ASSESSMENT OF MOTHERS' SATISFACTION WITH IMMEDIATE POST NATAL CARE AT KENYATTA NATIONAL HOSPITAL MATERNITY UNIT

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A RESEARCH DESSERTATION SUBMITTED IN PARTIAL FULFILLMENT FOR THE REQUIREMENT OF CONFERMENT FOR DEGREE OF MASTERS OF SCIENCE IN NURSING (MIDWIFERY) IN THE SCHOOL OF NURSING SCIENCES OF THE UNIVERSITY OF NAIROBI.

SEPTEMBER 2019

DECLARATION

I Monicah Wamaitha Kamau, the undersigned, declare that this dissertation is my own work and has not been produced wholly or partially in any other institution for an academic award

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This is to certify that this dissertation was has been submitted with our approval

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DEDICATION

I dedicate this dissertation to my husband Njoroge Chege and my children Kellyn, Austin and Timona for their prayers love and encouragement throughout this study. Thank you for believing in me.

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I thank the almighty God His unfailing love, strength and good health that I have enjoyed throughout the study period.

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LIST OF ABBREVIATIONS AND ACRONYMS

ACN-	Assistant Chief Nurse
CNE-	Continuous Nursing Education
GFB-	Ground Floor ward B
GFA-	Ground Floor Ward A
HOD-	Head of Department
HIV-	Human Immune Deficiency
IPNC-	Immediate postnatal care
JPSNQ-	Jipi Postnatal Satisfaction with Nursing Questionnaire
KDHS-	Kenya Demographic Health Survey
KMTC-	Kenya Medical Training College
KNH-	Kenyatta National Hospital
MOH-	Ministry of Health
PNC-	Postnatal Care
RH-	Reproductive Health
SACN-	Senior Assistant Chief Nurse
SVD-	Spontaneous Vertex Delivery
UON-	University Of Nairobi
WHO-	World Health Organization

OPERATIONAL DEFINATIONS

Satisfaction: The extent which postnatal care meets the expectations of postnatal mothers from the time of admission to postnatal ward until discharge

Self-care: It is the activities that postnatal mothers initiate and perform on their own behalf in maintaining life, health and wellbeing.

Immediate Postnatal Care: It is the care provided by the nurse to a mother and her newborn within 72 hours of admission to postnatal ward.

Postnatal Period: This starts from the time of admission in the postnatal wards to the time of discharge from the postnatal wards for both postnatal mother and her newborn

General Postnatal Wards: These are wards where postnatal mothers pay hospital bills under government-subsidized cost of services.

Enabling Environment: Place where care is given. Has necessary equipment, medicines and infrastructure.

Comfort: The care aspects provided by the staff in the postnatal ward to create patient friendly environment both physically and mentally that includes lighting, cleanliness, noise free and calm environment.

Customer care: The care provided by the staff in the postnatal wards aimed at helping the postnatal mothers adapt easily to the new environment. This include orientation to the environment, provision of necessary information and facilitating effective communication.

Technical aspects of nursing Care: These are nursing care activities provided to either the postnatal mother or the baby during the postnatal period

ABSTRACT

Background: Satisfactory health services received by postnatal mothers within the first 72 hours after birth in the health care facilities are a source of joyous memories and experiences of childbirth. When the immediate postnatal care is not satisfactory, the dissatisfied postnatal mother retains negative experiences and this may affect her health seeking behavior in subsequent pregnancies. A satisfied mother is likely to come back for the services they need and more willing to recommend the health facility to their friends and relatives.

Objective: The aim of the study was to assess the satisfaction of postnatal mothers with immediate postnatal care (PNC) in the postnatal wards at Kenyatta National Hospital (KNH).

Materials and Methods: A quantitative, descriptive cross-sectional study. The study population was postnatal mothers admitted in the postnatal wards at KNH. Sample size was 261 participants, determined using stratified simple random sampling. Informed consent obtained from eligible participants after a thorough explanation. The KNH-University of Nairobi (UON) Ethics and Research Committee approved for carrying out the study. Quantitative data collected using modified Jipis Postnatal Satisfaction with Nursing Questionnaire (JPSNQ). The data was entered and analyzed using excel and Stata. Analysis of inferential statistics done using correlation and regression of variables and results given using figures and tables. The researcher sought how independent variables (comfort with care and technical aspects of nursing care and customer care aspects,) affected mothers' satisfaction with immediate postnatal care.

Results: Most 33% (n=86) of the respondents' age was within 23-26 years. The mean age was 27 years. Respondents above 35 years were 13% (n=35) while below 22 years were 17% (n=45). Most respondents 30 %(n=78) had attained tertiary education. Majority of the respondents 57 % (n=150) were married. First time mothers were 29 %(n=76) the most common delivery mode 66% (n=165) was vaginal delivery. Overall, the respondents' were minimally satisfied (3) with immediate postnatal care at a mean score between 2.62 and 2.88 and an overall mean score of 2.47 (49%) and a standard deviation of 0.04. Overall, postnatal mothers were satisfied (2) with technical aspects of nursing care with a mean score of 2.88(58%) and a standard deviation of 0.04. However, respondents were minimally satisfied (3) with comfort care aspects with a mean score of 2.71(54%) and standard deviation of 0.04. Regarding customer care aspects, respondents were minimally satisfied (3) with customer care, with a mean score of 2.62(52%) and standard deviation of 0.04. There was a strong regression relationship between independent variables and satisfaction, where a unit future improvement in customer care, the overall satisfaction of postnatal mothers would improve by 28.5 percent, 19.0 percent with a unit improvement of comfort with care and 52.3 percent with unit improvement of the technical aspects of nursing care, all with a strong significance (p value-0.00).

Conclusion: Based on this study finding, postnatal mothers were minimally satisfied with immediate postnatal care provided in the postnatal wards at Kenyatta National Hospital.

Recommendations: There is need for the reproductive health stakeholders to come up with strategies on improving the immediate postnatal care of mothers admitted in the postnatal wards.

CHAPTER 1: INTRODUCTION

1.1 Background

Satisfaction with immediate postnatal care has been defined as the level at which the mothers' postnatal health care needs are meet, in regards to their expectations, giving them a sense of happiness and improving their quality of life (Kowalewska,& Kamińska, 2014). Assessment of satisfaction of mothers on postnatal care forms a basis for future utilization of postnatal services however; there is need for health care providers to understand and meet the needs of the woman in a respectful manner during postnatal period to improve satisfaction level and postnatal care outcomes reducing the cost for care (Kafle, 2018). Patient satisfaction is an outcome indicator to quality and efficiency of care services in the health care systems, nursing care being a vital indicator in the overall patient satisfaction. Moreover, the level of satisfaction to care has long term and immediate benefits in the health of the mother and subsequent uptake (Al-Battawi, 2017).

The postnatal period starts after the delivery of the placenta and ends after six weeks. Postnatal care (PNC) is the individualized care given to the mother and her baby from the delivery of the placenta until six weeks after it is the period that reproductive organs gradually go back to the normal size and shape. However, many physiological, social and emotional changes occur. Preparing the woman during the antenatal period is vital for labor, delivery process and postnatal period (Lang'at & Mwanri, 2015). Immediate postnatal care aims at promoting and maintaining the health of the mother and her baby as well as creating a supportive environment within 72 hours after birth and before discharge from the postnatal wards. This support provides solutions to the social cultural issues and the physical, mental and emotional needs affecting their health reducing maternal and neonatal morbidity and mortality however, if not managed well postnatal period may pose a great danger to the life of the mother and the baby (Chelagat, Roets, & Joubert, 2016).

Immediate postnatal care is important to postnatal mothers' satisfaction, it helps in improving maternal and newborn health by timely identifying and addressing postnatal complications, connects mothers to family planning services promotes breastfeeding and immunizations increasing the access to key interventions for the newborn survival.

