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FACTORS THAT INFLUENCE PATIENTS' SATISFACTION WITH PERI-PARTUM CARE IN GERMISTON HOSPITAL MATERNITY UNIT.

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A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfilment of the Requirements for the degree Of

Master of Family Medicine

JOHANNESBURG: 2013

DECLARATION

I, Nonhlanhla Khumalo, declare that this research report is my own work. It is being submitted for the Degree of Master of Family Medicine at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other university.

Signature: 

Signed on this 13 day of September 2013

DEDICATION

To my family and friends who have been a pillar of strength whenever I felt like giving up.

To all the women who agreed to participate in the study.

To my partner for his support and understanding during my academic work.

I would also like to thank my colleagues and fellow registrars who gave me tremendous moral support and boosted my confidence to soldier on and complete the research.

ABSRACT:

Introduction

Patient satisfaction is an important outcome of health care services and is regarded as one of the desired outcomes of care. Not much research has been done to measure satisfaction with maternity care services, especially in South Africa. Against this background this study aims to explore factors that influence women's satisfaction with peri-partum care at Germiston hospital maternal unit.

Methods:

This cross-sectional descriptive study was done among 260 women aged 18 years and above during the first three days of the postpartum period. A structured questionnaire was used to gather information. The factors studied were: pain relief, cleanliness, privacy, health education, and information and participation in decision making about their care.

Data capture and analysis was done using STATA 10 statistical software. Frequency tables were used to describe data and Chi-square test was used to test for association between patient satisfaction and marital status, level of education and pain relief.

Results:

Sixty eight percent and 63% of patients respectively were not satisfied with pain relief during labour and after delivery. A majority of women ninety seven percent were satisfied by how privacy was maintained by both nonmedical and medical staff. Ninety percent of the respondents were satisfied with the cleanliness of the environment. Less than fifty percent of women were satisfied with the information that was given to them by the doctors in order to make informed choices about their

care in contrast to 63 % of women who were satisfied with the information that they got from the nurses.

A majority of women 73% were not satisfied with the number of times that the health care providers asked for their opinion in planning their care. There was no association between the level of satisfaction and marital status, level of education and pain relief.

Conclusion:

There were varying levels of satisfaction with services during labour. Cleanliness, privacy and information sharing by nurses were viewed by women as adequate. In contrast pain relief, time spent explaining procedures and information sharing by doctors was rated as unsatisfactory. These three factors should be taken into account when designing quality improvement programmes in the maternity department.

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I would like to firstly thank God almighty for giving me the ability to start and complete this research.

Special thanks are due to my supervisor, Dr.Edrone Rwakaikara. Without her unconditional support, patience and attention to detail, this research would not have been successfully completed.

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LIST OF DEFINITIONS

Term used in research report : **Definition**

Patient	:	A person receiving medical care.
Satisfaction	:	Fulfilment of one's expectations.
Peri-partum	:	The period during labour, delivery and post delivery of the baby to approximately 6 weeks after delivery.
Care	:	The process of protecting and looking after someone.

CHAPTER ONE

1 .1 INTRODUCTION

Patient satisfaction is a concept that has been around for many years but has been difficult to define. The problem of defining satisfaction was first raised in the 1970s, but despite a lot of research in this area there are still disagreements about the definition of the concept [1]. According to the Oxford English Dictionary satisfaction is defined as fulfilment of one's expectations [2]. Most researchers seem to agree that satisfaction involves both what the patient expects and what the healthcare environment delivers [3,4, 5].

In private health services patient satisfaction studies are frequently done because there is competition for patients and a strong commercial reason for obtaining patients' feedback about satisfaction. But in public health care satisfaction studies are not common [6]. Part of the reason for not doing these studies is that patient satisfaction is difficult to measure because it is an attitude or perception [7]. Patients generally determine the quality of a healthcare experience and their satisfaction by the way they are treated as a person, and not by how they are treated for their specific medical condition [8].

While most have viewed the client's perspective as a meaningful indicator of health services quality, others have dismissed the views of clients as too subjective because they measure both care and a reflection of the respondent and therefore do not reflect objective reality [9]. It is important to note that satisfaction studies play an enabling role on patients as they help them to express their legitimate concerns, unmet needs and identify problems in healthcare[10,11]. They also strengthen the voice of the community and are in line with the priorities of the National Department of Health which aims to improve the democratic right of the community to be heard [5]. Most importantly, patient satisfaction is an important outcome of health care services and is regarded as one of the desired outcomes of care [12].

Satisfaction as a concept is measured in different ways, often as an overall evaluation of care or for specific aspects of care. Overall evaluations may include direct questions about satisfaction, or indirect questions, such as whether the user would recommend the service and use it again[13].

According to the Germiston Hospital maternity ward statistics between 380 to 400 women deliver their babies every month. The satisfaction of approximately 4600-4800 women who deliver their babies each year in Germiston (now called Bertha Gxowa) hospital maternity unit is not known. It was therefore important and relevant to investigate patient satisfaction with the peri-partum care that was offered in Germiston Hospital (Bertha Gxowa) maternity unit; particularly because it is the only District hospital in Ekurhuleni, Gauteng, South Africa.

In South Africa there are three categories of hospitals, District, Regional and Tertiary (provincial tertiary and national central) hospitals. These hospitals offer different levels of service. Of the 388 public hospitals in South Africa, 64% are district hospitals which are part of the district primary health care services. Secondary and specialised hospitals make up 16% each of the total number. Together provincial and national hospitals comprise less than 4% of all hospitals in the public sector [14].

A district hospital is defined as a facility at which a range of outpatient and inpatient services are offered at primary care level. It is open 24 hours a day, 7 days a week. The hospital usually has between 30 and 200 beds, a 24-hour emergency service and an operating theatre. This is the first level of referral for the primary care clinics/facilities and private general practitioners in the district. General practitioners and more recently family physicians work at the hospitals. The hospitals have access to basic diagnostic and therapeutic services[14].The hospitals refer difficult patients to regional or tertiary hospitals for specialised care.

The maternity unit in a district hospital comprises of a team which includes midwives, doctors, professional nurses and general staff. The principal objective of maternity care is to make the entire labour process a positive experience for the expectant and new parents at the same time ensuring that labour and the birth process proceeds with minimum complications [15].

