

## Evaluation of Postnatal Mother's Satisfaction with Nursing Care In El-Shatby Maternity University Hospital.

Jilan A. Al- Battawi<sup>1\*</sup>, Samar K. Hafiz<sup>2</sup>

<sup>\*1,2</sup>Assistant Professor, obstetric and gynecological Nursing department, Faculty of Nursing, Alexandria University, Egypt.

Corresponding Author: Jilan A. Al- Battawi1

**Abstract:** Patient satisfaction has become increasingly an established outcome indicator of the quality and the efficiency of the health care systems. Patient satisfaction with nursing care is considered the most important factor and cornerstone of forming the overall patient satisfaction with hospital services.

**Aim of the study:** Evaluation of postnatal mother's satisfaction with nursing care in El-Shatby Maternity University Hospital. **Materials and Method:** Research design: An exploratory, descriptive design was Used. **Setting:** El-Shatby Maternity University Hospital postpartum ward.

**Subjects:** postpartum women during their hospital stay after 8 hours after giving birth and before discharge.

**Tools:** Two tools were used for data collection, namely:

**Tool I:** Socio demographic, Reproductive history and Hospitalization experience structured interview schedule,

**Tool II:** face-to-face semi-structured interview was employed. Data were collected by using

**Results:** 30% was not satisfied with orientation especially

Received information

Nurses' communication gained regarding given warm welcome and made comfortable on admission 36% not satisfied and oriented to the health team members and postnatal unit indicated by 33% not satisfied. Moreover by nurses was not satisfactory for near to one-quarter (24%) of the study subjects and was satisfactory to some extent for 32% of them while only 9% were fully satisfied with it. different levels of postnatal mothers' satisfaction 21% minimally satisfied, 26% moderately satisfied and 15% fully satisfied especially when nurses communicated in mothers' own language and they felt free to talk pointed out by 29%.

**Conclusion:** the total Postnatal mother's satisfaction following nursing care provided in El-shatby Maternity University Hospital less than half of the subjects were minimally satisfied and about one-quarter of them were either moderately satisfied or satisfied to some extent.

**Recommendation (S):** Regular & continuous monitoring of women satisfaction could to improve hospitalization services. Evaluating patients' satisfaction should be constant so as to reformulate the baseline and to be able to assess interventions and changes.

**Keywords:** Patient satisfaction, hospital, postpartum mothers

Date of Submission: 30-10-2017

Date of acceptance: 16-11-2017

### I. Introduction

The postnatal period is a critical phase in the lives of mothers and newborn babies. Major changes occur during this period which determine the health and well-being of mothers and newborns.<sup>(1)</sup> The global estimated birth According to the American Central Intelligence Agency (CIA),<sup>(2)</sup> was 256 births every minute in 2015. Yet this normal, life-affirming process carries with it serious risks of death and disability. In addition a total of 50-71%<sup>(3)</sup> of maternal deaths occur during post-partum period. These periods account not only for the high burden of post-partum maternal deaths, but also for the associated large number of stillbirths and early newborn deaths. It is estimated that worldwide, over half a million young women die every year as a result of complications arising from pregnancy and childbirth has been repeated so often that it no longer shocks. Yet most of these deaths could be avoided if preventive measures were taken and adequate care available. For every woman who dies, many more suffer from serious conditions that can affect them for the rest of their lives. For all these mothers the postnatal period is a very crucial transition in their lives. They have to re-adapt on the new physical, psychological and social changes. Yet, postnatal period is the most neglected period for the provision of quality services. Lack of appropriate care during this period could result in significant ill health and even death.<sup>(3-5)</sup>

Post natal is the 6-weeks interval between birth and the return of the reproductive organs to their normal pre-pregnant state. This period termed as purperium, postnatal, or postpartum. It is one of the special times in women's life where several takes place. Dramatic physical changes includes, changes in the uterus,

vagina, perineum, and breasts begin to return to their pre-pregnant state in a process called involution. This process begins immediately after birth and takes up to 6-weeks to be completed. Involution depends on two processes; autolysis and ischemia of muscles fiber precipitated by contraction and retraction of the uterus leads to return to its pre-pregnant size and decrease its weight, closing of the cervix and regain of the vaginal shape and acidity. Changes includes not only reproductive system but also cardiovascular, gastro intestinal, urinary, musculoskeletal, integumentary, neurological and endocrine system. In addition starting lactation and Lochia discharge. Moreover, the puerperal woman may experiences emotional and psychological changes such as fear, anxiety, and depressive mode.<sup>(6-10)</sup>

The post-partum woman if not well cared for, properly supported and managed during this period can be exposed to many complications which may precipitate serious healthproblems and sometimes death for the mother or baby or both. Postpartum hemorrhage, puerperal sepsis, thromboembolic disorder, mastitis and postpartum depression may complicate postpartum period.<sup>(6,7)</sup> Unfortunately, in many settings, systematic and regular post-partum follow-up care is rarely available. Even women who deliver in a health care facility are often discharged within hour's post-partum and are not seen again until some considerable time afterwards and postpartum care are also ends as new mothers are still striving to adapt to role changes and a new family environment.<sup>(11-15)</sup> Not surprisingly, the extent and content of postpartum health care have been critiqued as too limited to meet the health needs of women.<sup>(16)</sup> Moreover, only few national statistics exist on postpartum health-care utilization or postpartum health problems encountered by new mothers.<sup>(16)</sup> Unlike the situation for disease-specific programs, for maternal and child health very little attention has been paid to monitoring progress and evaluating programs, even for the analysis and use of existing data. Policy decisions and program planning are therefore often carried out without evidence-based information and / or program evaluation.<sup>(17)</sup>

Patient satisfaction has become increasingly popular, as a critical component in the measurement of quality of care.<sup>(18)</sup> Understanding how things are looking through the patient's eye should be central part of quality improvement. The level of patient satisfaction with nursing care is the best indicator of quality of care provided and an excellent measure for patient satisfaction.<sup>(18-21)</sup> Nursing care is one of the significant components in the patient care. It consists of helping the patients in monitoring personal hygiene, helping in nutrition, environmental sanitation, examination, maintaining body temperature, providing safety and comfort, helping in respiration, rest, sleep and exercise, helping in adaptability, providing health education. The nursing care therefore may involve any number of activities ranging from carrying out complicated technical procedures to something as simple as holding a hand of the patient. The central focus of nursing care is the person receiving care and included the physical, emotional, social and spiritual dimensions of that person.<sup>(22,23)</sup>

