

**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY
POSTGRADUATE PROGRAM**



**CLIENTS' SATISFACTION LEVEL TOWARDS LABOR AND
DELIVERY SERVICES AT SELECTED PUBLIC AND PRIVATE
HOSPITALS, ADDIS ABABA, ETHIOPIA, 2019.**

BY: YEWUBDAR ALEMU (BSc)

**A THESIS SUBMITTED TO ADDISABABA UNIVERSITY,
COLLEGE OF HEALTH SCIENCES, SCHOOL OF NURSING
AND MIDWIFERY FOR THE PARTIAL FULFILLMENT OF
MASTER DEGREE IN MATERNITY AND REPRODUCTIVE
HEALTH NURSING.**

JUNE, 2019

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APPROVAL BY THE BOARD OF EXAMINATION

This thesis by **Yewubdar Alemu** is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in Maternity and reproductive health nursing

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STATEMENT OF DECLARATION

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ABBREVIATIONS AND ACRONYMS

AACAEB-	Addis Ababa City Administration Education Bureau
EDHS -	Ethiopian Demographic and Health survey
EC-	Ethiopian calendar
ETB -	Ethiopian Birr
FMOH -	Federal Ministry of Health
HSDP -	Health Sector Development Program
IMR -	Infant Mortality Rate
IEOs -	Integrated Emergency and Obstetric Surgery
LMICs -	Low and Middle Income Countries
MDGs -	Millennium Development Goals
MDSR -	Maternal Death Surveillance and Response
PHC -	Primary Health Care
PHEM -	Public Health Emergency Management
RMNCH -	Reproductive, Maternal, Newborn and Child Health
SPSS –	Statistical Package for Social Sciences
SVD_	Spontaneous vaginal delivery
WHO -	World Health Organization

ABSTRACT

Background: Client satisfaction is an important factor for the health care delivery service as well as a measure of its quality in both public and private hospitals. Clients are often vulnerable and anxious when they need to use hospitals. However, inadequate information of labour and delivery service may result client dissatisfaction.

Objective: The aim of the study is to determine level of client satisfaction towards labour and delivery services at public and private hospitals in Addis Ababa, Ethiopia, 2019 GC.

Methods: Institution based cross sectional study was conducted from April 17-may 17, 2019. Systematic random sampling method was used to select 422 postpartum mothers from 8 private and 3 public hospital. Data was collected by exit interview using structured questionnaire. The data was coded, cleaned, and analyzed by using SPSS version 20. Bivariate and multivariate logistic regressions were applied at 95% CI to identify associated factors and p-value <0.05 was considered statistically significant. Finally the result was presented using charts, tables and graphs.

Result: This study's finding indicated an overall satisfaction of clients on labor delivery service was found to be 51.7%. Mothers, who satisfied with the availability of toilet, were 3.7 {AOR 3.698(1.014-13.494)} times satisfied with the overall service than those mothers who were not satisfied with availability of toilets. Mothers who were asked for permission and who received clear explanation by health care workers before procedures or examinations were 7.9 times {AOR (95%CI) 7.958 (2.277-27.804)} more satisfied by the service than those who were not asked for permissions.

Conclusion and Recommendation: . There are still unmet needs and expectations of mothers during delivery that the hospitals administrators' should focus as delivery service quality improvement area and the care should be client centered.

Keywords: clients' satisfaction, labour and delivery service, public hospital, private hospital Addis Ababa.

1. INTRODUCTION

1.1 Background

Globally maternal and child survival are an important contributing factor to the overall health of any nation(1). The World Health Organization (WHO) states that the main tasks for the caregivers during labor are; supporting the woman, her partner and family during labor, observing the laboring woman, monitoring the baby during and after birth, detecting risk factors and problems(2). Maternal health care service is one of the most effective health interventions for preventing maternal morbidity and reducing maternal mortality(3) Skilled birth attendance during pregnancy Ensures women's access to a continuum of care, including appropriate management of pregnancy, delivery and the postpartum period together with access to life-saving obstetric care when complications arise is important to lower health risks and mortality among mothers(4).

The Ethiopian government and international organizations are working for making hospital delivery services accessible and usable for all pregnant women but still the proportion of births attended by a skilled birth attendant is about 28% in 2016 EDHS which is much lower than the average level(5). The reasons forwarded by researchers for the higher maternal mortality, and lower coverage of skilled delivery in Ethiopia include mothers' unhappy health institutional delivery experience(6). Understanding how things are looking through the client's eye should be central part of quality improvement (7).

Client satisfaction is an important factor for the success of an organization. When it comes to health sector client (patient) satisfaction has a great impact in both success of the health institution aim and health beside the above efforts, institutional delivery service must consider client satisfaction, which has been increasingly recognized as important outcome for the health care delivery system as well as a measure of its quality in both private and public hospital(8).

Different studies from health delivery institutions show that client care satisfaction during labor and delivery service was high, range from 69% to 83%(9,10) .This is associated with wanted status of pregnancy, good maternal condition after delivery, short waiting time to see the health

worker, availability of waiting area, provider's measure taken to assure privacy during examinations and

reasonable amount of cost paid for the Women's experiences with health care providers and facilities influence their care seeking decisions(10) .So, To decrease maternal morbidity and mortality, strong health systems offering accessible, quality and satisfactory maternal health care is needed(11).

1.2 Statement of the problem

Ethiopia has one of the highest maternal mortality rate in the world .According to EDHS 2016 the MMR is estimated to be 412/100,000 live births (5). Part of this mortality is attributed to poor health service quality and this health service quality has an impact on client satisfaction. All women need's good quality maternal health services to safeguard the life of themselves and their unborn children (12).

A women's satisfaction with labor and delivery service may have immediate and long term effect on her health and subsequent utilization of services, In fact that the satisfaction of clients can predict their future utilization of healthcare, compliance with current treatment, continuity of care and ultimately the effectiveness of care(8)

Causes of client dissatisfaction with labour and delivery services may include unwanted status of pregnancy, complicated feto-maternal outcome, and shortage of technical skills among provider, inadequate counseling and empathy from service provider and poor infrastructure of health institutions. This may result in poorer post natal psychological adjustment, poor adherence to medical recommendation, higher rate of future abortion, preference for caesarian section, negative feelings towards the infant and breast feeding problem.(8, 13)

Furthermore, patients who are more satisfied and well informed are unlikely to make unnecessary visits and more likely to recommend the use of the health provider. On the contrast, dissatisfied patients are more likely to have adverse health outcomes while some may resort to self-help so ensuring clients' satisfaction is an important means of secondary prevention of Maternal mortality(9).

Clients are often vulnerable and anxious when they need to use hospitals so satisfaction survey helping to gain a better understanding of clients requirements/need and concerns so that it improves health care outcome and standards of services in line with client's needs(10). By monitoring client satisfaction and responding to problems it can improve client loyalty, increase number of clients that share their view and opinion on social networking that are outside those hospital control and it increase profitability in both private and public hospital maternal mortality(9).

Studies done in Dhaka, Bangladesh and South Australia showed that the level of maternal satisfaction with delivery care was 92.3% and 86.1%, respectively (14,15). However, the level of satisfaction among laboring mothers in African countries is not enough; only 51.9% and 56% of mothers were satisfied with delivery services in South Africa and Kenya, respectively (16,17)Ethiopian studies done in maternity referral hospital in Addis Ababa The proportion of mothers who are completely satisfied with health care ranges between 2.4 to 21%.(18)

In public hospitals level of satisfaction with labour and delivery service was low and still has some gap in identifying factors that contribute to low satisfaction of clients (18, 19). In private hospitals has never been a subject of a studies regarding clients satisfaction with labour and delivery service they received.

There for, The purpose of this study was to determine the level of clients' satisfaction with labor and delivery service at public and private hospitals and provide more information on the client's viewpoints about services received in the two settings, in order to benefit both clients and service providers and also propose areas where quality of care given can be improved

1.3 Significance of the study

Identifying Client satisfaction is important measure of the quality of labour and delivery services because the data will provide information for service providers, decision makers; local planners and other stakeholders help understand to what extent the service is functioning according to clients' perception and what changes might be required to meet clients' need as well as to increase utilization of the service by the target population.

The findings of this study can be used by local planners and decision makers to improve the quality of institutional delivery service by

The data provide information on client satisfaction with labor and delivery service at the selected public and private hospital at some future period. In addition, this study will be used as a baseline data for future studies in the context of maternal satisfaction in health delivery system.

2. LITRATURE REVIEW

2.1 Introduction

Client Satisfaction is a meaningful output indicator of quality health care. Various studies have reported that satisfied service users are more likely to utilize health services, comply with services and follow ups, and continue with the health care. Satisfaction with childbirth experience is important to the woman, infant's health and well-being, and mother-infant relationship (20).

2.2 magnitude of client satisfaction

Client's satisfaction during the birthing process is the most frequently reported indicators in the evaluation of the quality of maternity services (13).