The world health organization recommends that mothers who have had uncomplicated vaginal deliveries in a health facility to receive care in the facility for at least 24 hours after birth moreover for those who have undergone a caesarian section without any complications should receive care for at least 72 hours after birth before being discharged home. The specific immediate postnatal care provided to the mother includes, the assessment of vaginal bleeding, uterine contraction, fundal height measurement, temperature and heart rate, blood pressure and urine void (WHO, 2013). Counselling the mother regarding early recognition of life threatening signs and symptoms is critical aspect of immediate postnatal care. Severe headache, fatigue, excessive vaginal bleeding and baby refusal to feed are some of the danger signs (W.H.O, 2013).

Postnatal patient satisfaction is the perceived outcome and the quality of the care expected by the mother. It is the difference between the received care and the individual expectations. Moreover, the need for adequate information on self-care and infant care is key in care of postnatal mothers; it is a measure against the care received (Kowalewska et al., 2014). Availability and accessibility to immediate postnatal service to all women is a reproductive health necessity, with the involvement of skilled and nonskilled health workers, the family and community for support in care. The 24-hour service offered to both the mother and her newborn, cannot be realized without the availability of skilled professional, essential drugs and services to help provide all women with quality immediate postnatal care

Transfer of both mother and baby to postnatal wards occur after an hour following birth at KNH labor ward. Unsatisfactory care during postnatal period have a negative effect on the maternal and neonatal health program and follow up after the mother is discharged from the hospital, similarly there is no continuum of care. In situations where the mother lacks health counselling on postnatal follow up, exclusive breastfeeding immunizations, the danger of infections and complications from preventable disease occur. This confirms the need for health care providers to provide quality postnatal care that can satisfy the needs of the mothers and their babies (Sharma & Kamra, 2013). There is need to assess the satisfaction of postnatal mothers with the immediate care given to postnatal mothers in the postnatal wards at Kenyatta National Hospital.

1.2 Problem Statement

Research has established that globally, postnatal care is the most neglected aspect of maternal care when compared to antenatal and intrapartum care. Moreover, more attention and resources are channelled to antenatal and intrapartum care(Zulu, & Chanda, 2018). Consequently, there is a global increase in morbidity and mortality rates of mothers and newborn during the postnatal period particularly in Sub-Saharan Africa. The American central intelligence agency (CIA) estimated global births at 256 births every minute in 2015. Moreover, a total of 50-71% of post-partum maternal deaths occurs during the postnatal period (Battawi & Hafiz, 2017).

Postpartum morbidity and mortality and poor subsequent health facility utilization by postnatal mother have been attributed to mothers dissatisfaction with immediate postnatal care during their stay in postnatal wards (Battawi & Hafiz, 2017). When the immediate postnatal care is not satisfactory, the dissatisfied postnatal mother retains negative experiences that may affect her health seeking behavior in subsequent pregnancies (Kowalewska et al., 2014). In Sub-Saharan Africa particularly in kenya, low utilization of maternal healthcare services has long been linked

to poor postnatal care services (Gichangi & Mwanda, 2018). This negative experiences caused by unsatisfactory care during the immediate postnatal period for the mother and her newborn affects the subsequent care programs along continuum of care. Lack of support for exclusive breastfeeding lead to malnutrition the baby, lost follow up for prevention of mother to child transmission of human immune-deficiency virus (HIV) and missed immunizations against childhood preventable diseases result from lost follow up of postnatal mothers. Moreover, mothers exposed to tuberculosis and other communicable diseases develop serious disease states due to lost follow up (Zulu, & Chanda, 2018).

Anecdotal evidence at Kenyatta National Hospital postnatal wards recorded in the complaint-compliment records shows that some women admitted in postnatal wards expressed dissatisfaction with the postnatal care services provided during the inpatient period including unclean ward environment, bed sharing and lack of bed linen and nursing gowns, rude staff and little attention from staff. Majority of studies on satisfaction done at Kenyatta National Hospital are on antenatal and intrapartum care. To the researchers' knowledge, there no study done on satisfaction with immediate postnatal care among postnatal mothers at Kenyatta National Hospital. Therefore, the aim of the study was to address the knowledge gap on the satisfaction level postnatal mothers with postnatal care at Kenya National Hospital.

1.3 Justification of the Study

Satisfactory immediate postnatal care offered by staff in the health care facilities provide good preparation to postnatal mothers, giving them joyous memories and experiences of childbirth. Experiences of satisfied postnatal mothers remain with them throughout their lives playing a vital role in the woman infants' health and their future relationship. Postnatal satisfaction is an important indicator of the quality of postnatal care given by nurses in the postnatal wards. Similarly,

immediate postnatal services help identify and address maternal and neonatal complications early; helps reduce maternal morbidity and mortality thus helping achieve the strategic development goals in maternal health. Postnatal mothers are main stakeholders in the delivery of postnatal care. Therefore, assessment of care would be incomplete without determining the level of mothers' satisfaction. The knowledge on the degree of satisfaction helps the institution identify areas to improve on if the expectation of the client exceeds what the health care facility is offering. Similary, assessing the satisfaction of mother's with postnatal care is a cost effective way that helps reveal the shortcomings of services rendered to patients, it identifies gaps on health care delivery thus helping in planning and training caregivers to help enhance skilled delivery of care. Assessing patient satisfaction also improves interaction between nurses and patients, help provide information to enhance health care programs, helps nurses get feedback from postnatal mothers concerning the nursing care provided and works to improve the financial status of health organization. Researchers have identified Postnatal mothers' satisfaction with care as major tool for planning and evaluating postnatal nursing care and a significant improvement tool for health care providers. For this to be realized, the mother is the best informant regarding satisfaction with the care received and should be allowed to rate the services for better improvement of postnatal care.

Despite the evidence on need for assessment of satisfaction level in delivery of postnatal care within health institutions. The researcher found little or no study conducted in the postnatal wards KNH assessing the satisfaction level of postnatal mothers with postnatal care. Generating evidence of level of satisfaction of mothers with postnatal care is critical in informing policy change and making decisions on directing resources for the future improvement of health care in postnatal wards with the goal of improving delivery of postnatal care

1.4 Research Questions

i. What is the satisfaction level of postnatal mothers with the technical aspects of nursing care provided by the nurses in postnatal wards at Kenyatta National Hospital?

ii. What is the satisfaction level of mothers on the comfort during care in postnatal wards at Kenyatta National Hospital?

iii. What is the satisfaction level of mothers with the customer care aspects provided in the postnatal wards, Kenyatta National Hospital?

1.5 Research Objectives

1.5.1 Broad Objective

To assess mothers' satisfaction with immediate postnatal care in postnatal wards, Kenyatta National Hospital.

1.5.2 Specific Objectives

i. To assess the satisfaction level of postnatal mothers with the technical aspects of nursing care provided by nurses in postnatal wards at Kenyatta National Hospital.

ii. To assess the level of satisfaction of mothers with comfort during care in postnatal wards at Kenyatta National Hospital.

iii. To assess the satisfaction level of mothers with the customer care aspects in the postnatal wards, KNH.

1.6 Expected Benefits of the Study

This research may inform and influence policy change at KNH, the making decisions on directing resources. Mothers obtaining postnatal care from the facility in future will experience high understanding in the area of immediate postnatal satisfaction.

1.7 Theoretical framework

Theoretical framework provides a general representation of relationships between variable in a phenomenon. The study applied the Donabedian model, a theoretical model used to assess the satisfaction of postnatal mothers with immediate postnatal care in the postnatal wards at KNH. Donabedian proposed the use of a triad of structure, process and outcome, to evaluate the quality of health care. He defined structure as the facility settings, and administrative systems through which care takes place. Process as the components of care delivered and outcome as recovery, restoration of function and survival which have remained as the foundation of quality health care assessment (Ayanian, &Markel, 2016) . The triad was interrelated in delivery of care; a good structure increases the likely hood of a good process that in turn increases likelihood of good outcomes such as satisfaction with care. The structure in this study was the study site, the postnatal wards of Kenyatta National Hospital. The process involved technical aspects of nursing care, comfort of mothers during care and customer care aspects. The outcome was the long-term result of the structure and process during the immediate postnatal period.

