African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 7, Issue 4, 2024 (pp. 161-174)
www.abjournals.org

FACTORS INFLUENCING QUALITY OF MIDWIFERY CARE SERVICE AT WOMEN'S AND NEW BORN HOSPITAL, LUSAKA

Namayipo Wamukankamba Stella Nankamba[1*] and Erastus Mwanaumo (Prof.)

[1]Department of Midwifery, Women's and Child Health, Faculty of Midwifery, University of Zambia, School of Nursing Sciences.
Email: namayipo.nankamba@unza.zm

[2]Directorate of Research, Innovation and Development, Faculty of Infrastructure Construction Economics and Management, University of Zambia.
Email: erastus.mwanaumo@unza.zm

[*]Corresponding Author's Email: namayipo.nankamba@unza.zm

Cite this article:

Nankamba, W. S. N., Mwanaumo, E. (2024), Factors Influencing Quality of Midwifery Care Service at Women's and New Born Hospital, Lusaka. African Journal of Health, Nursing and Midwifery 7(4), 161-174. DOI: 10.52589/AJHNM-TICXJNT6

Manuscript History

Received: 21 Aug 2024

Accepted: 28 Oct 2024

Published: 29 Nov 2024

ABSTRACT: ***Introduction:*** *Poor quality service provision by midwives can prevent women from coming to the hospital to seek care, leading to complications which later cause deaths, increasing the maternal mortality rate.* ***Aim:*** *The study aimed to assess factors affecting provision of quality midwifery care service at Women and New-Born Hospital (WNBH) in Lusaka District of Zambia.* ***Methodology:*** *A cross-sectional quantitative research design was used. Data were collected from 385 women and 185 midwives from the various health units using a self-administered questionnaire. Chi-square and Fisher's exact tests were used to test statistical significance between the independent and dependent variables.* ***Results:*** *All participants concurred that midwives did not provide quality midwifery service according to the standards and demonstrated a positive attitude towards quality service provision by midwives. Most of the women (203, 52.7%) categorized midwives' workload as high while a great number of midwives (99, 53.8) considered it as moderate. On knowledge level, the majority of women (283, 75.1) had low knowledge levels and 228 (59.2%) had never heard of quality midwifery care, contrasting with findings from midwives which showed that the majority (125, 67.9) had high knowledge and 179 (97.3%) had heard about quality midwifery care. There was a statistical significance between age (P-value 0.001), workload (P=0.000), knowledge levels (P=0.001) and women's perception on the midwives' ability to provide quality midwifery care service.* ***Conclusion:*** *The quality midwifery care services from the perspective of both women and midwives was generally seen to be poor. Poor knowledge on midwifery service quality and increased workload of midwives adversely affected women's perception of the quality of care received from midwives. Health facility management should educate the public on quality care in order for women to better understand their care quality needs and expectations.*

KEYWORDS: Quality Care, Midwifery Care, Midwives, Service Quality.

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 7, Issue 4, 2024 (pp. 161-174)

www.abjournals.org

INTRODUCTION

One of the notable sustainable development goals made by the United Nations (UN) is for the good health and wellbeing for all, where various nations are encouraged to ensure healthy lives and to promote the wellbeing of all of its citizens regardless of age (United Nations, 2023). Additionally, the United Nations in 2023 established two noteworthy targets for this goal. These are, firstly, that by 2030, maternal mortality ratios should be reduced, and, secondly, that all preventable deaths should not occur, for both new-borns and mothers. One of the identified strategies for accomplishing the United Nations 2030 goals to reduce maternal and neonatal mortality is quality maternity care provision.

Midwifery care service is a common type of health care services given to women, their children, and their families during the whole pregnancy, labour, and delivery, as well as up to six weeks following the birth (Future Learn, 2022). The term “midwife" has been defined by the International Confederation of Midwives (2017) as someone who has undergone training in midwifery in any country where such training is recognized and who has successfully completed it in order to obtain the mandatory credentials that will permit such a country to legally license this midwife. The midwife, along with other health care professionals, is responsible for providing high-quality maternity care (WHO, 2024), such as the prevention of practices like abuse and disrespect toward women during maternity (Browser & Hill, 2010). Furthermore, the implementation of Respectful Maternity Care (RMC) is important for all healthcare staff to practice, particularly for midwives (WHO, 2015), as it highlights the significance of quality in the services.

