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Research Article

**ASSESSING THE SATISFACTION RATE OF HOSPITALIZED
MOTHERS AND NURSES WARDS IN AL-HADI HOSPITAL OF
SHOUSHTAR AFTER THE ESTABLISHMENT OF A HEALTH
CARE REFORM PLAN IN 2017**Akram Hemmatipour^{1*}, Ali Hatami², Azam Jahangiri Mehr³¹MSc Nursing, Department of Nursing, Shoushtar Faculty of Medical Sciences, Shushtar, Iran²Student Research Committee Shoushtar Faculty of Medical Science, Shoushtar, Iran³MSc of statistics, Department of Health, Shoushtar Faculty of Medical Sciences, Shoushtar, Iran**Abstract:**

Background and: The Health System Development Plan is considered one of the most valuable services of the eleventh state in the field of health. The aim of this study was to determine the satisfaction rate of hospitalized mothers and nurses from implementation of health system development plan in Shoushtar Al-Hadi hospital.

Methods: This descriptive-analytic study is a cross-sectional one. The study population consisted of 163 mothers who were hospitalized before delivery and 18 nurses from maternity wards who were selected by census method during three months. The data collection tool was demographic information and researcher-made questionnaire that measured the satisfaction of maternity hospitalized in the delivery sector and nurses' satisfaction. Data were analyzed using descriptive statistics, Pearson correlation coefficient and Mann-Whitney test in SPSS-16 software.

Results: 94 hospitalized mothers (56.3%) had relative satisfaction and 15 nurses (83.3%) had high satisfaction with the implementation of the health system reform plan. There was no significant relationship between the satisfactions of pregnant mothers with cesarean section with normal delivery ($P > 0.05$). There was a significant relationship between satisfaction of nurses in the ward of women with maternity ward ($P < 0.05$).

Conclusion: Most of the research samples were satisfied with the implementation of the Health System Development Plan, so it is suggested that this research be done in other hospitals in order to compare their results with each other.

Keywords: Satisfaction, Health System Development Plan, Pregnant Mothers, Nurses

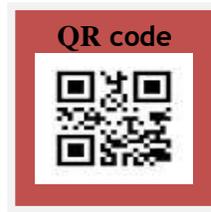
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INTRODUCTION:

Today the issue of health is one of the most important priorities of people's lives and one of the most important indicators in assessing the performance of governments is their level of attention and their interest in the social sphere which a special place is explained in Principles 31 and 93 of the constitution for it (1,2). Access to health care is essential; however existing barriers and constraints in the community such as high health costs during treatment or financial poverty have led the various strata of society especially at risk and disadvantaged groups to receive such services encountering difficulty (3, 4). The healthy person is the basis of sustainable development and health is considered to be beneficial to human beings (5). Currently most European countries with a high level of resources and favorable status in terms of development level have achieved public health coverage (6). In fact, the public health coverage is considered one of the most important social reforms in the 21st Century and is one of the most important principles of the constitution and parts of general policy of health communicated by the Supreme Leader (2, 7). All service organizations including the health system need time to rectify and respond to the needs of the community (8). According to the experience of other developed countries of public health coverage and with the coming of the eleventh government, the Ministry of Health and Medical Education based on the 5th 5-years National Health Development Plan (2011-2016), has compiled the Health System Development Plan (HSEP) With the goal of protecting people's health from costs, improving the quality and increasing the access to health care (9,10). The design of the health system development plan has been designed in the form of various interventions and packages that have been implemented so far in three stages (7). The first phase of this plan has been launched in public hospitals throughout the country for the purpose of financial protection of patients, quality improvement and access to health care from May 15th 2014 (11). The first phase of the health care reform plan includes 8 packages of services including reducing the amount of hospitalized patients supporting the survival of physicians in deprived areas, the presence of doctors resident in public hospitals over 64 beds, improving the hotel accommodation in government hospitals, improvement of the quality of visiting services in government hospitals, Natural Childbirth Promotion Program, the financial protection plan for difficult treatment patients and the need for emergency air operations (8, 12). The second phase of the healthcare reform plan focuses on the primary health care (PHC) since May 1 2014 and its third phase which includes the announcement of a new health