Several studies have considered patient satisfaction as a predictor of treatment compliance, on-going use of healthcare services, and a valuable feedback to evaluate health programs.<sup>(19,21)</sup> Moreover satisfied patients are likely to come back for the services they need and more willing to recommend the hospital to provide care to others.<sup>(24)</sup> Subsequently, satisfied patients are more likely to take an active role in their own health care and continue using health care services. Consumers of health care industry demand quality care and one measure of quality is patient's satisfaction. Patient's satisfaction is an indicator of quality of care from patient's perspective.<sup>(21,25)</sup> It was found that patient places high value on the interpersonal care provided by the nursing staff. In other words, satisfaction is the feeling of contentment resulted from fulfilling the needs or wishes of an individual, as well as the cognitive and emotional response to the environment through which the individual announces the fulfillment of their needs.<sup>(26-28)</sup>

Patient's satisfaction is defined as patient's subjective evaluation of their cognitive and emotional reaction as a result of interaction between their expectation regarding ideal nursing care and their perceptions of actual nursing care.<sup>(29)</sup> In other studies, patient satisfaction has been defined as the degree of concordance between patients' expectations of the desired nursing care and their perception of the received care.<sup>(30,31)</sup> An early definition of patient satisfaction in outpatient settings with nursing care defines patient satisfaction as an attitude reflecting the extent of congruence between what patients expect and their perception of the care they received.<sup>(20)</sup> A literature review showed that there are several factors (independent variables) associated with patient satisfaction -dependent variable-, including the following: wait time; length of visit<sup>(32)</sup>; age of patient, and educational level of patient.<sup>(33)</sup> Wait time comprises a factor of service access.<sup>(19)</sup> Customer satisfaction is a major goal in every organization, and the ultimate target in every strategy. For constant quality improvement, provided services have to be evaluated on a regular basis. Service evaluation reveals the shortcomings of services, causing nursing staff to enhance their skills.<sup>(34)</sup>

Satisfaction is a key element in obtaining desirable patient outcomes and preventing disease consequences. In addition, it is one of the main goals of management activities and a significant indicator of quality of care. Patient satisfaction leads to several benefits, such as improving the interaction between nurses and patient, providing the required information to enhance health care programs, obtaining feedbacks from patients about the performance of nursing staff, increasing patient referrals and enhancing the financial status of health organizations.<sup>(35-37)</sup>

Assessment of nursing care by patients could help decision makers with effective planning, as well as reducing the costs of the services and monitoring nursing care performance.<sup>(38, 39)</sup> Research results concluded that satisfaction surveys could help identify potential areas for service improvement and help optimize health expenditure through patient guided planning and evaluation.<sup>(40)</sup> So, this study is carried out to evaluate postnatal mother's satisfaction with nursing care in El-Shatby Maternity University Hospital as findings would provide feedback for nursing care providers, local administrators, managers and policy makers at the hospital and at the national level to promote patients' satisfaction that can ultimately improve postnatal women and neonatal health.

### **Aim of the study**

The aim of this study is: Evaluation of postnatal mother's satisfaction with nursing care in El-Shatby Maternity University Hospital

### **Research question:**

What is the level of overall puerperal women satisfaction related to nursing care received in postpartum ward in El-Shatby Maternity University Hospital?

## **II. Materials And Methods**

### **Materials**

#### **Research design**

A cross-sectional descriptive research design was used to carry out this study.

**Setting:** The study was conducted at ElShatby Maternity University Hospital for Obstetrics & Gynecology, Alexandria, Egypt. It is a university hospital affiliated to the Faculty of Medicine – University. It provides obstetrics and gynecological health care service for all pregnant, laboring, puerperal women, normal and high risk in the governorates of Alexandria, Beheira, MarsaMatrouh and Kafr El Sheikh. It has establishment of five units in Shatby Hospital: Infertility and Fertility treatment Unit, Advanced Endoscopic Surgery Unit, Initiation of the establishment of a unit of research and treatment of endometriosis, start establishing the embryo and pregnant unit, & Start the Oncology Unit. The outpatient includes a clinic for treatment of uterine bleeding, Infertility clinic, Oncology Clinic, Clinic for follow - up pregnancy and critical pregnancy, and Clinic for the detection of women. Rehabilitation and development of internal departments for patients in the hospital. This hospital was chosen because it has a high turnover, serve four governorate with a large number of population and specialized in obstetrics and gynecology.

**Subjects:** A convenience sample consisted of 100 volunteer puerperal women during their hospital stay and before discharge were recruited. According to Epi info 7 program sample size estimation was 100 out of 450 women, (the average number of women attending the previously mentioned setting during the last three months prior to the study). The study subjects were selected using convenient sampling technique,

**Inclusion criteria:** In the present study only women recruited who were full term pregnancy, delivered normally with a normal newborn, willing to participate in the study and who have received care from nurses in postnatal ward.

**Exclusion criteria:** puerperal women who had complicated pregnancy and labor or had abnormal birth outcome as well as women who were not willing to participate in the study, they were excluded.

#### **Data collection tools:**

Two tools were used for data collection.

#### **Tool one: Socio demographic, Reproductive history and Hospitalization experience structured interview**

**schedule:** It was developed by the researchers based on extensive review of relevant and current research literature and opinion and guidance of the experts. It was consisted of 13 items. It included three parts:-

**Part I:** The Socio demographic data pertaining to age, type of family, educational qualification, occupation, and income.

**Part II:** Reproductive history includes: number of pregnancies; number of deliveries; number of abortion; number of living children; and number of died babies during or after birth.

**Part III:** Hospitalization experience encompasses: previous hospital admission; last hospital admission; and why choosing this hospital.

#### **Tool Two: Women's Satisfaction Structured Interview Schedule:**

This tool was originally developed by Varghese, J. and Rajagopal, K. (2013)<sup>(41)</sup> for Evaluating Postnatal Mother's Satisfaction Following Nursing Care. It was adapted and translated to Arabic language by the researchers and validated by 5 expertise in the field of obstetrics and gynecology. Structured interview schedule. This part of the tool consisted of postnatal 39 items in six areas on mothers satisfaction. The areas of care were grouped under six domains namely: Orientation, Information, Communication, Comfort and care, Specific to postnatal care, and Value and preference.