According to Studies done in Dhaka, Bangladesh, in South Australia, Pakistan indicated that level of maternal satisfaction with delivery care was 92.3%, 86.1%, and 61% (16, 17, and 21)

The level of satisfaction among laboring mothers in African countries were 51.9% and 56% of mothers were satisfied with delivery services in South Africa and Kenya, respectively (16, 17)

In South west Ethiopia Gamo Gofa Zone study presents findings from a multidimensional study of client satisfaction. The overall satisfaction level of the clients in this study was 79.1 % (22).

According to a study from west arsi zone, Assela, the overall satisfaction level of mothers with delivery services was 74.6% (23). And in a study from debre markos, the overall satisfaction level on delivery service was found to be (81.7%) (24).

The study done satisfaction with institutional delivery service and factors affecting their satisfaction, among mothers who gave birth in public health centers of Omo Nada district, south west Ethiopia shows the overall satisfaction with institutional delivery service was (65.2%) (25).

A hospital based, analytic, cross sectional study conducted at St. Paul's Hospital Millennium Medical College (SPHMMC), Gandhi Memorial Hospital A maternity referral hospital in Addis Ababa only 19% and 2.4 to 21% of the women were satisfied with the intra partum care they received respectively.(18,19)

2.3, Factors affecting maternal satisfaction

SOCO DEMOGRAPHIC FACTORS

In a study conducted in Iran, there was a positive and significant correlation between satisfaction rate and age of patients (the older patients, the higher satisfaction). There was also a significant difference between satisfaction rate and educational level in that patients with an associate degree were the most satisfied (26). But in a study conducted at public and private hospitals of Addis Ababa socio demographic factors such as mothers age ($p= 0.24$), marital status ($p= 0.14$), and religion ($p=0.137$) did not have significance association with mothers perceived quality of labour and delivery care (27).

Obstetric factors

In Kenya A community based study conducted among women who delivered in health facilities showed that over half (56%) of women are satisfied with delivery care this finding also that unintended pregnancy is associated with lower satisfaction with delivery care and Maternal health programs should focus on increasing provider empathy, especially for women who experience complications, in both private and government health facilities. (17).

The study done satisfaction with institutional delivery service and factors affecting their satisfaction, among mothers who gave birth in public health centers of Omo Nada district, south west Ethiopia showed ANC attendance, utilization of maternity waiting home (MWH) service, planned status of the pregnancy, distance and cleanliness of the toilet during delivery service were significant predictors of mothers' satisfaction with the service. Utilization of MWH and ANC attendance during pregnancy significantly increases mothers' satisfaction with institutional delivery service. On the other hand, mothers with unplanned pregnancy showed decreased satisfactions (25)

In a study conducted 13 public health facilities of gamo gofa zone relieved that mode of delivery is associated with clients satisfaction , those participants who deliver with caesarean section were four times more likely satisfied than those who deliver vaginally (AOR 3.6 95% CI; 1.44–9.06)(22).

Structural factor

A research conducted on developing country on determinants of maternal satisfaction covered all dimensions of care across structure, process and outcome. Structural elements included good physical environment, cleanliness, and availability of adequate human resources, medicines and supplies. (20)

In Assela study showed that the overall maternal satisfaction level with the delivery services rendered at the hospital was 80.7%. Dissatisfaction was reported to be highest (42.3%) by cleanliness and access of toilet (23)

Process factors

Process determinants included interpersonal behavior, privacy, promptness, cognitive care, perceived provider competency and emotional support Process of care dominated the determinants of maternal satisfaction in developing countries. Interpersonal behavior was the most widely reported determinant, with the largest body of evidence generated around provider behavior in terms of courtesy and non-abuse. Other aspects of interpersonal behavior included therapeutic communication, staff confidence and competence and encouragement to laboring women (20). Quality improvement efforts in developing countries could focus on strengthening the process of care and Special attention is needed to improve interpersonal behavior, as evidence from the review points to the importance women attach to being treated respectfully, irrespective of socio-cultural or economic context (18).

Health professional factor

In a study maternal satisfaction with delivery services and identify factors affecting the level of maternal satisfaction in public health centers of Addis Ababa revealed that Mothers whose delivery was attended by female health workers were more satisfied than those attended by male health workers COR (95%CI) 2.198[1.343-3.595] and those who were satisfied with the sex of the birth attendants were 10.7 times more satisfied than those who were dissatisfied with the sex of the birth attendant COR (95%CI) 28.207[15.452-51.489]AOR (95%CI) 10.742[3.218-35.866] (28).

2.4 Conceptual framework

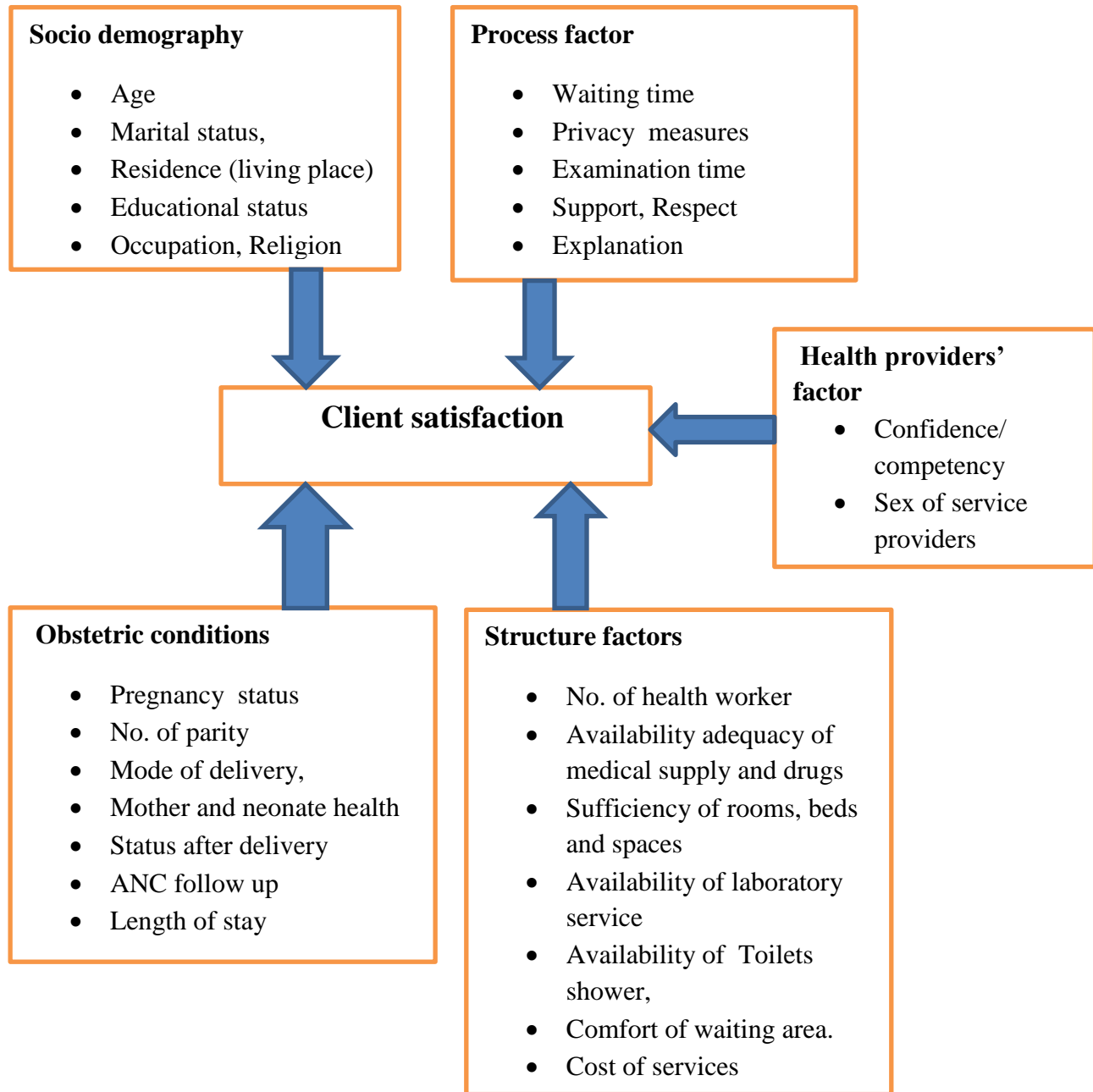


Figure 1: Conceptual framework showing factors affecting maternal satisfaction with delivery services developed by reviewing different literature. (20, 28)

3. OBJECTIVES OF THE STUDY

3.1 General Objective

- ❖ To assess clients' level satisfaction towards labor and delivery service at public and private hospitals in Addis Ababa, Ethiopia.

3.2 Specific objectives

- ❖ To determine the magnitude of clients' level of satisfaction towards labor and delivery services at public and private hospitals.
- ❖ To identify the Factors associated with clients' level of satisfaction toward delivery services at public and private hospitals.

4. METHODS AND MATERIALS

4.1 study area

The study was conducted in the selected public and private hospitals of Addis Ababa which is the capital city of Ethiopia it is where the African union and its predecessor the OAU were based. According to 2007 population census, the city has a total population of 2,739,551 inhabitants and administratively the town is divided in to 10 sub cities, and 99 woreda's (29).the total fertility rate in the region is 1.8% (5) .the majority of delivery service in the region is provided at public and private hospitals.

