



Research

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SATISFACTION WITH NURSING CARE DURING LABOUR AMONG POSTNATAL MOTHERS IN A GOVERNMENT HOSPITAL OF CHITWAN, NEPAL

Pravita DHAKAL^{1*}, Soni ADHIKARI¹

¹*School of Nursing, Chitwan Medical College, Chitwan, Nepal*

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Abstract

Satisfaction has been widely recognized as an important indicator to evaluate health care quality and to provide patient centered care. For many women, labour and childbirth is a time of excitement and anticipation alongside uncertainty, anxiety, fear and pain. The memories and experiences of childbirth remain with the women throughout the life. This study was designed to find out the level of satisfaction with the nursing care during labour among postnatal mothers. A descriptive, cross sectional research design and purposive sampling technique was carried taking a total of 113 postnatal mothers admitted in postnatal ward of Bharatpur Hospital, Chitwan. A self-administered structured interview schedule was used to collect the data. The data were analyzed using descriptive and inferential statistics. The findings showed that among 113 postnatal mothers, median age was 23 years (IQR= 26-20), 74.3% were from the ages between 20-29 years. Majority of the respondents were literate, 50.4% were primiparous, 69.9% had planned pregnancy, 54.9% had delivered female baby. Regarding satisfaction 52.2% were satisfied with nursing care during labour with median score 95 (IQR=105-85) with maximum score 140 and minimum score 54 respectively and the level of satisfaction of postnatal mothers were statistically significant with number of living children ($p=0.033$) and gender of recent baby ($p=0.06$). In conclusion, more than half of the respondents were satisfied with nursing care during labour. Further inservice education can be provided to the nursing staffs to build up their competencies in providing qualitative nursing care.

Keywords: Satisfaction, Nursing care, Labour, Postnatal mothers, Chitwan

***Corresponding author:** School of Nursing, Chitwan Medical College, Chitwan, Nepal

E mail: pathakprativa@gmail.com (P. DHAKAL)

Pravita DHAKAL  <https://orcid.org/0000-0002-1559-0686>

Soni ADHIKARI  <https://orcid.org/0000-0002-9324-2273>

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1. Introduction

According to American Academy of Family Physicians (2013), pregnancy and birth are physiologic processes, unique to each woman, that usually proceed normally. Most women have normal conception, fetal growth, labor, and birth and require minimal or no intervention in the process. Women and their families hold different

views about childbearing based on their knowledge, experiences, belief systems, culture, and social and family backgrounds (Mohammed, 2016).

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 (Jilan and Hafiz, 2017).

According to Bertucci et al. (2012); Ford and Ayers (2009); Kuo et al. (2010) as cited in (Mohammad, et al., 2014) childbearing is an important event in women's lives. Parturition marks the transition to motherhood and has significant social, emotional and physical effects. Investigations of women's satisfaction with intrapartum care is important to improve health care services and has implications for the health and well being of the mother, newborn and mother-infant relationship.

According to Chunuan (2002) as cited in (Mohammed, 2016) the intrapartum and postpartum nurse has often been the deciding factor of whether the woman has a positive or negative experience during childbirth. In many studies, satisfaction with childbirth has been linked to the availability of support, the relationship between laboring women and the health care providers, explanation of procedures, avoiding obstetric intervention and involvement in decision making (Bazant and Koeing, 2009; Khresheh and Barclay, 2007; Rudman et al., 2007). Positive childbirth experiences helps a woman develop a positive attitude towards motherhood, which helps to facilitate transition into maternal role (Chwinui, 2009). A study conducted in Midwestern Hospital Columbia stated that 90% of women are satisfied with their nurse favourably and 10% unfavourably. Nurses are evaluated favourably because of their positive participation (80%), acceptance (78%), information giving (50%), encouragement (65%), presence (53%) and competence (7%) (Mackey and Stepans, 1994).

A study conducted on tertiary hospitals of western Nepal revealed that overall 45.1% of mothers were satisfied with the perinatal care. Determinants of satisfaction were type of hospital, religion, education, parity, no. of living children, mode of delivery, gestational age at birth, maternal condition after delivery, new born health condition and duration of stay at hospital (Regmi et al., 2017). Higher satisfaction with maternal health care may be related to women's future use of maternal health care, as well as women's sharing of information about their experience with other community members and likely to adhere to health providers recommendation (Bazant and Koeing, 2009).

So, there is need to find out the satisfaction with the nursing care during labour among postnatal mothers. The objective of the study was to find out the satisfaction with nursing care during labour among postnatal mothers.