DONABEDIAN THEORETICAL FRAME WORK

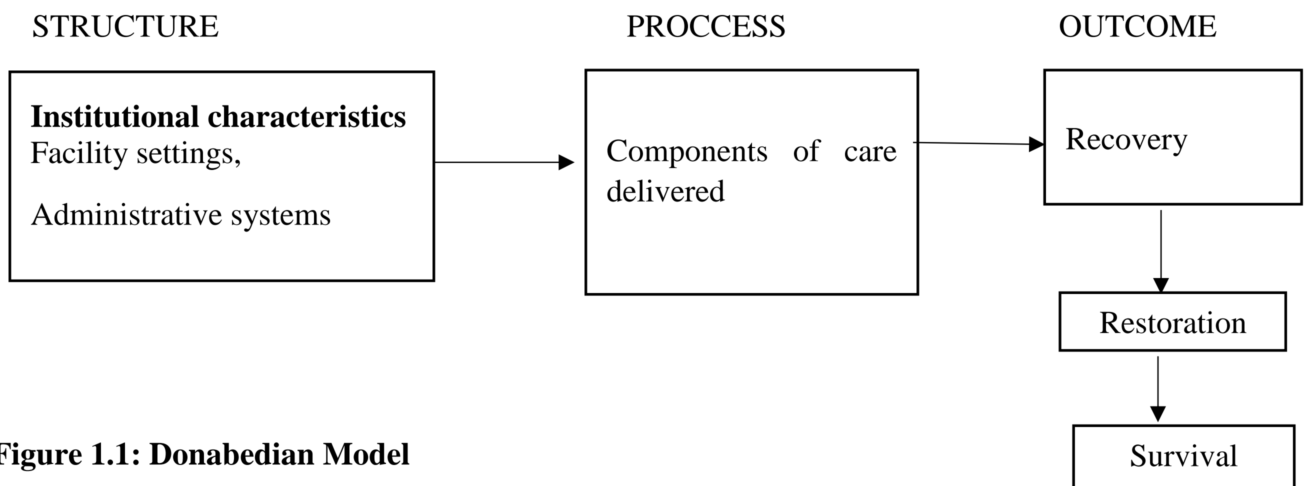

Figure 1.1: Donabedian Model

1.8 Conceptual Frame Work

A conceptual framework represents the researchers understanding on how specific study variables relate with each other. The conceptual framework helped the researcher understand the relationship between the independent variables and the dependent variable and their effect on outcome variable. The Independent variables included technical aspects of nursing care, comfort with care and customer care. The level of mothers' satisfaction with immediate postnatal care was the dependent variable and the outcome variable is the increased or decreased uptake of postnatal care. However, confounding variables were the policy guidelines and the standard operating procedures in use during the study period.

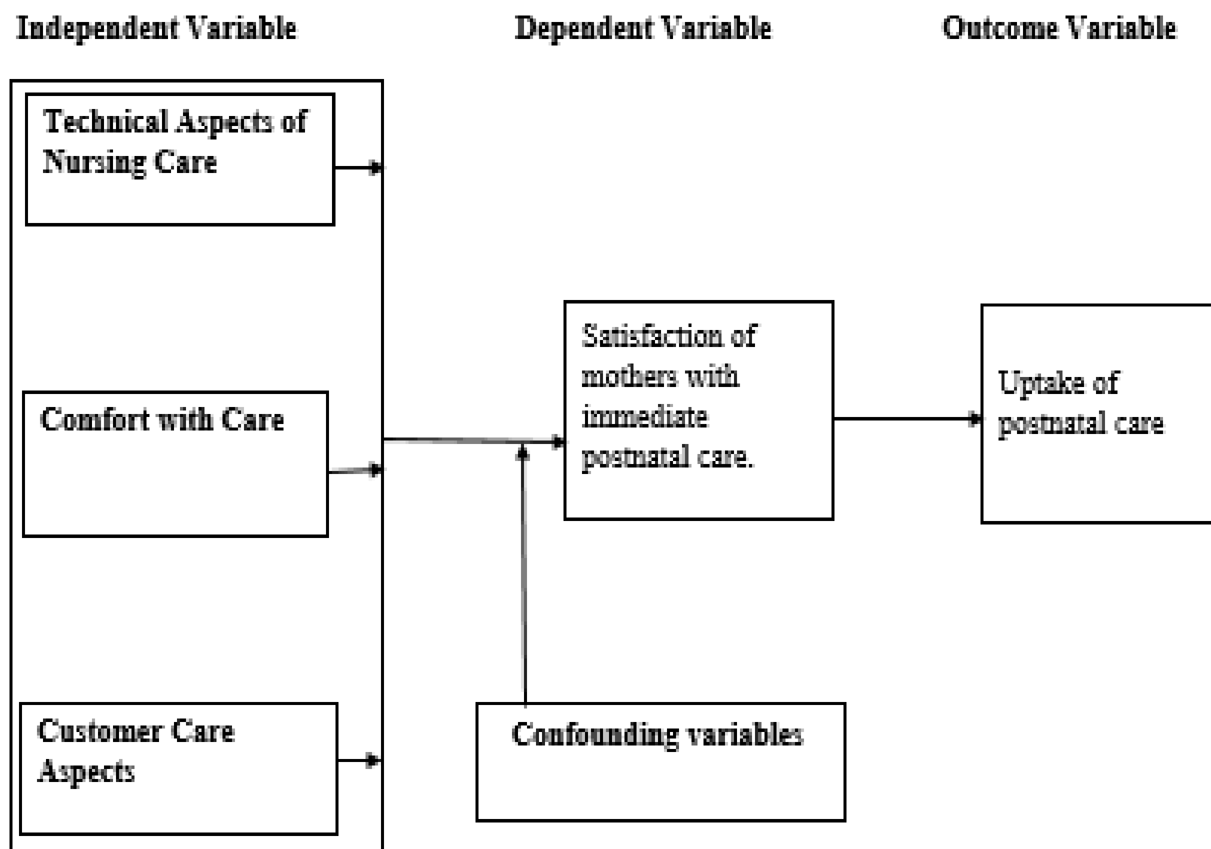

Figure1. 2 Conceptual framework

1.9 Operational Frame Work

The operational framework summarizes key concepts used in the study. In this study, the researcher sought the relationship between independent variables that were the technical aspects of nursing care, comfort with care and customer care and the relationship between the dependent variable that was the level of mothers' satisfaction with immediate postnatal care. The confounding variables were the policy guidelines and the standard operating procedures that are in use in the postnatal wards during the study period.

