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Women's Satisfaction with Maternal care in Ghana: The Doctor's Behaviour as a Regulating Factor

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ABSTRACT

The key element of human rights and the road to equity and dignity of women and children is the quality of care received. The provision of maternal health care is based on quality during pregnancy, and distinctly forty-eight hours after delivery, is an important contribution to saving women's lives and preventing disabilities (Quah, 2016). Thus, the understanding of women's experiences and expectations through the continuum of prenatal care, delivery care and postnatal care is important for assessing the quality of maternal health care and the determination of problem areas requiring improvement. Women's satisfaction reflects women's judgment of various aspects of maternal health care, including organizational and interpersonal aspects.

Multiple linear regression was used (IBM SPSS v.25) to test the main hypotheses for the present study. The ordinal regression was used to predict the value of a result variable (dependent variable) based on the value of two or more prediction variables (independent variables). This study identifies the relationship between maternal health services (prenatal & diagnostic care, delivery care and postnatal care) and women's satisfaction with the moderating role of doctor's behavior. The study finally determined the positive impact of health care services on women's satisfaction. The results also show that the doctor's behavior in health care services affect women's satisfaction and so, the alternate hypotheses are accepted. In this study, physicians were encouraged to give pregnant women thorough inspection and examination, treat them with courtesy and respect. The study also showed that, the government should focus on hiring additional employees to overcome workload.

Keywords : Maternal health, Delivery care, Women satisfaction, Ghana, Quality of service, Prenatal & Diagnostic Care, Postnatal, Physicians

I. INTRODUCTION

Globally, in the past two decades, attempts to evaluate and improve maternal health care quality in the past two decades have led to the importance of the expectations, opinions and experiences of maternal healthcare users. Patient satisfaction is a dynamic and subjective view that provides expected medical range. The World Health Organization (WHO) promotes qualified personnel at each birth to reduce maternal mortality and recommends that women's satisfaction be evaluated to improve the quality and efficiency of health care (Organization, 2004). According to Bergstrom, good quality maternal health care should include the decision of women who use maternal health services and consider them as partners in the provision of maternal health care. Bergstrom also supports that, it is important to recognize quality maternity care, not as a luxury, but rather as a way to make the services profitable by meeting the needs of women appropriately (Mocumbi et al., 2019).

In the maternal healthcare continuum, the evaluation of maternal satisfaction focused on the physical environment, the availability of services, hygiene and accommodation conditions, interpersonal relationships with health professionals, the organization of work and the expertise and competence of health professionals (Organization, 2018). Satisfaction with maternal healthcare has been noted by Georgsson Ohman et al. as an experience that results from a subjective evaluation of what women expect to happen in terms of maternal healthcare and what actually happened upon utilization of the services (Niklasson et al., 2015). The maternal healthcare provider has been identified in Africa as a key element in women's satisfaction. It has been observed that when care providers fail in ways that does not meet patients' expectations, this impact negatively to the women's satisfaction (Niklasson et al., 2015; Organization, 2018).

In Ghana, a few studies attempted to tackle with regard to satisfaction with maternal health care services with most of them aimed at the preference of delivery methods and service providers. In the meantime, according to WHO, the share of all women giving birth in a health facility that expresses satisfaction with healthcare services; an important standard for improving maternal and child's health care (Machira & Palamuleni, 2018). Against this background that we try to explore maternal satisfaction with the prenatal, delivery and postnatal care in a health facility in Ghana using the doctor's behaviour as a regulating factor.

II. LITERATURE REVIEW

2.1 Healthcare Service and Women Satisfaction

Health service quality is the difference in patient's view and its assumptions for services. In a healthcare environment, the patient is the capital of the hospital. Cronin Jr and Taylor concluded that there is a huge relationship between health care delivery and satisfaction. In the setting of health services, patient's satisfaction is usually used to assess service quality (Heazell et al., 2018; Manzoor et al., 2019). (Bukhari et al., 2020; Heazell et al., 2018) showed that, there is a correlation between patient satisfaction and health care service quality. Their findings showed a significant connection between patient satisfaction and health care services.

