International Journal of Development and Sustainability
Online ISSN: 2168-8662 – www.isdsnet.com/ijds
Volume 2 Number 3 (2013): Pages 2188-2196
ISDS Article ID: IJDS13101101

Factors affecting ANC women's satisfaction with communication skills of health care providers

Hellen Jepngetich [1*], Joice Baliddawa [2], Japheth Kipkulei [3]

[1] *Moi University, School of Public Health, Environmental Health Department, P.O Box 4606 - 30100, Eldoret Kenya*
[2] *Moi University, School of Medicine, Behavioral Sciences Department, P.O Box 4606 - 30100, Eldoret, Kenya*
[3] *Moi University, School of Medicine, Haematology and Blood Transfusion Department, P.O Box 4606-30100, Eldoret, Kenya*

Abstract

Inadequate communications skills are the most common factors affecting communication which reduces the accuracy of diagnosis thus compromising adherence. Many researches done on antenatal care have focused upon improving the woman's access to care and her knowledge of the importance of antenatal care; it has not generally incorporated factors that affect the quality of communication and subsequent satisfaction of antenatal women. The goal of this study was to identify the factors that influence women's satisfaction with the communication skills of health care providers. It was a descriptive cross-sectional where 384 subjects were interviewed by use of Interviewer administered questionnaires. Non participatory observation checklist was also used. SPSS and Excel were used to generate Frequencies, Percentages, averages, Pearson's Chi-squares and Odds Ratios. The research revealed factors that affected women's satisfaction at the clinic. Greeting and introducing oneself to the ANC women by name were statistically significant with satisfaction for all cadres of healthcare workers with p value of 0.000. ($\chi 2$ = 175, 242.3, 267.1, 149.1 for doctors, nurses, record clerks and the lab technicians respectively.). Giving ANC women enough time to express themselves, Educating and empathising with them were also statistically significant ($P \leq 0.05$, OR 5.44, C.I 95%). The women socio-demographic factors were however not significant. This study is useful to health services managers targeting to mitigate communication barriers to improve health outcomes, diagnostic accuracy and other social outcomes in pregnancy.

Keywords: Health care provider; Factors; Antenatal women's satisfaction; Effective communication; Health Care Providers

Cite this paper as: Jepngetich, H., Baliddawa, J. and Kipkulei, J. (2013), "Factors affecting ANC women's satisfaction with communication skills of health care providers", *International Journal of Development and Sustainability*, Vol. 2 No. 3, pp. 2188-2196.

* Corresponding author. *E-mail address:* kenyhellen@yahoo.com; jepngetichkeny@gmail.com

1. Introduction

Provision of effective communication in antenatal care is aimed at providing women and their families/partners with appropriate information and advice on healthy pregnancy, childbirth and postnatal recovery (WHO, 2006). Despite this important aspect of communication to antenatal mothers, no specific research has been done in Kenya to find out their satisfaction with communication skills of healthcare providers. Related research done in Kakamega by the Ministry of Health (MOH, 2007) focused only on a single aspect of quality of reducing waiting, with no aspect of communication Unpublished Master's Thesis study of similar nature done by Magara in Kisumu (Magara, 2008) focused on clinician – client communication with no emphasis on gender and satisfaction yet it is known that childbearing women have different communication needs that may not exist in other populations. Thus the study focuses at the communication process for the entire period from the time a woman arrives at the ANC to the time the she exits consultation room.

Beckman in his study of the doctor-patient relationship and malpractice indicated that inadequate communication was the most common reason for client dissatisfaction. He also pointed out that misunderstanding issues were identified in 71% of patient plaintiff depositions in malpractice cases (Beckman, 1994). Provider-client communication is therefore important especially in caring for the increasingly diverse client with different values, beliefs and attitudes about health.

Other studies done in United Kingdom pointed out to inadequate client – health provider communication, inadequate delivery of information, and negative interactions with provider as leading causes of increased intentions to sue the healthcare givers particularly the physicians (Gallagher, 2003).

A research in Tanzania (von Both et al., 2006) on how much time health services spend on antenatal care focused on the duration of interaction and missed out the nature and quality the interaction, a concept which the proposed research is seeking to address.

