Original Article

Client's Satisfaction on Maternity Services at Paropakar Maternity and Women's Hospital, Kathmandu

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ABSTRACT

Introduction: Delivery in unhygienic surroundings without assistance of skilled birth attendants may result adverse health consequences. Government of Nepal had introduced free basic health care for all, as of 15 January 2008 to increase access to health services and promote equity; free maternity services from selected sites. This study aims to assess client's satisfaction on free maternity incentive schemes at Paropakar Maternity and Women's Hospital, Kathmandu.

Methods: A cross-sectional study was conducted with semi structured questionnaire during Jestha 20 to Ashad 06, 2066 among 138 Postnatal Care (PNC) visitors attending on Post natal Clinic with exit interviews on first come first basis. Likert scale was used to measure the level of satisfaction.

Results: Nearly half (47.8%) clients were fully satisfied with the services provided free of cost. Satisfaction rate was higher with outcome of care of new born (89.9-94.2%). Respondents reported that the services being free are the reason for their satisfactions.

Conclusion: Majorities of the clients were found to be highly satisfied with the MIS initiative. This approaches need to be expanded to increase the access and availability of services in order to promote maternal health.

Key words: Client, Delivery, Free Maternity Service, Satisfaction.

INTRODUCTION

Delivery in unhygienic surroundings without assistance of skilled birth attendants may result adverse health consequences among pregnant women. Care during pregnancy is essential to ensure healthy successful outcome of child birth with healthy mother and child. Government of Nepal had introduced free basic health care for all, as of 15 January 2008 to increase access to health services and promote equity; free maternity services from selected sites. Maternity Incentive Schemes aims to address financial barriers and equity issues and increase demand for obstetric services. This study aims to assess client's satisfaction on free maternity incentive schemes at Paropakar Maternity and Women's Hospital, Kathmandu.

METHODS

A cross-sectional study was conducted at Paropakar Maternity and Women's Hospital during 2066/02/20 to 2066/03/06 BS. exit interview with 138 Postnatal Care (PNC) visitors attending on Post natal Clinic was conducted using semi structure questionnaire. Quota sampling was adopted and the clients were taken on first come first basis. Perceived satisfaction was assessed by using different dimensions of services (external environment, outcome of care, maintenance of privacy, behavior of health workers etc.) with the approval of the hospital before study. The measurement of the satisfaction level was assessed through likert's scale. Data were analyzed by SPSS-16.

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RESULTS

Demographic characteristics of clients: The majority of the respondents were housewives accounting of 80.4 percent and the majority of about 71.7 percent were between the age group of 20-30 years.

Table 1: Demographic characteristics

Age Groups	No. (n=138)	9/6
< 20yrs	22	15.9
20-30yrs	99	71.7
> 30yrs	17	12.3
Occupation		
Business	17	12.3
Service	6	4.3
Labor	4	2.9
Housewife	111	80.4

Client's satisfaction: The proportion of clients who were fully satisfied with the services provided free of cost were as nearly half of all and rest were fairly (just satisfied) with the services. Moreover, some dimensions of client's satisfactions related to services (such as interpersonal aspects of care, technical aspects of care, physical environment, outcome of care and accessibility) were assessed and found that relatively higher proportions of respondents were not satisfied with the physical environment(physical facilities and general sanitation) of the hospital. However, satisfaction rate was higher with outcome of care (89.9-94.2%).

Almost all of the clients were found to be satisfied with the services free of cost and the utilization rate was higher among the lower income group and this enhances the accessibility and equity of services. Higher proportion of respondents reported that the privacy was maintained during the treatment and diagnosis and this indicates that proper attention had been paid to interpersonal aspects of care. Outcome of care which included (condition of mother and condition of newborn) is also the important factor that determines clients and so, in the findings of study it has been found that majority of mother and child were normal. It has been found that clients were more satisfied with nursing care followed by health-workers behaviour, privacy and drugs availability. However, for open-ended part of the same question, respondents reported that the services' being free is the reason for their satisfactions.

Client's satisfaction was measure using Likert scale, showed that most of the respondents were satisfied with services being provided free of costs in contrast to the not satisfaction rate which was very least. So, if necessary improvements considering the factors which had low satisfaction rate will be made then it is likely to shift the satisfied group towards fully satisfied which is the ultimate goal of this approach.

Perceived satisfaction on free maternity services: About one-fourth of respondents were found to be fully satisfied and nearly three-fourth of them was satisfied with the technical competency of the service providers. Approximately three out of ten (29%) of the respondents reported their full satisfaction towards the behaviors of staffs while more than 85% of them were found satisfied. Similarly, lower proportion of respondents reported that they were fully satisfied with the physical facilities and general cleanliness of the hospital.

