

Determining the Satisfaction Level with Nursing Care of Mothers in Post-Cesarean Clinic

Sezaryen Sonrası Klinikte Yatan Annelerin Hemşirelik Bakımından Memnuniyet Düzeylerinin Belirlenmesi

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ÖZET

Amaç: Bu araştırma, sezaryen olan annelerin doğum sonu kliniklerinde hemşirelik bakımından memnuniyet düzeylerini belirlemek amacıyla yapılmıştır.

Yöntem: Bu tanımlayıcı çalışmanın örneklem büyüklüğü, “Belirtilen mutlak kesinlikle bir popülasyon oranını tahmin eden” bir tablo kullanılarak belirlendi. Araştırmanın örneklem büyüklüğü üniversite hastanesi için 55, doğum ve çocuk hastanesi için 114, eğitim ve araştırma hastanesi için 37 olarak saptanmıştır. Araştırmada olası veri kayıpları göz önüne alınarak 206 anneye anket uygulanmıştır. Hata payı $p < 0,05$ olarak kabul edilmiştir. İstatistiksel analiz için Mann Whitney U, Kruskal Wallis Varyans ve Pearson Korelasyon analiz testleri kullanılmıştır.

Bulgular: Üniversite hastanesinde yatan annelerin hemşirelik hizmetlerinden memnuniyet ölçeği puan ortalaması $84,58 \pm 19,72$ olup, sonuçlar istatistiksel olarak anlamlı bulundu ($p=0,002$). Rejyonel anestezi alan annelerin SPSNS puan ortalaması $94,73 \pm 18,95$, genel anestezi alan annelerin SPSNS skor ortalaması $87,46 \pm 19,09$ olarak saptandı. Anestezi tipi ile SPSNS skoru arasındaki ilişki istatistiksel olarak anlamlı bulundu ($p=0,001$).

Sonuç: Üniversite hastanesindeki annelerin memnuniyetleri diğer hastanelere göre daha düşüktü. Üniversite hastanesindeki annelerin memnuniyetsizlik nedenleri araştırılmalıdır. Rejyonel anestezi olan annelerin sezaryen operasyonundan memnuniyet düzeyi diğer annelere göre daha yüksekti. Anneler bölgesel anestezi konusunda bilgilendirilerek sezaryende bölgesel anestezi uygulanması yönünde teşvik edilmelidir.

Anahtar kelimeler: Sezaryen, Hemşirelik bakımı, Hasta memnuniyeti, Doğum sonu dönem

ABSTRACT

Purpose: This study was conducted to determine the satisfaction level of mothers with cesarean about nursing care in cesarean clinics.

Materials and Methods: The sample size of this descriptive study was determined using a table “Estimating a population proportion with specified absolute precision”. Sample size of the study was determined as 55 for the university hospital, 114 for the maternity and child hospital, 37 for the training and research hospital. Considering the possible data loss in the study, the questionnaire was applied to 206 mothers. The margin of error was taken as $p < 0.05$. Mann Whitney U, Kruskal Wallis Variance and Pearson Correlation analysis tests were used for statistic analysis.

Results: The mean score of Scale of the Patients Satisfaction with Nursing Services hospitalized in the university hospital was 84.58 ± 19.72 and results was found statistically significant ($p=0.002$). The mean SPSNS scores of mothers with regional anesthesia was 94.73 ± 18.95 the mean SPSNS score of mothers with general anesthesia was 87.46 ± 19.09 . The relationship between the type of anesthesia and SPSNS score was found statistically significant ($p=0.001$).

Conclusion: Satisfaction of mothers in the university hospital was lower than in other hospitals. Dissatisfaction reasons of the mothers in the university hospital should be researched. The satisfaction level of the mothers with regional anesthesia in cesarean section was higher than other mothers. Mothers should be informed about regional anesthesia and encouraged to apply regional anesthesia in cesarean section.

Keywords: Cesarean section, Nursing care, Patient satisfaction, Postpartum period

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INTRODUCTION

The female body has a structure to give vaginal birth (VB) with adequate support and appropriate intervention; however, in some cases, VB can't be achieved and birth may become risky. Such cases require cesarean (1). The World Health Organization (WHO) recommends cesarean rate (CR) of 15%. In recent years, CR has increased due to mothers' inadequate preparation for birth in the prenatal period and fear of birth (2). According to the 2019 data of the Organization for Economic Co-operation and Development health statistics, CR was 32% in the United States, 34% in Italy, 49% in Mexico, 45% in Korea, 39% in Poland, 30% in Germany (3). The incidence of cesarean is increasing in Turkey. According to the data of the 2018 Turkey Demographic and Health Survey, CR is 52% (4).