The actions and attitudes of healthcare personnel have an impact on patients' perceptions regarding the quality of treatment they get at healthcare institutions (Nemati et al, 2020). Li et al. in 2014 discovered that patients in the community health centres in China expressed a perception of perceived equality. These patients agreed with the statement made by the centres which recommended that education in ethics for healthcare personnel improves patients' perceptions of the care they receive.

Increasing education on ethics and service quality standards to the public could prevent women in Lusaka from raising complaints about bad attitudes displayed by health care professionals and ultimately improve patient satisfaction with the service, which will increase uptake. Previously, they had reported issues such as giving birth on their own without continuous monitoring by midwives, and not receiving adequate information regarding their conditions and outcomes while in the care of the midwife. Such complaints reduce client satisfaction with the healthcare service they receive and thereby affects their perception of the quality of the service overall, which increases risks of maternal deaths from preventable causes.

When patients are taught about what is done in a specific department of a hospital, they are better able to connect their experiences to their perception of the quality of care provided by that department (Gordon et al., 2019). As a result, patients are satisfied with the care they receive, and the quality of care is improved. Additionally, the disparity that exists between the actual care being delivered and what patients or clients know about it defines the quality of the treatment perceived by the patients and clients. Despite the fact that it is widely acknowledged that the quality of midwifery care provision is crucial for meeting sustainable development goals (Khakbazan et al., 2020), there is little information available regarding the service and the service dimensional standards of midwifery care provision itself.

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

Furthermore, for midwifery service to be termed as quality, it must be provided by qualified and competent individuals working in a supportive environment with adequate equipment for use (Amjeriya & Malviya, 2012).

Not only this, there should exist an adequate number of midwives working in diverse maternal health care settings (Renfrew et al., 2019), instead of the prevailing situation where most facilities have significant personnel shortages, which increase workload, thereby producing a negative impact on the provision of excellent healthcare (Ruotsalainen, Jantunen & Siervo, 2020). Additionally, midwives require adequate time to provide both physical and non-physical interventions, such as talking to patients, comforting them, and updating nursing care plans as this has an impact on midwifery care quality (Ibid, McFadden, Marshall & Sharma, 2020). It has been established that overworked staff members in health care settings—such as those working longer shifts than twelve hours—end up providing their patients with subpar care (Griffiths et al., 2014).

CONCEPTUAL FRAMEWORK

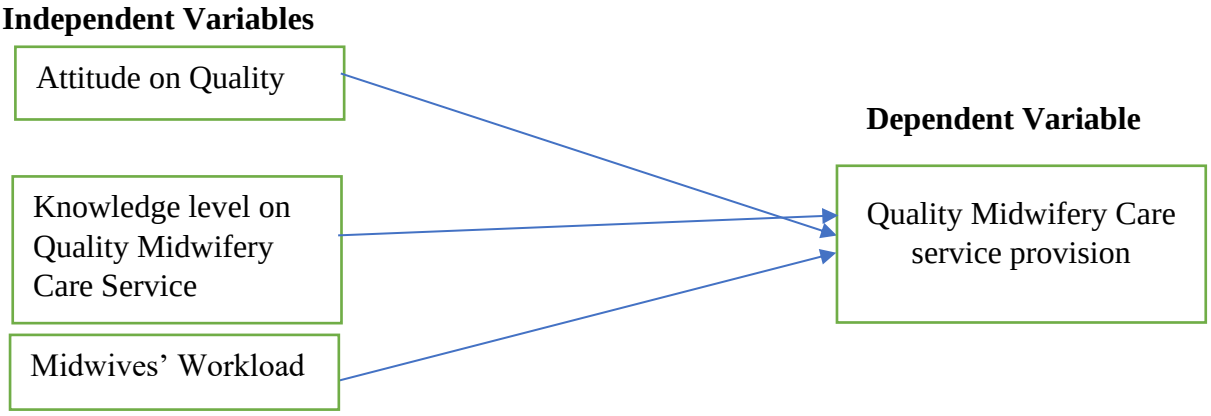

Figure 1: Conceptual Framework

Midwives' and women's attitude, knowledge and midwives' workload influence the quality of midwifery care service provision. The dimensions, attitude, knowledge and workload are independent factors while provision of quality midwifery care service is the dependent variable.

