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# Golden Research Thoughts

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## THE EVALUATION OF SATISFACTION WITH MIDWIFERY CARE OFFERED TO WOMEN ADMITTED TO DELIVERY WARDS OF SELECTED HOSPITALS IN NORTHWEST OF IRAN



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### ABSTRACT

Midwifery cares play an important role in the improvement and promotion of the health of mothers and babies. Accordingly, evaluation of the quality of these cares is necessary which is possible through the measurement of mothers' satisfaction. This study aimed to determine the level of mothers' satisfaction with midwifery cares received from maternal care givers.

**KEYWORDS:** *satisfaction, midwifery care, maternity*

### INTRODUCTION:

The shift to the concept of satisfaction goes back to 1950s; however, at that time, access to desired results of the treatments performed by a health care provider needed to adhere to the directives of medical staff. Accordingly, patient's satisfaction was considered. In the early 1970s, American institutions decided to implement Juran and Deming's theories in their organizations based on which, any organization that provided a product or a service to the public, should have its customer's views in the form of feedback so that their defects would be identified and plans be formulated for reform based on those comments. This concept that is also called consumerism, was gradually entered into the American National Health Service and finally led the American National Institute of Health Care to enforce all health care providers to take their patients' views in controlling and adjusting their programs in 1983 (Zolphaghari et al., 1996; Ja'fari, et al., 2006). Today, the concept of customerism has entered into the organizations providing health services so that client satisfaction is considered not only as a means of commitment to doctor orders but also as one of the consequences that the organization always tries to achieve a higher level of satisfaction. Since the desired results depends on the acceptance of treatment by client himself and this in turn is dependent on client satisfaction, client satisfaction is considered as essential for quality of the provided care. Today, patient



satisfaction is applied with respect to quality assurance programs, health care reform, and the measurement of health care outcome. Health care professionals predict an increase in the willingness of consumers to select the services which are based on quality and satisfaction. Patient satisfaction depends on his expectations and previous experiences with health care providers and if health care providers are familiar with client expectations, they can favorably affect these expectations (Karami Kabir, 2004). Interest in the assessment of patient satisfaction initiated with health care consumer movement of the 1960s and most of the studies on client satisfaction have been conducted in the past two decades (Sole and Lipsky, 1997). Over the past 10 years, consumer satisfaction has been confirmed as a measure of the quality of services. This has become significant especially in Public Health Service since the publication of "National Health Service" recommended the following matter: "the board of directors should be aware that in management, planning and delivery of services to people, in order to ensure the quality of services, public opinion is very important "(Rudman et al., 2007). Over 25 years after the realization of the concept of "patient satisfaction in health care", researchers found that satisfied and dissatisfied clients have different behaviors. These findings demonstrated that awareness of how patients feel about the service they receive is useful and quintessential. The probability of a continuous visit, compliance, and recommendation of the service to others in satisfied clients are more than others. Such satisfactory behavior in patients leads to better health care and improved outcomes (Sole and Lipsky, 1997).

Satisfaction with the provided medical services has been proposed as one of the pillars of the quality of medical services. In its last attempt, the Ministry of Health announced satisfaction as one of the indicators to assess the units (Marandi et al., 1998).

Patient satisfaction is a special concept that is very important in today's medical care and is one of the indicators of the quality of care (Shams et al., 2003). Patient satisfaction is: patient assessment of the health care received. Satisfaction with the care received is important. Compared to unsatisfied patients, satisfied clients show different responses to the care they receive. In general, clients who are satisfied with the services, continue using it, accept the recommended treatment and follow them up. Such people often invite others to use the services. So satisfied patients do not abandon the services but try to develop them day-to-day try (Peterson W 2004).

1. It provides specific information about health care services.
- 2-It gives information on patients' needs and expectations that can be used for more efficient health services.
3. It can be used as a criterion for the evaluation of service systems and quality of the care provided.
4. It can be used to study different aspects of care such as the skill of health workers and the structure of organizations that need to change (Barikani and Kaffashi, 2003).

It seems that the emergence of the discussion of satisfaction in providing health care is itself a worthy goal. Most medical centers took basic steps to modify their situation using questionnaires and understanding the causes of discontent. This in turn developed medical services in those centers despite the lack of change than ever before, which is a continuous process in the assessment of medical services in the country (Marandi et al., 1998). In the evaluation of satisfaction, items such as behavior and treatment, technical quality of the activities, ease of access, cost and physical environment are often considered.

