CHAPTER I

BACKGROUND AND RATIONALE

In the health service organizations consumers are not given adequate importance and dealt as an object in most settings in developing countries though the users are the potential evaluators of health care services. At the present situation consumers are becoming increasingly aware and concern about the quality of services provided by the health facilities. There are chances that the public may be forced to seek legal steps against hospitals and health personnel in such cases. The quality of care (efficacy, effectiveness, and efficiency) is important aspect of patient satisfaction, which depends on the level of interpersonal communication, its understanding by the patient, courtesy and respect shown to patients. [1] Satisfaction ultimately leads to compliance with care and therapy, heals internal self, change the behaviour and live in a positive health condition to achieve high quality of life thus high productivity will be generated. Satisfied patients recommend other patients to seek the services in the health facility. So more patients could have access to health facility and prevents from health risks.

Satisfaction of the patients with the care gives fulfilment and sense of accomplishment and self-recognition among professional, which gives positive evaluation of their performance as well as achievement of organizational goal and enhances the betterment of service. Dissatisfied patients may propagate against the organization and

negative impact may develop in the general public leading to queries about the service organization. Dissatisfied areas should be identified for the change and reform. [2]

A major problem in developing world is the lack of adequate and appropriate health care infrastructure. About 80-90% of illness are preventable and their occurrence reflects poverty, inadequate health prevention and promotion measures. This is particularly true in maternal and child health, which constitutes about 60 percent of the total population of these countries. According to World Health Organization (WHO) one third of disease burden is due to reproductive health problems. More than 585,000 women die each year due to causes related to childbirth. Obstructed labor and hemorrhage are 6th and post partum infection 8th major causes of maternal mortality in developing countries accounting together for over 6% of the total burden of disease. [3]

Delivery service is one of the basic services to be rendered by a Maternity clinic. Almost all women have to go through the maternity cycle at some point in their lives. The most joyful occasion in women's life is when she gives birth to a new baby. It is a moment of joy as well as threat in some occasions, if could not be handled properly. Though the delivery process is a normal phenomenon, woman goes through a crucial stage of life, therefore intense and expert care is necessary to handle this period. If neglected it not only leads to dissatisfaction of the mother but also results serious injury to physical health and psychological trauma. Post partum psychosis as one of the serious consequences may occur in some cases if neglected. [4]

1.1 Research Site-Maternity ward

The study was focused on maternity ward of the TUTH. Maternity ward in the hospital has been providing all kind of routine and emergency delivery services twenty-four hours. In this ward there is about 50 beds in different sections namely, admission

room, labor waiting room, delivery room, neonatal room post natal and antenatal ward (private and general). From the nursing management aspects the maternity ward is divided into two sections, labor room and general ward. There are ten to twelve Nursing staff members including one sister incharge in one area covering whole three-shift duty. There are two obstetric units with one head of department. Each unit has 6-8 faculty staffs and two house officers and interns.

Table 1.1 Records of deliveries (Maternity ward) July 1996-97.

No	Type of delivery	1996	1997	Total
1.	Normal delivery	429	552	981
2.	Normal delivery with tear	235	496	731
3.	Normal delivery with episiotomy	1525	1179	2704
4.	Twin delivery	18	13	3
5.	Breech delivery	34	27	61
6.	Forceps delivery	19	8	27
7.	Vacuum delivery	11	38	49
8.	Still birth	57	44	101
9.	Premature delivery	51	36	87
10.	Lower Segment Caesarian Section	344	384	728
11.	Home delivery/ retained placenta	nil	21	21
	Total	2723	2798	5521

(Source: Hospital annual report 1998)[5]

1.2 The Host Organization

The host organization for the research study was Tribhuvan University Teaching Hospital (TUTH). TUTH has been established with the primary objectives of providing practical field for the postgraduate, graduate and certificate level of academic training programs conducted by T.U. Institute of Medicine. Other objectives are to provide health services to the people and to conduct research in the field of medical education and services.

