

CLIENTS' SATISFACTION WITH CONTINUITY OF MIDWIFERY CARE

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ABSTRACT

The main problem in accelerating the decline in maternal mortality is not only the service coverage, but the quality of the service needs to be given special attention. Indicators in quality of service should be assessed. One of them is the level of client satisfaction toward the service provided. The purpose of this research is to find out client satisfaction while receiving continuity of midwifery care provided by midwifery students. This service begins since the third trimester of pregnancy until around 40 days of the postpartum period. The purpose of this study is to describe the satisfaction among respondents during receiving continuity of midwifery care provided by midwifery students. The sample of this study was 41 pregnant women in Bangetayu Public Health Center of Semarang. The results show that most of the respondents were satisfied during receiving continuity of midwifery care. Most of the respondents also perceived the good quality of this continuity of midwifery care. Further research on the quality of maternal health care is highly encouraged, particularly on how the care is provided. Continuity of midwifery care is recommended to be implemented by other midwifery schools.

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INTRODUCTION

Maternal mortality in Indonesia remains high, could not reach the target of MDGs in 2015 and still far away from the target of SDGs in 2030. The cause of maternal death varies, namely bleeding, hypertension, infection etc. Improving the health status of pregnant women could prevent maternal death. However, most of survey and assessment focus on services coverage rather than the quality of services.

Quality of services is a key parameter in performance evaluation. Patients are the main actors in appraising and assessing the quality. Therefore, assessing patients' satisfaction is important to identify the service quality. Patients will perceive a good quality of services when their expectations are meeting after health care is provided. Meanwhile, Patients will a poor quality of services when the services received are lower than expected.¹

Various efforts have been made by the government in reducing MMR (Maternal Mortality Rate). But in reality, these efforts have not been able to significantly reduce MMR. Therefore a new breakthrough needs to be carried out, one of the strategies mentoring one pregnant woman by one midwifery student. We call this midwifery continuity of care or Continuity of Care (CoC).² The care provided in the CoC program

focuses more on health promotion by providing various information needed and can overcome the client's problems.

From this description, this study wanted to find out "How is the client's satisfaction during getting assistance by midwifery students?"

METHOD

Patient satisfaction is a level of patient's feelings that arise as a result of the performance of health provider in providing services compared to the patient's expectation. Patients will be satisfied if the performance of health services is the same or exceeds their expectations. There are 5 (five) dimensions that represent consumer perceptions of service quality, namely: reliability, responsiveness, assurance, empathy, and tangibility.³

This research is a descriptive study, which describes the facts, circumstances or symptoms that appear. The population of this study was the third trimester of pregnant women who were in Bangetayu Public Health Center of Semarang. The sampling technique was nonprobability sampling methods with purposive sampling. The total of respondents was 41 women who receive continuity of midwifery care provided by midwifery students starting from the third trimester of pregnancy to the puerperium. The method of collecting data through was an open questionnaire that is distributed to clients at the last visit.

After collecting data, we analyzed quantitatively and qualitatively. Quantitatively through was editing and coding data using SPSS programs. While qualitatively was collected from the respondent's impressions and suggestions. Informed consent was conducted before we implement the study.

RESULTS

Respondents have been accompanied by midwifery students for approximately 3 months, since the third trimester of pregnancy until around 40 days of puerperium period. The result of this study shows the characteristics of respondents and their level of satisfaction during continuity midwifery of care.

Table 1. Age of Respondent

		Frequency	Percent
Valid	20 - 35 years old	36	87.8
	> 35 years old	5	12.2
	Total	41	100.0

Most of the respondents were in the age of healthy reproduction, which is 36 respondents (87.8%). There were 5 respondents (12.2%) aged over 35 years.

Table 2. Parity of Respondent

		Frequency	Percent
Valid	1-3 children	40	97.6
	> 3 children	1	2.4
	Total	41	100.0

Based on the number of children, most of the respondents have 1-3 children (40 respondents) 97.6%, and those with more than 3 children were 1 respondent (2.4%).

Table 3. Education Level of Respondent

		Frequency	Percent
Valid	Elementary School	2	4.9
	Junior High School	18	43.9

	Frequency	Percent
Senior High School	18	43.9
University	3	7.3
Total	41	100.0

Most of the respondents were graduated from junior and senior high school as many as 36 respondents (87.8%).

