Assessment of Women' Satisfaction of Routine Care Provided Pre and Post Cesarean Section

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Abstract: Background: Cesarean sections have become the prevailing surgical procedure globally, surpassing a rate of 21%. In Egypt, the rate has significantly surged to over 60%. Women who are recommended to undergo C-section must consent to the procedure and be satisfied with it. Satisfied mothers are found to have a more positive outlook on their situation and actively engage in their treatment plans, resulting in better maternal and neonatal outcomes **Purpose:** This study was conducted to assess satisfaction of women undergoing cesarean section regarding pre and post routine nursing intervention. **Method:** Descriptive study was conducted at Al-Shouhadaa hospital from August, 2022 to January 2023 **Instruments:** one instrument was used: (I) Characteristics of women structured interview questionnaire for studied women to assess their satisfaction regarding care. **Results:** Only 5.3% of the studied women reported a high level of satisfaction regarding nursing intervention. Approximately 66.6% of them had a moderate level of satisfaction, while 28% of the women reported a low level of satisfaction. **Conclusion:** small fraction, specifically (5.3%) of the women included in the study expressed a significant or high level of satisfaction with the nursing intervention. **Recommendations:** training programs for nurses regarding care of women undergoing CS are needed to ensure that nurses stay updated with the latest advancements in CS procedures and technologies to achieve maternal satisfaction.

Key words: cesarean section, routine care, maternal satisfaction

Introduction

Childbirth is described as a complex experience, with various factors influencing a woman's sense of security and control. These factors include personal support, midwifery care, previous delivery experiences, level of labor pain, pain relief options, information and involvement in decision-making (Lupu et al., 2023). Unplanned medical interventions during childbirth, such as operative vaginal deliveries, intrapartum complications and emergency caesarean are associated with maternal dissatisfaction) Mohammed, 2016).

According to Dhakal-Rai et al (2021), Cesarean section (CS) is a commonly performed surgical procedure in obstetrics and is crucial for saving lives when vaginal delivery poses risks to the mother or baby. Kintu et al (2019) defined CS as a surgical procedure involving incisions in the mother's abdomen and uterus to deliver one or more babies. The World Health Organization (WHO, 2021) emphasizes the importance of CS in pregnancy, but also highlights that the potential risks associated with CS may outweigh the benefits if used inappropriately, as it carries a higher risk of complications compared to vaginal birth.

The assessment of healthcare services can be determined by the opinions and satisfaction of patients. Patient satisfaction is the important indicator of quality of care and is seen as a result of healthcare services. Measuring patient satisfaction offers vital insights into performance, thereby aiding in total quality management (Mpotora et al., 2021).

Patient satisfaction with nursing care refers to a patient's opinion on the sufficiency and acceptability of the care they received. Achieving high levels of patient satisfaction is a goal for healthcare organizations, as it helps maintain and monitor the quality of nursing intervention (Mocumbi, 2019). Surveying patient satisfaction with care is necessary for improving healthcare services.

The importance of continuous education and training in healthcare settings has been recognized for its ability to improve patient care and enhance the performance of healthcare professionals (da Silva et al., 2023). Mustafa et al. (2022) emphasize the significance of ongoing education and training for healthcare professionals to stay up-to-date in their field and provide evidence-based care. Given the rapid progress of technology, it is crucial for healthcare professionals to stay informed about the latest tools and techniques in their field (Thibault, 2020).

Significance of the study:

According to a recent report from the World Health Organization (2021), the use of caesarean sections during childbirth is increasing worldwide, now making up more than 1 in 5 (21%) of all births. This trend is expected to continue, with nearly 1 in 3 (29%) births projected to be delivered by caesarean section by 2030.

In Egypt, caesarean sections accounted for 72% of births in 2021, according to data from the country's statistics agency (El Sawy, 2022). The WHO 2021 also states that Egypt is one of only five countries where caesarean sections outnumber natural deliveries, along with the Dominican Republic, Brazil, Cyprus, and Turkey (El Sawy, 2022).

Measuring women's satisfaction and their perception of the quality of care is challenging due to its subjective and multifaceted nature. It is primarily influenced by the individual's expectations, which play a significant role in shaping a positive childbirth experience and higher levels of satisfaction (Sarhan, 2022).

The measurement of patient satisfaction forms an integral part of nursing quality assurance initiatives. Scales to measure patients' experiences of and satisfaction with nursing have been developed and found to be valid, reliable, and able to detect differences between hospitals and wards (ES et al. 2023). There is a lack of researches at Menoufia to assess women's satisfaction regarding CS intervention

Purpose of the study

To assess the satisfaction of women was undergoing cesarean section regarding pre and post routine nursing intervention.

