

Satisfaction Regarding Postnatal Nursing Care among Mothers Admitted At Koshi Zonal Hospital, Biratnagar

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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. The objective was to find out satisfaction regarding postnatal nursing care among mothers admitted at Koshi zonal hospital. Descriptive, cross sectional research design was adopted and a total 154 postnatal mothers were selected by using non-probability, purposive sampling technique in postnatal ward of Koshi zonal hospital, Biratnagar from 6 August to 7 September, 2018. Structured interview schedule was used to collect data. Descriptive (frequency, percentage, mean, standard deviation) and inferential statistics (Chi-square) were used to analyze data.

More than half (56.5%) mothers were aged between 25-29 years. Almost all mothers (90.3%) were literate. About 44.8% of mothers were fully satisfied with the domain of orientation of hospital, (56.6%) were fully satisfied with the domain of information provided by nurses, (45.5%) were satisfied with the domain of communication, (63.6%) were fully satisfied with the domain of comfort and care, (46.1%) were satisfied with the domain of specific postnatal care and (43.5%) were fully satisfied with the domain of value and preference. Statistically significant relationship was not found between postnatal mother's status of satisfaction and socio-demographic variables.

Status of satisfaction in postnatal nursing care is satisfactory. Regular & continuous monitoring of mother's satisfaction could improve hospital services. Hence, the measures to improve the postnatal nursing care should focus on improvement in physical environment along with improving attitude and communication skill of service providers with prompt response, provision of adequate resources, establishing credibility, good monitoring, and supervision system.

Key words: Mothers, Postnatal nursing care, Satisfaction

Date of Submission: 15-10-2019

Date of Acceptance: 31-10-2019

I. Introduction

Postnatal period is the period one hour after the delivery of the placenta and up to 6 weeks after delivery.¹ Postnatal care (PNC) is an important part of maternal care, as serious and life-threatening complications can occur in the postpartum period, even in a woman who had an uneventful pregnancy and delivery. PNC is also crucial for detecting and managing neonatal problems. Major changes occur during this period which determines the health and well-being of mothers and newborns. Postnatal nursing care includes prevention, early detection and treatment of complications, provision of counseling on breastfeeding & birth spacing, educate immunization and maternal nutrition. Routine core postnatal care for the mother are vital signs, check size of uterus, hemorrhage & deep vein thrombosis, early ambulation, postnatal examination.²

Client's satisfaction with quality of care is the degree to which the clients' desired expectations, goals and or preferences are met by the health care provider and or service.³ It is also predictor of treatment compliance, on-going use of healthcare services, and a valuable feedback to evaluate health programs. Women were satisfied with the care received in different aspects: orientation of hospital environment, information provided by nurses, communication, comfort and care, specific to postnatal care and value & preference.⁴ Different aspect of postnatal mothers' satisfaction: availability of human resources and physical infrastructure (essential equipment, drugs, provider knowledge and training), attributes of quality postnatal care (provider technical skills, services provided for the mother client monitoring and examination), health education and counseling (services offered to the baby monitoring and examination of babies, provider interpersonal skills).⁵ Postnatal mothers were satisfied with counseling on early initiation of breast feeding, maternal danger signs & family planning information.⁶ Among the aspect of midwifery care, 92.3% were satisfied with the technical

competency of midwives, and 96.6% were satisfied with the communication skills of midwives and performing physical examinations (blood pressure measurement and sclera examination).⁷

Evaluating midwifery nursing care is a necessary component of improving maternal health care provided to women and newborns. Studying the quality of institutional delivery service from client perspective will provide systematic information for service providers, and decision makers help to understand to what extent the service is functioning according to clients' perception, and what changes might be required to meet client's need as well as to increase utilization of the service by the target population. This study serves both knowledge generation and postnatal service quality improvement purpose.

