

PATIENTS' SATISFACTION WITH MIDWIFERY SERVICES AT A REGIONAL HOSPITAL AND ITS REFERRING CLINICS IN THE LIMPOPO PROVINCE OF SOUTH AFRICA

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ABSTRACT

Patients' satisfaction with healthcare services is a measure of the quality of care received and of the responsiveness of healthcare systems to patients' expectations. A quantitative, descriptive, cross-sectional study was undertaken to assess mothers' satisfaction with maternity services at a regional hospital in the Limpopo Province of South Africa, and its 11 referring clinics.

Structured interviews were conducted with 79 mothers during their postnatal visits. Many mothers were teenaged, single and unemployed. Overall, 51.9% ($n = 41$) of the interviewed mothers were satisfied; 32.5% ($n = 25$) were neutral; and 16.5% ($n = 13$) were dissatisfied with the care they had received during the intrapartum and early postpartum periods.

Mothers were mostly satisfied with the general cleanliness of the ward; the information provided by nurses about looking after themselves and their babies at home, including breastfeeding; the way privacy was maintained; and the thoroughness of examinations done by doctors and midwives.

Mothers were most dissatisfied with aspects concerning inadequate explanations of procedures and the lack of their involvement in decisions related to their care. Lack of pain relief during labour was also a serious concern. These aspects should be the focus of efforts to improve midwifery care at the participating hospital and its 11 associated clinics, and possibly also at other hospitals, in Limpopo.

KEYWORDS: intrapartum period, midwifery patients, midwifery services in South Africa, post partum period, quality of midwifery care

INTRODUCTION

Efficient quality care that meets patients' expectations is a fundamental aim of public health services (Imam, Syed, Ali, Ali, Gill, Hassan, Hashmi, Siddiqi, Khan & Jameel, 2007:2). The public health system had been accused of inefficiency, including allegations about abuses of patients' rights. This situation caused the South African government to introduce the Batho Pele principles for the public service. Patients are becoming increasingly aware of their rights and should be involved in all aspects of their care (Bennet & Brown 2002: 93; Fraser, Cooper & Nolte, 2006:7).

According to the Draft White Paper on the Transformation of Service Delivery (South Africa, 1997:5), listening to patients' views, involving them in making decisions and treating them with respect are important for rendering quality services. Kongnyuy and Van den Broek (2009:9) indicated that the management of health facilities should evaluate the degree of quality of services in order to obtain information on the providers' success in meeting clients' values and objectives. Thus, this study was conducted on patients' satisfaction with maternity services at a regional hospital in the Limpopo Province of South Africa (hereafter Limpopo), and its 11 referring clinics.

According to Ahmad and Din (2010:95), satisfaction is regarded as a psychological state resulting when the emotions surrounding unmet expectations are coupled with the consumer's prior feelings about the consumption experience. According to Smith and Engelbrecht (2001:5), "client satisfaction is regarded as the level of satisfaction that clients experience having used the service which reflects the gap between the expected service and the experience of the service". As clients' expectations increase over time, the quality of service has to keep on improving to maintain a certain level of satisfaction.

Managers, staff and patients might interpret quality differently. For patients, quality care could be meeting their perceived needs on time. If the mothers' expectations were met, for example, for pain relief or choice of infant feeding method, they could believe that they had received quality care. Quality care implies that services are rendered on a timely basis, thus reducing the need for emergency interventions, which would help to prevent overburdening referral facilities (Lawson, Harrison & Bergstrom, 2001:37). According to Ahmad and Din (2010: 95), involvement of the user in health services can lead to improved outcomes, and hence improved compliance, as a result of trust in health professionals. There are several factors that influence patients' expectations of a service, including a woman's past delivery experiences, media reports, cultural and religious beliefs and dietary preferences (Smith & Engelbrecht, 2001:1).

According to Smith and Engelbrecht (2001:2), there are five broad areas to be measured, namely: tangibles like equipment and physical surroundings; reliability or the ability to accurately perform the service; responsiveness implying the willingness to assist clients; assurance or the ability to be knowledgeable and to inspire confidence and

trust; and empathy, including the ability to care for and to display compassion to clients. Bruggeman, Parpinelli and Osis (2007:44) reported that the presence of a companion of the woman's choice had a positive influence on her satisfaction with the birth process in Brazil.