METHODOLOGY

The study assessed the factors influencing service quality provision of midwifery services to women using a cross-sectional study design at University Teaching Hospital (UTH), Women and New-born Hospital (WNBH).

Study Setting

The study setting was the Women's and Newborn Hospital (WNBH) at the University of Zambia Teaching Hospitals. A total of 569 participants, 385 women and 184 midwives, were included. The sample size calculation for women was done using the Cochran's formula, while

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

the sample for midwives used the Krejcie and Morgan formulae. Purposive sampling was used to select the study setting.

On the other hand, all participants of the study were selected using systematic sampling methods. The sampling interval was determined by dividing the estimated population with the sample size, so the researcher interviewed every 3rd participant encountered from the random initial chosen one (Hayes, 2024). The data were collected from women and midwives in various health care units within the hospital, which included the antenatal clinic and wards, labour wards and postnatal wards.

Eligibility Criteria

The study included women and midwives found in the antenatal, labour and the postnatal wards at WNBH, UTH who consented to take part in the study. The women should have stayed in the hospital for at least 4 hours of midwifery care and the midwives should have worked in the maternal health units for at least 6 months. Those women and midwives who were physically or mentally too ill to take part in the study and those women who were in pain and in active labour were excluded.

Data Collection

The collection instruments were a structured self-administered questionnaire with parts adapted from the SERVQUAL model for assessment form of quality in health care settings (Parasuraman et al., 1985) which had both close-ended and open-ended questions. The tool had an overall Cronbach Alpha of 0.92. (Ibid). The sections in the questionnaire were based on the research objectives and variables to ensure that each section measures the variables under study. These included the demographic characteristics, perceived midwifery care service quality provision, midwifery workload level, knowledge levels and attitude of both women and midwives on quality service provision.

A pilot study was conducted to test the research instrument and the research process using a small sample of the study population at Levy Mwanawasa Teaching Hospital, which had similar characteristics as those involved in the main study. The pretest was valuable for testing the effectiveness of the data collection tool so that modifications could be made to questions that were not appropriate. The study participants for the pilot study were 10% of the sample size, which were 39 women and 15 midwives.

Women and midwives who agreed were given questionnaires to answer and the researcher only guided as needed. For participants who were not able to adequately answer the questionnaire, an interview was conducted after explanation of the purpose. The research tool had an information sheet and consent form for the participant to sign. The researcher checked the entered questionnaires for completeness to ensure that all data had been collected.

Then an appointment was made with the selected participant after they were given the questionnaire. The researcher got their phone numbers for easy communication. Then once the participant has filled in the questionnaire, the researcher ensured that the questionnaire was checked for completeness before being stored in a secure location. An information sheet was part of the questionnaire and the researcher ensured that a written consent form had been signed by the participant before entering the data.

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 7, Issue 4, 2024 (pp. 161-174)

www.abjournals.org

Data Analysis

Data was analyzed to test the hypothesis whether midwives at UTH, WNBH provide quality midwifery care service, and it involved the synthesis of research data (Rodgers, 2020). As this research is a quantitative research design, collected numerical data was entered in the IBM Statistical Package for Social Sciences (SPSS) and analyzed. A Chi-square test was conducted to determine whether there is statistical significance between the independent and dependent variables. Fisher's exact test was used for those cells with less than 5 counts. A confidence level of 95% was used in this study with a p-value of 0.05 signifying statistical significance.

Ethical Consideration

Ethical approval and clearance were sought from the Research Ethics Committee for University of Lusaka (UNILUS), and the National Health Research Authority (NHRA). Written permission was sought from the UTH, WNBH and Levy Mwanawasa General Hospitals. Furthermore, each participant was handed a consent form after the information sheet has been given to them.

RESULTS

Demographic Characteristics

As shown in Table 1, the majority of the study's female participants were married (260, 67.5%), had one or two children (181, 47%), were Christians (373, 96.9%), and lived in medium-density regions (153, 39.7%). The majority of the women were between the ages of 20 and 30. It also shows that the majority of midwives who participated in this study were females (123, 66.8%) and that they fell within the 20–30-year age group (114, 62%). Furthermore, more than two-thirds (120, 65.2%) and (131, 71.2%) had been in service and had worked at UTH for less than 5 years respectively.