If mothers are satisfied with the services provided, they will do the advice by the doctor and healthcare providers more carefully. Customer satisfaction can be used as the guidance and help in future planning and understanding the problems. Health care systems are successful when they can attract the participation and cooperation of the people and this will not happen unless people are

satisfied with the service delivery system (Barikani and Kaffashi, 2003).

Good relationship with mothers provides an opportunity to increase satisfaction and acceptance of the process of health care. Around 60% of outpatient visits of the clinics is for women, so this group can play an important role in the decision for themselves and their families on the use of health services. Their comments and opinion on the use of health services can be effective in promoting health indicators (Handler et al., 2003). Providing the satisfaction of mothers is resulted from meeting their needs and expectations. Such satisfaction creates a feeling of satisfaction and enhances their mental health and feelings of peace, and safety. The more the response conditions are favorable to the needs and expectations, the more the provision of the needs is more complete and the satisfaction will be deeper. In contrast, unmet need makes mothers anxious and results in the lack of balance (Scholle et al., 2000).

Delivery is a shocking experience because it is considered as the culmination of a lot of hopes, fears and also the starting point of human life as well as a new relationship in the family. To help the mother cope with this experience, she should be supported (Fraser & Cooper, 2003). Every delivery occurs almost only one day in the life of every woman, but no other event is accompanied with such pain, emotional stress, fatigue, vulnerability, possible physical harm and even death and change in permanent role (May, 1998; Mir Molaei et al., 2003). As women expect to have a safe delivery, they expect a positive and satisfying experience as well. Positive experience of birth has some benefit for the mother and helps create a rich and successful relationship in the family. A woman who is able to adapt with the stress of labor pains is more satisfied with her experience (Mir Molaei et al., 2003). Women's dissatisfaction with hospital routine care that causes discomfort or even injury of the mothers could be a strong impetus for research in this area (Kabacin-Kashulian et al., 2000).

Patient satisfaction is one of the most important indicators of quality of services and health care and treatment. Access to good quality care and patient satisfaction is an important issue that must be always taken into consideration (Kohan et al. 2003). Patient satisfaction is used to evaluate the quality of care, organization and provision of health care services (Bowman et al., 1992; Dufrene 2000; Jackson et al. 2001).

Research in the field of maternal satisfaction of midwifery services shows the high satisfaction of the mothers with such services. In this regard, research by Howell & Concato (2004), Harvey et al (2002), and Spurgeon et al (2002) showed that the mothers' satisfaction of services provided by midwives during labor and delivery was higher than the services provided by the doctors.

In general, adequate midwifery care by midwives results in the empowerment, promotion of physical and mental health, and increase in positive experiences of the obstetric and maternal satisfaction (Henderson & Macdonald, 2002). Lack of appropriate care, in addition to the adverse effects of physical and mental health, leads to mothers' dissatisfaction (Henderson & Macdonald, Caton et al., 2002) that in recent years some of such dissatisfaction has been reported (Homer et al. 2002).

### Materials and methods

This descriptive study was conducted in university hospitals of Khoy and Bukan, located in West Azerbaijan Province, North West Iran. The sample size was determined as 200 ones.

The study sample consisted of all pregnant women who had full-term pregnancy (37-42 weeks), and referred to hospital for delivery.

Sampling was not carried out in this study and all pregnant women referred to delivery wards within the study period (the period of one month) that undertake natural childbirth process entered

into the study. Therefore, instead of sampling, census was used.

The instrument applied to collect data in this study was a 20-item questionnaire entitled "An Evaluation of the Satisfaction of Service Takers" that evaluates the quality of midwifery care from the viewpoints of mothers who had recently given birth to their child. It was a researcher-made questionnaire since within the conducted reviews, it was specified that to assess the issue there was no valid instrument in the country, and about other countries, technical standard and the expectations of pregnant mothers were different from Iranian mothers due to the difference in providing the services. We attempted to design the questionnaires using the latest scientific evidence, the guideline of Ministry of Health and Medical Education, and the most reliable and up to date international instruments in this field.

The instrument applied to collect data in this study was a 20-item questionnaire that evaluates the opinions of postpartum mothers in terms of welfare facilities of the hospital, mother participation, behavior and treatment of the staff, technical performance of the staff. A five-point Likert scale, from "very high" to "very low", was used to assess the mothers' opinions.