In a research done in Brazil (Maria, 2004) on women's satisfaction with physicians' communication skills during an infertility consultation, 75% of the women were reported to be satisfied with the communications skills. The study however focused on the infertile women who are a unique population majorly focused on their possibility of getting pregnant. For women, consultations have a context of uncertainty, anxiety, establishing a series of emotional ups and downs. Gregg (1993) believes that women internalize social pressures and indeed research indicate that women who report greater satisfaction with care may be less likely to go into depressive episodes in the event of miscarriage or prenatal loss during pregnancy (Garel, 1994).

Low literacy rates also sabotage understanding. According to Mock, 2001, time, language, physical factors and inadequate communications skills are the most common factors affecting communication. She argues that ineffective communication reduces the accuracy of diagnosis that compromises adherence, a position that the researcher is in agreement with. This is because by cutting off the flow of information from the client/patient, the clinician is often deprived of facts that are likely lead to a correct diagnosis.

2. Materials and methods

This was a cross sectional survey where 384 women were interviewed once to assess their satisfaction with health care provider's communication skills. A sample of 384 was used; determined using formula suggested by Mugenda and Mugenda (1999) as below:

$$n = z^2pq/d^2$$

where:

- n = the desired sample size
- z = the corresponding value confidence level of 95% in the normal distribution table.
- P = the proportion in the target population who are satisfied. The satisfaction being estimated has not been studied and calculated hence an estimate of 50% is used.
- Q = 1 – p (Proportion of the unsatisfied population)
- D = the amount of discrepancy to correlate in p. It was set at 0.05

$$n = 1.96^2 \text{ x}0.5\text{x}0.5/0.05^2 = 384.$$

This was the total number of respondents in the study.

2.1. Research question

What factors influence women's' satisfaction with health care providers' communication skills at antenatal clinic?

2.2. Study objective

To outline the factors that influence women's satisfaction with health care providers' communication skills during antenatal care.

2.3. Ethical consideration

Ethical concerns were adequately addressed. The study was reviewed and approved by a research ethics review board, study participants were assured of privacy, confidentiality and interviews were conducted in private rooms by trained research assistants.

2.4. Study limitation

Due to financial constraints, the study did not interview the healthcare workers to compare the findings and substantiate the communication issues raised by the women.

3. The study results

3.1. Demographic factors

Results on demographic factors are presented in Table 1. All the demographic factors were however not statistically significant thus demographic factors did not affect Antenatal women's satisfaction.

Table 1. Results on demographic factors

Demographic factors	Category	Number of participants (Frequency)	Percentage %	P – values
Age	18 -20	34	8.9	0.119, 0.556, 0.910, 0.963 for doctor, nurses, clerks & lab tech respectively
	21 -26	165	43	
	27-32	111	28.9	
	33 -38	51	13.3	
	39 -44	22	5.7	
	≥ 45	1	0.3	
Education	Primary	147	38.3	0.491, 0.693, 0.886, 0.750 For Doctors, nurses, Record clerks & lab Technicians Respectively
	Secondary	110	28.6	
	Mid- college	16	4.2	
	University	1	1.3	
Occupation	Profession	83	21.6	0.276, 0.239,0.256,0.832 For Doctors, Nurses, R. Clerks & lab Techs
	Self-employed	89	23.2	
	H/wives	180	49.5	
	Students	19	4.9	
	Farmers	11	2.9	
	Non -Response	2	0.05	
Gestation	0 -3 months	67	17.4	0.291, 0.659, 0.132 For Doctors, Records, & laboratory technicians
	4 - 5 Months	134	34.9	
	5 -6 months	100	26	
	≥ 6 Months	83	21.6	

3.2. Factors affecting communications skills

Factors affecting communication at ANC clinic are presented in Table 2.

