Client Satisfaction with Communication Skills of Health Care Providers

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Abstract
Quality face to face communication between health providers and clients lead to information transfer that affects compliance, adherence, clinical outcomes and satisfaction. Safe motherhood plus emotional and psychological support may be enhanced through effective communication during ante-natal care. Several researchers have shown that communication breakdown may affect client satisfaction. Whereas, true progress has been made globally in terms of increasing access and use of ante-natal care services, little has been done to determine the satisfaction of women with the communication skills of the health care providers. The objective of the study was to determine extent of clients satisfaction with communication skills of health providers at ante-natal clinic of Moi Teaching and Referral Hospital . Eldoret, Kenya. This was a descriptive study design which utilised interviewer administered questionnaires and observation checklist to collect data through systematic sampling of the clients. Emergency clients or those who required admission were excluded from the study. A total of 384 clients were interviewed. Data analysis was done using Excel and SPSS computer packages which generated frequencies, percentages, chi-square and correlations. Therefore, satisfaction levels were presented in tables, figures and narrative. The study found that 70% of the clients were satisfied with the existing communication skills except 30% who were dissatisfied due to various reasons. Giving clients enough time to express themselves, greeting and introducing oneself to the clients by name were statistically significant. The client socio – economic factors were however, statistically insignificant to satisfaction for all cadres of health care workers (P values; 0.119, 0.556, 0.910 and 0.963) for doctors, nurses, record clerks and lab technicians respectively. Engagement, Education and Empathic and facilitation skills were statistically significant and yielded satisfaction. It may be concluded that majority of the clients (70%) were satisfied with communication skills of the health care providers, However, a significant number (30%) were not satisfied due to communication breakdown. It is recommended that the Hospital should plan and implement continuing education seminars to improve communication skills of Health care providers in order to enhance client satisfaction. Further research should be done covering the hospital and all staff who interact with clients in order to determine the extent of the problem. The findings of this study would be useful to the Health service managers in improving communication between health care providers and clients in order to enhance satisfaction.

Keywords: health care provider; communication skills; clients satisfaction level; antenatal care.

INTRODUCTION
Communication is the main ingredient in the health care provider–client relationship. Parizadegh, (2004) shows that during communication, information transfer occurs linguistically and the relationship level may be transmitted either linguistically or para-linguistically (Tone of voice, gestures and facial expressions). Schott (1996) indicates that communication is the single most important component of effective maternity care. It is unique for these clients in that the antenatal experience culminates in labour and child birth.

Kasper (2002) opines that, providing health care to women is a complex and challenging issue which requires the coordinated effort of multidisciplinary team of health care professionals. To succeed in this effort, the professionals need to practice good communication skills. Safe motherhood, provision of basic healthcare as well as emotional and psychological support is enhanced through effective communication during ante-natal care.

Steiber, (1990) indicates that Patient satisfaction has been noted to be one of the legitimate measures of quality health-care Furthermore, Hall (1996) observes that there is a relationship between satisfaction with care and compliance with medical recommendations. The commentator suggested that addressing issues of satisfaction may influence a woman’s willingness to
reduce high risk behaviors during pregnancy which ultimately impact on the health of the newborn. For example, a woman whose emotional needs are addressed may be satisfied with her antenatal care and consequently may be more inclined to quit smoking during pregnancy. Mac Dorman, (1997) opines that smoking cessation during pregnancy would be beneficial to the health of both fetus and mother. In this manner, antenatal care may achieve its aims to optimize pregnancy outcomes.

Effective ante-natal care in general, involves counseling mothers on preparation for child birth and potential complications. Also it promotes health and prevents diseases through activities such as tetanus toxoid immunizations, provision of nutritional supplementation, provision of information on the effects of tobacco and alcohol use. Moreover, ante-natal care services involve the detection of existing diseases like HIV, syphilis, tuberculosis, other co-existing medical diseases such as hypertension and diabetes. Yuster, (1995) recommends that early detection and management of complications is done through the continuous antenatal care in the subsequent visits.

