

Assessment of Patient's Satisfaction Regarding Labor and Delivery Services at Tertiary Care Hospital

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Abstract

Objective: To assess the patient's satisfaction regarding labor and delivery services at tertiary care hospital.

Material and Methods: This hospital based cross sectional study was conducted in postnatal ward of Bahawal Victoria Hospital Bahawalpur. Data was collected using preformed, structured questionnaire from 326 women. Data was entered and analyzed using SPSS version 21. Frequencies and percentages were calculated for qualitative variables and dimensions of satisfaction. Chi-square test was applied to assess the statistical relation between the defined dependent and independent variables. P value < 0.05 was considered as significant.

Results: The proportion of women having very good level of satisfaction was 27.3% while 17.2% had satisfactory level of satisfaction, 34.7% had privacy issues, 57% waited too long to see the doctor. Satisfaction of the respondents was not significantly associated with age of the respondents (p= 0.383) Variables including mother's education (p = 0.008), monthly family income (p = 0.021), family type (p = 0.000) and parity status (p = 0.000) were statistically associated with women's satisfaction.

Conclusion: Healthcare professionals need to understand the expectations the mothers have and provide care that is consistent with those expectations. Health system should be devised to increase maternal satisfaction with health organizations and provide maternal-friendly services.

Key words: Patient satisfaction, obstetric health care, labor, intrapartum care, service quality.

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Introduction

Satisfaction is one of the most frequently reported outcome measures for quality of care and enhanced satisfaction has been identified as a goal for improvement in health care. Women's satisfaction with maternity services specially care during labor and child birth has become increasingly important to health care providers, administrators as well as policy makers (Faruque et al., 2016). Maternal mortality rate in Pakistan is 276 per 100,000 live births while the share of women delivering

at a health facility is 48.2% (Kanwal et al., 2019). Almost two hundred fifty thousand maternal death occurred globally in year 2011 and just 23% of the countries contributed into the 80% of the deaths including Pakistan, India, Ethiopia and Nigeria (Getenet et al., 2018).

Patient satisfaction has now become a fundamental part of facility based management strategies around the world and is the most frequently reported outcome measure for quality of care. The World Health Organization (WHO) place great emphasis on this aspect of patient satisfaction, as it is means of secondary prevention of maternal mortality (WHO, 2019). The mothers who are highly satisfied are more likely to follow the recommendations and prescriptions of the health care provider (Tesfaye et al., 2016).

A study conducted in Ethiopia revealed that the percentage of completely satisfied women with the services provided to them during their facility visits ranges from

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2.4% to 21%, while among those mothers who were not satisfied the main cause of dissatisfaction was incomplete information related to prescribed medicines and procedures were not adequately explained to them by the health care staff (Wambua et al., 2015). The poorest source of dissatisfaction which was reported by majority i.e. 82% of the study participants was pain control (Atiya, 2016).

A study which was conducted in India depicted that majority of the women (with 68.7% vaginal birth and 69.2% cesarean birth) were satisfied in general with provision of labor and delivery services. Among the mothers, those who had vaginal birth were least satisfied as they mentioned they were had faced problems in meeting their newborn child, while those who underwent cesarean births were dissatisfied with inadequate post-partum care (Jha et al., 2017).

During the assessment of obstetric care, the influencing factors for client satisfaction include provider's civil attitude, availability of medical drugs while culturally improper care, discourteous services and absence of moral support discourage patients from accessing obstetric care. Providing support to patient along with reassurance is favorable and affect a mother's evaluation of quality of services (Geberu et al., 2019) (Sun et al., 2017). In the past few decades, health care has evolved from service focused to patient centric with more focus on outcomes, and patient satisfaction has been selected as a critical metric to evaluate the service quality in public as well as private sector. In our country, Pakistan, health care organizations have been more focused towards client and efforts are being made but evidence is lacking on patient's perspective (Jha et al., 2019).

The present study was conducted with the aim to evaluate the way in which health services are being delivered with the eyes of consumers so that the gap areas could be identified, and focus could be brought towards deficient areas which ultimately lead to improvement of quality of care.

Material and Methods

This was cross sectional analytical study carried out during the period of June 2019 to December 2019 after taking ethical No. 987/DME/QAMC, Bahawalpur from institutional ethical review committee. The calculated sample size for the study is 326 at 95% confidence level, 5% margin of error and 68.7%⁶ anticipated population proportion (satisfaction with services after

vaginal delivery). The women of reproductive age (15-45 years) were included in the study with gestational age between 37-41 weeks and those who have had given vaginal birth 6 hours before or caesarean delivery 24 hours before. A preformed and structured questionnaire was used for data collection. The questionnaire incorporates two domains. The first domain comprises of sociodemographic profile while the other include the study variables. The participants were explained the purpose of the study and items of questionnaire were discussed where needed. Total 16 questions were asked to measure satisfaction of the respondents with the services. Response of each question was measured on 5 point Likert Scale, Strongly disagree = 1, disagree = 2, uncertain = 3, agree = 4, strongly agree = 5. Composite score of each respondent ranges from 16 – 80. Level of satisfaction on the basis of composite score was divided into three categories. The score > or equal to 65 was categorized as very good, the score with the range of 50-64 was categorized as satisfactory and score of < or equal to 35 was taken as poor. Data was collected from the mothers after obtaining consent. The data collection took about three weeks. Data was entered and analyzed by using statistical package for social sciences (SPSS) version 21. Chi square test was applied to assess the statistical relation between the defined dependent and independent variables. P-value < 0.05 was considered as significant.