The delivery of maternity care services is governed by the Batho Pele principles. The Batho Pele principles (People First) were developed by the government to guide public servants in executing their duties.

They aim to enhance the quality and accessibility of government services by improving efficiency and accountability to the recipients of public services [16]. It is therefore very important to ensure safe and satisfactory passage to motherhood by adhering to Batho Pele principles.

In many countries giving birth has strong socio-cultural meaning. It is a woman's rite of passage into motherhood [17]. Although childbirth typically concludes within a single day, women often remember their experiences vividly, even decades later [3]. Negative experiences of first childbirth increase risks for maternal postpartum depression and may negatively affect mothers' attitudes toward future pregnancies and choice of delivery method [17,18]. The experience can affect her response to the physical and emotional challenges of motherhood, her sense of accomplishment and self-esteem, her relationship with her partner, and how both she and her partner individually bond with their baby to form a family [17].

The World Health Organization also recommends that women's satisfaction should be assessed to improve the quality and effectiveness of maternal care [19]. It further emphasizes ensuring patient satisfaction as a means of secondary prevention of maternal mortality, since satisfied women may be more likely to adhere to health providers' recommendations [13].

Even though patient satisfaction studies are essential, it is important to be aware of their limitations .The most significant limitation is that satisfaction is not a pre-existing phenomenon waiting to be measured, but a judgment people form as they reflect on their experience [20]. It is a personal and subjective evaluation; therefore views about given standards of care can vary from one woman to the other [21]. Women who have limited knowledge of services that should be rendered to them and low or unclear expectations of service quality, may record high satisfaction even if poor standards of care have been provided [21,22].

Another limitation is that women may be displeased with services that achieved the objective but employ rigid or authoritarian approaches [23]. This is paternalistic and no longer recommended. Medicine has moved towards patient centred care, where women are recognised as an autonomous body capable of making their own choices. Women with low self-esteem, or who are conscious of status differences between themselves and service providers, may feel especially obliged to show that they are grateful and satisfied with the services provided [23]. This can be avoided if women are assured and encouraged to give their most honest answers about the care that was received. Women should be assured in clear verbal and written instructions that nothing will happen to them if they had anything negative to say about the care they received. They should be informed that their views would be helpful in improving care.

1.2 RATIONALE FOR DOING THE STUDY

The study was motivated by various encounters with patients who expressed their dissatisfaction about the services that they had received in the maternal ward.

They were specifically dissatisfied with privacy in the ward, the information they were given, their level of participation in the decision making process and pain management during labour.

The researcher decided to do a study to determine the level of satisfaction of women with maternity services at Bertha Gxowa hospital with regard to the issues raised.

This research will help the health care providers to understand how the patients view the services that are rendered to them.

The results of the study will be presented to the staff at Bertha Gxowa hospital in order to improve the quality of care of women during labour.

CHAPTER TWO

LITERATURE REVIEW

2 .1 INTRODUCTION

Patient satisfaction is a multidimensional concept that is influenced by a variety of individual and environmental factors [1]. The individual factors include socio economic status, race, marital status and environmental factors include physical environment and medical interventions [24, 25].

There are contradicting results from studies about the influence of socio demographic factors on patient satisfaction. Some studies have found that socio-demographic factors significally influenced patient satisfaction. Patients from low socio economic areas have been found to be less satisfied, but other studies found socio-demographic factors to have little or no impact on women satisfaction with maternity care [25,26,27]. In a country wide survey of 3820 households which assessed the level of satisfaction with healthcare services in the different races of the South African society they found that both race and socio economic status were predictors of satisfaction. White patients and patients from higher socio economic status were likely to report excellent services when compared to black patients and patients from low socio- economic areas [25].

2.2 STUDIES ON LABOUR PAIN

Although pain and especially labour pain is a universal experience for childbearing women, it is a subjective experience and varies between individuals. It may be different from other types of pain as there is an achievement of end product i.e. of having a baby [26]. A study about subjective pain perceptions during labour and its management showed that women found the labour experience to be an exhausting and painful experience that exceeds expectations [26].

Some women even claim that childbirth is one of the most painful events that a woman is likely to experience, the multidimensional aspect and intensity of which far exceeds any disease condition [28].

Pain is difficult to study because it is a perception that varies from one person to the other. There have been conflicting research results about the relationship between the intensity of pain and satisfaction with childbirth. In a systematic review of 137 studies was done by Hodnett about pain and women's satisfaction with the experience of childbirth .The review included descriptive studies, randomized controlled trials, and systematic reviews of intra-partum interventions. The results about the impact of pain and pain relief on childbirth satisfaction were consistent through a variety of the study designs that were included in the review. They found that pain and pain relief did not play a major role in satisfaction with the childbirth experience, unless expectations regarding pain and pain relief are not met [24].

The study identified four factors that influenced women's satisfaction with the experience of childbirth, these factors were: personal expectations, the amount of support from caregivers, the quality of the caregiver-patient relationship, and involvement in decision making. For example, satisfaction increased when personal expectations were met and when women felt that they were involved in decision making. When women evaluated their childbirth experience the four factors level of importance overrode the influences of age, socioeconomic status, ethnicity, childbirth preparation, the physical birth environment, pain, medical interventions, and continuity of care [24].

However two studies that were done in South Africa in Limpopo and the Eastern Cape provinces found that pain decreased the level of satisfaction with childbirth [29, 30] The first one was done at a Regional hospital in Limpopo and its referring clinics. They found that 76 % of mothers who delivered at the hospital and 91 % of mothers who delivered at the clinics said that no pain relief was given during labour. It was found that only 1 in 7 delivering at the hospital and 1 in 20 at the clinic was given medication to relieve pain during labour and this decreased their level of satisfaction with care [29]. The second study done in Celicia Makiwane Hospital in the Eastern Cape Province, looked at the knowledge of and attitude towards pain relief during labour of women attending the antenatal clinic.

In their study, two thirds of women had experienced labour before and 85.6% of these women claimed to have experienced moderate or severe labour pains and 65.3% of them found the experience unacceptable [30].

In India a study of 400 women's labour pain perception, experiences and satisfaction with health care providers at a referral hospital of Sindh found that 66 % of the study population found the birth experience to be an unacceptable, exhausting and painful experience. This study noted that even though non epidural pharmacological agents were used for pain relief, 23 % of patients were still dissatisfied with pain relief [26].