Dube, et al., (1996) argues that positive emotions are the most consistent predictors of satisfaction. Healthy Start Initiative, (2001) suggests that adequate prenatal care optimizes pregnancy outcomes, such as risk of low birth-weight (less than 2,500grams) or preterm delivery (less than 37 weeks’ gestation). However, a survey by Ministry of Health, Kenya (2007) shows that parents of preterm infants (and low birth-weight) reported less overall satisfaction with care than those with term babies. Clients with good or excellent emotional health were almost twice as likely as those with poor or fair emotional health to report high satisfaction with care.

These sentiments are supported by Namady, et al., (2005) who through a qualitative study of maternal deaths suggested that low levels of awareness of danger signs of pregnancy and delivery contribute to continuing high maternal mortality ratios. The standards for Maternal and Neonatal care by WHO (2006) indicates that many maternal and peri-natal deaths occur in women who have received no ante-natal care.

In a study by Mock, (2001), it was reported that clinicians allow the patient only 18 seconds to present the story of their illness before interrupting them. Additionally, only two percent of those patients ever get the opportunity to complete their story. By cutting off the flow of information from the patient, the clinician is often deprived of facts that are likely to give a clue to a correct diagnosis, leading to misdiagnosis due to missed opportunities. In support of the above, Mock, (2001) observes that failure to identify and effectively address a patient’s understanding and feelings about his or her health situation is likely to lead to poor outcome. Again, Barry, (2000), argues that the patient may not understand or remember information about the diagnosis and treatment. In addition, Albrecht, (2000) observes that in Nepal one minute was given to listening to clients, and little attention was paid to danger signs, complications and readiness of antenatal mothers.

A research in Brazil on client satisfaction with communication skills (Anya, et al., 2004) showed a dropout rate of attendance of 65%, which was associated with dissatisfaction with physician communications skills.

Gallagher, (2003) adduced evidence that 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.

Effective communication which according to Mock, (2001) involves first assessing what the client already knows and then asking questions to determine what she might be wondering. Also, Cleary, (1997) shows that effective communication improves the clients’ understanding of informed consent, reduces risk of malpractice and improves social outcomes such as client and clinician satisfaction.

Claudia (2006) shows amount of time health workers spend on antenatal care and sometimes missing quality interaction, a concept which this research sought to address.

KENYA PERSPECTIVE

The National Reproductive Health policy and adopted guidelines by WHO (2006) protects the rights of all women, regardless of their socio-economic status to access maternal and neonatal care. It gives a requirement that each antenatal mother receives an individual record card on which details of all action taken are recorded. With this requirement KDHS, (2008).shows that 56% of Kenyan women still deliver at home and only 44% are attended by a skilled health worker.

The fifth Millennium Development Goal (MDG) on improving maternal health, targets to reduce maternal mortality rates by 75% by 2015. The Kenya Demographic Health Survey (2008/2009), shows that 488 maternal deaths per 100,000 live births and infant mortality rate of 52 per 1000 live births occur in Kenya every year. The KDHS (2008/2009) indicates that 92% of women in Kenya receive antenatal care from professional health providers. Most of maternal deaths are related to complications...
during and after delivery, which may be identified through effective communication for antenatal care. The findings of this study would be useful to the Health service managers in improving communication between health providers and clients in all clinics in the hospitals. Whereas, true progress has been made globally in terms of increasing access and use of ante-natal care services, little has been done to determine the satisfaction of women with the communication skills of the health care providers.

THEORETICAL FRAMEWORK
The study was based on a model of communication developed by Bayer Institute for Healthcare Communication which provides the following communication tasks thus: Engagement, Empathy, Education and Enlistment.

LIMITATION
Due to financial constraints the research covered one clinic and four cadres of health care providers. Future research should be done covering the hospital and all the staff who interact with clients in order to determine the extent of the problem

MATERIALS AND METHODS
This was a descriptive cross-sectional study of 384 clients attending ante-natal clinic of Moi Teaching and Referral Hospital.