II. Material and Methods

Descriptive, cross sectional research design was conducted to find out satisfaction regarding postnatal nursing care among mothers admitted at Koshi zonal hospital Biratnagar, Morang. Non-probability purposive sampling technique was used to select 154 postnatal mothers from postnatal ward of the Koshi zonal hospital. Then Cochran formula was used to calculate sample size.

$$n_0 = \frac{z_{\alpha/2}^2 pq}{d^2} \quad (\text{Cochran, 1977})$$

Where,

Z_{α} is the tabulated value of z-score at α level of significance, at 95%, its value is 1.96

p is prevalence of previous study=51% = 0.51 (Habiba, 2012)

$q = 1 - p$ hence $q = 1 - 0.51 = 0.49$

d is the degree precision set at $\pm 5\%$ or 0.05

$n_0 = 384$

Adjusting the above sample size for a finite population

$$n = \frac{n_0}{1 + \frac{n_0 - 1}{N}} \quad (\text{Daniel, 2006})$$

Where, N is population size for the study. Average number of postnatal mothers in a month on the basis of past three months (N)

$$= \frac{250+265+240}{3}$$

3

=252

Hence, the required sample size for this study was 154.

Those postnatal mothers who delivered vaginally in Koshi zonal hospital, Biratnagar in postnatal ward were selected as a study sample. Postnatal mothers were identified by asking the time of delivery along with observing the chart. Data was collected from 6 August to 7 September, 2018.

Structured interview schedule was developed to collect data. Ethical approval from Institutional Review Committee, Chitwan Medical College Bharatpur, Chitwan was taken for the study. Written consent was obtained from each respondent prior to data collection. Data was collected at the time of discharge, 6-8 respondents per day and 25-30 minutes was taken to each respondent for data collection. Confidentiality was assured and maintained. Data was entered into Epi info 3.1 version and exported into IBM SPSS version 20 and analyzed and interpreted in terms of descriptive (frequency, percentage, mean & standard deviation), inferential statistics (Chi-square).

III. Results

Out of 154 postnatal mothers, 55.8% were Madhesi, 87% were Hinduism, 100% were married, 75.3% lived in joint family, 42.2% had basic education, 87% were home maker, 86.4% had more than one hundred thousand annual household income; 45.5% were satisfied and 33.1% were fully satisfied with postnatal nursing care.

The findings of the study are presented in following tables. Socio-demographic variables of respondents (Table 1), Postnatal nursing care satisfaction among postnatal mothers (Table 2), Respondents' status of satisfaction regarding postnatal nursing care (Table 3), Satisfaction on mean score regarding postnatal nursing care among postnatal mothers (Table 4), Association between status of satisfaction regarding postnatal nursing care and selected variables among postnatal mothers (Table 5).

Table 1: Socio-demographic Variables of Respondents

Variables	n=154	
	Frequency	Percentage
Age (years)		
< 20	22	14.3
20-24	87	21.4
25-29	33	56.5
≥ 30	12	7.8
Ethnicity		
Madhesi	33	55.8
Dalit	86	21.4
Muslim	20	13
Brahmin/Chhetri	15	9.7
Religion		
Hinduism	134	87
Islam	20	13
Marital status		
Married	154	100
Types of family		
Nuclear	38	24.7
Joint	116	75.3
Educational status		
Illiterate	15	9.7
Literate	139	90.3
Level of education		
Basic	59	42.4
Secondary	57	41.0
Bachelor	23	16.6
Occupation		
Home maker	134	87.0
Business	10	6.5
Service	7	4.5
Agriculture	3	1.9
Annual household income status (Rupees)		
≤ 1,00,000	21	13.6
> 1,00,000	133	86.4

Table 2: Postnatal Nursing Care Satisfaction among postnatal mothers

Variables	n=154	
	Frequency	Percentage
Orientation of hospital		
Fully satisfied	69	44.8
Satisfied	34	22.1
Not satisfied	51	33.1
Information provided by nurses		
Fully satisfied	87	56.6
Satisfied	35	22.7
Not satisfied	32	20.8
Communication		
Fully satisfied	61	39.6
Satisfied	70	45.5
Not satisfied	23	14.9
Comfort and care		
Fully satisfied	98	63.6
Satisfied	35	22.7
Not satisfied	21	13.6
Specific postnatal care		
Fully satisfied	39	25.3
Satisfied	71	46.1
Not satisfied	44	28.6
Value and preference		
Fully satisfied	67	43.5
Satisfied	47	30.5
Not satisfied	40	26