2.3 PRIVACY AND CLEANLINESS

Previous research has found that an important cause of dissatisfaction is lack of privacy, lack of cleanliness of the environment and lack of consideration for cultural practices [31]. Clean delivery rooms are associated with safe areas where infection risks are minimised [32] **.**

In the previously mentioned study in Limpopo about patients' satisfaction with midwifery services they found that 72% of women were satisfied with the general cleanliness of the wards but that percentage decreased to 44% when it came to satisfaction with the cleanliness and condition of the toilet. However the women were satisfied with the way privacy was maintained in the hospital and the clinics [29].

2.4 INFORMATION SHARING AND PARTICIPATION IN CARE

The South African National Health Act requires that health care providers inform health care users of their health status in a language the user understands and in a manner which takes into account the user's level of literacy. It also provides that, except in limited circumstances, medical interventions should not be undertaken without the patient's informed consent [33, 34]. When patients are given access to medical information, this allows participation and ensures informed consent and indicates respecting their dignity and autonomy [35]**.**This is also very important to patients and influences their satisfaction with care**.**

Participation in decision making and having an active say in decisions about one's care was found to be an important dimension of childbirth satisfaction in 14 studies of the systematic review which was done by Hodnett**.** Lack of involvement in decision making and inadequate information and education about the care are associated with dissatisfaction [36,24].
Similarly in Sweden they found that little involvement in decision making, not being encouraged and not being given time for personal questions increased the level of dissatisfaction with childbirth [37]**.**

Communication between health workers and patients is through information giving and sharing and studies have shown how this influences patient satisfaction. In Ghana a cross sectional study of 885 women with normal vaginal deliveries looking at the association between experiences during childbirth and satisfaction with childbirth service, found that amongst other predictors of dissatisfaction, women who felt that they were not given enough information about their condition and care were 9.4 times more likely to be dissatisfied with childbirth care than women who felt that they were given the right amount of information [31].

A systematic review of 12 studies including a meta-analysis which explored whether patients' socio-economic status influenced the doctor–patient communication found an association between a patients' socio- economic status and the doctors' communication style. Patients from higher social classes communicated actively in the consultation and asked more questions therefore they got more information from the doctors. In contrast patients who were from lower socio economic classes were passive during the consultations and never asked questions therefore got less information from the doctor. The study found that the doctors communication style was influenced by the patient, the more involved the patient was the more information they got. Unfortunately patients' from low socio economic classes found it difficult to communicative with doctors due to the difference in classes [38]. This in turn lead to a decrease in satisfaction due to lack of involvement in decision making and inadequate information and education about the care [38,36]**.**

Mothers who are treated with respect, courtesy and dignity, and have trusting relationships with their care providers are more likely to be satisfied with the obstetric care [36].

2.5 AIMS AND OBJECTIVES

2.5.1 Aim: To study the factors that influence patient satisfaction with peri-partum care received in Germiston hospital maternity unit.

2.5.2 Objectives:

To explore women's satisfaction with:

-Pain relief during labour, after episiotomy and post caesarean section operation.

-Privacy measures during labour.

-Cleanliness of the environment in which they gave birth.

-Time spent giving information about labour and with the information given during labour and post-delivery by nurses and doctors.

-Their level of involvement in their care.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

This was a descriptive cross sectional study.

3.2. SITE OF STUDY: GERMISTON BERTHA GXOWA HOSPITAL

Germiston (now known as Bertha Gxowa) is the only District hospital in Ekurhuleni district. Ekurhuleni district is located to the East of the City of Johannesburg in South Africa. The majority of the population that is served by the hospital is black. The hospital caters for patients who live in and around Germiston suburbs and surrounding informal settlements. Women who live in these areas deliver their babies in Germiston Hospital as there are no midwife obstetrical units around Germiston. Each year approximately 4600-4800 women deliver their babies in the hospital.

The study was done in 2 sites within the hospital.

The first site: Germiston antenatal clinic for those who had a normal vaginal delivery during their 3rdday follow up.

After normal vaginal deliveries in the hospital women come for their 3rd day review in the antenatal clinic which is done on Tuesdays and Thursdays every week. After their review they are down referred to their local clinics for immunization and further follow up. The 3rd day review sees women who are up to 10 days post delivery only.

The antenatal clinic opens from 8am to 4pm everyday but the 3rd day review is done from 8am to 1pm on Tuesdays and Thursdays only. The clinic sees approximately 40 women per day on these days. Between 8am and 10am all the women's vital signs are checked and health education is given to them as a group. Thereafter they are examined individually one after another by the nurse.

The second site: Post natal ward for women who had an elective or emergency caesarian operation. According to National guidelines, women who had cesarean operation with no complications are discharged by the doctor on the 3rd day post operation and are for follow up at their local clinics.

3.3 STUDY POPULATION:

The study population was all women who were over the age of eighteen who delivered their babies in Germiston hospital over a two month period, from the 3rd of February to the 3rd of April 2012.

3.4 INCLUSION AND EXCLUSION CRITERIA

3.4.1. Inclusion criteria

- Women who were between 18 and 50 years of age
- Women who were on their 3rd day post caesarian section in Germiston hospital maternity ward.
- Women who are up to 10 days post delivery who came for their 3rd day review post normal vaginal delivery at the antenatal clinic.

3.4.2 Exclusion criteria:

- Women who declined to participate in the study.
- All women who did not deliver their babies at Germiston Hospital.

3.5. SAMPLE SIZE

The sample size was calculated using the Raosoft software [39]. The total number of deliveries that are done per month is approximately 400 on average. The total population over the study period was approximately 800, including caesarian operations.

The calculated sample size was 260, with 5 % margin of error and 95% confidence interval.

3. 6. SAMPLING TECHNIQUE

Non randomized sampling was used for both sites of study. Thirty two women were sampled every week for 7 weeks and 26 were sampled on the 8th week to reach a total of 260.

Women in the ward in their third day post cesarean section were all invited to participate in the study since the number of caesarians operations was small. The number of cesarean operations varied between zero and three per day.

Every woman in the antenatal clinic was invited to participate in the study after they were seen by the nurses. As soon as the interview finished with one woman the next available patient was invited to participate in the study until the number for the day was reached.