Under jurisdiction of Addis Ababa city administration health bureau, there are 5 public hospitals and 41 by private hospitals from this 31gives labour and delivery services, 4public hospitals by Federal Ministry of Health, 1 by Addis Ababa University, 3 by non-governmental Organization, 3 by defense force and police There are 100 public health centers and around 700 private clinics out of which 106 are higher clinics (30)

4.2 Study Design

- Institutional based cross sectional study was conducted.

4.3 Study period

- The study was conducted from April 17-may17, 2019.

4.4 Source population

- All women who gave birth in public and private hospitals of Addis Ababa from April 17-may17, 2019.

4.5 Study population

- All mothers who gave birth in the selected hospitals of Addis Ababa from April 17-may17, 2019.

4.6 Study unit

- All mothers who gave birth in the selected public and private hospitals at the time of data collection and fulfill the selection criteria.

4.7 Eligibility criteria

4.7.1. Inclusion criteria

- Mothers who gave birth in the selected public and private hospitals during the study period and volunteer to participate

4.7.2 Exclusion criteria

- Mothers' who are unable to respond due to different condition (chronic ill, mentally ill,)
- Mothers 'who lost their baby (IUFD, Still birth)

4.8 Sample size determination

Sample size was calculated by using single population proportion formula. Therefore, sample size was determined by the formula as follows

$$n = \frac{(Z_{\alpha/2})^2 \times p(1-P)}{d^2}$$

- With assumption of desired precision (d) = 0.05
- Prevalence of Mothers satisfaction with delivery service was 50% (to attain the maximum sample size)
- Expected proportion (p) = 0.5
- $Z_{\alpha/2}$ at 95% confidence interval = 1.96
- Based on the assumption, the calculated sample size (n) = 384
- Adding 10 % for non-response rate during the actual study then the sample size became 422.

Therefore the final total sample size was 422 respondents

4.9 Sampling technique

After identifying all public and private hospital which gives labor and delivery service in Addis Ababa, three public and eight private hospitals (25% of the total hospitals) were randomly selected by using lottery method, the large numbers of clients' were admitted in public than private hospitals, was allocated proportionally in each hospitals according to the average number of delivery per month.

Proportional allocation: allocating sampling proportional to the total population of each using the formula: $n_i = n/N * N_i$

Where n = total sample size to be selected

N = total population

N_i = total population of each hospital

n_i = sample size from each hospital

Then systematic random sampling technique was used to get each individual respondent at the point of exit from the hospitals until the required number allocated is obtain.

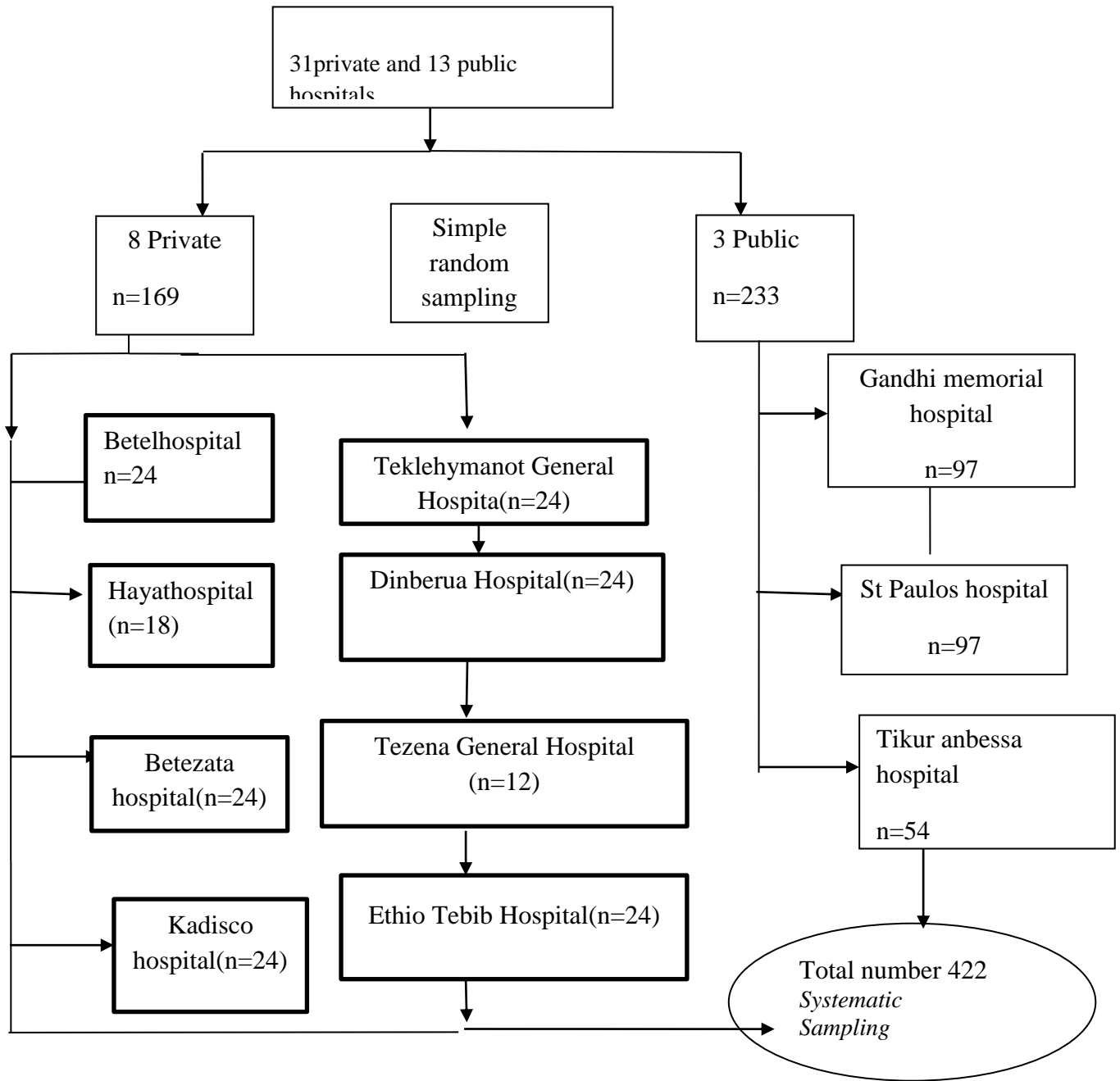


Figure 2: Schematic presentation of the sampling procedure

4.10 Operational definition

Maternal satisfaction; Mothers expressed state of being satisfied with labour and delivery service with the dimension of quality

Process; is a health provider's activity during labor and delivery service those are Communication, privacy, Respectful behavior, Emotional support...)

Outcome; Maternal and fetal health status after delivery.

Structures; – a physical environment for labor and delivery services (staff supplies, availability of equipment's Good infrastructure, availability waiting area)

Satisfied: - Mothers who scored 75 % and more from the items of clients, Satisfaction Questionnaire, were categorized under “satisfied” for the overall satisfaction level and for each responses of ‘very satisfied’ and ‘satisfied’ are classified as satisfied.(38)

Unsatisfied: - Mothers who scored below 75 % from the items of clients' Satisfaction Questionnaire, were categorized under “unsatisfied” for the overall satisfaction level and for each responses, ‘very dissatisfied’, ‘dissatisfied’ and ‘neutral’ as unsatisfied.

Waiting time: - The time between arrivals to the time seen by health professional.

Labour and delivery period: - The ending of pregnancy by one or more babies leaving a women's uterus by vaginal passage or C-section.

Labour and delivery care: - Supportive service/care given during labour and delivery period

Interpersonal behavior: - Is the way communicate with clients; such as with dignity, respect, courtesy, therapeutic communications (listening, politeness, prompt pain relief, kindness, approachability and smiling demeanor), caring behavior (attentive to needs, making clients feel accepted and coaxing clients).

Private health facilities: Those that are owned and run by private individuals or organizations and offer labour and delivery service.

Public health facilities: Those that are owned and run by the government and offer labour and delivery service.

Service providers: In this study it will mean facilities providing labour and delivery care, as well as the staff directly involved in this work – doctors, nurses, midwives laboratory technicians and manager

Privacy: - The state of being free from being observed or disturbed by other people.

4.10. Variables of the study

4.10.1 Dependent variables

- ✓ Client satisfaction

4.10.2 Independent variables

Socio demographic factor: Age, Marital status, Religion, Educational statuses, Occupation residence

Obstetric conditions: Pregnancy status, No. of parity, Mode of delivery, Mother and neonate health Status after delivery, ANC follow up, Length of stay

Structure factors: No. of health worker, Availability adequacy of medical supply and drugs, Sufficiency of rooms, beds and spaces ,Availability of laboratory service , Availability of Toilets shower, Comfort of waiting area, Cost of services

Process factors: Waiting time, Privacy measures, Examination time Support, Explanation

Health providers' factor: Respect, Confidence, Sex of service providers

4.11 Data collection procedure and measurement

4.11.1 Data collection instrument

The data collection was conducted by using a structured questionnaire interview. a structured questionnaire interview is adapted and modified from WHO(standards for hospital quality assessment tool) and using related researches.(18,28) The questionnaire was prepared in English language and translated to Amharic language

4.11.2 Data collectors' selection and training

Ten nurses who are working at outside the institutions interview the clients after they receive one day training. Five supervisors with first degree in Midwifery were trained to supervise the data collection process closely. The principal investigator was overseeing the entire data collection process and work closely with the supervisors. Data was collected each day by principal investigator and was checked for any error. Then appropriate measure was taken accordingly.