Table 2. Factors affecting communication at ANC clinic

Healthcare workers communication skills	**Factors of engagement skills**	**Health Care Workers**			
		Doctors Frequency/%	Nurses Frequency/%	Health Records Frequency/%	Laboratory Technicians Frequency/%
Engagement skills	Greetings	217 (56.5)	273 ()71.1	37.1 (143)	204(53.1)
	P - value	0.000	0.000	0.000	0.000
	Introducing oneself by name				
	P - value	0.000	0.000	0.000	0.000
	Giving enough time to tell the story				
		127 (33.1)	203 (52.9)		
	P - value	0.000	0.000		
	Odds Ratio (OR)	5.447 C.I 95%			

Healthcare workers communication skills	**Ratings**	**Communication skills rating by ANC women**		
		Category of Health care worker		
		Doctors Frequency/%	Nurses Frequency/%	Laboratory Technician Frequency/%
Education skills	Excellent	119(31)	167(43.5)	163(42.4)
	Good	132(34.4)	149(38.8)	159(41.4)
	Fair	34(8.9)	37(9.6)	30(7.8)
	Poor	11(2.8)	17(4.5)	7(1.9)
Odds Ratio (OR)	Pearson's $\chi 2 = 94.68$, d.f = 6, p Values = 0.000 3.033, 95% C.I 1.994 , 4.617			
Emphatic Skills	Excellent	80(20.8)	96(25)	64(16.7)
	Good	128(33.8)	148(38.6)	151(38.3)
	Fair	76 (19.4)	105(27.3)	139 (37.2)
	Poor	12(3.1)	21(5.5)	8 (2.1)
	Persons $\chi 2 = 125.14$, d. f =9, p value = 0.000			
Facilitation skills	Excellent	131(34.1)	158(41.1)	147(38.3)
	Good	136(35.4)	174(45.3)	162(42.2)
	Fair	24(6.3)	30(7.9)	38(9.9)
	Poor	5(1.3)	8 (2.1)	12 (3.1)
	Pearson's $\chi 2 = 274.05$, d.f = 4, p values = 0.000			

3.3. Other factors affecting ANC Women

3.3.1. Discussion of the treatment/management plan with the client

The researcher sought to find out whether doctors and the nurses discussed the treatment plan with the antenatal mother. The findings indicated 48.7% of the doctors and 64.1% nurses discussed the treatment plan with ANC mothers. This was statistically significant thus affected the general satisfaction of ANC women. The p Values for doctors was 0.000, $\chi 2$ value was 142.38, d.f was 8, while for Nurses $\chi 2$, was 202.4, d.f was 8 and p value of 0.000.

3.3.2. Informed and agreed on return date

As part of the facilitation skills by the healthcare worker, the health care worker has to involve the client in the treatment process and even so discuss and agree on the return date. In this study, ANC women were asked if they were informed and agreed with the healthcare workers on their return dates. The results indicated that doctors informed 59.4% (228) whereas nurses did the same to 75.8% (291). This was statistically significant with satisfaction (p values 0.000 for both doctors and nurses respectively).

4. Discussion

The quality of interaction is greatly determined by the health care behaviour of introducing oneself; shaking hands with the ANC women at the beginning of the consultations. This is seen as an opportunity to establish rapport and establish a social tone of consultation that will help dissipate worries. This phase of introduction between the healthcare worker and the client allows the client to have some confidence and be able to share how they are feeling about their pregnancy.

Greeting clients was found to be a strong determinant in satisfaction levels (p value 0.000, $\chi 2$ value of 175.0 and d.f of 12) and indeed the findings indicated that the ANC women who were greeted were seven times more satisfied than those who were not greeted (OR=7.441, C.I 95%, (5.315, 10.419)). The healthcare providers however, hardly introduce themselves by names and they do not also refer to the ANC women by their names regularly. This probably is an area that needs further research to find out the reasons why the health workers do not introduce themselves to ANC women. Referring to ANC women by name should be a practice since the names of the clients are always written on the antenatal cards. This, according to the researcher is an opportunity to create an atmosphere where the women would feel welcomed to the clinic. This subsequently would increase their freedom in expressing themselves.

Understanding the language used by the healthcare workers is important in enabling the clients understand their situation as well as what is required of them for proper management. The findings of the research reported 88.8% of the respondents understood the language used by the healthcare workers. This was statistically significant to the women's satisfaction, p values ≤ 0.05 (doctor 0.015, nurse = 0.05, record clerks = 0.013 and laboratory technician = 0.028) this was consistent with studies carried out previously that

prioritizing the agenda for the visit and using the patient's language rather than medical jargon is one of the ingredients required in establishing rapport. This was further supported by findings from a qualitative study done by Bennett on "Breaking it down" patient – clinician communication and prenatal care which found out that the ability to communicate clearly by breaking down topics to parts that can be well understood by mothers, providing continuous prenatal care as well as developing trust by the patient/clients, increases satisfaction of clients. In addition Bennett, indicated that developing a close patient-clinician relationship from the patient's perspective were very critical to effective patient-clinician communication (Bennett et al., 2006).