To assess the validity of the questionnaire, its content validity was assessed by 5 specialists in the field (supervisor, one gynecologist who was a faculty member, one Master of Midwifery who was a faculty member, and one faculty member specializing in maternal and child health, and finally, Deputy chief of Midwifery, Urmia University of Medical Sciences), and was eventually approved by consensus. To evaluate the reliability of the questionnaire, since the questionnaire measured a total concept, after 10 questionnaires were completed in the Center of Gynecology and Obstetrics of Urmia University of Medical Sciences (Kosar Center), the Cronbach's alpha coefficient was calculated as 0.79 that indicated a good internal consistency between the items and that the reliability of the questionnaire was approved.

After the researchers obtained permission from the authorities for Research and Technology and Treatment Deputy of Urmia University of Medical Sciences, and coordinated with the officials of Health Center in Khoy and Bokan and selected and trained the interviewers, we went to the hospitals where the study were to be conducted and informed consent was taken from the pregnant women in hospitals, and filled in the questionnaires. The mothers who were not inclined to participate in the project or their pregnancy were terminated cesarean section were excluded from the study. To reduce bias, the Questionnaire was completed by the mother at postpartum and before discharge from the hospital. For mothers who were not literate enough to complete the questionnaire, the researchers read the questions and tried not to induce any opinions on the expectant mother, and drew her confidence on the confidentiality of information exchanged.

In order to present descriptive characteristics of the studied population, charts, frequency tables, and descriptive statistics including mean and standard deviation were used. To compare the mean satisfaction scores of the two cities under study, independent t-test and to compare the correlation between satisfaction scores in each city studied, the Spearman correlation coefficient were run.

A significance level of less than 5% was considered as significant. Data analysis was performed using SPSS software.



Findings

Table 1: Distribution of absolute and percentage frequency of satisfaction

Row		Very much		Much		Middle		Little		Very little	
		Fre que ncy	Per cent age	Fre que ncy	Per cent age	Fre que ncy	Per cent age	Fre que ncy	Per cent age	Fre que ncy	Per cent age
1	Was maternity environment clean?	91	30/3	103	34/3	76	25/3	13	4/3	17	5/7
2	Did you access to comfortable chair, footrest and other facilities required?	80	26/7	106	35/3	66	22	17	5/7	31	10/3
3	Were you satisfied with the hospital food?	62	20/7	67	22/3	105	35	34	11/3	32	10/7
4	Did the staff welcome you on your arrival?	102	34	83	27/7	51	17	18	6	43	14/3
5	Did the staff introduce themselves to you?	28	9/3	44	14/7	58	19/3	44	14/7	123	41
6	Did the care takers listen to you?	86	28/7	106	35/3	55	18/3	30	10	23	7/7
7	Did the care takers care for you?	100	33/3	113	37/7	52	17/3	23	7/7	12	4
8	Did the care takers have friendly and polite behavior?	113	37/7	95	31/7	51	17	25	8/3	16	5/3
9	Were you allowed to drink water in labor?	89	29/7	96	32	47	15/7	22	7/3	46	15/3
10	Were you allowed to walk in labor?	59	19/7	101	33/7	55	18/3	45	15	40	13/3
11	Is your accompaniment satisfied with the hospital?	87	29	76	25/3	64	21/3	23	7/7	50	16/7
12	Did they act properly to relieve your pain?	51	17	87	29	85	28	35	11/7	42	14
13	Did they observe your personal vicinity in labor?	76	25/3	74	24/7	60	20	35	11/7	55	18/3
14	Was at least one person present next to you in labor?	40	13/3	39	13	40	13/3	42	14	139	46/3
15	Was the maternity relaxing?	94	31/3	75	25	83	28/7	20	6/7	28	9/3
16	Did anyone explain what to do while delivery?	133	44/3	105	35	15	5	17	5/7	30	10
17	Did you see your baby soon after your delivery?	121	40/3	50	16/7	29	9/7	31	10/3	69	29
18	Were you trained for breeding?	111	37	39	13	69	23	35	11/7	46	15/3
19	Did they ask for your opinion on treatment procedure?	48	16	58	19/3	51	17	58	19/3	85	28/3
20	Will you select the same hospital for your next pregnancy?	140	46/7	6	22	54	18	1	0/3	39	13

In the table of satisfaction, item 20 on the re-election of hospitals (46.7%) designated the highest level of satisfaction, while item 5 on the introduction of staff to the mother (9.3%) had designated the least satisfaction.