The maximum score obtainable by an item was five, the respondents had to place a (√) in the appropriate column. The total question for postnatal question were 39. The scores (5) fully satisfied, (4) moderately satisfied, minimally satisfied (3), satisfied (2) and (1) not satisfied.

This part of the tool consisted of postnatal 39 items in six areas on mothers satisfaction .The areas of care were grouped under: Orientation, Information, Communication, Comfort and care, Specific to postnatal care, and Value and preference.

The maximum score obtainable by an item was five, the respondents had to place a (√) in the appropriate column. The total question for postnatal question were 39.

The scores (5) Fully satisfied,

(4) Moderately satisfied,

(3) Minimally satisfied,

Satisfied (2) and

(1) Not satisfied.

### **III. Method**

**The study was executed according to the following steps:**

1. Permission to collect data after explaining the purpose of the study was obtained.
2. Tool I was developed by the researchers after extensive review of recent and related literature.
3. Tool II for Evaluating Postnatal Mother's Satisfaction Following Nursing Care was adopted and translated to Arabic language.
4. Tools II was tested for content validity by a jury of five experts in the field. The recommended modifications were done and the final form was prepared after proving valid. Then tools' reliability was tested by Cronbach's Alpha test and the result was statistically highly acceptable ( $r = 0.931$ ).
5. The normal range of Cronbach's alpha values is between 0.00 and +1.00, and higher values reflect higher internal consistency (Polit & Beck, 2012).
6. A pilot study was conducted on 10 puerperal women from El Shatby Maternity University Hospital and they were (excluded from the total study subject's number). It aims to validate the effectiveness of the study instrument and the value of the questions to elicit the right information to answer the research questions. In addition to ascertain the clarity, feasibility, simplicity of all the questions, estimate the time required for the interview to be completed, and review the overall responses of the women, as well as the applicability of the tools to identify obstacle that might interfere with the process of data collection.
7. Each study subject was individually interviewed after they get period of rest from delivery and sleep for at least eight hours postpartum. The estimated duration of each interview was about 20-25 minutes. Data collection started at October 2016 up to December 2016, two days per week.
8. **Statistical analysis:** The collected data was revised, categorized, coded, computerized, tabulated and analyzed. It included frequency, percent and mean & standard deviation.  
P value  $\leq 0.05$  was considered statistically significant. It included graphs were constructed using Microsoft excel software version 2013.

#### **Ethical considerations:**

For each recruited subject an informed oral consent was obtained after full information provided to the women by the researcher and explaining the purpose of the study, as the informed consent covers all the required elements such as study title and aim, process of data collection and management, and the right to withdraw at any time & right to ask any question at the end of the interview. In addition, her anonymity, privacy, and confidentiality of her data were all emphasized prior starting the interview.

### **IV. Results**

The socio-demographic characteristics of the study subjects are presented in Table 1. More than one half (53%) of them aged 25 and less than 35 years and can read and write (51%). The majority of them (95%) were not working with about two-thirds of them (65%) lived in extended family and 84% of them had monthly income which is considered as enough to some extent. Table 2 shows that more than one half of the study subjects had three or more pregnancies, 45% had three or more deliveries and about two-thirds (64%) had no history of previous abortion and only 12% of them had previous stillbirths. Slightly more than two fifths (41%) of them had three or more living children while the rest of them had either one (35%) or two (24%) living child/children and 41% had previous hospitalization. Hospital convenience reported by 32% was the most giving reason for choosing El-shatby Maternity University Hospital, other reason included: referral from private or other hospitals' clinics 25%, followed by availability of good obstetricians constitutes 16% , while quality of nursing care mentioned by 11% and availability of modern facilities was the least given reason (3%) (Table 2). On examining different areas of postnatal mother's satisfaction following nursing care provided in El-shatby

Maternity University Hospital, the results of table 3 & table 6 denoted that 30% was not satisfied. As regard orientation 36% were not satisfied especially regarding given warm welcome and made comfortable on admission and oriented to the health team members and postnatal unit indicated by 33% as not satisfied. Moreover 54% of them had different levels of satisfaction with orientation regarding orientation about visiting hours for family and doctors, 25% satisfied to some extent & 29% minimally satisfied to the same item respectively.

On the other hand, only 3% were fully satisfied with their orientation where 18% were fully satisfied with orientation about visiting hours for family and doctors. Received information by nurses was not satisfactory for near to one-quarter (24%) of the study subjects and was satisfactory to some extent for 32% of them while only 9% were fully satisfied with it. Nurses' communication gained different levels of postnatal mothers' satisfaction 21% minimally satisfied, 26% moderately satisfied and 15% fully satisfied especially when nurses communicated in mothers' own language and they felt free to talk pointed out by 29% , 22% of them as moderately satisfied and fully satisfied respectively. As regard nurses answered all doubts asked by mothers concerning treatment results and prognosis, it was found that 30% of the study subjects moderately satisfied while 26% were fully satisfied respectively. In addition, 25% & 20% of the study subjects were minimally satisfied and moderately satisfied with their comfort and care received from nurses during their hospital stay respectively. Table (6) also represents that, 28% were minimally satisfied where they got help when needed and 25% were moderately satisfied as nurses were calm and approachable. Table (3) also shows near to one-fifth (19%) of them were fully satisfied with their comfort and care while regarding Nurses assisted the study subjects in keeping themselves clean & groomed 27% were fully satisfied Table (6). Table (3) also shows that, 41% of postnatal mothers were minimally satisfied with provided nursing care specific to postnatal period while a minority of them (5%) were fully satisfied. Table (6) represents, about one-third or more of the study subjects were not satisfied regarding important specific items of post natal care such as: advice about postnatal exercise 36%; information about the methods & importance of family planning and postnatal follow up visits. In addition 37%; teaching regarding sign and symptoms of neonatal condition 38%; and immunization or weaning of the baby 33%. About one-third of them (33%) were fully satisfied with gained information about the importance of colostrum and exclusive breast feeding. Moreover 22% of the postnatal mothers were not satisfied with nursing care related to their values and preferences. Despite of this, results revealed that more than two-fifths (44%) of them will recommend the hospital to their friends and relatives 23% moderately satisfied & 21% fully satisfied. Figure (1) illustrate Total Postnatal mother's satisfaction following nursing care provided in El-shatby Maternity University Hospital where 41% of the subjects were minimally satisfied and slightly more than one-quarter of them were either moderately satisfied 27% or satisfied to some extent (26%). The figure also illustrates that 5% of the study subjects were not satisfied at all. Out of the total subjects, only 1% of them was fully satisfied with the received nursing care. A Statistically significant relationship was found between postnatal mother's level of satisfaction and their age as well as the number of their previous pregnancies where  $P \leq 0.05$  respectively tables 5 & 6.