Research question:

What is the level of maternal satisfaction of women undergoing CS regarding nursing intervention?

Operational definition of variables:

1) Women satisfaction: - In this study, it is operationally defined as the level of agreement between patients' desired level of care and their perception of the care they actually receive. This is assessed by using questionnaires before and after childbirth to evaluate maternal satisfaction by using Characteristics of women structured interview questionnaire.

2) Routine care: - In this study it is operationally defined as the regular comprehensive care provided by nurses to women undergoing CS, including pre-surgical education, preparation before surgery, health education and counseling before discharge.

Method

Research Design:

A descriptive (cross-sectional) design was used.

Research Settings:

The current research was carried out at the Obstetrics and Gynecological department of Al-Shouhadaa hospital, which is associated with the Ministry of Health and Population in Menoufia Governorate, Egypt. It was situated on the third floor with 20 bed capacity.

Sampling:

A purposive sample of 75 women-undergoing CS who fulfilled the following criteria were selected:

Inclusion criteria for the sample:

➤ Women should be willing to participate in the study
➤ Women should have no current pregnancy complications
➤ Women should be free from any medical disease,
➤ Women should be 20 to 35 years old

Sample size:

The researchers used a sample size calculator software to determine the appropriate number of participants. The total population included 240 women who had cesarean deliveries each year at Al-Shouhadaa hospital. With a confidence level of 95% and a confidence interval of 5, the estimated sample size was 148. To ensure that the sample was representative, the size was increased to 150. As a result, a purposive sample of 150 women was randomly assigned to either the pre-intervention group (75 women) or the post-intervention group (75 women) for the instructional technology intervention. The Solvin formula was used to determine the sample size in the following manner:

$$n = N / (1 + Ne2)$$

Where: **n** = Number of samples, **N** = Total population and **e** = Error tolerance (level). (0.05)

Instruments for Data Collection:

One instrument was used for data collection:

Instrument One: - Characteristics of women structured interview questionnaire:

The researcher created this measurement by referring to relevant literature (Ozkan & Bal, 2019) in order to assess the satisfaction of women who participated in the study with nursing intervention. The tool consisted of 36 questions, each scored on a scale of 1 to 5. A higher score indicated a high level of satisfaction, while a lower score indicated a low level of satisfaction. The tool was divided into three parts:

▪ **Part 1:** - Socio demographic characteristics of women such as name, age, educational level, occupational status, and marital status, etc.

▪ **Part 2:** - Obstetrical history of maternal cases such as age of menarche, age of marriage, age of first pregnancy, number of gravidas, paras, previous methods of delivery including normal vaginal delivery and CS, etc.

▪ **Part 3:** - Women satisfaction with intervention. It included extent of freedom they were given on the ward, the extent of privacy they were given by nurses and how quickly nurses responded to their requests, etc.).

Scoring system

According to Hesai et al. (2020), the questionnaire used in this study consisted of questions that were rated on a Likert scale ranging from strongly satisfied (5) to strongly dissatisfied (1). The data obtained from the questionnaire were then divided into six subscales, with specific item numbers provided in the table below. The questionnaire comprised a total of

36 questions, and the scoring scale ranged from 36 to 180 points. Additionally, the data were further divided into three groups based on the satisfaction levels of women: "Low Satisfaction ($\leq$ 50th percentile)", "Moderate satisfaction (51:75th percentile)" and "High Satisfaction (>

75th percentile)". To determine the cutoff point for each question in the service scoring, a score of 3 was set. Cut-off points for each satisfaction group were calculated based on their respective satisfaction scores (Hesai et al., 2020).

	Items	No. of Items
Factor 1	Ethical considerations regarding satisfaction levels	from 1 to 9
Factor 2	Satisfaction of mothers regarding intervention prior to CS	from 10 to 14
Factor 3	Satisfaction of mothers regarding intervention after CS	from 15 to 19
Factor 4	Satisfaction of mothers regarding education and information provided	from 20 to 24
Factor 5	Women' Perception of nursing and intervention	From 25 to 29
Factor 6	Overall satisfaction with the intervention	From 30 To 36

Very dis-satisfied (1), Dis-satisfied (2), Neutral (3), Satisfied (4), Very satisfied (5)

Validity

For validity assurance, the previous instrument was submitted to be reviewed by Jury of experts in Obstetrics and Gynecology department (three experts at the Maternal and Newborn Health Nursing department and two experts in Obstetrics and Gynecology Medicine) to modify any required items of the instruments. The modifications were done to ascertain its relevance and completeness.