services valuation book from November 1 2014 with the aim of eliminating out-of-tariff and establishment of justice in the remuneration of specialized medical services (7). The implementation of the healthcare reform plan in health centers has been accompanied by the various criticisms and support and has had many supporters and opponents. One of the goals of this plan is to reduce the cost of treatment from pockets of people which was emphasized by the fourth development plan on its reduction but its implementation was forgotten (13). The health system development plan is one of the important steps taken by the eleventh government to improve the country's healthcare system. The implementation of this program will increase the public confidence and the reliance of system in the area of public health including vulnerable and deprived sections of society (14). With the implementation of this plan, the referral of patients to hospitals and the occupancy rate of beds has increased due to reduced costs of treatment (12). The main goal of the health system development plan is to ensure that people are satisfied with the provision of health services equitably and equally (6). In fact, the satisfaction is a complex set of different measures that in order to achieve this, it is necessary to achieve a complete harmonization of the various aspects of the medical services, nursing care and other parts of the hospital and in accordance with the rights of the client, the necessary conditions to provide services are provided to him/her (15). In this regard, mothers' satisfaction with received health care is an indicator for assessing the quality of services and in this area, the views of mothers as an authoritative source can be considered too (16). If mothers' satisfaction from delivery leads to positive thinking and increased self-esteem, mother's expectations of later births and subsequent cares provide a satisfactory balance (17).

Due to the implementation of the third stage of the health care system reform, the tariff for medical services including normal delivery has been satisfactorily increased (7). Despite the short shelf life of a health system development plan, the studies have shown that there is a relationship between satisfaction of clients and their implementation. The results of study by Soleimani *et al.* showed that with the implementation of the third step of this plan, the satisfaction of the patients with the program was significantly increased (5). The provision of high-quality health care services requires high-quality health care workers who have a high level of knowledge skills abilities and motivation (18). Considering the fact that a large part of health care services are performed by the medical staff then their satisfaction assessment is of great importance. The

importance of this issue is significant because unhappy people can not have a good return on their job and service to provide services to their clients (15,19). In the study of Shariati et al. the satisfaction of patients and companions from the implementation of the health system development plan is a testimony to the positive effect of this program (6). The plan for the development of the health system which is referred to as a health revolution also requires other studies to review and review shortcomings. On the other hand, the results of satisfaction or dissatisfaction will clarify the implementation of the health system reform plan whether this plan has been implemented well or not and its results can be of great assistance to health managers and practitioners in the development of the health system. Now, our aim is to determine the satisfaction of hospitalized mothers and nurses in the maternity wards of Al-Hadi Hospital after the establishment of health system development plan.

METHODOLOGY:

This research is a descriptive-analytic study that was done in a cross-sectional study in 1396. The research community in this study included mothers admitted to the maternity wards and nurses of al-Hadi hospital in Shoushtar city. The estimated sample size was 220 for the hospitalized mothers and 38 for nurses. In order to increase the accuracy of the study, 163 hospitalized mothers with 18 nurses in the wards of cesarean section and mothers (Normal delivery) of al-Hadi hospital were selected by census method in three months. The entry criteria for hospitalized mothers include a willingness to participate in research, reading literacy and receiving the work services in at least three different work shifts and for nurses also having a willingness to participate in the research and clinical experience at least one year before the start of the health system development plan and having a bachelor's degree or a master's degree. Also, the exit criteria for both groups included the failure to complete the questionnaire and the death of each person. In order to observe ethical standards, the researcher in order to collect data with the permission and coordinations required by the research deputy for Shoushtar Medical faculty and with the possession of a research reference letter referred to the maternity ward of the Alhadi Hospital of Shoushtar and provided the required coordinations were provided. Therefore, the researcher while introducing himself and expressing the purpose of the research, by obtaining written informed consent, provided questionnaires to the hospitalized mothers and qualified and satisfied nurses to participate in the research. In case of any questions or problems regarding the questionnaire questions, the researcher

did the necessary steps to resolve the ambiguity. The data collection tool in this study was two types of researcher-made questionnaires that each questionnaire containing two parts. The first part is a demographic information form and the second part includes questions about the satisfaction of maternity hospitalized in the delivery and nursing sectors from the health system development plan. The demographic information form for the hospitalized mothers includes the age, gender, the educational level, duration of admission, occupation, number of admissions, type of delivery, the place of residence and economic status and for nurses includes the age, gender, marital status, work record, the employment status, job position, type of work shift and average weekly working hours.

The researcher-made questionnaire assessing the maternity satisfaction hospitalized in the maternity ward in the second part includes the areas of admission process, the length of hospitalization (physicians, nurses, Medication and Essentials, physical environment, management, common questions of the treatment team and complaints) the clearance process, Franchising and informal payments to doctors and the overall patient experience in the hospital.

