

Women's Satisfaction Regarding Care Provided by Nurse-Midwives During Labor in Bint AL-Huda Hospital in AL Al-Nasiriyah City

رضا النساء المتعلق بالرعاية التي تقدمها الممرضات-القابلات أثناء الولادة في مستشفى بنت الهدى في مدينة الناصرية

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المستخلص:

الهدف: لتقييم مدى رضا المرأة عن الرعاية التمريضية أثناء المخاض .
المنهجية: أجريت دراسة وصفية تحليلية لعينه عمديه لمائة امرأة والده وتم تحديد الصدق من خلال فريق من الخبراء والثبات من خلال الدراسة الاستطلاعية. تم استخدام الإجراءات الإحصائية الوصفي والاستدلالي لتحليل البيانات ، والتي تم جمعها باستخدام تقنية المقابلة.
النتائج: بينت الدراسة إلى إن هنالك رضا من قبل النساء وبشكل عام عن الرعاية التمريضية التي قدمت أثناء المخاض.
التوصيات: أوصت الدراسة بدورات تدريبية تربوية للممرضة- القابلة لتعليم كيفية التعامل مع المريض وتطوير مهارات الاتصال والاستماع والعلاقة بين الأشخاص. وتقديم الدعم ، وفهم كامل التوقعات ، والخصوصية أثناء الولادة ، وتأمين حالة الطفل ، وشرح ما يحدث بعد كل إجراء وتوفير بيئة هادئة وذات أضواء مع مزيد من الدراسات لتحسين الرعاية التمريضية.
الكلمات المفتاحية: الامهات ، الرضا ، الولادة الرعاية ، القابلات .

Abstract

Objectives: To assess the woman satisfaction with nursing care during labor.

Methodology: A descriptive analytic study about conducted for a purposive (non probability) sample of one hundred labor women interview validity and reliability of questionnaire are determined through panel of experts and pilot study. Descriptive and inferential statistical procedures were used to analyze the data, which collected by using interview technique.

Results: The study sample indicated that in general the women were satisfied in nursing care that provided during labor.

Recommendations: The study recommended educational training courses for nurse-midwife to teach how deal with patient and develop skills of communication, listening and interpersonal relationship, provide support, fully understanding the expectations, privacy during delivery procedures, continuity assurance about baby, explain what happen after each examination and keep the delivery room claim and quiet light with further studies to improve nursing care.

Keywords: Women, satisfaction, labor, care, nurse-midwives.

Introduction

Patient satisfaction is defined as the individual's positive evaluation of distinct dimension of health care⁽¹⁾.

Care during childbirth has become very principle for women's satisfaction to

administrators, health care provider and policymakers⁽²⁾.

Client satisfaction measures the ability of utilities to meet consumers' suggestions and is significant factor of the select of health facility and of future use of services which determined by the

individual's perceptions, attitudes and comparison processes" (3).

Two theories argue regarding client satisfaction, one determined client satisfaction by the outcome of experience but not previous expectations, other one stated that there were a differences between what actually happens and what patient expected, but still the satisfaction with labor and birth controversy to evaluate health services through assessing satisfaction needs measure that use reliable and valid measure (2).

Patient satisfaction interest to develop humanized nursing care and positively affect experiences of health care of patients rather than desire to introduce more response care and ensure users of the service (4).

Satisfaction women during labor is broad, and multi-faced concept which include birth experience and postpartum. Satisfaction is multi-dimensional, women may be want giving birth in a way that meet the needs of very women and satisfied with some aspect of an previous experience and dissatisfaction with other (3).

During last few decades the Iraqi health-care system are more affect due to wars, internal conflicts, international sanctions political instability. All these factors cause negative effects on availability and quality of care for women during labor and delivery (5).

Women's satisfaction with the care they received by care providers during labor. Both outcomes are indicators of quality of care, and they are mutually related. Factors that are important to childbirth satisfaction, are based on the relationship with, and care provided by the caregiver. In a thematic analysis of 62 studies, the relationship with the caregiver and support were identified as key attributes of the childbirth experience (6).

Nurses play a critical role in client experience of hospitalization; women satisfaction with nursing health care consist of an important part of all satisfaction with the quality of care provided by nursing staff. Truthfully, there is more researchers have expected the satisfaction about care provided by nurses as the most significant indicator in determining client satisfaction with the overall nursing care (7).

