



Mother's satisfaction in postpartum care in Banjarbaru city independent practice

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Abstract

Efforts to improve maternal and child health from year to year remain a concern worldwide, including efforts to provide quality services and care. One form of service quality is by Providing patient satisfaction, patient satisfaction occurs when the service provider exceeds expectations, thereby providing an important experience during treatment. The purpose of this study was to measure maternal satisfaction when receiving postpartum care in the independent practice of Banjarbaru City Midwives. The method used is descriptive with a Cross-Sectional approach to measuring attitudes, opinions and perceptions of maternal satisfaction in five dimensions such as physical evidence, reliability, responsiveness, assurance and empathy. The sample used Accidental Sampling, namely postpartum mothers who received treatment at PMB from April to June. The results of the study on maternal satisfaction in receiving postpartum care in the independent practice of Banjarbaru City Midwives based on the characteristics of age, parity, number of ANC visits, and most recent education were in the non-risk category, based on five dimensions of satisfaction, namely: 1) physical evidence of the mother being very satisfied 88%, Mother's reliability stated that she was very satisfied 90%, 3) Mother's responsiveness stated that she was very satisfied 88%, 4) Mother's assurance stated that she was very satisfied 88%, and 5) Mother's empathy stated that she was very satisfied 94%. However, there are respondents' expectations in each dimension, especially in the provider of land that is not wide enough, the tidiness of the officers, the lack of postpartum care counseling, there is no guarantee of wrong actions and written statements of maintaining patient confidentiality. It is hoped that midwives will continue to improve the quality of services, adequate facilities, mother-centered care, as well as sincere attention, sensitive to patient desires so that the desired satisfaction is created.

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I. INTRODUCTION

The concept of health according to the World Health Organization (WHO), is a state of physical, mental and social well-being and not merely the absence of disease or infirmity [1]. The quality of health is seen from the form of decisions the use of services by providers by providing the best, universal, affordable, and appropriate standards. Health services for mothers and children have a big role in reducing maternal and child mortality globally. Maternal mortality and disability occur in the first week which should be preventable [2, 3]. Maternal mortality is a major concern because in ten low- and middle-income countries 99% of maternal deaths occur in the postpartum period with poor service quality [4].

The postpartum period is defined as the period from the first hour after delivery of the placenta to 42 days (6 weeks)

after delivery [5]. The postpartum period includes 6 weeks starting with the first day of birth where the reproductive organs return to a normal non-pregnant state which is a critical transition time for mothers, newborns, and their families [6]. This is the ideal time to provide health care and education to postpartum mothers because the lack of education, services and care during this period results in death, disability and the loss of opportunities to improve healthy behavior for mothers and babies [7].

The low quality of service affects the satisfaction received. Providing the best service is a must and is an element of quality assurance so that clients who receive services will feel satisfied. The client will feel satisfied when he gets his rights, his expectations match or exceed [8]. Satisfaction is a key measure to determine the quality of care received so that it can provide important insight into the experience

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of receiving care during the postpartum period. Satisfaction also provides an overview of the level of care and service the client receives [9, 10]. Another study stated that half of the respondents 52.2% strongly agree with mother-centered care by providing care, comfort, communication and information obtained, efficiency, and technical quality so that 95.7% of mothers are willing to use services return service. However, some expressed disappointment with the interaction with health workers, feeling depressed, experiencing an inability to obtain information, lack of staff and other facilities [11]. Another survey study stated that private health facilities were twice as satisfied as public health facilities [10] said that 65% of postpartum mothers were satisfied with the service, while other mothers' dissatisfaction was influenced by place of residence, previous contact, mode of delivery, and complications during birth [12]. An important indicator in health services is patient satisfaction, and patient satisfaction depends on how the services are provided by health workers, so the government needs to make Minimum Service Standards for patient satisfaction and have been regulated by Permenkes No. 4 of 2019 which is 100% if the level of patient satisfaction is within below 100%, it is considered that the health services provided do not meet the minimum/not qualified standards [13]. According to Parasuraman, patient satisfaction is assessed from 5 dimensions, namely: Physical evidence, namely: a form that can be seen and felt directly by the patient; reliability, namely: the ability to provide services immediately, accurately, and satisfactorily, Responsiveness, namely: accuracy to assist patients in increasing accuracy good service, Guarantee, namely: the competence of the midwife to create a sense of security, risk-free and patient trust, Empathy, namely: the nature and ability to give full attention, care and good communication [14].