Socio-demographic characteristics	Number (100)	%
<b>Age:</b>		
16 -	38	38.0
25-	53	53.0
35 +	9	9.0
<b>Educational level:</b>		
Read and write	51	51.0
Preparatory education	38	38.0
Secondary education	2	2.0
University education	9	9.0
<b>Working status</b>		
Not working	95	95.0
Working	5	5.0
<b>Type of family</b>		
Nuclear	35	35.0
Extended	65	65.0
<b>Monthly income</b>		
Enough	11	11.0
Enough to some extent	84	84.0
Not enough	5	5.0
<b>Total</b>	<b>100</b>	<b>100</b>

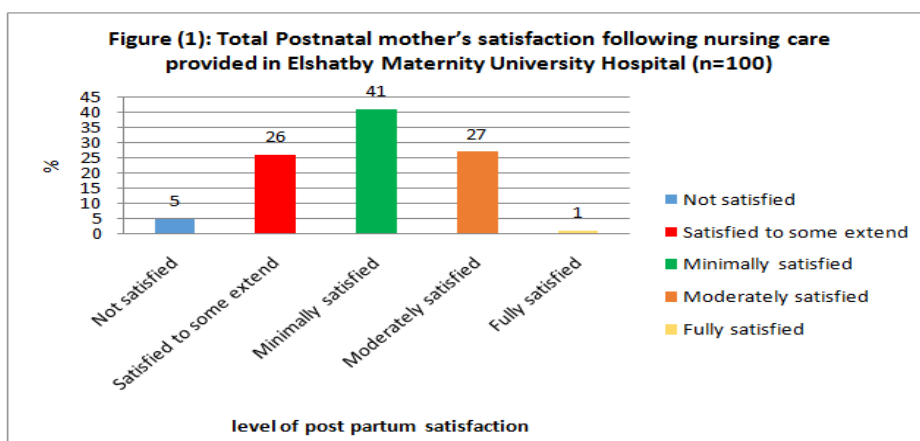
Table (1): Socio-demographic characteristics of the study subjects:

Reproductive characteristics	Number (100)	%
<b>Number of gravida</b>		
1-2	45	45.0
3 and more	55	55.0
<b>Number of deliveries</b>		
One	32	32.0
Two	23	23.0
Three and more	45	45.0
<b>Number of previous abortion</b>		
None	64	64.0
One	25	25.0
Two or more	11	11.0
<b>Number of still birth</b>		
None	88	88.0
One	9	9.0
Two or more	3	3.0
<b>Number of living children</b>		
One	35	35.0
Two	24	24.0
Three or more	41	41.0
<b>Previous hospitalization</b>		
No	59	59.0
Yes	41	41.0
<b>Reason for choosing this hospital</b>		
Quality of nursing care	11	11.0
Referred from clinic / other hospital clinics	25	25.0
Convenient/ available	32	32.0
Availability of good obstetrician	16	16.0
Modern facilities available	3	3.0
Others ( Specialized in obstetrics and gynecology )	13	13.0
<b>Total</b>	<b>100</b>	<b>100</b>

Table (2): Reproductive characteristics of the study subjects:

Table (3): Areas of postnatal mother's satisfaction following nursing care provided in Elshatby Maternity University Hospital (n=100)

Areas of postnatal mother's satisfaction	Not satisfied		Satisfied to some extent		Minimally satisfied		Moderately satisfied		Fully satisfied	
	No	%	No	%	No	%	No	%	No	%
Orientation	30	30.0	25	25.0	29	29.0	13	13.0	3	3.0
Information	24	24.0	32	32.0	19	19.0	16	16.0	9	9.0
Communication	17	17.0	21	21.0	21	21.0	26	26.0	15	15.0
Comfort and care	21	21.0	15	15.0	25	25.0	20	20.0	19	19.0
Specific to postnatal care	7	7.0	24	24.0	41	41.0	23	23.0	5	5.0
Value and preference	22	22.0	30	30.0	18	18.0	12	12.0	18	18.0



**Table (4):** Relationship between postnatal mother's level of satisfaction and their socio-demographic characteristics

Socio-demographic characteristics	Level of satisfaction										Total n=100	X <sup>2</sup> (p)
	Not satisfied n= 5		Satisfied to some extent n= 26		Minimally satisfied n=41		Moderately satisfied n= 27		Fully satisfied n=1			
	No	%	No	%	No	%	No	%	No	%		
<b>Age</b>												
16 – 25	2	2.0	8	8.0	23	23.0	5	5.0	0	0.0	38	21.492 (0.006)*
26-35	3	3.0	16	16.0	15	15.0	19	19.0	0	0.0	53	
36-38	0	0.0	2	2.0	3	3.0	3	3.0	1	1.0	9	
<b>Educational level:</b>												
Illiterate	1	1.0	9	9.0	20	20.0	9	9.0	1	1.0	40	22.064 (.141)
Read and write	0	0.0	2	2.0	3	3.0	6	6.0	0	0.0	11	
Preparatory education	2	2.0	13	13.0	16	16.0	7	7.0	0	0.0	38	
Secondary education	1	1.0	0	0.0	0	0.0	1	1.0	0	0.0	2	
University education	1	1.0	2	2.0	2	2.0	4	4.0	0	0.0	9	
<b>Working status</b>												
Not working	4	4.0	25	25.0	39	39.0	26	26.0	1	1.0	95	2.591 (.628)
Working	1	1.0	1	1.0	2	2.0	1	1.0	0	0.0	5	
<b>Type of family</b>												
Nuclear	1	1.0	12	12.0	16	16.0	6	6.0	0	0.0	35	4.684 (.321)
Extended	4	4.0	14	14.0	25	25.0	21	21.0	1	1.0	65	
<b>Monthly income</b>												
Enough	1	1.0	3	3.0	2	2.0	5	5.0	0	0.0	11	10.592 (.226)
Enough to some extent	4	4.0	23	23.0	34	34.0	22	22.0	1	1.0	84	
Not enough	0	0.0	0	0.0	5	5.0	0	0.0	0	0.0	5	