3.7 DATA COLLECTION TOOL

Data collection was done using a structured questionnaire.(Appendix 5).The questionnaire was derived from 3 previously used questionnaires and adapted to our South African setting. Some questions came from previous research about perceived quality and utilization of maternal health services in peri-urban, commercial farming and rural areas in South Africa [40].Other questions were derived from the Sylheti Questionnaire and the COMFORT scale on maternal satisfaction with peri partum services [41,42].

The questionnaire was divided into 5 sections.

1) Section I included: demographic characteristics.

2) Section II: mode of delivery.

Section III –IV : Women were asked to rate their level of satisfaction with care received by responding to statements on a 5- scale ranging from 1-strongly agree to 5-strongly disagree with regards to pain relief, cleanliness, privacy, delivery care, information given to them during labor and participation in their care.

3.8 DATA COLLECTION TECHNIQUE:

The interview technique was used for data collection by one researcher (Dr. N. Khumalo).

In the maternity ward all women who were in their 3rd day post caesarean section were interviewed after they were discharged. The reason for the study was explained individually to women and they were assured about the confidentiality and anonymity of their responses. They were then given the information sheet to read and if they agreed to participate in the study they were asked for written consent. Patients were asked their preferred language for interview and offered options of English, Zulu, or Tswana. Only eight women accepted the language translation.

They were then interviewed in the wards behind closed curtains and closed doors for privacy. The interviews were done every day if there were patients between 9am and 10am before going to conduct interviews at the antenatal clinic.

After the interviews in the postnatal ward the researcher conducted interviews at the antenatal clinic on Tuesdays and Thursdays between 10 am and 1pm. Before 10 am mothers are given health education.

The reason for the study was explained to all women after the health education was done and they were assured of confidentiality and anonymity of their responses. They were all invited to participate in the study and that not all of them would be interviewed if the number needed for the day was reached. Women were then invited individually to participate in the study as soon as they were seen by the nurses, one after the other until the number for the day was reached.

The same procedure was followed to obtain consent and the interviews were conducted in the office of the matron with a closed door.

3.9 PILOT STUDY:

The questionnaire was pre-tested on ten women in the antenatal clinic and it was found to be well understood and no changes were made to the questionnaire. The ten questionnaires were included in the analysis.

3.10 DATA CAPTURE ANALYSIS

Data was captured and cleaned using Excel and then was imported to (STATA) statistical software for analysis by the researcher who did the research. Frequency tables were used to describe data and a chi-square test of association was used to determine association between satisfaction with pain relief during labour and the women's marital status and their level of education. The association between the level of education and satisfaction with the information that was given by the doctors was also tested.

3.11 ETHICAL CONSIDERATIONS

The WITS University Human Research Ethics Committee approval was obtained before the study was conducted.

Approval was also given by the Health District Ekurhuleni District Public Health Unit.

The ethical clearance number is :M111014

Written and signed informed consent was obtained from the respondents who took part in the study.

CHAPTER 4

RESULTS

4.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS

A total of 260 women participated in the cross-sectional study. Ninety eight percent of the respondents were black. The majority of women were above the age of 24 years. The women had an average of two children. Two hundred and fifty four respondents (98%) had a secondary school qualification or higher with 10 % having acquired tertiary qualifications. Only 24 % of the respondents were married.(**Table 1**)

4.2 MODE OF DELIVERY

Eighty percent of mothers delivered their babies by normal vaginal deliveries and 20% by caesarean sections. There were no assisted vaginal deliveries but there were 28 % normal vaginal deliveries with episiotomies.**(figure 1).**

4.3 SATISFACTION WITH SERVICES

4.3.1 Patient satisfaction with pain relief during labour

The results showed that 73 % of the respondents felt strongly that the nurses did not respect their description of pain. Most of the respondents, 68 % and 63 % respectively were not satisfied with pain relief during labour or pain relief after delivery. (**Table 2)**

4.3.2 Environmental factors: Privacy measures and Cleanliness

Regarding environmental factors, 61% of the respondents said that the curtains were closed when they delivered their babies. However, 31 % of the respondents felt that they were a lot of people around during labour.

The results showed that 62 % of the respondents felt that the medical staff respected their privacy; they were not left exposed. Of note is that an overwhelming number of respondents 84 % felt that non-medical staff respected their privacy. **(Table 3)**

Regarding cleanliness, 90% and above of the respondents were satisfied with the level of cleanliness of the toilets, delivery room and the bedding. (**Table 4)).**

4.3.3 Delivery care

Fifty seven percent of the respondents were not satisfied with the time that was spent explaining about what was done and why it was done while 61 % of the respondents were not satisfied with the time that was spent listening to their needs. Most of the respondents 59 % were not satisfied with the time they spent waiting for nurses to respond to their needs during labour. Post delivery a majority of respondents 64% were satisfied with the time that was spent teaching them in the post-partum period to care for themselves. (**Table 5**)

4.3.4 Information sharing

The results showed that fifty five percent of respondents were not satisfied with the information that was given to them by the doctors in order for them to make informed choices about their care. In contrast, 63 % of the respondents were satisfied with the information that they got from the nurses that they needed to make informed choices about their care. An overwhelming majority of 80 % of the respondents agreed that the information that they received from different health care providers was consistent.(**Table 6**)

4.4.5 .Participation in decision making

The results showed that a majority of 73% of the respondents were not satisfied with the number of times that the health care providers asked for their opinion in planning their care. Most of the respondents 69 % were not satisfied with the degree to which caregivers supported their decisions.

Although the results showed that 47 % of the respondents did not feel free to ask questions, 67 % of the respondents did not feel pressured to agree with caregiver's management plan.

Fifty nine percent of the respondents claimed that they would return to the hospital if they were to have another baby.(**Table 7**)

There was no association between the level of satisfactions with pain relief during labour and age, marital status, level of education. Using the results were Pearson chi-square 2.425 p-values=0.498, Pearson chi-square 1.3739 p-value = 0.710, Pearson chi-square 1.6291 p-value 0.443 respectively. (Table 8,9,10).

