# A Descriptive Study to Evaluate the Level of satisfaction related to nursing care among postnatal mothers admitted in postnatal wards of selected hospital of Bangalore.

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## ARTICLE INFO

## ABSTRACT

Respectful maternity care is an approach to maternal health care that prioritizes women, autonomy, dignity, and well-being during pregnancy, childbirth, and postpartum. The descriptive study aims to assess the application of the privacy component of respectful maternity care among postnatal mothers in selected maternity hospitals, in Bangalore. The sample size was 65 postnatal mothers selected through simple random sampling. Data were collected through a structured questionnaire. The study's objectives included assessing the application of the privacy component of respectful maternity care among postnatal mothers and finding the association between the socio-demographic variables and the privacy component of Respectful maternity care among postnatal mothers. The findings revealed that 59.76% of mothers experienced severe inadequacies in the application of the privacy component of respectful maternity care,44.61% reported moderate inadequacies in the application of the privacy component of respectful maternity care and only 4.61% experienced mild inadequacies in the application of privacy component of respectful maternity care. Addressing these gaps can significantly improve maternal satisfaction, foster a positive care experience, and uphold ethical standards in maternity care.

## Introduction:

The Postnatal period is a critical phase in maternal and infant health characterized by significant physiological and psychological changes. The quality of nursing care provided during the time can significantly influence maternal satisfaction, recovery, and overall wellbeing.

The Study aims to assess the satisfaction levels of postnatal mothers with the nursing care they receive in postnatal wards. With approximately 27 million births occurring annually in India (WHO,2020), ensuring high quality postnatal care is paramount. Research indicates that postnatal satisfaction significantly influences maternal health outcomes, breastfeeding success, emotional wellbeing (National Family Health Survey, 2019-2021).  A study done by Waldenstorm et al., revealed that 26% of women were not satisfied with postnatal care. Researchers have developed several indicators to measure quality of health care services based on patients health outcomes. In maternal child nursing practice, patient satisfaction has been widely recognized as one of the critical indicators of the quality of the efficiency of the health care systems.

## Need For The Study

Assessing postnatal mothers' satisfaction with nursing care is crucial for improving maternal healthcare services and patient outcomes. Satisfaction levels influence a mother's emotional well-being, willingness to seek future care, and overall perception of hospital services. Quality nursing care, including timely assistance, emotional support, effective communication, and pain management, plays a vital role in postpartum recovery. Identifying gaps in nursing care can help enhance service delivery, boost patient trust, and ensure compliance with healthcare standards. This study is essential to evaluate current nursing practices, address shortcomings, and implement strategies to improve postnatal care in Bengaluru hospitals.

**Objective:**
To Assess the level of Satisfaction Regarding Nursing Care Among Postnatal Mothers Admitted In Postnatal Wards

**Research Hypothesis:**
$H_1$- To assess the level of satisfaction of mothers in postnatal wards at Vanivilas hospital Bengaluru.
$H_2$- To determine the association between level of satisfaction and their selected demographic variables of postnatal mothers admitted in postnatal wards at Vanivilas hospital Bengaluru.
**Research Variables:**
**Independent Variable:** Level of satisfaction
**Dependent Variable:** Postnatal mothers

**Materials and Methods:**
**Research Design:**
Descriptive research design
**Research Setting:** The present study was conducted at Vanivilas Hospital Bengaluru. The criteria for selecting a setting were determined according to the geographical proximity, feasibility of conducting the study, and availability of samples.
**Population:** Postnatal mothers in Postnatal wards at Vanivilas Hospital Bengaluru.
**Methods Of Data Collection:** In this study modified Jipis postnatal satisfaction with nursing care questionnaire (JPSNQ) is used.
**Sampling Technique:**
In this study the samples are selected through purposive sampling technique.
**Result and Interpretation:**
SECTION A: Frequency and Percentage of Demographic variables

**Sample Size:**
The sample size is 60.

**Inclusion Criteria For Sampling:**
The study includes postnatal mothers at Vanivilas hospital Bengaluru.
- Present during the data collection.
- Participates who are willing to participate.

**Exclusive Criteria For Sampling:**
The study excludes the Postnatal mothers at Vanivilas hospital Bengaluru
Participants who are not willing to Participate.

