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Mother's Satisfaction with Midwifery Services at Martubung Community Health Center, Indonesia: A Cross Sectional Study

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ABSTRACT

Background: Mortality in women during pregnancy and childbirth still becomes a major concern in many developing countries. Almost 95% of all maternal deaths occurred in low and lower middle-income countries, and most could have been prevented.

Purpose: to examine the determinants of mother's satisfaction in midwifery services at the Martubung community health center in 2022.

Methods: This was a descriptive analytic research based on a cross sectional research design. The population was 314 patients including pregnant women, postpartum mothers and infants' mothers who visited the health center from March to June 2022; 145 mothers served as research samples, selected through random sampling technique. A standardized questionnaire was administered to collect patients' satisfactory about midwifery service. We used demographic characteristics and the satisfaction questionnaires. Bivariate and multivariate analyses were performed in data analysis.

Results: The results showed that there were significant relationships between mothers' satisfaction and the independent variables including tangible (p -value=0.00), reliability (p -value=0.00), responsiveness (p -value=0.00), assurance (p -value=0.00), and empathy (p -value=0.00) at Martubung health center. Meanwhile, the most dominant factor was reliability (97%).

Conclusion: These findings suggest the necessity of mobile health services by visiting pregnant, postpartum and neonatal women and improving the quality of maternal and child health duties by participating in midwifery training.

Keywords:

mother's satisfaction,
health service quality,
midwifery services

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Introduction

Mortality in women during pregnancy and childbirth still becomes a major concern in many developing countries. Almost 95% of all maternal deaths occurred in low and lower middle-income countries, and most could have been prevented. It was also reported that Southern Asia and Sub-Saharan Africa accounted for around 87% (253,000) of the estimated global maternal deaths, where the majority of 72% occurred in Sub-Saharan Africa with

another 16% in South Asia (Organization, 2023a). In Indonesia, as of 2019, the report reveals that the maternal mortality rate (MMR) nationwide was still high; 305 per 100,000 live births, higher than the target of the Sustainable Development Goals (SDGs) which was less than 70 per 100,000 live births. A high infant mortality rate (IMR) was also reported occurred in the same year; 24 per 1,000 live births, but the target is expected to reduce to 16 per 1,000 live births in 2024 (Agency, 2019).



Maternal and infant mortality rates are one of the most sensitive health indicators to describe the level of welfare of mothers and children. Poor health services and inadequate pregnancy and delivery services have been identified as one of the main causes of high maternal and infant mortality rates in Indonesia (Kiros, Chojenta, Barker, & Loxton, 2021). In this case, midwives often receive the spotlight as they are the ones who have the responsibilities to provide and improve health services for mothers and children to achieve the quality and wellbeingness in families (Organization, 2023b). The high maternal mortality rate is inseparable from the care of midwives in providing midwifery services. In providing ideal midwifery services, it is necessary for midwife to concern about 5 practice standards including precise clinical decisions, good care for mothers and babies, infection prevention, and accountable records (Chirwa, Nyasulu, Modiba, & Limando, 2023).

The decline in MMR is inseparable from the role of midwives as one of the spearheads in providing health services, including pregnancy and childbirth (Andrea Nove, 2020). One of the most complex issues in the world of health services is the assessment of service quality (Endeshaw, 2021). Previous studies suggest that the needs and demands of health service users which are met will lead to good client satisfaction (Karaca & Durna, 2019; Sulaiman et al., 2023). If this service provision is associated back to midwifery services, it will relate to factors related to the performance of midwives including knowledge, attitudes, skills, work motivation, compensation systems, workload and work climate. Midwifery services in the aspects of antenatal care (ANC), intranatal care (INC), postnatal care

(PNC), neonatal, infants and toddlers have been implemented by midwives, but for patient satisfaction one must also look at physical evidence (tangibles), reliability, responsiveness (responsiveness), assurance (assurance), and empathy (empathy), so that this makes patients make return visits to get midwifery care (Namutebi, Nalwadda, Kasasa, Muwanguzi, & Kaye, 2023; Regan et al., 2018).

