

## Assessment of Clients' Satisfaction with the Management and Follow up Processes inside Ten Maternal health care units in El Fayoum and Beni Suef governorates

Ammal M. Metwally\*, Iman M. Bakr\*\*, Khaled M. Abd Elaziz \*\*, Carine W. Maurice\*

\*Community Medicine Research Department, National Research Centre, Dokki, Giza, Egypt.

\*\*Department of Community, Environmental and Occupational medicine, faculty of medicine, Ain Shams University, Abasseya, Cairo, Egypt.

Received: July 2015, accepted: October 2015

### Abstract

**Background:** Quality of care is an important determinant of pregnancy outcome. Several factors affect the quality of the services provided. Management processes inside the maternal health units and the follow up process play an important role. **Aim:** to assess clients' satisfaction with the management process and the follow up process inside 10 maternal health care units in El Fayoum and Beni suef governorates. **Methods:** A cross sectional study was conducted in 5 rural maternal health units in Beni suef governorate and 5 rural maternal health units in El Fayoum governorate. An interview questionnaire was used to assess women' satisfaction to the set of some activities within the health care facilities. **Results:** results showed that 87.1% of clients in the 10 health care units reported that registration process was easy. 87.1% of clients reported that waiting area was comfortable. Regarding waiting time, only 59.3% of clients found that it was acceptable. Moreover, medical examination duration and place were assessed and results showed that 72.1% of pregnant women reported that medical examination was done in a proper and private place while 66.9% of clients reported that time spend during medical examination was enough. Majority of clients (99.3%) reported that the price of the ticket was reasonable. 66.6% of clients were notified of the timing of the next visit. Moreover, 65% of clients were satisfied of the care during the follow up visits. Only 30.7% of clients were notified of the place of referral in case of complications. **Conclusion:** Majority of women reported satisfaction with almost all the management processes and follow up schedules inside the health care units. However there is a scope for further improvement.

**Keywords:** maternal mortality, management, follow up, clients' satisfaction

\*corresponding author, Carine W. Maurice Email: carine\_wagdi@hotmail.com

### Introduction

Reducing maternal mortality by 75.0 % is the Millennium Development Goal 5a. Millennium Development Goal (MDG) 5 focuses on improving maternal health including eliminating inequity by ensuring universal access to maternal health services.<sup>(1)</sup>

In Egypt, the maternal mortality ratio dropped by 71% from 230 in 1990 to 66 in 2010. This drop has been attributed to the increased use of health services, use of modern contraceptives, hospital deliveries and use of trained birth attendants. Egypt

needs to further reduce its MMR to around 44 maternal deaths per 100,000 by the Year 2015 to reach the 5th millennium developmental goal <sup>(1)</sup>

Several factors could account for global, regional and country decline in maternal mortality between 1990 and 2010. Improvement in health systems beside other factors outside the health factor such as increased female education and increased physical accessibility to health facility are important contributing factors <sup>(1)</sup>

The WHO in its annual report of the regional director 2012 prioritizes quality to reinforce the value of a human rights based approach to women's and children's health. The WHO recommended making the quality of care the route to equity and dignity for women and children <sup>(2)</sup>

Women within the targeted areas expressed deterioration in maternal health services-despite of all MOH services and activities. The rapid turnover and shortage of the professional staff, the shortage of supplies and the deterioration in the quality of care undermine the trust people have in those services. Poor quality of care and deficient services are the most common reasons given by women and their families for not using available services, even if they are accessible <sup>(3)</sup>

The proposed new approach in the current study examines the clients' satisfaction of the quality of the management process of the services provided at the health care units as well as the follow up process.

### **Aim of the work**

To assess clients' satisfaction with the management and the follow up processes inside 10 maternal health care units in Beni suef and El Fayoum governorates

### **Materials & Methods**

- Study setting

This cross sectional study was conducted in 5 rural maternal health units in Beni suef governorate and 5 rural maternal health units in El Fayoum governorate .These 2 governorates were selected due to their rank as second and third poorest governorates respectively, irrespective to their rank of maternal mortality.

- Sample size

140 pregnant women were selected from the 10 health care units (14 pregnant women from each unit). With the least satisfaction of women towards health education received 60% and the highest percentage of 80%. Alpha error 5% and a power of study 99% the required sample size is 107 females (for average satisfaction 70% versus postulated 50%). The program for calculation of Sample size determination is STATA 10. We recruited 140 cases

- Study tools

An interview questionnaire was used to assess women' satisfaction to the set of some activities within the health care facilities including process of booking appointments, waiting areas, the duration of waiting before examination, the place and the duration of examination, cost of the service as well as the follow up procedures including being informed of the timing of the next visit, the care provided during the follow up visit and being informed about place of referral in case of complications . Data collection was done face to face

The questionnaire was modified and translated from that of Donabedian and Bruce (1990) to fit the Egyptian population. The questionnaire was also reviewed and revised by consortium from the NRC (national research center) team, Ministry of health (MOH) at the central level with the governmental local safe motherhood committee.

