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Page 1 to 9
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NURSE-RELATED FACTORS CONTRIBUTING TO OUT-OF-HOSPITAL DELIVERY AMONG WOMEN ATTENDING ANTENATAL AND POSTNATAL CLINICS IN BAYELSA STATE, NIGERIA

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Abstract

Out-of-hospital delivery remains a significant contributor to maternal and neonatal morbidity and mortality in Nigeria despite improvements in antenatal care utilization. This study explored nurse-related factors contributing to out-of-hospital delivery among women attending antenatal and postnatal clinics in selected health facilities in Bayelsa State, Nigeria. A qualitative descriptive research design was adopted. Participants were purposively selected from women attending antenatal and postnatal clinics who had experienced out-of-hospital delivery within the preceding two years. Data were collected through three Focus Group Discussions (FGDs) using a semi-structured discussion guide developed from relevant literature. The discussions were audio-recorded, transcribed verbatim, and analysed using thematic content analysis following the six-step approach of Braun and Clarke (2006). The findings revealed six major themes influencing women's decisions to deliver outside health facilities: nursing workforce availability, negative nurse-related experiences and disrespectful maternity care, fear and distrust of nurses' clinical

recommendations, nurse–patient communication gaps, trust in traditional birth attendants, and nursing service readiness. Participants reported that disrespectful attitudes, inadequate emotional support, poor communication, prolonged waiting time, shortage of nurses, inadequate explanations regarding clinical decisions, and deficiencies in emergency preparedness discouraged them from utilizing health facilities for childbirth. Conversely, traditional birth attendants were perceived as more patient, compassionate, accessible, and emotionally supportive during labour.The study concludes that nurse-related factors substantially influence women's choice of place of delivery in Bayelsa State. Improving respectful maternity nursing care, strengthening nurse–patient communication, increasing the nursing workforce, enhancing continuous professional development, and improving nursing service readiness are critical strategies for increasing health facility deliveries and reducing preventable maternal and neonatal morbidity and mortality. The findings provide evidence to guide nursing practice, maternal health policy, and interventions aimed at improving the quality and utilization of skilled maternity services.

KEYWORDS: Nurse-related factors, out-of-hospital delivery, respectful maternity care, nurse–patient communication, traditional birth attendants, maternal health, Bayelsa State, Nigeria.

INTRODUCTION

Maternal mortality remains one of the leading public health challenges in low- and middle-income countries, particularly in sub-Saharan Africa. Although antenatal care attendance has improved considerably over the past two decades, many women continue to deliver outside healthcare facilities despite receiving prenatal care. Delivering outside a health facility increases the likelihood of obstetric complications, maternal deaths, neonatal infections, birth asphyxia, postpartum haemorrhage, and preventable newborn mortality. The World Health Organization recommends that every delivery should be supervised by skilled birth attendants within an adequately equipped health facility to ensure prompt recognition and management of obstetric emergencies. However, evidence suggests that attendance at antenatal clinics alone does not guarantee facility-based delivery. Several women who regularly attend antenatal care subsequently choose to deliver at home, with traditional birth attendants, faith-based centres, or other unskilled settings. While socioeconomic, cultural, and institutional factors have been widely investigated, nurse-related factors have increasingly emerged as important determinants of women's decisions regarding the place of delivery. As frontline maternity care providers, nurses play a critical role in influencing women's experiences throughout pregnancy, labour, and childbirth. Women frequently report unfriendly attitudes of nurses, poor interpersonal relationships, ineffective communication, inadequate emotional support during labour, lack of respect for their dignity and privacy, prolonged waiting time before receiving nursing care, inadequate health education, and negative previous encounters with nurses as reasons for avoiding health facilities during childbirth. These experiences undermine women's confidence in nursing care, reduce satisfaction with maternity services, and encourage reliance on traditional birth attendants, faith-based birth centres, or home deliveries attended by unskilled persons. Conversely, respectful, compassionate, and patient-centred nursing care has been shown to enhance women's trust in health facilities, improve their childbirth experiences, and promote the utilization of skilled birth services.

In Bayelsa State, antenatal and delivery services are provided through primary, secondary, and tertiary healthcare facilities, with nurses constituting the largest group of maternity care providers. Despite the availability of these services, many women who register for antenatal care continue to deliver outside health facilities and subsequently present with obstetric complications requiring emergency management. This pattern suggests that factors related to nursing care may influence women's decisions regarding the place of delivery. Therefore the nurse-related factors associated with out-of-hospital delivery is therefore essential for designing interventions aimed at improving the quality of maternity nursing care, promoting respectful maternity care, strengthening nurse–patient relationships, and increasing the utilization of skilled birth services. Consequently, this study examined nurse-related factors contributing to out-of-hospital delivery among women attending antenatal and postnatal clinics in Bayelsa State, Nigeria.

