

Satisfaction of women from cesarean section care services in public and private hospitals of Tabriz

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ABSTRACT

Background: Consumer satisfaction is recognized as an important parameter for assessing the quality of patient care services.

Materials and Methods: By using quota sampling method and questionnaire device, 392 mothers were selected who had been hospitalized for cesarean section in the public and private hospitals of Tabriz. statistical package for social sciences (SPSS) version 13, descriptive statistics, independent *t*-test, analysis of variance (ANOVA), and correlation tests were used for data analysis.

Results: Findings indicated that the highest rate for mothers' satisfaction was in the physical and comfort categories and the least satisfaction was in the informational aspect. The analysis of data showed significant difference between mothers' satisfaction with all aspects of care in the public and private hospitals ($P < 0.001$).

Conclusion: The results showed that mothers were more satisfied of physical and comfortable aspects, but informational aspect of care in both kinds of hospitals was low and there is a need for promote aspect.

Key words: Care, cesarean section delivery, patient satisfaction

INTRODUCTION

Cesarean section is a major abdominal surgery, and the morbidity and mortality rates are greater for women who undergo a cesarean delivery versus those who deliver vaginally.^[1] Childbirth can be regarded as a developmental crisis that engenders considerable stress for most women. Stress is increased when the birth occurs by cesarean section because major surgery is an additional life crisis event. Patient satisfaction is a very vaguely defined, yet definite term used in the evaluation of results. With growing emphasis on consumerism and competition in the health care system, patient satisfaction is the single most important criterion that needs to be addressed, irrespective of the nature of practice.^[3-8] Patient satisfaction with nursing services gains even more importance, since owing to the nature of nursing practice, patients may judge the overall quality of hospital services on the basis of their perceptions of the nursing care received. Satisfaction with care is a composite and subjective concept with still undefined

boundaries and multiple interacting variables, according to which patient satisfaction with nursing care is the degree of convergence between the expectations patients have of ideal care and their perception of the care they really get.^[4] However, there is an agreement that quality services require educated personnel who provide appropriate services to women politely and in well-equipped clinics. Quality maternal care is defined as an appropriate, satisfactory, low-cost, and accessible service that makes women capable of choosing a healthy life.^[5] Health care organizations are operating in an extremely competitive environment, and patient satisfaction has become a key to gaining and maintaining market share.^[6] Hospital care services have been categorized as private and public hospitals in Iran, similar to other countries. The public ones are controlled by the government and people are not required to pay much money.^[7] In a public hospital, patient satisfaction is dependent on several factors in addition to surgical results. It is the way you talk to the patient, the degree of importance that is given to his or her problem, the amount of time you spend with them, the amount that you handle personally rather than delegating it to your juniors, and the way you handle the relatives. Other peculiar factors are also seen from time to time.^[3] Patients' evaluation of care has become a prominent method of assessing the quality of health care services.^[8] Our aim in this study was determining the quality of cesarean care in the public and private hospitals of Tabriz, the results of which can promote care quality and patient satisfaction.

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MATERIALS AND METHODS

This study was descriptive-comparative in nature with the participants being 392 women who had cesarean section because of medical reasons in the public and private hospitals of Tabriz. Sample size was chosen according to Nagizade's^[9] assay. Quota sampling was used for determining the sample size. The study of the rate of cesarean section was done during the first 6 months of the year 2008 and the mean rate for each month was obtained. At last, 184 and 208 women were recruited for the study from the public and private hospitals, respectively. The sample selection criteria were mothers who did not have any recognized history of medical and mental diseases and those who did not undergo elective cesarean section. Also, all participants spent at least 2 h in the labor wards. For data collection, a questionnaire was used which was developed based on different studies. The questionnaire included two sections; the first part focused on assessment of demographic data and obstetric history and the second one contained three parts: assessment of physical satisfaction before and after cesarean section with 35 items, informational satisfaction with 38 items, and comforting satisfaction with 24 items. This questionnaire was provided with questions based on a Likert scale of 1 to 5. For the systematic content analysis, patients' comments in response to specific questions were evaluated and classified as satisfied, extremely satisfied, negative (when explicitly or implicitly indicated dissatisfaction), extremely negative or neutral, lastly changed to satisfied and not satisfied. Then the data were split into two groups, satisfied and not satisfied. Total scores were calculated and presented as percentages. The questionnaires were reviewed by 10 professors of the university to assess content validity, and alpha cronbach coefficient