2. Material and Method

Descriptive cross sectional research design was used to find out the satisfaction with nursing care during labour

among postnatal mothers of Bharatpur Hospital of Chitwan District. All the postnatal mothers who had delivered normally between 12 to 24 August (2 weeks) were taken for data collection. Total sample size was 113 using the formula $n=z^2pq/d^2$ with p value 0.451 and error 7%. Self-Administered Structured Interview Schedule was used to collect the data, which consisted of three parts (socio-demographic characteristics, obstetric characteristics and satisfaction with nursing care during labour). Each item was scored on a five point Likert Scale ranging from 1-5 as; Strongly agree = 5, Agree = 4, Neither agree or disagree = 3, Disagree = 2, Strongly disagree = 1. Here, the score \geq median score represented satisfied and the score $<$ median score represented unsatisfied. The content validity of the instrument was maintained by consulting with the subject experts, research advisor. After establishing content validity, the instrument was translated into Nepali language for simplicity and comprehensiveness. The pretesting of the instrument was done with 10% postnatal mothers admitted in Bharatpur Hospital, Chitwan and necessary modification was done on the basis of findings of pretesting. Ethical approval was obtained from Institutional Review Committee (CMC-IRC-075/076-024) and permission was obtained from the administration of Bharatpur Hospital, Chitwan. Confidentiality was assured by not disclosing the information given by them. The dignity of respondent was secured by giving right to reject or discontinue from the research study at any time. The data were organized and was entered by in SPSS 20.0. The data was further analyzed by using descriptive statistics (frequency, percentage, mean, median and standard deviation) and inferential statistics (Chi-square test) was used to measure the association between the variables (Onder, 2018).

3. Results

The table 1 shows that out of 113 respondents, almost three fourth (74.3%) were of age group 20-29 years with median age of 23 years and the minimum age is 16 whereas the maximum is 33 years. Near about half of the women (49.6%) were of Janajati ethnicity. Similarly regarding religion, more than three fourth (77.0%) were Hindu. Majority of the women (98.2%) were literate and among literate, nearly half of the women (43.4%) had received education upto secondary level.

The table 2 shows that, just more than half of the women (50.4%) were primiparous. More than two third of the women (69.9%) had planned pregnancy. More than half of the women (54.9%) had delivered female baby. Regarding the duration of labour, 45.1% had 6-12 hours duration of labour and 14.2% had 12-18 hours duration of labour. Table 3 shows the level of satisfaction with nursing care during labour, which is categorized into satisfied and dissatisfied depending upon the median score. Just more than half (52.2%) were satisfied with the nursing care during labour.

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Table 1. Socio demographic characteristics of respondents (n=113)

Variables	Frequency	Percentage
Age Group (in years)		
<20	19	16.8
20-29	84	74.3
≥30	10	8.9
Median=23, Q3-Q1= 26-20, min=16, max=33		
Ethnicity		
Brahmin	22	19.5
Chettri	16	14.1
Janajati	56	49.6
Dalit	19	16.8
Religion		
Hindu	87	77.0
Buddhist	13	11.5
Christian	8	7.1
Muslim	4	3.5
Others	1	0.9
Educational Status		
Literate	111	98.2
Illiterate	2	1.8
If literate, educational Level (n=111)		
General Education	5	4.4
Basic Education	38	33.6
Secondary Level	49	43.4
Bachelor Level or above	19	16.8
Occupation		
Housewife	95	84.1
Student	2	1.8
Service Holder	7	6.2
Laborer	6	5.2
Business (Shopkeeper)	3	2.7

Table 2. Obstetric characteristics of respondents (n=113)

Variables	Frequency	Percentage
Parity		
Primiparous	57	50.4
Multiparous	56	49.6
Number of living children		
One	57	50.4
More than one	56	49.6
Status of recent Pregnancy		
Planned	79	69.9
Unplanned	34	30.1
Gender of recent newborn		
Male	51	45.1
Female	62	54.9
Duration of recent labour		
< 6 hours	26	23.0
6-12 hours	51	45.1
12-18 hours	16	14.2
>18 hours	20	17.7

Table 3. Level of satisfaction with nursing care during labour among postnatal mothers

Level of Satisfaction	Frequency	Percentage
Satisfied (≥ median score)	59	52.2%
Dissatisfied (< median score)	54	47.8%
Total	113	100%

Table 4 represents the association between level of satisfaction with nursing care during labour and selected variables. The table shows that having number of living

children and gender of recent newborn is statistically significant with level of satisfaction with nursing care during labour.