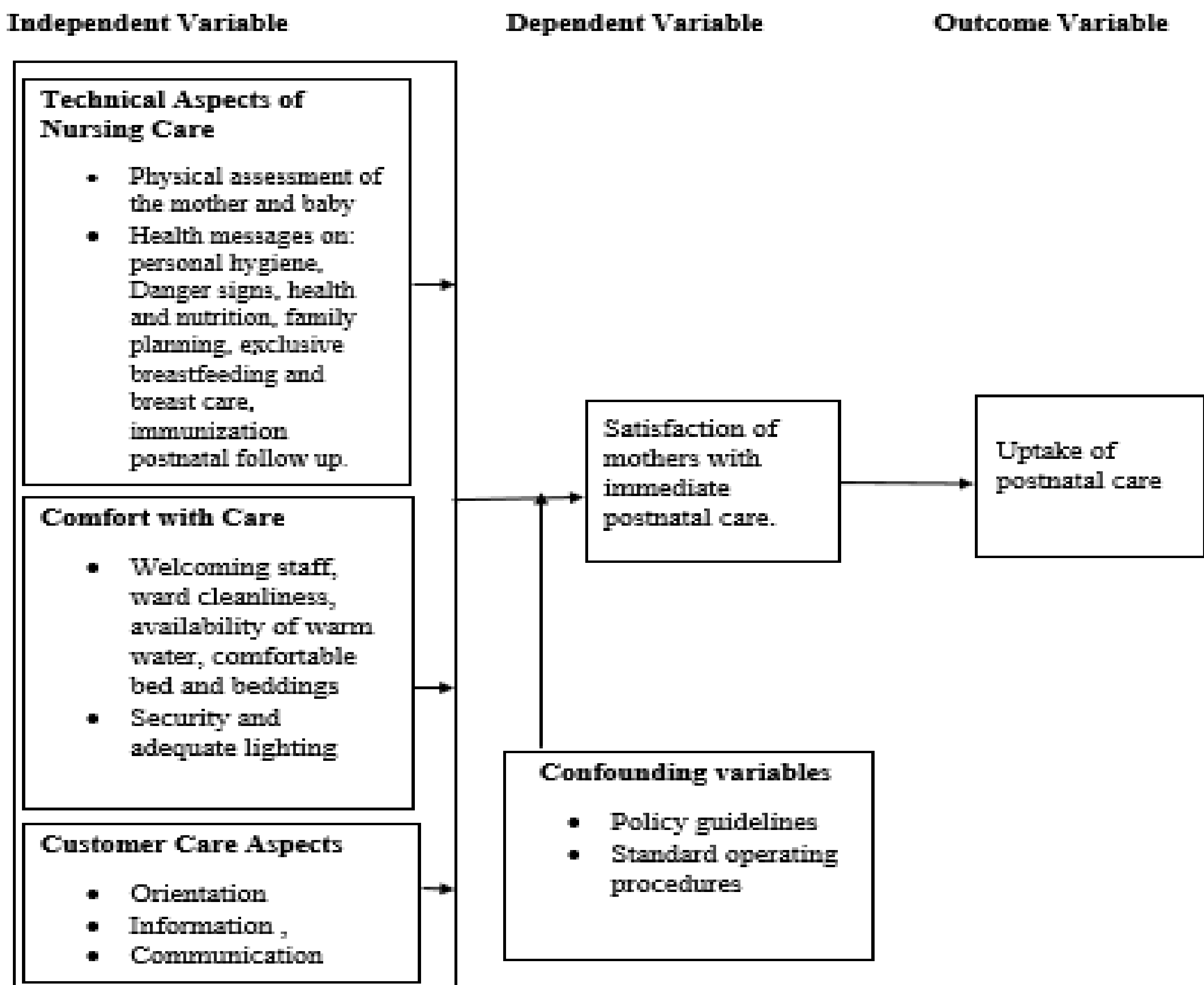

Figure 1.3 Operational Framework

CHAPTER 2: LITERATURE REVIEW

2.1: Introduction

Satisfaction with postnatal care is a patient's individualized evaluation of the dimension of care and perception on quality of services offered in the health care facility. Patients not satisfied with care in a facility pass the health facility to another and will not recommend the facility to their peers neither seek services from that facility (Gitobu et al, 2018).

This chapter is about literature on other research studies done on the satisfaction of mothers with postnatal care. The literature review presented according to the study variables that included satisfaction level of postnatal mothers with the technical aspects of nursing care provided by nurses in postnatal wards, satisfaction of mothers with comfort during care in postnatal wards, satisfaction level of mothers with the customer care aspects in postnatal wards, KNH.

The literature sources included key journal articles from the internet, Google scholar and PubMed, WHO publications, the KDHS publications and midwifery textbooks. The words used in the search were, knowledge on postnatal services and satisfaction, the level of satisfaction of postnatal mothers, postnatal care guidelines.

2.2 Satisfaction of Postnatal Mothers with Technical Aspects of Nursing Care

During the immediate postnatal period, the postnatal mother is empowered with knowledge on danger signs through health messages on health issues for early identification and prevention of complications (World Health Organization, 2018). According to the WHO, the nurse should assess all postnatal women in the postnatal wards for vaginal bleeding, uterine contraction, temperature and heart rate 6 hourly during the first 24 hours. However, measuring of blood pressure advocated shortly after birth and repeating after 6 hours. The woman should be encouraged to empty bladder regularly and ambulate (W.H.O, 2015).

The care provided by nurses include information and counselling on self-care, family planning, support for exclusive breastfeeding, adequate rest, healthy lifestyle, safe disposal of sanitary pads. Recognition of danger signs including severe headaches, maternal nutrition, early detection and prevention of complications including anemia, infections, hypertension and Malaria prevention (WHO, 2010). Newborn care services provided by the nurses were promotion and support for exclusive breastfeeding, thermoprotection, infection prevention through general hygiene, hand washing, cord care and safe waste disposal including rooming in, prevention of eye infection, HIV antiretroviral regimen and treatment of minor ailments (WHO, 2018).

Nursing care measures maternal satisfaction, performing of nursing assessments and providing health education to the mothers is a source of empowerment to postnatal mothers. it helps them improve self and infant care while in the ward and after discharge (Battawi & Hafiz, 2017). The most frequented clinical evaluation done during the postnatal period aim to detect complications within the 72 hours of immediate postnatal period by the nurses were; clinical assessments by measurements of the blood pressure, maternal pulse rate and sclera examination to rule out anemia (WHO, 2013). However, in Iran, the lower extremities examinations to rule out deep venous thrombosis, abdominal assessment, measurement of body temperature, respiration and assessment of the suture line were less evaluated by the nurses (Mirzaei, Ghadikolaee, Bazzaz, & Ziaee, 2015). Blood pressure measurement on admission to postnatal wards by nurses help detect any change in the measurements in relation to previous records during antenatal period, labor and delivery. Most postnatal mothers in Nepal (95.5%) were satisfied with the monitoring of the blood pressure on admission among whom 50.6 % were very satisfied. Likewise, least (53.4%) of the postnatal mothers were satisfied with assisted early ambulation(Panth & Kafle, 2018).

For healthy newborn babies, provision of timely postnatal care services aimed at maintaining the health of infants born healthy help in early detection and management of complications to reduce neonatal morbidity, and mortalities (WHO, 2013). A study done in United Kingdom revealed that among the infants examined by the nurses, their mothers reported high satisfaction with the services compared with satisfaction of mothers of infants were examined by pediatrician. However, this was related to the contact the nurses had with mothers during the antenatal period which the pediatricians did not have (Wolk et al., 2013). The satisfaction of postnatal mothers in Poland in regards to infant care was that 5% of the respondents felt that the care given was low, 4% of the respondents felt that the care was poor while 30% reported that care was satisfactory, only 15% felt that care was very good (Kowalewska, &Kamińska, 2014).

Performing a full clinical examination on the infant one hour after birth and before discharge ,helps the nurse to notice any obvious congenital abnormalities and danger signs including ; inability to suck, vomiting, convulsions, pus or discharge from the umbilical cord, inactivity or lethargy. Immunizations of BCG and birth oral polio given soonest possible (WHO, 2016). Information for the care of the infant is vital to empower the mother in taking care of the infant however, 37% of the mothers were conversant with signs and symptoms of neonatal conditions while 33% were satisfied with information on breastfeeding. Among the taught, 33% were fully satisfied with information on the importance of colostrum and exclusive breastfeeding (Panth & Kafle, 2018).

In Australia some women express lack of satisfaction from the postnatal care services provided in the wards, the women felt that after labor midwives did not show enough sensitivity to their needs. They seemed to be in a hurry and did not have enough time with them. Once they were discharged home, they realized that the information and knowledge provided in hospital was not enough to help provide care of themselves and the infant (Panagopoulou, Kalokairinou, Tzavella, & Tziaferi,

2018). Attention to the postnatal mother and baby was found key to satisfaction, in Australia, mothers reported low satisfaction relating it with insensitivity of nurses to their needs, less time allocation with the postnatal mothers and they also felt that the nurses were always in a hurry when attending to them (Panagopoulou et al., 2018).