Ethical considerations

An official approval was obtained from the Ethical Research Committee in the Faculty of Nursing, Menoufia University on 21 / 6 /2021. A written consent was obtained from women who participated in the study. An initial interview was done to inform participants women) about the purpose, benefits of the study and explain that participation in the study was voluntary and the participants could

withdraw from the study at any time without penalty.

Pilot study:

It was carried out on 10% of the sample (8 women) after the instruments were developed and before starting the data collection to test the practicability, applicability and to estimate the needed time to fill the instruments. No necessary modifications were done. Therefore, the pilot study was included in the total sample.

Procedure:

- An official approval was obtained from the Ethical Research Committee in the Faculty of Nursing, Menoufia University. Permission to conduct the study was obtained from the director of Al-Shouhadaa hospital after submitting an official letter from the Faculty of Nursing, which

explained the study's purpose, the benefits it would bring to maternity nurses, and the method of data collection. Data collection was started over a period of 3 months from the beginning of August, 2022 to the end of October, 2022 at the Al-Shouhadaa hospital

- The researcher introduced herself to the convenient participants and provided verbal explanation of the purpose of the study. Informed consent was obtained verbally from all the participants.
- Each participant was informed that participation in the study was voluntary and that she can withdraw from the study whenever she decided to do so.
- It took two days per week (Monday and Wednesday) from 9.30 Am to 2 pm (5) women per day according to the inclusion criteria. This protocol was followed till the needed number was reached.
- Each woman was individually interviewed to collect the data related to her sociodemographic status, obstetrical history using the first and second parts of questionnaire.
- Finally, maternal satisfaction was assessed through a maternal satisfaction questionnaire to detect the level of their satisfaction regarding the routine pre and post nursing intervention for CS

Statistical Design:

The data collected was organized, categorized, analyzed and tabulated by using the suitable statistical methods including the statistical package of social science (SPSS version 22.0).

Results

Table (1):- shows the socio-demographic characteristics of the studied women. About 78.6 % of the studied women were aged from 25 to 35 years old, and the mean age of them was 25.26. More than one-half of them (57.3%) had secondary education, and 59.3% were housewives, while 38% had university education and above. The majority of them (95.3%) were married. In addition, nearly three-quarters of the studied women (70%) had caretakers.

Table (2):- shows the selected obstetric history of the studied women. More than one-half of the studied women (61.33%) were multigravida less than four times. The majority of the studied women's (80%) age of menarche was 12-14 years. About 48% of them had an age of marriage of 20:25 years, while 51.33% had their first pregnancy at 20:25 years. Also, about 62.7 percent of them were multipara two or more. Meanwhile, only 32.0% of them had one abortion, and 6.0% had one or more prenatal deaths. Additionally, only 2.0% of them had neonatal deaths.

Table (3):- shows the previous delivery history of the studied women. About 60.0 percent of the studied women's mode of previous delivery was caesarean section (CS), and about 37.33% of these women had their first cesarean section. Also, only 18.6% of women had postpartum complications.

Figure (1):- displays the studied women's total satisfaction scores. Only about 5% of women had high satisfaction level, while 66.7 percent of

them had a moderate level of satisfaction whereas 28% had low satisfaction level.

Table (4):- shows the relationship between the women's sociodemographic characteristics and their total level of satisfaction with nursing interventions. There were highly statistically significant differences among total maternal satisfaction with nursing intervention, women age, educational level, and women occupation (P <0.001). Also, maternal satisfaction was higher in women aged more than 30 years old who were employees and had secondary school education.

Table (5):- clarifies the relationship between the obstetrical history of the studied women and their total level of satisfaction with nursing care. There were highly statistically significant differences among the studied women regarding their total maternal satisfaction with nursing intervention, number of gravidas, number of CS, and postpartum complications. Additionally, maternal satisfaction was higher in multigravida (more than four times the second time CS) and in those who did not have previous postpartum complications

Table (1): Socio-Demographic Characteristics of the Studied Women (n = 75)

