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Assessment of women's satisfaction in maternity care services at Grimard Hospital Anyigba, Dekina local government area, Kogi state

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Abstract

This study assessed women's satisfaction with maternity care services at Grimard Hospital, Anyigba, examining satisfaction levels, perceived enhancement factors, and quality perceptions. Data were collected using a structured questionnaire from 70 women attending antenatal and postnatal clinics. Descriptive statistics analyzed satisfaction across nine service dimensions, perceived enhancement factors, and quality ratings. Findings revealed high satisfaction with drug availability (95.7%), facility cleanliness (84–86%), privacy (77.1%), information provision (77.1%), and provider confidentiality (72.9%), but major dissatisfaction with service costs (74.3%). Quality assessments highlighted strong performance in facility maintenance, safety, and service efficiency, but severe equipment inadequacy (64.3% rated poor). Key enhancement factors included continuous service availability (97.1%), improved transportation infrastructure (94.3%), telecommunication (88.6%), and provider-client relationships (85.7%). The study underscores the need for improvements in financial accessibility, equipment procurement, waiting time reduction, and infrastructure development to optimize maternal satisfaction and service utilization.

Keywords: Maternity Care; Patient Satisfaction; Service Quality; Maternal Health; Nigeria

1. Introduction

Maternal health remains a critical public health priority in sub-Saharan Africa. Globally, over one million women acquire pregnancy-related complications daily, with maternal mortality remaining unacceptably high [1,2]. High-quality maternity care services encompassing antenatal, intrapartum, and postnatal care are essential for reducing maternal and neonatal morbidity and mortality [3]. Women's satisfaction serves as a key indicator of healthcare effectiveness, influencing service utilization and adherence [4].

Determinants of satisfaction include facility environment, provider competence, interpersonal interactions, financial accessibility, and geographic and temporal accessibility [5,6]. In Nigeria, studies reveal significant disparities in maternal satisfaction, often reflecting facility type, availability of resources, provider behavior, and user fees [7,8]. Despite these insights, limited evidence exists on integrated assessments combining satisfaction, quality perception, and perceived enhancement priorities at secondary-level hospitals. This study addresses this gap at Grimard Hospital, Anyigba.

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2. Literature review

Women's satisfaction with maternity care services is influenced by multiple interrelated factors including facility environment, service accessibility, provider competence, interpersonal interactions, and financial barriers [1,3,6,7]. Quality maternity care encompasses a continuum of services from antenatal to postnatal care, and patient satisfaction serves as a critical indicator of care effectiveness and utilization [2,8,9].

2.1. Environmental and Facility Factors

Cleanliness of facilities and examination areas strongly predicts satisfaction. Studies in Nigeria and Ethiopia show that women consistently report higher satisfaction in facilities with well-maintained and hygienic environments [11,12]. The World Health Organization emphasizes environmental hygiene as essential for infection prevention and client perception of quality care [13].

2.2. Clinical Service Quality

Reliable drug and supply availability is central to positive maternity care experiences. Stockouts compromise timely interventions, reduce client satisfaction, and negatively impact maternal outcomes [14,15]. Effective information and health education provision empower women, enhance decision-making, and improve health behaviors [16,17].

2.3. Provider-Client Interactions

Privacy, confidentiality, and respectful communication significantly influence maternal satisfaction. Violations of privacy or confidentiality can discourage service utilization and exacerbate health inequities [18,19].

2.4. Temporal and Geographic Accessibility

Waiting times and distance to facilities are consistently identified as barriers. Longer waiting times reduce satisfaction and adherence, while geographic inaccessibility limits utilization, particularly in rural areas [5,20].

2.5. Financial Accessibility

Service costs remain a significant determinant of satisfaction. Out-of-pocket payments for maternity services frequently deter care-seeking and contribute to maternal mortality in low-resource settings [4,6,15].

2.6. Perceived Enhancement Factors

Literature highlights the importance of continuous service availability, effective transport systems, robust telecommunication, and positive provider-client relationships as strategies to enhance service quality and utilization [7,9,20].

2.7. Gaps in Existing Literature

Although numerous studies have explored determinants of satisfaction in Nigeria and sub-Saharan Africa, there is limited evidence on integrated assessments combining satisfaction, quality perception, and enhancement priorities at secondary-level hospitals. This study addresses this gap by evaluating women's experiences at Grimard Hospital, Anyigba.

3. Methodology

3.1. Study Design and Setting

A descriptive cross-sectional design was adopted. The study was conducted at Grimard Hospital, Anyigba, a secondary-level hospital providing comprehensive maternity care in Dekina Local Government Area, Kogi State, Nigeria.

3.2. Study Population and Sampling

The population included all women attending antenatal and postnatal clinics during the one-month study period. A total of 70 women were recruited using convenience sampling.