**Table (5):** Relationship between postnatal mother's level of satisfaction and their reproductive characteristics

Reproductive characteristics	Level of satisfaction										Total n=100	X <sup>2</sup> (p)
	Not satisfied n= 5		Satisfied to some extent n= 26		Minimally satisfied n=41		Moderately satisfied n= 27		Fully satisfied n=1			
	No	%	No	%	No	%	No	%	No	%		
<b>Number of gravida</b>												
1-2	1	1.0	12	12.0	24	24.0	8	8.0	0	0.0	45	16.187 (.040)*
3 and more	4	4.0	14	14.0	17	17.0	19	19.0	1	1.0	55	
<b>Number of deliveries</b>												
One	0	0.0	9	9.0	16	16.0	7	7.0	0	0.0	32	9.732 (.284)
Two	2	2.0	9	9.0	8	8.0	4	4.0	0	0.0	23	
Three and more	3	3.0	8	8.0	17	17.0	16	16.0	1	1.0	45	
<b>Number of previous abortion</b>												
None	3	3.0	16	16.0	27	27.0	17	17.0	17	17.0	64	12.693 (.123)
One	2	2.0	7	7.0	13	13.0	3	3.0	3	3.0	25	
Two or more	0	0.0	3	3.0	1	1.0	7	7.0	7	7.0	11	
<b>Previous hospitalization</b>												
No	3	3.0	18	18.0	27	27.0	11	11.0	0	0.0	59	7.084 (.132)
Yes	2	2.0	8	8.0	14	14.0	16	16.0	1	1.0	41	

**Table 6:** Postnatal mother's satisfaction following nursing care provided in Elshatby Maternity University Hospital (n=100)

Orientation	Not satisfied		Satisfied to some extent		Minimally satisfied		Moderately satisfied		Fully satisfied	
	No	%	No	%	No	%	No	%	No	%
I was given a warm welcome and made me comfortable on admission.	36	36.0	30	30.0	14	14.0	11	11.0	9	9.0
I was oriented to the health team members and postnatal unit.	33	33.0	26	26.0	20	20.0	15	15.0	6	6.0
I was oriented to toilet, bathroom, washing area and availability of safe drinking water.	16	16.0	17	17.0	19	19.0	32	32.0	16	16.0
I was oriented about visiting hours for family	29	29.0	22	22.0	25	25.0	16	16.0	18	18.0

Information	Not satisfied		Satisfied to some extent		Minimally satisfied		Moderately satisfied		Fully satisfied	
	No	%	No	%	No	%	No	%	No	%
	and doctors.									
I was informed about ward routines	23	23.0	25	25.0	25	25.0	17	17.0	9	9.0
I was informed regarding rules & regulations of the hospital.	37	37.0	23	23.0	23	23.0	15	15.0	12	12.0
Nurses used to convey message, which I hesitated to ask my doctor.	8	8.0	19	19.0	19	19.0	26	26.0	22	22.0
I was informed about informed consent before any procedure	24	24.0	26	26.0	26	26.0	23	23.0	11	11.0

Communication	Not satisfied		Satisfied to some extent		Minimally satisfied		Moderately satisfied		Fully satisfied	
	No	%	No	%	No	%	No	%	No	%
All my questions were answered promptly with positive attitude.	26	26.0	24	24.0	12	12.0	25	25.0	13	13.0
Nurses maintained a good relation with myself and my family members.	12	12.0	28	28.0	18	18.0	26	26.0	16	16.0
Nurses communicated in my own language and were free to talk.	18	18.0	12	12.0	19	19.0	29	29.0	22	22.0
Nurses answered all doubts asked by me concerning my treatment results and prognosis	9	9.0	13	13.0	22	22.0	30	30.0	26	26.0
COMFORT AND CARE	Not satisfied		Satisfied to some extent		Minimally satisfied		Moderately satisfied		Fully satisfied	
	No	%	No	%	No	%	No	%	No	%
I got help when needed	16	16.0	14	14.0	28	28.0	21	21.0	21	21.0
Nurses were calm and approachable.	18	18.0	15	15.0	22	22.0	25	25.0	20	20.0
Nurses assisted me in keeping myself clean & groomed	12	12.0	18	18.0	20	20.0	23	23.0	27	27.0
I felt safe and secured throughout the day and night during my hospital stay.	22	22.0	18	18.0	22	22.0	17	17.0	21	21.0
There was no noise at night in the ward	25	25.0	21	21.0	16	16	15	15.0	23	23.0

Specific to postnatal care	Not satisfied		Satisfied to some extent		Minimally satisfied		Moderately satisfied		Fully satisfied	
	No	%	No	%	No	%	No	%	No	%
I was assisted to go to toilet and got information regarding personal hygiene during postnatal period.	19	19.0	14	14.0	16	16.0	29	29.0	22	22.0
I was assisted in perineal toilet and informed regarding how to keep my perineum hygienic	17	17.0	8	8.0	23	23.0	22	22.0	30	30.0
I was assisted in early ambulation.	15	15.0	27	27.0	18	18.0	18	18.0	22	22.0
The nurses checked my vital signs regularly.	27	27.0	16	16.0	12	12.0	23	23.0	22	22.0
I was taught about involution of uterus	28	28.0	10	10.0	22	22.0	21	21.0	19	19.0



I was explained how to take care of my breast and minor	16	16.0	30	30.0	18	18.0	16	16.0	20	20.0
I was informed regarding nutrition, sleep and rest in postnatal period.	24	24.0	26	26.0	15	15.0	26	26.0	23	23.0

My medication / treatment was administered at proper time	20	20.0	23	23.0	17	17.0	18	18.0	22	22.0
I was told regarding lochial flow and was told how to detect excessive bleeding during puerperal period.	23	23.0	14	14.0	21	21.0	19	19.0	23	23.0
I was advised about postnatal exercise.	36	36.0	13	13.0	15	15.0	20	20.0	16	16.0
I was assisted with episiotomy care and told how to detect signs and symptoms if infection and how to detect it.	17	17.0	13	13.0	23	23.0	22	22.0	25	25.0
I was informed about the methods & importance of family planning and postnatal follow up visits.	37	37.0	23	23.0	14	14.0	15	15.0	11	11.0
I was assisted with giving bath and diaper care cord and eye care and detect signs and symptoms of infection in my baby.	13	13.0	18	18.0	21	21.0	24	24.0	23	23.0
I was taught about the importance of colostrum and exclusive breast feeding	15	15.0	13	13.0	21	21.0	18	18.0	33	33.0
I was assisted to position my baby during and after feeding and was taught to burp my baby after breast feeding.	13	13.0	21	21.0	24	24.0	19	19.0	23	23.0
Nurses taught me to detect sign and symptoms of neonatal conditions.	38	38.0	22	22.0	13	13.0	15	15.0	12	12.0
I was taught about rooming in ,bonding and attachment	11	11.0	19	19.0	21	21.0	17	17.0	22	22.0
I was educated about immunization and weaning of my baby.	33	33.0	10	10.0	22	22.0	17	17.0	18	18.0