Table 4. Association between level of satisfaction and selected variables (n=113)

Variables	Level of Satisfaction		Chi square value (χ^2)	p- value
	Satisfied No. (%)	Dissatisfied No. (%)		
Age group in years				
<20	10(52.6%)	9(47.4%)	2.198	0.473
20-29	46(54.8%)	38(45.2%)		
≥30	3(30.0%)	7(70.0%)		
Ethnicity				
Brahmin/ Chhetri	24(63.2%)	14(36.8%)	2.749	0.097
Others	35(46.7%)	40(53.3%)		
Religion				
Hindu	44(50.6%)	43(49.4%)	0.406	0.524
Others	15(57.7%)	11(42.3%)		
Educational status				
Literate	59(53.2%)	52(46.8%)	NA	
Illiterate	0	2(100%)		
Educational level (n=111)				
Upto secondary	45(47.9%)	49(52.1%)		
Bachelor and above	14(73.7%)	5(26.3%)	4.220	0.40
Occupation				
Housewife	49(51.6%)	46(48.4%)	0.96	0.757
Others	10(55.6%)	8(44.4%)		
Parity				
Primiparous	37(64.9%)	20(35.1%)	7.435	0.06*
Multiparous	22(39.3%)	34(60.7%)		
Number of living children				
One	38(61.3%)	42(38.7%)	4.537	0.033*
More than one	21(41.2%)	30(58.8%)		
Status of recent pregnancy				
Planned	44(55.7%)	35(44.3%)	1.277	0.258
Unplanned	15(44.1%)	19(55.9%)		
Gender of recent newborn				
Male	21(41.2%)	30(58.8%)	4.537	0.033*
Female	38(61.3%)	24(38.7%)		
Duration of recent labour				
Upto 11 hours	59(54.6%)	49(45.4%)	NA	
≥12 hours	0	5(100%)		

Significance level at p<0.05 , NA= Not applicable

The women having one number of children were more satisfied with nursing care during labour. Similarly, the women who had recently given birth to female baby were more satisfied with nursing care during labour.

4. Discussion

The findings of the study shows that, out of 113 respondents, 52.2% were satisfied with the nursing care during labour with median score 95 and inter quartile range (Q3-Q1) 105-85 which is higher than the study conducted in tertiary hospital of western Nepal by Regmi et al. (2017) (45.1%). The minimum and maximum score were 54 & 140 respectively. Similar study conducted by Sapkota et al. (2018) shows contradictory result where 40.7% were highly satisfied, 55.5 were satisfied and only 3.8% were unsatisfied with the care. Study conducted in

Ethiopia (Yohannes et al., 2013) shows 82.9% were satisfied with delivery care.

The overall mean satisfaction in this study is 96.00619 i.e 3.001 out of 5 for each item which is lower than the study conducted by Regmi et al. (2017) in tertiary hospitals of Western Nepal. This variation might be due to differences in the type of health facilities and the expectations of the respondents.

In this study, there was no any significant relationship of level of satisfaction with age, religion, education as in accordance to the finding of the study presented by Sapkota et al. (2018). However, contradictory finding was observed by other studies (Regmi et al., 2017; Yohannes et al., 2013).

This study revealed significant association in the obstetric variables, number of living children (p-value 0.033) and gender of recent newborn(p-value 0.033). The findings

were in contrast with the findings from a study done by Regmi et al. (2017) and Sapkota et al. (2018). This study showed that the level of satisfaction is significant statistically with having the number of living children, which is similar to the study done by Regmi et al. (2017) and contradictory with study done by Sapkota et al. (2018). As it might be because the birth of the first baby gives the sense of satisfaction for every mothers than those mothers who have delivered more than one babies. Similarly, the findings of the current study revealed that the women who gave birth to female babies were more satisfied (54.9%) than giving birth to male babies which is converse with the study of Western Nepal (Regmi et al., 2017). Study done by Sapkota et al. (2018) shows there is no any association between the gender of the baby and level of satisfaction. This variation might be due to the changing concept of the women regarding gender equality and regional differences. There was no any significant association between the socio demographic variables of the women; age group, ethnicity, religion, educational status, educational level and occupation. Similarly, with the obstetric variables, there was not any significant association with parity, status of the recent pregnancy and duration of recent labour as in study done by Sapkota et al. (2018). However, other studies have highlighted the positive association of these variables with women's satisfaction with nursing care during labour (Regmi et al., 2017; Yohannes et al. 2013).

5. Conclusion

Based on the findings of the study it is concluded that more than half of the respondents were satisfied with nursing care during labour and number of living children, gender of recent newborn are associated with the level of satisfaction. So, it would be better to provide inservice education to the nursing staffs to build up their competencies and upgrade their existing knowledge. Also improving the communication skills among the nursing staffs would improve the satisfaction of care among the mothers.

Conflict of interest

The authors declare that there is no conflict of interest.

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