Personal data	No.	%
Age		
- less than 20	6	8.0
- 20-35	59	78.7
- More than 35	10	13.3
Mean age	2.5267	
Educational levels		
- Illiterate	0	0
- read &write	0	0
- Primary education	3	4.0
- Secondary school	43	57.3
- University and above	29	38.7
Occupation		
- house wife	45	60.0
- Employee	24	32.0
- Student	6	8.0
- Others	0	0
Marital status		
- Married	74	98.7
- Divorced	1	1.3
- Widowed	0	0
Presence of caretaker		
- Yes	53	70.7
- No	22	29.3

Table (2): Obstetric History of the Studied Women (n = 75)

	Studied group (N=200)	
	No.	%.
Number of gravidae		
- Primigravida	28	37.33
- Multigravida less 4 times	46	61.33
- Multigravida more 4 times	1	1.34
Age of menarche		
● 9-11	2	2.7
● 12-14	60	80.0
● 15 or more	13	17.3
Age of marriage		
Less 20 years	25	33.3
- 20-25 year	36	48.00
- 26-30 year	8	10.7
- 31 or more	6	8.0
Age of first pregnancy		
- Less 20 years	22	29.3
- 20-25 year	39	52.0
- 26-30 year	8	10.7
- 31 or more	6	8.0
Para		
- Primipara	28	37.3
- Multipara 2 or more	47	62.7
Number of living children		
- One	28	37.33
- Two or more	47	62.67
Abortions		
- No abortion	51	68.0
- One abortion	24	32.0
- Two or more	0	0
Prenatal deaths		
- No	71	94.7
- One or more	5	5.3
Neonatal deaths		
- No	74	98.7
- One or more	1	1.3

Table (3): Previous Delivery History of the Studied Women (n = 75)

	Studied group (N=150)	
	No.	%.
Mode of previous delivery		
- No previous delivery	28	37.33
- Spontaneous vaginal delivery with intact perineum	0	0
- Spontaneous vaginal delivery with tear	1	1.33
- Spontaneous vaginal delivery (SVD)with episiotomy	1	1.33
- Assisted vaginal delivery (vacuum)	0	0
- Caesarean section (C/S)	45	60.00
How many times cesarean section		
- First time	28	37.3
- Second time or more	47	62.7
Any postpartum complications		
- Postpartum hemorrhage	4	5.3
- Uterine atony	2	2.7
- Disseminated intravascular coagulation	0	0
- Infection	7	9.3
- No	62	82.7

Figures (1): - The Studied Women's Total Satisfaction Scores regarding CS Intervention

total level of studied women satisfaction

highscore   modretscore   low score

66.7%

28%

5.3%

Total level of satisfaction

Assessment of Women' Satisfaction of Routine Care Provided Pre and Post
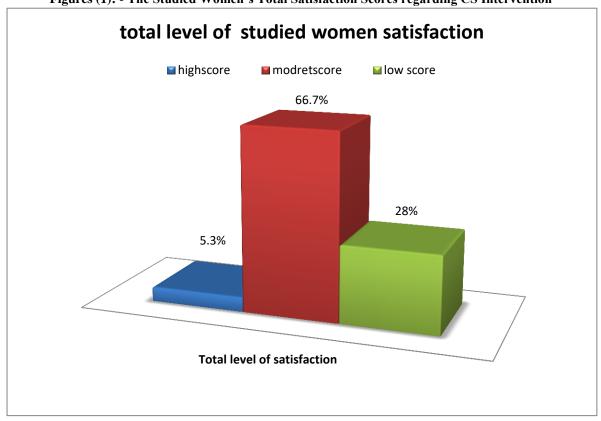*Cesarean Section*

Table (4): Relation among the studied women' sociodemographic characteristics and their total Level of Satisfaction.

Variables	Total Maternal satisfaction with nursing intervention	Test of sig.	P value
	Mean ± SD		
Age / years - less than 20 - 20-35 - More than 35	9.1538±2.07550 12.7143±1.71487 19.2500±1.94327	136.330	0.001**

Educational levels
- Primary education
  Secondary school University
  and above
	7.5714±1.51186
	20.2727±2.14900
	13.3684±2.55393
		62.906	0.001**

Occupation - house wife - Employee - Student	11.3673±1.92239 19.7857±2.11873 17.0000±1.27920	129.721	0.001**

Table (5): Relation among the studied women' selected obstetrical history and their total Level of Satisfaction regarding pre, post and follow up interventions.