Table 4. Occupation of Respondent

	Frequency	Percent
Valid Domestic Housewife	25	61.0
Private Sector	12	29.3
Self-employed	3	7.3
Teacher	1	2.4
Total	41	100.0

Most of the respondents are the domestic housewife, which is 25 respondents (61%), followed by private sector 12 respondents (29.3%), self-employed 3 respondents (7.3%) and 1 respondent (2.4%) work as a teacher of kindergarten.

Table 5. Problem during Pregnancy

	Frequency	Percent
Valid Wild	31	75.6
Moderate	9	22.0
Severe	1	2.4
Total	41	100.0

Respondents who have a mild problem in pregnancy were 31 respondents (75.6%), moderate problem were 9 respondents (22%), and the severe problem was 1 respondent (2.4%).

Table 6. Complication during Labor

	Frequency	Percent
Valid Normal	27	65.9
Early amnion rupture	8	19.5
Prolonged Labor	2	4.9
Oligohydramnios	1	2.4
Hypertension	1	2.4
Fetal distress	1	2.4
Premature	1	2.4
Total	41	100.0

Most of the respondents were normal in labor, which is 27 respondents (65.9%), followed by 8 respondents (19.5%) were early amnion rupture.

Table 7. Problem during Postpartum

	Frequency	Percent
Valid Normal	33	80.5
Milk Blister	3	7.3
Engorgement	1	2.4
Subinvolution	1	2.4
Hypertension	1	2.4
Postpartum perineal pain	1	2.4
Low Birth Weight (LBW) Baby	1	2.4
Total	41	100.0

From the 41 respondents, most of the respondents were normal during the postpartum period, which is 33 respondents (80.5%), and 3 respondents (7.3%) had milk blister.

Table 8. Exclusive Breastfeeding Practice

		Frequency	Percent
Valid	Yes	37	90.2
	No	4	9.8
	Total	41	100.0

During the continuity of midwifery care, most of the respondents still give exclusive breastfeeding as much as 37 respondents (90.2%), but there were 4 respondents (9.8%), who already provide additional, either formula or food to their baby.

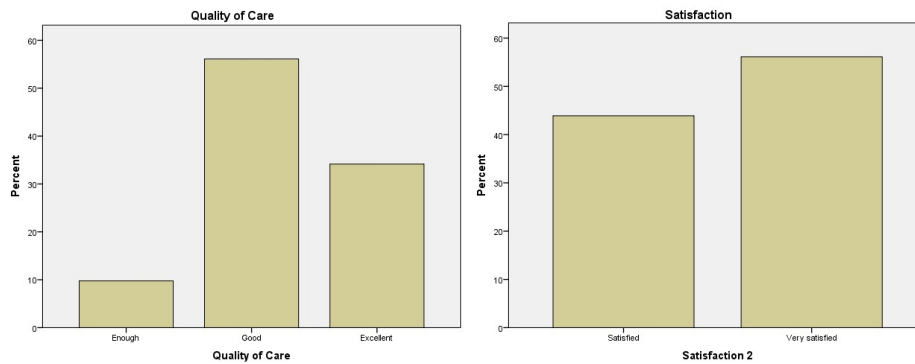


Figure 1. Satisfaction and Quality of Care

The diagram above shows respondents' satisfaction with mentoring during pregnancy to postpartum period and the quality of services provided through this assistance. Based on the diagram, it can be seen that the majority of respondents were very satisfied with mentoring, which was as much as 56%. There were no respondents who were dissatisfied with the services provided. Regarding the quality of service, 56% of respondents stated that the quality of this assistance was good, and 34% of respondents stated very well. Although there are 10% of respondents stated that the quality of service that is enough, but no respondents stated that this assistance is not good.