Despite the advancement and improvement of medical technologies and services, the data by the Indonesian community reveals that over half of patients are satisfied with delivery services provided by traditional birth attendants (51%), whereas remaining are by midwives and ob-gyn doctors (49% and 20% respectively) (Hermawan, 2016). A qualitative study was conducted in the city of Qom found that providing high quality midwifery care requires a broad range of prerequisites and high quality midwifery care decreases maternal and infant mortality and morbidity (Khakbazan & Ebadi, 2023). A study in Nepal also found that longer waiting times and overcrowding increased the likelihood of dissatisfaction and having an opportunity to ask questions was positively associated with client satisfaction (Mehata et al., 2017).

Martubung community health center (MCH), which was founded in 1998, serves public health in two sub-districts, namely Besar Village and Tangkahan Village with 35 neighborhoods with approximately 58,390 people and 13,304 household. It is an outpatient health center that provides general services, dental health services, community health services and midwifery services. The midwifery services provide antenatal care, services for postpartum mothers, and services for infants and toddlers. The results of internal service quality survey reported that that within

2018 - 2020, there was a gradual decrease of patient satisfaction toward midwifery services. In 2018, the patient's satisfaction for midwifery services provided by health workers in were 90% satisfied and 10% not satisfied, while in 2019, 83% were satisfied and dissatisfied 17%. In 2020 during the pandemic, the satisfaction review was carried out until March, it was stated that patient satisfaction was 80% and 20% dissatisfied. The dissatisfaction is reported caused by various factors such as long waiting hour, facility inadequacy, and incomprehensive and unclear clinical explanation. Based on the issue concerning the midwifery services and how it plays a significant role in patient satisfaction, this study focuses on analyzing factors related to mother's satisfaction in midwifery services in Martubung primary health center as there was no study yet conducted on similar topic in the area.

Materials and Methods

Design

The study was conducted through a descriptive analytic approach with a cross-sectional research design to look at the relationship of research variables such as physical evidence, reliability, responsiveness, assurance, and empathy with mothers' satisfaction in midwifery services.

Population and Sample

The population included all pregnant women, postpartum women and mothers who had babies 0-28 days and visited the health care center until June 2022, with the number of visitors was 314. In total, there were 138 pregnant women, 130 postpartum women and 46 mothers who had babies 0-28 days. The calculation of the sample size in this study was by using educational research basics by Del

Siegle(Siegle, 2023) and obtained a sample of 58 pregnant women, 56 postpartum mothers and 31 mothers having babies 0-28 days with a degree of deviation from the desired population of 10%. Therefore, the total sample was 145 mothers served as the research samples.

Data collection

The research location was at Martubung Health Center in Medan City, North Sumatera, Indonesia and was carried out in March and September 2022. The sampling technique used simple random sampling with the step of ensuring that all members of the population had been included in the master list and the subjects were randomly selected from visitor list. There were 3 inclusion criteria in this study including willing to be respondents, able to read and write and mothers during pregnancy, postpartum and neonatal care. The mother was not willing to be a respondent and could not read or write were excluded from the samples. Primary data in this study were obtained by interviewing mothers using a standardized questionnaire about mothers' satisfaction with midwifery services. We used demographic characteristics and the satisfaction questionnaires (Hilma Triana, 2023). Meanwhile, the secondary data was supporting data obtained based on medical record data/reports from the Medan City Health Office and obtained directly from the Martubung Health Center.