Danger signs during postnatal period include; severe headache, epigastric pains, feeling tired and fatigued. However, the nurses empower the postnatal mother with knowledge on danger signs by giving advices on health issues during the patients stay in the postnatal wards for early identification and prevention of complications (W.H.O, 2016). However, in Nepal, 44.4% of mothers were satisfied with information provided about danger signs during postnatal period by nurses while only 2.6% were satisfied with information on danger signs of the infant. On delivery of feedback concerning outcome findings of health assessments, 85.4% of postnatal mothers felt satisfied (Panth & Kafle, 2018). Some mothers reported dissatisfaction with the health advices given by the nurses during the health talks, moreover, they felt that the information given was not what they needed, the need to assess the information needs of the mothers is key to satisfaction in the postnatal wards(Gaboury, Capaday, Somera, & Purden, 2017).

The advice on postnatal care is a source of empowerment, In Egypt, 41% of respondents were minimally satisfied with the provided nursing care specific to postnatal period, while 5% were fully satisfied with the nursing care; however, 36% of the mothers mentioned having no satisfaction with advice on postnatal exercise, family planning and postnatal follow up visits. 38% of the respondents were not satisfied with the teaching on signs and symptoms on neonatal danger signs while 33% were not satisfied on advice given regarding immunizations and weaning of the baby (Battawi & Hafiz, 2017) .

Support through health advice provided through simple language builds the knowledge of the postnatal mothers. Giving instructions and sharing information concerning postnatal period the through counselling and health talks is a critical determinant of good postnatal care (Srivastava,et, al 2015). Poor dissemination of feedback on postnatal care and poor adherence to prescriptions and treatments in Iran was associated to low satisfaction. In addition, majority of mothers reported dissatisfaction with the quality of postnatal care. This was due to lack of support from nurses on breastfeeding, little time allocated by nurses on training on breastfeeding and unwilling nurses to answer questions posed by postnatal mothers (Mirzaei, et al 2015).

Majority (42 %) of women said the information from the midwives was comprehensive and exhaustive. However, 30 % of the respondents felt that they were not given enough information while 28% felt the information was incomplete or in a confusing language (Kowalewska et al., 2014). Information given to mothers in an easy to understand language helps them to understand instructions given by the health care providers. At the Pumwani Maternity Hospital 35.4% of the postnatal mothers understood the instructions given to them postnatally while 45% did not understand the instructions given (Wandera Nyongesa et al., 2014). Post caesarian section mothers' satisfaction with quality of care study in India found out that the way the nurse talks to the patient and how important their problem is taken and the amount of time spent with the patient influence their level of satisfaction(Sehaty, Azari, & Ebrahimi, 2016). Regarding assistance in keeping clean and groomed, 20 % of subjects were fully satisfied, while 16 % were moderately satisfied (Battawi & Hafiz, 2017).

The first hours of postnatal period very crucial to laying of foundations of good recovery, health and adaptation of both mother and baby. It is unfortunate that health care facilities view postnatal care not as important as care during antenatal and intrapartum period. There is negligence in

postnatal assessment of mother and baby in the postnatal wards. This result to mothers' dissatisfied postnatal mothers, moreover, majority of maternal and newborn deaths occur within the first 48 hours of postnatal period (Bongani, 2017).

Concerning dignity of the postnatal mothers, 95% felt that they were treated with dignity among whom 37.1 % were very satisfied (Panth & Kafle, 2018). Across sectional study done in Ethiopia on maternal satisfaction recorded that level of privacy during care was 80.9% which was followed by courtesy and respect from staff at 78%, confidentiality and trust during care was mentioned at 78.9% (Roza, Tafa, & Hailu, 2014).

A study evaluating the level of satisfaction as perceived by postnatal mothers following nursing care in postnatal wards, found out that postnatal mothers were highly satisfied with value and preference to care (Varghese, 2012). Similarly respondent's in a study at the Pumwani maternity hospital, 43% mentioned that they were treated with courtesy and respect by the nurses while 24% felt they were not treated with courtesy and respect moreover 15 % strongly agreed and 13 % strongly disagreed that the nurses did not treat them well instead they harassed them. Among the respondents 34% mentioned that they would not recommend the hospital to their friends and relatives because the hospital services were expensive, 3.2% mentioned poor caring, 2.5% mentioned poor sanitation while others reported harassment, congestion and sharing of beds as reasons (Wandera Nyongesa et al., 2014).

2.3 Satisfaction with Comfort during Care

A descriptive research conducted in Egypt the indicated that 25% of subjects mentioned minimal satisfaction and 20 % moderately satisfied with their comfort and care received from staff during their hospital stay however, 28 % were minimally satisfied on getting help when needed while 25 % were moderately satisfied with staff that were calm and approachable. Regarding the cleanliness

of the rooms and toilets 27 % of subjects were fully satisfied, while 19 % were moderately satisfied (Battawi & Hafiz, 2017)

The accommodation services in the wards including lighting also measured satisfaction level of postnatal mothers with their babies(Naghavi-Behzad, 2015). Sleep and rest during the postnatal period is key to the coping of the mother and the infant, frequent interruptions in the mothers' rooms interfere with the mothers rest, family time, breastfeeding and self-care. However, the staff have been mentioned as the most interrupters and source of the dissatisfaction of postnatal mothers similarly visitors in the room were also mentioned as interruptions (Gaboury et al., 2017). Across sectional study done in Ethiopia on maternal satisfaction recorded 43% mothers were dissatisfied with cleanliness of toilets, comfort 35,6% (Roza et al., 2014). Getting enough rest after delivery is difficult because of the newborn baby demands, the long labor hours, uncomfortable perineal scars and painful caesarian scars makes it difficult to get adequate rest, however the hospital routines also interfere with rest therefore have been mentioned as dissatisfying. In Iran, mothers were not satisfied with very bright lights; however, some mothers preferred less bright lighting at night to allow rest (Sehaty, Azari, & Ebrahimi, 2016). A research done in the developing countries, India, Bangladesh and Nigeria found that enough clean water, comfortable beds, big space in the rooms, the setting of the beds, and lighting had high satisfaction among mothers. However cleanliness was identified as a predictor of satisfaction with nursing care in Thailand and availability of clean bedsheets added to their satisfaction (Srivastava et al., 2015). In Pumwani maternity, a quantitative study done revealed an overall of satisfaction with comfort during care at satisfied level (66%) respondents. Fully satisfied mothers were 13% (37) and 13 % (35) were not satisfied. Other mothers (12%) were not satisfied with beds sharing, 3% (9) were not satisfied with sanitation while 2% (7) were not satisfied with the security on clients items (Mariga, 2016).

Patient's satisfaction with care in Zambia depend on the availability of adequate water supply, cleanliness of the ward and privacy in the examination rooms (Srivastava et al., 2015). Most of the postnatal mothers rate the cleanliness of the Pumwani maternity as satisfying, other areas rated as dissatisfying relating this to poor sanitation, of the toilets, dirty couches, blood stained floor and presence of rodents in the hospital. Lack of privacy in the examination rooms also was dissatisfying; the mothers gave recommendations for enhanced privacy as providing curtains in labor ward, the examination coaches. Lack of mosquito nets, warm water and enough mother gowns to allow breastfeeding lowered their satisfaction (Wandera Nyongesa et al., 2014). A study done in Zambia, found out that having support after delivery from a close relative or husband to assist in infant care enhanced the satisfaction of postnatal mothers with less use of pharmacological interventions for pain management following caesarian section delivery (Srivastava et al., 2015).

2.4 Satisfaction with Customer Care Aspects of Care

2.4.1 Orientation

On admission of mothers in the postnatal wards at Pumwani maternity only 40% of the staff welcomed mothers to the postnatal wards while 60% of the staff in the wards did not welcome mothers to the wards. However 33.3% of the health care workers greeted the mothers while 66.7 did not, moreover majority of health providers (87%) offered a seat to the mothers (Wandera Nyongesa et al., 2014). In Poland, most respondents felt that the hospital care workers cared for the postnatal mothers with dignity during the procedures done in the wards (Kowalewska et al., 2014).