Research done in Bangladesh identified the most powerful predictors for patient satisfaction with government services to be respect and politeness, which were more important than providers' technical competence. The second most important aspect related to respect for privacy and short waiting times, but perceptions and judgements of quality were reportedly highly individualistic (Aldana, Piechulek & Al-Sabir, 2002:512).

A South African study of diabetic patients (Westaway, Rheeder, Van Zyl & Seager, 2002:73) found that interpersonal dimensions (empathy and communication) were more important than organisational dimensions (technical expertise). Patients in poor states of general and mental health in this study were less satisfied with interpersonal and organisational dimensions of care than patients who reportedly were in good health.

Maputle and Nolte's (2008:61) findings revealed limited mutual participation and responsibility sharing due to strict routines during labour in Limpopo. Imam et al. (2007:1) also reported that patients needed to be more involved with and informed about their treatment in Pakistan.

Significant progress in improving access to quality health care services has been achieved in South Africa. However, several challenges have been highlighted such as providing quality health services, and training and retaining adequate numbers of nurses and other healthcare professionals to meet the country's needs of service delivery (Limpopo Province, 2008:7).

BACKGROUND INFORMATION

According to the information obtained from the records of the participating regional hospital in Limpopo, its maternity records and the obstetric unit manager, this unit had a bed capacity of 126 divided into four sections, namely: antenatal clinic, labour ward, premature unit and post natal ward (including gynaecology services, family planning and termination of pregnancy services). The number of deliveries per month in 2004 ranged from 300 to 472, with 219 to 374 normal deliveries and 66 to 111 caesarean sections. The maternity ward had one gynaecologist, one paediatrician, two general practitioners and 47 registered nurses, including 12 advanced midwives. There were 16 enrolled nurses and 25 enrolled auxiliary nurses in the maternity ward. Staffing of the 11 clinics varied according to the size of the clinic. Interviews were conducted at these 11 clinics where postnatal visits were estimated using the number of vaccinations given

to neonates. Mothers who were interviewed had delivered their babies at one of these 11 clinics or at the participating regional hospital.

ETHICAL CONSIDERATIONS

Approval to conduct the study was obtained from the Research Ethics Committee of the Faculty of Health Sciences of the University of Pretoria. Written permission to conduct the research was also obtained from the Limpopo Provincial Department of Health and from the participating regional hospital. Two registered midwives were trained to conduct interviews. The structured interview schedule items were explained to ensure a common understanding, especially when translated into Tshivenda. Interviewers first requested verbal permission from registered nurses in charge of the clinics before starting with the interviews. The interviewers were fluent in both English and Tshivenda, and the interview schedule had been translated into Tshivenda for mothers unable to understand English. Verbal consent was obtained from each respondent after providing an explanation about the nature and purpose of the research. All respondents participated without any coercion whatsoever. Each interview lasted approximately 15 minutes.

VALIDITY AND RELIABILITY

Validity was enhanced by involving a statistician from the Department of Health Systems and Public Health at the University of Pretoria from the initial stages of instrument development. The structured interview schedule was developed from the relevant literature and from the Health Systems Trust's Client Satisfaction Tool and the Sylheti questionnaires which had previously been tested and utilised to measure patient satisfaction (Duff, Lamping & Ahmed, 2001:215; Smith & Engelbrecht, 2001:1). No readymade tools were used, but specific items were derived from published articles where similar instruments had been used.

The study's supervisor also reviewed and approved the instrument. The instrument was reviewed by the statistician and then pre-tested on five mothers who did not participate in the actual study. The statistician also assisted in data coding of the variables using the Statistical Package for the Social Sciences (SPSS) version 8.0.

RESEARCH METHODS AND DESIGN

A quantitative, descriptive, cross-sectional study was undertaken to measure patients' satisfaction with maternity services at the participating regional hospital in Limpopo and its 11 referring clinics.