Table 1: Demographics for Women (n=385) and Midwives (n=184)

Variable	Response	Women (n=385)		Midwives (n=184)	
		Freq (n)	Perc (%)	Freq (n)	Perc (%)
Sex	Male	0.0	0	61	33.2
	Female	385	100	123	66.8
Age	Below 20 years	17	4.4	1	0.5
	20-30 years	230	59.7	114	62
	30-40 years	131	34.0	65	35.3
	Above 40 years	7	1.8	4	2.2
Marital Status	Married	260	67.5	N/A	N/A
	Single	120	31.2	N/A	N/A
	Divorced	3	0.8	N/A	N/A
	Widowed	2	0.5	N/A	N/A
No of Children	First Child	78	20.3	N/A	N/A
	1-2 Children	181	47.0	N/A	N/A
	3.4 Children	119	30.9	N/A	N/A
	More than 4 Children	7	1.8	N/A	N/A

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

Religion	Christian	373	96.9	N/A	N/A
	Muslim	5	1.3	N/A	N/A
	Buddhism	1	0.3	N/A	N/A
	Other	6	1.6	N/A	N/A
Residential Adress	High density area	137	35.6	N/A	N/A
	Medium density area	153	39.7	N/A	N/A
	Low density area	52	13.5	N/A	N/A
	Outside Lusaka	43	11.2	N/A	N/A
Years in Service	Below 5 years	N/A	N/A	120	65.2
	6-20 years	N/A	N/A	62	33.7
	21-30 years	N/A	N/A	1	0.5
	Above 30 years	N/A	N/A	1	0.5
Years working at UTH	Below 5 years	N/A	N/A	131	71.2
	5-10 years	N/A	N/A	51	27.7
	11-20 years	N/A	N/A	2	1.1

Attitude of Midwives (n=184) and Women (n=385) on Quality Midwifery Service

As shown in Table 2 the majority of the participants (184 midwives and 385 women) had a positive attitude towards quality midwifery care service provision at WNBH. More than half of the women (248, 64.4%) stated that provision of quality is vital. Notably, while the majority of midwives (174, 94.6%) strongly agreed that quality midwifery care can be given by them, the majority of women (204, 53%), disagreed.

Table 2: Attitude of Women and midwives

Expected and Perceived Quality of Service		**Women (n=385)**		**Midwives (n=184)**	
Variable	**Response**	**Freq (n)**	**Perce (%)**	**Freq (n)**	**Perce (%)**
Providing quality midwifery care is vital	Strongly disagree	248	64.4	1	0.3
	Disagree	135	35.1	0	0
	Neutral	0	0	0	0
	Agree	1	0.3	3	1.6
	Strongly agree	1	0.3	180	97.8
Not necessary to ensure quality midwifery care	Strongly disagree	179	46.5	60	32.6
	Disagree	204	53.0	122	66.3
	Neutral	0	0	0	0
	Agree	1	0.3	0	0
	Strongly agree	1	0.3	2	1.1
Concerns about quality midwifery care are a waste of time	Strongly disagree	182	47.3	60	32.6
	Disagree	203	52.7	123	66.8
	Neutral	0	0	0	0
	Agree	0	0	0	0
	Strongly agree	0	0	1	0.5
Not necessary to give me quality midwifery care	Strongly disagree	174	45.2	N/A	N/A
	Disagree	202	52.5	N/A	N/A
	Neutral	9	2.3	N/A	N/A
	Agree	0	0	N/A	N/A

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

	Strongly agree	0	0	N/A	N/A
Quality care can be given by midwives	Strongly disagree	116	30.1	1	0.5
	Disagree	204	53.0	1	0.5
	Neutral	59	15.3	1	0.5
	Agree	5	1.3	7	3.8
	Strongly agree	1	0.3	174	94.6
I desire to learn more about quality midwifery care	Strongly disagree	N/A	N/A	1	0.5
	Disagree	N/A	N/A	7	3.8
	Neutral	N/A	N/A	3	1.6
	Agree	N/A	N/A	67	36.4
	Strongly agree	N/A	N/A	106	57.6

Knowledge of Women (n=385) and Midwives (n=184) on Quality Midwifery Care

As shown in Table 3 the majority of the women (228, 59.2%) had never heard about quality midwifery care while the majority of the midwives (179, 97.3%) had heard of it before. Additionally, the majority of the midwives (125, 67.9%) had high knowledge levels about quality midwifery care while approximately three-thirds of women (289, 75.1%) had low knowledge.

