

MOTHERS' SATISFACTION ON MATERNITY CARE SERVICES IN BHARATPUR HOSPITAL CHITWAN, NEPAL

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Abstract

Objective: The objective of the study was to assess the mother's satisfaction on maternity care services in Bharatpur Hospital, Chitwan, Nepal.

Methodology: A hospital based cross sectional analytical study design was used to assess the mothers' satisfaction on maternity care services in public Hospital of Bharatpur Chitwan, Nepal. Four hundreds twenty-five postnatal mothers were selected using non-probability purposive sampling technique as study sample. A Nepali version semi structured questionnaire was used to collect the data on sociodemographic and obstetrics information and three point like rt-scale developed by researcher self was used to collect the data by interview technique regarding mother's satisfaction on maternity care services they get during the hospital stay (after 6 hrs to 24hrs of delivery). Mothers' satisfaction was assessed in five dimensions i.e. interpersonal care, information given, psychological and emotional support, physical birth environment and comfort measures. Ethical approval from Nepal Health Research Council (NHRC) was taken and study carried out. The obtained data was analyzed using descriptive and inferential statistics and presented in different tables.

Results: Among 425 respondents, more than half (55.5%) were 20–25 years old. Nearly half (48.9%) of the respondents were from Janajati, followed by bramin/chhetri about one third (32.5%). More than half (55.8%) of the respondents from outside Chitwan district are taking maternity services in the hospital. More than half (54.6%) respondents were first gravida and majority of Respondents (88.7%) pregnancy status was planned. Waiting time during admission to receive service, in about two third (63.5%) respondents was just 15 minutes. More than half of the respondents (55.5%) are satisfied with maternity services, 40.7% are highly satisfied and least (3.8%) are unsatisfied. Furthermore, satisfaction with the maternity care services was found to have a significant association with the Waiting time during admission to receive the service by the respondents ($p=0.003$) and significant association with reason for choosing service ($p=0.01$). Out of total 63 score of assessment items, the mean score was 52.569(± 8.672).

Conclusion: The study concludes that more than fifty percent respondents were satisfied on maternity care services and only least number of respondents were unsatisfied. They answered that service is satisfactory though there is need to improve the service if respondents to be a highly satisfied.

Key words: Mother' satisfaction, Maternity care services

Introduction

Satisfaction with healthcare services is defined as the extent to which the patients seeking treatment experience positive perception of the care provided by the nursing or medical staff. Ideally, patients who are satisfied with the care provided by the healthcare staff, are more likely to utilize health services in future and comply with the prescribed medical treatment to completion. Providing high quality of care in maternity services involves giving mothers the best possible medical care and outcome during antenatal, delivery, and postnatal period which can be measured against standard guidelines (Okumu & Oyugi, 2018).

Satisfaction is a meaningful output indicator of quality health care. Satisfaction with childbirth experience is important to the woman, infant's health and well-being, and mother-infant relationship. Mother's positive perception of birth experience has been linked to positive feelings toward her infant and adaptation to the mothering role (Mbeinkong, 2010).

Every year about 287,000 women die of causes associated with childbirth, 99 percent in developing countries. Owing to considerable gaps in services, developing countries emphasize on increasing service availability and maintaining acceptable quality standards. Understanding maternal perception of care and satisfaction with services is important in this regard, as perceived quality is a key determinant of service utilization. Users who perceive the quality of care in a health center to be good, are more likely to visit it again, thereby increasing demand for the service. Patient satisfaction is thus indispensable to quality improvement with regard to design and management of health care systems. At a time when global efforts to reduce maternal mortality have been stepped up, it is important to look at maternal satisfaction and its determinants (Srivastava, Avan, Rajbangshi & Bhattacharyya, 2015).

A cross sectional study was conducted by Amdemichael, Tafa & Fekadu(2014) on “Maternal Satisfaction with the Delivery Services” to assess maternal satisfaction with the delivery service on a sample of 398 delivering mothers using convenient sampling technique. Data was collected using structured questionnaire. The findings of the study showed that the overall maternal satisfaction level with the delivery services rendered at the hospital was 80.7%. Dissatisfaction was reported to be highest (42.3%) by cleanliness and access of toilet. Furthermore, satisfaction with the delivery service was found to have a significant association with the age of the respondents 20-34 [AOR=4.65(2.35, 9.20)] and educational level of the respondents [AOR = 2.42, 95%CI: 1.17, 5.00)].

A cross sectional study was conducted on south ethopia among women who gave birth at public health facility. Satisfaction level was measured using a 5 point- likert scale questions in 256 women who gave birth. This study revealed that 90.2 % of women who gave birth in public health facilities were satisfied with labour and delivery care (Dewana, 2014).

