Assessment of Maternal Satisfaction Levels During the Childbirth Process

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ABSTRACT

Delivery is an important physiological event in a woman's life: the process requires a nurse's assistance to provide holistic care for patient satisfaction and allow positive labor experience. The objective of this study was to assess maternal satisfaction levels during the childbirth process. A quantitative cross-sectional study design was conducted between May and June 2015 at Muhima Hospital, Rwanda to assess the maternal satisfaction levels during the childbirth process. A total of 171 postnatal mothers participated in the survey. The purposive sampling was employed to select participants and SPSS Version 21 was used to analyze data. Eighty-two percent (82%) of mothers were found very satisfied by the orientation, 73% were satisfied by information provided to them, 92% were satisfied by communication during their hospital stay, 83.6% were satisfied by comfort and care that are given to them, 58.5% were found to be satisfied to the level of satisfaction with specific to postnatal care and 71% also were satisfied by the services gained from the nurses during their hospital stay. Most mothers appreciated the nurses' attitudes towards them; care provided and importantly how they were welcomed by nurses making them feel more comfortable during labor and hospital stay. 64.3% was generally identified with satisfaction across all dimensions. The study revealed a significant level of satisfaction among the participants although a room for improvement is still available

Keywords: Maternal satisfaction, Childbirth, Post-natal mothers, Labor

1.INTRODUCTION

Women's satisfaction with maternity services, especially care during labor and birth, has been considered as an important time marked with a series of events, all of high importance to healthcare providers, administrators, and policymakers (Redshaw, 2008). Authors argue that maternal satisfaction is an important quality outcome indicator of health care providers and health settings, hence its measurement is of precarious importance since nursing services are determinants of overall satisfaction during a hospital stay (Debono, 2009). The same author state that satisfaction with healthcare provision reflects the personal preferences which are determined within the boundaries of an individual's expectations and the realities of the care received. Therefore, the study about measures of satisfaction with care during labor and birth (Sawyer et al., 2013) noted that satisfaction is also comprised of multiple evaluations of distinct aspects of healthcare which determine the individual's perceptions, attitudes and comparison processes. It cannot be ignored that currently, the value of services is translated into the amount of money paid in regard to services being offered to the individual client within the healthcare institution.

The delivering mother in addition to the feelings she has will also be comparing the value of what she spends and what she gained. It can further be thought that adequate mother's satisfaction has a considerable impact on the healthcare institution in terms of increasing its effectiveness and trust among prospective clients especially mothers (Sengane et al., 2013).

The lack of satisfaction, on the other hand, may affect mothers either in labor, during, or after childbirth in different ways (Dzomeku, 2011). Most mothers described lack of satisfaction as an attitude of caregivers including nurses or other health personnel like not giving them a clear explanation, shouting at or ignoring them which may further result in non-use of the health facility (Mwaniki et al., 2002). The author mentioned that dissatisfaction is classified into four major areas which are: personal expectations, the amount of support from caregivers, the quality of relationships between the caregiver and the client, and the level of decision making (Ellen, 2002).

Maternal dissatisfaction is also reported to be the cause of depression among delivering mothers and this may be extended to the whole family members. It was reported that feelings of despair, panic inability to cope, and even suicidal thoughts which may put the

expected baby up for adoption can be experienced by affected mothers (Stewart et al., 2003). Furthermore, other authors claimed that if a woman feels dissatisfied with her delivery experience, whatever the delivery experience is, it affects her next delivery and her opinion about herself as a mother and her family health issues (Naghizadeh et al., 2013). Birth experience may lead to traumatic stress disorder mostly characterized by symptoms such as avoidance behavior and flashbacks and this was observed in 38% of women in Sweden who decided not to have another baby long time after the same birth event (Waldenström et al., 2004).

There is a range of factors that have been identified to influence mothers' satisfaction such as demographic characteristics; namely age, education attainment, and socioeconomic status (Redshaw, 2008). Furthermore, it is indicated that a nurse caring attitude, technical quality of care, accessibility and convenience of services, physical environment, continuity of care, self-efficacy of nurses, and outcome of care plays a great influence on mothers' satisfaction ratings (Stewart et al., 2003).

Satisfaction with care is an international well-established goal of maternity care (Rudman et al., 2007), the study has shown that patient satisfaction has become an important outcome in the evaluation and development of healthcare services.