METHODS

Study Design

This study employed a **qualitative exploratory research design** to explore healthcare provider factors contributing to out-of-hospital delivery among women attending antenatal and postnatal clinics in Bayelsa State, Nigeria. The qualitative approach enabled an in-depth exploration of participants' experiences, perceptions, and opinions regarding the attitudes, practices, and healthcare service-related factors that influenced their decisions to deliver outside health facilities. Data were collected through **focus group discussions (FGDs)** using a semi-structured interview guide, allowing participants to freely describe their childbirth experiences and interactions with healthcare providers.

Study Area

The study was carried out in selected secondary and tertiary healthcare facilities located in Bayelsa State. These facilities provide comprehensive maternal healthcare services including antenatal, intrapartum, emergency obstetric, and postnatal care.

Study Population

The study population comprised women attending antenatal and postnatal clinics who had experienced childbirth within the previous two years.

Sample and Sampling Technique

Participants were selected using a **p**urposive sampling technique to ensure the inclusion of women who had experienced out-of-hospital delivery and could provide rich information regarding nurse-related factors that influenced their decisions on the place of delivery. Eligible participants were women attending antenatal or postnatal clinics in selected health facilities in Bayelsa State who had delivered outside a health facility within the preceding two years, were able to recall and describe their childbirth experiences, and were willing to participate in the study by providing written informed consent. The researcher, with the assistance of clinic staff, identified women who met the inclusion criteria during antenatal and postnatal clinic sessions. The purpose of the study was explained to the eligible women, and those who voluntarily consented were recruited into the focus group discussions. Recruitment continued until data saturation was achieved, that is, when successive focus group discussions yielded no new information, themes, or perspectives regarding the influence of nurses' attitudes, communication, interpersonal relationships, emotional support, respect for women's dignity and privacy, availability, and other aspects of nursing care on decisions to deliver outside health facilities. The use of purposive sampling enabled the researcher to recruit

participants with direct experience of the phenomenon under investigation, thereby generating rich, detailed, and relevant information on nurse-related factors contributing to out-of-hospital delivery among women attending antenatal and postnatal clinics in Bayelsa State, Nigeria.

Data Collection

Data were collected using a semi-structured **Focus Group Discussion (FGD) guide** developed from an extensive review of the literature on determinants of out-of-hospital delivery and **nurse-related factors** influencing the utilization of skilled birth services. The discussion guide comprised open-ended questions designed to elicit participants' experiences and perceptions regarding **nurse-related factors** that influenced their decisions to deliver outside health facilities.

Specifically, the discussions explored nurses' attitudes and behaviours towards pregnant women, nurse–patient communication, perceived professional competence of nurses, respect for women's dignity and privacy during maternity care, confidentiality, availability of nurses during labour and delivery, waiting time before receiving nursing care, emotional and psychological support provided by nurses during labour, health education received during antenatal care, previous experiences with nursing care during childbirth, responsiveness of nurses to women's needs, and the influence of these experiences on subsequent decisions regarding the place of delivery.

Three Focus Group Discussions were conducted by trained moderators in a quiet and private environment within the selected health facilities. Each discussion was conducted in a language understood by the participants, with participants' permission, and lasted approximately 60–90 minutes. All discussions were audio-recorded and supplemented with detailed field notes to capture non-verbal expressions, group interactions, and contextual information, thereby ensuring comprehensive data collection.

Data Analysis

Audio recordings from the Focus Group Discussions were transcribed verbatim and translated into English where necessary. The transcripts were read repeatedly to achieve immersion in the data and to gain a comprehensive understanding of participants' experiences. Data were analysed using **thematic content analysis** following the six-step approach described by Braun and Clarke (2006). Initial codes were generated from meaningful statements within the transcripts, and related codes were systematically grouped into categories from which overarching themes and sub-themes were developed.

The coding process focused on identifying recurring patterns relating to **nurse-related factors** influencing women's decisions to deliver outside health facilities, including nurses' attitudes, communication, interpersonal relationships, emotional support, professional competence, privacy, responsiveness, and availability during maternity care. Coding was conducted independently by members of the research team, and any discrepancies were resolved through discussion and consensus to enhance the credibility, dependability, and confirmability of the findings. Representative verbatim quotations from participants were used to illustrate each theme and preserve the authenticity of participants' perspectives.

Ethical Considerations

Ethical approval was obtained from the appropriate Health Research Ethics Committee before commencement of the study. Permission to conduct the study was also obtained from the management of the selected health facilities. Written informed consent was obtained from all

participants after explaining the purpose, procedures, benefits, and voluntary nature of the study. Participants were assured that their decision to participate or decline would not affect the healthcare services they received.