There was no association between satisfaction with information sharing by doctors and the level of education. Pearson chi-square 0.1263 p-value 0.939.(Table 11)

TABLE 1 : SOCIO-DEMOGRAPHIC FACTORS

	Total (n=260)	**Percentage (%)**
Race		
Black	255	98
Other (coloured and white)	5	2
Age		
Mean	26 years	
Mode	18 years	
Marital Status		
Single	96	37
Married	62	24
Divorced/ Widowed	2	1
Co-Habitating	100	38
Level of Education		
No Formal Education /Primary	6	2
Secondary	119	46
Matriculated	102	39
Tertiary	33	13

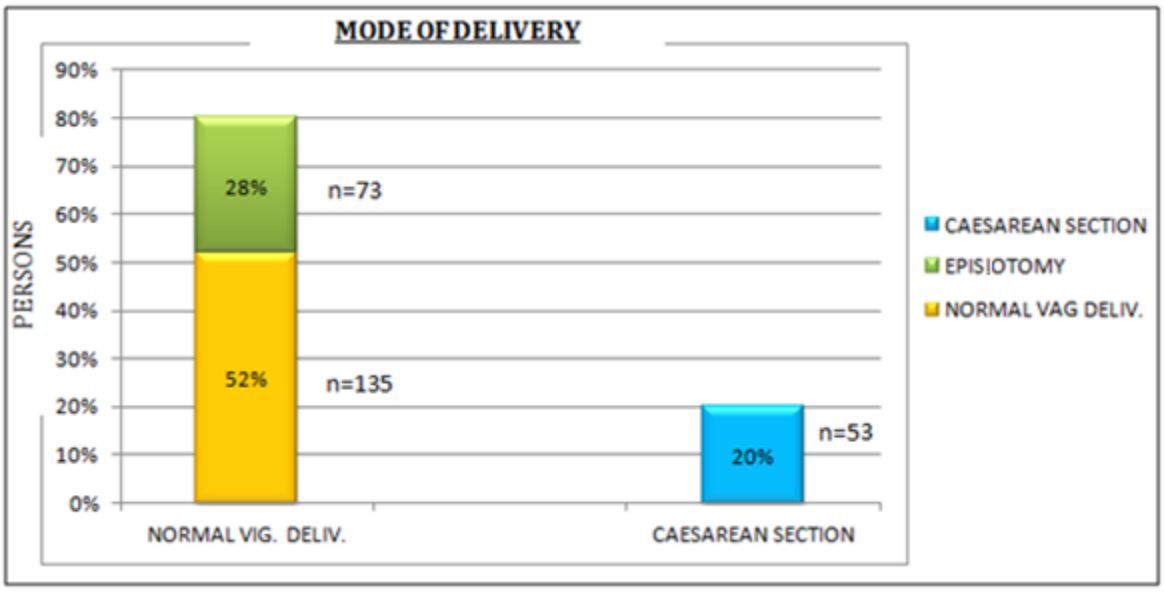


FIGURE 1: MODE OF DELIVERY

IMPORTANT: There was less than 4% differences between agree and strongly agree and between disagree and strongly disagree therefore the results were combined in all the tables from table 2 to table 7.

TABLE 2: PAIN RELIEF DURING LABOUR

	Total (n=260)	Percentage (%)
1. During Labour the Nurses Respected your Description of Pain		
Strongly Disagree	170	65
Disagree	22	8
Not Sure	7	3
Agree	57	22
Strongly Agree	4	2
2. You were satisfied with what was done to relieve pain during labour?		
Strongly Disagree	160	62
Disagree	16	6
Not Sure	1	0
Agree	78	30
Strongly Agree	5	2
3. You were satisfied with what was done to relieve pain after you delivered your baby?		
Strongly Disagree	153	59
Disagree	11	4
Not Sure	2	1
Agree	83	32
Strongly Agree	11	4

TABLE 3: PRIVACY MEASURES

IMPORTANT: 53 Women delivered by caesarean section so the first question did not apply to them**.**

	Total (n=260)	**Percentage (%)**
1. When you delivered your baby the curtains were closed	Total (n=207)	
Strongly Disagree	66	32
Disagree	9	4
Not Sure	7	3
Agree	120	58
Strongly Agree	5	3
2. During labour you felt like they were a lot of people around	Total (n=260)	
Strongly Disagree	41	16
Disagree	131	50
Not Sure	9	3
Agree	77	30
Strongly Agree	2	1
3. The medical staff respected your privacy , you were not left exposed	Total(n=260)	
Strongly Disagree	71	27
Disagree	25	10
Not Sure	2	1
Agree	157	60
Strongly Agree	5	2
4. Non medical staff (porters, cleaners, etc)respected your privacy	Total (n=260)	
Strongly Disagree	26	10
Disagree	15	6
Not Sure	1	0
Agree	216	83
Strongly Agree	2	1

TABLE 4 : CLEANLINESS OF ENVIROMENT

	Total (n=260)	Percentage (%)
1.The toilets were clean		
Strongly Disagree	9	3
Disagree	15	6
Not Sure	3	1
Agree	233	90
Strongly Agree	0	0
2.The delivery room was clean		
Strongly Disagree	4	2
Disagree	5	2
Not Sure	7	3
Agree	244	93
Strongly Agree	0	0
3.The bedding was clean		
Strongly Disagree	0	0
Disagree	7	3
Not Sure	1	0
Agree	252	97
Strongly Agree	0	0

TABLE 5 : HOSPITAL CARE AND EDUCATION

	Total (n=260)	Percentage (%)
1. Satisfied with the time that was spent explaining about what was done and why.		
Strongly Disagree	121	46
Disagree	28	11
Not Sure	1	0
Agree	106	41
Strongly Agree	4	2
2. Satisfied with the time spent listening to your needs.		
Strongly Disagree	123	47
Disagree	35	13
Not Sure	0	0
Agree	94	36
Strongly Agree	8	3
3. Satisfied with the time you spent waiting for nurses to respond to your needs.		
Strongly Disagree	117	45
Disagree	36	14
Not Sure	3	1
Agree	98	38
Strongly Agree	6	2
4. Satisfied with the time spent teaching you in the postpartum period to care for yourself.		
Strongly Disagree	73	28
Disagree	17	6
Not Sure	4	2
Agree	156	60
Strongly Agree	10	4

TABLE 6 : INFORMATION SHARING

IMPORTANT: 73 patients were not seen by the doctor, they were delivered by midwifes.