Compared to (VB), cesarean has many negative consequences for the mother and babies. In cesarean, the mother has to adapt to the postpartum period (PP) and take care of baby after undergoing a surgical intervention (1). Moreover, the maternal mortality rate is higher, medical intervention is more, hospital stay and recovery process are longer than VB (5). In the study of Amanak and Karaçam (6), the most common problems were; pain (54.9%), difficulty in movement (52.3%), and breasts-related problems (42.1%). Mothers with cesarean had problems in breastfeeding, nutrition, family relations, pain and thus, they could not meet the care needs of themselves and their babies (7).

Cesarean requires specific nursing care (NC). Having a satisfactory post-cesarean period is important for a healthier start of life for mother-baby (8). Ertem and Sevil (9) examined the effect of standards-based NC on the quality of care, patient satisfaction and found that women's satisfaction with NC was 94.3% in the experimental group and 31.4% in the control group. The high level of satisfaction of mothers in the experimental group who received standard NC suggested that NC provided was of high quality. In Eker's (8) study women in control group were given care according to the working protocols of the clinic nurses and women in experimental group were given according to the care standards. The mean satisfaction score of experimental groups was 63.1 ± 11.3 whereas the mean score of control group was 57.4 ± 13.3 . A statistically significant difference was reported between the groups ($p < 0.05$).

This descriptive study was conducted to determine the satisfaction level with NC of mothers in post-cesarean clinics. The results obtained from this study are thought to be

important in terms of evaluating the NC provided in post-cesarean clinic for care recipients and planning qualified postpartum care.

MATERIALS and METHODS

Study Design and Participants

This descriptive study was conducted to determine satisfaction levels of the mothers with cesarean regarding NC and factors affecting it. The study was carried out with the mothers in post-cesarean clinics of 3 hospitals. The sample size was determined using a table which is recommended for “estimating a population proportion with specified absolute precision” (10). In accordance, the minimum number of participants required to correctly estimate that the scale score will be greater than 50 for 15% of the women in a 95% confidence and with 5% precision was determined as 196. For the possible data loss, questionnaire was applied to 206 mothers. Using the proportional sampling method, the number of mothers with cesarean who sampled from post-cesarean clinic was determined as 55 for the university hospital, 114 for the maternity and child hospital, and 37 for the training and research hospital (11). Inclusion criteria were mothers who had cesarean, a healthy baby and were decided to be discharged. Exclusion Criteria were mothers who cannot communicate in Turkish. This study received approval from Selçuk University Ethics Committee (ResearchCodeNo:67/2011).

Data Collection

The data were collected using a questionnaire developed by the researchers using the literature (8,12) and the Scale of the Patients Satisfaction with Nursing Services. SPSNS was developed by Demir and Eşer (13) in 2005, revised by Arslan Yürümezoğlu (14) in 2007. The revised version consists of 27 items and one dimension. The lowest score obtainable from the scale is 27 and the highest score is 135. The satisfaction level of the respondent increases as the score obtained from the scale increases. The Cronbach alpha value of the scale, which was revised by Arslan Yürümezoğlu (14) is 0.98. In this study, the Cronbach alpha value of the scale was found 0.75.

Data Analysis

The data were analyzed using SPSS software (v. 20.0). The Kolmogorov-Smirnov test, frequency, Mann Whitney U, Kruskal Wallis Analysis of Variance and Pearson Correlation analysis tests were used for the evaluation of data. The margin of error was taken as ($p < 0.05$).

RESULTS

In the study 35% of the mothers were 24-29 years old; 63.1% were primary school graduates. As a result, 39.3% of mothers had their first pregnancy, 79.6% were planned their pregnancy, 87.9% received prenatal care (PC), 80.7% found PC sufficient. 54.4% of the mothers had a planned cesarean, 96.1% knew the reason for cesarean, 30.8% explained the reason “having a previous cesarean”. 53.4% of the mothers had regional anesthesia (RA); 65.5% had problems in post-cesarean period; 95.1% had a companion. In the study 64.8% of the mothers were satisfied with NC they received in previous deliveries.

