say they are trying but God heals" (IDIs 8, 26yr old).

"they are capable and responsible. Especially when one wants to give birth because if it were to be another hospital, they will be shouting at someone. But they are greeting in a special way" (IDIs 6, 25yr old).

Another informant had a different opinion on the skills of the nurses:

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"…. but when it was time to stitch my tears, the nurse said she cannot do it and the doctor was like what? She can't stitch? and you tore her?... so maybe they should try and make nurses, most of them to know how to stitch…" (IDIs 9, 28yr old).

3. Poor pain management: it was observed that most of them don't know about pain relief measures during labour. Below are their responses:

"*nothing like that"* (IDIs 10, 30yrs old).

"*no o, since I was the one that gave birth to my child and after I gave birth, they wrote drugs for us to go and buy"* (IDIs 13, 38year old).

Also, the women had a bad experience concerning giving of episiotomy and performing episiorrhaphy, below are their responses:

"*here o, they don't give injection when they stitch…. You will go through serious pain. Maybe with drugs, you know we don't really know about drugs. That one is after delivery and not during delivery… drugs for tear; because in private hospitals they do, when they want to stitch they will give you an injection because it is very very painful.* (IDIs 9, 28year old).

Other factors that the interviewee talked about that need improvement include infrastructure, good communication skills in relation to the nurse-patient relationship, lack of manpower, poor alternative for light, poor water supply, the poor state of the toilet and need for more than one toilet, modern labour rooms and equipment.

"water must be available (hot, cold, whatever) and the toilet at least should be more than one. It is only one that is here" (IDIs 9, 28year old).

"*although I forgot, the toilet was not nice at all. And for us that just gave birth, the suture and all that. We could easily get infected……. You know it could cause for the mother"* (IDIs 2, 28year old).

"*when government occupy nurses, so they will attend to women immediately because, during my own labour, there were plenty women that want to deliver…."* (IDIs 2, 28year old).

DISCUSSION

Patients' Satisfaction with Intrapartum Care Provided by Nurse-Midwives

Majority of the women said that they were satisfied with the care received during delivery. This is similar to a study carried out by [8] in Ibadan, Nigeria where the findings revealed that the majority of the women; Ninety-seven per cent (97%) consented that they were satisfied with the quality of antenatal care they had received, 92.4% agreed that they were satisfied with the care they received during labour and 61 respondents stated that the postpartum care they were currently receiving is satisfactory. This is also similar to a study carried out by [9]. In addition, most of the respondents did not have much expectation, probably because they don't have a knowledge of the care that was expected of the nurses during delivery, though they said that the nurses tried their best. Having expectations either high or low is one of the indicators of satisfaction. This doesn't corroborate with the study carried out by [8] in Ibadan, Nigeria

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findings revealed that a total of 60 respondents (90.9%) accepted that all their expectations about nursing care were met, 80.3% stated that they actually received better care than they had expected, and 89.4% stated that the nurses and midwives performed to their expectations.

In addition, the majority of the women said that they were received warmly into the ward which is in line with a study carried out by [10] among Nigerian and Ugandan women in Africa; A qualitative study where the findings revealed that women often talk about how they were "received" by the healthcare providers, referring to the dynamic of their first relations with staff, which often set the tone for the relationship throughout labour and childbirth. Clear communication enabled women to be "carried along" throughout the labour and childbirth process so that they understood what was on and were less stressed as a consequence. In other words, the woman and provider should "understand each other's language". Participants generally desired that health workers communicate using positive and comforting language, and hold back from yelling, which was seen as discouraging and insulting [10].

Lastly, the majority of the informants opined that the reason why they choose the facility is because of the quality of care provided by the health workers when they were asked. The level of satisfaction affects the further utilisation of the health centre or facility. This is similar to the findings from the study conducted by [11] who further stated from his findings that the majority of the women 37.5% choose the health centre because of the quality of care received from the hospital. The majority of the women affirmed that they will continue to patronise the health facility in the nearest future which is also similar to another carried out by [8] in Ibadan, Nigeria where his findings revealed that the majority (75.8%) of the respondents have a high prospect of subsequent patronage of the respective PHC for perinatal care, whereas 24.2% have a low likelihood for consequent patronage of PHC for perinatal care. In one case, the experience of being shouted at during labour was directly linked to a decision not to use health facilities for childbirth in the future. Women felt that effective care necessitates good listening skills. If health workers disregarded a woman's concerns, negative consequences could happen, as in the following case, when a woman gave birth to her baby without the company of a health worker [10].

Factors Influencing Patients' Satisfaction with Intrapartum Care Provided by Nurse-midwives

The factors that were identified to influence patient's satisfaction with intrapartum care include waiting time, professional skills of Nurse-midwives and man-power, poor pain management, poor and inadequate social amenities like water, toilets, light or standby generator, and buildings. The majority of the patients showed their satisfaction concerning the waiting time; that is, they did not wait for a long time before they were attended to. There was a mixed reaction concerning the professional skills of the nurses. The reason is that they said that some nurses are skilled while some are not, which is related to the ways the nurses treated and attended to them.

The informants expressed their dissatisfaction concerning limited human resources (nurses) in the hospital and advised that more qualified nurses should be employed in the hospital. The majority of the informants also expressed a high-level dissatisfaction concerning pain and pain management, especially during episiotomy and episiorrhaphy. While some believed that it is what a woman must undergo during delivery. This is corroborated by a study carried out by [10] who noted that in order to promote the importance of interpersonal relationships between

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providers and women, participants acknowledged that there must be reasonable workload requirements for providers. For example, a woman in Nigeria suggested one-to-one care but recognised the strain of doing this with low staffing levels. They went further to state that women described the importance of having well-equipped health facilities but moaned that this was often not the case. They believed that well-equipped health facilities would have access to water, electricity and sanitation, adequate bed space, and continuity in access to quality drugs and supplies.