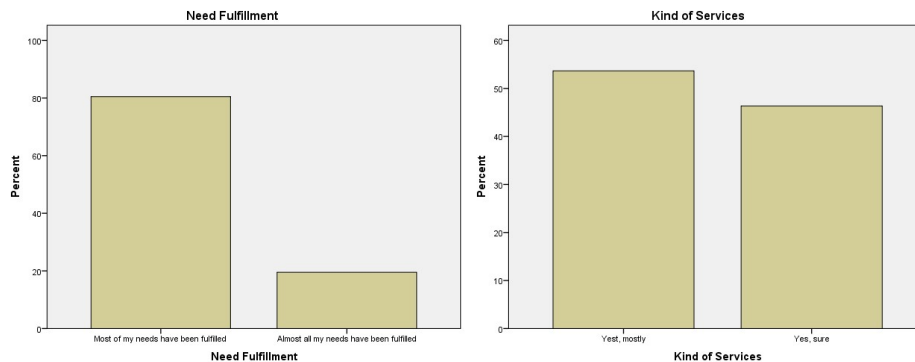


Figure 2. Need fulfillment of Respondent

The diagram above shows a picture of one dimension of satisfaction, namely reliability. It can be seen that 54% of respondents stated that this assistance broadly in accordance with the wishes of respondents. Eighty percent of respondents stated that

during the mentoring process, most of their needs were met. In the mentoring process, the companion visits regularly to the client's house, so that the client's needs can be fulfilled immediately.

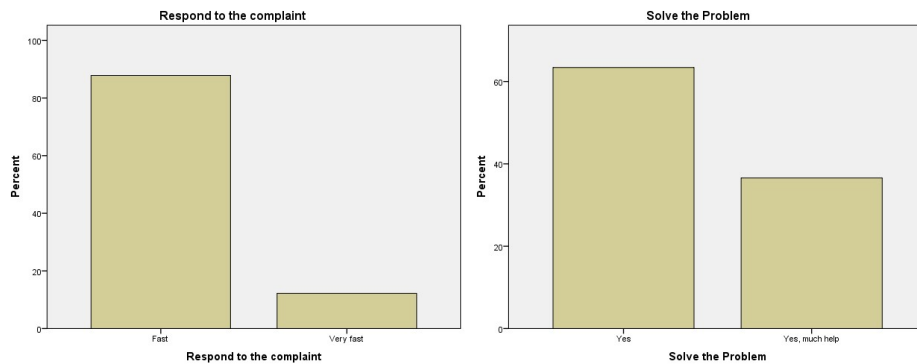


Figure 3. Responds to Respondent's Problem

The diagram above shows one dimension of satisfaction, namely responsiveness. As many as 63% of respondents stated that service by mentoring can help clients to deal with problems effectively. While the diagram in response to complaints, 88% of respondents said that a companion gives a quick response to client complaints. Both components indicate that there is no client stating that the service does not help deal with problems and slow companion responses. This is in accordance with the dimensions of service quality, the companion should provide services based on scientific knowledge and evidence-based guidelines (evidence-based) and on time. Therefore, delays in providing and getting health care can be prohibited.

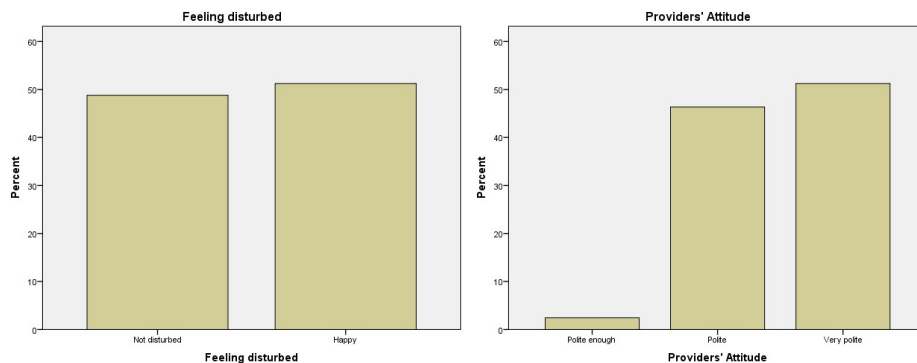


Figure 4. Attitude during Continuity of Midwifery Care

The above diagram shows the companion attitude in providing service. It can be seen that 49% of respondents stated that they were not disturbed by assistance, even 51% of respondents felt happy with this assistance. The majority of respondents stated that the conversation and behavior of the companion were very polite during mentoring, which was 51%. A good attitude from the companion can provide a great opportunity to create quality services.