		Percentage (%)
1. Doctors gave you information you needed to make informed choices about your care.	**Total(n=187)**	
Strongly Disagree	70	37
Disagree	34	18
Not Sure	3	2
Agree	71	38
Strongly Agree	9	5
2. Nurses gave you information you needed to make informed choices about your care.	Total (N=260)	
Strongly Disagree	35	13
Disagree	54	21
Not Sure	9	3
Agree	150	58
Strongly Agree	12	5
3. The information you received from different health providers was consistent.	Total (N=260)	
Strongly Disagree	33	13
Disagree	17	6
Not Sure	2	1
Agree	204	78
Strongly Agree	4	2

TABLE 7 : PARTICIPATION IN CARE

	Total (n=260)	Percentage (%)
1. Satisfied with the number of times doctors/nurses asked for your opinion in planning your care.		
Strongly Disagree	130	50
Disagree	59	23
Not Sure	4	1
Agree	59	23
Strongly Agree	8	3
2.Satisfied with the degree to which caregivers supported your decision		
Strongly Disagree	122	47
Disagree	57	22
Not Sure	6	2
Agree	68	26
Strongly Agree	7	3
2. You felt free to ask questions.		
Strongly Disagree	92	35
Disagree	31	12
Not Sure	0	0
Agree	131	50
Strongly Agree	6	2
3. You felt pressured to agree with care givers management plan/treatment.		
Strongly Disagree	89	34
Disagree	86	33
Not Sure	5	2
Agree	73	28
Strongly Agree	7	3
4. If you were to have another baby, you would return to this hospital.		
Strongly Disagree	77	30
Disagree	20	8
Not Sure	9	3
Agree	147	56
Strongly Agree	7	3

TABLE 8 : Association between satisfaction with pain relief during labour and age

AGE	Satisfaction with pain relilief during labour		TOTAL
	Disagree	Agree	
18-24 years	65	35	100
	65	35	100
	35.71	44.87	38.46
25-29 years	60	21	81
	74.07	25.93	100
	32.97	26.92	31.15
30-34 years	37	16	53
	69.81	30.19	100
	20.33	20.51	20.38
➢ 35 years	20	6	26
	76.92	23.08	100
	10.99	7.69	10
Total	182	78	260
	70	30	100
	100	100	100

Pearson chi2 (3) = 2.4250 Pr = 0.489

TABLE 9: Association between satisfaction with pain relief during labour and marital status

MARITIAL STATUS	PAIN SATIES		TOTAL
	Disagree	Agree	
Single	68	28	96
	70.83	29.17	100
	37.36	35.90	36.92
Cohabiting	41	21	62
	66.13	33.87	100
	22.53	26.92	23.85
Married	71	29	100
	71	29	100
	39.01	37.18	38.46
Widowed	2	0	2
	100	0	100
	1.10	0	0.77
Total	182	78	260
	70	30	100
	100	100	100

Pearson chi2 (3) = 1.3789 Pr = 0.710

TABLE 10: Association between the satisfaction with pain relief during labour and the level of education

LEVEL OF EDU	Satisfaction pain relief during labour		TOTAL
	Disagree	Agree	
Secondary	84	41	125
	67.20	32.80	100
	46.15	52.56	48.08
Matriculated	76	26	102
	74.51	25.49	100
	41.76	33.33	39.23
Tertiary	22	11	33
	66.67	33.33	100
	12.09	14.10	12.69
Total	182	78	260
	70	30	100
	100	100	100

Pearson chi2 (3) = 1.6291 Pr = 0.443

TABLE 11: Association between satisfaction with information sharing by doctors and the level of education.

Level of education	Doctors information giving		TOTAL
	Disagree	Agree	
Secondary	53	40	93
	56.99	43.01	100
	50.96	50	50.54
Matriculated	38	31	69
	55.07	44.93	100
	36.54	38.75	37.50
Tertiary	13	9	22
	59.09	40.91	100
	12.50	11.25	11.96
Total	104	80	184
	56.52	43.48	100
	100	100	100

Pearson chi2 (2) = 1.263 Pr = 0.939

CHAPTER 5

DISCUSSION

The results showed that there were varying degrees of satisfaction with various services provided in the maternity unit in Germiston hospital, ranging from dissatisfaction with pain relief to satisfaction with cleanliness. The variability in the women's responses to different aspects of peri-partum care suggests that women pay attention to details of the quality of care they are offered.

5.1 SATISFACTION WITH PAIN RELIEF DURING LABOUR

The majority of women were not satisfied with what was done to relieve pain during and after delivery. A possible explanation could be that women were not given any pain relief during labour because some midwives believe that labour is a painful experience and women must just bear it. This would reflect that the maternity unit was not following the national guidelines which clearly states that analgesics should be used to relieve pain during labour and after delivery. This fact has been proven in a previous research which was done by the human rights watch in Eastern Cape which showed that most midwifes did not give any analgesic agents to women during labour [7]. In that study the midwives claimed to be understaffed and overworked at times delivering a lot of women at the same so they never had time to administer any analgesic to women. Even though the maternity ward in Germiston hospital is also short staffed with high absenteeism rate this cannot be used as a justification for not giving women analgesics during labour.

Another possible explanation for the dissatisfaction could be that even though adequate analgesia was provided it was not enough for most women. This was confirmed in a study that was done in India about satisfaction with pain relief where they found that even when non epidural pharmacological agents were used for pain relief during labour 23 % of women were still dissatisfied with pain relief [30].

5.2 SATISFACTION WITH CLEANLINESS AND PRIVACY

The results also highlighted that the level of satisfaction with the quality of maternal care was higher with regards to cleanliness of the environment .This could be due to the fact that the cleaners are supervised by the nurses in charge of the wards who check the toilets regularly for cleanliness and could be emphasizing that cleaners do their duties. Another important contributing factor is that cleanliness is one of the six fast-track areas (Core Standards) in improving the quality of the public health sector services, the others being improving staff attitudes, waiting times, safety, infection control and availability of medication. It is suppose to be assessed daily by managers and supervisors and independent external auditors randomly come to inspect the facilities for compliance with these national core standards [43].

Women were very satisfied about how privacy was maintained in the wards. The satisfaction levels ranged from 62% for medical staff to 84 % for non medical staff. The high respect of non-medical staff for example porters could be due to the fact that most porters are male and they know that in the maternity ward women are exposed during labour and the matrons in the maternity ward ensure that the male porters respect women's privacy. This also showed that the hospital personnel respect human dignity by maintaining privacy and this is in line with the national core standards to improve care in the public sector [43]. It is important to note that privacy and cleanliness are some of the aspects of care for which government health services commonly receive complaints hence the initiation of the six quality priorities of the national core standards and cleanliness and privacy being part of the priorities. It is encouraging to see Germiston hospital performing well on this national key standard.