VALUE & PREFERENCE	Not satisfied		Satisfied to some extent		Minimally satisfied		Moderately satisfied		Fully satisfied	
	No	%	No	%	No	%	No	%	No	%
Staff nurse treated me with dignity and respect.	15	15.0	14	14.0	21	21.0	22	22.0	28	28.0
Staff nurses talked to me to find my values and preference for care.	38	38.0	17	17.0	15	15.0	18	18.0	12	21.0
In future if there is a need for my treatment I would prefer this hospital.	27	27.0	21	21.0	17	17.0	15	15.0	20	20.0
I'll recommend this hospital to my friends and relatives	19	19.0	22	22.0	15	15.0	23	23.0	21	21.0

### V. Discussion

The days and weeks following childbirth – the postnatal period – is a critical phase in the lives of mothers and newborn babies. Most maternal and infant deaths occur during this time. Yet, this is the most neglected period for the provision of quality care. Rates of provision of skilled care are lower after childbirth when compared to rates before and during childbirth <sup>(42)</sup>. An overall minimal level of postnatal mother's satisfaction following provided nursing care was evident in the present study. Similar results were observed by Lamadah & El –Nagger (2014) who indicated that most of the mothers were not satisfied with the postpartum care and instructions of the discharge plan at Ain Shams Maternity and Gynecological Hospital –Cairo, Egypt <sup>(43)</sup>. On the other hand, Mohammed (2015) examined maternal satisfaction regarding quality of nursing care during labor and delivery in Sulaimani teaching hospital and reported that women were satisfied with their care during labor and delivery and added that the study opinion reason return to several factors, first, because of the

arrival of a healthy baby and giving birth to a healthy baby may balance for any negative experience, second In addition, the timing of assessment, patient satisfaction may affect the subjects answers and third reason hospitalized postpartum women may feel hesitant to criticize the care they received because their health care providers were still involved<sup>(44)</sup>. However, patient satisfaction is a substantial indicator of healthcare quality. The literature survey showed that patient satisfaction should be regarded not only as a predictor of further use of healthcare services and willingness to recommend these services to others but also as a factor influencing treatment compliance and treatment success<sup>(45)</sup>. Correia& Pereira (2014) indicated that the nursing care provided satisfies postpartum women and that satisfaction is mostly based on empathy of nurses although the mothers have notion of their technical abilities<sup>(46)</sup>. In the present study, results revealed that nurses' communication gained levels of postnatal mothers' satisfaction especially when nurses communicated in mothers' own language and they felt free to talk and when Nurses answered all doubts asked by mothers concerning treatment results and prognosis. Takacs et al (2015)suggested that in order to improve satisfaction with care in maternity hospitals the main efforts need be directed primarily at midwife support during labour and delivery and at communication and provision of information by staff employed in child care. In this regard it is also required to strengthen psychological competence of health care professionals, especially in communication, and deepen their knowledge in perinatal psychology<sup>(47)</sup>. In the same line with this, Mohammed (2015) found that all respondents mentioned that if the interpersonal relationships with their caregivers were good (politeness, kindness, and patience), then they were satisfied with their care even when other factors were not addressed. If a positive caregiver attitude was attained, the client found the hospital safe enough for future use<sup>(44)</sup>. The current results revealed that some of studied the postnatal mothers were not satisfied with nursing care related to their values and preferences, despite of this, they tends to recommend the hospital to their friends and relatives. This may be attributed to their most given reasons for choosing Elshatby Maternity University Hospital such as hospital convenience with availability of good obstetricians where all health services are free and they have to pay nothing which is matched with their socioeconomic status where the majority of them were not working and considered monthly income as enough to some extent. However, evaluation of different aspects of health care is determined by the individuals' perceptions, attitudes, expectations and preferences<sup>(47)</sup>. Mohammed (2015) supported these findings and denoted that client's sources of dissatisfaction include negative behaviors of caregivers and characteristics of the hospital setting, which include the non-availability of human and material resources, such as infrastructure, staffing and financial problems<sup>(44)</sup>.

Takacs et al (2015)concluded that for satisfaction with postnatal care as well as for willingness to return to and to recommend the hospital are more relevant the attitudes of staff employed in child care than attitudes of staff employed in mother care<sup>(47)</sup>. Some of the post natal mothers in the present study were fully satisfied with gained information about the importance of colostrum and exclusive breast feeding. In contrast with this, **Buchko et al (2012)** found that mothers reported frustration with inconsistent breastfeeding information and the need for more information about newborn care<sup>(48)</sup>. When mothers feel informed and empowered they feel better leaving the hospital and this confidence translates into higher satisfaction scores<sup>(49)</sup>.The findings of the present revealed that postnatal mothers were minimally satisfied with provided nursing care specific to post natal period such as that related to advice about postnatal exercise; importance of family planning and postnatal follow up visits; teaching regarding neonatal condition, immunization and weaning. These results can be related to mothers' brief postpartum hospital stay which leaves insufficient time for nurses to address a new mother's learning needs effectively. The mother's length of stay in the hospital after routine vaginal delivery has decreased substantially over the past several decades. In some settings, stays of less than 24 hours have been encouraged in recent years<sup>(50, 51)</sup>. In Egypt, the average woman stays in the hospital is half a day after giving birth. Insufficient time to educate or support women within facilities can reduce maternal confidence or cause breastfeeding problems, maternal depression, or dissatisfaction with care<sup>(50)</sup>. A number of tragic stories about mothers and newborns discharged early who later developed life-threatening but preventable conditions fueled the desire of legislatures to address this issue<sup>(52)</sup>. Buchko et al (2012) reported that maternity nurses expressed concerns about meeting educational needs of new mothers during their brief hospital stays. The nurses attributed their concerns to lack of time and the amount of information they were required to provide to prepare new mothers and their families to care for the newborn at home. Mothers also reported dissatisfaction with postpartum hospital education<sup>(48)</sup>. Post partum mothers are expected to demonstrate knowledge and confidence in her ability to provide adequate care for herself and her newborn prior to discharge from the hospital<sup>(53)</sup>. During the hospital stay, information provided to new mothers about self-care and newborn care can allay concerns and boost satisfaction with confidence levels<sup>(48, 54)</sup>.

