

A Descriptive Study on Satisfaction of Mothers Regarding Nursing Care Related to Delivery at Selected Primary Health Center in Mysore

Sheela Kaddimani^{1,*}

Abstract

This descriptive study investigates the satisfaction of mothers regarding nursing care related to delivery at selected primary health center (PHC) in Mysore. The investigator used a descriptive study design; a purposive sampling technique was used to select the 80 mothers delivered in selected PHC in Mysore based on sample selection criteria, and a structured interview schedule was adopted. Information from the samples was gathered through interviews, and the data underwent analysis utilizing SPSS version 11. The study shows that satisfaction of mothers regarding the interpersonal relationship of the nurses was high (85.2%) [(M = 17.04) (SD = 2.59)], and satisfaction of mothers regarding physical care was low (79.95%) [(M = 31.98) (SD = 5.95)]. The overall satisfaction of mothers regarding nursing care delivery was high (82.7%). The sex of the baby is independently associated with the satisfaction of mothers = 2.795 (P>0.05). None of the institutional factors were independently associated with the satisfaction of mothers. The study concludes that nurses need to improve their skills in all aspects of physical care for mothers during delivery. Ensuring 100% satisfaction requires nurses to deliver quality care in their workplace, utilizing resources, manpower, and time effectively to satisfy the needs of the patient. Adequate nursing care is crucial for postpartum mothers. The government can also organize an in-service educational programme for the nursing staff working in the PHC to provide quality care to the mothers and also provide facilities for the nursing staff working in the PHC.

Keywords: Primary health center, delivered mothers, nursing care, postpartum mothers, satisfaction

INTRODUCTION

Maternal and child health care, particularly the provision of safe motherhood services, holds significant importance within primary health centers and falls under the jurisdiction of the government and the Ministry of Health. The state and health departments prioritize the enhancement and

*Author for Correspondence

Sheela Kaddimani

E-mail: sheela.dhaduti@gmail.com

¹Research Scholar, Department of Nursing, Shri Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan, India

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consolidation of health networks and the quality of primary health care as crucial for delivering effective health services and safeguarding the well-being of the population. A well-functioning Maternal and Child Health (MCH) service has the potential to diminish maternal morbidity, contributing to the development of healthier human resources. The state of MCH services, especially in rural areas, serves as a vital indicator for evaluating the overall progress of a country. It is imperative to extend widespread MCH services in rural areas to meet the diverse and continuous health needs of the population at affordable costs. The primary objective of the care provided within

this service is to fulfil the needs of the mothers who seek care. Satisfaction refers to the sense of comfort and contentment experienced by an individual. Assessing a mother's satisfaction is a method employed to gauge the quality of care. This evaluation can be conducted either in person or through interviews. Satisfaction surveys serve as tools to evaluate the efficacy of nursing care, encompassing assessments of the interventions applied, attitudes regarding the care received, and the care provided. Mothers typically exhibit a higher degree of critical assessment of the interpersonal and situational aspects of care compared to the care interventions themselves.

LITERATURE REVIEW

In an article by WE Peterson in 2002 titled "A study on the comparison of adolescent and adult mothers' satisfaction with postpartum nursing care," findings revealed that adolescent mothers who underwent a caesarean section were less satisfied than those who had a vaginal delivery [1]. The study indicated lower scores among adolescents compared to adults in both the experience of nursing care scale and satisfaction with nursing care scale as per the Newcastle satisfaction with nursing scales. Dissatisfaction among adolescent mothers was linked to factors such as nurse availability and nurse-client communications.

In another article by U Senarath in 2006 titled "A cross-sectional study on factors determining client satisfaction with hospital-based perinatal care in Sri Lanka," a survey involving 446 mother-newborn pairs from five hospitals was conducted [2]. Multivariate analyses indicated higher satisfaction levels among mothers with services provided by lower-level hospitals. Multiparae demonstrated higher satisfaction than primiparae. Determinants of satisfaction included immediate mother-newborn contact, information following examinations, and counseling on family planning. Additionally, increased satisfaction with the physical environment was associated with being Moor or Tamil as opposed to Sinhalese and having a lower family income.

In a study conducted by Sudesh Kumar in 2007, recommendations are put forth for an "action plan" to assess the current quality of maternal and neonatal care services in government health institutions in Ranchi, Jharkhand [3]. The evaluation employs a combination of qualitative and quantitative research methods, including site assessments, exit interviews, and focused group discussions. The strategy tries to identify minor gaps in the health system that contribute to maternal and newborn mortality and morbidity that might be resolved locally without the use of additional resources, along with big gaps in the system. The findings could be utilized to develop strategies to improve Jharkhand's maternal and neonatal care systems.