5.3 SATISFACTION WITH HOSPITAL CARE

The results showed that a majority of the respondents were not satisfied with the time that was spent explaining about what was done and why; the time that was spent listening to their needs and the time they spent waiting for nurses to respond to their needs.

These results are consistent with a study that was done in the Eastern Cape by the Human Rights Commission where they found women were not satisfied with the care that they received during labour [33].

The nurses did not respond to patients' needs. It seems that during labour there was no time on the part of the caregivers to explain, to listen to nor to attend to women in labour. This could be due to the fact that the maternity ward is under-staffed with one midwife responsible for more than one woman in labour which is a usual occurrence. Some authors have questioned the ability of health workers to provide effective labour support in institutional birth environment because nurses have simultaneous responsibilities for more than one labouring women and spend a lot of time keeping records, and begin and end work shifts in the middle of women's labours impeding continuity of care [44]. Another reason is the high absenteeism rate amongst staff members in the hospital which causes shortage of staff and increases the workload.

After delivery a majority of the women (64 %) were satisfied with the time that was spent teaching them in the post-partum period to care for themselves. This could be due to the fact that health education is given to women as a group by one nurse with women being given the chance to ask questions.

5.4 SATISFACTION WITH INFORMATION AND PARTICIPATION

The results showed that women were not satisfied with the number of times that the health care providers asked for their opinion in planning their care. They were not well informed about the whole labour process because procedures not explained and they were not given the opportunity to take part in decision making. This shows that women want to be involved in their care and that the maternity unit is not yet patient centred, it is still using the paternalistic approach.

Fifty five percent of respondents were not satisfied with the information that was given to them by the doctors compared to 63 % of respondents who were satisfied with the information that they got from the nurses in order for them to make informed choices about their care. Their dissatisfaction with the doctors was due to the fact that little or no information was given to them during labour. This could be explained by the fact that a majority of the doctors do not speak the local languages and sometimes use the services of the nurses as translators. To women it would be the

nurse who gave them the information not the doctor even though the nurses were merely translating.

Another explanation could be the doctors' communication style which is influenced by how a patient communicates the more patients asks questions the more the doctor explains. It is possible that women did not ask questions and therefore got less information from the doctors. It has been found in previous research that patients who are conscious of the class difference between them and the doctors' ask fewer questions and are passive during the consultation get less information from the doctor which leads to dissatisfaction [38]. This could be the case in Germiston. It is important for the doctors to create an environment of open communication to facilitate shared decision making

Despite their high levels of dissatisfaction a majority of the respondents (60 %) claimed that they would return to the hospital if they were to have another baby. This may be explained by the lack of choice in terms of health care. They depend on the public sector for their health care needs and some felt that Germiston hospital was better than other public hospitals.

5.5 CONCLUSION:

In this study, satisfaction with peri-partum care at Germiston hospital was less than optimal especially with regards to pain relief; time spent explaining procedures and information sharing by doctors. Cleanliness, privacy and information sharing by nurses were viewed by woman as adequate, which is encouraging. These three factors should be taken into account when designing quality improvement programmes in the maternity department

5.6 LIMITATION OF STUDY

Non-probability convenience sampling was used for the study. This method provides opportunity for sampling bias and the sample is not representative of the entire population. However the researcher accepted women one after the other if they met the inclusion criteria.

Women may be reluctant to criticize their care due to gratitude bias. This was avoided by encouraging women to be honest because their responses were going to be used for appraisals and quality improvements.

Another limitation to the study is that it was done very soon after delivery which predisposes to information bias.

A qualitative study design might have given richer information that the Likert-scale questionnaire that was employed here.

5.7 RECOMMENDATIONS

- The results of the study will be discussed by the researcher with the maternity ward staff.

With regard to specific areas of dissatisfaction the following priority improvements are recommended:

- Provisions should be made by the hospital to assist health workers to improve their communication skills including learning of local languages.
- Patients should be encouraged to take an active role during consultation with health care providers because this will ensure that they get more information from the service providers by creating a friendly environment where patients feel free to express themselves.
- The matrons and clinical managers should ensure that women are given pain relief during labour according to the national guidelines and should ensure regular training and reviews of policies within the department.
- Further randomised control studies need to be done to improve on the current study which had selection bias.

- Further qualitative research is still needed about peri-partum satisfaction in South Africa that would cover factors that were not explored in this study for example: provider's attitude, partner's presence during labour.

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APPENDIX 1 : TIME LINES FOR THE STUDY

EVENT	**DATE**
Final draft of protocol submission	5 June 2011
Final date for protocol submission	5 July 2011
Post graduate committee review	July 2011
Ethics submission	7 July 2011
Ethics clearance	6 November 2011
Data collection and analysis	3 February ----3 April 2012
Write-up	May 2012
Submission	October 2012

APPENDIX 2 : BUDGET OF THE STUDY

ITEM	AMOUNT
Stationery : pens, etc	R100
Paper work : (consent forms, photocopies, and final report)	R1000
Data Capturing	R0
Communication (faxes, telephone cost, couriers)	R500
Translators	Free
Analysis and Report writing	R0
Total	R 1 600

APPENDIX 3:

INFORMATION SHEET AND CONSENT FORM

Good Day,

My name is Dr N. Khumalo a 4th year Registrar from the department of Family Medicine at the University of the Witwatersrand medical school. I am doing a study to check the level of satisfaction with maternity care as part of my 4th year of study. I am inviting you to take part in our study that will take about 10 minutes of your time. I do not need your name.

This study aims to find out if women who delivered in Germiston hospital are satisfied or not satisfied with the maternity services that they received. In order to find out if women are satisfied or not I need to ask you set of question using a questionnaire.

Why am I doing this? I am doing this study to help me with my completion of my 4th year of study. The study will also help the hospital to identify areas in which patients are not satisfied thereby assist in the improvement of the care provided.

Are there benefits to the participants? Yes, for the future. If you plan on having more children some of your dissatisfaction might be addressed if they are identified by the hospital and can be addressed by the hospital. There is no financial gain.