3.3. Data Collection Instrument

A structured questionnaire captured sociodemographic characteristics, satisfaction levels across nine service dimensions, perceived enhancement factors, and quality ratings. Responses were coded and analyzed using descriptive statistics.

3.4. Validity and Reliability

Content validity was ensured through expert review and alignment with study objectives. Face validity assessed clarity and readability. A pilot study involving 10% of the sample (7 women) confirmed reliability and instrument clarity. Minor modifications were made prior to full data collection.

3.5. Data Collection Procedure

Questionnaires were administered during routine clinic sessions. Written informed consent was obtained, and participants were assured of confidentiality and voluntary participation. Completed questionnaires were immediately checked for completeness.

3.6. Data Analysis

Data were coded, entered into Microsoft Excel, and analyzed using descriptive statistics. Frequency distributions and percentages summarized satisfaction levels, quality perceptions, and perceived enhancement factors. Likert-scale ratings (0–5) were categorized as poor (0–1), moderate (2–3), or high (4–5) quality.

3.7. Ethical Considerations

Approval was obtained from the Kogi State College of Nursing and Midwifery IRB and Grimard Hospital Ethical Committee. Adolescents aged 15–17 years provided assent alongside parental consent.

4. Results

4.1. Sociodemographic Characteristics

All 70 questionnaires were retrieved (100% response rate). Respondents were predominantly aged ≥31 years (40%), married (77.1%), Christian (74.3%), and Igala (58.6%). Most had college education or higher (74.3%), and 57.1% were multigravida (Table 1).

Table 1 Sociodemographic Characteristics of Respondents

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	15–19	6	8.6
	20–25	18	25.7
	26–30	18	25.7
	≥31	28	40.0
Marital Status	Married	54	77.1
	Single	16	22.9
Religion	Christianity	52	74.3
	Islam	18	25.7
Ethnicity	Igala	41	58.6
	Igbo	12	17.1
	Yoruba	10	14.3
	Ebira	6	8.6
	Others	1	1.4

Education	Primary	2	2.9
	Secondary	16	22.9
	College+	52	74.3
Parity	Primigravida	24	34.3
	Multigravida	40	57.1
	Grand multigravida	6	8.6

Age distribution revealed that the largest proportion of respondents (40.0%, n=28) were aged 31 years and above, followed by equal proportions (25.7% each) in the 20-25 and 26-30 year age brackets. The smallest group (8.6%, n=6) comprised adolescents aged 15-19 years. The predominance of women in older reproductive age categories suggests maturity and potentially greater health-seeking behavior among service users. Regarding marital status, the overwhelming majority (77.1%, n=54) were married, while 22.9% (n=16) were single. No divorced women participated in the study. This distribution reflects typical demographic patterns where married women more actively utilize maternity services due to pregnancy planning and spousal support.

Religious affiliation showed Christian predominance (74.3%, n=52) over Muslim representation (25.7%, n=18). This distribution generally mirrors the religious composition of Dekina Local Government Area. Ethnic composition demonstrated Igala majority (58.6%, n=41), consistent with the indigenous population dominance, followed by Igbo (17.1%, n=12), Yoruba (14.3%, n=10), Ebira (8.6%, n=6), and other ethnic groups (1.4%, n=1).

Educational attainment revealed that nearly three-quarters of respondents (74.3%, n=52) had attained college education or higher, while 22.9% (n=16) completed secondary education and only 2.9% (n=2) had primary education as their highest qualification. This high educational level may positively influence health literacy and care-seeking behaviors. Parity distribution showed that 57.1% (n=40) were multigravida, 34.3% (n=24) primigravida, and 8.6% (n=6) grand multigravida. The multigravida predominance suggests that many respondents had previous maternity care experience, potentially influencing their satisfaction assessments through comparative evaluation.

4.2. Satisfaction Levels Across Service Dimensions

Table 2 Women's Satisfaction Across Service Dimensions

Service Dimension	**Satisfied n (%)**	**Not Satisfied n (%)**
Examination area cleanliness	59 (84.3)	11 (15.7)
Waiting time	45 (64.3)	25 (35.7)
Overall cleanliness	60 (85.7)	10 (14.3)
Privacy	54 (77.1)	16 (22.9)
Drug/supply availability	67 (95.7)	3 (4.3)
Facility distance	41 (58.6)	29 (41.4)
Information/education	54 (77.1)	16 (22.9)
Confidentiality/trust	51 (72.9)	19 (27.1)
Service cost	18 (25.7)	52 (74.3)

The highest satisfaction rate (95.7%, n=67) was recorded for availability of drugs and supplies, indicating reliable pharmaceutical inventory management. Overall facility cleanliness received the second-highest satisfaction rating (85.7%, n=60), closely followed by examination area cleanliness (84.3%, n=59). These findings suggest strong facility maintenance practices and environmental hygiene standards.