Results

Sociodemographic characteristics:

The mean age of respondents was 26.48±6.25 years. The age distribution of the respondents (n=326) showed that the highest proportion of women were between the ages of 21-25 years (35.6%), followed by 26-30 years (25.8%), 15-20 years (16.9%) and 31-35 years (15.9%). Regarding the educational status, 23.9% women were unable to read and write while 45.7% had primary school-

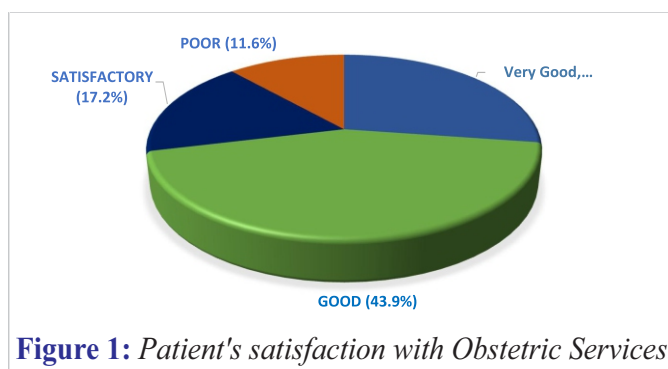


Figure 1: Patient's satisfaction with Obstetric Services.

ling. Only 20.8% had secondary education and 9.6% had above secondary education. The monthly income of 83.5% of the families was found to be below RS.

Table 1: Socio-demographic characteristics of the study subjects.

Variable	Response category	Frequency	Percentage
Age (in years)	15-20	55	16.9%
	21-25	116	35.6%
	26-30	84	25.8%
	31-35	52	15.9%
	≥36	19	05.8%
Women's education	Illiterate	78	23.9%
	Primary	149	45.7%
	Secondary	68	20.8%
	Above secondary	31	09.6%
Monthly income of the respondent	Below 50,000	272	83.5%
	≥50,000	54	16.5%
Family type of the respondent	Nuclear	78	23.9%
	Extended	149	45.7%
	Polygamous	68	20.8%
Parity of the respondent	Primigravida	96	29.4%
	Multipara	162	49.7%
	Grand multipara	68	20.9%
Mode of delivery in respondent	Spontaneous vaginal	156	47.8%
	Instrumental	82	25.1%
	Elective caesarean	57	17.6%

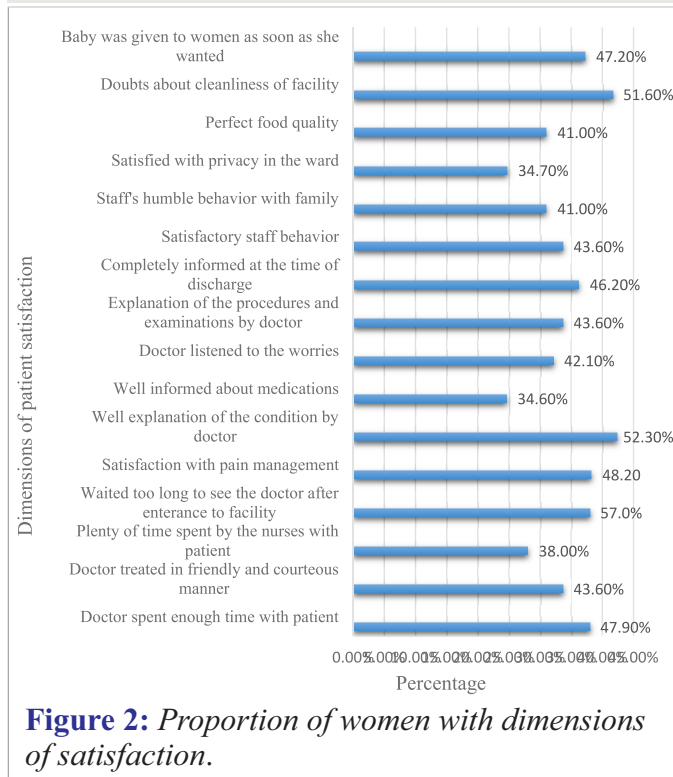


Figure 2: Proportion of women with dimensions of satisfaction.

50,000. Majority of the respondents 45.7% were living in the extended family. As far as the parity status was concerned, 29.4% women were primigravida, 49.7% were multipara and 20.9% were grand multipara. As for mode of delivery, the data revealed that 47.8% of the respondents had spontaneous vaginal delivery, 25.1% had instrumental delivery. While 17.6% of the women delivered baby by elective caesarean section and 9.5% of the women underwent emergency caesarean. (Table 1) The proportion of respondents whose satisfaction level with obstetric services falling in category "good" was found to be 43.9%, followed by "very good" 27.3%, satisfactory (17.2%) and "poor" 11.6% shown in (Fig-1). Of all the satisfaction dimensions, respondent's satisfaction related to privacy in the ward (34.70%), information about medications (34.60%) and the time spent by health care staff with the patient (38.00%) were

Table 2: Socio-demographic characteristics associated with women's satisfaction with obstetric services.