Data Analysis

Physical evidence, reliability, responsiveness, assurance, and empathy served as the independent variables, while mothers' satisfaction in midwifery services was the dependent variable. In terms of measurement aspect, every "yes" was scored 2, while "no" was scored 1. To determine the category of tangibles, it was

categorized good if the respondent's score was >4 and less it was ≤ 4 . The reliability category was calculated differently according to mother's status; good if the score was >15 and less if it was ≤ 15 (pregnant respondents), good if the score was >7 and less if it was ≤ 7 (in postpartum mothers), good if the score was >6 and less the score was ≤ 6 (mothers in neonatal care). The responsiveness was categorized good if the respondent's score was >4 and less if it was ≤ 4 . The empathy was categorized good if the accumulated score was >4 and less it was ≤ 4 . Meanwhile, the satisfaction variable was coded 1 if it was not satisfied and 2 if it was satisfied.

In order to assure that the questionnaire was valid and reliable for the study, several procedures were carried out. This was initiated by consultation with expert and revision according to the suggestions. Then, a test to examine the validity of the questionnaire was performed in a similar research population that was at Titi Papan Health Center with the same criteria as the research location. Each questionnaire item obtained a significance value of 2 tailed, smaller than the p-value (0.05), indicating a validity of each question and it is reliable to administer. it is known that the 2-tailed significance value for reliability, responsiveness, assurance and empathy questions is smaller than the p-value (0.05) so that the question is declared valid, but for questions 16 and 24 it is greater than the p-value (0.05) and the questions declared invalid are discarded. After all questions are valid, the analysis continues with a reliability test. A question is considered reliable if a person's answers are consistent or stable.

To determine the reliability of a question, SPSS can be used. From thr Patient Satisfaction Reliability Test Results, it is

known that the Cronbach's alpha value for physical evidence is 0.922, reliability is 0.857, responsiveness is 0.799, assurance is 0.912, and empathy is 0.845, which is greater than the calculated r value of 0.361, so it is declared reliable.

Table 1
 Patient Satisfaction Reliability Test Results

<i>Cronbach's</i> <i>Alpa</i>	<i>N of</i> <i>Items</i>	<i>R</i> <i>table</i>	<i>Note</i>
0.922	4	0.361	Reliable
0.857	28	0.361	Reliabel
0.799	4	0.361	Reliabel
0.912	4	0.361	Reliabel
0.845	4	0.361	Reliabel

In the table above, it is known that the Cronbach's alpha value for physical evidence is 0.922, reliability is 0.857, responsiveness is 0.799, assurance is 0.912, and empathy is 0.845, which is greater than the calculated r value of 0.361, so it is declared reliable.

Bivariate and multivariate analysis were done in this study. To test the hypothesis, statistical analysis was carried out using the chi-square test, at a significance level of 95% ($P < 0.05$). Meanwhile, to examine the most dominant factor, the statistical test binary logistic regression test with $\alpha = 0.05$ was performed. Data analysis was carried out using SPSS software version 21.

Ethical consideration

This study received the ethical clearance from the Health Research Ethical Committee of Sari Mutiara Indonesia University (No.1350/F/KEP/USM/VI/2022). All respondents received informed consent about the research before conducting the study.

Results

Maternal and Child Health Services

Maternal and child health (MCH) services are to provide pregnant and postpartum women as well as neonates standard health services. In order to maintain midwife performance in carrying out these services, the Martubung Health Center conduct a regular quality assessment by requesting patients to rate its service quality. A box for complaints and suggestions is also provided to help the health center improve its services and achieve satisfaction from the patients.

The health workers in Martubung encompassed 4 general practitioners, 1 dentist, 8 nurses, 7 midwives, 3 public health workers, 2 pharmacists, 2 health analysts, 1 dental nurse, 1 sanitarian, 2 nutritionists, 2 medical recorders and 6 non-health staffs. It has an intervention room, general polyclinic, MCH-family planning polyclinic, dental clinic, pharmacy, TB room, medical records room, laboratory room, health promotion room, nutrition room, counseling room, nursing corner, waiting room, and warehouse.