The respondents were systematically sampled and the researcher assisted by research assistant administered observation checklist and the structured questionnaire. However, emergency clients who required surgery or admission were excluded from the study.

The views of the clients on the level of satisfaction with communication skills of the health providers were collected using observation checklist and structured interviewer administered questionnaire. The data collected was coded and analysed using Excel spread sheets and SPSS (V.16) computer packages. Data sets were generated to facilitate discussion and interpretation.

The summaries of descriptive statistics in form of figures and tables on responses were obtained using means, percentages, frequencies, chi-squares, pearson’s coefficient of correlation and standard deviation of various parameters.

Rating Satisfaction
To standardize satisfaction, the researcher adopted the scale developed by Likert (2009) which measured satisfaction in five levels thus:

(i) Very satisfied
(ii) Satisfied
(iii) Neither satisfied nor dissatisfied
(iv) Dissatisfied
(v) Very dissatisfied

THE STUDY RESULTS
Satisfaction Of Clients On Communication Skills Of Health Care Providers

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number of respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionals</td>
<td>83</td>
<td>21.6</td>
</tr>
<tr>
<td>Self-employed</td>
<td>89</td>
<td>23.2</td>
</tr>
<tr>
<td>House wives</td>
<td>180</td>
<td>49.5</td>
</tr>
<tr>
<td>Students</td>
<td>19</td>
<td>4.9</td>
</tr>
<tr>
<td>Farmers</td>
<td>11</td>
<td>2.9</td>
</tr>
<tr>
<td>None response</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Total</td>
<td>384</td>
<td>100</td>
</tr>
</tbody>
</table>

The occupation of the respondents did not predict the level of satisfaction across healthcare providers with the P. values (0.279, 0.239, 0.256, 0.832) for doctors, nurses, record clerks and lab technicians respectively

RESULTS ON COMMUNICATION SKILLS
A) Engagement Skills
i) Greetings by the healthcare providers
The findings indicated that 71.1% of the nurses greet their clients; 56.5% for doctors, 53.1% for lab technologists and 37.3 % of the record clerks greet their clients.

ii) Introducing oneself by name to the clients
The clients were asked whether the health care providers introduced themselves by their names. This research shows that low levels of self-introduction by name to clients among all categories of the health care providers; 14.3% among doctors, 11.5% among nurses, 2.9% for record clerks and 12.0% for lab technologists. This parameter was found to be statistically significant with satisfaction of the client for the doctor, the nurse and the laboratory technician. (P values ≤ 0.05)
iii) Giving clients enough time to tell their story
When clinicians interrupt clients’ story, it affects the ability of the health care provider to get the exact diagnosis leading to missed opportunities. In this study, the researcher sought to know if clients were given enough time by the healthcare workers to express themselves. The findings indicated 33.1% of the doctors gave enough time to clients whereas 43.8% interrupted them and 52.9% of the nurses gave clients enough time while 43.5% interrupted them.

B) Empathic Skills
The ratings on the ability of the healthcare providers to empathise with the clients are presented in table 4 below.

Table 4.: Ability of healthcare providers to empathize with clients

<table>
<thead>
<tr>
<th></th>
<th>Doctor</th>
<th>Nurse</th>
<th>Records</th>
<th>Lab technician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratings</td>
<td>n</td>
<td>Percentage (%)</td>
<td>n</td>
<td>Percentage (%)</td>
</tr>
<tr>
<td>Excellent</td>
<td>80</td>
<td>20.8</td>
<td>96</td>
<td>25</td>
</tr>
<tr>
<td>Good</td>
<td>128</td>
<td>33.8</td>
<td>148</td>
<td>38.6</td>
</tr>
<tr>
<td>Fair</td>
<td>76</td>
<td>19.4</td>
<td>105</td>
<td>27.3</td>
</tr>
<tr>
<td>Poor</td>
<td>12</td>
<td>3.1</td>
<td>21</td>
<td>5.5</td>
</tr>
<tr>
<td>N/A</td>
<td>88</td>
<td>22.9</td>
<td>14</td>
<td>3.6</td>
</tr>
<tr>
<td>Total</td>
<td>384</td>
<td>100</td>
<td>384</td>
<td>100</td>
</tr>
</tbody>
</table>

Pearson’s χ² = 125.14, d. f = 9, p value = 0.000

Pearson’s coefficient of correlations indicated that expression of empathy by the healthcare providers was statistically significant with the satisfaction levels.