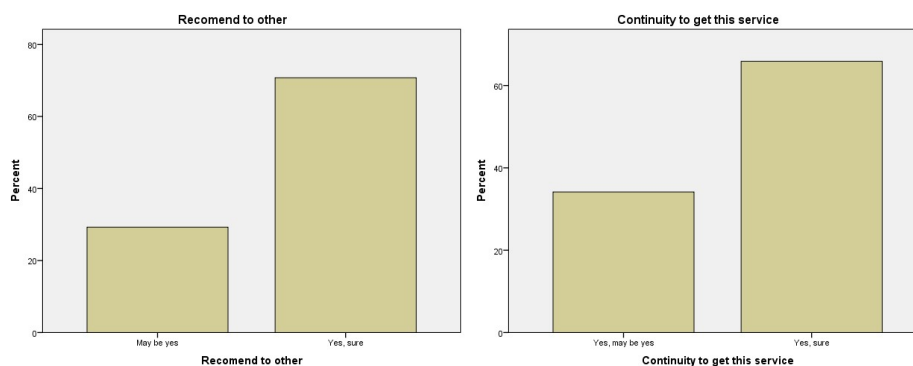


Figure 5. Impact of Respondents' Satisfaction

The diagram above shows the impact of respondents' satisfaction, which includes the respondents' desire to get assistance like this again and the willingness of respondents to recommend this assistance to others. 66% of respondents want to get assistance like this if they are pregnant again. Seventy percent of respondents will recommend this assistance to other people, both neighbors, and friends.

DISCUSSION

Respondents were satisfied with the continuity of midwifery care provided by midwifery students in Bangetayu Public Health Center of Semarang. This can be seen from the high percentage of satisfaction and perceived quality of service which both show very satisfied and good quality.

The duration of mentoring is quite long, since the third trimester of pregnancy to the puerperium period. This might increase the closeness between the respondents and students. This close relationship has an impact on the respondents' openness in conveying complaints to students. As a result, most of the respondents felt that respondents' complaints and needs were fulfilled through this continuity of care. Even one respondent said, "I am very satisfied and happy for the assistance that has been given and it is very helpful for me in handling problems and taking care of my baby." This is consistent with research that states that clients will be satisfied if client expectations are met.⁴

Most respondents stated that students gave a quick response when respondents faced any problem. This is reinforced by the impression of respondents who said: "I am very satisfied because I can ask any question regarding my problem in pregnancy directly and quickly to get a solution."

Most of the respondents were not bothered by students' visits, instead, they felt happy. According to one respondent, "With the assistance program, it is very helpful for mothers who are pregnant. What we do not know, we can ask immediately without going anywhere". Another respondent said, "Very impressed with the language and attitude of midwifery student."

This continuity of midwifery care is expected to continue to be conducted, as, in this study, it was proven to have a positive impact in dealing with the problems of pregnancy, childbirth, and even exclusive breastfeeding coverage. Most respondents said the same thing: "Hopefully there will always be a program like this for pregnant women." Even the majority of respondent wants to get kind of cares again and will recommend to others. This is in accordance with Otani et al's research which states that client satisfaction has an impact on the desire to reuse the same service and also the desire to recommend to others.⁵

An American study explained that patients who frequently met their doctors routinely had the highest satisfaction.⁶ Five of the seven studies found that client's satisfaction increased when care was provided continuity.⁷

Providing continuous service is important, especially for vulnerable clients. In midwifery services, pregnant women who have a high risk should get regular assistance. Some literature states that measuring patient satisfaction has an impact on improving service quality. Patient evaluation of services is an indicator that provides opportunities for improvement, enhances decision-making strategies, reduces costs, and meets patient expectations, strategies for effective management monitors health service performance and compares one and the other service strategies.^{8,9,10}

CONCLUSION

Continuity of midwifery care for pregnant women increase the satisfaction of mothers and increase they are perceived the good quality of care. Most of respondent's state that these kinds of care fulfills their needs and give fast response to solve their problem. They also wish to get such care in the future and they will recommend this continuity of care to others.

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