A researcher-made questionnaire was utilized to measure the satisfaction of nurses by Gutman-scale (yes and no) and its reliability was 89% according to Cronbach's alpha. Both questionnaires were designed and researched with the help of two experienced experts in this field adapted from the guide line of the Health System Development Plan. The content validity method was utilized to determine the validity of the tool. The questionnaire was distributed to 10 faculty members related to the topic of study so that they were judged by the content, the level of clarity and simplicity of each of the terms in the tool and after applying the corrective comments then the questionnaires to be used for research. To determine the reliability was used the internal consistency determination (Cronbach's alpha). For this purpose, the aforementioned questionnaires were provided to 20 women admitted to the maternity ward and 10 nurses who had sample specs and were excluded from the study. Normality of data was assessed by Kolmogorov-Smirnov test which revealed that the data did not have normal distribution. After collecting data and encoding the data were analyzed using SPSS-16 software and the central indexes and dispersion including mean standard deviation for examining the relationship between quantitative variables of Pearson correlation coefficient and to compare the mean of test Mann-Whitney was used.

P-value items less than 0.05 were regarded as meaningful.

FINDINGS:

The statistical population of the study consisted of two groups (the mothers admitted in maternity and nurses departments). The mean age of nurses (32 ± 5) and their working experience (9.5 ± 4.5) were obtained from which 12 cases (66%) were married and 15 cases (83%) had undergraduate degrees. 10 (55.6%) nurses were of department of Women's Surgery and 8 (44.4%) were from women's ward. In the case of mothers with maternal admission age of (29.07 ± 7.22), regarding their education level 83 (58.4%) of them had undergraduate education and 14 (9.5%) of them had bachelor or higher education. 7 people (67%) were housewives and having the average income. Also, 80 (48%) people of them had social insurance and 65 (38%) rural insurance which

were the most types of insurance for patients. Of these, 70 (42%) women were admitted to the maternal wards (normal delivery) and 97 (58%) women in the women ward (cesarean section). The average satisfaction of patients was moderate and nurses were high (Table 1). In examining the relationship between demographic variables and satisfaction level, there was a significant relationship between nurses' education with satisfaction level using Mann-Whitney test ($P = 0.027$). However, there was no significant relationship between the satisfaction of nurses with age, marital status, work experience and type of shift ($P > 0.05$). In the field of patients, there was no significant relationship between the age, education, income status, occupation, type of insurance and hospitalization with satisfaction ($P > 0.05$). Also, there was a statistically significant difference between the satisfactory of nurses in both parts (Table 2).

Table 1: The average score obtained from the hospitalized mothers and nurses from satisfaction questionnaire

Samples	Score	Dissatisfied	Relative satisfaction	Totally satisfied	Total
	SD \pm Average	percentage	percentage	percentage	
Hospitalized mothers	85/21 \pm 11/77	(% 19/3) 32	(% 56/3) 94	(% 24/6) 41	163
Nurses	13/83 \pm 2/12	(% 16/7) 3	-	(% 83/3) 15	18

Table 2: The comparison of Satisfaction of Hospitalized Mothers and Nurses in the Department of Women's Surgery with Mothers

Samples	Section	SD \pm Average	Mann-Whitney test	P-value
Hospitalized mothers	Mothers	85/6 \pm 12	3253/5	0/928
	Women's Surgery	84/09 \pm 11/16		
Nurses	mothers	1 \pm 12/6	2/5	0/0001
	Women's Surgery	15/1 \pm 3/05		

DISCUSSION:

The findings showed that 94% of hospitalized mothers had satisfaction with the implementation of the health system reform plan. Similarly, in Shariati *et al.* (57.5%) (6) and Goodarzian *et al.* (50.2%) (15) it was shown that most of the patients had a satisfactory relationship with the implementation of this project that this is consistent with the present study. Mothers' satisfaction with received care is an indicator for assessing the quality of services and can be considered as a strong source (20). In Sheikhi *et al.* most of the hospitalized patients had complete satisfaction with the implementation of this plan (21). In this study the rate of complete satisfaction of hospitalized mothers (24.6%) was observed.