Despite the factors, all women seem to develop expectations of childbirth but the kinds of expectations vary (Sengane et al., 2013). A woman's expectations arise from her social conditioning, her education including prenatal education programs, her own birth experience and the influence such as authority figures like her doctor. But mothers also differ in their expectations of relationships with nurses (Rennie, 2011). For some mothers, knowing the nurses and establishing a bond with them is important. They consider nurses as friends and expects from them clear communication, explanation, safe and caring environment (Nikolaou, 2012; Rennie, 2011) whereas others feel more comfortable when a healthcare provider shows confidence in the skills and ability of the nursing practice (Hill et al., 2002).

Mothers going through labor and childbirth processes must receive individualized holistic care to meet their unique needs and expectations because they experience stress and physical pain, hence, midwives as skilled attendants should provide an environment which allows mothers to go through

childbirth with dignity by providing adequate and useful information that allows mothers to make relevant informed decisions (Khadduri et al., 2010). Studies have also identified communication as an important contributing factor to the mother's satisfaction. In an earlier study by Dzomeku, (2011) stated that ineffective communication like impoliteness, frowning, whispering, not to explain procedure and prognosis make the client be uncomfortable and not satisfied. The same author also identified that maternal satisfaction was influenced by therapeutic communication like listening, politeness, prompt relieves of pain, kindness, approachable, smiling, caring (attentive to needs). Nurses proved that behaviors that reflect positive attitudes towards clients or mothers such as being patient with clients, politeness, not shouting at them and not belittling them, along with a good level of competence, are important to patient' satisfaction and higher ratings of communication found to be directly correlated with higher satisfaction, as were the personal traits, agreeableness, conscientiousness and emotional stability (Mclellan et al., 2013). The nurses' inability to give information and clear explanations to mothers during labor may lead to feelings of disappointment which may later generate negative experiences. If mothers are not given adequate information, they may not be able to communicate with their physicians and nurses or be willing or able to ask questions (Mwaniki et al., 2002).

In the context of Rwanda as well, good quality of care for laboring mothers is likely to increase maternal satisfaction as the customer care delivery is encouraged at all levels of the health care provision system (Ministry of Health, 2013). Despite the reported increase to 69% of women who delivered in health care facilities (National Institute of Statistics, 2015), there have been cases of negligence and unprofessionalism on the side of nurses reported in local media that led mothers and babies into fatal incidences. Probably this has caused mothers to feel poorly satisfied with the services given to them in healthcare facilities (Gaspard, 2013). In addition to this, there has not been any published study to assess maternal satisfaction during the childbirth process. Therefore, this study aimed to assess maternal satisfaction levels during the childbirth process in Muhima district hospital in Rwanda to respond to the lack of information in this matter and also to contribute to the awareness of the required enhancement of quality of care provided to mothers.

2. MATERIALS AND METHODS

Study methods and Population

The cross-sectional study was conducted in May and June 2015 on post-natal mothers at Muhima district hospital in Rwanda. It aimed to assess maternal satisfaction during the childbirth process. The hospital is located in Kigali city and receives mostly patients from health centers of the city. Maternity unity has the capacity to receive and hospitalize 60mothers. The study included all postnatal mothers who gave birth in the hospital during the period of data collection and were able to communicate effectively using either Kinyarwanda or English. The participants also agreed to sign the consent form prior to responding to the study questionnaire.

The Study Participants' sample

A total of 171 post-natal mothers participated in the study. Purposive sampling method was employed when selecting participants to the study who were in postpartum, every day of data collection, on average 6 to 7 participants were interviewed per day and 25 days were used for data collection. Since Purposive samples are highly prone to researcher bias, the study included all postnatal mothers who gave birth in the hospital during the period of data collection and were able to communicate effectively using either Kinyarwanda or English and it excluded all postnatal mothers who either did not give consent or were not able to communicate effectively using the same languages.

Data Collection Tool

The study used primary data that were collected by using a close-ended questionnaire. The questionnaire was developed by Jipi Varghese with six dimensions which are orientation, Information, communication, comfort, and care, specific to postnatal and value & preference (Varghese et al., 2013). And it had been used to evaluate Postnatal Mother's Satisfaction following Nursing Care in India and was accessed openly through the electronic website. The original structured questionnaire was composed of 38 items written in English, and it was then translated into local Kinyarwanda language by the researchers.

The new tool had seven main sections covering social-demographics, orientation, Information, communication, comfort, and care, specific to postnatal care and value and preference for postnatal mothers. For the content validity of the tool, a consensus validation approach was used. To ensure the reliability, the questionnaire was pre-tested on ten patients from the same hospital who

didn't latter participate in the main study. The assessment was done on a three-satisfaction Likert scale where 1=fully satisfied, 2=satisfied, 3=not satisfied.