Table 2: the distribution of mean and standard deviation

City Score	Mean-SD		P-value
	Bukan	Khoy	
Satisfaction score	69.22 ± 13.23	67.63 ± 19.88	0.807
Total	68.29 ± 17.52		0.917

The mean quality of satisfaction with midwifery care in Bukan and Khoy were 69.22 ± 13.23 and 67.63 ± 19.88, respectively. According to the results of the statistical test, there is no significant difference (p=0.807) between the mean quality of satisfaction with midwifery care in the two cities.

Table 3: Comparison of the mean satisfaction with midwifery care with regard to welfare facilities of hospital services in Bukan and Khoy

City	Mean ± SD	P. value
Khoy	11.02 ± 3.15	0.034
Bukan	10.41 ± 2.755	
Total	10.72 ± 3.01	0.104

The mean quality satisfaction with regard to welfare facilities of the hospitals in Khoy and Bukan are 11.02 ± 3.15 and 10.41 ± 2.755, respectively. According to the results of the statistical test, there is a significant difference (p=0.034) between the mean quality of midwifery care with regard to welfare facilities in the two cities. This means that the means are not equal, and the mean quality is higher in Khoy.

The mean quality of satisfaction with regard to welfare facilities of the hospitals was 10.72 ± 3.01 in total. According to the results of statistical test, there is no significant difference (p=0.104) between the mean quality of satisfaction in the two cities. This implies that the means are equal.

Table 4: Comparison of the mean satisfaction with midwifery care in the field of behavior and treatment of staff in Bukan and Khoy

City	Mean ± SD	P. value
Khoy	17.38 ± 5.44	0.814
Bukan	17.71 ± 4.22	
Total	17.35 ± 5.0	0.742

The mean quality satisfaction with regard to the behavior and treatment of the staff in Khoy and Bukan are 17.71 ± 4.22 and 17.38 ± 5.44, respectively. According to the results of the statistical test, there is no significant difference (p=0.814) between the mean quality of midwifery care with regard to behavior and treatment of the staff in the two cities. This means that the means are equal.

The mean quality of satisfaction with regard to the behavior and treatment of the staff was 17.35 ± 5.0 in total. According to the results of statistical test, there is no significant difference (p=0.742) between the mean quality of satisfaction in the two cities. This implies that the means are equal.



**Table 5:** Comparison of the mean satisfaction with midwifery care in the field of technical performance of the staff in Bukan and Khoy

City	Mean ± SD	P. value
Khoy	24.31 ± 7.15	0.585
Bukan	17.71 ± 4.22	
Total	33.56 ± 9.05	0.724

The mean quality satisfaction with regard to technical performance of the staff in Khoy and Bukan are  $32.76 \pm 9.99$  and  $34.31 \pm 7.15$ , respectively. According to the results of the statistical test, there is no significant difference ( $p=0.585$ ) between the mean quality of midwifery care with regard to technical performance of the staff in the two cities. This means that the means are equal.

The mean quality of satisfaction with regard to the behavior and treatment of the staff was  $33.56 \pm 9.05$  in total. According to the results of statistical test, there is no significant difference ( $p=0.724$ ) between the mean quality of satisfaction in the two cities. This implies that the means are equal.

**Table 6:** Comparison of the mean satisfaction with midwifery care in the field of mother participation in Bukan and Khoy

City	Mean ± SD	P. value
Khoy	6.47 ± 2.61	0.641
Bukan	6.79 ± 1.65	
Total	6.64 ± 2.31	0.830

The mean quality satisfaction with regard to mother participation in Khoy and Bukan are  $6.47 \pm 2.61$  and  $6.79 \pm 1.65$ , respectively. According to the results of the statistical test, there is no significant difference ( $p=0.641$ ) between the mean quality of midwifery care with regard to mother participation in the two cities. This means that the means are equal.

The mean quality of satisfaction with regard to mother participation was  $6.64 \pm 2.31$  in total. According to the results of statistical test, there is no significant difference ( $p=0.830$ ) between the mean quality of satisfaction in the two cities. This implies that the means are equal.