4.11.3 Data collection procedure

Data was collected by exit interview in the selected public and private hospitals only the mothers who had delivered within the last twenty four to seventy two hours and had recovered and ready for discharge. The interviews were conducted in a separated area with protected privacy. And the data was conducted after direct communication with in the clients and reached an agreement .the structured questionnaire interview were filled with in 30 minutes. The data collection was finish with in one month and the collected data was checked on the daily basis for its completeness.

4.12 Data processing and analysis

The data was checked, coded and entered into a statistical package for social sciences (SPSS) version 20 by the principal investigator. Descriptive statistics was computed and overall level of maternal satisfaction was determined by categorizing mothers who scored 75% and above for the 16 items of satisfaction questionnaire, under “satisfied” and those who scored below 75% under “unsatisfied”.

Maternal satisfaction with delivery services was considered as dependent variable. To measure maternal satisfaction 5-point Likert scale was used. During analysis, the responses of ‘very

satisfied’ and ‘satisfied’ was classified as satisfied and responses of ‘very dissatisfied’, ‘dissatisfied’ and ‘neutral’ were classified under unsatisfied. Neutral responses were classified as dissatisfied considering that they may represent a fearful way of expressing dissatisfaction.

To assess the association of different independent variables with the outcome variable, cross tabulations and bivariate analysis were carried out. In addition, multivariable analysis was performed to identify the most important predictors of clients’ satisfaction. To control confounders only variables with p value <0.05 were taken to multivariate analysis.

4.13 Data Quality control

The data collection tool was pre-tested in Adama town between Hilemariam Mamo hospital (public) and Adama General Hospital (private) to assess whether the questionnaire and its items were easily understood by study participants and to make any necessary changes before the main study began. This was done using ten respondents from each hospital and minimal changes were made. The Questionnaires were checked on the daily basis for completeness and missing data in order to rectify this while still at the study site.

4.14 Ethical considerations

Ethical clearance letter was written to the study area from Addis A baba University College of health science research coordinating office and the objective and behaviors of the study was clearly explained to the hospitals administration and the clients. The data was collected after getting informed consent from the respondent and maximum effort was invested to keep their privacy. Respondent was informed in advance about the purpose of the study.

4.15 Dissemination of result

The result of the study will be disseminated to Addis Ababa University College of health science department of nursing and midwifery, different public and private hospitals and other concerned bodies through reports and publication on an appropriate journal. Efforts will be made to present the result of the study on scientific conferences and publication will be considered.

5. RESULTS

Socio demographic characteristics of the respondents

From the total of 422 planned study participants, complete response rate was obtained for 402(95.3%).Of these participants 233 (58%) were from public hospitals and 169 (42%) were from private Hospitals. One hundred eighty-eight (46.8%) of the respondents were found in the age range of 25-34 years. The majority 385(95.8%) clients were married.

Regarding religion, out of the total respondent 199(49.5%) was orthodox, followed by 135(33.6%) Muslims' of all the participants 65(16.2%) of them were degree and above holders and 67(16.7%) of them were illiterate without any formal education.

Three hundred eighty eight (96.5%) of the clients were live in Addis Ababa (table 1)

Table 1: A Socio demographic characteristic of mother’s who gave birth in public and private hospitals of Addis Ababa, Ethiopia, April – May 2019

Variables		Frequency n	Percent %
Age	<25	132	32.8
	25-34	188	46.8
	>34	82	20.4
Marital status	Single	17	4.2
	Married	385	95.8
Religion	Orthodox	199	49.5
	Muslim	135	33.6
	Protestant	61	15.2
	Other	7	1.6
Educational status	No formal education	67	16.7
	Grade 1–8	91	22.6
	Grade 9–12	104	25.9
	Diploma	75	18.7
	Degree and above	65	16.2
Occupation	Governmental employee	70	17.4
	Private organization employee	101	25.1
	Self-employee	93	23.1
	Others (students, housewives)	138	34.3
Residency	Outside AA	14	3.5
	Urban (with in AA)	388	96.5

Obstetric history of the respondents

Among the total participants, 203(50.5%) were primi parus and 199(49.5%) of the respondents had two or more previous delivery experience. The majority of the pregnancies, 377(93.8%) were planned and wanted while the rest 25(6.2%) were unwanted.

Two hundred eleven (52.5%) of the participants delivered by spontaneous vaginal delivery and 167(41.5%) of the deliveries were by cesarean section. Three hundred ninety one (97.3%) of the mothers gave birth without complication while the rest 11(2.7%) mothers' outcome was complicated. Two hundred twenty eight (56.7%) had stay for 6-12hours in the labor and delivery ward.

And those clients who had more than one delivery experiences were 85(42.7%) who delivered previously at health center. (Table 2)

Table 2: Obstetric history of mothers who gave birth in public and private hospitals of Addis Ababa, Ethiopia, April –May 2019

Variables		Frequency	Percent
		N	%
Parity	Primi parus(1)	203	50.5
	Multi parus(2-4)	199	49.5
Pregnancy status	Wanted	377	93.8
	Unwanted	25	6.2
Mode of delivery	SVD	211	52.5
	Instrumental	24	6
	C/S	167	41.5
Maternal outcome	Normal	391	97.3
	With complication	11	2.7
ANC Follow up	Yes	393	97.8
	No	9	2.2
Length of stay	<6hr	52	13
	6-12hr	228	56.7
	>12hr	122	30.3
Previous delivery site	Home	11	5.5
	Health center	85	42.7
	Public hospital	59	29.6
	Private hospital	44	22.1

Satisfaction towards number of health providers, Infrastructures and availability of equipment's and supplies

Among the total of 402 clients' 56.5%, 62.7%, 54.7% were satisfied regarding to Number of health provider, Availability of medical supplies& drugs and Delivery rooms and beds respectively while 41% of the respondents dissatisfied concerning to Laboratory service 44.3% dissatisfied by Comfort of waiting area.(Table 3)

Table 3: hospitals structure related satisfaction of mothers who gave birth in public and private hospitals of Addis Ababa, Ethiopia, April – May 2019

Variable	Satisfied N(%)	Not satisfied N(%)
Number of health provider	227(56.5%)	175(43.5%)
Availability of medical supplies& drugs	252(62.7%)	150(37.3%)
Delivery rooms and beds	220(54.7%)	182(45.3%)
Laboratory service	237(59%)	165(41%)
Availability of toilets	240(59.7%)	162(40.3%)
Availability of shower room	201(50%)	201(50%)
Comfort of waiting area	224(55.7%)	178(44.3%)
Overall satisfaction On structural factor	228(56.7%)	174(43.3%)

Satisfaction related to communication, privacy, examination time and waiting time

Process related which include waiting time, health providers’ comfortability on admission, curtsy/respect of health providers, amount of time spent on examination, confidence/competency, privacy measures and sex of health worker satisfaction was 48.2%, 45.3%, 54.2%, 65.2%, 63.9%, 64.2%, 50 %, 26.1%, respectively. 316(78.6%) clients were delivered by male attendants and the rest 86(21.4%) were attended by female attendant. and those who satisfied with the sex of the birth attendants were 105 (26.1%).

Twenty five (14.8%) Clients who paid for the labour and delivery service were satisfied with the cost of the service and the rest 144 (85.2%) are dissatisfied with the cost of the service.