Table 3: Respondents' Status of Satisfaction regarding Postnatal Nursing Care

Status of satisfaction	Frequency	n=154	
		Percentage	
Fully satisfied (69-100 %)	51	33.1	
Satisfied (37-68 %)	70	45.5	
Not satisfied (26-36%)	33	21.4	

Table 4: Satisfaction on Mean Score regarding Postnatal Nursing Care among postnatal mothers

Area of domains	Max. possible score	Obtained range	Mean ± SD	n=154	
				Mean score%	
Orientation of hospital	25	5-25	11.67 ±4.16	46.68	
Information provided by nurses	25	5-22	12.85 ±3.66	36.72	
Communication	35	9-30	17.18 ±3.6	49.09	
Comfort and care	20	5-15	9.99 ±1.99	49.95	
Specific postnatal care	165	45-127	74.11 ±14.04	44.91	
Value and preference	30	6-24	13.84 ±3.37	46.13	

Table 5: Association between Status of Satisfaction regarding Postnatal Nursing Care and Selected Variables among Postnatal mothers

Variables	Status of Satisfaction		χ^2	p-value
	n=154			
	Satisfied no (%)	Not satisfied no (%)		
Age (years)				
≤24	87 (79.8)	22 (20.2)	0.343	0.558
>24	34 (75.6)	11 (24.4)		
Ethnicity			2.992	0.224
Madhesi	69 (80.2)	17 (19.8)		
Dalit	28 (84.8)	5 (15.2)		
Others ^ϕ	24 (68.6)	11 (31.4)		
Type of family			0.271	0.603
Nuclear	31 (81.6)	7 (18.4)		
Joint	90 (77.6)	26 (22.4)		
Educational status			0.224	0.636 ¥
Illiterate	13 (86.7)	2 (13.3)		
	108 (77.7)	31 (22.3)		
Level of education			0.490	0.783
Basic	46 (78.0)	13 (22.0)		
Secondary	43 (75.4)	14 (24.6)		
Bachelor	19 (82.6)	4 (17.4)		
Religion			0.737	0.391
Hinduism	106 (79.7)	27 (20.3)		
Islam	15 (71.4)	6 (28.6)		
Occupation			0.564 ¥	0.646
Home maker	104 (77.6)	30 (22.4)		
Engaged outside home ^ς	17 (85.0)	3 (15.0)		

Significance level at 0.05, ¥ =Yates correction of continuity, ^ϕ= Brahmin/Chhetri, Muslim, ^ς=Service, Business, Agriculture

IV. Discussion

Regarding satisfaction of postnatal nursing care, 33.1% of postnatal mothers were fully satisfied, 45.5% were satisfied and 21.4% was not satisfied. Of the six satisfaction domains, orientation of hospital (44.8 %), information provided by nurses (56.6 %), communication (45.5 %), comfort and care (63.6 %), specific postnatal care (46.1 %), value and preference (43.5%). In contrast, Lamadah, El-Nagger & Mohamed (2014) reported that majority (71.0%) of the mothers were not satisfied with the postnatal care (PNC) provided to them. This variation may be because of real difference in quality of services provided, expectations of or types of health facilities, lack of trained health personal, good monitoring and supervision system.⁹

In concern of domains of satisfaction regarding postnatal nursing care, mothers were not satisfied with the aspect of communication which scored the lowest (14.9%) among the six-satisfaction domains while fully satisfied with the aspect of comfort and care which scored the highest (63.6 %), fully satisfied with the information provided by nurses (56.6%). Similarly, Lumadi & Buch (2011) reported that mothers were mostly satisfied with the information provided by nurses about looking after themselves and their babies at after discharge.¹⁰ Findings of another study which is inconsistent Zulu & Chanda (2017) mothers were least satisfied with the aspect of information which scored the lowest (63.4%) among the six-satisfaction subscale while they were most satisfied with the aspect of communication which scored the highest (85.9%). This variation is due to lack of communication, shortage of staff and language barrier.¹¹