In an article by Eva S. et al. (2009) titled "Service delivery satisfaction and related factors among parturient women," the research concludes that the majority of mothers expressed satisfaction with the provided services. Service satisfaction was found to be correlated with being a city resident and the rationale for choosing hospital delivery [4]. As a result, the hospital staff should engage in ongoing education and personal leadership efforts.

RESEARCH METHODOLOGY

The research employed a quantitative research approach, and the chosen research design for this study was a descriptive survey design. The study included the mothers who had delivered in selected primary health centers in Mysore. A purposive sampling technique was used to select the 80 mothers who delivered in primary health center for the study with reference to inclusion and exclusion criteria. Inclusion criteria were that mothers who delivered in primary health center available during the period of data collection and willing to participate in the study. Data was collected with the help of constructed tool which consists of three sections. Section 1 was background factors regarding age, religion, educational status, occupation, income, type of delivery, sex of baby, gravida, number of children and Section 2 was data on institutional factors among mothers such as distance between PHC and home and transport. Section 3 was data on satisfaction regarding nursing care among mothers who had delivered in PHC. A 29 items schedule was developed. Items were divided into five areas

namely admission to primary health center, physical care, psychological care, and interpersonal relationships of the nurses. The responses given by the mothers were “fully satisfied,” “partially satisfied”, “undecided”, “partially unsatisfied”, and “fully unsatisfied”. These responses were given the scoring of ‘4’ for” fully satisfied,” ‘3’ for” partially satisfied”, ‘2’“undecided”, ‘1’ for “ partially unsatisfied” :0” for “fully unsatisfied”. The total score of all 29 items was 116, high satisfaction—96–114, low satisfaction—52–95 [5–11].

RESULTS AND DISCUSSION

The data were analyzed on the basis of objectives. The data were collected and tabulated, then analyzed and interpreted by using descriptive (frequency and percentage, mean and standard deviation) and inferential statistics (t-test). The study result revealed that the majority of mothers were in the age group of 16–20 years, 36 (45.0%), were Hindus, 62 (75%), had primary education, 34 (42.5%), were unemployed, 50 (62.5%), were below the poverty line, 45 (56.3%), had normal delivery with episiotomy, 44 (55.0%), were multipara, 47 (58.8%), were having two children, and 41 (51.3%). Institutional factors indicate that majority of the mothers were reputed to be less than 5 kilometer away from PHC, 51 (63.85); the majority of the mothers had the transport facility of a four-wheeler, 64 (58.8%), and the majority of the mothers were receiving antenatal care from PHC, 49 (61.1%). The mean and standard deviation of mothers’ satisfaction of various aspects of nursing care were assessed in PHC, like admission to PHC, physical care, psychological care, I. P. R of the nurses, and health education [12–17]. The obtained mean percentage reveals that the satisfaction of mothers regarding the interpersonal relationship of the nurses was high (85.2%) [(M = 17.04) (SD = 2.59)] and low regarding physical care (79.95%) [(M = 31.98) (SD = 5.95)]. The overall satisfaction was high (82.7%), no statistically association between the satisfaction of mothers except the sex of baby and their selected background factors and institutional factors. The given findings are supported with an earlier study done by Kapzawni (2006). It shows that satisfaction of postnatal mother were high in physical care, treatment, psychological support, diet, procedure, and reception in the postnatal ward (Tables 1 and 2) [18–20].

Table 1. Linear regression on the satisfaction of mothers and their selected background factors.

Selected background factors	Mothers’ satisfaction		
	Standard co-efficient	t’ value	Significance ‘p’
Age	-.050	-.355	0.724 (NS)
Educational status	-.223	-1.820	0.073 (NS)
Occupation	-.170	-1.412	0.162 (NS)
Family income	-.043	-.375	0.709 (NS)
Type of delivery	-.026	-.213	0.832 (NS)
Sex of newborns	.364	2.789	0.007 *
Gravida	-.282	-1.449	0.152 (NS)
Number of children	0.054	0.261	0.795(NS)

Table 2. Linear regression on the satisfaction of mothers and the institutional factors.

Institutional factors	Mothers’ satisfaction		
	Standard co-efficient	t’ value	Significance ‘p’
Distance between home and PHC	-.167	-1.247	0.217 (NS)
Transport	-.108	-.843	0.402 (NS)
Antenatal care	-.061	-.536	0.594 (NS)

CONCLUSION

The study’s primary goal was to gauge mothers’ satisfaction with nursing care provided during deliveries in PHC. The study’s findings led to the following deductions: With 82.75%, the overall satisfaction rate was high. Mothers reported being 85.2% satisfied with the nurse’s interpersonal skills, but only 79.9% with her physical care. As a result, nurses must enhance their expertise in all areas of providing physical care to expectant women. In order to achieve complete client satisfaction, nurses must deliver high-quality care in their working environment by making efficient use of their time, manpower, and resources.

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