Women's satisfaction is also determined by exploring the particularity between the expected and perceived maternal health services. Women's satisfaction serves as a way between behavioral intents and the quality of the provision of maternal health services. Nketiah-Amponsah examined the determinants of patient's satisfaction with health services with a focus on choosing the health care provider (Abuosi et al., 2016). Dzomeku also studied maternal satisfaction with health services during the workforce, which has also focused on health care providers (Dzomeku et al., 2019). However, a good attention has not been given to women's experiences about their satisfaction with the maternal health services provided to them. The

level of stress of women during delivery and postpartum period has not be adequately explored (Withers et al., 2018).

2.2 Prenatal Care

Prenatal care is the entrance point of pregnant women, which is expected to obtain a wide range of health issues and preventive health services. Good practices and preventive care is likely to significantly enhance health care results by alleviating risks (Baffour-Awuah et al., 2015). Prenatal care is the most important factor in the world. Prenatal care is a key time to promote health behavior and nuance. The World Health Organization (WHO) visualized "Every pregnant woman and newborn will receive quality health care throughout pregnancy, childbirth and postpartum (Organization, 2018).

Prenatal care connects to any condition that occurs at the beginning of pregnancy from the moment it starts to the delivery of the infant. Prevention is identified by patients and doctors as one of the basic tasks of a doctor. The effectiveness of a brief involvement (described as brief, patient-oriented and motivational relationships) of doctors bring optimistic changes (Gadson et al., 2017). As a result, prenatal care is related to the behavior of physicians, nurses or midwives, as well as the behavior of technical staff, throughout the pregnancy review until the healthy birth of the child. Prenatal care service means that direct supervision of unborn baby and mother's well-being, which is considered to be one of the most effective health interventions that prevent morbidity and mortality (Ricci, 2020).

Health staff in the hospitals perform direct prenatal and postnatal services with all pregnant women, and make patients aware for the next visits for the investigations (Baffour-Awuah et al., 2015; Ricci, 2020). Prenatal care is a key element of the health sector to assess the provision of quality services and women satisfaction. Pregnant ladies prefer hospitals that provide better facilities, such as medical tests, physical examination and knowledge on conditions and interactions with friendly doctors. The effective prenatal care service is not the sole purpose of the hospital but also improves the level of satisfaction of health services (Manzoor et al., 2019; Shirzad et al., 2019).

2.2.1 Diagnostic Care

At present, laboratory services are believed to be the spine in the health sector. The world is progressing rapidly into the technology industry due to the number of diagnostic machines found in the laboratory that have recorded millions of people, such as advanced ultrasound, magnetic resonance imaging (MRI) , pathology tests and much more advancement in the tests. Laboratory services are essential for assisting in the diagnostic diseases of patients because in several cases, the physicians know the severity of the patients' illness by laboratory services (Rehman et al., 2021). Laboratory services have strong relationships with satisfaction with diagnostic care and women, especially in pregnant women in pre-prenatal services, and check conditions of the child (Greenfield, 2008). Therefore, several scholars believe that it is an important factor in health care services, as well as women satisfaction.

(Abera et al., 2020) found that laboratory services influences women satisfaction while (Agarwal et al., 2020) showed that hospital management can improve the satisfaction of the women via laboratory services. Wankar described it as a vital factor for prenatal services in hospitals. Laboratory role as a disease diagnostic tool is very important in medical care for the public as any other medical services (Organization, 2020). In addition, no one can deny the importance of laboratory services in medical care, especially pregnancy. WHO recommended the member countries to promote and develop health care services through the laboratory diagnostic under the primary healthcare (Organization, 2020).

2.3 Delivery Care

The perinatal period commences at 22 completed weeks (154 days) of gestation and ends seven completed days after birth. The perinatal

period represents a time of great vulnerability for the developing brain, with the potential for devastating injury as a consequence of a diverse group of causes with the possibility of long lasting profound neurocognitive deficits (da Maia et al., 2018).

Birthing and pregnancy issues are leading cause of death problems, especially for women with disabilities in reproductive age, mainly in developing countries. Delivery care is an important component of efforts to reduce the health risks of mothers and children and increase the proportion of babies delivered under the supervision of health professionals in different health institutions. According to most women in this survey, the main barriers that affect the utilization of delivery care services are the desire to deliver where their relatives in their surroundings gave birth, bad experience with the health care system, unexpected delivery, transport problem, financial constraint and previous repeated bad experiences or stories of other women's experiences which often led them to believe that they do not need assistance from the health professional (Adimora & Odetunde, 2007; Organization, 2020).