In present study, regarding statements related to orientation of the hospital, most of (86.4%) mothers were satisfied with welcome and made comfortable on admission, majority (68.1%) of mothers were satisfied with orientation given to the health team members, postnatal unit and other patient. Similar study by Panth & Kafle (2018) mothers were satisfied with warm welcome on admission (85.4%), 82.5% were satisfied with orientation given.¹²

Concerning statements related to information provided by nurses, majority (72.2%) mothers were satisfied with nurses informed them about ward routines and not satisfied (27.9%), 63.6% of mothers were satisfied with nurses informed them rules & regulations of the hospital and not satisfied (36.4%), 77.22% of mothers were satisfied with nurses provided them information about visiting hours for family and doctors and not satisfied (22.7%). Most of (88.3%) mothers were satisfied with nurses conveyed their entire message to the doctor and not satisfied (11.7%), almost all (94.8%) mothers were satisfied with nurses took informed consent before any procedure and not satisfied (5.2%). Similar, Al- Battawi & Hafiz (2017) revealed 76% of mothers were satisfied with nurses informed them about ward routines and not satisfied only (24%), 73% of mothers were satisfied with nurses informed them rules & regulations of the hospital and not satisfied (37%), (92%) mothers were satisfied with nurses conveyed their entire message to the doctor and not satisfied (8%), (86%) mothers were satisfied with nurses took informed consent before any procedure and not satisfied (24%).¹³

Regarding statements related to communication, 75.3% of mothers were satisfied with explanation given about treatment and prognosis. Similar study by Panth & Kafle (2018) 88.2% mothers were satisfied with explanation given about treatment.¹² Likewise, another study by Bitew, Ayichiluhm, & Yimam (2015) in Ethiopia showed that 92.3% mothers were satisfied with given explanation about the treatment.¹⁴

In present study, regarding statements related to comfort and care, 66.9% of mothers were satisfied with cleanliness of toilet. Similarly, Panth & Kafle (2018) revealed that 74% mothers were satisfied with cleanliness of toilet, 8.4% were very satisfied.¹² Another similar study by Bitew et al. (2015) showed that 83.3% mothers were satisfied with accessibility and cleanliness of toilets.¹⁴ In contrast, Paudel et al. (2015) showed that maternal satisfaction was lowest for cleanliness of facilities.¹⁵

In the recent study, regarding statements related to specific PNC almost all (96.1%) mothers were satisfied with maintenance of privacy, Similar study by Panth & Kafle (2018) revealed that mothers (84.3%) were satisfied with maintenance of privacy.¹² Likewise, another study by Bitew et al. (2015) showed that 98% were satisfied with respect and assurance of privacy.¹⁴

Present study reveals that most of (81.3%) mothers were satisfied on receiving information in early initiation of breast-feeding, almost all (96.7%) mothers were satisfied with perineal and personal hygiene, and more than half (57.8%) of mothers were satisfied with education regarding immunization, 40.9% mothers were satisfied with information about postnatal follow-up visits, 70.8% of mothers were satisfied with advice about danger signs and 61% of mothers were satisfied with early ambulation. Similar study by Panth & Kafle (2018) reveals that maternal satisfaction on receiving as much information as breast-feeding (81.4%), perineal and personal hygiene 76.4%, and information regarding baby care and immunization 62.9%, 46% mothers were satisfied with information about postnatal follow-up visits, 40.9 % were satisfied with advice about danger signs and 53.4% were satisfied with early ambulation.¹²

Present study revealed that, most of (87%) mothers were satisfied with pain control after delivery and not satisfied 13%. In contrast, study by Melese, Gebrehiwot, Bisetegna & Habte (2014) concluded that the pain control was the poorest source of satisfaction with 82% reporting dissatisfaction. As regards the health advices concerning postpartum care after discharge, the present study found that only least percentage (8.4%) of the mothers were satisfied with health advices on postpartum exercises (Kegel exercises), more than half (55.2%) mothers were satisfied with perineal care and care of episiotomy site, more than half (56.5%) mothers were satisfied with contraceptive methods, majority (70.1%) of mothers were satisfied with mother baby attachment, almost all (92.2%) mothers were satisfied with nutrition, almost all (98.7%) mothers were satisfied with medication.¹⁶ In contrast by Lamadah, El-Nagger & Mohamed (2014) study found that most of the mothers reported that they did not receive health advices, related to hygienic care, breast feeding, breast care, postpartum exercises, perineal self -care and care of episiotomy site, contraceptive methods, mother baby attachment, nutrition, medication and danger signs of postpartum period.⁹