Objectives of the study

The study aims to assess the woman satisfaction with nursing care during labor.

Methodology

Across-sectional study was carried out in order to achieve the earlier stated objective of this study, it started for the period on 4th December, 2017 to 14th July, 2018. The study was carried out to determine women satisfaction regarding care provided by nurse-midwives during labor. A purposive (non-probability) sample was used in this study that composed of (100) delivered women of the morning and night shifts from teaching hospital in AL-Nasiriyah City was involved in the present study.

Data were collected by using the technique of self – administrative report a questionnaire was designed by the researcher through adoption and modification of the scales that contribute in achieving the objectives of this study. The instrument was develop depending on the extensive review of available literature and Hollins Martin and Fleming scale (2011). The questionnaire of the study is composed of three parts : the first parts, include the socio-demographic characteristics for the women; the second part, include the reproductive characteristics, and the last part (satisfaction scale) include two parts. First part contains 29 items that help to measure satisfaction during labor, these items were rated according to dichitons scale and scored as follows: yes= 2, and no=1. The satisfaction of women about care during labor was estimated by calculating the cut off point for total score of the scale and second part scored as dissatisfied (5 items).

The reliability of the instrument was determined through the pilot study and the computation of Alpha Correlation Coefficient (Cronbach's Alpha). The result of the reliability was ($r = 0.71$). Statistical analyses were conducted by using statistical package for social science (SPSS) version (25) Data analysis was employed through the application of descriptive and inferential statistical approaches were performed through the computation the results.

Ethical Considerations

The Institutional Review Board (IRB) at the University of Baghdad, College of Nursing approved the study to be conducted. The study protocol meets both the global &

the Committee on Publication Ethics(COPE) standards of respecting humans subjects' rights.

Results

Table (1): Distribution of Study Sample According to the Demographical Characteristics (N=100)

Variables	F	%
Age/Years		
<20	14	14
20-24	25	25
25-29	23	23
30-34	15	15
35 and above	23	23
Total=100	Mean age 27.43±6.977 years	
Level of education		
Illiterate	15	15
Read and write	23	23
Primary school graduate	26	26
Intermediate school graduate	8	8
Secondary school graduate	5	5
Diploma	9	9
Bachelor and above	14	14
Total=00		

F: Frequency, %: Percentage

Table (1) shows that the highest percentage (25%) of the study sample at age group (20-24) years and the mean age 27.43±6.977 years, While the lowest percentage (14%) of them was less than 20 years.

Recording educational level, the highest percentage(26%) of study sample graduated from primary school, While the lowest percentage (5%) of them graduated from secondary school.

Figure(1):Distribution of (100) Study Sample According to Occupation of Women:

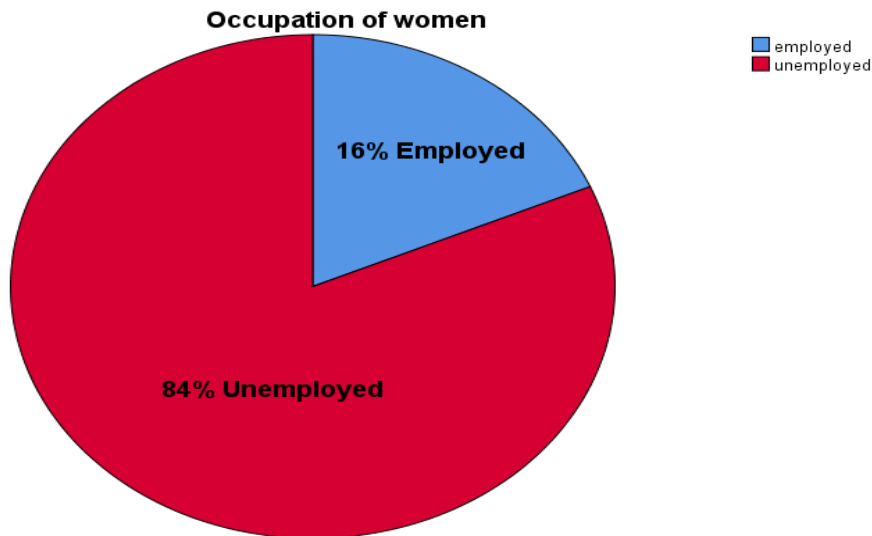


Figure (1) shows that the highest percentage (84%) of study sample are unemployed/housewife, While (16%) of them are employed.