C) Education Skills
Provision of effective antenatal care involves the provision of appropriate health education to all antenatal clients.

i) Educating antenatal clients to keep healthy
Information transfer occurs at various levels and could be beneficial to antenatal clients. The findings of the study indicates that 83.8%; 82.3% and 65.4% were educated by laboratory technicians, Nurses and doctors respectively.

Table 5: Ability of the healthcare providers to educate clients

<table>
<thead>
<tr>
<th></th>
<th>Doctor</th>
<th>Nurse</th>
<th>Records</th>
<th>Lab technician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratings</td>
<td>n</td>
<td>Percentage (%)</td>
<td>n</td>
<td>Percentage (%)</td>
</tr>
<tr>
<td>Excellent</td>
<td>384</td>
<td>100</td>
<td>384</td>
<td>100</td>
</tr>
<tr>
<td>Good</td>
<td>23</td>
<td>6.5</td>
<td>31</td>
<td>8.9</td>
</tr>
<tr>
<td>Fair</td>
<td>8</td>
<td>2.1</td>
<td>12</td>
<td>3.1</td>
</tr>
<tr>
<td>Poor</td>
<td>25</td>
<td>6.5</td>
<td>38</td>
<td>10</td>
</tr>
<tr>
<td>N/A</td>
<td>151</td>
<td>40.5</td>
<td>147</td>
<td>38.3</td>
</tr>
<tr>
<td>Total</td>
<td>384</td>
<td>100</td>
<td>384</td>
<td>100</td>
</tr>
</tbody>
</table>

Pearson’s χ² = 94.68, d. f = 6, p values = 0.000

The rating of healthcare providers on education skills indicated that nurses and laboratory technicians were performing better than doctors. The clients who were educated were more likely to be satisfied than those who were not educated.

D) Facilitation Skills
Table 6: Facilitation skills of the healthcare providers

<table>
<thead>
<tr>
<th></th>
<th>Doctor</th>
<th>Nurse</th>
<th>Records</th>
<th>Lab technician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratings</td>
<td>n</td>
<td>Percentage (%)</td>
<td>n</td>
<td>Percentage (%)</td>
</tr>
<tr>
<td>Excellent</td>
<td>31</td>
<td>8.9</td>
<td>158</td>
<td>41.1</td>
</tr>
<tr>
<td>Good</td>
<td>174</td>
<td>45.3</td>
<td>162</td>
<td>42.2</td>
</tr>
<tr>
<td>Fair</td>
<td>30</td>
<td>7.9</td>
<td>38</td>
<td>9.9</td>
</tr>
<tr>
<td>Poor</td>
<td>12</td>
<td>3.1</td>
<td>8</td>
<td>2.1</td>
</tr>
<tr>
<td>N/A</td>
<td>25</td>
<td>6.5</td>
<td>25</td>
<td>6.5</td>
</tr>
<tr>
<td>Total</td>
<td>384</td>
<td>100</td>
<td>384</td>
<td>100</td>
</tr>
</tbody>
</table>

Pearson’s χ² = 274.05, d. f = 4, p values = 0.000

The nurses were rated highly at 86.4% followed by the laboratory technicians at 80.6% and doctors at 69.5%.