Population and sample

The study population comprised all mothers who had delivered their babies at the participating Limpopo regional hospital or its 11 clinics and who attended postnatal clinics during August and September 2005. All mothers attending clinics for their two or six-week postnatal appointments were approached to be interviewed when interviewers were present at a specific site between August and September 2005. Each clinic was visited twice over a four-week period, with the interviewers present from 08h00 to 13h00. In all, 55 mothers who delivered at the hospital, and 24 who delivered at the clinics were interviewed. Mothers who delivered their babies at any other hospital or clinic were excluded from the study. In this way, 79 structured interviews were analysed.

Research instrument

A structured interview schedule with closed and open-ended questions was used to interview mothers. Mothers were asked questions about socio-demographics, environmental aspects of the wards, and their satisfaction with the care received during labour and after delivery. Socio-demographic data included the mother's age, resident village, highest school grade passed, employment status, marital status and number of live children.

Aspects concerning labour and delivery included the place and type of delivery; condition of the baby; who assisted during the delivery of the baby; pain relief during labour; and the length of stay after delivery. Mothers were asked to rate their satisfaction with regard to the manner in which they had been welcomed and introduced to ward staff and the speed with which they had been attended to. The general cleanliness of the ward; the state of the buildings; furniture and beds; provision of linen; and the condition of toilets were also included. Mothers' satisfaction with care during labour and delivery included aspects such as the availability of staff when needed; support and kindness; respect; information received about procedures, condition and treatment; mothers' involvement in decision-making about their care; thoroughness of examinations; pain relief during labour; and whether they felt confident that they could trust the midwives.

Mothers' satisfaction levels with care received in the ward after delivery included the way staff helped and supported them after delivery; kindness and support; and information on caring for themselves and their babies. Mothers were also asked to rate their overall satisfaction and the last two questions were open-ended, asking mothers to state the two best aspects about the care that they had received and the two aspects that they felt most needed improvement.

Data collection and analysis

Clinics were visited twice for data collection. The researcher did the first round during the last two weeks of August 2005 and the other two interviewers did the second round during the first two weeks of September 2005. All interviewers wore uniforms when they visited the clinics. The study was introduced in a way that put the mothers at ease so that they did not in any way feel threatened. Mothers were asked to rate their experiences on a scale with 1 being very dissatisfied, 2 dissatisfied, 3 neutral, 4 satisfied and 5 very satisfied. The data were analysed using the SPSS version 8.0. Frequencies and percentages were used in the data analysis.

RESEARCH RESULTS

Biographical data

Ages and villages

Of the 79 respondents, 21 (26.6%) were up to 19 years old; 43.0% (n = 34) were aged 20–29 years; 25.3% (n = 20) were aged 30–39 years; while 4 (5.1%) were 45 years old or older. Of the 79 mothers, 70 (88.6%) were from 37 villages around the hospital and only nine were from the four surrounding townships.