## **VI. Conclusion**

Based on the study findings of this study , it could be concluded that the total Postnatal mother's satisfaction following nursing care provided in El-shatby Maternity University Hospital less than half of the subjects were minimally satisfied and about one-quarter of them were either moderately satisfied or satisfied to

some extent. On the other hand, 5% of the study subjects were not satisfied at all. Moreover out of the total subjects, only 1% of them was fully satisfied with the received nursing care. In addition, A Statistically significant relationship was found between postnatal mother's level of satisfaction and their age as well as the number of their previous pregnancies. While no statistical difference found in relation to puerperal women satisfaction with no. of gravidity, no. of deliveries, and previous admission

### **Recommendation**

Based on the findings of the present study the following recommendations are presented:

- Regular & continuous monitoring of women satisfaction could to improve hospitalization services.
- Evaluating patients' satisfaction should be constant so as to reformulate the baseline and to be able to assess interventions and changes.
- There is a great need to educate women served about their rights as patients.
- Replicate this study in other maternity health care services using larger samples of the population in order to generalize the findings.

### **Acknowledgements**

My sincere appreciation and thanks to my entire study subjects, for their cooperation regarding the accomplishment of this study.

### **Conflicts Of Interest Disclosure:**

The authors declare that there is no conflict of interest.

### **References**

- [1]. Zainur R. Postpartum morbidity - what we can do. Medical Journal of Malaysia.
- [2]. 2006; 61(5):651. American Central Intelligence Agency (CIA). World fact book. 2015. Available at URL: <https://www.cia.gov/library/publications/the-world-factbook/fields/2054.html>. Retrieved on: 20 August 2015.
- [3]. World Health Organization, Geneva, "Beyond the Numbers. Reviewing maternal deaths and complications to make pregnancy safer", 2004.
- [4]. WHO recommendations on Postnatal care of the mother and newborn OCTOBER 2013
- [5]. World Health Organization (WHO). WHO recommendations on Postnatal care of the mother and newborn. Geneva: WHO, 2014; 6.
- [6]. Danidson .M, & Ladewing, P. Olds Maternal-Newborn Nursing and Women's Health Care across the life span" 2012; 9<sup>th</sup> ed., Pearson. New Jersey, ISBN-13: 978-013271985-8, ISBN -10:-013271985-1.
- [7]. Gary Cunningham, MD, Kenneth J. Leveno, MD, Steven L. Bloom, MD & et al. WILLIAM OBSTETRICS. 2005; 22 ed., McGraw-Hill's
- [8]. Chapman. L. & Durham .R. "Maternal-Newborn Nursing .The Critical Components of Nursing Care "2010; F. A. Davis Company. ISBN -13: 978-0-8036-1754-4 ISBN-10: 0-8036-1754-2
- [9]. Sharon Smith Murra , Emily Slone McKinney .Foundations of maternal –newborn nursing "2010; Elsevier Sciences ISBN13:9781416001416
- [10]. Deitra Leonard Lowdermilk , Mary Catherine Cashion and Shannon E. Perry. Maternity and women's health care, 2011; 10<sup>th</sup> ed.
- [11]. Making Pregnancy Safer. World Health Organization, 20 avenue Appia, 1211 Geneva 27, Switzerland. Bulletin of the World Health Organization, October 2007; 85 (10)
- [12]. Bulletin of the World Health Organization Past issues Volume 85: 2007 Volume 85, Number 10, October 2007, 733-820
- [13]. <http://www.who.int/bulletin/volumes/85/10/07-045963/en/>
- [14]. Ching-Yu Cheng, MSN, RN, Eileen R. Fowles, PhD, RNC, and Lorraine O. Walker, EdD, RN, FAAN. Postpartum Maternal Health Care in the United States: A Critical Review. 2006 summer; J Perinat Educ. 15(3): 34–42.
- [15]. Mercer R. T. The process of maternal role attainment over the first year. 2001; Nursing Research, 34:198–203. [PubMed].
- [16]. Albers L. L. Health problems after childbirth. Journal of Midwifery & Women's Health. 2000; 45:55–57.
- [17]. Changole, J. & et al. Patients' satisfaction with reproductive health services at GogoChatinkha Maternity Unit, Queen Elizabeth Central Hospital, Blantyre, 2009; Malawi. PMC. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3345683/>
- [18]. Laschinger H S. A psychometric analysis of patient satisfaction with nursing care quality questionnaire: an actionable approach to measuring patient satisfaction. 2005; Journal of nursing care quality 20 [3]; 220-30.
- [19]. Alves SMP, Ribas EL. Hospital care: assessment of users' satisfaction during hospital stay. 2007 september-october; Rev Latino-am Enfermagem 15(5):973-9.
- [20]. Risser NL. Development of an instrument to measure patient satisfaction with nurses and nursing care in primary care settings. Nurs Res 2008 January-February; 24(1):45-52.
- [21]. Bragadóttir H, Reed D. Psychometric instrument evaluation: the pediatric family satisfaction questionnaire. 2002 September-October; Pediatr Nurs 28(5):475-82.
- [22]. Han CH, Connolly PM, Canham D. Measuring patient satisfaction as an outcome of nursing care at a teaching hospital of southern Taiwan. 2003; J Nurs Care Qual, Apr-Jun 18(2):143-50.
- [23]. Taylor C, Lillis C, Lemone P. Fundamentals of nursing. 8<sup>th</sup> ed. Lippincott, 2014:110-112.
- [24]. Abramowitz S, Berry E, Cott A A. Analyzing patient satisfaction; A multi analytic approach. 2007; Quality review bulletin 13: 122-130.
- [25]. Chang et al. Evaluating quality of nursing care: The gap between Theory and Practice. 2002; The Journal of nursing administration 32 (7/8):405-18.
- [26]. Shrivastava, S.R., Shrivastava, P.S. and Ramasamy, J. Exploring the Dimensions of Doctor-Patient Relationship in Clinical Practice in Hospital Settings. 2014; International Journal of Health Policy and Management, 2, 159-160. <http://dx.doi.org/10.15171/ijhpm.2014.40>