A midwife is a woman who has completed midwifery education both domestically and abroad which is legally recognized by the central government and has fulfilled the requirements to practice midwifery. So it is very clear that the midwife profession has the authority to provide midwifery services from pre-conception to post menopausal women. Midwife assistance is very trusted and close to women, therefore it is necessary to provide knowledge and quality services for a midwife in carrying out her professional duties [2]. This is supported by the findings of Cristina et al. who stated that service satisfaction in obstetric care was three times more satisfied with OR 3.32 compared to obstetrician services [15]. Another study stated that satisfaction was higher for mothers who gave birth at a midwife's clinic in terms of discomfort from physical, cultural, social, envi-

ronmental factors with shorter length of stay than in the hospital [16].

The data obtained from the Independent Practice of Midwives registered and active in Banjarbaru City are 68 units. The independent practice of midwives scattered in Banjarbaru City is a place that many mothers use to get midwifery services. Preliminary studies with postpartum mothers who have given birth in PMB said that mothers felt that the delivery of officers was not clear, the atmosphere/place was uncomfortable, and some were not based on the mother's needs. Previous research has never examined the satisfaction of postpartum mothers in the independent practice of Banjarbaru City Midwives. The purpose of the study was to determine maternal satisfaction in postpartum care in the midwife's independent practice with five dimensions of satisfaction, namely: physical evidence, reliability, responsiveness, assurance, and empathy.

II. METHOD

This research design uses method descriptive, that is method which describe one phenomenon on one time research, an approach that was done in study this is approach Cross sectional. The population in this study are all postpartum mothers who receive care in the independent practice of midwives (PMB) located in the city of Banjarbaru. Determination sample in research this is the Accidental Sampling technique, which is taking and making postpartum mothers who happen to be in the midwife's independent practice (PMB) from April to June, the PMB was selected by looking at the report data on delivery achievements with an average of 3-5 patients giving birth per month so that 10 places were obtained. PMB in Banjarbaru City. Respondents' inclusion criteria were: mothers who had android phones and were able to use features, could read well, while the exclusions were: postpartum mothers with an inability to move their limbs, and postpartum mothers who needed follow-up care. The research instrument used a questionnaire that was distributed using a google form sent via the whatsapp/WA application to respondents at PMB, while the questionnaire consisted of 5 questions in each dimension to measure the attitudes, opinions and perceptions of the respondents. Analysis Respondent satisfaction data used a Likers scale by scoring each patient's answer in the categories: very satisfied (5), satisfied (4), quite satisfied (3), dissatisfied (2), and dissatisfied (1), after being given a weighted score then made a category of each instrument for the quality of answers from respondents based on the score.

III. RESULTS AND DISCUSSION

Results research on maternal satisfaction in postpartum care in midwife independent practice based on five dimensions of satisfaction, namely: physical evidence, reliability, responsiveness, assurance, and empathy. According to Yaya et al. that satisfaction is also associated with other factors

including socio-economic, demographic, cultural, age, gender, marital status, and education, it is also said that urban people are more satisfied than rural people [17]. The results of the study are based on the characteristics of the respondents, namely:

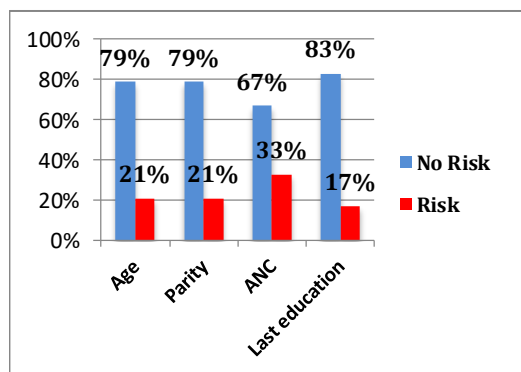


Fig. 1. Characteristics of Respondents

Most of the respondents were in the non-risk range (20-35 years) 79%, parity was mostly not at risk (having 1,2 and 3 children) 79%, the number of ANC visits was mostly not at risk with a total (>4 visits) 67%, the most recent education is not at risk 83% (SMA/Higher education). Women with an age range of 30-49 years and living in rural areas

significantly reported being satisfied compared to other age categories. Likewise, in education where respondents with less education will rate good care compared to respondents with higher education, this is because they think more critically, have more information, and have more experience [12].

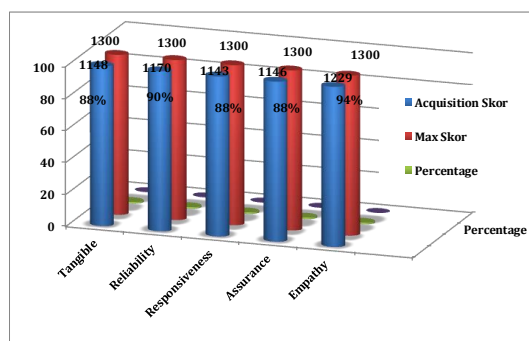


Fig. 2. Dimensions of Satisfaction Based on Physical Evidence, Reliability, Responsiveness, Assurance and Empathy

- Dimensions of Satisfaction based on Physical Evidence, Physical evidence is defined as a form that is seen directly by the patient from the service provider, such as physical appearance, facilities, equipment, facilities, and information on the midwife. Satisfaction based on physical evidence most (91%) of respondents were very satisfied with the services they had received. The highest answer on this dimension of physical evidence is in question number 2 that midwives in providing services use complete, clean and

ready-to-use medical equipment. The results of this study differ from the research of Change et al. in the highest physical evidence that 84% of respondents were satisfied with the cleanliness of the maternity environment [18]. Respondent satisfaction 95% answered that they were satisfied with good staff interaction, cleanliness of toilets, safe, quiet environment, maintained privacy, smooth transportation access is very effective in fulfilling mother's satisfaction [19, 20]. The lowest answer to this dimension of phys-

ical evidence is found in questions number 1 and 3 that midwives in providing services do not yet have uniformity in dress, this is because clothing is not considered a top priority in service, by dressing clean, neatly and politely it is felt enough by the midwife to provide services to patients. Not many PMBs have adequate parking space, in this case, because PMBs are mostly located in urban areas where a PMB has limitations to provide suitable land. Respondents can find out directly about the physical evidence in PMB based on the number of ANC visits they do every month with more than 4 visits at least. The results of this study are not in line with this study, where the lowest satisfaction answer by respondents is in the setting of tranquility and comfort of the patient's room being treated [18]. The level of satisfaction with physical evidence is positively correlated, including comfort factors related to physical appearance, service providers, medical equipment affecting patient satisfaction so that it encourages patients to come back for treatment to the place [7].

- Dimensions of satisfaction based on Reliability Satisfaction based on reliability, most (90%) of respondents answered that they were very satisfied with the service they had received. Reliability is defined as the ability to perform services as promised immediately, accurately and satisfactorily [21]. Satisfaction in the dimension of reliability because the midwife has provided the best service to solve the problems faced by the mother quickly and precisely so that the mother's problem can be resolved [19]. The number of respondents who gave a very satisfying response reflects that the midwife is skilled enough in performing service actions and according to needs insufficient time, carefully and precisely, providing the same service for all patients according to their needs and conveying the results of the examination if there are problems either on mother and baby. However, the lowest answer in question number 1 is because every patient who comes to the midwife conducts a data assessment first so that it takes time before giving action, it is the midwife's job to conduct an assessment before taking action, this is useful for determining the action to be given. Significant reliability with a very strong positive correlation direction, the ability to provide appropriate, accurate, and reliable services, a sympathetic attitude with high accuracy to patients can lead to patient trust in health workers [9].
- Dimensions of satisfaction based on Quick Response