of 0.8 demonstrated reliability of the questionnaire for assessing clients' satisfaction. Statistical analysis of quantitative data was carried out using the statistical package for social sciences (SPSS) software version 13, and descriptive statistics, independent *t*-test, analysis of variance (ANOVA), and correlation tests were used for data analysis. Mean values (M) and standard deviations (SD), as well as ranges of values were reported.

RESULTS

The quality of provided care to 392 normal pregnant women was assessed in the study. The majority of women (21.8%) were 21-25 years old and they were primipara (45.9%). The majority (92.9%) was housewives, 40.6% had high education, and 94.4% experienced planned pregnancy. Gestational age in most of them was more than 37 weeks and 48.2% underwent cesarean section in the morning time. 17.6% did not recommend hospital to others and 17.3% declared referring to the same center because most of them (62.3-61.7%) were not satisfied with the care providers.

The rate of physical, informational, and comforting satisfaction is shown in Table 1. Difference between public and private hospitals in all aspects was statistically meaningful ($P < 0.001$) [Table 2].

DISCUSSION

The present study was an attempt to assess the level of satisfaction of the patients with the various aspects of health care in the private and public hospitals of Tabriz to evaluate the quality of them. Yet, the findings of the survey were quite helpful if they were transformed into

Table 1: Satisfaction rates during labor and post-operative stage in different aspects in women who had cesarean section in public and private hospitals

Satisfaction	Part	Hospital	Satisfied no. (%)	Not satisfied no. (%)	Total no. (%)
Physical	Labor	Public	161 (87.5)	23 (12.5)	184 (100)
		Private	172 (82.7)	36 (17.3)	208 (100)
	Post-operative	Public	184 (100)	0 (0)	184 (100)
		Private	208 (100)	0 (0)	208 (100)
Informational	Labor	Public	0 (0)	184 (100)	184 (100)
		Private	0 (0)	208 (100)	208 (100)
	Post-operative	Public	127 (69)	57 (31)	184 (100)
		Private	129 (62)	79 (38)	208 (100)
Comfortable	Labor	Public	184 (100)	0 (0)	184 (100)
		Private	207 (99.5)	1 (.5)	208 (100)
	Post-operative	Public	181 (95.7)	3 (1.6)	184 (100)
		Private	208 (100)	0 (0)	208 (100)

Table 2: Comparing the satisfaction rates in different aspects in women who had cesarean section in public and private hospitals

Satisfaction	Public hospital		Private hospital		P-value
	Mean	SD	Mean	SD	
Physical	116.29	4.03	114.72	3.35	<0.000
Informational	101.23	4.71	99.77	1.92	<0.000
Comfortable	91.90	5.64	92.91	4.30	<0.04

schedules for improving the quality of health care system. Evidence from this study suggests that physical satisfaction was high in private and public hospitals. This is consistent with other studies.^[9-11] This study revealed that satisfaction with given information during labor and post-operative stage was at a low level in the private and public hospitals. In other studies, the level of informational satisfaction was high.^[9,12,13] It could be the result of different conditions in different countries and different care systems. The low satisfaction rate in this category could also be explained by the lack of sufficient time devoted to each patient due to crowded hospitals in the developing countries. Researchers realize that in a busy general hospital, time is a luxury that sometimes is unaffordable, but we must make the effort.^[3] The results of this study suggest that strategies are necessary to improve the quality of informational satisfaction. It should not be forgotten that the patient is the central figure around whom our day revolves. She is the reason we are there. The patient needs informational care just as physical. Nurses should talk as gently as possible. On several occasions, the patient does not understand the large amount of information that has been handed out to him/her. Sometimes it may have to be reinforced in simpler terms; therefore, emphasizing on communication skills and the method of giving information to patients can be very beneficial for elevating informational satisfaction. The results of our study demonstrate that comforting satisfaction was high in both kinds of hospitals.^[4,11,14] We should not forget that people willing to pay much money to private hospitals expect to get more comfortable care, therefore managers should try to promote it. Low expectation of patients in public hospitals can cause high comfortable satisfaction.