A descriptive research conducted in Egypt indicate that, 36% of mothers were not satisfied with warm welcome to the wards on admission, and 33 % were not satisfied with orientation to the team members and the postnatal unit. Regarding orientation to visiting hours, 25% were satisfied and

29% were minimally satisfied; only 3% were fully satisfied. Orientation regarding hours for the doctors rounds, visiting time for family and relatives 18% were fully satisfied (Battawi & Hafiz, 2017) . Family, friends and religious visits are important in offering psychological, spiritual and social support during the postnatal period. it is a source of satisfaction to postnatal mothers (Naghavi, 2015)

2.4.2 Communication

In a study done in Iran, the researcher evaluated communication skills of health care staff to postnatal mothers and found that communication had an association to satisfaction level of postnatal mothers stating a significant relationship. Majority of mothers in the study were moderately satisfied with verbal and non-verbal communication skills of the staff. The mothers reported that eye contact of the staff was good and the content communicated was clear and at a moderate pace. However, the respondents expressed dissatisfaction with lack of opportunity to ask questions as well as lack of encouragement by the staff to express their concerns. However, among the study respondents, 86.6% expressed satisfaction with communication skills of the skilled health care workers (Mirzaei et al., 2015).

Regarding communication between the hospital staff and the postnatal mothers, 21% of respondents reported minimal satisfaction, 26% were moderately satisfied with the communication. However, 15% were fully satisfied when the staff communicated to them in their mother tongue, 29 % of the mothers reported felling free to talk to the staff. However, 22% were moderately satisfied (Battawi & Hafiz, 2017).

2.4.3 Information

Information provided to the mothers during admission helps in healthy coping during the inpatient period in the postnatal wards a descriptive research conducted in Zambia, 24% of mothers were

not satisfied with information received from the hospital staff while 32% were satisfied to some extent, however 9% mentioned fully satisfied with the information from the nurses. 22% of the postnatal mothers were not satisfied with nursing care regarding value and preferences, despite these results 44 % mentioned that they would recommend the hospital to their friends and relatives(Srivastava et al., 2015).

2.5 Summary

Most of the literature review used descriptive cross sectional method in assessing satisfaction of postnatal mothers' with postnatal care. However, most of the studies done were on satisfaction based in the clinical settings as exit questionnaires. Quantitative method was widely used in assessing satisfaction in health care settings. Most studies indicated neglected immediate postnatal care with low satisfaction level of postnatal mothers. However, other studies reflected very satisfied postnatal mothers with immediate postnatal care in postnatal wards.

CHAPTER 3: METHODS AND MATERIALS

3.0 Introduction

This chapter describes the study design, study setting, study population, sample selection methods, sample size and the data collection tool including validity and reliability

3.1: Study Design

The study used a descriptive cross-sectional quantitative approach. This approach was less time consuming and less expensive. It allowed the researcher to collect data from the postnatal mothers without manipulating the study environment**.**

3.2: Study Setting

The study was conducted in the Kenyatta National Hospital reproductive health department, postnatal wards, located in the ground and first floor of the hospital, they include, Ground Floor B (GFB), Ground Floor A (GFA) and First Floor A (1A), all offering immediate postnatal care to mothers after spontaneous vertex delivery(SVD), caesarian section, breech and vacuum modes of delivery. Assistant chief nurses (ACN) head each of the three wards as the ward in charge. Each postnatal ward has approximately 20 nurses working on three shift duties, which are morning shift (M) starting from 7.30 am to 1pm, afternoon shift (A) starting from 12.30 pm to 6 pm and night shift (N) which starts at 5.30 pm to 8pm. The ACN works on a day (D) shift which starts 7.30 am to 4.30 pm. The ward capacity of each postnatal ward is 34-44 beds, consists of four rooms, which accommodates six beds and sometimes eight beds, and two side rooms meant for isolation accommodating two beds each. However, due to congestion in the wards, sometimes the patients share beds, sometimes mattresses placed on the floor help relieve the congestion. Those who deliver SVD without complications share one room waiting for discharge after 12- 24 hours of

stay. During discharge home, the mothers and their relatives participate in evaluate care through documenting in complains/ compliment book placed at the exit.

KNH is the oldest hospital in Kenya; it is a teaching hospital of the University of Nairobi, College of health sciences and the Kenya Medical Training College (KMTC). It is also a tertiary referral hospital for the Ministry of Health (MOH) and has a total bed capacity of 1800 but the patient numbers sometimes rises to 3000. Its located 3.5 kilometers west from the Nairobi city and neighbors the Kibera slums. The Kenyatta National Hospital admits approximately 9794 postnatal mothers in the postnatal wards per year. Most of the neighboring hospitals and clinics refer mothers with complications during labor and delivery or during the postnatal period.

3.3: Study Population

This were postnatal mothers admitted in the general postnatal wards at KNH.

3.4: Inclusion/ Exclusion Criteria

3.4.1: Inclusion Criteria

- Mothers who had delivered in the last 72 hours.
- Mothers who had roomed in with their babies in general postnatal wards, and declared discharged
- Postnatal mothers 18 years of age and above
- Mothers who consented to participate in the study

3.4.2: Exclusion Criteria

- Very sick mothers and had stayed more than 72 hours since delivery.
- Mothers who had roomed in with their babies in postnatal wards, and not yet discharged
- Those who refused to consent to participate in the study

3.5: Sample Size Determination

$$n = \frac{1.96^2 \ x\, p(1-p)}{d^2}$$

The desired sample size was determined using the fisher et al. (2003) where

n=desired sample size (when the population is larger than 10,000)

z= standard normal deviation which is equal to 1.96 corresponding to 95% confidence interval.

P=prevalence of the issue under study

Q=1-p

D=confidence limit of the prevalence (p) at 95% confidence interval1-0.95=0.05

Degree of accuracy desired for the study was hence set at 0.96.

Substituting the figures in the above formula.

$n=1.96^2$ x 0.5x $0.5/0.05^2$

n= 384

Since the target population was less than 10000, the formula used adjusted the sample size.

The total number of postnatal mothers in the KNH general postnatal wards in the year 2018 January to December was 9794. The average number of postnatal mothers in the KNH postnatal wards per month in 2018 was

9794/12= 817

nf= n/1+ (n/N)

Where:

nf= desired sample size (when the sample is below 10000

n=sample size (when population is more than 10000) calculated 384

N= average number of mothers who delivered in KNH in a month (817)

Therefore, n f= n/1+ (n/N)

= 384/ 1+ (384/817)

nf =261

The estimated sample size was 261 postnatal mothers. The data collection period was two months.

Table 3.1: Sample size per ward

Ward	Postnatal Mothers /Ward/Year	Postnatal Mothers /Month	Sample Size/Ward (N/817*261)	Sample Size /Ward
X/2019	3234	270	270/817*261	86
Y/2019	3260	272	272/817*261	87
Z/2019	3300	275	275/817*261	88
TOTAL	**9794**	**817**		**261**

3.6: Sampling Technique

The sampling frame included postnatal mothers admitted in the three postnatal wards coded using pseudo names as X/2019 (GFA), Y/2019 (GFB) and Z/2019 (1A). The researcher used Stratification method to obtain sample size from each of the three postnatal wards. The researcher used stratified simple random sampling to get sample size for each ward that added up to nf (261). Each day, the researcher would list down the patients file registration numbers of all postnatal mothers already declared for discharge in each ward listing only the eligible mothers. The researcher drew a sampling frame from the number of eligible discharged postnatal mothers. A code number assigned against each file registration number in the sampling frame, written down on pieces of paper, and folded so that no one was able to recognise the number folded inside. To

obtain the desired sample size, thorough mixed folded papers in a bowl, picked at a time, the research assistant opened and read out codes against the registration number. The researcher would list down the read out code numbers and file numbers until the sample size required. From X/2019 (GFA), the desired number of respondents was 86 while in Y/2019 (GFB) the desired number of respondents was 87 and 88 respondents in Z/2019 (1A) to make a sample size of 261.