Data collection

Data collection was done by professional nurses who have been on the aspects of the same study prior to starting data collection. They approached and explained to participants the purpose of the study and asked for their willingness to participate. Those who volunteered to participate were individually requested to sign an informed consent before the questionnaire was issued to them. For the participants who were not able to read, a questionnaire-based interview approach was used through reading questions to the individual participant.

Data analysis

Data were entered, cleaned and analyzed using SPSS 21. For the purpose of our study which was a descriptive study, only calculation of frequencies and percentages per variable were done and then presented in tables.

Ethical clearance

The ethical clearance for the study was obtained from the College of Medicine and Health Sciences Institution Review Board (CMHS-IRB) and permission to collect data was secured from the hospital. The respondents have explained in detail the full description of the research while confidentiality and voluntary participation were granted to participants. The data were treated carefully and anonymously. In addition, other principles of human research ethics were upheld in this study.

3. RESULTS

3.1. Demographic characteristics of participants

All 171 participants completed the questionnaire making the response rate of 100%. More than half of participants 72.5% (n=124) were between 19-35 years old. In regard to the number of deliveries, 37.4% of the participants had their second delivery and 46.8% of all participants had a normal delivery. In regard to the marital status of the participants, 63.7 of the total were married while respectively 40.4% and 30.4% are educated at primary and secondary levels. Most of the occupations of the participants were represented respectively with 32.7% for employed, 29.2% of unemployed and 27.5% of agriculturalists. Participants were also asked to mention the insurance they use for medical care access and 80.7% of them confirmed to use Community Based Health Insurance (CBHI).

Table 1: Demographic characteristics of participants

Socio-bio-demographic characteristics	**Classification**	**Frequency**	**%**
Age range	13-18	10	5.8
	19-35	124	72.5
	36-45	35	20.5
	≥ 45	2	1.2
	Total	**171**	**100**
Number of deliveries	1	46	26.9
	2	64	37.4
	3	28	16.4
	4	17	9.9
	≥5	16	9.4
	Total	**171**	**100**
Mode of deliveries	Normal Delivery	80	46.8
	Assisted Delivery	67	39.2
	Cesarean	24	14
	Total	**171**	**100**
Marital status	Single	21	12.3
	Married	109	63.7
	Separated/Divorced	37	21.6
	Widow	4	2.3
	Total	**171**	**100**
Level of education	Illiterate	24	14
	Primary	69	40.4
	Secondary	52	30.4
	University	12	7
	Other skills	14	8.2
	Total	**171**	**100**

Occupation	Cultivator	47	27.5
	Student	18	10.5
	Employed	56	32.7
	Unemployed	50	29.2
	Total	**171**	**100**
Health insurance	CBHI	138	80.7
	RSSB	12	7
	Other Health insurance	15	8.8
	Private	6	3.5
	Total	**171**	**100**

3.2. Satisfaction of mothers

Each statement of the questionnaire was scored by the individual participant, and since statements were categorized into six different areas orientation, Information, communication, comfort, and care, specific to postnatal and value & preference (Varghese et al., 2013). The results of each dimension were computed into two grades namely: satisfied and not satisfied and the results are presented accordingly.

In the area of the level of satisfaction with orientation 82% of the participants were satisfied and 18% were not satisfied. In the area of the level of satisfaction with information 73% were satisfied and 27% were not satisfied. In the area of the level of satisfaction with communication 92% of participants were satisfied and 8% of them were not. In the area of the level of satisfaction with comfort and care 83.6% of participants were satisfied and 16.4% were not satisfied. The results also indicated the level of satisfaction with specific to postnatal care 58.5% of respondents were satisfied and 41.5% were not satisfied. Lastly, the level of satisfaction with value and preference for postnatal mothers 71.9% were satisfied and 28.1% not satisfied.

Table 2: Satisfaction of mothers

Variables		**Frequency**	**%**
Level of satisfaction with Orientation	Satisfied	141	82
	Not satisfied	30	18

	Total	**171**	**100**
Levels of satisfaction with information	Satisfied	124	73
	Not satisfied	47	27
	Total	**171**	**100**
Levels of satisfaction with Communication	Satisfied	158	92
	Not satisfied	13	8
	Total	**171**	**100**
Levels of satisfaction with Comfort and care	Satisfied	143	83.6
	Not satisfied	28	16.4
	Total	**171**	**100.0**
Levels of satisfaction with specific to postnatal care	Satisfied	100	58.5
	Not satisfied	71	41.5
	Total	**171**	**100.0**
Levels of satisfaction with Value and Preference for Postnatal Mothers	Satisfied	123	71.9
	Not satisfied	48	28.1
	Total	**171**	**100.0**