The satisfaction score of the mothers was “above the moderate level 91.35 ± 19.31 (Table 1). The mean SPSNS score of the mothers in the university hospital was 84.58 ± 19.72 . The relationship between the hospital and the mean SPSNS score was found statistically significant ($p < 0.05$). The mean SPSNS score of the mothers hospitalized in the university hospital was lower than other two groups and the difference between the groups were found statistically significant ($p = 0.002$). No statistical significance was found between the pregnancies being planned 91.33 ± 19.45 , PC 92.06 ± 19.23 , finding PC sufficient 93.35 ± 18.21 and the mean SPSNS scores 91.35 ± 19.31 ($p > 0.05$). No statistical significance was found between the planned cesarean 90.29 ± 19.99 , knowing the reason for cesarean 91.69 ± 19.16 , having problems in post-cesarean period 90.67 ± 19.04 , the presence of companion 91.12 ± 19.50 and satisfaction with the NC in the previous deliveries 92.60 ± 18.71 , the mean SPSNS score ($p > 0.05$). The mean SPSNS scores of the mothers with RA was 94.73 ± 18.95 , the mean SPSNS score of the mothers with general anesthesia (GA) was 87.46 ± 19.09 . The relationship between the type of anesthesia and the mean SPSNS score was statistically significant ($p < 0.05$). The satisfaction scores of the mothers with RA were higher than those of mothers with GA ($p = 0.001$) (Table 1).

As seen in the Table 2, 85.2% of the mothers had pain in the surgery site; 66.7% had limitation of movement; 51.1% had breastfeeding and nipple problems. Of the mothers, 49.6% had flatus, coughing difficulty; 41.5% experienced inadequacy in baby care; 24.4% had constipation; 21.5% had personal hygiene problems, as a result, 15.6% of the mothers had difficulty in urinating. In the post-cesarean period, 9.6% of the mothers had nutrition problems, 3.7% had bleeding problems (Table 2).

Table 1. Distribution of birth characteristic of mothers by SPSNS score average

Characteristics (n = 206)	SPSNS score average Mean±SD (min-max)	X ^{2*}	p
Type of hospital			
Maternity and children hospital	93.88 ± 19.47 (42-131)	12.147	0.002
Training and research hospital	93.62 ± 15.99 (51-116)		
University hospital	84.58 ± 19.72 (37-135)		
		Z**	p
The request status of pregnancy			
Yes	91.33 ± 19.45 (37-135)	-0.055	0.956
No	91.43 ± 18.99 (45-116)		
Receiving prenatal care			
Receiving	92.06 ± 19.23 (37-135)	-1.467	0.143
No receiving	86.20 ± 19.54 (46-109)		
Situation of sufficient prenatal care			
Sufficient	93.35 ± 18.21 (37-135)	3,526	0.172
Insufficient	80.14 ± 26.65 (48-125)		
Partially sufficient	91.05 ± 18.68 (50-128)		
Planning status of cesarean section			
Planned	90.29 ± 19.99 (37-131)	-0.558	0.577
Unplanned	92.61 ± 18.51 (45-135)		
State of knowing the cause of cesarean section			
Knowing	91.69 ± 19.16 (37-135)	-1.011	0.312
Unknowing	83.00 ± 22.48 (46-111)		
		X^{2*}	p
The cause of cesarean section (n = 198)***			
Her own request	74.42 ± 23.76 (45-104)	9.986	0.442
Repeat cesarean section	91.26 ± 20.00 (42-131)		
The baby is in distress	92.82 ± 16.79 (48-128)		
Difficult birth	95.04 ± 21.07 (51-135)		
Breech birth	96.22 ± 16.35 (56-118)		
Doctor's choice	94.54 ± 17.49 (51-125)		
Problem with the placenta	83.50 ± 19.09 (70-97)		
Hypertensive disease	86.65 ± 19.44 (37-108)		
Multiple pregnancy	89.83 ± 21.88 (52-108)		
Advanced age pregnancy	96.00 ± 00.00 (96-96)		
		Z**	p
The type of anesthesia applied in cesarean section			
General anesthesia	87.46 ± 19.09 (37-135)	-3.276	0.001
Regional anesthesia	94.73 ± 18.95 (42-128)		
Having problem in post-cesarean			
Having problem	90.67 ± 19.04 (37-135)	0.833	0.405
No problem	92.63 ± 19.91 (42-131)		
Presence of companion			
Available	91.12 ± 19.50 (37-135)	-0.482	0.630
Unavailable	95.80 ± 15.41 (70-120)		
		X^{2*}	p
Satisfaction with nursing care in previous births (n = 125)****			
I was satisfied	92.60 ± 18.71 (42-135)	0.317	0.854
I wasn't satisfied	88.80 ± 22.20 (45-116)		
I am indecisive	92.74 ± 16.00 (53-120)		
Total	91.35 ± 19.31 (37-135)		