2.4 Postnatal Care

During the postpartum period, it may be one of the most important periods in women's lives. This is 6-8 weeks after the end of pregnancy. This period is very important because about 60% of complications occur here; then post-depression may occur; this is a key period of establishing breastfeeding; this is the appropriate time for contraceptive recommendations (Furuta et al., 2014). The purpose of postpartum service is to promote the transformation of women and their families into parents. Although for most women and their babies, this period will be simple but maternal services need to ensure early prevention or detection of any complications and properly manage (Mohammad et al., 2011).

2.5 Physician's Behaviour

The doctor's behavior is a key factor in women satisfaction. The doctor and women interaction is at least partially dependent on how the doctor explains and responds to pregnant women. (DiMATTEO, 1994) revealed that pregnant women expect their doctors to relate well with them and be courteous. It also affects how women commit to their doctor's decision. Some authors put forward that, when these expectations are disappointed and pregnant women are not satisfied, they are unlikely to comply with their medical solutions, return to appointments or otherwise cooperate. "A doctor must maintain the standards of professionalism, be honest in all professional interactions and endeavor to report the doctor's competence or fraud or deception to appropriate entities"(Abera et al., 2020).

Korsch and her associates have performed several studies on the relationship between medical interaction and women's satisfaction and compliance (Funke et al., 2013). As her studies were conducted in a pediatric outpatient clinic, compliance and satisfaction were owed to the patient's parent rather than the patient. In general, the more kindness and solidarity are expressed by the doctor, the more satisfied the patient. These studies and others have all found that, the information given by the doctor and his refined way is positively correlated with the satisfaction of the patient. Past literatures show that, the study of doctors is limited, therefore, in order to achieve this gap, it is strongly necessary to explore the above relationships between the study variables. The main goal of this study is to examine women's sense of satisfaction with maternal care services and the physician behavior. After a review of the literature, the researchers formulated the following hypotheses:

Hypothesis 1 (H1). Prenatal & diagnostic care are positively associated with women satisfaction.

Hypothesis 2 (H2). Delivery care has a positive association with women satisfaction.

Hypothesis 3 (H3). Postnatal care has a positive correlation with women satisfaction.

Hypothesis 4 (H4). There is a positive relation between the physician's behavior and women satisfaction.

Hypothesis 5a (H5a). The physician's behavior has a positive moderating relationship between prenatal & laboratory diagnostic care and women satisfaction.

Hypothesis 5b (H5b). The relationship of delivery and women satisfaction is moderated by the physician's behavior.

Hypothesis 5c (H5c). The relationship of postnatal care and women satisfaction is moderated by the physician's behavior.

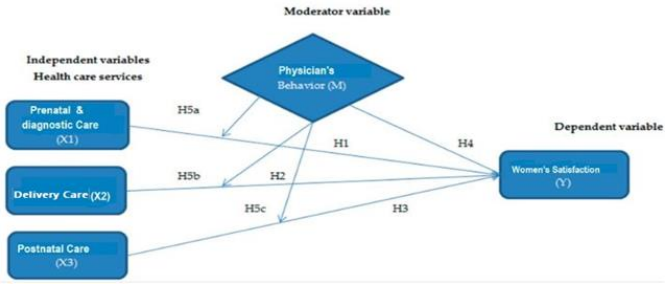

Fig1: Adopted from Manzoor (2019)

III. Methods

3. Participants and Data Collection Procedure

The present study was conducted at the health sector of Ghana. Ghana is the second populous country by the size of both the population and the economy in West Africa. In this study, the participation of the patients were voluntary. The present study used self-administrated questionnaires for primary data collection from the participants. These questionnaires were in English. Data were collected from a cross-sectional survey of 643 women who have given birth in a space of two (2) years. By using the convenient sampling technique, 643 filled questionnaires were correctly answered and analysis was based on these.

Many measuring instruments have been used during this study. These instruments are as follows. This study adopted a 35-item scale. All items were measured using a 5-point Likert scale (Haque et al., 2016).Exploratory regression was conducted to enable the researcher choose the appropriate method to analyze the data. Table 1 shows the descriptive statistics of participants. The mean scores, median, mode, standard deviations, and correlation of all variables are shown in Table 2. To test the main hypotheses for the present study, the ordinal regression was used (IBM SPSS v.25). It is used to predict the value of an outcome variable (dependent variable) based on the value of two or more predictor variables (independent variables). For analysis, the mean value of the variables was used.