Figure (2) Distribution of (100) Study Sample According to Monthly Income

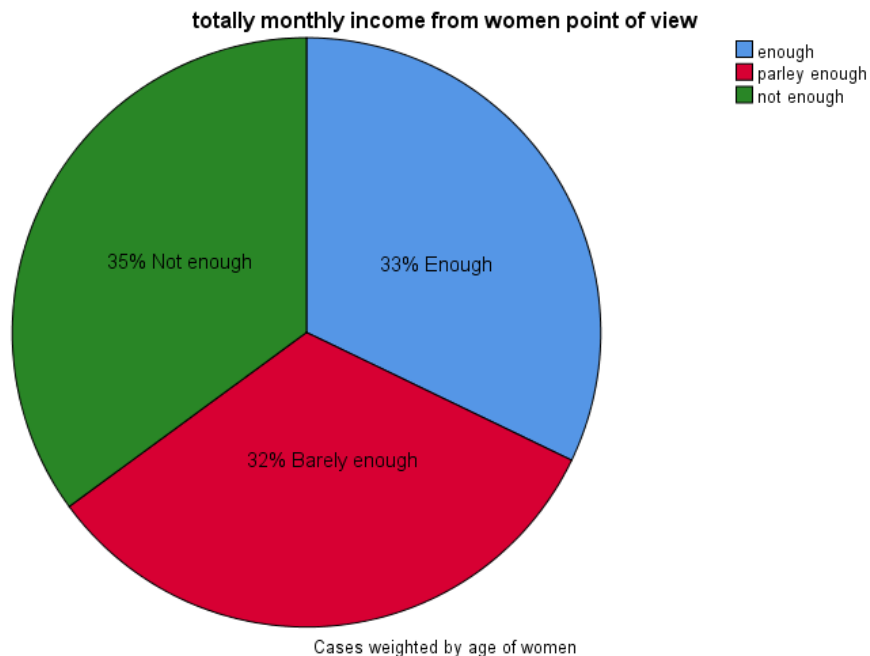


Figure (2) Shows sample income the highest percentage (35%) not enough, (33%) of from their point of view study sample their monthly income are having enough income, while (32%) of them considered barely enough.

Figure (3):Distribution of (100) Study Sample According to Residency of Laboring Women

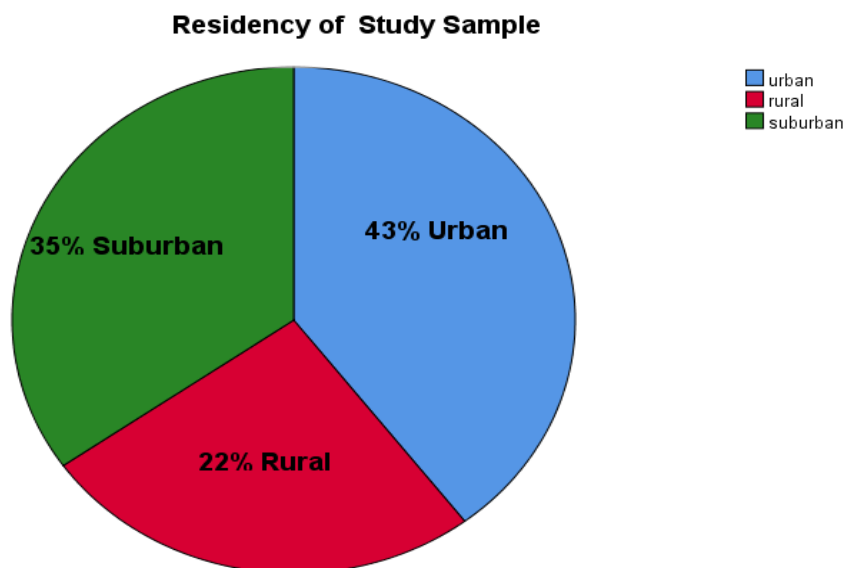


Figure (3) Shows that the highest Percentage (43%) of study sample their residency was in urban, while the lowest percentage (22%) of them lived in rural area.

Table (2):Distribution of the Study Sample According to Reproductive Characteristics (N=100).