Table 3: Knowledge Levels on Quality Midwifery Service provision

Expected Quality of Service		**Women (n=385)**		**Midwives (n=184)**	
Variable	**Response**	**Freq (n)**	**Perce (%)**	**Freq (n)**	**Perce (%)**
Heard about Quality Midwifery Care	Yes	157	40.8	179	97.3
	No	228	59.2	5	3.7
Knowledge Levels on Quality service provision	High	96	24.9	125	67.9
	Low	289	75.1	59	32.1

Workload of Midwives According to Women (n=385) and Midwives (n=184)

As shown in Table 4, the majority of midwives (99, 53.8%) stated that they had moderate workload levels, while slightly above half of the women (203, 52.7%) stated that midwives had high workloads. However, despite believing that the workload was largely moderate to low, slightly more than half of the midwives felt there was adequate staffing and nearly a third of the women felt that there was inadequate midwifery staffing.

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 7, Issue 4, 2024 (pp. 161-174)

www.abjournals.org

Table 4: Workload Levels of Midwives

Expected Quality of Service		Women (n=385)		Midwives (n=184)	
Variable	**Indicator**	**Freq (n)**	**Perce (%)**	**Freq (n)**	**Perce (%)**
There is adequate midwifery staff	Yes	264.0	68.6	58.0	31.4
	No	117.0	30.4	126.0	68.1
	Don't Know	4.0	1.0	1.0	0.5
Average hours midwives work	Less than 8 hours	91.0	23.6	169.0	91.4
	8 hours	91.0	23.6	13.0	7.0
	More than 8 hours	194.0	50.4	2.0	1.1
	Don't Know	9.0	2.3	1.0	0.5
No of patient's midwives attend to	5-10	26.0	6.8	2.0	1.1
	11-15	33.0	8.6	34.0	18.4
	16-20	60.0	15.6	34.0	18.4
	21 and above	260.0	67.5	114.0	61.6
	Don't Know	6.0	1.6	1.0	0.5
Workload	High	203.0	52.7	14.0	14.0
	Moderate	103.0	26.8	99.0	53.8
	Low	79.0	20.5	71.0	38.6

Crosstabulation to Test Associations Between the Dependent and Independent Variables

The relationship between demographic factors, and midwifery workload and knowledge levels with poor or high midwifery care service problems is shown in Table 5. There was a statistically significant difference between age (p=0.001), workload (p=0.000), knowledge levels (p=0.001) and their perception of the midwives' ability to provide quality midwifery care service.

Table 5: For Women (n=385)

Variable	Indicator	Poor Midwifery Care Service Provision	Fair Midwifery Care Service Provision	P-Value
Demographic Factors				
Age	Below 20 years	13	4	0.001
	20-30 years	206	24	
	31 to 40 years	98	33	
	Above 40 years	4	3	
Marital Status	Married	216	44	0.022
	Single	103	17	
	Divorced	2	1	

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

	Widowed	0	2	
Address	High density Area	103	34	0.12
	Medium density Area	136	17	
	Low density Area	46	6	
	Outside Lusaka	36	7	
Religion	Christian	314	59	0.097
	Muslim	3	2	
	Buddhism	1	0	
	Other	3	3	
Independent Variable				
Workload	High	149	54	0.000
	Moderate	94	9	
	Low	78	1	
Knowledge levels	High	91	5	0.001
	Low	230	59	

Table 6 further shows no association between workload (p=0.462), knowledge (p=0.679), and some demographic factors such as age (p=1.000).

Table 6: For Midwives

Variable	**Indicator**	**Poor Midwifery Care Service Provision**	**Fair Midwifery Care Service Provision**	**P-Value**
Demographic Factors				
Age	Below 20 years	0	1	1.000
	20-30 years	1	113	
	31 to 40 years	0	65	
	Above 40 years	0	4	
Sex	Male	0	61	0.668
	Female	1	122	
Marital Status	Married	0	91	1.000
	Single	1	91	
	Divorced	0	1	
Years in Service	Below 5 years	1	119	1.000
	6-20 years	0	62	
	21-30 years	0	1	

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

	Above 30 years	0	1	
Years working at WNBH	Below 5 years	1	130	1.000
	5-10 years	0	51	
	11-20 years	0	2	
Independent Variable				
Workload	High	0	14	0.462
	Moderate	0	99	
	Low	1	70	
Knowledge levels	High	1	124	0.679
	Low	0	59	