**Delimitation:**
The study is delimited to the postnatal mothers in in postnatal wards at Vanivilas hospital Bengaluru.

**Instrument Used:**
In this study the data will be collected through:
- Section A- Demographic variable.
- Section B- Jipis Postnatal satisfaction with nursing care questionnaire(JPSNQ)

**Plan For Data Analysis:**
The data will be analysed by descriptive and inferential statstics.

| SL No. | Demographic variables | Category | Frequency | Percentage |
|--------|----------------------|----------|-----------|------------|
| 1. | Age | 21-25 years | 23 | 38.3% |
| | | 26-30 years | 23 | 38.3% |
| | | 31-35 years | 13 | 21.7% |
| | | 36 above | 1 | 1.7% |
| 2. | Religion | Hindu | 44 | 73.3% |
| | | Muslim | 14 | 23.3% |
| | | Christian | 2 | 3.3% |
| | | Others | 0 | 0 |
| 3. | Type of family | Extended family | 3 | 5% |
| | | Nuclear family | 40 | 66.7% |
| | | Joint family | 17 | 28.3% |
| 4. | Educational level | Primary education | 5 | 8.3% |
| | | Higher Secondary education | 29 | 48.3% |
| | | Under Graduate | 12 | 20% |
| | | Graduate | 14 | 23.3% |
| | | No formal education | 5 | 8.3% |

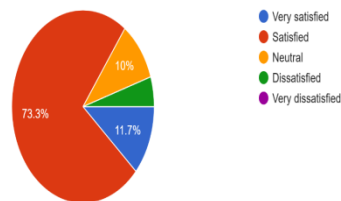| 5. | Monthly Income of Family | Below 10000 | 16 | 26.7% |
|---|---|---|---|---|
| | | 10001-20000 | 19 | 31.7% |
| | | 20001-30000 | 22 | 36.7% |
| | | Above 30000 | 3 | 5% |
| 6. | Occupation | Self employed | 9 | 15% |
| | | Government employee | 2 | 3.3% |
| | | Private employee | 7 | 11.7% |
| | | Home maker | 42 | 70% |
| 7. | Dietary pattern | Vegetarian | 2 | 3.3% |
| | | Non vegetarian | 9 | 15% |
| | | Mixed diet | 49 | 81.7% |
| 8. | Parity | Primi gravida | 24 | 40% |
| | | Multi gravida | 33 | 55% |
| | | Grand multi gravida | 3 | 5% |
| 9. | Type of delivery of the present pregnancy | Normal vaginal delivery | 14 | 23.3% |
| | | Assisted vaginal delivery | 6 | 10% |
| | | Cesearean delivery | 40 | 66.7% |
| 10. | Type of ward | General ward | 43 | 71.7% |
| | | Semi special ward | 6 | 10% |
| | | Special ward | 11 | 18.3 |

**Table 1:** describes the The demographic data highlights several dominant trends. The majority of individuals fall within the 21-25 years and 26-30 years age groups, both comprising 38.3%. Hinduism is the most common religion (73.3%), and most respondents belong to nuclear families (66.7%). Regarding education, higher secondary education is the most prevalent level (48.3%). The majority of families have a monthly income between ₹20,001-30,000 (36.7%). Homemakers form the largest occupational group (70%).In terms of dietary patterns, a mixed diet is the most common (81.7%). The majority of women are multi gravida (55%). Among delivery types, cesarean delivery is the most frequently reported (66.7%). Lastly, most individuals are admitted to general wards (71.7%).