Two hundred thirty seven (58.9%) clients believed that they will seek delivery service in the same facility next time if they get pregnant and recommend the hospital to their family and other relatives and the rest 165 (41.1%) did not want to return in the same facility next time if they get pregnant and recommend the hospital to their family and other relatives. (Table 4)

Table 4: Process related satisfaction of mothers who gave birth in public and private hospitals of Addis Ababa, Ethiopia, April – May, 2019

Variable	Satisfied n (%)	Not satisfied n (%)
Satisfaction with waiting time	182(45.3%)	220(54.7%)
Satisfaction with health providers comfortability on admission	218(54.2%)	184(45.8%)
Satisfaction with curtsy/respect of health providers	262(65.2%)	140(34.8%)
Satisfaction with amount of time spent on examination	257(63.9%)	145(36.1%)
Satisfaction with confidence/competency	258(64.2%)	144(35.8%)
Satisfaction with privacy measures	201(50%)	201(50%)
satisfaction with sex of health worker	105(26.1%)	297(73.9)

Clients' satisfaction level toward overall labour and delivery service at public and private hospitals

The overall satisfaction level of the three subscales was classified as participants who score more than 75% of the total item. Based on this, participants who were satisfied for labour and delivery service among public and private hospitals were 208 (51.7%)

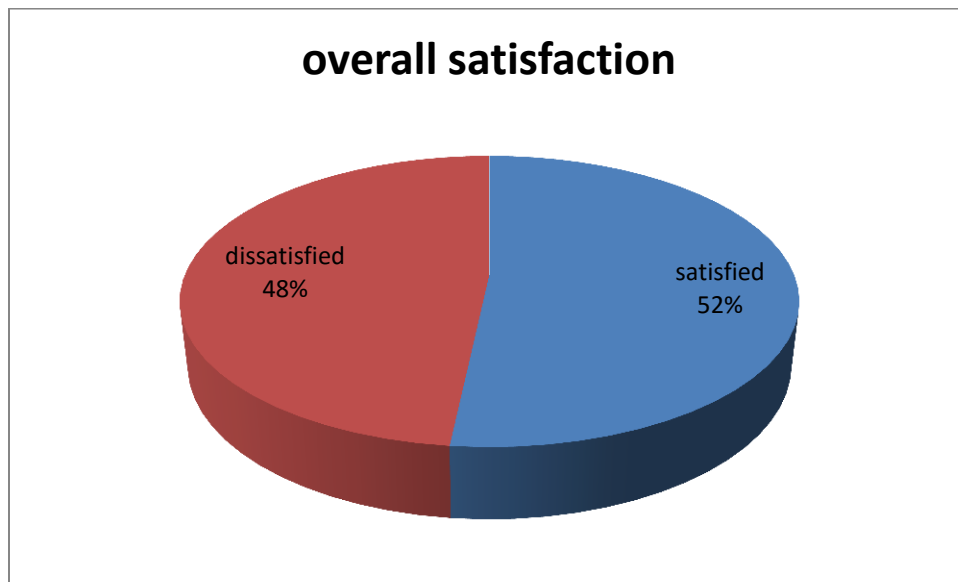


Figure 3: A Pie chart showing overall level of clients' satisfaction with the delivery services of public and private hospitals in Addis Ababa, Ethiopia, April – May 2019

Clients' satisfaction level toward overall labour and delivery service at public versus private hospitals

Among the total of 402 of the clients' in public hospitals 59(25.3%) of them were satisfied while 174 (74.7%) of the participants were unsatisfied. On the other hand 135 (79.9%) of private hospitals clients were satisfied while the rest 34(20.1%) of the clients' were unsatisfied.

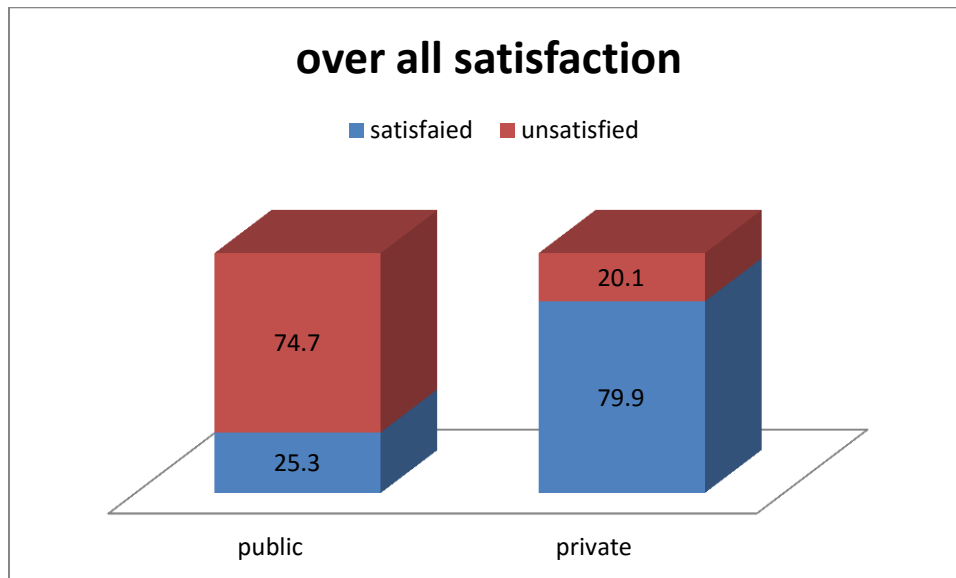


Figure 4: A Bar chart showing overall level of clients' satisfaction with labour and delivery services of public versus private hospitals in Addis Ababa, Ethiopia, April – May 2019

Factors associated with satisfaction of clients'

Forty-one independent variables were analyzed by logistic regression with the dependent variable. Twenty-three variables, which have a P value of < 0.05 in bivariate logistic regression, were entered in to a multivariate cox logistic regression analysis. However, only six variables such as, permission before procedure, seeking the same facility, recommend to family, availability of toilet, comfort on admission and confidence & competency of health care provider were independent predictors (Table-5)

Among all structural factors, availability of toilet was the only significant factor for maternal satisfaction, Mothers, who satisfied with the availability of toilet, were 3.7 {AOR 3.698(1.014-13.494)} times satisfied with the overall service than those mothers who were not satisfied with availability of toilets.

From process factor Comfort on admission, Confidence and competency of health care provider Permission before procedure, seeking the same facility, Recommend to family were significant factor for maternal satisfaction

Mothers who were satisfied with the health providers Comfortability on admission, more satisfied by the service than those who were not comfortable {AOR 95%CI 5.688(1.684-19.210)}.

Mothers who were satisfied with the confidence and competency of the health care workers were more satisfied with the services than those who were dissatisfied {AOR95%CI 4.671(1.695-12.874)}

Mothers who were asked for permission and who received clear explanation by health care workers before procedures or examinations were 7.9 times {AOR (95%CI) 7.958 (2.277-27.804)} more satisfied by the service than those who were not asked for permissions.

Mothers who will come back at the same hospital for future delivery service were 4.9 times {AOR 95%CI 4.941(1.364-17.900)} more satisfied than those who said they will never seek care at the same place for future pregnancy and those who agreed to recommend hospitals to relatives and friends were more satisfied with the overall services than those who disagreed to recommend hospital to others {AOR95%CI 3.996(1.135-14.066)}.

Table 5: Factors in relation to mothers' satisfaction with delivery services of public and private hospitals, Addis Ababa, Ethiopia, April – May 2019

Variable	Satisfied N(%)	Dissatisfied N (%)	AOR, 95%CI	P- value
Availability of toilet Satisfied unsatisfied	150(62.5) 44(27.2)	90(37.5) 118(72.8)	3.698(1.014-13.494) 1	0.048
Comfort on admission Satisfied unsatisfied	134(80.3) 60(25.5)	33(19.7) 175(74.4)	5.688(1.684 19.210) 1	0.005
Permission before procedure Yes No	131(84) 63(25.6)	25(16) 183(74.4)	7.958 (2.277- 27.804) 1	0.001
Seeking the same facility Yes No	140(84.9) 54(22.8)	25(15.1) 183(77.2)	4.941(1.364-17.900) 1	0.015
Recommend to family Yes No	152(85.4) 42(18.8)	26(14.6) 182(81.2)	3.996(1.135-14.066) 1	0.031
Confidence and competency of health care provider Satisfied unsatisfied	167(72.6) 27(15.7)	63(27.4) 145(84.3)	4.671(1.695-12.874) 1	0.003

6. DISCUSSION

This study assessed client satisfaction with delivery service among private and public hospital in Addis Ababa, Ethiopia. The study's finding indicated that the overall satisfaction of mothers on delivery service was found to be 51.7 %, which was comparable to the study conducted in Kenya [56%] (38) and higher than the study conducted in Gondar [31.3%] (31), St Paul's Hospital Millennium Medical College Addis Ababa Ethiopia 19% (19), Gandhi Memorial Hospital (GMH) GMH is a university affiliated maternity referral hospital in Addis Ababa 2.4-21 % (20), South Africa [51.9%] (32) However, it was lower than the study, which was conducted in West Gojjam, Amhara [88%] (33), Jimma [77%] (34), Amhara region [61.9%] (24), public health facilities at Arba Minch town and the surrounding district, Gamo Gofa zone, south Ethiopia 90.2 % [35], Egypt [78.5%] (36) and Nepal [89.88%] (37). The difference with the above finding may be because of a real difference in the quality of services provided, expectation of mothers or the type of health facilities (24). Studies conducted in different countries also suggest that services dealing with referred patients or complicated deliveries yield less satisfaction (20, 31).

Regarding statements related to structural factor the overall satisfaction was 56.7%. 56.5%, 62.7 % , 54.7 % , 59 % , 59.7%, 50% , 55.7%, of the clients were satisfied with number of health provider, availability of medical supplies& drugs, delivery rooms and beds, Laboratory service, availability of toilets, availability of shower room, comfort of waiting area respectively. Consistent with this, the study conducted at Nepal showed that 64.6% were satisfied with the cleanliness of health institution and 41.5% were satisfied with the cleanliness and accessibility of toilet (37) and in Gondar the result showed that 60.97% were satisfied with institutional infrastructure (31).