Table1: Scio-demographic characteristics of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Female	643	100.0	100.0	100.0
Age	19-27	152	23.6	23.6	23.6
	26-35	378	58.8	58.8	82.4
	36-45	91	14.2	14.2	96.6
	46-55	22	3.4	3.4	100.0
Marital Status	Married	406	63.1	63.1	63.1
	Single	180	28.0	28.0	91.1
	Divorced	57	8.9	8.9	100.0

Education	Primary School	57	8.9	8.9	8.9
	High School	231	35.9	35.9	44.8
	Degree	154	24.0	24.0	68.7
	Others	201	31.3	31.3	100.0
Occupation	Teaching	206	32.0	32.0	32.0
	Entrepreneurs	109	17.0	17.0	49.0
	Company Workers	162	25.2	25.2	74.2
	Others	166	25.8	25.8	100.0
	Total	643	100.0	100.0	

Table 2: Statistics of the respondents

Statistics		Gender	Age	Marital Status	Education	Occupation
N	Valid	643	643	643	643	643
	Missing	0	0	0	0	0
Mean		1.00	1.97	1.46	2.78	2.45
Median		1.00	2.00	1.00	3.00	3.00
Mode		1	2	1	2	1
Std. Deviation		.000	.718	.653	.989	1.186

IV. Results

The results in Table 3 reveal that health care services have a positive and affirmative effect on the predicted variable. The results reported in Table 3 that prenatal & diagnostic care (PDA) have a positive and significant relationship to women satisfaction with (β = .835, p = 0.000). Therefore, Hypothesis 1 is accepted and the null hypothesis is rejected. Similarly, delivery care services and women satisfaction have a positive association with (β = 2.002, p = 0.000). However, the null hypothesis is rejected and alternate Hypothesis 2 is statistically accepted. Further, postnatal care and women satisfaction have a positive and significant correlation with (β = 1.826, p = 0.000). Hence, the results are supporting Hypothesis 3 and here, the null hypothesis is rejected. Furthermore, the physician's behavior with the value of (β =1.723, p = 0.000) has significant and positive effect on women satisfaction. Therefore, these findings reject the null hypothesis and support Hypothesis 4. Eventually, the outcomes showed that the overall regression model is significant.

Goodness of Fit

	Value	df	Value/df
Deviance	1373.857	5368	.256
Scaled Deviance	1373.857	5368	
Pearson Chi-Square	8495.913	5368	1.583
Scaled Pearson Chi-Square	8495.913	5368	
Log Likelihood[b]	-717.983		
Akaike's Information Criterion (AIC)	1477.966		
Finite Sample Corrected AIC (AICC)	1479.454		
Bayesian Information Criterion (BIC)	1571.755		
Consistent AIC (CAIC)	1592.755		

Dependent Variable: WS

Model: (Threshold), PDA, DC, PNC, PB

Tests of Model Effects

	Type III		
Source	Likelihood Ratio Chi-Square	df	Sig.
PDA	34.588	1	.000
DC	90.332	1	.000
PNC	80.183	1	.000
PB	1.094	1	.296

Table 3 : Predictors of women's satisfaction with maternal health services from ordinal regression

Dependent Variable: WS

Model: (Threshold), PDA, DC, PNC, PB

Regression

							95% Confidence Interval	
		Estimate	Std. Error	Wald	df	Sig.	Lower Bound	Upper Bound
Dependent Variables	[WS = 1.20]	7.055	.966	53.325	1	.000	5.162	8.949
	[WS = 1.40]	9.008	.818	121.321	1	.000	7.405	10.610
	[WS = 1.60]	11.338	.930	148.494	1	.000	9.514	13.161
	[WS = 1.80]	11.457	.938	149.300	1	.000	9.619	13.294
	[WS = 2.00]	12.348	.992	154.866	1	.000	10.404	14.293
	[WS = 2.20]	12.533	1.001	156.720	1	.000	10.571	14.496
	[WS = 2.80]	12.924	1.017	161.418	1	.000	10.930	14.918