Satisfaction with privacy maintenance during care reached 77.1% (n=54), while equal proportions (77.1%, n=54 each) expressed satisfaction with information and education services. Provider confidentiality and trustworthiness achieved

72.9% (n=51) satisfaction. These moderate-to-high satisfaction levels indicate generally positive provider-client relationships and communication practices.

Waiting time satisfaction reached 64.3% (n=45), though the 35.7% dissatisfaction rate suggests opportunities for improvement in appointment scheduling and patient flow management. Facility distance satisfaction stood at 58.6% (n=41), with 41.4% expressing dissatisfaction, highlighting geographic accessibility challenges for a substantial minority of service users. The most striking finding emerged regarding service cost, where only 25.7% (n=18) expressed satisfaction while 74.3% (n=52) were dissatisfied. This substantial cost-related dissatisfaction represents a critical barrier to optimal service utilization and warrants urgent attention.

4.3. Perceived Factors for Enhancing Maternity Care Services

Figure 1 illustrates respondents' perceptions regarding factors that could enhance maternity care service quality and utilization.

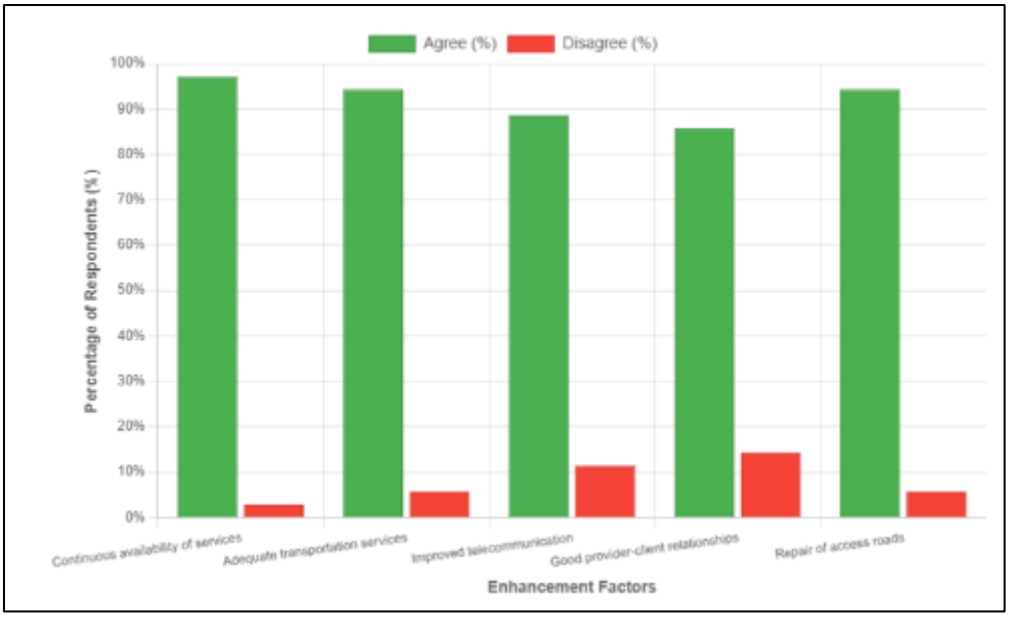

Figure 1 Perceived Enhancement Factors for Maternity Care Services

Table 3 Respondents' Level of Agreement on Factors Enhancing Service Delivery

Enhancement Factor	Agree n (%)	Disagree n (%)
Continuous availability of services	68 (97.1)	2 (2.9)
Adequate transportation services	66 (94.3)	4 (5.7)
Improved telecommunication	66 (94.3)	8 (11.4)
Good provider-client relationships	60 (85.7)	10 (14.3)
Repair of access roads	66 (94.3)	4 (5.7)

Near-universal agreement (97.1%, n=68) identified continuous service availability as a critical enhancement factor, emphasizing the importance of reliable, predictable service provision. This finding suggests that service interruptions or unpredictable operating hours may currently limit optimal care access.

Road infrastructure improvement and adequate transportation services both achieved 94.3% (n=66) agreement, highlighting the interconnected challenges of geographic accessibility and transportation availability. These findings underscore the need for multi-sectoral approaches addressing infrastructure deficits beyond healthcare facility boundaries. Improved telecommunication received 88.6% (n=62) agreement, reflecting recognition that effective communication systems (appointment reminders, emergency contact, health information dissemination) could

enhance service coordination and utilization. Good provider-client relationships achieved 85.7% (n=60) agreement, reaffirming the importance of interpersonal care quality dimensions.

