

## CHAPTER V

### DISCUSSION, RECOMMENDATIONS AND CONCLUSIONS

#### Discussion

The objective of the study is to find out the proportion of satisfied mothers in delivery service at Tribhuvan University Teaching Hospital (TUTH), Kathmandu, Nepal. The investigator has preferred to study in the area of satisfaction because in health care delivery system, there were always complaints that the quality of care is deteriorating and dissatisfaction was expressed.

Specifically satisfaction with care during child birth has very important implications in a woman's health as well as child raising and future fertility planning as well. The experience of child birth is a crucial state of women's health so the careful handling and efficient explanation and support is demanded. In order to find such evidence the investigator has chosen this study topic. So the data were obtained from the field survey. The study area was the maternity ward of TUTH. The total sample of study was 339 mothers who came to deliver. The interview method was employed to collect data.

#### 5.1 Overall satisfaction

Overall satisfaction of mothers in delivery service was found 97.8%(n=218) and 2.2% dissatisfied which are similar to the studies mentioned in literature review.<sup>(30, 32, 36)</sup>

In the study of Austin HK. on women's satisfaction with maternity health care service, women were satisfied with sufficient advice 91% and support and positive attitude from providers 87%. The results of the study clearly showed that social and psychological support women received at maternity centers were important aspect of care provided to women during delivery. The study on consumer satisfaction and dissatisfaction with maternal and child health services conducted by Kazoo S. in Pakistan shows similar level of satisfaction with the services rendered by different kinds of provider which was consistently high between 93% and 98% which is similar to present study. The service provided by nurse in urban 11.5% and 36% in rural areas and doctor 47% urban and 68% rural. The high level of satisfaction in present study finding must be tempered due to low level of expectations and non exposure to hospital facility prior to delivery as 49% were primi para and among others also 23% were delivery at home previously. Simultaneously it may be due to low socioeconomic condition as only 34.2% respondents were college and university level educated while 61.9% were house wives and 61.9% respondents within the monthly family income upto Rs 5000 which belongs to poor economic condition. However the statistical analysis does not show such association between any of satisfaction dimension and background characteristic variables at the p level of 0.05 in Fisher's exact test and  $\chi^2$  test for two by two table.

### **5.1.1 Nursing Care Dimension**

Slightly high rate of satisfaction is observed in nursing care dimension which is 92.9% compare to doctor care dimension 86.7%. The subscale analysis of nursing care dimension in 4 scales found substantially low percentage of satisfaction in the area of postnatal room as 79.8% satisfied and 20.2% dissatisfied in compare to other areas as nursing care in admission room 95% satisfied and 5% dissatisfied, nursing care in labor

waiting room 95.2% satisfied and 4.2% dissatisfied and nursing care in delivery room 95% satisfied and 5% dissatisfied simultaneously. Thus the nursing care in postnatal room should be considered to improve in great extent in order to provide satisfaction specifically when the mothers are encountered with the new born baby and needs sufficient amount of courage and strength to handle new situation of life. However there are many important aspect of mothers satisfaction in nursing care dimension. They are the way encouragement given to practice breathing and relaxation exercises very satisfied 9.5% and satisfied 86% and preparation for delivery with gentleness and confidence in which 8.4% scored very satisfied and 84.6% satisfied. This is the higher percentage of very satisfied scoring in all items of satisfaction scale. The result is similar to the satisfaction of women in information received as a major component of nursing care variable in the study of Seguin L.<sup>(36)</sup> Other more satisfying items in nursing care mostly explained are the safety and cleanliness maintained during delivery very satisfied 9% and satisfied 84.2% and handling of delivery process with gentleness and confidence 8.4% very satisfied and 86.2% satisfied, time spent in care during labor very satisfied 6.2% and satisfied 88%, frequency of attention and information given on progress of labor very satisfied 5.7% and satisfied 87%, and examination done comfortably very satisfied 5% and satisfied 86%. Likewise other responses are understanding of mothers feelings with courtesy and respect by nurses, the warmth & comfort maintained after delivery and technical skill and competence of nurse scored high rate of very satisfied than many other items. The very dissatisfying responses are privacy and comfort maintained during breast and pelvic examination and encouragement and information given in breast feeding.

### 5.1.2 Doctor Care Dimension

Similarly in the doctor care dimension there is 86.7% satisfied and 13.3% dissatisfied. The subscale analysis shows high percentage of satisfaction in the area of doctor care in admission room and doctor care in labor waiting room 88.5% satisfied and 90.6% satisfied simultaneously in compare to satisfaction in areas of delivery room and postnatal room which are relatively low as 75.7% satisfied and 80.9% satisfied simultaneously. These areas are important aspects to be improved while providing care. The single item analysis shows very satisfied responses are the way of examination done in admission room scored 5.9% very satisfied and 88.2% satisfied and encouragement given for bearing down practice in delivery room item scored 10.1% very satisfied and 78.3% satisfied which is similar to the result of participation in decision making process in medical care dimension of same study.<sup>(36)</sup> The doctor's technical skill and competency scored 4.7% very satisfied and 86.4% satisfied which are similar to the study of Light HK and et al which was 88.8% in the doctor care during labor and delivery.<sup>(37)</sup> Other satisfying item variables are maintaining the cleanliness and safety of the perineum during conduct of delivery very satisfied 9.5% and satisfied 71.9%, handling for procedures very satisfied 4.4% and satisfied 87.9% information given for breast feeding very satisfied 5.4% satisfied 72.3%. The very dissatisfying responses are information given about the baby and clarity of explanation given on progress of labor.