Satisfaction is a complex concept. It involves either a positive attitude or affective response to an experience, as well as a cognitive evaluation of the emotional response. This study declared that the difference between public and private hospitals in all aspects was statistically meaningful.^[15] Periodic assessment of the quality of care delivered together with feedback to the system on the overall quality of care was necessary. Our findings have important implications for hospital owners, managers, government officials, academics, and other related

parties. The hospitals need to organize training sessions based on the critical importance of service quality and the crucial role of inpatient satisfaction in the health care industry. In recent decades, the importance of measuring satisfaction with health care has been recognized. Patients' views are being used by health care managers in assessing the quality of care, and by policy makers in making decisions about the organization and provision of health services.

Limitations

In our study, we did not consider the level of patient knowledge about their rights, so it is suggested to assess patient rights and satisfaction simultaneously. Also, this study was limited to Tabriz. For complete results, it is recommended to conduct the study over east complete results, it is recommended to conduct the study over east. Azerbaijan.

REFERENCES

1. Izbizky G, Minig L, Sebastiani M. The effect of early versus delayed post caesarean feeding on women's satisfaction: A randomized controlled trial. *BJOG* 2008;115:332-8.
2. Chang S, Chen C. Effects of music therapy on Women's Physiologic Measures, Anxiety, and Satisfaction during cesarean delivery. *Res Nurs Health* 2005;28:453-61.
3. Jagannathan M, Tilak L. Patient satisfaction and ethics in a public hospital practice. *Indian J Plast Surg* 2008;41:107-9.
4. Merkouris A, Papathanassoglou E, Lemonidou C. Evaluation of patient satisfaction with nursing care: Quantitative or qualitative approach. *Int J Nurs Stud* 2004;41:355-67.
5. Simbar M, Dibazari ZA, Saeidi JA, Majd HA. Assessment of quality of care in postpartum wards of Shaheed Beheshti Medical. *Int J Health Care Qual Assur Inc Leadersh Health Serv* 2005;18:333-42.
6. Chandwani HP, Jivarajani H. Consumer satisfaction about hospital services of a private Medical college hospital of Gujarat, India. *Int J Epidemiol* 2010;8:33-8.
7. Available from: <http://www.hcpm.blogfa.com/cat-7.aspx>. [Last accessed on 2013 Apr 30].
8. Tengilimoglu D, Kisa A, Dziegielewski S. Patient satisfaction in Turkey: Differences between Public and Private Hospitals. *J Community Health* 1999;24:73-91.
9. Nagizadeh S. Assessment of Mothers' Satisfaction with the care of maternal care during Hospitalization for labor and delivery in Educational and Non- Educational Maternity Hospitals of Tabriz. *Nurs Midwifery J Tabriz* 2009;13:29-36.
10. Hildingsson I, Destad I. Swedish women's satisfaction with medical and emotional aspects antenatal care. *J Adv Nurs* 2005;52:239-49.
11. Simbar M, Ghafari F, Zahrani ST, Majd HA. Assessment of quality of midwifery care in labour and delivery wards of selected Kordestan Medical Science University hospitals. *Int J Health Care Qual Assur* 2009;22:266-77.
12. Rudman A, Waldenstrom U. Critical views on postpartum care expressed by new mothers. *BMC Health Serv Res* 2007;7:178-81.

13. Graham w. An investigation of women's involvement in the decision to deliver by cesarean section. *Br J Obstet Gynecol* 1999;106:213-20.
14. Johnson M, Langdon R, Yong L, Stewart H, Kelly P. Comprehensive measurement of maternal satisfaction: The modified Mason Survey. *Int J Nurs Pract* 2002;8:127-36.
15. Bazant E. Women's place of delivery and experience of quality in delivery care: A quantitative and qualitative study in Nairobi's informal settlements. PhD dissertation, Baltimore, Maryland: Johns Hopkins University; 2008.

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