Table 2: Perceived satisfaction on free maternity Services

	Levels	of satisfac	atisfaction	
Items	Fully Satisfied Not Total satisfied	Total		
Technical competency of service provider	35 (25.4)	98(71.0)	5(3.6)	138(100)
Attitude and behavior of staffs	40(29.0)	86(62.3)	12(8.7)	138(100)
Physical facilities	20(14.5)	90(65.2)	28(20.3)	138(100)
General cleanliness	18(13.0)	90(65.2)	30(21.7)	138(100)
Transportation allowance	55(39.9)	82(59.4)	1(.7)	138(100)
Free of cost services	66(47.8)	70(50.7)	2(1.4)	138(100)
Total scores	1+2+3			

The figures in parenthesis shows percentage

Reasons for satisfaction of clients: About 72.46 percent of the respondents were satisfied with the drug availability and the maintenance of the privacy. Similarly, 76.81 percent were satisfied with the health workers behavior while 23.19 percent were not satisfied with them. Regarding the nursing care, about 89.13 percent were satisfied while 10.87 were not

satisfied with it. However only 24.63 percent responded that free services that is being provided to them is also the reason for their satisfaction while five percent of the respondents did not give any response to it.

Table 3: Reasons for satisfaction of clients

Reasons	Clients	%
Drugs availability	100	72.46
Privacy	100	72.46
Health worker's behavior	106	76.81
Nursing care	123	89.13
Advices	68	49.27
Free services	34	24.63
Don't Know	7	5.07

Response to recommend others to visit centre: More than ninety percent of the respondent's response of recommending the maternity services provided by the hospital to other people while 7.2 percent don't like to recommend the services provided by the institution.

Table 4: Response to recommend others to visit centre

Response to recommend others	No. (n=138)	%
Yes	128	92.8
No	10	7.2

DISCUSSION

The adult life time risk of maternal death is highest in Africa (at 1 in 26), followed by Oceania (1 in 62) and Asia (1 in 120), while the developed regions had the smallest lifetime risk (1 in 7300). These estimates provide an up-to-date indication of the extent of maternal mortality problem globally.³

In the study, Janajati accounts the highest user of the services and it is significant in the sense that Kathmandu is highly resided by Newars (Janajati). The mean age of mother who delivered child was found to be 24 years and the fertility rate for this age group is higher. Most of the mother who have utilized services were housewives and very least have had service and majority of father were laborers which suggests that unemployed women having low income family support seeks such services; this finding can be supported by the Marsini BR (2007) study which showed that low levels of service utilisation are associated with high costs.

Forty one percent of the respondents said that their source of the information about the free maternity service were found to be health workers followed by radio/TV, newspaper, friends and relatives which suggests that health workers are one of the effective communicator for any health messages rather any other. Assessment of accessibility by determining waiting time for admission and to see a doctor after registration indicated that respondents had to wait minimal time for both and hence, this reduces the large out of pocket expenditures on clients. Most of the respondents visit was for the first time which indicated that is due to free services and consistent with this findings record at Paropakar Maternity Hospital at Thapathali showed that the number of women seeking hospitals during delivery has gone up i.e.1, 746 delivery cases were recorded in the hospital in between January 14 and to February 11. The number of delivery cases is up by 101 from the number in between December 16 to January 13.

Client's satisfaction is an important measure of quality of health care and needs to be addressed in order to improve the utilization of primary health care services in urban areas. Less satisfaction was associated with the physical environment (physical facility and general cleanliness) of the care and the similar results was obtained in the study of Upul Senarath (2006) in Srilanka. This suggests that such weakness of service may act as a negative driver of the clients to seek care. And also physical environment is the first thing that is encountered by the clients. Good physical environment of the service centre attracts the consumer. Nevertheless, sanitation is important aspects for positive outcome of care.

Higher proportion of respondents reported that the privacy was maintained during the treatment and diagnosis and this indicates that proper attention had been paid to interpersonal aspects of care. Outcome of care which included (condition of mother and condition of newborn) is also the important factor that determines clients and so, in the findings of study it has been found that majority of mother and child were normal. To identify the overall reasons for satisfaction, a multiple choice question had been asked. And it has been found that clients were more satisfied with nursing care followed by health-workers behaviour, privacy and drugs availability. However, for open-ended part of the same question, respondents reported that the services' being free is the reason for their satisfactions. With respect to both general services and the services provided

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by nurses, results indicate high overall satisfaction among Free State patients receiving public-sector ART. However, our data present a less positive picture of patient satisfaction with waiting times. Patients in Fezile Dabi District were generally slightly dissatisfied with the waiting times at their assessment sites.⁵

Client's satisfaction was measured by using Likerts scale, showed that most of the respondents were satisfied with services being provided free of costs. So, if necessary improvements considering the factors which had low satisfaction rate will be made then it is likely to shift the satisfied group towards fully satisfied which is the ultimate goal of this approach.

Clients/patients satisfaction is one of the two components of quality of care which includes respect for the client/patient and understanding the needs of the client and providing services accordingly. Patient satisfaction is major indicator of quality of care.⁶

CONCLUSION

Client's satisfaction is one of the important determinants of health service utilization. Majorities of the clients were found to be highly satisfied with the MIS initiative. This approaches need to be expanded to increase the access and availability of services in order to promote maternal health.

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