Variables	F	%
Gravida		
1-3	59	59
4-6	28	28
7-9	10	10
10 and above	3	3
Total=100		
Para		
1-3	62	62
4-6	34	34
7-9	4	4
Total100		
No. abortion		
None	72	72
1	12	12
2	11	11
3 and above	5	5
Total=100		
No. of a live children		
1-3	62	62
4-6	34	34
7-9	4	4
Total=100		

F: Frequency, %: Percentage

Table (2) Shows that the highest percentage (59%) of study sample had (1-3) pregnancies, while the lowest percentage (3%) of them had ten and above pregnancies.

Regarding the parity: The highest percentage (62%) of the study sample had (1-3) deliveries ,while the lowest percentage (4%) of them had (7-9) deliveries.

Regarding the number of abortion: The highest percentage (72%) of the study sample had no history of abortion, while (5%) of them had 3 and above abortion.

Regarding the number of alive child, the highest percentage (62%) of study sample had 1-3 a live child, while (4%)of themhad7-9 a live child.`

Table (3):Distribution of Study Sample According to Nursing Care Satisfaction and patient's outcome (N=100).

List	Item	Yes	%	No	%	M.S	t.	df	Sig.
1.	Woman coped well during labor.	79	79	21	21	1.79	14.310	57	000
2.	The delivery room staff encouraged woman to take decisions about how woman wanted birth to progress.	76	76	24	24	1.76			
3.	Woman was well prepared for labor (i.e., read a lot of literature and/or internet, antenatal clinic.	63	63	37	37	1.63			
4.	Woman found giving birth a distressing experience	94	94	6	6	1.94			
5.	Woman came through childbirth virtually unharmed.	95	95	5	5	1.95			
6.	Woman gave birth to a healthy normal baby.	79	79	21	21	1.79			
7.	During labor woman received outstanding nursing care.	78	78	22	22	1.78			
8.	Woman received a lot of medical intervention (i.e., induction , forceps ,section).	82	82	18	18	1.82			
9	Woman had a swift and speedy labor.	52	52	48	48	1.52			
10.	Woman felt well supported by family during labor and birth.	91	91	9	9	1.91			
11.	Woman was encouraged to hold baby.	82	82	18	18	1.82			
12.	Birth experience was considerably different to what woman intended.	65	65	35	35	1.65			
13.	Woman had the same midwife/nurse throughout the entire process of labor and delivery.	71	71	29	29	1.71			
14.*	Woman felt that the delivery room was unthreatening and comfortable.	49	49	51	51	1.51			
15.	Woman felt that the delivery room was unthreatening and comfortable.	73	73	27	27	1.73			
16.	Woman felt out of control during birth experience.	53	53	47	47	1.53			
17.*	Woman felt it was better not to know in advance about the processes of giving birth.	42	42	58	58	1.58			
18.	Woman was not distressed at all during labor.	45	34	55	66	1.45			
19*.	Woman felt mutilated by birth experience.	53	53	47	47	1.47			

20.	baby was avoidably hurt during birth.	89	89	11	11	1.89			
21.*	The staff provided woman with insufficient medical care during birth	42	42	58	58	1.58			
22.	Woman had a natural labor, i.e., minimal medical intervention.	62	62	38	38	1.62			
23.	Woman thought labor was excessively long.	64	64	36	36	1.64			
24.	Woman felt well supported by staff during labor and birth.	79	79	21	21	1.79			
25.	The staff communicated well with woman during labor.	79	79	21	21	1.79			
26.	The delivery room was clean and hygienic.	79	79	21	21	1.79			
27.	Giving birth was incredibly painful.	90	90	10	10	1.90			
28.*	Labor was not as painful as woman imagined.	92	92	8	8	1.08			
29.	A woman satisfied in nursing care	61	61	39	38	1.61			

F: Frequency, %: Percentage, *=Negative answer $t=t.test$

df=degree of freedom Sig=Significant

The result of table (4.3) show the highest mean score (1.95) for item number (5) which related to (Woman came through childbirth virtually unharmed), while mean of score (1.94) for item number (4) which related to (Woman found giving birth a distressing experience) also mean of score (1.91) for item number (10) which related to (Woman felt well supported by family during labor and birth). The lowest mean of score (9) for item number (27) which related (Giving birth was incredibly painful). A $t.test$ reveal that among one hundred of study sample the level of satisfaction was high according to the scale items and significant $P<0.05$ (0.000)

Discussion

The findings of data analysis shown in table (1) indicated that the highest percentage (25%) of study sample are at age (20- 24) years with mean age and SD 27.43 ± 6.977 years. The finding of present study agreement with the study reported that the age of the respondents (n=500) delivered women ranged from 18 to 40 years with more than half of the women (52%) in the age group of 19 to 24 years were satisfied about care during labor⁽⁸⁾. The highest percent (26%) of study sample who participated in the study are graduated from primary school. The finding of present study agreement with the study reported that the lower levels of satisfaction are shown to be associated with low level of education⁽⁹⁾. Studies have shown that patients are less satisfied with the increasing educational background, while higher satisfaction was observed among lower education groups that were attributed to their lower expectations⁽¹⁰⁾.