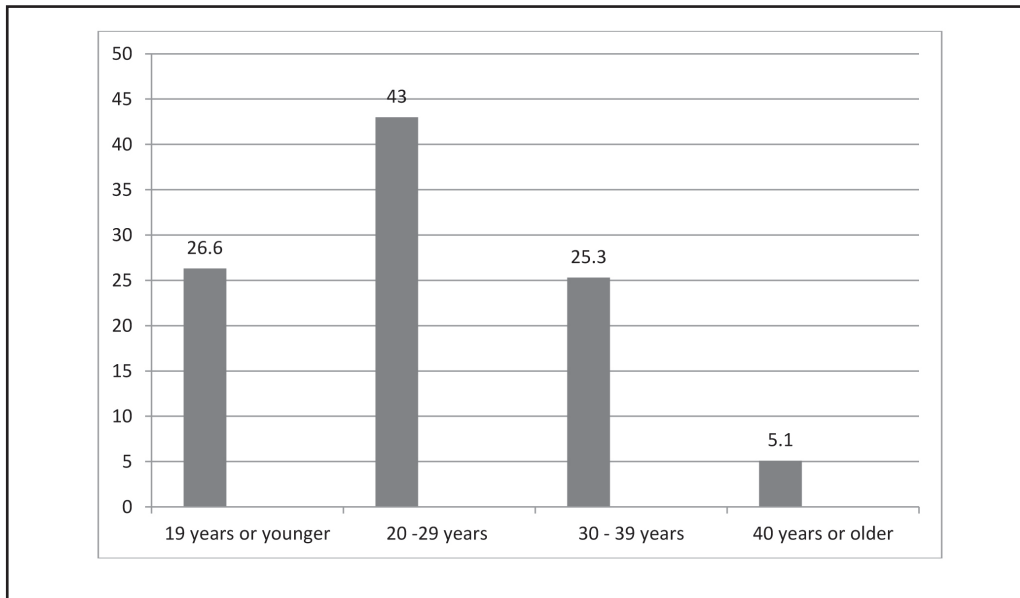


Figure 1: Mothers' ages

Education levels

Out of the 79 mothers, 41.8% (n = 33) had passed grade 11 or 12; 29.1% (n = 23) had passed grades 8–10; 19.0% (n = 15) had not reached grade 8; and only 10.1% (n = 8) had reached tertiary education.

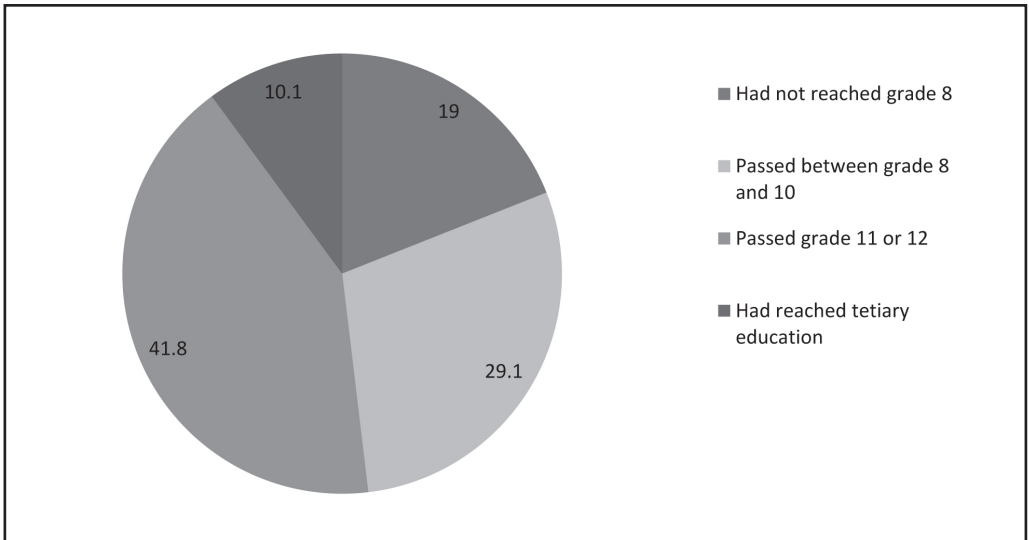


Figure 2: Mothers' educational levels

Employment and marital status

Most mothers (84.4%; n = 67) were unemployed; 8.0% (n = 6) had formal employment; and the other 8.0% (n = 6) were self-employed. Only 52.7% (n = 42) of the mothers were married; 42.0% (n = 33) were single; 4.0% (n = 3) had stable partners; and one (1.3%) was a divorcee.

Number of live children

Of the 79 mothers, 40.5% (n = 32) had one live child; 25.3% (n = 20) had two live children; 16.5% (n = 13) had three live children; 10.1% (n = 8) had four live children; 1.3% (n = 1) had five live children; 3.8% (n = 3) had six live children; and 2.5% (n = 2) had two live children.