DISCUSSION

Our study found that data from female participants highlighted an association between the dependent variable and the independent variables in the study. It showed that age (p=0.001), workload (p=0.000) and knowledge levels (p=0.001) in women have an association with perception on the midwives' ability to provide quality midwifery care service. Conversely, for midwife participants, none of the variables or demographic factors showed an association with the dependent variable. Contrary to the findings from McFadden, Marshall and Sharma (2020), Ruotsalainen, Jantunen and Siervo (2020), and Amieriya and Malviya (2012), who reported an association in their various studies.

Maintaining quality in service delivery is contingent upon having a sufficient and controllable workload. A high or moderate workload may make it difficult for the provider to prevent gaps in the provision of high-quality services, which is harmful to the achievement of high-quality health outcomes. While most women believed that midwives had a heavy workload, more than half of the midwives reported that their workloads were moderate. The conclusion that midwives spend a lot of hours is consistent with what Turner et al. found in 2024 where it was indicated that a higher workload among health care professionals might raise the possibility of client health problems.

Due to the heavy workload, service providers may unintentionally overlook women (Eke et al., 2021), which lowers consumer perceptions of quality and further lessens customer satisfaction with the service. The difference in how women and midwives perceive their workload may be related to the extended wait times that women endure while awaiting care, as discovered in this study (Ibid).

The attitude towards service delivery affects performance of those giving the service and the experience of those receiving the service (SCISPACE, 2024). The attitude of women and midwives on quality service provision is encouraging as all the 184 midwives and 385 women who participated in this study had a positive attitude towards the provision of quality midwifery care service at WNBH. This finding gives a picture that behavioral change messages to the general public and midwives, on quality service delivery, can be well received if instituted by UTH, WNBH management, the Ministry of Health and other stakeholders.

A positive attitude is generally believed to affect the level of service delivery given (Oden & Owolabi, 2022); our findings emphasize this point, where more than half of the women affirmed that provision of quality is vital for midwifery service provision. Notably, however,

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

while the majority of the midwives strongly agreed that they can provide quality midwifery care, the majority of the women disagreed. The women apparently lacked confidence in the ability of the midwives at WNBH to provide quality midwifery care service.

This is congruent with findings by O'Brien, Butler and Casey in 2021, who found that midwives generally failed to nurture trust with women they cared for, thereby making them feel unsafe, though O'Brien, Butler and Casey's study was conducted in a highly developed country unlike Zambia where issues of safety during reproductive services may not be as amplified as in Durban where there may be higher educational levels among participants of the study.

Furthermore, women may subconsciously compare the midwife's performance with their pre-meeting expectations of what the midwife does, leading to a disjoint between customer perceptions and expectations, thereby causing dissatisfaction with the midwifery service (Oliver, 2014 as cited by Shukla et al., 2023).

In the current study most, midwives had high knowledge levels on the provision of quality midwifery care service provision, mirroring the finding from Morid, Pazandeh and Potrata's study conducted in Iran where they found that midwives had high knowledge levels on 'providing safe care' to clients. Tellingly, this finding differed to findings from women participants who reported low knowledge levels overall.

Knowledge on the level of expected service quality during service delivery by midwives could be an influencing factor that affects what service providers and clients expect from the service they give out or receive respectively. From the current study, findings show evidence that the majority of the women had never heard about quality midwifery care service provision. The reason for this lack may be because quality is not among the concepts women think about as they come to the hospital in need. Or alternatively, women are aware that receiving quality service during maternity care service is a basic reproductive right and the least of what should be expected of midwifery service providers.

Inversely, the likely reason as to why the majority of the midwifery participants were familiar with the concept of quality midwifery service provision may be that quality is a subject discussed during the training of all health care providers in Zambia. The training encompasses all SERVQUAL scale dimensions used in this study as a measure of quality, such as taking care of patients in a courteous and attentive manner (Hall & Michell, 2017; ICM, 2024), ensuring a good environment with all the necessary equipment and safe aesthetics, and providing individualized care (WHO, 2024) to all patients under their care.