The TUTH is a referral, as well as academic hospital of Nepal. It is one of the largest hospitals and equipped with modern technology of specialty and super specialty services including neuro and open heart surgery. TUTH is situated at the center of the capital-Kathmandu. Patients are being rendered all kind of services with a reasonable cost. Indoor service has been covered with 401 beds with outdoors and emergency service facilities. Obstetric service, especially delivery service is the integral part of indoor services. Like other University Hospitals (UH), the fundamental mission of this hospital continues to be the production of higher-level health manpower, to advance understanding of human biology and conduct various advanced research on health development. This central mission consists of high quality of care and teaching learning aspects with the emphasis on social concern and scholarly inquiry into nature, causation, prevention and treatment of human diseases. (6)

There is an executive committee formed under the chairmanship of Education Minister with Dean as member secretary along with other members from various organizations in ministry of health, education, finance and reputed business men, and key members of Tribhuvan University like Vice-chancellor, Registrar, Rector and member of social service organization. Under the executive committee there is Hospital Management Committee. The operational management of the hospital is being performed under this committee. The organogram of the hospital is given in (Appendix1).

Nursing administration department is one of main parts of hospital organogram, under the Hospital Director. Nursing group of personnel is the main working force in the hospital, who render service for 24 hours in constant contact with patients, families and visitors. Nurse managers perform three major specific tasks: an overall managerial job for the given department or ward, conduct teaching learning activities and facilitate the staff members to deliver quality services to the clients. Since the establishment of hospital there

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have been lot of changes in the staff enrollment and positioning in the managerial level in different wards or units. At present there are seven Nursing Supervisors including Matron and Assist. Matron. They are responsible in supervision of different departments of hospital service. There are 18 units or wards in the hospital operating in three shift schedules. Each ward or unit is assigned to one unit incharge as Nurse Manager. They are responsible for overall operation of the unit for 24 hours duty. Some of these managers are qualified with post basic academic degree and designated in officer level too. The organogram of the nursing administration is given in (Appendix 1).

The principal aim of management is to improve efficiency in the work situation. The centralization or decentralization of administrative policies determines this. The hospital is governed by the University regulations for all its administrative procedures. However in the operational level there is enough autonomy for overall management and day to day activities.

Since the establishment of TUTH in 1985, there has been tremendous change in the structure as well as in movement of staff and physicians. Due to the deteriorating condition of TUTH specially the quality of care news media, consumers and even the insiders of the hospital have commented and expressed their notion of dissatisfaction to the overall management. There has been always an argument among the professionals in and out of the hospital about the quality of care and effectiveness of service. Service providers and care receivers in this context often seems to be facing different kinds of problems in the hospital depending upon their expectations and limitations. Until now not a single study has been done focusing on thorough assessment and evaluation of the problems and constraints faced by the hospital and quality of service rendered.

1.3 Nepal and the Health Service Delivery System

1.3.1 Country Profile

The kingdom of Nepal is situated in the lap of the Himalayas between 26.22' and 30. 27' latitude and 80 4'-88 12' longitude. Strategically the country is situated between the vast plains of Indian sub-continent to southeast and west, and high Tibetan plateau of China to the north. Topographically, the country can be divided into 3 well-defined physiographical belts running parallel to each other from east to west. The Mountains: 35% total land area, 8% of total population and 16000-29028 ft. The Hills: 42% of the total land area, 47% of total population 1000-16000 above sea level. The Tarai: 23% of the total land area, 45% of total population, 200-1000ft above sea level.