Regarding statements related to Process related satisfaction the overall satisfaction was 48.2%. 45.3%, 54.2%, 65.2%, 63.9%, 64.2%, 50 % , 26.1%, of the clients were satisfied with waiting time, health providers' comfortability on admission, curtsy/respect of health providers, amount of time spent on examination, confidence/competency, privacy measures and sex of health worker respectively. Consistent with the study, a study conducted in Gondar Ethiopia showed that overall process related satisfaction the satisfaction was [55.9%] (31). In contrast to the study, another study done in Nepal showed that higher satisfaction 85.4% were satisfied with warm welcome on admission, 84.3% were satisfied with maintenance of privacy, and 88.2% were

satisfied with explanation given about treatment. In relation to involvement in decision-making, 85.4% were satisfied and 87.1% were satisfied with decision supported and respected (37).

In this study availability of toilet is a significant associated with clients' satisfaction {AOR 95%CI 3.698(1.014-13.494)} the same finding was reported in a study conducted in assela showed that women's satisfaction with delivery care was associated perceived cleanliness and access of toilet.

In this study Mothers who were asked for permission and who received clear explanation by health care workers before procedures or examinations were 7.9 times {AOR (95%CI) 7.958 (2.277-27.804)} more satisfied by the service than those who were not asked for permissions.

Competency and confidence of the health care workers with their job was also a significant predictor of maternal satisfaction, mothers who felt satisfied with the competency and confidence of health care workers were 4.6 {AOR (95%CI) 4.671(1.695-12.874)} times more satisfied with the overall delivery services. In support of this a study conducted in public health center hospitals of Addis Ababa city indicated, mothers who felt satisfied with the competency and confidence of health care workers were 5.4 times more satisfied with the overall delivery services.(28)

7. STRENGTH AND LIMITATIONS OF THE STUDY

7.1 Strength

- High response rate
- Data collectors were assigned from outside the institutions.
- The study was conducted in multiple settings (11 hospitals)

7.2 Limitations

Mothers were interviewed within the hospitals, and they may give responses favoring the care providers resulting in social desirability bias.

- Mothers who lost their neonate were not included ,(they may not be cooperative) this may increase magnitude of satisfaction.
- Including only care receivers.

8. CONCLUSION

The overall satisfaction with the delivery service was found to be 51.7 %. The result was slightly higher than the previous studies conducted in Addis Ababa Ethiopia. Regarding overall client satisfaction with delivery services in public and private hospital, satisfaction was significantly higher in private than the public. There are still unmet needs and expectations of mothers during delivery that the hospital should focus as delivery service quality improvement area. Multiple factors influence women's satisfaction such as availability of toilets, comfort on admission, confidence and competency of the health provider, permission before procedure were factors associated with clients satisfaction.

9. RECOMMENDATION

Based on the findings of this study, the following recommendations were made:

- Health professionals, policy makers and health administrators should give emphasis to factors that contribute to low satisfaction of clients' to improve the quality.
- In addition, the care should be client centered easily accessible and high quality to increase women's levels of satisfaction
- Further studies can take into consideration the findings and limitations of this study for better results

10. REFERENCE

1. National Institute for Health and Clinical Excellence, Intrapartum care: Care of healthy women and their babies during childbirth Clinical guideline [CG55] Published date: September 2007.
- 2 WHO. Care in normal birth: a practical guide. Accessed 100525. Available from URL: http://whqlibdoc.who.int/hq/1996/WHO_FRH_MSM_96.24.pdf.
- 3.Vieira C, Portela A, Miller T, Coast E, Leone T, Marston C.Increasing the Use of Skilled Health Personnel Where Traditional Birth Attendants Were Providers of ChildbirthCare : A Systematic Review. J plose one [Internet]. 2012;7(10): 1–9.
4. Tadese F, Ali A. Determinants of use of skilled birth attendance among mothers who gave birth in the past 12 months in Raya Alamata District, North East Ethiopia. Clinics in Mother and Child Health. 2014;11.
- 5 Ethiopian Demography health survey, 2016 .
6. FMOH: Ethiopian health sector development programme HSDP III 2005/06 -2010/11 (GC) (1998 – 2003 EFY) Mid-term review. Addis Ababa:Federal Ministry of health Ethiopia; 2008
7. Ware JE Jr, Snyder MK, Wright WR, Davies AR. Defining and measuring patient satisfaction with medical care. Eval Program Plann. 2003;6:247–63.
- 8.Sawyeretal. Measures of satisfaction with care during labour and birth: a comparative review BMC PregnancyandChildbirth2013,13:108<http://www.biomedcentral.com/14712393/13/108>
- 9 B. Yohannes,M. Tarekegn, and W. Paulos, “Mothers’ utilization of antenatal care and their satisfaction with delivery services in selected public health facilities of Wolaita zone, Southern Ethiopia,” *International Journal of Scientific & Technology Research*, vol. 2, no. 2, pp. 74–85, 2013..

10. Mekonnen Y: Patterns of maternity care service utilization in Southern Ethiopia: Evidence from a community and family survey. *Ethiopian journal of Health and Development* 2003, 17(1):27-33.
11. Elias N, Accorsi S. Federal Democratic Republic of Ethiopia Ministry of Health Quarterly Health Bulletin, HSDP. Policy and Practice Information for Action, The Last Lap Towards Millennium Development Goals The Performance of the Health sector in EFY. 2005:13
12. WHO et al. Trends in maternal mortality: 1990 to 2013. Geneva, WHO, 2014.
13. Goodman P, Mackey MC, Tavakoli AS: Factors related to childbirth satisfaction and Issues *Innovations Nurse Practice* 2004, 46:212–219.
14. Hasan A, Chompikul J, Bhuiyan SU (2007) Patient satisfaction with maternal and child health service among mothers attending the maternal and child health training in Mahidol University, Dhaka, Bangladesh.
15. Australian Government (2007) Maternity service in South Australia public hospital: Patient satisfaction survey research, Australian government, South Australia, Australia.
16. Lumadiand TG, Buch E (2011) Patients' satisfaction with midwifery services in a regional hospital and its referring clinics in the Limpopo Province of South Africa. *Afr J Nurs Midwifery* 13: 14-28.
17. Eva SB, Michael AK (2009) Women's satisfaction with delivery care in Nairobi's informal settlements. *Intern J Qual Health Care* 21: 79-86.
18. Tadele M, Yirgu G, Daniel B, Dereje H, Assessment of client satisfaction in labor and delivery services at a maternity referral hospital in Ethiopia, *Pan African Medical Journal*. 2014; 17:7
19. Demas T, Getinet T, Bekele D, Gishu T, Birara M, Abeje Y. Women's satisfaction with intrapartum care in St Paul's Hospital Millennium Medical College Addis Ababa Ethiopia: a cross sectional study. *BMC pregnancy and childbirth*. 2017;17(1):253

20. Donabedian A: An Introduction to Quality Assurance in Health Care. Oxford University Press, USA; 2002.
21. Mariam Ashraf, Fatima Ashraf, Atif Rahman, Rukhsana Khan, Assessing women's satisfaction level with maternity services: Evidence from Pakistan, *International Journal of Collaborative Research on Internal Medicine & Public Health*, Vol. 4 No. 11 (2012), 1841 – 51
22. Tesfaye R, Worku A, Godana W, Lindtjorn B. Client Satisfaction with Delivery Care Service and Associated Factors in the Public Health Facilities of Gamo Gofa Zone, Southwest Ethiopia: In a Resource Limited Setting. *Obstetrics and gynecology international*. 2016
23. Aman Urgessa, Mothers' satisfaction with delivery services and associated factors at health institutions in west Arsi, Oromia regional state, Ethiopia, 2016
24. Azmeraw Tayelgn, Desalegn T Zegeye and Yigzaw Kebede, Mothers' satisfaction with referral hospital delivery service in Amhara Region, Ethiopia, 2011
25. Biniyam Haile Tadesse, Negalign Birhanu Bayou, Gebeyehu Tsega Nebeb. Mothers' Satisfaction with Institutional Delivery Service in Public Health Facilities of Omo Nada District, Jimma Zone. *Clinical Medicine Research*. Vol. 6, No. 1, 2017, pp. 23-30. doi: 10.11648/j.cmr.20170601.13
26. Simin Taghavi, Morteza Ghojzadeh, Saber Azami-Aghadash, Assessment of mothers' satisfaction with the care of maternal care in Specialized Educational-Medical Centers in obstetrics and gynecological disease in Northwest Iran, *J Anal Res Clin Med* 2015; 3(2): 77-
27. Samrawit sileshi, Perception of mothers and providers on the quality of care in maternal and newborn service in selected hospitals of Addis Ababa, 2016
28. Blen Assefa, Maternal satisfaction with delivery services of public health centers in Addis Ababa, Ethiopia, 2017
29. Central Statistics Agency of Ethiopia, 2013
30. Bureau, A.A.c.a.H., c. administrator, Editor 2014: Addis Ababa, Ethiopia
31. Kiros Terefe Gashaye, Adino Tesfahun Tsegaye, Getachew Shiferaw, Abebaw Gebeyehu Worku, Solomon Mekonnen Abebe. Client satisfaction with existing labor and delivery care and

associated factors among mothers who gave birth in university of Gondar teaching hospital; Northwest Ethiopia: Institution based cross-sectional study. PLoS ONE. 2019; 14(2): e0210693. <https://doi.org/10.1371/journal.pone.0210693>.