Conte et al. (2007) states that "Patient-centered communication calls for the clinician to elicit and understand the patient's perspective and context, strive to create a shared understanding of the medical problem that is in alignment with the patients' values, and facilitate active participation and partnership in the medical care." In fact, according to Conte et al. (2007), it contributes greatly to compliance by clients to the planned treatment. Health Rights commission, 2001 supports it, that patient satisfaction is largely influenced by the interaction between the client and the healthcare worker. If healthcare worker like a nurse or doctor is able to communicate in a manner that the ANC woman understands, they are likely to perceive interaction as good and influence their judgments on satisfaction.

The amount of time that the women have to state their problems is dependent on the kind of disease they are suffering from. In antenatal clinic, the variations in duration depends on whether the ANC mother have risk factors requiring specialized care or have no risk factors requiring the basic component of ANC. In this study, 26.6% of the respondents felt they were not interrupted while 73.4% felt they were interrupted. The interruptions took the form of healthcare workers responding to phone calls (25.3%), writing something on paper (25.8%), doing something on the computer (5.5%) and 16.9% were involved in attending to other clients. The findings further revealed a statistical significant association between satisfaction and giving ANC women enough time to express themselves (p value = 0.000, Pearson's chi square of 135.6 and d.f of 8 for doctors and p value of 0.003 for nurses, $\chi 2$ of 203.9 and d.f of 8 for nurses). Interrupting women leads to missed opportunities that could help the doctor/nurse arrive at a diagnosis. Indeed, a further analysis of the results indicated that the ANC women who were given enough time to express themselves were five times more likely to be satisfied than those who were interrupted (OR = 5.447, C.I 95% (3.22, 9.209)).

Whereas the healthcare workers could be having reasons for interrupting ANC women, the women understands how they feel better than them and should be allowed to explain their history to the end. However, the findings of this study are consistent to other studies done by Mock, 2001. These findings also corresponded to the findings of a research done in Gambia (Anya et al., 2008) on missed opportunities for information and communication, Women complain that their consultation was hurried and that only 2.5% spent 10 or more minutes with the provider on interaction while 70.5% of women spent 3 minutes or less with their antenatal care provider. In the same study on missed opportunities, 70.5% of women said that the time they spent with the antenatal care provider is 3 minutes or less and less than 40% said they can recall being educated or informed about some important topics such as nutrition and diet.

How the healthcare workers talk to their clients can either make them to feel appreciated or intimated. Studies have showed that clients feel heard and accepted if the healthcare worker is emphatic (Mock, 2001) the findings of the research indicated that 57% of the healthcare workers were polite and respectful in their conversation, 21% were however rude. Being rude/harsh to the clients instills fear in them with a possible withdrawal of the client from the discussion. This eventually affects the judgment of services by such a client, thus affecting satisfaction. Empathy in this study was found to be statistically significant with satisfaction for each cadre of healthcare worker p values were 0.000 for all cadres of healthcare workers These findings were consistent with findings from a baseline survey done Magara (2008) (Unpublished Masters research) where he found that the clients who reported empathy were eight times more likely to be satisfied with clinician – client communication.

Despite the study revealing that the nature of communication at the clinic was polite and respectful (57%), the complaint of impolite language impacts on the satisfaction (21%). These results coincide with the complaints raised by the clients who were, that health care workers were harsh and rude to them. These findings corresponds to the finding in a study done in Uganda among adolescents by Okullo which concluded that interaction between healthcare providers and patients were key determinants in determining satisfaction of patients/clients on exit (Okullo, 2004). The researcher supports Okullo and stresses the need for healthcare workers to have good interpersonal skills.