- [28]. Thompson, D.A., Yarnold, P.R., Williams, D.R. and Adams, S.L. Effects of Actual Waiting Time, Perceive Waiting Time, Information Delivery, and Expressive Quality on Patient Satisfaction in the Emergency Department. 2001; *Annals of Emergency Medicine*, 28, 657-665. [http://dx.doi.org/10.1016/S0196-0644\(96\)70090-2](http://dx.doi.org/10.1016/S0196-0644(96)70090-2)
- [29]. Yarnold, P.R., Michelson, E.A., Thompson, D.A. and Adams, S.L. Predicting Patient Satisfaction: A Study of Two Emergency Departments. 2006; *Journal of Behavioral Medicine*, 21, 545-563. <http://dx.doi.org/10.1023/A:1018796628917>
- [30]. Erickson L R. Patient satisfaction: -an indicator of nursing care quality.2003; *J nurse management* 18: 31-35.
- [31]. Tsuboi S, Uehara R, Oguma T, Kojo T, Enkh-Oyun T, Kotani K, et al. Satisfaction with hospital care among diabetic outpatients and its associated factors. Secondary use of official statistics. 2014; *Nihon koshueiseizasshi, Japanese journal of public health*. 61(10):613-24.
- [32]. Zairi M. Managing customer satisfaction: a best practice perspective. 2000; *The TQM Magazine*. 12(6):389-94.
- [33]. Sitzia J, Wood N. Patient satisfaction: a review of issues and concepts. December; 2001 *SocSci Med* 45(12):1829-43.
- [34]. Johansson P, Oléni M, Fridlund B. Patient satisfaction with nursing care in the context of health care: a literature study. 2002 December; *Scand J Caring Sci* 16(4):337-44.
- [35]. Conbere P, McGovern P, Kochevar L, Widtfeldt A. Measuring satisfaction with medical case management. A quality improvement tool. *AAOHN journal: official journal of the American Association of Occupational Health Nurses*.2006; 40(7):333-41.
- [36]. Arefi M, Talaei N. Patient satisfaction in Baharloo Hospital in 2008. *PayavardSalamat J*. 2010;4(1and 2):97-103.
- [37]. Goehring KS. New tools to measure patient satisfaction. *Healthcare executive*. 2001; 16(5):71.
- [38]. Al-Abri R, Al-Balushi A. Patient satisfaction survey as a tool towards quality improvement. *Oman medical journal*. 2014 Jan;29(1):3-7.
- [39]. Ahmad I, Nawaz A, Khan S, Khan H, Rashid MA, Khan MH. Predictors of patient satisfaction. *Gomal Journal of Medical Sciences*. 2012;9(2).
- [40]. Bjertnaes OA, Sjetne IS, Iversen HH. Overall patient satisfaction with hospitals: effects of patient-reported experiences and fulfilment of expectations. *BMJ quality & safety*. 2012 Jan;21(1):39-46.
- [41]. Lari A M, Tambulin M, Gray D. Patients' needs, satisfaction, and health related quality of life: Towards a comprehensive model. *Health and Quality of Life outcomes*. 2004; 2:32. Editorial. PMC free article, PubMed.
- [42]. Varghese, J. and Rajagopal, K. Development of a New Tool for Evaluating Postnatal Mother's Satisfaction Following Nursing Care: In India. *Journal of Biology, Agriculture and Healthcare*. Vol.3, No.9, 2013. [www.iiste.org](http://www.iiste.org)
- [43]. World Health Organization. WHO recommendations on postnatal care of the mother and newborn. Geneva. WHO. 2014; 6
- [44]. Lamadah S, El -Nagger N. Mothers' satisfaction regarding quality of postpartum nursing and discharge teaching plan at Ain Shams Maternity and Gynecological Hospital. *International Journal of Current Research* 2014; 6(7);p.7545-7551
- [45]. Mohammed K. Maternal satisfaction regarding quality of nursing care during labor and delivery in Sulaimani teaching hospital. *International Journal of Nursing and Midwifery* 2016; 8(3):18-27
- [46]. Hojat M, Louis D, Maxwell K, Markham F, Wender R, Gonnella JS. Patient perceptions of physician empathy, satisfaction with physician, interpersonal trust, and compliance. *Int J Med Educ* 2010; 1: 83-87.
- [47]. Correia T, Pereira M. Postpartum women satisfaction regarding nursing care. *AtenciónPrimaria* 2014; 46 (Espec Cong 1):25-63
- [48]. Takacs L, Seidlerova J, Šulova L, Hoskovcova S. Social psychological predictors of satisfaction with intrapartum and postpartum care – what matters to women in Czech maternity hospitals?. *De Gruyter Open* 2015; 10: 119-127
- [49]. Buchko B, Gutshall C, Jordan E. Improving Quality and Efficiency of Postpartum Hospital Education. *The Journal of Perinatal Education* 2012; 21(4): 238–247
- [50]. Ware N. Improved satisfaction on postpartum unit by implementing a discharge nurse role. The university of San Francisco: a digital repository @ Gleeson Library Geschke center. 2015;1-28
- [51]. Campbell O, Cegolon L, Macleod D, Benova L. Length of stay after childbirth in 92 countries and associated factors in 30 low- and middle- income countries: compilation of reported data and a cross-sectional analysis from nationally representative surveys 2016; *PLoS Med* 13(3): e1001972.
- [52]. Ford J, Morris J, Roberts C. Decreasing length of maternal hospital stay is not associated with increased readmission rates. *Australian and New Zealand journal of public health* 2012 ; 36 (5): 430-434
- [53]. Evans W, Garthwaite C, Wei H. The impact of early discharge laws on the health of newborns 2008; *Journal of Health Economics* 27 : 843–870
- [54]. American Academy of Pediatrics & American College of Obstetricians and Gynecologists. Guidelines for perinatal care 6<sup>th</sup>ed.. Elk Grove Village, IL: American Academy of Pediatrics (2007).
- [55]. Dowswell T, Piercy J, Hirst J, Hewison J, Lilford R. Short postnatal hospital stay: implications for women and service providers. *Journal of Public Health Medicine* 1997; 19(2):, pp. 132-136

Jilan A. Al- Battawi Evaluation of Postnatal Mother's Satisfaction with Nursing Care In El-Shatby Maternity University Hospital..” *IOSR Journal of Nursing and Health Science (IOSR-JNHS)* , vol. 6, no.6 , 2017, pp. 69-80.