Compared to the studies conducted in other countries. Cho's study indicates that the most patients (58%) are fully satisfied with the services provided (22); this is evident in the study by Chan *et al.* That patients showed a high degree of satisfaction (23). Although the study results of the Knaul *et al* show that more patients are satisfied (91.7%) with the provided cares (24); it seems that the reason for not joining the study with this study is because of the greater satisfaction of patients in other countries are due to the differences in working conditions and facilities in those countries. In this study, only 19.3% of the subjects did not agree with the provided services while in Goodarzian *et al.* (2.8%) (15) and in Shariati *et al.* (33.5%) (6) service satisfaction has been presented. The attention of the management system to factors that may lead to patient dissatisfaction and efforts to address these factors are other issues that are serious about the health care system of many advanced countries and problems such as the low nurse-patient ratio and the high workload of nurses resulting in the dissatisfaction are also less evident in such societies (25). Some studies have shown that the geographic location and culture are considered as two important predictors of patient satisfaction. Therefore, the difference in these two characteristics can by itself lead to a difference in the patient satisfaction. In this study, there was no significant difference between the satisfaction rate of the two parts of the women and the women's surgery. In the study of demographic variables, it was found that there was no statistical relationship between the age, type of delivery, type of insurance, hospitalization and education with the satisfaction level which is consistent with Shariati *et al.* (6). In the study of Shariati *et al.* There was a reciprocal relationship between education level and the level of satisfaction, so that the highest degree of dissatisfaction was seen in patients with academic level and perhaps the reason for the lack of coherence with the present

study is that in this study most patients (58%) had a post-graduate degree and only 17% had a college degree. The reason for this difference can be found in the difference between the expectations of educated people and those with lower literacy. Julia *et al.*, explained this difference so that people with higher education have more social connections and more access to information resources. Therefore, they see shortages and system defects more clearly and usually less satisfying (26). In Quintana *et al.* Job variables (27) did not show a significant relationship with patient satisfaction which is in line with the study. The reason for noting the relationship between the occupation of patients with their satisfaction in the present study is that almost half of them were housewives and unemployed and there were not many occupations among them. In the present study, most patients (47%) had social insurance and (38%) rural insurance. Regarding the implementation of the health system reform plan approved by the government, if the people have a rural insurance, 3 percent of the franchise and other insurances paid 6 percent of franchise to the patient and other costs of hospitalization in the hospital by the organization. This has led the patient to have more satisfaction with hospital services. In the nurses' satisfaction, the results of this study showed that the majority of nurses satisfied 83.3% of the implementation of this project while in the study of Shariati *et al.* most nurses (83.1%) (6) were dissatisfied which is not consistent with the present study. Perhaps this is due to lack of coherence in the study of Shariati due to the shortage of nurses' workload in different parts of the provincial capital's hospitals and their benefits and salaries. In the study of Mastaneh *et al.*, the nurses know the reasons for the lack of satisfaction with this plan low payments, the high payment gap between doctors and nurses, delays in payments and lack of welfare facilities versus the increase in workload after the implementation of the health system reform plan (28). In the study of Nakhaei *et al.*, most nurses (75.4%) had moderate satisfaction with the implementation of this plan and 65% of nurses were dissatisfied with their working conditions (29).

In most of the studies conducted after the implementation of the Health System Development Plan, the satisfaction of nurses is low which is due to the shortage or lack of old equipment in crowded sectors which all affect the satisfaction of nurses with working conditions (28). The patient satisfaction with nursing services is a very important indicator for assessing the quality and delivery of services by nursing staff and is considered as a good achievement in the development of health care and health care

services (6). There was a significant relationship between satisfaction of nurses between two parts so that the satisfaction in women's surgery section was more than mothers section. This may be due to the fact that nurses in the women's surgical department had less stress and workload than the section of mothers. In terms of relationship between demographic variables and satisfaction level, it was found that the level of education has a significant relationship with satisfaction. The nurses whose level of education was at the master's level was less satisfying due to the difference between the expectations of people with the level of educational classes. So that people with higher education have higher expectations. In the present study there is no statistical relationship between satisfaction with age work experience marital status and type of shift. This is in line with the study of Foruzan Far *et al.* about the variables of marriage and gender (30). Meanwhile, in the study of Nakhaei *et al.* There was a significant relationship between the satisfaction with age and work experience so that the increase in the age and background was accompanied by an increase in satisfaction that is not consistent with the present study. The reason for this difference can be attributed to socioeconomic and cultural conditions of the society (30). The limitations of this study were the time to complete the questionnaires by nurses and patients. The information was collected when the work volume of the nurses was high and the hospital was crowded. This has been beyond the discretion of the researcher and could have affected the accuracy of accountability and results. Considering the importance of satisfaction, it is suggested that the satisfaction of nurses and patients and all treatment groups be reviewed periodically.

CONCLUSION:

Overall satisfaction rate after the implementation of the project is moderate and nurses' satisfaction is high. Despite the measures taken, it seems that the patient satisfaction is not at a high level which requires more attention and consideration of the authorities.

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