5. Conclusion and recommendations

An important part of client satisfaction is derived from the interaction process that takes place between the ANC women and the healthcare providers. The study sought to find out factors affecting women's satisfaction at the ANC clinic. The study revealed factors that affect their satisfaction. Whereas none of the socioeconomic factors affected their satisfaction, greetings, introducing oneself, referring ANC mothers by their names, giving them time to express themselves without interruption, were found to have an impact on their satisfaction. ANC women greeted and referred by their names were found to be seven times more satisfied than those who were not greeted (OR = 7.441, C.I 95% (5.315, 10.419)).

From the study; it is recommended that the hospital should plan to sensitize the health care providers on importance of greeting clients, introducing oneself to the clients by name as well as referring to them by their names. They should also be encouraged to minimize interruptions during consultations. Further research should also be conducted on client interruptions during consultations to ascertain if indeed interruptions lead to missed opportunities for correct diagnosis.

References

Anya, S., Abba, H. and Lamin, E. (2008), "Antenatal care in the Gambia: Missed opportunity for information, education and communication. BMC primary child health: Online publication", Retrieved on 10th May, 2008 from http://www.biomedicalcentral.com/1471-2393/9/10.

Beckman, H., Markakis, K., Suchman A. and Frankel, R. (1994), "The doctor-patient relationship and malpractice: Lessons from plaintiff depositions", *Archives of Internal Medicine*, Vol. 154 No. 12, pp. 1365.

Bennett, I., Switzer, J. , Aguirre, A., Evans, K, and Barg, F. (2006), "Breaking it down': patient-clinician communication and prenatal care among African American women of low and higher literacy" , *The Annals of Family Medicine*, Vol. 4 No. 4, pp. 334-340.

Britten, N., Stevenson, F., Barry C., Barber, N. and Bradley, P.C. (2000), "Misunderstandings in prescribing decisions in general practice: Qualitative study", *Bmj*, Vol. 320 No. 7233, pp. 484-488.

Conte, L., Warren, S., and Wiseman, H. (2007), "The role of communication between clients and Healthcare providers; Implication to Malaria treatment in rural Gambia", *Tropical medicine and international Health*, Vol.12 No. 3, pp. 382 – 391.

von Both, C., Fleβa, S., Makuwani, A., Mpembeni, R. and Jahn, A. (2006), "How much time do health services spend on antenatal care? Implications for the introduction of the focused antenatal care model in Tanzania", *BMC pregnancy and childbirth*, Vol. 6 No. 1, pp. 22.

Garel, A.J. (1993), "Individual or group antenatal education for childbirth/parenthood", *Cochrane Database of Systematic Reviews*, Vol. 2000 No. 4, Art. No.: CD002869. DOI: 10.1002/14651858.CD002869.

Gallagher, T., Waterman, A., Fraser V. and Levinson, W. (2004), "Patients' and Physicians' attitudes regarding the disclosure of medical errors: A review of literature", *Arch medical intern*, Vol. 164, pp. 1690 –1697.

Gregg, R. (1993), ""Choice" as a double-edged sword: Information, guilt, and mother blaming in a high-technology age", *Women and Health*, Vol. 20 No. 3, pp. 53-73.

Magara, J.HO. (2008), "Clinician – Client communication in Out Patient Departments (OPD) clinics in Nyanza Provincial General Hospital Kisumu, Kenya: A baseline survey", Master of Public Health Thesis, Moi University, Eldoret.

Maria, Y., Carlos A. and Sirlei S. (2005), "Women's satisfaction with physician's communication skills during an infertility consultation", *Patient education and counseling*, Vol. 59 No. 1, pp. 38-45.

Mock, K. (2001), "Effective clinician – Patient communication", Retrieved on 2nd April, 2008 from http://www.physician news.com/law/201.html.

Ministry of Health (MOH) Kenya (2007), *Baseline assessment Report. Reducing waiting time by the client/Patients in Out Patient departments (OPD)*, Kakamega Provincial general Hospital, Kenya.

Mugenda, O.M. and Mugenda A.G. (1999), *Research Methods; Quantitative and Qualitative approaches*, Kenya, Acts press, Nairobi.

Okullo, I., Anne, N.A. and Ola, H. (2004), "Influence of perceived provider performance on satisfaction with Oral Health care among adolescents", *Community dentistry and oral epidemiology*, Vol. 32 No. 6, pp. 447-455.

World Health Organization (2006), "Information, education and communication: Lessons from the past, perspectives for the future", WHO/RHR/0122, Geneva.