4.4. Quality Perceptions Across Service Domains

Table 3 presents quality ratings across five domains assessed using 6-point Likert scales (0-5), categorized into poor (0-1), moderate (2-3), and high (4-5) quality levels.

Table 4 Quality Perceptions of Maternity Care Services (N=70)

Quality Domain	Poor Quality n (%) (0-1)	Moderate Quality n (%) (2-3)	High Quality n (%) (4-5)
Facility maintenance and cleanliness	3 (4.3)	15 (21.4)	52 (74.3)
Equipment adequacy	45 (64.3)	5 (7.1)	20 (28.6)
Staff competence and skills	10 (14.3)	20 (28.6)	40 (57.1)
Facility safety and security	2 (2.9)	8 (11.4)	60 (85.7)
Service efficiency	2 (2.9)	9 (12.9)	59 (84.3)

Facility maintenance and cleanliness received predominantly high-quality ratings (74.3%, n=52), with moderate ratings from 21.4% (n=15) and poor ratings from only 4.3% (n=3). This finding corroborates the high satisfaction rates for cleanliness dimensions reported in Table 2.

Conversely, equipment adequacy emerged as a critical quality concern, with 64.3% (n=45) rating it as poor, only 28.6% (n=20) rating it high, and 7.1% (n=5) providing moderate ratings. This substantial equipment deficiency represents a serious constraint on service quality and warrants prioritized investment.

Staff competence and skills received mixed assessments: 57.1% (n=40) rated competence as high, 28.6% (n=20) as moderate, and 14.3% (n=10) as poor. While the majority expressed confidence in provider capabilities, the combined 42.9% moderate-to-poor ratings suggest opportunities for enhanced training and capacity building.

Facility safety and security achieved strong positive ratings, with 85.7% (n=60) rating it high, 11.4% (n=8) moderate, and only 2.9% (n=2) poor. Similarly, service efficiency received predominantly high ratings (84.3%, n=59), moderate ratings from 12.9% (n=9), and poor ratings from 2.9% (n=2). These findings indicate effective operational management and security measures.

5. Discussion

The study demonstrates high satisfaction in cleanliness, drug availability, privacy, information provision, and confidentiality, consistent with previous Nigerian and African studies [1,7,12,16]. Critical dissatisfaction with service costs (74.3%) underscores financial barriers, reflecting reliance on out-of-pocket payments [4,15].

Equipment inadequacy (64.3% poor rating) highlights infrastructure gaps, affecting service quality despite strong satisfaction with consumables. Waiting times and facility distance moderately reduced satisfaction, aligning with findings across sub-Saharan Africa [5,20].

Enhancement factor analysis confirmed near-universal recognition of the importance of continuous service availability, transportation improvements, telecommunication, and positive provider-client relationships, consistent with global literature [7,9].

Applying Person-Environment Fit theory, satisfaction arises where service features align with women's expectations; dissatisfaction emerges when gaps exist, particularly regarding costs and equipment [17].

6. Conclusion

Women attending Grimard Hospital reported generally high satisfaction across multiple maternity care dimensions. However, critical deficiencies in financial accessibility and equipment adequacy, alongside moderate dissatisfaction with waiting times and distance, warrant targeted interventions. Enhancing infrastructure, affordability, service efficiency, and provider-client relationships can improve maternal satisfaction and service utilization.

6.1. Recommendations

6.1.1. For Hospital Management

- Conduct equipment needs assessment and procure essential maternity equipment.
- Implement transparent pricing and cost-reduction strategies.
- Establish appointment systems to reduce waiting times.
- Strengthen supply chain management.

6.1.2. For Healthcare Providers

- Maintain hygiene, privacy, and effective information provision.
- Engage in ongoing competency training.
- Demonstrate respectful, empathetic client interactions.

6.1.3. For Policy-Makers

- Reform health financing to reduce or eliminate user fees.
- Allocate more resources to secondary-level facilities.
- Improve roads and transport infrastructure.
- Support telecommunication and mHealth initiatives.

6.1.4. For Education and Training

- Deliver targeted in-service training
- Integrate patient-centered care and satisfaction principles into curricula.
- Establish partnerships between educational institutions and health facilities.

6.1.5. For Future Research

- Conduct longitudinal satisfaction studies
- Use mixed-methods research for in-depth exploration
- Expand research across multiple facilities
- Study specific populations (adolescents, low-income groups).

Compliance with ethical standards

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Disclosure of conflict of interest

The author declares no conflicts of interest.

Statement of ethical approval

Approval obtained from Kogi State College of Nursing and Midwifery IRB and Grimard Hospital Ethical Committee.

Statement of informed consent

Written informed consent obtained from all participants.

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