**Section B: Based On Your Experience As Patient In This Hospital, Please Mark Whether Your Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied.**
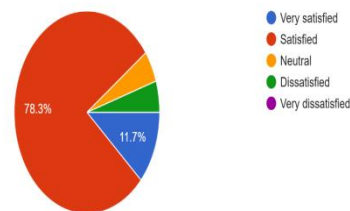
| SL No | Question | Level of Satisfaction | | | | |
|---|---|---|---|---|---|---|
| | | Very satisfied | Satisfied | Neutral | Dissatisfied | Very dissatisfied |
| 1. | Nurses maintained a good IPR with myself and my family | 15 (25%) | 41(68.3%) | 4(6.7%) | 0 | 0 |
| 2. | I was informed regarding rules and regulations of the hospital. | 10(16.7%) | 43(71.1%) | 5(8.3%) | 2(3.3%) | 0 |
| 3. | Nurses communicated in my own language and were free to talk. | 12(20%) | 43(71.7%) | 3(5%) | 1(1.7%) | 1(1.7%) |
| 4. | The nurses checked my vital signs regularly. | 13(21.7%) | 37(61.7%) | 8(13.3%) | 1(1.7%) | 1(1.7%) |
| 5. | I felt safe and secured throughout the day and night during my hospital stay | 10(16.7%) | 43(71.7%) | 4(6.7%) | 2(3.2%) | 1(1.7%) |
| 6. | My medication/treatment was administered at proper time. | 11(18.3%) | 46(76.7%) | 3(5%) | 0 | 0 |
| 7. | I was assisted in perineal toilet and informed regarding how to keep my perinium hygienic. | 5(8.3%) | 38(63.3%) | 12(20%) | 4(6.7%) | 1(1.7%) |
| 8. | I was taught about involution of uterus. | 9(15%) | 37(61.7%) | 13(21.7%) | 0 | 1(1.7%) |

| | | | | | | |
|---|---|---|---|---|---|---|
| 9. | I was assisted to go to toilet and got information regarding personal hygiene during postnatal period. | 10(16.7%) | 41(68.3%) | 4(6.7%) | 4(6.7%) | 1(1.75%) |
| 10. | I was told regarding lochia flow and was told how to detect excessive bleeding during puerperal period. | 8(13.3%) | 46(76.7%) | 4(6.7%) | 2(3.3%) | 0 |
| 11. | I was taught about the importance of colostrum and exclusive breast feeding. | 8(13.3%) | 44(73.3%) | 6(10%) | 1(1.7%) | 1(1.7%) |
| 12. | I was assisted to position my baby during and after feeding and was taught to burp my baby after breastfeeding. | 10(16.7%) | 37(61.7%) | 10(16.7%) | 3(5%) | 0 |
| 13. | I was taught about rooming in bonding and attachment. | 8(13.3%) | 46(76.7%) | 4(6.7%) | 2(3.3%) | 0 |
| 14. | I was explained how to take care of my breast and minor breast problem in postnatal period and its management. | 7(11.7%) | 43(71.7%) | 7(11.7%) | 3(5%) | 0 |
| 15. | I was advised about postnatal exercise. | 7(11.7%) | 38(63.3%) | 8(13.3%) | 6(10%) | 1(1.7%) |
| 16. | I was informed regarding nutrition, sleep and rest in postnatal period. | 5(8.3%) | 41(68.3%) | 11(18.3%) | 3(5%) | 5(8.3%) |
| 17. | I was assisted with giving birth and diaper care cord and eye care and detect signs and symptoms of infection in my baby. | 6(10%) | 45(75%) | 7(11.7%) | 2(3.3%) | 0 |
| 18. | I was educated about immunization and weaning of my baby. | 9(15%) | 44(73.3%) | 5(8.3%) | 2(3.3%) | 0 |

19. I was informed about the methods & importance of family planning and postnatal follow up visits
60 responses



20. Nurses taught me to detect sign and symptoms of neonatal conditions
60 responses



care provided by staff nurses. Satisfaction levels ranged from 61.7% to 78.3%, with the highest satisfaction seen in neonatal condition detection (78.3%) and timely medication/treatment (76.7%). Other highly rated aspects included family planning education (73.3%), breastfeeding knowledge (73.3%), and bonding information (76.7%). However, minority responses varied, with neutral responses being as low as 3% in hospital safety and dissatisfaction reaching up to 13.3% in baby positioning assistance. Very satisfied responses were the highest (15%) in uterine involution education.

**Conclusion:**
The findings of the study indicates that most of the postnatal mothers were satisfied and some of the mothers were neutral and dissatisfied with the care provided by the nursing personnel. the significant proportion expressed dissatisfaction with aspects such as emotional support and information provision . The study highlights the need for healthcare providers to focus on individualized care, effective communication, and empathy to enhance postnatal mothers satisfaction.

**Recommendations:**
- The study can be also done on larger samples
- A comparative study can be conducted on satisfaction level of postnatal mother's residing in rural and urban area.

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