Univariate analysis

Table 2. Frequency distribution of respondents' characteristics (n=145)

Characteristics	Total	%
Age		
<20 years	4	2.8
20-35 years	89	61.4
>35 years	52	35.9
Education		
High	36	24.8
Secondary	92	63.4
Primary	17	11.7
Occupation		
Employed	80	55.2
Unemployed	65	44.8

Data in Table 2 shows that of the 145 respondents, the majority of respondents aged 20-35 years (61.4%), graduated from

secondary education level (63.4%) and had occupations (55.2%).

Table 3. Frequency Distribution of Respondents' Satisfaction on Midwifery Services (n=145)

No	Variables	N	%
1	Satisfaction toward midwifery services		
	Satisfied	121	83.4
	Dissatisfied	24	16.6
2	Tangibles		
	Good	131	90.3
	Poor	14	9.7

No	Variables	N	%
3	Reliability		
	Good	123	84.8
	Poor	22	15.2
4	Responsiveness		
	Good	125	86.2
	Poor	20	13.8
5	Assurance		
	Good	127	87.6
	Poor	18	12.4
6	Empathy		
	Good	125	86.2
	Poor	20	13.8

Table 3 indicates that of the 145 respondents, the majority of the respondents reported that they were satisfied with midwifery services (83.4%).

Moreover, the respondents also majorly reported that MHC provided good tangibles (90.3%), good reliability (84.8%), good responsiveness (86.2%), good assurance (87.6%), good empathy (86.2%).

Bivariate Analysis

Table 4. The relationship between midwifery services and patient satisfaction (n=145)

No	Variables	Patient Satisfaction				Total		P-value	OR (95%CI)
		Satisfied		Dissatisfied		N	%		
		n	%	N	%				
1	Tangibles								
	Good	119	82.1	12	8.3	131	90.3	0,000*	59.5 (11.889-297.774)
Poor	2	1.4	12	23.4	14	9.7			
2	Reliability								
	Good	117	80.7	6	4.1	123	84.8	0,000*	87.7 (22.545-341.546)
Poor	4	2.8	18	12.4	22	15.2			
3	Responsiveness								
	Good	118	81.4	7	4.8	125	86.2	0,000*	95.5 (22.521-405.165)
Poor	3	2.1	17	11.7	20	13.8			
4	Assurance								
	Good	118	81.4	9	6.2	127	87.6	0,000*	65.5 (15.960-269.262)
Poor	3	2.1	15	10.3	18	12.4			
5	Empathy								
	Good	118	81.4	7	4.8	125	86.2	0,000*	95.5 (22.521-405.165)
Poor	3	2.1	17	11.7	20	13.6			

*Chi-square test

Table 4 shows that the variable of tangibles was good, while the majority of the respondents were satisfied (82.1%). The statistical test results showed that there was a relationship between tangible and patient satisfaction in midwifery services ($p = 0.000$) with an OR value of 59.5 (1,889-297,774), indicating that good tangible services have a 59-time chance to achieve patient satisfaction compared to poor tangible. Reliability was obtained good and the percentage of respondent's satisfaction was 80.7%. The statistical test results showed that there was a relationship between reliability and patient satisfaction in midwifery services ($p = 0.000$) with an OR value of 87.7 (22.545-341.546) indicating that good reliability has 87 times higher chance compared to bad reliability. Responsiveness was categorized good and respondents were majorly satisfied (81.4%).

The statistical test results showed that there was a relationship between responsiveness and patient satisfaction in midwifery services ($p = 0.000$) with an OR value of 95.5 (22.521-405.165), indicating that good responsiveness has 95 times higher chance compared to bad responsiveness in achieving patient satisfaction. The variable of assurance was good and respondents were majorly satisfied (81.4%). The statistical test results showed that there was a relationship between assurance and patient satisfaction in midwifery services ($p = 0.000$) with an OR value of 65.5 (15.960-

269.262) indicating that a good assurance has 65 times higher chance compared to a bad assurance. Empathy was good and the majority of the respondents were satisfied (81.4%). The results of statistical tests showed that there was a relationship between empathy and patient satisfaction in midwifery services ($p = 0.000$) with an OR of 95.5 (22.521-405.165) indicating that good empathy has 95 times higher chance to cause patients satisfy with the services compared to poor empathy.