Administratively, Nepal is divided into 5 development regions, 14zones, 75 districts, 58 municipalities, 3912 Village Development Committees (VDC) and nearly 36000 wards and settlements. The Ilaka is an administrative service level between the district and the VDC; there are 9 Ilaka per district. At the district level, each of the department of ministry offices oversees the plans and programs for that sector. The role of Chief District Officer is to maintain law and order whereas Local Development Officer co-ordinates the development activities in the district through the District Development Committee (DDC). According to the new constitution, 1991 there are two Houses of Parliament- and Upper House consisting of 60 members and a House of Representatives with 205 members. A five- percent quota has been secured in the new constitution for women representatives. Climatic conditions vary substantially by altitude. In Terai temperature can go up to 44 degree Celsius in the summer and fall to 5 degree Celsius in the winter. The corresponding temperatures for the hill and mountain areas are 41 degree Celsius to 30 degree Celsius respectively, in the summer and 3-degree Celsius and way below 0 degree Celsius, respectively in the winter. The annual mean rainfall in the Kingdom is around 1,500 mm.

Nepal is a multi-ethnic and multi-lingual society. The 1991 census identified 60 caste or ethnic groups and sub-groups of population with 20 different languages or dialects. Over 86% of its population follows the Hindu religion. The second largest religious group is the Buddhist. Muslim constitute about 4% of the total population. [7] Around 48% of GDP come from the service sector and the agricultural sector accounts for 42% of the GDP. The manufacturing sector accounts for 10% of the economy.

1.3.2 Demographic Situation

The population of Nepal is increasing very fast. The total projected population for 1998 is 20.2 million. There was 59% increase in the population over the 20 years period. the population growth rate increased from 2.1 in 1971 to 2.6 in 19981 and then declined again to 2.1 in 1991. Nepal's population is young with two of five persons below the age of 15 years. This young age distribution is due to the relatively high fertility in Nepal. Nepal has one of the highest mortality ratios in the world. IMR and under five mortality rate are still highly affected by easily preventable communicable diseases, diarrhea, dysentery and malnutrition. The current demographic indicators are given below.

Table 1. 2 Health indicators of Nepal

No	Indicators	Current Situation (1998)
1.	IMR/1000 live births	74.7
2.	Child Mortality Rate	118
3.	TFR	4.58
4.	Life expectancy at birth (years)	56.1
5.	MMR (in 10,000 live births)	47.5
6.	Crude Death Rate (in 1000)	11.5
7.	Crude Birth Rate (in 1000)	35.4
8.	CPR (%)	30.1
9.	Delivery by trained personnel (%)	31.5

Source: Ninth 5-Year Health Plan 1997- 20002. [7]

1.3.3 National Health Policy and Nepalese Health System

The New Health Policy was announced in 1991(National Health Policy, MOH, 1991) with the principal aim of upgrading the health standards of the majority of the rural population by extending Essential Health Care Services up to the village level and to provide to rural people the opportunity to obtain the benefits of modern medical facilities by making service accessible to them.

Nepal has recently developed 20 years perspective health plan. The plan document guides to all health service providers a unique opportunity to select and prioritize their program activities. Similarly, MOH has also declared its policy on Reproductive Health and Safe Motherhood. In line with HMG's decentralization policy, the Ministry of Health has established 5 Regional Health Directorates in each of the five regions. The Department of Health Services has the responsibility to implement, monitor and supervise preventive, promotive, rehabilitative and curative health programs through its seven Divisions, 5 Centers and 75 District Health Offices.

The organizational structure of Ministry of Health outlines how each of the different Levels of the health system related to form a network under the Department of Health Services. According to the institutional framework of Department of Health Services, MOH, Sub-Health Post (Sub Health Post) functions as the first contact point for essential health services. The sub-health post is supported by a number of community health workers and health volunteers from the community e.g.TBAs (Traditional Birth Attendants), FCHVs(Female Community Health volunter), and VHWs (Village health Workers). The SHP also runs community based activities such as PHC (Primary Health Care) and EPI (Expanded Immunization Program) outreach and home visiting program. Each level above the Sub Health Post, serves as referral point in a network that goes from the SHP to Health Post, to Primary Health Care Center, to the District Hospital, to the