*: Kruskal-Wallis test, **: Mann-Whitney U test, ***: Only mothers who knew the reason for cesarean answered, ****: Only mothers with a total number of pregnancies of two or more answered, SPSNS: Scale of the patients' satisfaction with nursing services, min: Minimum; max: Maximum; SD: Standard deviation

Table 2. Distribution of problems experienced by mothers in post-cesarean clinic

Problems (n* = 135)**	Number	%
Pain at the surgery site	115	85.2
Limitation of movement	90	66.7
Breastfeeding and nipple problems	69	51.1
Difficulty making gas	67	49.6
Difficulty coughing	67	49.6
Inadequacy to care baby	56	41.5
Constipation	33	24.4
Personal hygiene	29	21.5
Difficulty urinating	21	15.6
Nutritional problem	13	9.6
Bleeding	5	3.7

*:More than one answer was given, **: Only mothers who had problems after cesarean section answered

In the post-cesarean period, 86.4% of the mothers stated that they most frequently needed help/support about movement, 74.8% baby care, 61.2% breastfeeding and 58.7% personal hygiene (Table 3).

Table 3. Subjects that mothers need most help/support in post-cesarean clinic

Subjects (n* = 206)	Number	%
Movement	178	86.4
Babycare	154	74.8
Breastfeeding	126	61.2
Personal hygiene	121	58.7

*:More than one answer was given

DISCUSSION

Patient satisfaction is a concept defined by Greeneich (1993) as “the compliance of the patient's expectations with the care received” (9). In this study, the mean SPSNS score of the mothers was found to be 91.35±19.31 (Table 1). Considering that the lowest score obtainable from the scale is 27 and the highest score is 135, this result shows that satisfaction levels of the mothers were above the average. Varghese et al.(15) investigated the relationship between the

socio-demographic characteristics of the mothers and their satisfaction with NC in the PP and determined that more than half of the mothers had low satisfaction with NC. Bulut and Taşhan (16) found that the satisfaction of women with nursing care was above the average. Arslan Gürcüoğlu and Vural (17) determined that the majority of the mothers were satisfied with the care they received. However, it was found that, the care given to the mothers focused on routine functions such as bleeding control, pain relief, breastfeeding, and baby controls. In this study, it was determined that the control of stitches, hygiene, perineum, breast care were inadequate. Therefore, it was concluded that mothers who participated in the study were satisfied with the care even though they did not receive adequate NC. It is thought that the expectations of the mothers hospitalized in the postpartum clinics about NC were low. For this reason, it is recommended to conduct studies to reveal the relationship between the care satisfaction and expectations of the mothers in the postpartum clinics.

A factor was affected the satisfaction level of the mothers, with the hospitals where they delivered (Table 1). The mean SPSNS scores of the mothers hospitalized in the university hospital was found to be lower than those of other hospitals ($p < 0.05$) (Table 1). Gutysz-Wojnicka et al.(18),determined the satisfaction of mothers hospitalized in various hospitals in Poland with NC and found that, the mean satisfaction score of patients hospitalized in university hospital was found to be lower than that of the patients hospitalized in other hospitals ($p < 0.05$). This finding supports the data of our study. According to Wagner and Bear(19),satisfaction decreases as expectations increase. In Turkey, university hospitals are generally preferred by individuals with higher education and income levels. Therefore, it is thought that the satisfaction scores of the mothers hospitalized in the university hospital were lower than other hospitals.

No statistically significant relationship was found between the willingness for pregnancy, receiving PC, finding PC sufficient and the mean SPSNS scores. There was statistically insignificant relationship between planned cesarean, knowing the reason for cesarean, having problems in post-cesarean, presence of a companion in the hospital ($p > 0.05$) (Table 1).