Sociodemographic characteristics	Satisfaction with services				X ² value	P value
	V.Good	Good	Satisfactory	Poor		
Age						
16-20	16	22	10	07		
21-25	26	60	18	12		
26-30	20	33	18	13	12.806	0.383
31-35	19	23	07	03		
36-40	08	05	03	03		
Women's education						
Unable to read&write	22	40	10	06	22.24	0.008
Primary	41	60	23	25		
Secondary	12	30	20	06		
Above secondary	14	13	03	01		
Monthly income						
Below 50,000	75	125	39	33	09.709	0.021
≥50,000	14	18	17	05		
Family type						
Nuclear	21	39	07	29	56.441	0.0000
Extended	48	75	38	01		
Polygamous	20	29	11	08		
Parity						
Primigravida	33	41	11	04	26.86	0.000
Multipara	42	63	24	30		
Grand Multipara	14	39	21	04		
Mode of delivery						
Spontaneous vaginal	36	77	24	19	11.75	0.227
Instrumental	24	28	17	13		
Elective caesarean	19	27	07	04		
Emergency caesarean	10	11	08	02		

found to be first least three values shown in (Fig-2). Women's level of satisfaction with obstetric services was significantly associated with education level of the respondents ($p = 0.008$), family income ($p = 0.021$), family type ($p = 0.0000$), parity status of the women ($p = 0.0000$) while there is no association between the age of the women and the mode of delivery with levels of satisfaction with services ($p = 0.383$, $p = 0.227$ respectively) shown in (Table 2).

Discussion

This paper presents a study that estimated the level of women's satisfaction with labor and delivery services provided at Bahwal Victoria Hospital, Bahawalpur. In our study, overall level of satisfaction with intrapartum care was good as majority (43.9%) of the respondents were in category good. While 27.3% of the respondents were completely satisfied. These findings were found to be similar to results of a survey conducted in Sudan where 47.5% of the patients were satisfied with the quality of intrapartum services (Gitobu et al., 2018). However, the findings are less than other studies conducted in Amhara region, Serbian hospital and Brazil where mother's satisfaction level with maternal and child care was found to be 61.9%, 81% and 67% respectively (Takács et al., 2015)(Ali Mohamed Ahmed Alawad et al., 2015). The reason of this difference might be attributed to the different study settings and population background. The overall satisfaction score of the present study is in concurrence with other studies conducted in Nepal where intrapartum satisfaction is 56% (Paudel et al., 2015).

The study measured patient satisfaction using 16 items of maternal satisfaction. Among the study respondents, 52% were satisfied with cleanliness of the facility which is concurrent with findings of a survey showing that 54.7% of the mothers responded with either 4 or 5 the points (satisfaction score, while higher than a study conducted in Sudan which showed 47.5% satisfaction percentage among the study respondents (Atiya, 2016). A study conducted in Lady Reading Hospital Peshawar illustrated that only 20% of the women said that cleanliness of the facility is satisfactory. This indicate that healthcare organizations must take applicable measures to address this issue. The results of present study depicted that privacy issues were not adequately handled as only 34.7% of the respondents were completely satisfied with privacy in the wards. These are in concurrence with findings of a survey, assessing level of maternal satisfaction with free services in Kenyan public health

facilities, which showed that only 39.6% of the women were satisfied with the level of privacy in wards and 23.3% responded negatively (Gitobu et al., 2018).

In our study, the satisfaction with labor and delivery services was found to be significantly associated with educational level of the respondents ($p=0.008$). Comparatively, studies conducted in Ethiopia and Serbia portrayed that higher the educational status was negatively associated with maternal satisfaction (Woldeyohanes et al., 2015) (Dewana et al., 2016). However, results of our study are similar to another survey which depicted that women with no formal education were more satisfied when compared to those who had basic secondary level of education (Panth & Kafle, 2018). The difference could be attributed to higher level of expectations of mother as well as awareness with the provision of health services in facilities (Dewana et al., 2016)(Asrat et al., 2018).

Our study showed that satisfaction with labor and delivery services was found to be significantly associated with the parity of the respondents ($p=0.0000$). This is similar to a study which showed that patient satisfaction increases with number of children, but contrast with another survey which showed no statistical association between maternal satisfaction and obstetric characteristics despite of the fact that multiparous mothers were over 2 times more likely to be contented and satisfied with labor and delivery services when compared to primiparous (Nuri et al., 2019) (Takács et al., 2015).

Conclusion

Healthcare professionals need to understand the expectations the mothers have and provide care that is consistent with those expectations. Health system should be devised to increase maternal satisfaction with health organizations and provide maternal-friendly services.

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Authors Contribution

AA: Conceptualization of Project

HA: Data Collection

NB: Literature Search

AF: Statistical Analysis

NA: Drafting, Revision

AM: Writing of Manuscript