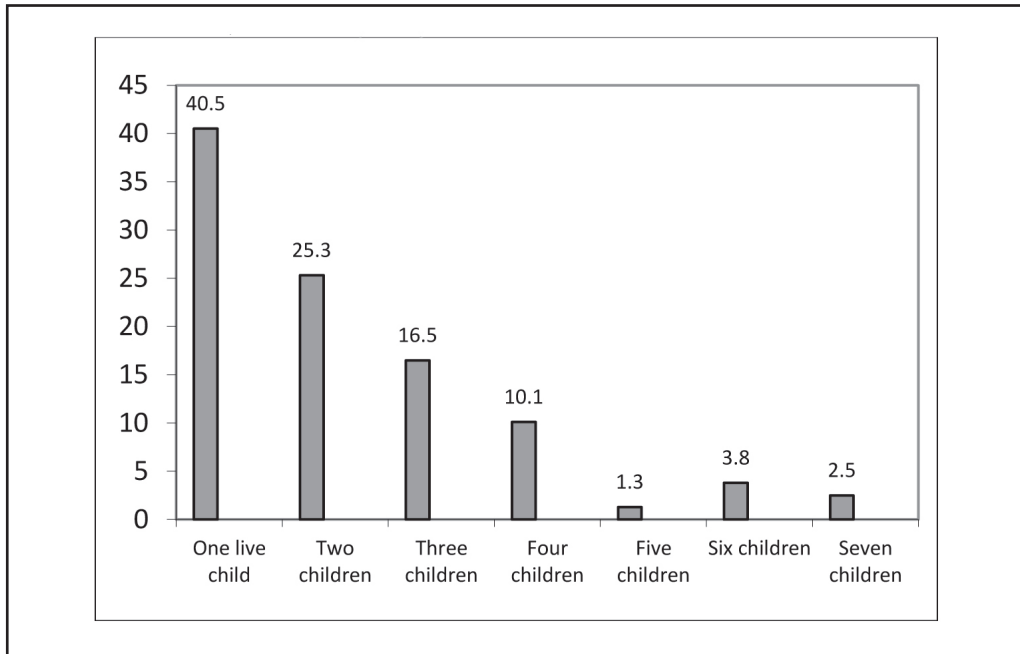


Figure 3: Mothers' number of live children

Labour and delivery experiences

Place and type of delivery

Of the 79 mothers, 70.0% (n = 55) delivered at the regional hospital and 30.0% (n = 24) at the 11 referring clinics. Most mothers (84.0%; n = 66) had normal vaginal deliveries and 16.0% (n = 13) delivered by caesarean sections. No mother delivered by forceps or vacuum extraction. All mothers who delivered at the clinics had normal vaginal deliveries.

Condition of the baby after delivery

Of the 24 mothers who delivered at the clinics and 55 mothers who delivered at the hospital, 13.0% (n = 3) and 20.0% (n = 11) respectively indicated that their babies were sick after delivery. Information on the nature of the ailments was not obtained.

Staff members involved during labour and delivery

Out of the 55 mothers who delivered at the hospital, 74.0% (n = 41) were assisted by midwives only and 14 (26.0%) were assisted by both doctors and midwives during labour and delivery. Only midwives assisted all 24 mothers who delivered at the clinics.

Pain relief during labour

Most mothers who delivered at the hospital (76.0%; n = 41) and of the 22 mothers who delivered at the clinics 91.0% (n = 20) said that nothing was done to relieve pain during labour, with only about one in seven delivering at the hospital and one in 20 at the clinic being given medication to relieve pain during labour. Three mothers did not respond to the question on what was done to relieve pain during labour.

Table 1: Mothers' responses on what was done to relieve pain during labour

Pain relief	Hospital (n = 54)		Clinic (n = 22)		Total	
	n	%	n	%	n	%
None	41	75.9	20	90.9	61	80.3
Medication	8	14.8	1	4.5	9	11.8
Back massage	5	9.3	1	4.5	6	7.9
Total	54	100	22	100	76	100

Duration of hospital stay

Of the 55 mothers who delivered at the hospital, only 54 responded to the question about their length of stay in the hospital before they were discharged. Of the 54 mothers who responded, 27.8% (n = 15) stayed for less than one day after delivery before they were discharged; 42.6% (n = 23) stayed for 1–2 days; and 29.6 % (n = 16) stayed for 2–3 days.