Multivariate Analysis

In order to examine the most dominant factor associated with patient satisfaction toward midwifery services, a multivariate analysis through multiple logistic regression tests was carried out. In this modeling, candidate variables with a p -value < 0.25 on the bivariate test were included together in the multivariate test. Based on the results of the bivariate test, 5 variables were identified as candidate models, namely tangibles, reliability, responsiveness, assurance, and empathy. The use of statistical significance of 0.25 in multiple logistic regression tests to allow variables that are subtly important are included in the multivariate model. Furthermore, testing was carried out simultaneously with the enter method to identify factors that influence patient satisfaction in midwifery services. In this modeling, all candidate variables were entered together then variables with a p -value > 0.25 were excluded in stages (backward selection).

Table 4 Multivariate analysis

Variables	B	P-value	Exp (B)	95 % CI
Tangibles	4.409	0.008	82.168	3.208-210.4923
Reliability	5.124	0.000	168.039	12.995-217.2970
Responsiveness	3.012	0.044	20.337	1.088-380.291
Assurance	4.351	0.002	77.542	5.064-118.7361
Constant	-21.996	0.000	0.000	

After the first stage of the multiple logistic regression test, 4 variables (tangibles, reliability, responsiveness, and assurance) which obtained p-value <0.05 were retested. The results of the analysis of variables using the logistic regression test revealed that the factors influencing patient satisfaction in midwifery services which had a significance value of <0.05 were tangibles (p=0.008), reliability (p=0.000), responsiveness (p=0.044) and assurance (p=0.002). Furthermore, the independent variables with p<0.05, were then entered into the equation value. Based on these results, the logistic regression equation for the results of the multivariate test in this study was 97%. Hence, since the probability or predicted value was 97%, the variables of tangibles, reliability, responsiveness and assurance were associated with patient satisfaction toward midwifery services.

Discussions

The present study revealed that there was a relationship among tangibles, reliability, responsiveness, assurance, empathy and mother's satisfaction in midwifery services. It is predicted that 97% of tangibles, reliability, responsiveness and assurance were the most dominant factors related to mother's satisfaction in midwifery services. These findings are supported by Al-Hussainy who revealed that the highest percentage of participants perceived the care to be high in quality, although a gap between the mean of both expected and perceived quality of maternity care was reported. Participants in his study perceived assurance quality as the highest dimension (Rehab Hussain Al-Hussainy, 2022).

Satisfaction is a person's feelings of pleasure or disappointment that arise after comparing their perceptions or impressions with the performance or results of a product and (Aimee, 2019). While patient satisfaction is a level of patient's feelings that arise as a result of the performance of the health services they get after the patient compares the performance with what they expect (Ferreira, Vieira, & Pedro, 2023). Tangibles are the appearance of physical facilities, equipment, personnel, and means of communication. Patients will be satisfied with the services provided when the physical facilities available at the health facility can meet their expectations, such as the availability of a comfortable waiting room (Ardey & Ardey, 2015).

In order to become a good communicator, it is necessary for midwives to have a good, polite and attractive appearance during the communication process. As a health worker, a clean, polite and attractive appearance is very necessary in carrying out its role in providing care to clients (Kieft, de Brouwer, Francke, & Delnoij, 2014). This is in accordance with Karaca findings which suggest that nurses or health workers needed to show greater amount of interest to the information-giving process. This will certainly have implications for patient satisfaction with the health services provided (Karaca & Durna, 2019).