32. Lumadiand TG, Buch E .Patients' satisfaction with midwifery services in a regional hospital and its referring clinics in the Limpopo Province of South Africa. *Afr J Nurs Midwifery*. 2011; 13: 14-28.

33 Asress G. D. Satisfaction and Associated Factors among Mothers Delivered at Asrade Zewude Memorial Primary Hospital, Bure, West Gojjam, Amhara, Ethiopia: A Cross Sectional Study. *Prim Health Care*, 2018, 8:2

34. Haile Tadesse. Mothers' satisfaction with institutional delivery service in public health facilities of Omo Nada district, Jimma zone. *Clin Med Res*. 2017; 6: 23

35. Zeritu Dewana, Teshale Fikadu¹, Abebe G/ Mariam and Misra Abdulahi. Client perspective assessment of women's satisfaction towards labour and delivery care service in public health facilities at Arba Minch town and the surrounding district, Gamo Gofa zone, south Ethiopia.

36. Waleed Sayed, Diao Eldeen M. Abd ElAal, Hazem S. Mohammed, Ahmed M. Abbas, Kamal M. Zahran. Maternal satisfaction with delivery services at tertiary university hospital in upper Egypt, is it actually satisfying?. *Int J Reprod Contracept Obstet Gynecol*. 2018 Jul;7(7):2547-2552.

37. Asha Panth and Praveena Kafle. Maternal Satisfaction on Delivery Service among Postnatal Mothers in a Government Hospital, Mid-Western Nepal. *Obstetrics and Gynecology International*.2018; 1-11.

38.Bitew, K., Ayichiluhm, M. & Yimam, K. 2015. Maternal Satisfaction on Delivery Service and Its Associated Factors among Mothers Who Gave Birth in Public Health Facilities of DebreMarkos Town, Northwest Ethiopia. *Biomed Res Int*, 2015, 460767.

11. APPENDIXES

Appendix I

English version information sheet and consent form.

Greetings

Hello, how are you?

My name is _____. I am working in the research team of post graduate thesis of Addis Ababa University College of Health Sciences, School of Allied Health Sciences, Department of Nursing and Midwifery. I would like to interview you a few questions about your opinion on service in labour and delivery ward while you are in this institution. This study aimed to assess mothers' satisfaction on labour and delivery care given in private and public hospital , which is important to create positive competition among hospital to improve labour and delivery care and to decrease maternal mortality. The study will provide information that might enable the health personnel and the government to improve maternal and child health services programs. I would like to take your time to respond to my questions and it will take approximately 30 minutes. I request you to answer as truthfully as possible.

Your name will not be written anywhere in the form and all the information you give is confidential except for the purposes of this study and it will never be disclosed for the third parity. In addition, I would like to inform you that by participating in this study, you will get no short term or long term risk or benefit. I also would like to inform you that you have a full right to withdraw from the study or to stop the study any time or to skip any question that you do not want to answer. Your cooperation and willingness for the study is very helpful in identifying the problem related to the issue.

So do you agree to participate in this study? Yes No

Respondent agrees to participate go to the next part.

Respondent does not agree to be participant stop

Thank you in advance for your cooperation

Data collectors Name _____ sign: _____

If you have any question or doubt, you can contact as with the address below.

Name of the principal Investigator: yewubdar Alemu

Mobile: +251 910 64 30 64. E-mail: yewubalemu27@gmail.com

Annex II

English version questionnaire

Questions on the assessment of Client's satisfaction with labour and delivery services given in the selected public and private hospitals of Addis Ababa, Ethiopia.

Instruction; - Circle the response in the best matches with the answer of the respondent.

01. Questionnaire identification number-----

02. Client code -----

03. Date ----- 04. Hospital code -----

Part one: -Socio-demographic characteristics of the participants

	Question	Response	Skip
101.	Age (in year)		
102	Marital status	1. Single 2. Married 3. Divorced 4. Widowed 5. separated	
103	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other specify-----	
104	Educational status	1. No formal education 2. Grade 1–8 3. Grade 9–12 4. Diploma and above	
105	Occupations	1. Governmental employee 2. Private employee 3. Self employed 4. Unemployed 5. Other(specify)_____	
106	Residency	1. Rural 2. Urban	

Part two: obstetric history

Q .no	Question	Response	Skip
201	Parity(number)_____		
202	Status of pregnancy	1, Wanted 2, Unwanted	
203	Mode of delivery	1, Spontaneous vaginal delivery (SVD) 2, Instrumental delivery 3, cesarean section	
204	Maternal outcomes	1, Normal 2, with complication	
205	Fetal outcomes	1, Live birth 2, still birth 3, Neonatal death 4, others --- specify	
206	Did you have ANC follow up?	1.yes 2.no	
207	Length of stay in the hospital	1. 6 am – 12 pm 2. 12 pm – 6 pm 3. 6 pm – 12 am 4. 12 am – 6 am	
209	Previous delivery sites (if you have any)	1. Home 2 Health center 3 public Hospital 4. Private hospital 5. Other specify	

Part –three: Questions on structure - related satisfaction

Based on your experience as a patient in this health facility, please respond whether you are strongly dissatisfied, Dissatisfied, Neutral, Satisfied, Strongly satisfied

Q .no		1.Strongly dissatisfied	2.dissatisfied	3.Neutral	4.Satisfied	5.strongly satisfied
301	301How satisfactory was the number of health providers in labour and delivery rooms?					
302	How satisfied are you with the availability and adequacy of medical supply and drugs?					
303	How satisfied are you with sufficiency of rooms, beds and spaces for laboring and delivering mothers?					

304	How satisfied are you with the availability of the requested laboratory investigations?					
305	How satisfied are you with the availability and sanitation of toilets?					
306	How satisfied are you with the availability and sanitation of shower rooms?					
307	How satisfied are you with the availability and comfort of waiting area for clients and their companions?					
308	How satisfied are you with the cost of the service (if you paid)					

Part four: Questions on process and outcome related satisfaction

Q .no		1.Strongly dissatisfied	2.dissatisfied	3.Neutral	4.Satisfied	5.strongly satisfied
401	How satisfied are you with the time spent waiting to be seen by a health care provider?					
402	How satisfied are you with the health care provider making you comfortable on admission?					
403	How satisfied are you with the respect and courtesy of the health care providers?					
404	How satisfied are you with the adequacy of time health workers spent for examination?					

405	How satisfied are you with the competency and confidence of the health care providers with their work.					
406	How satisfied are you with the privacy during physical examinations and delivery?					

Q .no	Question	Response	Skip
407	Health providers asked permission before applying any procedures and examination	1, Yes 2, No	
408	Health worker explained the labour progress to you by using clear language	1, Yes 2, No	
409	Have you felt confused because different member of staff have given you conflicting advice or information.	1, Yes 2, No	
410	Health workers verbally encouraged praised and reassured during the	1, Yes 2, No	

	time of labour.		
411	What was the sex of the health care provider who attended your labour and delivery?	1. Female 2. Male	
412	How satisfied are you with the sex of the health care provider who attended your labour and delivery?	1. Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
413	How satisfied are you with the overall care and support during the time of labour and delivery.	1. Strongly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly satisfied	
414	Was there any health problem on your newborn baby?	1, Yes 2, No	
415	You were able to ask any question about your baby at any time.	1, Yes 2, No	
416	Received enough support from the staff in breastfeeding your baby immediately after birth and how to care for your baby.	1. Yes 2. No	
417	Your baby received enough care and	1. Yes 2. No	

	support.		
418	Would you seek delivery service in the same facility next time if you get pregnant?	1, Yes 2, No	
419	Would you recommend this facility to your family and other relatives?	1, Yes 2, No	

የጥናቱ ሰብሳቢ ስም ፊርማ

መጠየቅ የሚፈልጉት ወይም ግልጽ ያልሆነ ነገር ካለ ከታች በተጠቀሰው አድራሻ ማግኘት ይችላሉ ።

የጥናቱ አድራጊው ስም የውብዳር አለመሆኑ

ስልክ ቁጥር 251-910-64-30-64

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Annex I V

Amharic version questionnaire

ቃለ መጠይቅ

አዲስ አበባ ውስጥ በሚገኙ የግልና የመንግስት ሆስፒታሎች በምጥ እና በወሊድ አገልግሎት ላይ የእናቶችን እርካታ ለማወቅ የተዘጋጀ መሰብሰቢያ መጠይቅ