	[WS = 3.00]	13.853	1.044	175.908	1	.000	11.806	15.900
	[WS = 3.20]	14.902	1.072	193.268	1	.000	12.801	17.002
	[WS = 3.40]	15.433	1.088	201.209	1	.000	13.301	17.566
	[WS = 3.60]	16.126	1.111	210.666	1	.000	13.949	18.304
	[WS = 3.80]	16.717	1.129	219.132	1	.000	14.503	18.930
	[WS = 4.00]	20.589	1.210	289.748	1	.000	18.218	22.959
	[WS = 4.20]	21.051	1.217	298.984	1	.000	18.665	23.437
	[WS = 4.40]	21.388	1.224	305.406	1	.000	18.990	23.787
	[WS = 4.60]	21.733	1.231	311.714	1	.000	19.320	24.146
	[WS = 4.80]	22.646	1.251	327.534	1	.000	20.193	25.098
Independent Variables	PDA	.835	.137	37.343	1	.000	.567	1.103
	DC	2.002	.200	100.503	1	.000	1.610	2.393
	PNC	1.826	.172	112.884	1	.000	1.490	2.163
	PB	.244	.203	1.446	1	.229	-.154	.643

Dependent Variable: WS-Women Satisfaction

Model: (Threshold), PDA, DC, PNC, PB represents prenatal diagnostic, care, delivery care, postnatal care and physician behaviour respectively.

Threshold	[WS=1.20]	7.055	1.2356	4.634	9.477	32.603	1	.000	1159.103	102.881	13058.948
	[WS=1.40]	9.008	.9062	7.231	10.784	98.798	1	.000	8164.114	1382.098	48225.791
	[WS=1.60]	11.338	.9885	9.401	13.275	131.564	1	.000	83942.825	12094.720	582601.160
	[WS=1.80]	11.457	.9915	9.513	13.400	133.516	1	.000	94517.529	13538.096	659883.311
	[WS=2.00]	12.348	1.0344	10.321	14.376	142.518	1	.000	230611.565	30368.088	1751236.162
	[WS=2.20]	12.533	1.0458	10.484	14.583	143.627	1	.000	277457.670	35727.609	2154713.444
	[WS=2.80]	12.924	1.0697	10.828	15.021	145.991	1	.000	410148.228	50402.226	3337582.133
	[WS=3.00]	13.853	1.1247	11.648	16.057	151.700	1	.000	1037823.572	114490.588	9407566.014
	[WS=3.20]	14.902	1.1849	12.579	17.224	158.156	1	.000	2962444.172	290433.451	30217164.917
	[WS=3.40]	15.433	1.2108	13.060	17.806	162.480	1	.000	5041826.575	469879.578	54098999.784
	[WS=3.60]	16.126	1.2332	13.709	18.543	171.010	1	.000	10082373.287	899259.700	113042151.326
	[WS=3.80]	16.717	1.2480	14.271	19.163	179.420	1	.000	18193199.172	1576220.858	209991191.581
	[WS=4.00]	20.589	1.3156	18.010	23.167	244.919	1	.000	874211956.753	66341416.863	115199000862.346
	[WS=4.20]	21.051	1.3236	18.457	23.645	252.960	1	.000	1387854621.329	10368575 2.512	1857671283 9.251
	[WS=4.40]	21.388	1.3305	18.781	23.996	258.415	1	.000	1944942187.748	14333974 5.801	2639044804 0.399
	[WS=4.60]	21.733	1.3380	19.111	24.355	263.840	1	.000	2744647101.081	19934249 1.278	3778967374 7.866
	[WS=4.80]	22.646	1.3613	19.978	25.314	276.744	1	.000	6837464851.153	47443214 2.075	9854080582 8.012
PDA		.835	.1437	.554	1.117	33.770	1	.000	2.305	1.739	3.055
DC		2.002	.2224	1.566	2.438	80.986	1	.000	7.402	4.787	11.447
PNC		1.826	.2258	1.384	2.269	65.445	1	.000	6.212	3.991	9.670
PB		.244	.2341	-.214	.703	1.089	1	.297	1.277	.807	2.020
(Scale)		1[a]									

Dep Dependent Variable: WS-Women Satisfaction

Model: (Threshold), PDA, DC, PNC, PB represents prenatal diagnostic, care, delivery care, postnatal care and physician behaviour respectively.

V. Discussion

The main purpose of this study is to determine women's satisfaction with maternal health services by using doctors' behavior as a moderator. The study was conducted in public hospitals in Ghana. The three maternal health care services that were chosen are prenatal & diagnostic care, delivery care and postnatal care to determine the level of women satisfaction. The study examined the physician's behavior as a regulating role in the relationship between maternal healthcare services and women satisfaction. This research provides knowledge and contributions to the maternal health literature. When reviewing the literature, it became clear that few studies were conducted in emerging, developing countries.