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

LIMITATIONS OF THE STUDY

Our study was limited by being purely quantitative in nature therefore, an in-depth look at women's perceptions and beliefs on their expectations of midwifery care quality were not explored further. The study only focused on the midwifery quality service care in UTH, WNBH which is an urban referral hospital and, therefore, findings may not be easily generalized to rural settings, necessitating further research.

IMPLICATION TO RESEARCH AND PRACTICE

There is a need for intensified education of the public accessing care at women and new-born hospitals on the quality of midwifery care they should receive in order to increase knowledge. Midwives should be given refresher courses on the importance of quality care provision and understanding the needs of their clients. This will ensure that care given in the future is in line with client needs and expectations. Furthermore, increased research needs to be conducted to emphasize quality customer service within health care provision in midwifery facilities in the country.

CONCLUSION

There is a need for WNBH to emphasize quality service provision among its health care personnel, especially midwives who are the front-line workers. The most influencing factors were the perceived high midwifery workload and low knowledge on quality issues by women. Poor knowledge among women and midwives on service quality aspects has a negative influence on quality service provision. Women should be educated so that they can expect quality care from midwives. Improved education will ensure they ask appropriate questions and demand respectful maternity care from their providers, instead of accepting whatever care they are given. Furthermore, midwifery training should emphasize aspects of compassionate care service.

FUTURE RESEARCH

A qualitative study could be conducted in order to understand the actual needs women seeking care at various reproductive health centers expect from their midwives. The study could be rolled out to other districts outside Lusaka, including rural areas, as the current study was limited in scope. Furthermore, more research on how best service could be put in the forefront of quality measures at various public health hospitals could also be done.

Acknowledgement

Research reported in this publication was partially supported by the National Cancer Institute of the National Institutes of Health under Award Number D43CA270474. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

REFERENCES

Amjeriya D., and Malviya R.K., (2012). Measurement of Service Quality in Healthcare Oorganzation. *International Journal of Engineering Research & Technology (IJERT)*. Vol. 1 Issue 8, October – 2012. ISSN: 2278-0181

Browser and Hill, (2010). Respectful Maternity Care: The Universal Rights of Childbearing Women. Accessed from https://www. healthpolicyproject. com/pubs /46_ FinalRespectfulCareCharter.pdf on 19/09/2024 at 13:55 hours

Eke PC, Ossai EN, Eze II, Ogbonnaya LU (2021) Exploring providers' perceived barriers to utilization of antenatal and delivery services in urban and rural communities of Ebonyi state, Nigeria: A qualitative study. PLoS ONE 16(5): e0252024. https://doi.org/10.1371/journal.pone.0252024

Future Learn (2022). Maternity Care: Building Relationships Really Does Save Lives. Accessed from https://www.futurelearn.com/courses/maternity-care at 19/09/2024

Griffiths P., Ora C.D., Simon M., Ball J., Lindqvist R., Rafferty A., Schoonhoven L., Tishelman C., and Aiken H., (2014). Nurses' Shift Length and Overtime Working in 12 European Countries. The Association with Perceived Quality of Care and Patient Safety. *Medical Care* Volume 52, Number 11, November 2014. www.lww-medicalcare .com |975

Grondahl W., Muurinen H., Katajisto J., Suhonen R., and Leino-Kilpi H., (2019). Perceived Quality of Nursing Care and Patient Education: A Cross-sectional study of Hospital Surgical Patients in Finland. *BMJ Open* 2019;9: e023108. doi: 10.1136/ bmjopen-2018-023108

Hall J.S, and Mitchell M., (2017). Educating student midwives around dignity and respect, *Women and Birth, Volume 30, Issue 3, 2017, Pages 214-219,* ISSN 1871-5192,https://doi.org/10.1016/j.wombi.2017.04.007. From https://www.sciencedirect. com/science/article/pii/S1871519217301828)

International Confederation of Midwives, (2017). International Definition of the Midwife. From https://www.internationalmidwives.org/assets/files/definitions-files/ 2018/06/ eng-definition_of_the_midwife-2017.pdf on 02/10/23 at 16:28 hours

International Confederation of Midwives, (2020). Definition of Midwifery. From https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-definition_midwifery.pdf on 02/10/23 at 20:51 hours

Khakbazan Z., Abbaszadeh Damghanian M., Abbaszadeh F., and Zareiyan A., (2020), Explaining the Concept and Dimensions of Midwifery Care Quality in Maternity Ward: A Qualitative Study. *Journal of Complementary Medicine Research* · January 2020 DOI: 10.5455/jcmr.2020.11.04.32