Today, advances in anesthetic and surgical techniques have reduced mortality and morbidity rates; therefore, the quality of anesthesia has been started to be used to evaluate patient satisfaction. Postoperative thoughts and comments of patients provide important information in terms of improving the quality of anesthesia and health care (20). In this study,

a significant relationship was found between the type of anesthesia that mothers received in cesarean and the level of satisfaction ($p < 0.05$). Satisfaction scores of the mothers with RA were higher than those of mothers with GA (Table 1). Atherton et al. (21) found that regional anesthesia provided a high level of satisfaction at birth. Yanikkerem et al. (22) reported that mothers who had cesarean with RA had a high level of satisfaction in PP period. Anesthetic agents affect all systems of mothers and the waking process after GA, prolong their communication process with their babies and breastfeeding, and may cause post-cesarean problems (23). All these problems may negatively affect satisfaction level of mothers by leading to more medical interventions and prolonged hospital stay.

Meeting patient expectations is a very sensitive determinant in providing patient satisfaction. Expectations of patients for treatment and care can differ depending on past experiences and perceptions. It was found that the mean satisfaction score of the mothers with positive thoughts about NC in their previous deliveries was higher than the mean satisfaction score of mothers with negative perceptions with their previous deliveries. However, in the Kruskal Wallis analysis of variance, it was found that the difference between the groups was statistically insignificant ($p > 0.05$) (Table 1). Likewise, Demir et al. (24) found that there was no statistical relationship between hospital experiences and mothers' satisfaction ($p > 0.05$). Further studies are recommended on this topic.

In this study, most of post-cesarean problems experienced by the mothers were; pain, limitation of movement, breastfeeding, and nipple problems (Table 2). Similarly, various studies revealed that pain is one of the most common post-cesarean problems (25, 26). Declercq et al. (27) found that mothers with cesarean experienced more severe pain for a longer period. Pereira et al. (28) reported that cesarean experienced mothers had more severe pain during movement. Therefore, it is important for NC to ensure pain control and meet the care needs of the mothers with cesarean.

In this study it was found that most of the mothers had difficulty in movement. As a result of the correlation analysis, a positive relationship was found between the pain and difficulty in movement ($p = 0.01$). This result obtained from the study was found to be higher than the result reported by Amanak and Karaçam (6). Both studies show that mothers face problems with care of themselves and their babies due to pain and movement. As we know, early mobilization and movement is very important during the PP. But, due to the pain movements of mothers are restricted and this may result in problems as tromboemboli. Therefore by

ensuring pain control we can prevent complications, achieve an early healthy bonding of mother with baby, increase mothers satisfaction.

In our study, more than half of the mothers were found to have breastfeeding and nipple problems (Table 2). Erbaş (26) reported that, breastfeeding problems were seen in more than half of the mothers with cesarean. Similarly, Amanak and Karaçam (6) found that half of the mothers with cesarean had breast-related problems and that the majority of problems were the lack of mother milk. According to the literature, mothers had problems with breast care and breastfeeding in postpartum period (29,30). These results suggest that breastfeeding and breast-related problems in the PP are common, should be addressed and solved by nurses.

Approximately half of the mothers had difficulty in coughing and flatus (Table 2). Amanak and Karaçam (6) observed that, 42.1% of mothers had a problem with flatus. In both studies, almost half of the mothers experienced flatus complaints in the early PP and this is important in terms of revealing the negative results of cesarean. Karakaplan (12) found that, 80% of mothers had cesarean with GA, 52% of mothers with RA had cough difficulty. According to the study of Karakaplan (12), the type of anesthesia applied in cesarean affects coughing. Therefore, it is thought that preference for RA can eliminate problem with coughing. Mothers should be informed about the post-cesarean problems and encouraged about coughing and breathing exercises by nurses in pre-cesarean period.

The movement and participation of mothers with cesarean in self-care activities are more limited compared to VB. For this reason, mothers with cesarean and difficulties in performing self-care activities in the PP and need a helper more than mothers with VB. Mothers in this study stated that they most needed help/support for movement in PP (Table 3). The majority of mothers in the study conducted by Karakaplan (12) needed help/support for movement in the PP. These findings support the results of our study. Most of the mothers (95.1%) had a companion and it was found that presence of a companion didn't affect satisfaction with nursing services ($p>0.05$). Therefore, it is thought that mothers do not need support of nurses and prefer to solve their problems with their relatives.

According to the results of this study, the mean SPSNS score of mothers hospitalized in the university hospital was lower than mothers hospitalized in other hospitals. Satisfaction level of the mothers with RA was found high. It is recommended that to address the reason for difference between the hospitals and to inform mothers about RA.

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Informed Consent: Written informed consent was obtained from the patient

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