A quantitative, descriptive, cross-sectional study was undertaken to assess mothers' satisfaction with maternity services at a regional hospital in the Limpopo Province of South Africa, and its 11 referring clinics. Structured interviews were conducted with 79 mothers during their postnatal visits. Many mothers were teenaged, single and unemployed. Overall, 51.9% ($n = 41$) of the interviewed mothers were satisfied; 32.5% ($n = 25$) were neutral; and 16.5% ($n = 13$) were dissatisfied with the care they had received during the intrapartum and early postpartum periods (Lumadi & Buch, 2011).

A study on Maternal satisfaction regarding perinatal care and influencing factors in tertiary hospitals of western, Nepal was performed among 428 postnatal women in which Maternal satisfaction was measured by 25 item scale. Overall 45.1% of mothers were satisfied with the perinatal care. The level of satisfaction in public hospital (mean 3.44 ± 0.65 out of 5) was greater as compared to private hospital (mean 3.27 ± 0.59 out of 5). The satisfaction score was lower in the physical environment (mean 3.01 ± 0.87 out of 5) and highest in privacy maintained (mean 4.37 ± 0.92 out of 5). Determinants of satisfaction were type of hospital, religion, education,

parity, number of living children, mode of delivery, gestational age at birth, maternal condition after delivery, newborn health condition, and duration of stay at the hospital and the gender of the provider ($p < 0.05$) (Regmi, Kaphle & Gupta, 2017).

Finding of the study

The findings of the study on sociodemographic and obstetrics information as well as five dimension of mothers' satisfaction on maternity services are presented in tables.

Table 1

Table1: Socio-Demographic Characteristics of the Respondents (n=425)

Variables	Frequency (n)	Percent (%)
Age in years		
< 19	67	15.8
20-25	236	55.5
26-30	95	22.4
31-35	26	6.1
above 35	1	.2
Mean Age 22.71(± 3.975)		
Ethnicity		
bramin/chhetri	138	32.5
Janajati	208	48.9
Dalit	47	11.1
terai/madhesi	31	7.3
Muslim	1	.2
Religion		
Hindu	373	87.8
Buddhist	37	8.7
Christian	14	3.3
Others(Islam)	1	.2
Educational status		
never attended school	23	5.4
primary level	93	21.9
Secondary	110	25.9
higher secondary and more	199	46.8
Residence		
Chitwan	188	44.2
out of chitwan	237	55.8
Employment status		
work at home	380	89.4
Business	19	4.5
Job	26	6.1

Table 1 reveals that among 425 respondents, more than half (55.5%) were 20–25 years old. The mean age of the respondents was 22.71 (± 3.975) years; the minimum age was 15 years and the maximum age was 37 years. Nearly half (48.9%) of the respondents were from Janajati, followed by bramin/chhetri about one third (32.5%). Most of the respondents religion was hindu(87.8%). Nearly half (46.8%) of the respondents had completed Higher secondary education. More than half (55.8%) of the respondents from outside Chitwan district are taking maternity services in the hospital. Majority of the respondents (89.4%) work at home.

Table 2: Obstetrics Characteristics of the Respondents (n=425)

Variables	Frequency (n)	Percent (%)
Gravida		
First	232	54.6
Second	161	37.9
Third	26	6.1
fourth or more	6	1.4
Pregnancy status		
Planned	377	88.7
Unplanned	48	11.3
Number of children		
One	240	56.5
Two	164	38.6
Three or more	21	4.9
Waiting time on admission to receive service		
15 minutes	270	63.5
30 minutes	58	13.6
1 hour	39	9.2
more than 1 hour	58	13.6
Hours of stay in hospital before delivery		
1-3 hours	100	23.5
4-6 hours	79	18.6
7-9 hours	46	10.8
10 hours and above	200	47.1
Duration of labour		
<12 hours	227	53.4
12 hours	93	21.9
>12 hours	105	24.7
Sex of baby		
Male	196	46.1
Female	229	53.9
Reason for choosing service		
Quality Services	199	46.8
Nearer	158	37.2
Referral from any institution	68	16.0

Table 2 shows that more than half (54.6%) respondents were first gravida and majority of respondents (88.7%) pregnancy status was planned. More than half (56.5%) have one child and least (4.9%) have three or more children. Waiting time during admission to receive service, in about two third (63.5%) respondents is 15 minutes. Near about half respondents (47.1%) stay in hospital ten hours

or more before delivery. More than half respondents (53.4%) have less than 12 hour duration of labor and (53.9%) have female baby. Near about half(46.8%) respondents' reason for taking the delivery service in this hospital is availability of quality services and only16.0% are referral cases from other institutions.