Zonal Hospital and finally the specialty i.e., tertiary care center in Kathmandu. This referral hierarchy has been designed to insure that majority of public receive care in an accesible place at price they can offord for minor health problems and treatment. The District Health Officer is responsible for all health activities of the district including the organization and management of District Hospitals, PHCs, HPs and SHPs. The curative service is provided through central hospitals and hospitals at regional, zonal and district levels through PHCs, HPs and SHPs at the sub-district level. The Ayurvedic Dispensaries and hospitals also deliver curative health services. Similarly, Homeopathic and Unani medical services are delivered through hospitals and dispensaries located in Kathmandu and Pokhara. The Tribhuwan University in coordination of Ministry of Education, through its Teaching Hospitals e.g. TUTH, BPKIHS, Kathmandu Medical College, Manipal Medical College etc., besides medical education, also provides basic and specialty services in different sub-urban parts of Nepal. Likewise, Ministry of Defense and Home also provide general and specialty services through the hospitals for service personals and their family members.

The NGOs, private and traditional sectors are also substantially involved in providing preventive and curative health services throughout the country. [7]

1.4 Rationale of the Study

The rationale for the study was based on the interest and need of the hospital management authorities in developing strategies to improve the quality of care for the clients and increase their satisfaction with delivery services. As mentioned in the background, the public opinion of dissatisfaction and deterioration of hospital services were expressed in wide terms of overall hospital services. It is not possible to cover all areas of services of hospital during the short period of this study. Hence very specific area

of service is being studied mainly focusing in the delivery services in the hospital. Because the majority of Nepalese children are born at home without assistance from trained medical personnel. Overall only 31.5% of births are delivered in a health facility with the supervision of a doctor or nurse/midwife. Due to this low percentage of delivery by trained personnel maternal and child health indicators are really in poor stages: MMR 47/10000, IMR, 74/1000 live birth, TFR 4.58. [8]

Delivery service is the one, which needs most urgent care for patients who come to hospital in different stages of labor. The care that women receive during pregnancy and childbirth reduces the risk of illness and death for both mother and child. The complications of delivery as hemorrhage-26%, puerperal sepsis-17%, hypertension-11% and obstructed labor-8%, respectively at national level. [9] So it is important to provide the standard quality delivery services to those that come for delivery at hospital and assure the full satisfaction to them and motivate other clients through them to follow health service snd increase overall status of the maternal health condition. The Government of Nepal has also formulated the strategies in Reproductive Health focusing on safe motherhood program which emphasis in the safe and healthy delivery facilities at all level of National Health Service context.

At present the maternity unit of TUTH has some problems and has been facing the unstable environments. The increasing client flow and introduction of new service and technology in the unit is leading to depreciation of support for service (manpower and materials). Yet relatively little attention has been given to the response that can make to improve delivery services in this unit and assure satisfaction of mothers. As a result, the need to find out solutions has been a key priority for managers responsible to this unit. Measuring patient's satisfaction has become an extremely popular way of assessing health services. It is generally assumed that patient ratings are evaluations of provider's behavior,

and services are a direct and accurate reflection of health care delivery. [10] Quality of service assessment normally focus on providing process care and the prerequisite of good quality care is the level of patient satisfaction that generates compliance, and unacceptable care is likely to be unused. [11]

The main purpose of this study was to measure the satisfaction level of mothers in delivery services, investigate the problems in delivery service facility and develop strategic issues to improve quality of care and satisfaction of the mothers. This study was aimed also to focus on recommendations for using the major strategic issues to achieve the organizational goals. However, this does not mean that the study aimed to advocate these strategic issues as an effective model to guarantee the success of the service in the unit. It is expected that the results of this study might be useful for the development of strategies and specific programs to improve delivery services and increase mother's satisfaction, and the data from the study may form a useful basis for hospital managers to improve hospital service in general.