- Data management and analysis

The obtained data of each participant was collected, revised, coded and entered on a personnel computer using SPSS program version 17. Both qualitative and quantitative analysis was done.

- Time plan

The study was conducted throughout 6 months plan starting from January 2013 till June 2013.

## Results

Table (1) showed that 45% of the studied clients are in the age category of 20-25 years old, 42.1% & 40.7% were illiterate and had secondary education respectively, while 6.4% can read and write, 7.1% had primary education and 3.6% had high education. Moreover, almost all clients (97.9%) were not working while only 2.1% were working. In addition, 37.1% of clients were primigravida, 12.1% had 1 child, 18.6% had 2 children, 15% had 3 children and 17.1% had more than 3 children. In addition, 22.9% of the studied clients were in the first trimester, 44.3% were in the 2<sup>nd</sup> trimester and 32.9% were in the 3<sup>rd</sup> trimester. Table (1) also shows that the majority of clients (81.4%) visited the health unit to follow up while only 11.4%

came for vaccination and laboratory tests and 7.1% of clients have symptoms.

Results also revealed that 87.1% of clients in the 10 health care units reported that registration process was easy. 87.1% of clients reported that waiting area was comfortable. Regarding waiting time, only 59.3% of clients found that it was acceptable despite that 35.6% of clients spent an hour waiting for the examination & 23.8% spent more than an hour waiting for the examination. Moreover, medical examination duration and place were assessed and results showed that 72.1% of pregnant women reported that medical examination was done in a proper and private place while 66.9% of clients reported that time spend during medical examination was enough. In addition, majority of clients (99.3%) reported that the price of the ticket was reasonable. (Table 2)

Regarding the follow up procedures in the health care units, table (3) showed that only 66.6% of clients were notified of the timing of the next visit. Moreover, 65% of clients were satisfied of the care during the follow up visits. In addition, only 30.7% of clients were notified of the place of referral in case of complications.

## Discussion

Structural features of health care provide the opportunity for individuals to receive care. The structural attribute of care also includes its organizational factors that define the health system under which care is provided and thus waiting period, consultation time and place, cost of service, ticketing process in addition to physical characteristics of the centre as itemized in the study tool.

Like in other developing country, clinic attendance is not based on appointment.

Although, waiting time varies from as low as less than 5 minutes to as high as more than an hour, 59.3% of clients reported that the waiting time is acceptable. This finding is lower than the finding presented by Montasser et al. (2012) where 88.6% of women in his study considered the waiting time appropriate<sup>(4)</sup>. However this finding agreed with Fawole et al. (2008) in Nigeria (67.1%) while Olapedo et al. (2008) and Lamadah & El Saba (2012) had less than half of the women satisfied with the waiting time.<sup>(5,6,7)</sup> Client's perceptions of quality of care are sensitive to the amount of time clients are kept waiting before being seen by the provider, but not sensitive to the amount of time the provider spends with them<sup>(8)</sup>. However, 66.9% of clients reported that the examination duration is appropriate compared to 2 studies done in southwest Nigeria in 2008 and in Egypt in 2012 (84.7% & 75.6% respectively).<sup>(6,4)</sup>

With respect to available facilities at the centers, majority of clients reported that the examination place was proper and private (72.1%). Similar results were reported by Montasser et al (87.2%), Hansen et al.(85.9%)<sup>(5,9)</sup>. Our results are higher compared to a study done in Iraq which found that nearly half (48%) of clients reported adequate privacy<sup>(9)</sup>.

As regards the waiting area, 87.1% of clients found it was comfortable compared to 63.3% of clients in a study done in Southwest Nigeria in 2008.<sup>(6)</sup>

In addition, this study revealed that 99.3% of clients were satisfied with the cost of the services compared to 69.7% in a study southwest Nigeria.<sup>(7)</sup> Also 87.1% of clients reported that the registration at the center was easy. This doesn't go hand in hand with Montasser et al., in Egypt in 2012 where only 20% were satisfied with the registration process.<sup>(5)</sup>

Regarding the follow up procedures inside the health care units, 66.6% of the clients were notified of the timing of the next visit. This finding is not congruent with Montasser et al. (2012) who presented higher ratios (88.5%)<sup>(4)</sup>. In addition, 65% of clients in the health care units were satisfied of the care during the follow up visit compared to 77.7% of clients in a study done in Egypt in 2012<sup>(4)</sup>. Moreover, only 30% of clients were informed about the place of referral in case of complications. Unfortunately, no available studies were found to support these findings.

### Conclusion and Recommendations

This study has provided an insight into an important but often neglected aspect of maternal health care that is necessary to improve. This research focused on the constellation of services in the primary maternal health care centers in El Fayoum and Benis suef governorates as well as the follow up process.