Li H., Chung R.Y., Wei X., Wong S.Y., Mou J., Wong M.C., Zhang D., Zhang Y., and Griffiths S., (2014). Comparison of Perceived Quality amongst Migrant and Local patients using Primary Health Care delivered by Community Health centers in Shenzhen, China. *BMC Family Practice 2014,* 15:76 http:// www.biomedcentral.com/ 1471-2296/15/76

McFadden A., Marshall J.L., and Sharma B., (2020). Systematic Review of Barriers to, and Facilitators of, the provision of High-Quality Midwifery Services in India. *Birth issues in Perinatal Care. WILEY. DOI: 10.1111/birt.12498. Birth* published by Wiley Periodicals LLC. wileyonlinelibrary.com/journal/birth. 2020; 47:304–321.

Moridi, M., Pazandeh, F. and Potrata, B. (2023). Midwives' knowledge and practice of Respectful Maternity Care: a survey from Iran. *BMC Pregnancy Childbirth* 22, 752 (2022). https://doi.org/10.1186/s12884-022-05065-4

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6

Nemati R., Bahreigni M., Pouladi S., Mirzael K., and Mehboodi F., (2020). Hospital service quality based on HEALTHQUAL model and trusting nurses at Iranian university and non-university hopsitals: a comparative study. *BMC Nurs* 19, 118 (2020). https://doi.org/10.1186/s12912-020-00513-y

O'Brien D., Butler M.M., and Casey M., (2021). Midwifery. Volume 98, July 2021, 102987. Volume 98,2021,102987, ISSN 0266-6138, https://doi.org/ 10.1016/j. midw.2021.102987. From (https://www.sciencedirect. com/science/article/pii/ S0266613821000668)

Oden A.N., and Owolabi R.O., (2022). Staff attitude and service delivery in University Libararies in Ogun State, Nigeria. From https:// www.ajol.i nfo/index. php/ iijikm /article/view/222840. Accessed on 05/07/24 at 13:14 hours.

Parasuraman A.P., Berry L.L., and Zeithaml V.A., (1985). A Conceptual Model of Service Quality and its Implication for Future Research (SERVQUAL). *The Journal of Marketing.* 49. 41-50. 10.2307/1251430.

Renfrew M.J., McFadden A., Bastos M.H., and Campbell J., (2015). Midwifery and Quality Care. *Obstetrical and Gynaecological Survey* January 2015 DOI: 10.1097/01.ogx. 0000460706. 27837.c4 from https://www.researchgate. net/ publication/273312373

Rodgers, S. E. (2020). The extent of nursing research utilization in general medical and surgical wards. *Journal of Advanced Nursing*,*32*, 182–193.

Ruotsalainen S., Jantunen S., and Sinervo T., (2020). Which Factors are related to Finnish home care workers' job satisfaction, stress, psychological distress and perceived quality of care? A mixed method studies. *BMC Health Services Research* (2020) 20:896 https://doi.org/10.1186/s12913-020-05733-1

SCISPACE, (2024). Employee attitudes on service delivery? From https:// typese t.io/ questions/employee-attitudes-on-service-delivery-3ruxrepgay. Accessed on 05/07/24 at 12:54 hours.

Shukla, A., Mishra, A. & Dwivedi, Y. (2023) Expectation Confirmation Theory: A review. In S. Papagiannidis (Ed), TheoryHub Book. Available at https://open.ncl.ac.uk / ISBN: 9781739604400

Turner L., Ball J., Meredith P., Kitson-Reynolds E., and Griffiths P., (2024). The association between midwifery staffing and reported harmful incidents: a cross sectional analysis of routinely collected data. From https://www. *ncbi.nlm. nih. gov/pmc/articles/PMC10976845/ a*ccessed on 05/07/24 at 12:16 hours.

United Nations, (2023). Sustainable Development Goals. From https://www.un.org/ sustainable development/health/ on 02/10/23 at 12:09 hours

WHO, (2024), Quality of Care. Accessed From https://www.who.int/health-topics/quality-of-care#tab=tab_1 on 11/03/24 at 12:47 hours

Article DOI: 10.52589/AJHNM-TICXJNT6
DOI URL: https://doi.org/10.52589/AJHNM-TICXJNT6