3.7: Research Tool

The researcher adopted and modified Jipi Postnatal Satisfaction with Nursing Care Questionnaire (JPSNQ) to collect quantitative data from respondents. The JPSNQ is a valid and reliable instrument used in measuring satisfaction of postnatal mothers with immediate postnatal care provided by the nurse during the 72 hours hospital stay of postnatal mother's in postnatal ward. Similarly, it helps in the assessment of satisfaction with each dimension of immediate postnatal care provided by the health care staff (Varghese & Rajagopal, 2013). The tool was therefore appropriate for this study because of its reliability in measuring satisfaction of mothers admitted in postnatal wards with the immediate postnatal care provided by the nurses. The researcher and research assistant administered the questionnaires. The research questionnaire was divided into two main sections; demographic proforma with 10 items and structured questionnaire schedule with 44 items. The structure questionnaire schedule was further divided into three areas namely customer care, technical aspects of nursing care provided to postnatal mothers and comfort during care.

3.8: Reliability and Validity of the Tool

The researcher adopted and modified the JPSNQ tool to fit the study population. The validity of the test tool was established by extensive literature review and consulting from peers. It was in

simple phrased easy to understand English. Simple, accurate, and clear questions established reliability and prevented ambiguity in the study tool.

3.9: Pre-Testing

Pretesting done at the Pumwani maternity hospital aided in clarity and feasibility. The postnatal wards hold a population similar to the study area at the Kenyatta National Hospital. Simple random sampling to get sample size was done before questionnaire pretesting. The researcher listed down the registration numbers of all postnatal mothers declared for discharge setting aside the files of those not eligible for participating in the study. The researcher drew a sampling frame from the remaining postnatal mothers, and assigned them a code number against each registration number in the sampling frame and wrote them down on pieces of papers, folded each paper so than no one would recognise which number it was. The research assistant could pick folded papers with coded registration numbers at a time, open and read against the registration number. After achieving desired sample size, the questionnaire was pretested and the researcher developed final revised tool for data collection

3.10 Training of Research Assistants

One week was set aside for training and orientating research assistants in the requirements for research. The research assistants were both Bachelor of Science degree holders, registered with the Nursing Council of Kenya, with rich knowledge and experience in the management of postnatal mothers and well oriented to in the reproductive health department. The research assistants helped the researcher to collect data and answer questions that the respondents would ask related to the research. The research assistants were helpful also in areas where the respondent wished to have somebody else ask her questions other than the researcher herself

3.11 Variables

Two main variables considered in this study were the dependent variable and independent variable. The dependent variable was satisfaction of postnatal mothers with postnatal care. Independent variable was customer care aspects, comfort with care and technical aspects of nursing care also classified as structure, process and outcome in the conceptual framework adopted from the Donabedian model of maternal satisfaction.

3.12 Data Collection Procedures

3.12.1 Recruitment Process

Eligible participants were postnatal mothers admitted in the postnatal wards KNH, with hospital stay of up to 72 hours. Immediately after the doctor conducting the discharge round recorded the discharge statement on the postnatal mothers' files, recruitment process began and ended before the relatives cleared the postnatal mothers at the nurses' desk. The researcher and the research assistants introduced themselves to the ward in charge and provided evidence of approval to undertake the study. Upon meeting the eligible postnatal mothers, the researcher and the research assistants introduced themselves to the respondents and issued an invitation to the respondents to participate in the study. The respondent informed study objectives and benefits of participating in the study in order to make informed consent.

3.12.2 Consenting Procedure

Once the respondent accepted the invitation, researcher and the research assistants obtained consent from the mother by filling up and signing the consent form for participation in the study.

3.12.3. Data collection

Data was collected using researcher administered questionnaire. The respondents were at liberty to opt out if they felt uncomfortable to answer the questions. Once they consented to participate in the study, the researcher or the research assistants would ask the respondent questions using the questionnaire and filling in the responses from the respondents on the questionnaire. Once through with the respondent, the researcher and the research assistant thanked the respondent for participation. The administered questionnaires was stored in cabinets accessible only to the researcher, there was no access of data by authorized persons.

3.13 Data Analysis and Presentation

The quantitative data was edited, cleaned, numerically coded to facilitate analysis, the data was entered and analyzed using excel and Stata. Descriptive statistics was analyzed using mean, standard deviation and percentages and presented using figures and tables. The researcher analyzed inferential statistics using correlation and regression of variables and results given using output tables. At a significance level of 0.05 and a confidence level of 95%, a multiple regression analysis determined the degree to which independent variables affect the dependent variable.

The correlation/regression equation used was as below:

(Y= $\beta 0 + \beta 1X1 + \beta 2X2 + \beta 3X3$)

Y= Mothers satisfaction

$\beta 0$ = Other factors withstanding, the satisfaction of mothers are at a constant level.

$\beta 1X1$ = Customer care

$\beta 2X2$ = Comfort with care

$\beta 3X3$ = Technical aspects of nursing care

The questionnaire had 42 items, divided in to 3 subscales customer care, comfort with care and technical aspects of nursing care. The questions gauged on a 1-5 point Likert scale, 1 indicated the lowest and 5 indicated the highest level of satisfaction. The scores were defined as 5 = fully satisfied, 4 = moderately satisfied, 3 = minimally satisfied 2 = satisfied and 1 = not satisfied.

To obtain a mean score on each subscale, the researcher summed up the scores in each subscale, later divided by the number of items in the subscale. An overall mean for all the 3 subscales was obtained by summing the mean score of each of the three subscale divided by 3 subscale, that provided the score which was attained as the general measure of satisfaction for each respondent in a Likert scale of 1-5. To obtain the overall mean, researcher aggregated the satisfaction level of each respondent divided by the sample population, to obtain the general level of satisfaction ranging within the Likert scale of 1-5.

3.14 Ethical Considerations

The researcher sent a copy of the proposal to the UON-KNH Ethical and Research Committee seeking for approval. The researcher obtained permission from the research and programme unit KNH and from the Head of Department (HOD) reproductive health department. The researcher obtained written and verbal consent from each participant before obtaining information. There was no coercion or force applied on mothers to participate in the study. Code numbers allocation maintained privacy and avoiding use of patients' names on the questionnaires. Use of Passwords in the databases helped maintain security of electronic data. Safe custody of hard copies collected data kept safe under lock and key, for destruction after 10 years by burning.

3.15: Study Limitations and Delimitations

Proper timing for interviewing discharged postnatal mothers' diverted attention on going home to prevent any distractions. Not using names on questionnaire, allayed respondents' fear of victimization by the health care providers.

3.16 Data Dissemination Plan

The researcher will share the study findings in continuous nursing education (CNE) postnatal wards. Present the study findings in conferences, publication in peer-reviewed journal. Comprehensive summary to the UON/KNH Ethics Review Committee. During the thesis defense, the researcher presented study findings to the college of health sciences, school of nursing and copies of the thesis disseminated in the UON library and KNH resource center.

CHAPTER FOUR: RESULTS

4.0 Introduction

The purpose of this study was to assess the satisfaction level of mothers with immediate postnatal care in Kenyatta National Hospital, maternity unit. The chapter focuses on the analysis of the collected data organized along the three specific objectives in presentation and interpretation.

The questions gauged on a 1-5 point Likert scale, 1 indicated the lowest while 5 indicated the highest level of satisfaction. The scores were defined as 5 = fully satisfied (FS), 4 = moderately satisfied (MS), 3 = minimally satisfied (MnS) 2 = satisfied (S) and 1 = not satisfied (NS). To obtain an average score on each subscale, the researcher summed up the scores in each subscale and later divided by the number of items in the subscale. Weighted average for all the 3 subscales was obtained by summing the mean score of each of the three subscale divided by 3 subscale, that provided the score which was attained as the general measure of satisfaction for each respondent in a Likert scale of 1-5. To obtain the overall mean, researcher aggregated the satisfaction level of each respondent divided by the sample population, to obtain the general level of satisfaction ranging within the Likert scale of 1-5.