The study is voluntary. If you refuse to participate in the study there will be no penalties. You will be treated like those that participated. You can stop participating in the study anytime you feel like stopping and there will be no penalties.

Confidentiality :

All the information that you give in this study will be kept strictly confidential. The consent forms that you will be asked to sign will be securely stored and access will be limited to the research team. The results of the study will be presented in

confidential manner and no information which could enable anyone to identify you personally will be reported.

If you are happy to participate in this study, please read and sign the consent form below.

If you want any information regarding your rights as a research participant, or complaints regarding this research study, you may contact the Chairperson of the University of the Witwatersrand, Human Research Ethics Committee

(HSEC), which is an independent committee, established to help protect the rights of research participants at (011) 717-2301.

Thank You :

Dr. Nonhlanhla Khumalo

APPENDIX 4

INFORMED CONSENT FORM

I hereby confirm that the researcher has given me all the information on this study to my satisfaction. I understand the purpose of the study, the procedures involved, risks and benefits and my rights as a participant in this study.

I have received the information leaflet about this study, had enough time to read the information and asked questions on points that needed clarification. Any questions that I had have been answered to my satisfaction.

I have been assured that any information that I give will be confidential and that the information will be anonymously developed into a research report that may be published. I am aware that the report and any publications from it will be shared with Germiston Hopital management.

I am aware that I can withdraw my participation from this study anytime and I willingly give my consent to participate in the study.

Participant's name (Print)……

Participant's signature or thumb print…….

If minor Guardian/ Parent signature…….

Name:

Signature:

APPENDIX 5

QUESTIONNARE

SECTION 1 : DEMOGRAPHIC FACTORS

RACE	1-Black	2-White	3-Coloured	4-Indians	5.Other
AGE					
PARITY					
MARITAL STATUS	1-Single	2-Married	3-Divorced	4-Co-Habitation	Widowed
LEVEL OF EDUCATION	No formal education	Primary	High School	Completed Matric	Tertiary Qualification

SECTION 2: MODE OF DELIVERY

1. NORMAL VAGINAL DELIVERY	
2. ASSISTED VAGINAL DELIVERY	
3. EPISIOTOMY	
4. CAESAREAN SECTION	

SECTION 3 : PAIN RELIEF

PAIN	Strongly Disagree	Disagree	Not sure	Agree	Strongly agree
1.During labour the nurses respected your description of pain					
2. You were satisfied with what was done to relieve pain during labour					
3.You were satisfied with what was done to relieve pain after you delivered your baby					
SECTION 4:					
PRIVACY	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
1. When you delivered your baby the curtains were closed					
2. During labour you felt like they were a lot of people around					
3. The medical staff respected your privacy , you were not left exposed					
4. Non medical staff (porters, cleaners, etc)respected your privacy					

CLEANLINESS	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1.The toilets were clean					
2.The delivery room was clean					
3.The bedding was clean					

SECTION 5 : HOSPITAL CARE AND EDUCATION

	Strongly Disagree	Disagree	Not sure	Agree	Strongly agree
1.Satisfied with the time that was spent explaining about what was done and why					
2.Satisfied with the time spent listening to your needs					
3.Satisfied with the time you spent waiting for nurses to respond to your needs					
4.Satisfied with the time spent teaching you in the postpartum period to care for yourself					

SECTION 6 : INFORMATION AND PARTICIPATION

INFORMATION	Strongly disagree	disagree	Not sure	agree	Strongly agree
1.Doctors gave you information you needed to make informed choices about your care					
2. .Nurses gave you information you needed to make informed choices about your care					
3. The information you received from different health providers was consistent					
PARTICIPATION	Strongly disagree	Disagree	Not Sure	Agree	Strongly Agree
1.Satisfied with the number of times doctors/nurses asked for your opinion in planning your care					
2.Satisfied with the degree to which caregivers supported your decision					
3.You felt free to ask questions					
4.You felt pressured to agree with care givers management plan/treatment					
5.If you were to have another baby , you would return to this hospital					

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16 September 2011
Person No: 404141
PAG

Dr N Khumalo
24 Klip Road
Roodepoort West
1724
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Dear Dr Khumalo

Master of Medicine in the speciality of Family Medicine: Approval of Title

We have pleasure in advising that your proposal entitled "*Factors that influence patient's satisfaction with peri-partum care in Germiston hospital maternity unit*" has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

health and social development
Department of Health and Social Development
GAUTENG PROVINCE

EKURHULENI HEALTH DISTRICT
PUBLIC HEALTH UNIT

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Memo

To : **Post-graduate Office, University of Witwatersrand**

From : **Dr R Kellerman: Public Health Specialist Ekurhuleni**

Date : **24 May 2011**

SUBJECT: Permission to conduct research

Permission is granted to Dr. Nonkanduka Khumalo, a 4th year MMed student to conduct research in Ekurhuleni district for the following research topic: FACTORS THAT INFLUENCE PATIENT SATISFACTION WITH PERI-PARTUM CARE IN GERMISTON HOSPITAL MATERNITY UNIT.

The district ethical panel will review and give approval once we have received the ethical clearance from the University of Witwatersrand.

General study objective

To study factors that influence patient satisfaction with peri-partum care received in Germiston hospital maternity unit.

Specific Objectives

1. To asses women's satisfaction with pain relief during labour, after episiotomy and post caesarean section operation.
2. To asses women's satisfaction with the information given during labour and post-delivery by nurses and doctors.
3. To asses women's satisfaction with their level of involvement in their care.
4. To assess women's satisfaction with privacy measures during labour.
5. To asses women's satisfaction with cleanliness of the environment in which they gave birth.

pp

Mr. C. Modise

Director : Ekurhuleni Health District

Date : 25/5/2011

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Dr Nonhlanh a Khumalo

CLEARANCE CERTIFICATE	M111014
PROJECT	Factors That Influece Patients Satisfactior wit Peri-Partum Care in Germiston Hospital Maternity unit
INVESTIGATORS	Dr Nonhlanhla Khumalo.
DEPARTMENT	Department of family Medicine
DATE CONSIDERED	28/10/2011
M1110140DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 03/02/2012 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Dr Edrone Rwakaikara

DECLARATION OF INVESTIGATOR(S)
To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the proposal to the Committee. **I agree to a completion of a yearly progress report.**
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...