Of the 24 mothers who delivered at the clinics, only 23 responded to the question on their length of stay at the clinics before they were discharged. Of the 23 mothers who responded, 60.9% (n = 14) stayed for less than one day after delivery before they were discharged; and 39.1% (n = 9) stayed for 1–2 days. There was no mother who stayed for two to three days at a clinic before being discharged.

Mothers' satisfaction with the quality of healthcare received

Reception

Of the 79 mothers, 64.5 % (n = 51) were satisfied with the way they had been welcomed; 24.1 % (n = 19) were dissatisfied; and 11.4% (n = 9) were neutral. Of the 79 mothers, (63.3%; n = 50) were satisfied with the speed with which they had been helped; 24.1% (n = 19) were dissatisfied; and 12.7% (n = 10) were neutral.

Physical environment

Of the 79 mothers, 72.1% (n = 57) were satisfied with the general cleanliness of the wards and 10.1% (n = 8) were dissatisfied. Nearly two-thirds (63.3%; n = 50) were satisfied with the state of buildings, furniture and beds and 13.9% (n = 11) were dissatisfied. Slightly more than half (46.8%; n = 37) of the mothers were satisfied with the provision of linen and 32.9% (n = 26) were dissatisfied. Less than half (44.3%; n = 35) were satisfied with the condition of toilets and 27.8% (n = 22) were dissatisfied. The percentages of mothers who rated these aspects as being neutral are depicted in figure 4.

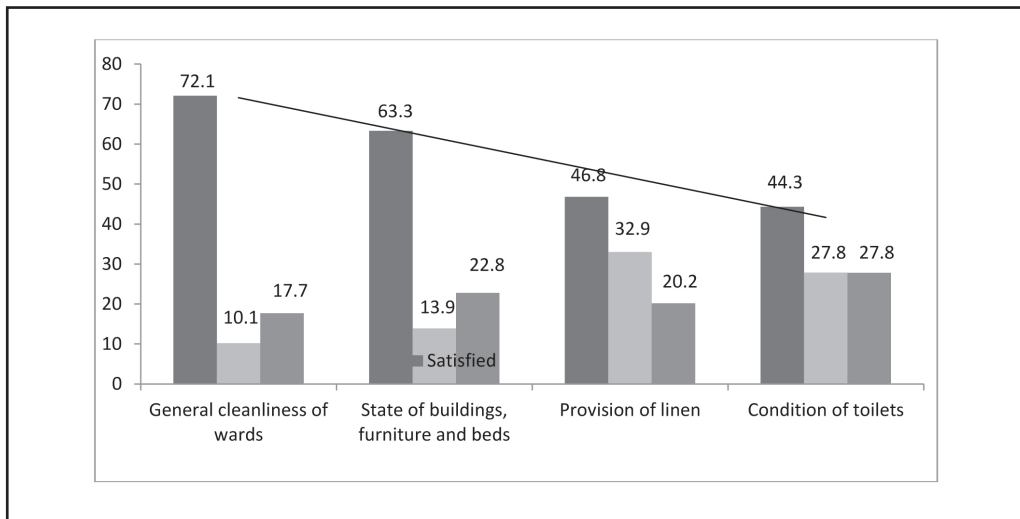


Figure 4: Physical environment

Care received during labour and delivery

Of the 79 mothers, 67.1% (n = 53) were satisfied with the way privacy was maintained and 6.3% (n = 5) were dissatisfied. Although 59.5% (n = 47) mothers were satisfied with the thoroughness of their examinations, 12.7% (n = 10) were dissatisfied with this

aspect. In terms of staff availability, 55.7% (n = 44) of mothers were satisfied and 26.6% (n = 21) were dissatisfied. Although 53.2% (n = 42) of mothers were satisfied with the support, kindness and care of staff during labour and delivery and 25.3% (n = 20) were dissatisfied.

In contrast, 44.3% (n = 35) felt inspired with trust and confidence and 41.8 % (n = 33) with the way procedures and conditions had been explained to them. Only 32.9% (n = 26) of mothers were satisfied with the way in which they had been involved in decision making related to their care. Only 17.7% (n = 14) were satisfied about the way pain was relieved during labour.