Items of Assessment	Highly Satisfied F (%)	Satisfied F (%)	Unsatisfied F (%)
Privacy maintained during care	121(28.5)	190(44.7)	114(26.8)
Make you feel comfortable before delivery,	30(7.1)	198(46.6)	197(46.4)
Make woman aware about fetus condition	48(11.3)	160(37.6)	217(51.1)
Special care, while conducting delivery by encouraging to push, make clam and comfortable	32(7.5)	162(38.1)	231(54.4)
Politeness, courtesy and respect shown	54(12.7)	23.3(54.8)	138(32.5)
Cleanliness of the ward	39(9.2)	311 (73.2)	75(17.6)
Availability of the beds	104(24.5)	173(40.7)	148(34.8)

Table 3: Frequency of the Respondents according to Satisfaction Score of Maternity Care Services (n=425)

Well Sanitation and infrastructure facilities	55(12.9)	274(64.5)	96(22.6)
Information about ward routine	77(18.1)	246(57.9)	102(24)
Information about woman’s and fetus condition	50(11.8)	174(40.9)	201(47.3)
Make woman aware and take consent before any procedure	71(16.7)	209(49.2)	145(34.1)
Mother got help during labour pain, during any medication	54(12.7)	193(45.4)	178(41.9)
Health personnel were clam, approachable, and available nearer to you	54(12.7)	257(60.5)	114(26.8)
Assist mother in keeping you clean	75(17.6)	175(41.2)	175(41.2)
Listen worries and problem	58(13.6)	219(51.5)	148(34.8)
Providing emotional support and psychological support	24(5.6)	197(46.4)	204(48)
Develop positive attitude in your mind	39(9.2)	242(56.9)	144(33.9)
Make you feel special	54(12.7)	229(53.9)	142(33.4)
Observation during and before any medication	43(10.1)	193(45.4)	189(44.5)
Provide help before delivery and after delivery	36(8.5)	165(38.8)	224(52.7)
Provide information about postnatal care and newborn care	185(43.5)	143(33.6)	97(22.8)

In the study the mothers’ satisfaction was assessed in five dimensions. The first was interpersonal aspects of care which includes the five items: Privacy, making comfortable, aware on fetus condition, special care while conducting delivery and Politeness, courtesy and respect, the mean score was 11.44(±2.256). Likewise the second, physical birth environment includes the three items: cleanliness of the ward, availability of the beds and well sanitation and infrastructure facilities (bathroom, toilet, electricity and water supply), the mean score was 6.277(±1.489). Similarly third was information given by health personnel which includes three items: information about ward routine, information about woman’s and fetus condition and consent before any procedure, the mean score was 6.588(±1.496). Another dimension was comfort Measures provided by health personnel includes three items: getting help during labour pain, clam, approachable behavior and available of Health Personnel and assisting mother in keeping the clothes clean, the mean score was 6.668(±1.616). The last dimension includes the seven items: Listen worries and problem, providing emotional and psychological support, develop positive attitude in your mind, make you feel special, observation frequently, provide help before delivery and after as required and provide information about postnatal care and newborn care and the mean score was 15.668(±3.428). Out of total score 63 of assessment items, the mean score was 52.569(±8.672).

Table 4: Level of Satisfaction on Five Dimension of Maternity Care Services (n=425)

Range	Frequency (n)	Percent (%)
Highly satisfied (75-100%)	173	40.7
Satisfied (50-74%)	236	55.5
Unsatisfied (0-49%)	16	3.8

The above table illustrates that more than half of the respondents (55.5%) are satisfied with maternity services, 40.7% are highly satisfied and only least respondents (3.8%) are unsatisfied.

Table 5: Association of Socio-demographic Variables with Level of Mothers' Satisfaction

Variables	Satisfied F (%)	Highly Satisfied F(%)	X²	p- value
Age in years				
< 19	(12.1)	(19.3)	4.757	0.190
20-25	(58)	(53.2)		
26-30	(22.7)	(22.5)		
above 30	(7.2)	(5)		
Ethnicity				
Bramin/chhetri	66(31.9)	72(33.04)	4.302	0.367
Janajati	103(49)	105(48.2)		
Dalit	19(9.2)	28(12.8)		
Terai/Madhese	19(9.2)	12(5.5)		
Muslim	-	1(5)		
Religion				
Hindu	179(86.5)	194(89)	2.931	0.402
Buddhist	22(10.6)	15(6.9)		
Christian	6(2.9)	8(3.7)		
Others(Islam)	-	1(5)		
Educational status				
Never attended school	15(7.2)	8(3.7)	4.829	0.185
Primary level	43(20.8)	50(22.9)		
Secondary	47(22.7)	63(28.9)		
Higher secondary and more	102(49.3)	97(44.5)		
Residence				
Chitwan	98(47.3)	90(41.3)	1.344	0.209
out of chitwan	109(52.7)	128(58.7)		
Employment status				
work at home	188(90.8)	192(88.1)	1.243	0.537
Business	7(3.4)	12(5.5)		