Regarding occupation most (84%) of the study sample were housewife (that

means they haven't jobs) as shown in figure (1). This indicated that lack of satisfaction with nursing care during labor may have relation with woman occupation, while women without job were satisfied about care during labor. The finding of present study the study which found that approximately Two-thirds of women's did not work outside of home (n=1266) women were satisfied about care during labor⁽¹¹⁾. The present study revealed that the highest percentage (35%) of study sample their income were not enough from their women point of view, while the lowest percentage (33%) of them considered barely enough and (32%) of study sample considered enough income as shown in figure (2). The finding of present study in agreement with the study reported that the satisfaction rate are much lower than those reported in high-income nations for example, Australia, Sweden and the united states of America, but alike to those in low-income nations⁽⁴⁾. The result of the study shows that the highest percentage (43%) of study sample who satisfied about nursing care during labor

lived in urban area, while the lowest percentage (22%) of them in rural area as shown in figure (3). The finding of study disagree with study reported that more than half of the women (56.5%) were living in rural areas (n=200) were satisfied about care during labor⁽¹²⁾.

More than half (59%) of the study sample were pregnant (1-3) time. Which explain that the women with low number of pregnancy had satisfied about nursing care during labor. More than (62%) of study sample had delivered between (1-3) deliveries. The finding of present study in agreement with the study reported that a giving delivered for the first time, it was twice to five times more than four times more likely to meet compared to women who were born more than five times⁽¹³⁾. Regarding abortion the highest percentage (72%) of study sample did not have previous history of abortion during their childbearing life, while (5%) of study sample had history of abortion ranging between three and more. The highest percentage (62%) of study sample had (1-3) alive child, while the lowest percent (4%) of study sample had (7-9) alive child. The result of the study as shows in table (2) that the highest mean score (1.95) for satisfaction item is number (5) which related to woman came through childbirth virtually unharmed, item number (4) the mean score was (1.94) which refer to a woman found birth is a sad experience, is closely related to effective intervention in receiving injury during labor and delivery⁽¹⁴⁾. Regarding the item (26) which related to the delivery room was clean and hygienic with mean score (1.79). The environment was related to making birth a more satisfying experience. For most women, hygiene is an essential feature, where non-contaminated delivery rooms are safe places where infection risk is reduced⁽¹⁵⁾. The mean score (1.79) regarding the item number (25) which refer to the staff communicated well with woman during labor. The finding of present study in agreement with the study reported that the quality of care provision is multifaceted. Relationships with nursing

staff are very important⁽¹⁶⁾. Regarding the item number (1.24) which refer to woman sense well supported by nursing staff during childbirth with mean score (1.79) The finding of present study supportive evidence in the study reported that the continued support was associated with reduced pain relief requests. Normal vaginal delivery and cesarean deliveries were also decreased. In overall, women who sense support tended to experience their birth more positively⁽¹⁷⁾. Mean of score of the item (3) which related to woman was prepared well for labor (i.e., read a lot of literature and/or internet, antenatal clinic) was (1.63), women who had birth and labor expectations were more satisfied with the world of birth experience⁽¹⁹⁾. The mean score of item number (16) which refer to woman felt out of control during birth experience was (1.53) the controlled sense was securely linked to experience women's of satisfaction during delivery⁽¹⁸⁾.

The result of *t* test in table (3) indicated that the women were satisfied about care during labor, the finding of present study supportive evidence in the study reported that the birth satisfaction correlates with the childbearing women's quality of care, personal attributes and stress experienced during labor. High quality maternal birth care cannot be realized unless the childbearing woman is satisfied⁽¹⁹⁾.

Recommendations:

1. Provide support to delivered women either person from family or relative this may make women more satisfied.
2. Provide more privacy during delivery procedures.
3. Explain what happen before each examination to women and their families.
4. The nurse should keep the delivery room claim and quiet light this factors also make Tranquility in patient and their family.

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