### 5.1.3 Service Facility Dimension

There are 87.9% satisfied and 12.1% dissatisfied in 7 item scale of service facility dimension. This finding is similar to the result of satisfaction in physical facility dimension of the study on factors affection satisfaction of tuberculosis patients at National tuberculosis center Thimi, Nepal by R.Dulal which was 83.9% satisfied. In his study the

association between physical environment and satisfaction was significant at  $P=0.0079$  in the  $\chi^2$  test which could not be observed in present study. The single item analysis in the scale, the item related to location of the maternity unit scored very satisfied by 3.5% and satisfied 90.9% which is the highest satisfaction in the scale. However in the single item analysis there seems many respondents are dissatisfied 19.2% and very dissatisfied 4.5% with the items maintaining neatness and cleanliness of the unit. Likewise the item in sanitation facility 34.1% dissatisfied and 5.9% very dissatisfied. The item in supply of medicine in the unit scored 12.6% dissatisfied. This indicates these areas of service facility are critical issues to be improved in order to establish the satisfaction of mothers in delivery service.

#### **5.1.4 Variables associated with Satisfaction**

Many variables that thought to be potential predictors of satisfaction with dimensions of delivery service are not found significantly associated. These variables included age, educational status, employment status, monthly family income, parity, ANC attendance, place of previous delivery, type of delivery and complications of this delivery. No any single background characteristic variable was found statistically significant at  $P=0.05$  level while computed in  $\chi^2$  test as well as Fisher's exact test. There is statistically significant association found in the satisfaction with doctor care and parity of mothers at Fisher's exact value of  $p=0.016$  which indicates high parity category are more satisfied than primi para. Similarly there is statistically significant association found in the satisfaction with nursing care and monthly family income at Fisher's exact value of  $p=0.048$  which indicates low income upto Rs5000 are more satisfied than high income category.

### **5.1.5 Triangulation of FGD and PSQ results (patient satisfaction questionnaire)**

The outcome of focus group discussion and general information received from patient satisfaction questionnaire about strategic issues to improve mothers satisfaction with delivery services in the hospital is analyzed with triangulation process. The following aspects have common opinion from both group.

1. Allocate separate doctor and nurse in the admission room and labor room for 24 hours coverage for emergency and routine service.
2. Increase number of beds and service items e.g. initiate post partum family planning service in the unit.
3. Improve environmental sanitation and maintenance facilities for wearing and tearing in physical setting of the unit.
4. Supply more instruments, equipments and other materials e.g. delivery sets, BP instrument, linen etc.
5. Organize and initiate regular orientation programs about hospital facility, rules and regulation and birth preparation programs.
6. Improve information system about mothers condition and treatment among patient party and professional staff.

### **5.2 Conclusion**

From this observation the general impression of delivery service should not be confounded with services received. Contrary to the impressions given by popular press in times and public opinion inside and outside the hospital, the study revealed wide spread satisfaction with delivery service. However present study was conducted in a very specific area of service in the hospital which is far from the over all service range. Hence the high rate of satisfaction in this study is not compatible to the general expression of dissatisfaction and deterioration of services in general and wider terms of public opinion.

It is also observed that hearing the blank comments in the air and thoroughly exploring the specific activities in the service is contradictory to each other. There is also evidence that women hesitate to criticize the care within the hospital premises. One example for positive evaluation of such unusually deficient care is the joy surrounding the arrival of a healthy baby. The healthy baby legitimizes the entire pregnancy experience and creates a favorable halo. Delivery is a personal experience whose evaluation is related to the woman's expectations. However the high level of satisfaction with delivery service observed here is typical of studies on satisfaction with perenatal care.

The recent hot debate on client sovereignty and democratizing health services to make the best of health services and the state more accountable was the driving force to the present study in Nepal. The study focused on quantitative research approach and in some cases qualitative method was also applied. The research design allowed opportunity to the client to express their opinions, findings and experiences from the delivery service in the hospital and finally allow them to give their recommendation for improvement of the services in the hospital.

Though as shown in the literature, many studies were conducted in different parts of the world in the past on client's satisfaction on health care services and maternity care services, they were basically focused on quantification and almost all were from industrialized countries. Their methodology and questionnaire designs emphasize on quantification of the satisfaction of clients.

The present study was carried out in developing country. The study was an exit interview where respondents were approached after they completed all service procedure in the hospital. This study allowed them to discuss more openly and freely from their recent experiences of the service. So on the basis of the present research study results and discussions, it permits to come to following conclusions.

- Availability of services needed by the mothers was one of the major problems. Some of the services that were not available for the mothers during delivery were the absence of doctor during delivery process and lack of basic facilities.
- Interpersonal communication and technical skill of care provider were evaluated as crucial aspects of delivery service.
- Overall satisfaction from delivery service is relatively high. It also highlighted that birth preparation coaching for mothers and general orientation to hospital environment to visitors is a must.

- **5.3 Recommendations**

- Present study result recommends the concerned authorities that there is critical need to improve the sanitary and maintenance provision in the hospital in large scale.
- The low percentage of satisfied areas of delivery service with doctor care in delivery room and postnatal room and nursing care in postnatal room should be considered for improvement by means of changing behavior of care providers in these areas.
- Very dissatisfying areas like privacy maintained during pelvic and breast examination and explanation and encouragement for breast feeding aspects should be improved in nursing care and similarly in doctor care clarity of explanations given on progress of labor and information given about the baby should be considered for improvement.
- An attempt should be made to tackle the present situation of unavailability of the qualified technical staff in the maternity unit either by recognizing the management or increasing the present number.
- All newly appointed technical staff should be given a language, culture and social orientation training.
- The cost of services need to be readjusted according to the economic status of the users.