Job	12(5.8)	14(6.4)		
Variables	Satisfied F (%)	Highly SatisfiedF(%)	X²	p- value
Gravida				
First	105(50.7)	127(58.3)	4.136	0.247
Second	87(42)	74(33.9)		
Third	11(5.3)	15(6.9)		
fourth or more	4(1.9)	2(0.9)		
Pregnancy status				
Planned	181(87.4)	196(89.9)	0.646	0.422
Unplanned	26(12.6)	22(10.1)		
Number of children				
One	109(52.7)	131(60.1)	0.358	0.187
Two	89(43)	75(34.4)		
Three or more	9(4.3)	12(5.5)		
Waiting time on admission to receive service				
15 minutes	116(56)	154(70.6)	13.830	0.003*
30 minutes	28(13.5)	30(13.8)		
1 hour	25(12.1)	14(6.4)		
more than 1 hour	38(18.4)	20(9.2)		
Stay in hospital before delivery				
1-3 hours	50(24.2)	50(22.9)	0.212	0.976
4-6 hours	37(17.9)	42(19.3)		
7-9 hours	23(11.1)	23(10.6)		
10 hours and above	97(46.9)	103(47.2)		
Duration of labour				
<12 hours	109(52.7)	118(54.1)	2.907	0.406
12 hours	51(24.6)	42(19.3)		
>12 hours	47(22.7)	57(26.1)		
Sex of baby				
Male	98(47.3)	98(45)	0.157	0.692
Female	109(52.7)	120(55)		
Reason for choosing service				
Quality Services	90(43.5)	109(50)	8.946	0.01*

Nearer	91(44)	67(30.7)
Referral from any institution	26(12.6)	42(19.3)

Table 6: Association of Obstetrics Variables with Level of Mothers' Satisfaction

*Significantly associated factors (p<0.05)

Discussion

The present study determined the level of mothers' satisfaction on maternity care services in bharatpur hospital Chitwan, Nepal. The mean age of the respondents was 22.71 (± 3.975) years; the minimum age was 15 years and the maximum age was 37 years which is comparable to study conducted in india (Jha, 2017) the mean age was 23.7 years (± 3.4). In similar study conducted by Changee(2015) the mean age of the participants was 31.4 (± 5.0) years which is more than the recent study. The current study revealed that who have higher education have highly satisfied compared to less educational level. Regarding pregnancy status who have planned pregnancy were highly satisfied who did not. In similar study done by Amdemichael (2014) and reported that less educated mothers have higher satisfaction than higher educated which result is inconsistency with current study result. Regarding pregnancy status the result is consistency.

The study found that majority of the respondents(70.6%) who have less waiting time to receive the service during admission were highly satisfied compared to waiting time more than 30 minutes. Maternal satisfaction was associated with waiting time to receive the service and with the quality of services that the main reason of choosing the institution to delivered rather than referral from somewhere. Similar findings were reported in study conducted in public health facilities in Southwest Ethiopia by Tesfaye(2016). Also this finding was consistency with the study conducted by Tayelgn et al. (2011).

In the study more than half of the respondents (55.5%) are satisfied and 40.7% are highly satisfied with maternity services and it is lower than a study conducted by Melese et al, (2014) in maternity hospital in Ethiopia (79.1%) but it is higher than a study conducted in tertiary hospitals of western, Nepal, overall 45.1% of mothers were satisfied with the perinatal care (Regmi et al, 2017). Among the respondents who are highly satisfied toward maternity services are found in the items privacy maintained during procedure and information provided about postnatal and newborn care. These result were analogous to a study conducted on Clients' satisfaction with quality of childbirth services by Okumu (2018) which found that clients from both public and private facilities were satisfied in all aspects of privacy and confidentiality during labour and delivery and a higher percentage of clients from public facilities agreed that they were provided with information on detection of danger signs in mother and in the baby after delivery, information in regard to self-care and baby care before discharge. In the current findings on most of the items respondents expressed neutral responses that is neither good nor bad. In the study it was categorized as satisfied. More than half of respondents are dissatisfied with the items information provided about mother and fetal condition and special care and help provided during and after delivery to the mother. This finding is similar in the study conducted by Agumasie (2018) that there was dissatisfaction in professional and technical aspects.

Conclusion

The study showed that more than fifty percent respondents were satisfied on maternity care services and only least number of respondents were unsatisfied. It also concluded that compared to other public hospitals of Nepal the level of satisfaction is higher on delivery care services in this institution. Maternal satisfaction was associated with waiting time to receive the service and with the quality of services that the main reason of choosing the institution. Other obstetrics factors and socio-demographic factors were not

significantly associated with satisfaction on maternity services. They answered that service is satisfactory though there is need to improve the services if respondents to be a highly satisfied in all aspects of care.

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