Satisfaction based on responsiveness, most of the respondents answered very satisfied (88%) with the treatment they had received. This study is in line with the research of Fithri et al. that 95% of respondents are satisfied with the services provided, this is the midwife has provided good, fast, clear information, and as needed [22]. The responsiveness dimension is defined as the ability to help mothers and improve the accuracy of services to serve mothers well. According to Daniel et al. is also positively correlated with the category of answers respondents answered satisfied with CI 1.30 - 2.70 [12]. In delivery services, satisfaction is significantly related to knowledge of previous deliveries and the level of perception of pain by the mother [20].

Respondents gave the highest answer on the responsiveness dimension to questions 2 and 4 where the midwife/assistant was quick to respond if there was a complaint submitted by the postpartum mother and carefully convey the results of the examination so that the mother and family knew the actual condition/problem. The lowest answer in question number 5 is about midwives who are responsive in providing counseling/notification of family planning programs and immunizations for infants, in this case, not all midwives provide family planning counseling and immunizations for infants considering that the postpartum mother's care period is only one or two days being treated at PMB then sent home if the delivery was normal. This is in line with Simge et al.'s research that most mothers were not given counseling about postpartum care, contraceptive methods, breast care, and breastfeeding problems [10].

- Dimensions of satisfaction based on Guarantee Maternal satisfaction based on the guarantee most (88%) is very satisfied. The results of this study are in line with the research. Assurance is the competence possessed so as to create a sense of security, free of risk or danger, a certainty that includes knowledge, attitudes, and behavior so that it can foster a mother's confidence and trust [14, 21]. The respondent's highest answer on the assurance dimension is in question number 4 that the midwife/assistant is believed to have the ability, broad knowledge, and skills in carrying out their duties with other complete medical equipment. There is a significant relationship between satisfaction and assurance of midwife services because the guarantee creates a sense of trust and confidence for the patient to recover [23] The lowest answer is found

in dimension number 2 regarding the midwife/assistant providing guarantees in the event of an error in the performance results of the duty assistant, in this case there is no midwife who has provided written or verbal information guarantees for patients when they first come to PMB.

- Dimensions of satisfaction based on Empathy Concern, namely the ease of building good communication relationships between the midwife and the mother, personal attention, and being able to understand the needs of the mother. Based on Empathy, most of the respondents answered very satisfied (94%), according to Manzoor et al. that there is a significant relationship between the level of patient satisfaction with the services received, such as when the environmental conditions are unhealthy, the high workload of the officers greatly affects the quality of service [23]. The highest answer is found in question number 3, namely the midwife/assistant with a smile, and is polite to patients. However, the lowest answer is in question number 4 regarding the midwife /assistant to maintain patient confidentiality, in this case, the respondent cannot assess or know the extent to which patient confidentiality is maintained because previously there was no explanation about the confidentiality agreement. The results of this study differ from that 98% of respondents are satisfied with the guarantee of privacy and respect social norms and privacy provided when receiving maternity care [20]. Another study also said that the highest satisfaction was related to the confidentiality of information and

trust in the midwife [24].

IV. CONCLUSION

This study aims to determine the satisfaction of mothers in postpartum care in the independent practice of midwives in Banjarbaru City by measuring 5 dimensions of satisfaction such as Physical evidence, reliability, responsiveness, assurance, and empathy. The number of respondents who stated that they were very satisfied with midwifery services as a whole reflected that PMB/midwifery clinics were appropriate or met the need to provide midwifery services, but it is hoped that all PMBs can further improve the quality of mother-centered midwifery care, improve services by completing facilities and infrastructure, neatness/employee uniformity, increasing the ability of assistants/employees in postpartum care counseling, family planning, and immunization before going home, guarantees of work in the event of an action error, and a written agreement to maintain patient confidentiality. By providing quality services, adequate facilities, and sincere attention, sensitive to the wishes of the patient so that it is created as expected, namely the desired satisfaction.

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