Regarding health advices related to their newborn, higher percentage 4(35.7%) of mothers were satisfied or received health advices related to eye care and cord care, and danger signs regarding newborn 79.2%. These results are congruent with Lamadah, El-Nagger & Mohamed (2014) regarding health advices related to their newborn, also a large proportion of mothers stated that they did not receive health advices related to mouth care, eye care, skin care, diaper care, cord care, and danger signs regarding newborn.⁹

In the present study indicated that majority of the mothers (78.4%) received the teaching regarding minor breast problem and its management, (27.2%) of mothers were satisfied with uterine examination (measured fundal height), most of (86.4%) mothers were satisfied with perineal examination (checked vaginal bleeding), almost all (92.8%) mothers were satisfied with measured vital sign of mothers, majority (66.1%) of

mothers satisfied with examination of the newborn baby. In contrast, Lamadah, El-Nagger & Mohamed (2014) most of mothers didn't receive breast, uterine and perineal examination while nearly two thirds of them had only vital signs measure also examination of the newborn baby is one of the most important aspect of postpartum care, whereas more than three quarters of mothers reported that their babies were examined during postpartum as regards to baby weighing while a large proportion of newborn didn't receive examinations related to measuring length, circumferences, general assessment and reflexes. Nearly half percentage of mothers were not satisfied with specific to postnatal services due to longer waiting treatment time, less interaction by service providers, overcrowded facilities, equipment, or to the absence of competent staff.⁹

In present study, regarding statements related to value and preference, more than half (57.8%) mothers were satisfied with involvement in decision making during procedure and almost all (94.2%) mothers were satisfied with dignity and respected. Similar in the study of Panth & Kafle (2018) 85.4% mothers were satisfied with involvement in decision-making, 87.1% mothers were satisfied with decision supported and respected.¹² Likewise, another study by Bitew et al. (2015) showed that (78.4%) mothers were satisfied with involvement in decision making.¹⁴

Recent study showed that most of (89% and 89%) the postnatal mothers were very likely to recommend the facility to friends and family, and also for themselves respectively. Similar studies by Al-Battawi & Hafiz (2017) showed that 81% and 73% mothers were very likely to recommend the facility to friends and family, and also for themselves respectively.¹³

Present study revealed that, there is no statistically significant between socio-demographic characteristics and maternal satisfaction. This is consistent with the study done by Varghase & Rajagopal (2012) showed that age, religion, type of family, occupation, were not significant with maternal satisfaction.⁴ Similarly, another study by Panth & Kafle (2018) showed that there is no statistically significant between socio-demographic characteristics (age, ethnicity, religion, types of family, education status and occupation) and maternal satisfaction.¹²

Satisfaction of PNC is mainly determined by orientation of hospital, information provided by nurses, communication, comfort and care, specific to PNC and value and preference. Hence, maternity health care need to be restructured in a way to cater to the multidimensional needs of women after childbirth.

V. Conclusion

One third of the postnatal mothers were fully satisfied with the postnatal nursing care. The status of satisfaction was higher in comfort and least (only satisfied) in orientation of hospital. A statistically significant relationship was not found between postnatal mothers' status of satisfaction and socio-demographic variables. Postnatal exercise, follow up visit, postnatal examination and new born examination and care were found to be the major causes of dissatisfaction. To increase the satisfaction of mother's special attention should be focused on quality postpartum health examinations and advices related to both mothers and their neonates. Postpartum women still required and needed guidance, more support and assistance with baby care and her personal care.

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Ms. Gayatri Rana " Satisfaction Regarding Postnatal Nursing Care among Mothers Admitted At Koshi Zonal Hospital, Biratnagar" .IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.05 , 2019, pp. 10-16.