Variables	Total Maternal satisfaction with nursing care	Test of sig.	P value
	Mean±SD		
Number of gravidae - Primigravida - Multigravida less 4 times - Multigravida more 4 times	11.9821±2.46791 18.8824±1.57648 23.0000±.00000	76.211	.001**
How many times cesarean section - First time - Second time	11.3125±1.90359 18.3333±2.36968	-14.021	.318
Any postpartum complications - Postpartum hemorrhage - Uterine atony - Disseminated intravascular coagulation - Infection - No	9.5882±1.97037 11.1111±.33333 12.9600±.97809 17.5714±.85163 20.5000±2.12132	132.920	.001**

Discussion

The relationship of nurses' knowledge and performance with maternal satisfaction is crucial in the field of maternal healthcare. Nurses play a vital role in providing care and support to women undergoing CS. Nurses' performance directly impact the overall experience and satisfaction of mothers (Amasha, et al., 2020)

Regarding the satisfaction of women undergoing cesarean section (CS) and their interaction with healthcare providers, there was a notably low level of high satisfaction reported among women. More than half of them expressed a moderate level of satisfaction across various aspects, encompassing the frequency of nurses checking on their well-being, the accessibility of nurses when needed, the ability of nurses to create a homely atmosphere, the level of privacy maintained, the competence exhibited in performing duties, the extent of information shared about their condition and treatment, all while respecting autonomy and involving them in decision-making processes. Additionally, there was a significant improvement in how nurses effectively communicated the risks, benefits, and indications of cesarean section prior to the surgery.

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of privacy maintained, the competence exhibited in performing duties, the extent of information shared about their condition and treatment, all while respecting autonomy and involving them in decision-making processes. Additionally, there was a significant improvement in how nurses effectively communicated the risks, benefits, and indications of cesarean section prior to the surgery. In relation to the correlation between overall levels of maternal satisfaction with nursing care and the obstetric and previous delivery history of the women in the study, there was a significant difference found. This difference was observed in relation to the number of pregnancies, the number of cesarean sections, and the occurrence of postpartum complications. Maternal satisfaction was found to be higher in women who had been pregnant more than four times, had a second cesarean section, and had not experienced previous postpartum complications.

These findings align with a study conducted by Mocumbi et al. (2019), which also found a significant difference between maternal satisfaction with nursing care and the number of pregnancies. However, these results contradict the findings of Mohammed (2016), who reported that patient satisfaction with childbirth experience was not influenced by parity or the experience of pregnancy.

From the researcher's perspective, one possible explanation for the discrepancy in findings between the current study and Mohammed (2016) could be the differences in the study

populations and methodologies. The current study included a different group of women, with different cultural backgrounds and healthcare systems, which may have influenced their satisfaction with nursing care and childbirth experience differently. Additionally, the methodologies used in the studies may have varied, leading to different results. The current study focused on maternal satisfaction with nursing interventions using a specific scale, while Mohammed (2016) measured the quality of healthcare services and communication between healthcare providers and patients using a different scale.

Conclusion

In conclusion, the current study aimed to assess women's satisfaction with routine care provided before and after cesarean section. The findings indicate that a notably low level of high satisfaction among women. More than half of the participants expressed a moderate level of satisfaction across various aspects of care. These aspects included the frequency of nurses checking on their well-being, the accessibility of nurses when needed, the ability of nurses to create a homely atmosphere, the level of privacy maintained, the competence exhibited in performing duties, and the extent of information shared about their condition and treatment. It is noteworthy that the women reported satisfaction when their autonomy was respected, and they were involved in decision-making processes. The integration of an educational program may equip the nurses with the essential knowledge and abilities to effectively and confidently provide care for these women, leading to an improvement in their understanding of cesarean section. Overall, the study highlights the importance of addressing women's satisfaction in routine care given pre and post cesarean section. By focusing on aspects such as communication, privacy, and involvement in decision-making, healthcare providers can strive to improve women's experiences and increase their satisfaction levels.

Recommendation

In the light of the current study findings, the following recommendations are suggested:

- Integrate various educational programs into the training programs for studied nurses, specifically focusing on CS procedures to enhance their knowledge, skills, and confidence in providing care to women undergoing cesarean section.
- Provide ongoing education and training to ensure that nurses stay updated with the latest advancements in CS procedures and technologies in order to gain women satisfaction.

Further studies:

1) Study of maternal contentment with various aspects of satisfaction, in addition to the nursing intervention must be evaluated.
2) It is important to conduct further researches in rural and urban areas using the same or other techniques of teaching such as instructional technology, simulation based

training and virtual reality to evaluate the long-term effectiveness of these methods on studied nurses' performance and patient satisfaction.

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