This study found that tangibles on maternal and child health services is the most dominant variable. In general, a person will see a potential health facility starting from its physical condition. With clean, tidy, and orderly conditions, people will expect that the hospital will carry out its functions properly. The more complete the facilities, the cleanliness of the room and the

appearance of the midwives, the better the quality of health services would be provided to patients and vice versa. According to Weicun, waiting time, doctor-patient communication, professional services, and accessibility for treatment information were shown to have directly positive correlations with outpatient satisfaction (Ren, Sun, Tarimo, Li, & Wu, 2021).

The present study reveals that reliability had 87 times higher chance to make patients' satisfied with the health services. A health worker, who provides fast, precise, and reliable services and treatments, will certainly make patients feel they get optimal service so that later it will lead to feelings of satisfaction. A case study conducted in Jordan found that service quality had a positive direct effect on patient loyalty and patient satisfaction. Meanwhile, patient satisfaction mediated the relationship between service quality and patient loyalty (Aladwan, Salleh, Anuar, Alhwadi, & Almomani, 2021). Performances must be in accordance with patient's expectations without errors. These include proper registration time, willingness of staff, midwife, doctor, and nurse to provide services, timeliness in providing services, doctor's availability during working hours, responsive and comprehensive procedures (Mosadeghrad, 2014).

Among five dimensions of satisfaction, the reliability dimension is considered the most important dimension by customers of various service industries (Pakurár, Haddad, Nagy, Popp, & Oláh, 2019; Rita, Oliveira, & Farisa, 2019). Likewise with patients as users of health services, considering obstetric examination, treatment and care services that are fast and precise, service schedules are carried

out precisely, service procedures are not convoluted, midwifery standard services which are a reflection of this dimension are important with health services. Services patients receive from midwives are closely related to patient satisfaction (Berhane et al., 2019). This finding showed that the majority of mothers' responses concerning the reliability of MCH officers in providing midwifery services were good. Patient satisfaction was assessed based on the respondent's interpretation of the suitability between expectations and what was received including the speed/immediateness of midwives in providing assistance, the availability of facilities and infrastructure needed by patients and the friendliness of midwives in providing services.

Consequently, patients feel satisfied because they feel safe and are cared for properly. In providing services to patients, midwives should refer to the standards of care for their respective professional services. In providing midwifery services, they refer to midwifery care including methods, assessment, diagnosis, planning, action, client participation and evaluation. There are standards of care that are used by midwives in providing services, for example the midwifery profession has Midwifery Care Standards, including methods regarding patient assessment, midwifery diagnoses, care plans, actions that are based on priority issues which are prioritized on patients with emergencies or requiring immediate treatment. Besides, it is also mandatory for midwives to do all midwifery care which is in accordance with midwifery standards. This eventually makes patients satisfied with the overall services provided (Khosravi, Babaey, Abedi, Kalahroodi, & Hajimirzaie, 2022; Namutebi et al., 2023). This finding is supported by a research conducted by Ana that reliability

has a positive and significant relationship with patient satisfaction in life (Arboleda, 2023).

This study also found that there was a relationship between responsiveness and mothers' satisfaction in midwifery services. It was reported that responsiveness had 95 times higher likelihood to achieve patient satisfaction. A review study about maternal health care from developing countries revealed that determinants of maternal satisfaction covered all dimensions of care across structure, process and outcome as well as process of care dominated the determinants of maternal satisfaction in developing countries (Srivastava, Avan, Rajbangshi, & Bhattacharyya, 2015). Responsiveness includes the responsiveness of health workers in providing the necessary health services and being able to handle them quickly and accurately. The speed of health services provided is the responsiveness of officers in providing the necessary services. A health worker, especially midwives, must be responsive in resolving patient complaints, able to give clear and easy-to-understand information, and take action quickly and precisely. Services which start on time, provide good response, quickly respond patient complaints, deliver clear and easy to understand procedures are necessary to assure patients satisfied with the MCH (Mocumbi et al., 2019).