Majority of women reported satisfaction with almost all the management processes and follow up schedules inside the health care units. However there is a scope for further improvement. Based on the findings from this study, Patient satisfaction surveys should be carried out routinely in all aspect of health care to detect defects in the quality of services and look for measures to correct it. In addition, further studies should be carried out to examine obstacles that face health care providers in their work place and their suggestions for improving the management and follow up processes inside the units.

### References

- 1- WHO (2010):** Trends in maternal mortality: 1990- 2010. Potential reasons for declining maternal mortality. WHO, UNICEF, UNPA AND THE WORD BANK estimates. pp:27
- 2- WHO independent Expert Review Group (iERG),** sixth session, October 2013
- 3- Ammal M. Metwally, Ghada A. Abdel-Latif, Somaia I. Salama, Amany Tawfik, Dalia M. Elmosalami and Aida M. Abdel Mohsen (2013-a):** Care Seeking Behaviors of Rural Women in Egypt: Community Based Study. *Journal of Applied Sciences Research* 9 (6):3767-3780, 2013
- 4-Montasser NA, Helal RM, Megahed WM, Amin SK, Saad AM, Ibrahim TR , Abd Elmoneem HM ,2012.** Egyptian Women's Satisfaction and Perception of Antenatal Care. *International Journal of TROPICAL DISEASE & Health* 2(2): 145-156, 2012
- 5-Fawole, A.O., Okunlola, M.A., Adekunle, A.O., 2008.** Clients Perception of quality of Antenatal care. *J Natl Med Assoc*, 100(9), 10-17.
- 6-Oladapo, O.T., Iyaniwura, C.A., Sule-Odu, A.O. ,2008.** Quality of antenatal services at the primary care level in southwest Nigeria. *Afr J Reprod Health*, 12(3), 71-92
- 7-Lamadah SM and Elsaba HM, 2012.** Women's Satisfaction with the Quality of Antenatal Care at the Primary Health Care Centers in Al-Madinah Al-Menawarh, KSA. *Life Science Journal* 2012;9(4)
- 8- Hansen P.M., Peters D.H., Viswanathan K., Rao K.D., Mashkoor A., Burnham G.,2008.** Client perceptions of the quality of primary care services in Afghanistan. *International Journal for Quality in Health Care* 2008; Volume 20, Number 6: pp. 384– 391
- 9-Awring MR, Al-hadithi TS., 2011.** Antenatal care in Erbil city-Iraq: Assessment of Information, Education And Communication Strategy. *Duhok Medical Journal* 2011; 5: 31-40

**Table (1): Sociodemographic characteristics of the studied clients**

Total=140	No.	%
<b>Age</b>		
<20 years	38	27.1
20-25 years	63	45.0
>25 years	39	27.9
<b>Education</b>		
Illiterate	59	42.1
Read write	9	6.4
Primary education	10	7.1
Secondary education	57	40.7
High education	5	3.6
<b>Occupation</b>		
Not working	137	97.9
Working	3	2.1
<b>Number of children</b>		
0	52	37.1
1	17	12.1
2	26	18.6
3	21	15.0
>3	24	17.1
<b>Gestational age</b>		
First trimester	32	22.9
Second trimester	62	44.3
Third trimester	46	32.9
<b>Reason for visit</b>		
Follow up	114	81.4
Vaccination, lab testing	16	11.4
Got symptoms	10	7.1
<b>Age (years)</b>	23.5 + 5.8	16.0-45.0

Mean±sd(Range)

**Table (2): Clients' satisfaction with the management process inside the health care units**

Total=140	No.	%
<b>Registration was easy</b>		
Yes	122	87.1
No	10	7.1
Sometimes	8	5.7
<b>Waiting place is comfortable</b>		
Yes	122	87.1
No	18	12.9
<b>Waiting time</b>		
Accepted	83	59.3
Too long	10	7.1
Sometimes long	47	33.6
<b>Waiting time *</b>		
<5 min	2	2.0
-5 min	12	11.9
-15 min	27	26.7
-30 min	36	35.6
>30 min	24	23.8
<b>Medical examination in proper place</b>		
Yes		
No	101	72.1
Sometimes	15	10.7
	24	17.1
<b>Examination duration*</b>		
5 min.	13	13.5
10 min.	19	19.8
15 min.	35	36.5
30 min.	29	30.2
<b>Medical examination duration</b>		
Must be longer	43	<b>30.9</b>
Must be shorter	39	2.2
Enough time	3	66.9

\*Missing data as not all cases had been examined

**Table (3): Clients 'satisfaction with the follow up schedule in the primary health care units**

Total=140	No.	%
<b>Notified</b>		
Yes	96	66.6
No	43	30.7
Sometimes	1	0.7
<b>Care during follow up visit</b>		
Yes	91	65.0
No	31	22.1
Sometimes	18	12.9
<b>Client was informed about place of referral in case of complications</b>		
Yes	43	30.7
No	60	42.9
Some time	3	2.1