Previous studies have shown that women are satisfied with maternal health care, especially prenatal care. The main focus of this study is prenatal and diagnostic, delivery and postpartum care to improve women's satisfaction, and this study is new, that is, in developing countries such as Ghana, the regulation of doctors' behavior is new. The results of this study show that there is a significant positive correlation between maternal health services and women's satisfaction. For example, the predictor variables, maternal health services for prenatal and diagnostic care, and the predictors of women satisfaction are significantly positively correlated. The results of this study support a previous study that emphasized customer satisfaction assessments with the clinical laboratory services provided by King Abdullah Medical City in Makkah (Quah, 2016).

In addition, the results of delivery care and prenatal care have a positive and significant correlation with women's satisfaction. Previous research by (Abera et al., 2020; Adimora & Odetunde, 2007; Agarwal et al., 2020; Funke et al., 2013; Furuta et al., 2014) supports the results of delivery care and women's satisfaction. The results of prenatal and diagnostic care and women's satisfaction are consistent with earlier studies by (Daru et al., 2018). This shows that most women are satisfied with the professional knowledge and basic technical abilities of their nursing staff. Similarly, this study shows that the regulating variables of doctors' behavior are also significantly positively correlated with the predictors of women's satisfaction. These results are consistent with the results of previous studies by (Taenzer et al., 2021).

The main results are fully supported by the hypothesis that, there is a positive correlation between maternal health services and women's satisfaction. The study examined the moderating role of doctors' behaviors between health care services and women satisfaction, which is almost non-existent and very limited. However, the current research examines this gap and confirms that doctors' behavior has a positive correlation between maternal health services (prenatal and diagnostic care, delivery care, and postpartum care) and women satisfaction. The results of the adjustment analysis show that the hypothetical assumptions are completely acceptable.

The theoretical contributions of current research are multifaceted. First, it has contributed to the emerging field of maternal health services in developing countries by studying how this concept works in the health sector. The research also addresses the link between maternal health services and satisfaction that was overlooked in the research. Second, a large part of this research on the association between maternal health services and women's satisfaction shows that women feel better because of the best services. For doctors and hospital staff, the survey results show that providing the best and fast service is the key to satisfying pregnant women.

The actual contribution of this research is outlining how to provide the best services to improve women's satisfaction therefore, providing the best maternal health services plays a major role in improving women's satisfaction. The results of this study

encourage maternal health organizations to strengthen their service delivery. It is hoped that this research will play an important role in the literature in the field of healthcare. In addition, the government should pay more attention to the maintenance level of the country's healthcare sector.

VI. Limitations

Like any research, this research has some limitations, which raise several questions for future research. First, the main data was collected from the outpatient department of this study. Future research can use data from the inpatient care department (patients admitted to the hospital). Second, this research is limited to one developing country. It is strongly recommended that other developing and emerging countries conduct future research. Existing research uses maternal health services, therefore, future research is encouraged to investigate other healthcare services. Finally, this study examines the above issues from the perspective of women. Encourage future research to check whether doctors are satisfied with the hospital's facilities.

VII. Conclusions

In developed countries, many studies have been conducted about maternal health care services and women satisfaction, but there has been less attention to developing countries like Ghana. This study identifies the relationship between maternal healthcare services (prenatal & diagnostic care, delivery care, and postnatal care) and women satisfaction with the moderating role of the physician's behavior. It was finalized from the present study that, there is a positive effect of health care services on women satisfaction. The results of the study show that patients are satisfied with the efficiency of the service. In addition, the behavior of doctors regulated maternal healthcare services and women satisfaction therefore, the alternative hypothesis is accepted.

The conclusion is that, best healthcare services play a vital role in women satisfaction. Medical centers and public hospitals need to improve their facilities and provide better maternal services in developing countries. Poor people go to public hospitals, and their satisfaction is very important. Doctors need to be polite, empathetic and caring for their patients. They should treat patients and their attendants politely. Doctors must offer a careful and controlled examination, treat patients with courtesy and respect. Therefore, in this sector, the working conditions and environment are not healthy, and the workload and numerous patients are solely responsible for the rudeness of doctors. The government should focus on hiring additional staff to overcome the workload in public sector hospitals.

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