Care received by mothers after delivery

Although 70.9% (n = 56) of the mothers were satisfied with baby care information received; 13.9% (n = 11) were neutral; and 15.2% (n = 12) were dissatisfied. Just above half (58%; n = 46) of the mothers were satisfied with help, support, kindness and caring; 24.1% (n = 19) were neutral; and 17.7% (n = 14) were dissatisfied. Fifty-seven per cent (n = 45) of the mothers were satisfied with information given about self-care; 19.0% (n = 15) were neutral; and 24% (n = 19) were dissatisfied.

Overall satisfaction

Levels of overall satisfaction with care balanced out all facets of patients' experiences, emphasising what was important to them: 11.4% (n = 9) of mothers were very satisfied; 39.2% (n = 31) were satisfied; 31.2% (n = 25) were neutral; 13.9% (n = 11) were dissatisfied; and 2.5% (n = 2) very dissatisfied with the services rendered at the regional hospital or its 11 referring clinics.

Mothers' composite scores for the services they received

The interviewed mothers' rankings of different elements of their care were summated and scores were determined for each variable, scoring 5 for very satisfied, 4 for satisfied, 3 for neutral, 2 for dissatisfied and 1 for very dissatisfied. Mothers scored the highest on the manner in which privacy was maintained; followed by general cleanliness of the ward; information given on baby care; and thoroughness of examinations. They scored the following aspects of care the lowest: the manner that pain was relieved during labour and delivery; followed by the way in which they were involved in decision making related to their care; explanation of procedures and their condition; availability and cleanliness of linen; and cleanliness of toilets.

Table 2: Mothers' composite scores for the services received

Questions	Total score	n	mean
Respect for privacy during examinations	295/312	78	3.78
General cleanliness of the wards	294/316	79	3.70
Education on baby care	289/316	79	3.66
Thoroughness of examinations	284/312	78	3.64
The state of buildings, furniture and beds	276/316	79	3.49
Speed with which you were helped	272/316	79	3.44
The manner you were welcomed	270/316	79	3.42
Care after delivery	270/316	79	3.42
Education on self care	265/316	79	3.35
Availability of staff to assist you	261/312	78	3.35
Care during labour	260/312	78	3.33
Confidence and trust	259/316	79	3.28
Cleanliness of toilets	247/316	79	3.13
Provision of linen	242/316	79	3.06
Explanation of procedures	235/316	79	2.92
Involvement in decisions about your care	231/316	79	2.92
Pain relief during labour	219/312	78	2.81
Overall satisfaction	268/312	78	3.44

DISCUSSION OF RESEARCH RESULTS

The profile of the mothers receiving maternity services at the participating Limpopo regional hospital and its 11 referring clinics reinforces concerns about the socio-demographic status of those living in the former Bantustans of South Africa. Just above a quarter (26.6%; $n = 21$) of the interviewed mothers were younger than 20 years of age; close to half (41.8%; $n = 33$) were single; almost a fifth (17.7%; $n = 14$) had eight years or less of schooling; and most (84.8%; $n = 67$) were unemployed. Almost half (40.5%; $n = 32$) had delivered their first babies.

The core purpose of this study was to determine mothers' satisfaction levels with maternity services at one of Limpopo's regional hospitals and its 11 referring clinics. Overall, 51.9% ($n = 41$) were satisfied; 31.6% ($n = 25$) were neutral; and 16.5% ($n = 13$) were dissatisfied with the care. The study offered two further quantitative assessments of satisfaction/dissatisfaction pertaining to various components of care. The first was absolute levels of satisfaction; the second was satisfaction with one component relative to the others, with those rated worst obviously needing to be addressed first.