A study conducted in public hospitals in Ethiopia also found that privacy assured, duration of labor, waiting time and fetal outcome were associated with satisfaction with delivery care services (Kidane & Getachew, 2023). Patients will certainly demand health services that are fast, clear, and according to needs so that expectations will be fulfilled which results in feelings of satisfaction with these health

services. This is in line with a study in Kenya and Malawi which suggests that the important structural and process factors for patient satisfaction included private versus public run facilities, level of provider training, that is, specialist versus enrolled nurse in Tanzania or clinical technician in Malawi and shorter waiting times across all countries (Bergh, Bishu, & Taddese, 2022).

Moreover, this study shows that the assurance was good and 81.4% of the respondents were satisfied. This study also found that there was a relationship between assurance and patient satisfaction, indicating that good insurance has 65 times higher chance of causing patients to be satisfied. Assurance will generate patient trust and confidence so that patients will not hesitate to continue to have their condition checked at the health facility. This patient satisfaction will arise since patients believe that health workers provide optimal service according to their expertise. Assurance is the ability of officers, especially health workers in terms of knowledge of health services appropriately and quickly, quality, friendliness, speech or courtesy in providing services, skills in providing information and the ability to give patients trust with companies/agencies related parties. A study which examined the satisfaction of outpatient at polyclinic in Vietnam found that facility together with information transparency and administrative procedures, accessibility, and interaction and communication of staff served as major factors for satisfaction toward service provision (Duc Thanh et al., 2022). A study also found that assurance affects inpatient satisfaction and eventually will lead to patient loyalty (Rosdianah Manshur, 2022).

The present study showed that there was a relationship between empathy and patient satisfaction in midwifery services. It was found that good empathy has 95 times higher chance to cause patient satisfaction on midwifery services. A study conducted in China found that 303 midwives were in the high-empathy group, while 161 midwives were in the middle-empathy group and the odds of a high empathy score were higher for midwives who experienced two childbirths and for those who had children under the age of 3 years (Jin, Wu, & Li, 2022). Empathy consists of ease in carrying out good communication and understanding the needs of patients. This dimension is also related to the sense of care and special attention of health workers for each patient, understanding their needs and being able to make it easy to be contacted any time. In this case, the role of midwives will greatly determine the quality of health services since they will be able to directly fulfill customer satisfaction on health services (Moudatsou, Stavropoulou, Philalithis, & Koukouli, 2020). This finding is also in line with a study conducted in Saudi Arabia that patient satisfaction was influenced by health service quality, with the empathy dimension had the greatest influence on patient satisfaction (Alghamdi, 2014). A study conducted at a public hospital in Albania found that patient satisfaction is affected by all dimensions of service quality including empathy (Kalaja & Krasniqi, 2022). A review study also suggests the importance of empathy of midwives and health professionals though the results indicate the complexity of empathy and further studies are needed. Despite numerous study, many correlations but also differences exist and midwifery empathy scale (MES) is an important tool that will help to expand this topic (Charitou, Ffli, & Vivilaki, 2019).

Conclusion

The results can be utilized to plan an improvement for primary health care center and health workers in providing midwifery care. It is suggested that the Medan City Health Office has to monitor every primary health center directly in order to examine patient satisfaction toward midwifery services provided. For the Martubung health center, to be able to provide training for health workers on an ongoing basis so that they have the ability to be reliable, accurate and consistent in providing services. The questionnaire in this study can be considered as an indicator of quality/clinical performance in midwifery services in the MCH room at Martubung health care center. It is expected that midwives provide services with reliable, accurate and consistent service capabilities. Additionally, the results of this study also suggest that MCH officers provide prompt and appropriate health services by giving clear information to patients, giving genuine and personal attention given by trying to understand the patient's wishes, increasing the knowledge and courtesy of health workers and the ability to maintain trust. Future researchers are expected to develop the results of this study into deeper research on patient satisfaction in midwifery services by developing other variables.

Conflict of Interest

The authors declare no potential conflicts of interest with respect to the research and authorship of this article.

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