Satisfaction of Clients on Communication Skills of the Health Care Providers
The ratings on satisfaction were done on four levels as highly satisfied, satisfied, dissatisfied and highly dissatisfied. The ratings were later collapsed into two whereby highly satisfied and satisfied were categorized as being satisfied whereas dissatisfied and highly dissatisfied were categorized as being dissatisfied. The neutral respondents were grouped as not applicable.
The average satisfaction score for the clients was (70%). This means that seventy percent of the respondents were satisfied with the communication skills of Health care providers but a significant number (30%) were dissatisfied due to interruptions in communication.

DISCUSSION

The objective of the study was to determine extent of clients satisfaction with communication skills of health care providers at ante-natal clinic of Moi Teaching and Referral Hospital. Eldoret, Kenya. The study found that 70% of the clients were satisfied with the existing communication skills except a significant number (30%) who were dissatisfied due to interruptions during the sessions. Quality face to face communication between health providers and clients lead to information transfer that affects compliance, adherence, clinical outcomes and satisfaction. Safe motherhood plus emotional and psychological support may be enhanced through effective communication during anti-natal care.

Halls (1996) supports the findings by observing that addressing issues of satisfaction may influence client’s willingness to reduce high risk behaviour during pregnancy which ultimately impact on the health of the mother and the new born. Also, parizadeh (2004), argues that effective human communication process is the main ingredient in the health care provider-client relationship. However, the client socio-economic factors were found statistically insignificant to satisfaction for all cadre of health care providers. This finding corroborates with research outcomes by, WHO (2006) and KDHS (2008/9).

The study focussed on the four skills of communication as recommended by Bayer Institute of Health Care Communication. These skills were Engagement; Emphatic; Education and Facilitation. The findings were as follows:

Engagement

It was found that greeting clients was a predictor to the satisfaction of the clients. This agrees with the findings of a study in Tanzania by Claudio (2006) who emphasised the use of soft skills in antenatal care. Mock (2001). Recommends that introducing oneself by name and giving enough time for the client to express themselves created satisfaction.

Emphatic

It was determined that expression of empathy by the Health care providers was statistically significant with satisfaction levels of the clients. This is supported by Cleary (1997) who opines that informed consent improves social outcomes. Empathy triggers deep emotions which may lead to compliance with recommendations given by service providers. In addition, Dube et.al. (1996) and Albrecht (2000) argues that positive emotions are predictors of satisfaction.

Education

The rating of Health care providers on educational skills indicated that nurses (82.3%) and laboratory technicians (83.8%) educated antenatal care clients more than doctors. This finding is collaborated by Kasper (2002) and Scott (1996) who demonstrated that effective human communication skills with antenatal clients improve service delivery.

Facilitation

For this communication skill, nurses were rated high (86.4%) followed by laboratory technicians (80.6%) and doctors (69.5%). This finding agrees with the work of Yuster (2005) who emphasised effective facilitation of antenatal clients for early detection of problems. Also, this supports the findings of Steiber (1990) and Hall (1996) who argues that the quality of communication affects the relationship between Health care providers and the clients.

CONCLUSION AND RECOMMENDATIONS

The study was anchored on the four components of Communication skills model developed by Bayer Institute of Health Care Communication. It was found that Engagement, Emphatic, education and facilitation skills were key to effective communication with antenatal clients. However, nurses and laboratory technicians posted greater satisfaction with clients. This study shows that the average satisfaction of the clients was seventy percent (70%) while thirty percent (30%) were dissatisfied due to the various factors affecting human communication process. Giving clients enough time to express themselves, greeting and introducing oneself to the clients by name were statistically significant. The client socio-economic factors were however, statistically insignificant to satisfaction for all cadres of healthcare providers (P values; 0.119, 0.556, 0.910 and 0.963) for doctors, nurses, record clerks and laboratory technicians respectively.

Emanating from the findings of this study, it may be recommended as follows:

1. The Hospital should plan and implement continuing education seminars to improve communication skills of all Health care providers.
providers in the hospital in order to enhance client satisfaction.

2. Further research should be done covering the hospital and all staff who interact with clients in order to determine the extent of the problem

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