In the current study, an average score of 3 (indicating a neutral evaluation on a 5-point scale) for a component meant that levels of satisfaction and dissatisfaction were even; 14 of the 17 aspects of care measured averaged above 3 and only 3 below it: pain relief during labour; the way staff involved patients with decisions about their care; and

explanations of procedures, their condition and treatment scored below 3 (condition of toilets just above it). Confirmation that these are indeed areas requiring serious attention was provided by the answers to the open-ended questions asking about the two aspects of care needing most urgent improvements: insufficient linen at the hospital was identified by 40.5% (n = 32); communication by 22.8% (n = 18); lack of support by 17.7% (n = 14); and condition of toilets by 15.1% (n = 12) of the mothers.

It is notable that the four items that scored an average above 3.5 were all aspects of care for which government health services commonly receive bad publicity: information provided by staff on how to look after the baby at home including breastfeeding (70.9%; n = 56); general cleanliness of the ward (69.6%; n = 55); the way privacy was maintained (68.3%; n = 54), and the thoroughness of examination by doctors and midwives (60.8%; n = 48).

Mothers were satisfied with their reception both at the hospital and clinics. This was reinforced in responses to open-ended questions as most of the mothers mentioned the following aspects as being the best: good care during and after delivery; good communication and nursing care; and general cleanliness of the ward. Responses to closed-ended questions showed that mothers were generally satisfied with privacy; education given about the care of the baby; and the thoroughness of examinations during labour.

The hospital mission of rendering services with respect for human dignity is being reasonably realised, with privacy as one of the aspects with which mothers were most satisfied. However, more effort is still needed for improving aspects related to courtesy and kindness; care and support during labour; and the manner in which procedures and treatments are explained.

In response to a question on what was done to mothers to relieve pain during labour (table 1), more than half (80.3%; n = 61) of the mothers indicated that nothing was done to relieve pain during labour; 11.8% (n = 9) received medication; and 7.9% (n = 6) were given back massages. Although 35.9% (n = 28) were dissatisfied, 18.0% (n = 14) were satisfied with the manner in which pain was managed. Undue pain in modern confinement is unnecessary and pain relief during labour needs to be addressed more effectively.

CONCLUSIONS

The results of this study indicate reasonably satisfied patients, with three times as many expressing overall satisfaction with their care as dissatisfaction. Mothers were mostly satisfied with the way respect was shown to them during examinations; the general cleanliness of the wards; information provided on how to care for themselves and their babies; and the manner in which midwives and doctors performed thorough exami-

nations. The positive experiences in a number of areas for which government health services are commonly criticised is particularly pleasing. Still, there is room for improvement and the study has provided valuable information on mothers' experience of different aspects of the maternity service. Areas of improvement include enhanced explanations of procedures to be done and about their conditions and relevant treatments, and involving mothers in decisions related to their care and pain control during labour.

RECOMMENDATIONS

The first recommendation is that the results of this study be shared with staff and that they be complimented on what they are achieving. The feedback on good aspects should also encourage staff to address weaknesses. The study could serve as a baseline against which to monitor improvements over time. With regard to specific areas of dissatisfaction, the following priority improvements are recommended:

- Midwives and doctors should improve their explanations to mothers about procedures to be done, progress of labour and treatments. They also need to involve mothers in decision-making on matters related to their care.
- Hospital and clinic management should continuously arrange and conduct workshops or refresher courses for health personnel and support staff, and deal with aspects such as communication with patients, hospital or clinic cleanliness and patients' decision-making rights.
- Mothers need more information on various available options to assist in pain control and this service needs to be more proactively provided. Therefore doctors and nurses need to be sensitised to this need through regular in-service training.
- Nurse educators should emphasise the importance of pain control during labour to student nurses so that they would be able to assist mothers during labour in more effective ways.

LIMITATIONS OF THE STUDY

Mothers were interviewed at sites away from the clinics to avoid interviewing them within hearing distances of those who provided care. However, the supermarket approach that is used at the clinics made it impossible to obtain more mothers even though the data were collected for four weeks. More mothers could have been obtained if exit interviews were used. Of the 79 babies born at the clinics and the hospital, 33% ($n = 26$) were sick after delivery. The mothers were not asked about the types of illnesses and this could have indicated potential lack of due care. The study was done at a regional hospital and its 11 referring clinics in Limpopo; hence, the results might not be applicable to other hospitals and clinics in Limpopo.

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