Confidentiality and anonymity were strictly maintained throughout the study by assigning identification codes instead of participants' names and securely storing all audio recordings, transcripts, and research documents. Participants were informed of their right to withdraw from the study at any stage without any penalty or loss of benefits. The principles of respect for persons, beneficence, non-maleficence, and justice were upheld throughout the conduct of the study.

RESULTS

Nurse-Related Factors Contributing to Out-of-Hospital Delivery.

Table 1. Nurse-Related Factors Contributing to Out-of-Hospital Delivery among Women Attending Antenatal and Postnatal Clinics.

Theme	Key Findings
Nursing workforce availability	Women reported that nurses were sometimes unavailable during labour, staffing shortages resulted in prolonged waiting times before receiving nursing care, and participants recommended recruiting more nurses to ensure continuous maternity services.
Negative nurse-related experiences	Participants described disrespectful attitudes, being sent home despite being in labour, unequal treatment, poor interpersonal relationships, and previous traumatic experiences associated with nursing care during childbirth.
Fear and distrust of nurses' clinical recommendations	Many women believed nurses were quick to recommend referral for caesarean section or higher-level care without adequate explanation, resulting in distrust and preference for traditional birth attendants.
Nurse–patient communication gaps	Women reported inadequate explanations regarding labour progression, poor communication, inadequate birth preparedness education, lack of emergency contact information, and insufficient emotional support during labour.
Trust in traditional birth attendants	Traditional birth attendants and home-based midwives were perceived as more patient, compassionate, emotionally supportive, and willing to remain with women throughout labour.
Nursing service readiness	Participants expressed concerns about inadequate nursing support during emergencies, shortages of essential maternity equipment, limited emergency preparedness, and poor coordination of nursing services, particularly in rural facilities.

Analysis of the interviews revealed that **nurse-related factors** played a substantial role in influencing women's decisions to deliver outside healthcare facilities. Six major themes emerged: nursing workforce availability, negative nursing experiences and disrespectful care, fear and distrust of nurses' clinical recommendations, nurse–patient communication gaps, trust in traditional birth attendants, and nursing service readiness.

Table 2. Representative Participant Quotations on Nurse-Related Factors.

Theme	Representative quotation
Nursing staff shortage	"Many times nurses always de say no doctor, no doctor... the delay de too much."
Nurses unavailable	"As I reach, I knock tire, nobody answer... na one nurse house I go born."
Poor nursing attitude	"Make the nurses change their attitude... no matter what."
Disrespect	"They should learn how to treat everybody equal."
Fear of referral for operation	"Doctors too de quick to tell person say na operation."
Poor nurse–patient communication	"Dem say go, go, e never reach... the treatment nor good."
Better care from TBAs	"The woman get patience and very kind."
Poor nursing service support	"No equipment and no theatre for health centre."

Table 3. Suggested Nursing Interventions to Promote Facility Delivery.

Intervention	Participants' Recommendation
Promote respectful nursing care	Nurses should demonstrate patience, compassion, empathy, respect, and provide equal treatment to every woman during maternity care.
Increase nursing workforce	Government and hospital management should recruit more nurses and midwives to ensure uninterrupted twenty-four-hour maternity services.
Strengthen nurse–patient communication	Nurses should improve antenatal counselling, clearly explain labour progression, provide emergency contact information, and strengthen birth preparedness education.
Improve nursing service readiness	Healthcare facilities should ensure adequate nursing support, emergency equipment, medicines, ambulances, theatre services, and emergency obstetric care.
Strengthen nurses' professional competence	Continuous professional development should focus on respectful maternity care, effective communication, emergency obstetric nursing, and patient-centred maternity care.

The findings demonstrate that **nurse-related factors** substantially influence women's decisions regarding the place of delivery. Participants consistently described disrespectful nursing care, ineffective communication, inadequate nursing workforce, fear arising from inadequate explanations regarding clinical decisions, and poor nursing service readiness as major barriers to facility-based delivery. Conversely, traditional birth attendants were perceived as more compassionate, patient, emotionally supportive, and readily available during labour, making them the preferred option despite the risks associated with out-of-hospital delivery. These findings highlight the need to strengthen respectful maternity nursing care, improve nurse–patient communication, increase the nursing workforce, and enhance the quality of nursing services to improve health facility delivery in Bayelsa State.

DISCUSSION

This study identified **nurse-related factors as** important contributors to out-of-hospital delivery among women attending antenatal and postnatal clinics in Bayelsa State. The findings demonstrate that disrespectful nursing care, inadequate nursing workforce, ineffective communication, inadequate emotional support, fear arising from poor explanations of clinical decisions, and poor nursing service readiness discourage women from utilizing health facilities for childbirth. These findings suggest that the quality of nursing care and interpersonal relationships established by nurses are critical determinants of women's decisions regarding the place of delivery.