3.3 Overall Mothers' satisfaction

Around 64.3% (110) of total respondents were satisfied and 35.7% (61) were not satisfied with 171 of all participants

Table 3: Overall Mothers' Satisfaction

Variable		**Frequency**	**%**
Overall levels of satisfaction	Satisfied	110	64.3
	Not satisfied	61	35.7
	Total	**171**	**100.0**

4. DISCUSSION

The purpose of this study was to assess maternal satisfaction levels during the childbirth process. The study has used six dimensions which are orientation, information, communication, comfort & care, specific to postnatal care and value & preference for postnatal mothers. The results of the study revealed the extent to which maternal participants are satisfied or not satisfied.

The results of this study revealed that 82% of all participants were highly satisfied with the orientation made to them during the whole hospital stay. These findings can be linked to a study done in public hospitals of Gauteng in South Africa, where it revealed that the mother's expectations are based on what she is expecting during labor and not on nurses' care (Sengane et al., 2013). For example, the mothers expected the nurses to give them prompt attention, welcome them warmly, orient them, show them the bed, bathroom or offer them a chair before asking them questions same author state that satisfaction is met when orientation is well performed and full fill mother expectation.

This study also has discussed the level of satisfaction with information delivery, and the results indicated that73% of all participants were satisfied with the information provided to them. a study done in Pakistan about Impact of community-based interventions on maternal and neonatal health indicators, it stated that providing an environment which allows mothers to go through childbirth with dignity by providing adequate and relevant information that allows the mother to make relevant informed decision had strong impact on satisfaction (Khadduri et al., 2010). Furthermore, other studies viewed that nurses' inability to give information and clear explanations to mothers during labor may lead to feelings of dissatisfaction which may later generate negative experience and make mothers not be able to communicate with their physicians or be willing to ask questions (Maputle et al., 2008; Mwaniki et al., 2002).

More research identified communication as in important contributing factor to mother satisfaction stating that ineffective communication like impoliteness, not to explain procedure and prognosis make delivering mother to be uncomfortable and make her be not satisfied, (Dzomeku, 2011). Higher ratings of communication have been found to be directly correlated with higher satisfaction as most studies revealed that mothers and their families expect a service that provides clear communication and explanations (Mclellan et al., 2013; Rennie,

2011). The current study had proved this with a higher level of satisfaction of 92% with communication which shows that communication is a very important contributing factor to make the mother feel satisfied in delivering process.

In addition, the results in Table 2 showed that 83.6% of participants were satisfied with comfort and care during the hospital stay which means that the nurses treated them well and the services given to mothers met their expectations. The research reviewed maternal satisfaction as an important quality outcome indicator of healthcare provision in maternity hence its measurement is of precarious importance since nursing services are mostly primary determinants of overall satisfaction during hospital care (Debono, 2009; Hill et al., 2002).

More respondents had preferred the services received from the hospital which they can not hesitate to recommend their sisters, friends and other people to use the same hospital in the future; this is a positive outcome that shows a strong satisfaction to the respondents. Findings of the current study agreed with a study done at Mbeere district hospital, eastern province, Kenya which argued that in the long run lack of satisfaction leads to non-use of the health facility in the future (Ellen, 2002; Mwaniki et al., 2002).

Conclusion

This study has investigated the level of satisfaction among 171 mothers at Muhima Hospital. Six dimensions including Orientation, information, Communication, Comfort and care, specific to postnatal care and Value and Preference for Postnatal Mothers were used to study the levels of satisfying mothers. It was revealed that most of the participants were satisfied with the service provided. The satisfaction with specific to postnatal care was least scored and also any of the dimensions was a hundred percent scored satisfying. This shows room for improving the provision of health care specifically at the hospital. These areas have been regarded as a gap and are also among the contributing factors which may importantly decrease the level of satisfaction. It is also wealth important to state that the study was only conducted in one selected district hospital; thus, the results cannot be generalized in all hospitals in Rwanda. Secondly, the study was only focused on labor-related services while the customer needs to use other services where she should not be satisfied, and this can be inter-services collaboration to make the customer feel

satisfied. Therefore, the researchers would suggest that such this study be extended to other settings

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Conflict of interest

All authors report no conflict of interest.

Authors' contribution

Theophile Nishimwe was responsible for the study conception and design, and data analysis. Theogene Nyandwi has given guidance to data analysis, Dr. Mukeshimana Madeleine was the supervisor of the project, and Sunday Francois Xavier has guided the process of writing the manuscript.

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