መመሪያ:- ከተጠያቂ መልስ ጋር የሚመሳሰለውን መልስ መርጣችሁ አክብብ

- I) የተጠያቂው መለያ ቁጥር
- II) የሆስፒታል መለያ ቁጥር
- III) ቀን

ክፍል አንድ የተጠያቂዎ ማህበራዊ እና ዲሞክራሲያዊ ነባራዊ ሁኔታ

ተ.ቁ	ጥያቄ	መልስ
101	ዕድሜ (በዓመት)	
102	የጋብቻ ሁኔታ	1. ያላገባ 4. የሞተባት 2. ያገባ 5. የተለያዮች 3. የተፋታች
103	ሀይማኖት	1. ኦርቶዶክስ 4. ካቶሊክ 2. ሙስሊም 5. ሌላ ካለ ጥቀሱ 3. ፕሮቴስታንት
104	የትምህርት ደረጃ	1. ያልተማረች 4. ዲፕሎማ 2. 1-8 ክፍል 5. ዲግሪ እና ከዛ በላይ 3. 9-12ኛ
105	ስራ	1. የመንግስት ስራተኛ 2. የግለሰብ መስሪያ ቤት ተቀጣሪ 3. የግል ስራ 4. ስራ የሌላት 5. ሌላ ካለ ጥቀስ

105	ስራ	5. የመንግስት ስራተኛ 6. የግለሰብ መስሪያ ቤት ተቀጣሪ 7. የግል ስራ 8. ስራ የሌላት 5. ሌላ ካለ ጥቀስ
106	መኖሪያ	1. ከተማ 2. ገጠር

ክፍል 2 የወሊድ ሁኔታ

ተ.ቁ	ጥያቄ	መልስ
201	ሰንት ልጆች አለሽ ?	
202	የእርግዝና ሁኔታ	1. የታቀደ /የሚፈለግ 2. ያልታቀደ /የማይፈለግ
203	የወለድሽበት መንገድ	1. በማህጸን 2. በመሳሪያ በመታገዝ 3. በቀዶ ህክምና (በኦፔሬሽን)
204	ከወሊድ በኋላ የነበረሽ የጠየና ሁኔታ	1. ጠየነኛ 2. በጤናዬ ላይ እግር ነበር
205	ከወሊድ በኋላ የነበረሽ የልጆችሽ ሁኔታ	1. በህይወት የተወለደ 2. ሞቶ የተወለደ 3. ከተወለደ በኋላ የሞተ 4. ሌላ ካለ ይገለጽ
206	ክትትል ነበረሽ?	1. አዎ 2. አልነበረኝም
207	በሆስፒታል ውስጥ ለምን ያህል ጊዜ ቆየሽ ?	1. ከጠዋት 12-ቀን 6 ሰዓት 2. ከቀኑ 6 ሰዓት -ምሽት 12 ሰዓት 3. ከምሽቱ 12 እስከ ሌሊት 6 ሰዓት 4. ከሌሊቱ 6 ሰዓት -ጠዋት 12 ሰዓት 5. ሌላ ካለ ይገለጽ

208	ከዚህ በፊት የት ነበር የወለድሽው (ካለ)	<ol style="list-style-type: none"> 1. እቤት ውስጥ 2. ጤና ጣቢያ 3. የመንግስት ሆስፒታል 4. የግል ሆስፒታል 5. ሌላ ካለ ጥቀሽ
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ክፍል 3 አጠቃላይ የሆስፒታል አቋም /፣ዋቅርን በተመለከተ በዚህ ሆስፒታል በቆዩበት ጊዜ የገጠሞትን ሁኔታ መሠረት በማድረግ በጣም አረካውም ፣ አረሳውም ፣ገለልተኛ እረክቻለሁ በጣም ረክቻለሁ በማለት ይመልሱ

ተ.ቁ	ጥያቄ	1.በጣም አረካውም	2.አረካውም	3.ገለልተኛ	4.እረክቻለሁ	5.በጣም ረክቻለሁ
301	በምጥና በማዋለጃ ክፍለ ወስጥ በሚገኙ የጤና ባለሙያዎች ብዛት ስምን ያህል ረክተዋል?					
302	በሆስፒታሉ የህክምና መሳሪያዎች እና የመድሃኒቶች አቅርቦት ምን ያህል እረክተዋል?					
303	በሆስፒታል በምጥና በማዋለጃ ክፍሎች አልጋዎች እና ቦታዎች ላይ ምን ያህል እረክተዋል?					
304	በላብራቶሪ ምርምሮዎች አቅርቦት ላይ ምን ያህል እረክተዋል ?					
305	በመጸዳጃ ቤቶች አቅርቦት እና ዕዳት ላይ ምን ያህል እረክተዋል					
306	በሻወር ቤቶች አቅርቦት እና ዕዳት ላይ ምን ያህል እረክተዋል?					

307	ለታካሚው እና ቤተሰቦች መጠባበቂያ ቦታዎች አቅርቦት እና ንፅህና ላይ ምን ያህል እረክተዋል?					
308	በአገልግሎቱ ክፍያ ተመጣጣኝነት ምን ያህል (ክፍያ ከፈፀሙ)					

ክፍል 4 በሂደት እና ውጤቶች ላይ ጥያቄ

ተ.ቁ	ጥያቄ	1.በጣም ረክቻለሁ	2.አረካውም	3.ገለልተኛ	4.እረክቻለሁ	5.በጣም አረካውም
401	በጠየና ባለሙያዎች እርዳታ ለማግኘት በጠበቅሺው ሰዓት ምን ያህል እረክተሻል ?					
402	የጤና ባለሙያዎች አልጋ ክፍል ሲያሲዙሽ ምን ያህል እረክተሻል?					
403	በጤና ባለሙያዎች ትህትና እና አክብሮት የሞላበት ግልጋሎት ምን ያህል እረክተሻል ?					
404	የጤና ባለሙያዎች በምርምር ላይ ባሳለፉት ሰዓት ምን ያህል እረክተሻል ?					
405	የጤና ባለሙያዎቹ በሚሰሩበት ስራ በራስ መተማመናቸው እና ስራው ላይ ባላቸው ብቃት ምን ያህል እረክተሻል ?					

406	<p>በምርመራ ወቅት እና በወሊድ ስፍራዎች ገለልተኝነት ምን ያህል ረክተሽል?</p>					
407	<p>የጤና ባለሙያዎች ምርመራ እና ህክምና ከማድረጋቸው በፊት ፍቃደኛነትሽን ጠይቀውሽ ነበር</p>	<p>1. አዎ 2.አልነበረም</p>				
408	<p>የጤና ባለሙያዎች ስለምጥሽ ሂደት በሚገባሽ ቋንቋ አስረድተውሽ ነበር ?</p>	<p>2. አዎ 2.አልነበረም</p>				
409	<p>የጤና ባለሙያው ሰራተኞች የሚቃረን ወይም የተለያዩ ምክር ወይም መረጃ ስለሰጡሽ ግራ ተጋብሽ ነበር ?</p>	<p>1አዎ 2.አልነበረም</p>				
410	<p>የጤና ባለሙያዎች በምጥ እና በወሊድ ሰዓት እያበረታቱሽ እያጽናኑሽ ነበር ?</p>	<p>1.አዎ 2.አልነበረም</p>				
411	<p>ያዋለደሽ የጤና ባለሙያ ባታ ምን ነበር ?</p>	<p>1. ሴት 2. ወንድ</p>				
412	<p>ባዋለደሽ የጤና ባለሙያ ባታ ምን ያህል እረክተሻል ?</p>	<p>1. በጣም አረካውም 2. አረካውም 3. ገለልተኛ 4. እረክቻለሁ 5. በጣም እረክቻለሁ</p>				

413	በአጠቃላይ በምጥ እና በወሊድ ወቅት ስለተደረጉልሽ እንክብካቤ እና ድጋፍ ምን ትያለሽ ?	<ol style="list-style-type: none"> 1. በጣም አረካውም 2. አረካውም 3. ገለልተኛ 4. እረክቻለሁ 5. በጣም እረክቻለሁ
414	በተወለደው ህጻን ላይ ያጋጠመ የጤና ችግር ነበር	<ol style="list-style-type: none"> 3. አዎ 4. አልነበረም
415	ስለ ልጅሽ ሁኔታ ማንኛውንም ጥያቄ በማንኛውም ሰዓት መጠየቅ ችለሽ ነበር ?	<ol style="list-style-type: none"> 1. አዎ 2. አልነበረም
416	ልጆችሽን ጡት እንድታጠቡ እና እንዴት መንከባከብ እንዳለብሽ ከጤና ባለሙያዎች በቂ ድጋፍ አግኝተሽል ?	<ol style="list-style-type: none"> 1. አዎ 2. አላገኘሁም
417	ልጅሽ በቂ እንክብካቤ አግኝቷል/ታለች ?	<ol style="list-style-type: none"> 1. አዎ 2. አላገኘም
418	ከዚህ በኋላ ለሚፈጠር እርግዝና የወሊድ አገልግሎት ለማግኘት እዚህ ሆስፒታል ትመጫለሽ ?	<ol style="list-style-type: none"> 1. አዎ 2. አልመጣም
419	ይህን ጤና ጣቢያ ለዘመዶችሽ ወይም ለጓደኞችሽ አገልግሎት ትመክሪያለሽ ?	<ol style="list-style-type: none"> 1. አዎ 2. አልመክርም