Furthermore, the dissatisfaction expressed was on limited space concerning both labour rooms and the postnatal ward. Another area of dissatisfaction was the issue of poor or lack of water supply and absence of light when there is no light from PHCN people, poor toilet facility When asked about the factors that influenced their choices related to the place of delivery, women reported several different factors that influenced their choices. This is not in line with a study carried out by (8) in Ibadan, Nigeria whose findings revealed that the majority of the respondents; 80.3% respondents agreed to adequate electricity and water supply in the primary health centres, whereas about 90% of the respondents indicated satisfaction with the beds and bedsheets in the wards, the toilet and bathroom, attitude of staff, and cost of drugs and other medical services. This was consistent with a study carried out by [(12)] in Eritrea where the majority of the respondents were dissatisfied with toilet cleanliness and lack of continuous water supply but inconsistent with the study conducted by [(13)] where ninety per cent of the respondents were satisfied with the cleanliness of the environment including toilet and water supply.

Another study carried out by [(10)] among Nigerian and Ugandan women in Africa; revealed that women emphasised the importance of the physical infrastructure of the facilities, which often fell short of their expectations. They felt that all facilities should have essential resources, including electricity, water, and sanitation, in order to function as a facility. To protect women and their babies from malaria and other mosquito-borne diseases, all windows should have screens and bed nets should be readily available.

CONCLUSION AND RECOMMENDATION

Patient satisfaction is a priority by nurses when care is being provided, this influence further utilisation of the healthcare facility by the patients. In order to reduce the patronisation of unskilled people (quacks), the area of the patient experience which is highly linked with satisfaction should be considered in other to provide quality care. Hence, improving the health of the mother and child. Based on the findings, nurse-midwives should be committed to acquiring different skills needed for the provision of care to women and their babies. This ranges from interpersonal and communication skills to administering local analgesia before giving episiotomy and performing episiorrhaphy.

Conflict of interest

The authors declare no conflict of interest

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REFERENCES

[1]. Fasiku MM, Durowade KA, Osinubi MO, Akande TM, Osagbemi GK, Salaudeen AG, Oloyede TA, Ayoola VO. Utilization of maternal health services and its determinants among mothers attending primary health care clinics in Kwara State, Nigeria. Research Journal of Health Sciences. 2018 Sep 17;6(3):121-32.
[2]. Berkowitz B. The patient experience and patient satisfaction: measurement of a complex dynamic. Online J Issues Nurs, 2016, 21(1).
[3]. Gashaye KT, Tsegaye AT, Shiferaw G, Worku AG, Abebe SM. Client satisfaction with existing labour and delivery care and associated factors among mothers who gave birth in the university of Gondar teaching hospital; Northwest Ethiopia: Institution based cross-sectional study. PLoS One. 2019 Feb 6;14(2):e0210693.
[4]. World Health Organisation. Discrimination in health care. 2017. http://www.who.int/mediacentre/news/statements *publications/intrapartum-care-guidelines/en/index.html.*
[5]. Polit DF, Beck CT. Nursing research: generating and assessing evidence for nursing practice. (10th ed.). Philadelphia: Wolters Kluwer Health. 2017.
[6]. Brink H, Van der Walt C, Van Rensburg G. Fundamentals of research methodology for health-care professionals (3rd ed.). Cape Town: Juta & Company Ltd. 2016.
[7]. Odetola TD, Fakorede EO. Assessment of perinatal care satisfaction amongst mothers attending postnatal care in Ibadan, Nigeria. Annals of global health. 2018;84(1):36.
[8]. Gbadamosi IA, Osungbade KO. Quality of intrapartum care received by parturient During the active phase of the first stage of labour at a tertiary hospital, Ibadan, Nigeria. *International journal of tropical disease & health 23(1): 1-8, 2017; article no. ijtdh.31082. ISSN: 2278–1005, NLM ID: 101632866*
[9]. Bohren MA, Titiloye MA, Kyaddondo D, Hunter EC, Oladapo OT, Tunçalp Ö, Byamugisha J, Olutayo AO, Vogel JP, Gülmezoglu AM, Fawole B. Defining quality of care during childbirth from the perspectives of Nigerian and Ugandan women: A qualitative study. International Journal of Gynecology & Obstetrics. 2017 Dec; 139:4-16.
[10]. Hodin SM, Caglia JM, Baye M, Bewa J, Waiswa P, Langer A. From MDGs to SDGs: implications for maternal newborn health in Africa. African journal of reproductive health. 2016 Nov 15;20(3):26-8.
[11]. Kifle MM, Ghirmai FA, Berhe SA, Tesfay WS, Weldegebriel YT, Gebrehiwet ZT. Predictors of Women's Satisfaction with Hospital-Based Intrapartum Care in Asmara Public Hospitals, Eritrea. Obstetrics and gynaecology international. 2017.

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DOI URL: https://doi.org/10.52589/AJHNM-YYEGE8WP

[12]. Khumalo N. Factors that influence patients' satisfaction with peripartum care in Germiston Hospital maternity unit (M.Sc. dissertation, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg) 2013. http://wiredspace.wits.ac.za/bitstream/handle/10539/14586/NONHLANHLA%20KHUMALO%0404141%20SEPT.pdf?sequence=1&isAllowed=y

Article DOI: 10.52589/AJHNM-YYEGE8WP
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