### Discussion and conclusion

In this study, which was conducted for the first time in the cities of Khoy and Bukan, located in northwestern Iran, West Azerbaijan Province on 200 women with normal pregnancy, it was found that in Bukan, the mean quality of satisfaction with midwifery care was  $69.22 \pm 3.23$ , whereas in Khoy, it was  $67.63 \pm 19.88$  and that the mean satisfaction in Bukan was higher than that in Khoy. The overall mean quality in the two cities was  $68.29 \pm 17.52$ . Given that  $p = 0/917$ , there is no significant difference between the two means.

The obtained results revealed that the mean satisfaction with regard to welfare facilities is higher in Khoy. In total, the mean satisfaction represents a low level.

The results obtained from the study by Sharmy and colleagues in 2007 in public hospitals of Rasht, north of Iran indicated that the lowest satisfaction was related to the use of hospital facilities. The result of this study is consistent with that of the current study.

The results of the study by Hadler show that women pay special attention to the physical environment and cleanliness of the examination and waiting room. They may be less inclined to use health services which are not clean (Handler, A & All, 2003).

This study is not consistent with our study. The reason for this difference may be due to the low

budget allocation for accommodations, and lack of sufficient attention on the part of the management to this sector.

The result of the study in terms of the level of satisfaction with regard to the behavior and treatment of the staff in Bukan and Khoy showed that the mean satisfaction is higher in Bukan and that the overall satisfaction is low.

The study by Spurgeon et al, in 2001 in the UK entitled mother satisfaction with traditional and modern care by midwives showed that mothers were more satisfied with the behavior and treatment of the midwives.

Thomson & Gibbins conducted a study in 2001 in the UK entitled the expectations and experiences of women about labor. The results showed that women receiving midwifery care had higher satisfaction with care, and all of them stated that the midwife present in labor and delivery rooms supported and encouraged them.

The study conducted by Ahmadi and colleagues on mother satisfaction with midwifery care in the delivery room in 2008 showed that 75.2% of mothers in the labor and delivery rooms were pleased with the behaviors and treatment of midwives

This study is not consistent with our study. The reason for this inconsistency may pertain to the high volume of work, shortage of staff, lack of sufficient time, and lack of assigning each midwife to a patient.

The result of the study in terms of the level of satisfaction with regard to the technical performance of the staff in Bukan and Khoy showed that the mean satisfaction is higher in Bukan and that the overall satisfaction is low.

The results obtained from the study by Sharmy and colleagues in 2007 in public hospitals of Rasht, north of Iran indicated that the satisfaction with technical and professional skills was 59.3% which was high.

The study conducted by Ahmadi and colleagues on mother satisfaction with midwifery care in the delivery room in 2008 showed that mothers' satisfaction with midwifery care was 54.8 which was a moderate level. This study is not consistent with the current study. The reason may pertain to the lack of staff, high volume of work, lack of adequate training of the midwives, and midwife motivation to do the right care.

The result of the study in terms of the level of satisfaction with regard to mother participation in midwifery care in Bukan and Khoy showed that the mean satisfaction is higher in Bukan and that there is a statistical difference between the two cities ( $p=0.001$ ).

In the study conducted by Louise Seguin on the components of mothers' satisfaction with maternity care, the results showed that participation in the decision making process was the first component of satisfaction with midwifery care, and the information received showed the major part of nursing care. This study is not consistent with the current study. The reason may pertain to the difference between the two environments and cultures as well as the expectations of the research subjects.

One of the problems in our study was the presence of observer to evaluate the quality of services that could change the performance of services by providers. We tried to resolve this issue through explaining the study objectives to the staff. In addition, due to the large number of observations and that we did not inform the staffs on the issue; the factor was minimized and according to the poor quality in most areas, it is concluded that this factor had no effect on the study.

## CONCLUSION

In this study, the high rate of satisfaction with care is high that reflects the quality of midwifery care is optimal. Given that favorable midwifery care promotes the health of mothers and families, improves the financial performance of hospitals and reduces health and treatment costs, the attention of officials and midwifery service managers can be referred to the conditions of creating satisfaction in women and the policies and planning of care be reviewed, modified and formulated in the field of physical care required for mothers and by necessary training, improving the quality of services, and applying midwifery workforce to provide effective midwifery care, mothers' satisfaction will be attracted. It should be noted that the primary objective is to raise the quality of care.

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