A major finding was that women perceived some nurses as disrespectful, dismissive, and lacking empathy during labour and childbirth. Participants reported being sent home despite being in labour, experiencing unequal treatment, and feeling neglected during previous facility deliveries. Such experiences discouraged them from returning to health facilities for subsequent childbirth. This finding is consistent with **Bohren et al. (2015),** who identified disrespect, verbal abuse, neglect, discrimination, and poor interpersonal relationships during childbirth as important barriers to facility-based delivery. Similarly, **Okedo-Alex et al. (2021)** reported that disrespectful maternity care by nurses and midwives significantly reduces women's confidence in institutional delivery services in Nigeria. These findings underscore the importance of respectful maternity nursing care in improving maternal health service utilization.

Another important finding was the shortage and inconsistent availability of nurses during labour and delivery. Women described prolonged waiting periods before receiving nursing attention and, in some instances, arriving at health facilities where no nurses were immediately available to provide care. These experiences increased women's preference for traditional birth attendants who were perceived as being continuously available throughout labour. This finding agrees with **Kruk et al. (2018)** and the **World Health Organization (2023),** which reported that shortages of skilled nursing personnel and inadequate workforce distribution continue to compromise the quality and accessibility of maternal healthcare services in many low-resource settings. Ensuring adequate nurse staffing remains fundamental to improving the quality of intrapartum care.

The study further revealed that ineffective nurse–patient communication contributed significantly to women's decisions to deliver outside health facilities. Participants reported receiving inadequate explanations regarding labour progression, referrals, emergency preparedness, and nursing procedures, leading to anxiety, uncertainty, and reduced confidence in facility-based care. Effective communication has consistently been recognized as a cornerstone of quality nursing practice because it promotes trust, informed decision-making, and patient satisfaction. This finding supports the work of **Tunçalp et al. (2015)**, who emphasized that respectful communication and individualized counselling enhance women's childbirth experiences and increase the utilization of skilled birth services. Another notable finding was that many women perceived traditional birth attendants as more compassionate, patient, emotionally supportive, and attentive than nurses. Participants appreciated the continuous emotional support and personalized care provided by traditional birth attendants, despite recognizing the superior clinical expertise available in health facilities. Similar observations were reported by **Sacks and Kinney (2015)** and **Bohren et al. (2019)**, who found that women often prioritize compassionate and respectful care when choosing where to deliver. These findings emphasize that technical competence alone may not guarantee the utilization of health facilities unless it is accompanied by compassionate, woman-centred nursing care. Participants also expressed concerns about inadequate nursing service readiness, including insufficient emergency support, shortages of essential maternity equipment, and poor coordination of nursing services. These deficiencies reduced confidence in the ability of health facilities to effectively manage labour and obstetric emergencies. The **World Health Organization (2023)** similarly emphasizes that improving maternal outcomes requires not only competent nurses but also adequately equipped facilities supported by functional emergency obstetric services and efficient health systems. Therefore, the findings demonstrate that improving women's utilization of health facilities for childbirth requires strengthening both the technical and interpersonal aspects of nursing care. Hospital managers and policymakers should prioritize respectful maternity nursing care, continuous professional development, effective communication skills, adequate nurse

staffing, and improved nursing service readiness. Addressing these nurse-related factors will contribute significantly to increasing facility-based delivery and reducing preventable maternal and neonatal morbidity and mortality in Bayelsa State.

CONCLUSION

Nurse-related factors significantly influence women's decisions to deliver outside health facilities despite attending antenatal care in Bayelsa State. The study revealed that disrespectful nursing care, inadequate nursing workforce, ineffective nurse–patient communication, inadequate emotional support during labour, poor availability of nurses, and deficiencies in nursing service readiness were major barriers to health facility delivery. These findings demonstrate that increasing antenatal care coverage alone is insufficient to improve facility-based delivery unless the quality of maternity nursing care and women's experiences with nurses during labour and childbirth are simultaneously improved. Health policymakers, hospital administrators, and nursing managers should prioritize the promotion of respectful maternity nursing care through continuous professional development programmes focusing on patient-centred communication, compassionate care, interpersonal relationship skills, and evidence-based maternity nursing practice. There is also a need to recruit and equitably distribute qualified nurses and midwives to ensure adequate staffing for continuous maternity services. Furthermore, strengthening nursing services through improved supervision, provision of essential maternity equipment, and enhanced emergency obstetric preparedness will improve the quality of nursing care and women's confidence in health facilities. Improving women's experiences with nursing care during childbirth is likely to increase trust in health facilities, promote skilled birth attendance, reduce out-of-hospital deliveries, and contribute to the achievement of national and global maternal health targets, including **Sustainable Development Goal 3 (Good Health and Well-being).**

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