4.1 Response Rate

The study targeted postnatal mothers and their babies admitted in the postnatal wards at Kenyatta National Hospital. The study used Pseudo names to code the postnatal wards. A sample size of 261 respondents, chosen using stratified simple random sampling method participated in the study. Eighty-seven (87) respondents from ward X/2019, eighty-six respondents (86) from ward Y/2019 and eighty-eight (88) from ward Z/2019. The response rate therefore was 100%.

4.2 Demographic Data Of Respondents

The analysis in this section relied on findings of information obtained from the respondents using researcher-administered questionnaires and the results presented and classified according to their knowledge and responses.

4.2.1. Respondents Age

Figure 4.4 shows that most of the respondents 33% (n=86) were within the age of 23-26 years. Those within 18-22 years were 17% (n=45), only 13% (n=30) were above 35 years. The mean age of the respondents was 27 years and the mode of 24 years.

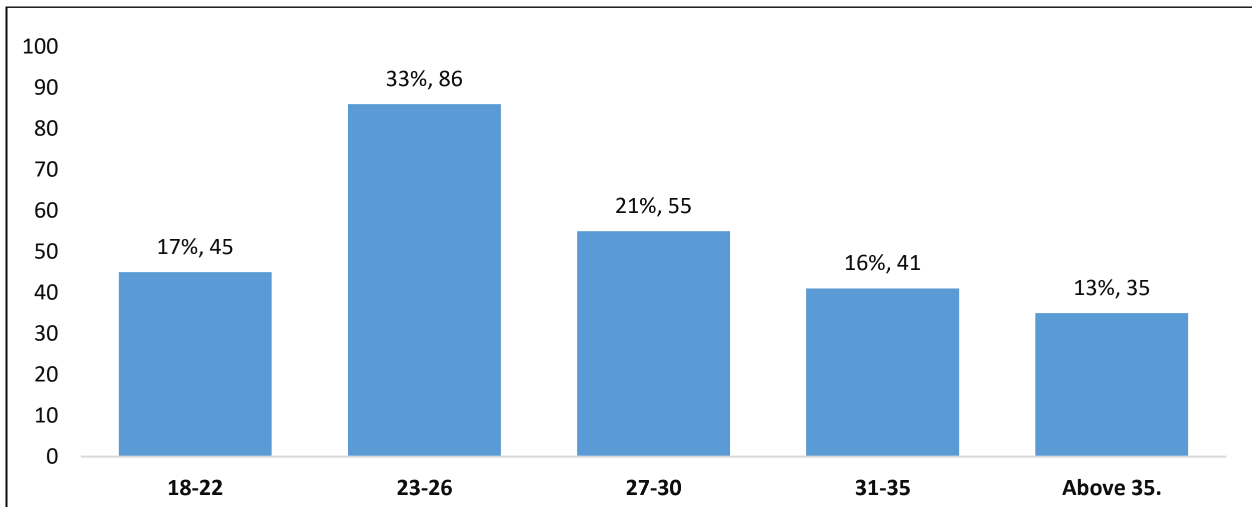

Figure 4.4: Respondents' Age in Years

4.2.2. Respondents Educational Level

The response to educational level was 100% (n=261) of the participants. Most of the respondents 57% (n=149) attained at least secondary education with 30% (n=78) of the respondents having attained tertiary level education (figure4. 5).

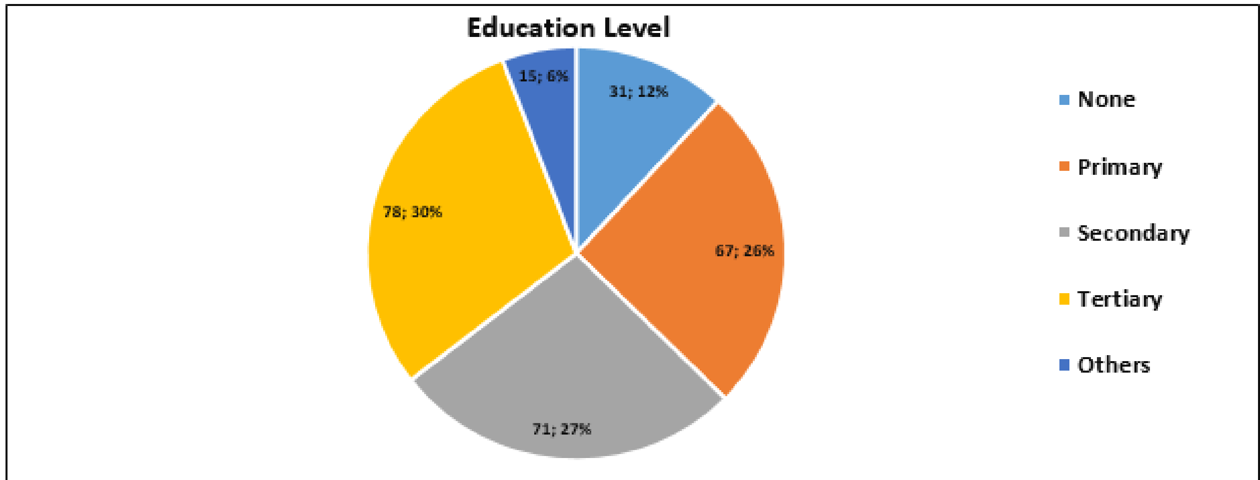

Figure 4.5: Education Level of Respondents

4.2.3. Respondents Marital Status

Majority of the respondents 57 % (n=150) were married. Single respondents 18% (n=47) and the separated were 13% (n=33) as illustrated on figure 4.6.

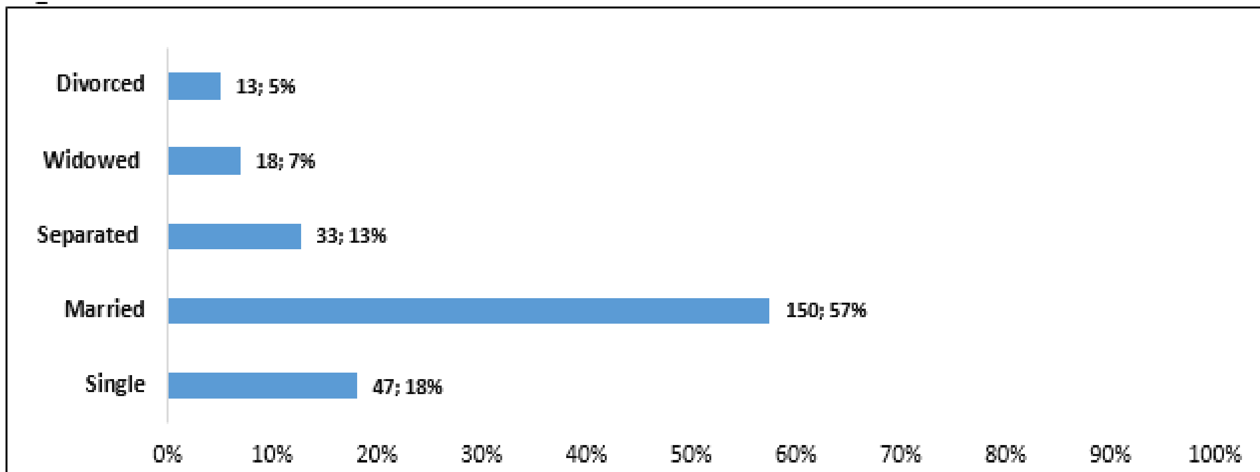

Figure 4.6: Respondents Marital status

4.2.4. Previous admissions of Respondents

Most of the respondents 40% (n=105) had a previous admission within 0-2 years, while those admitted more than 6 years ago were 22% (n=56) (figure 4.7).

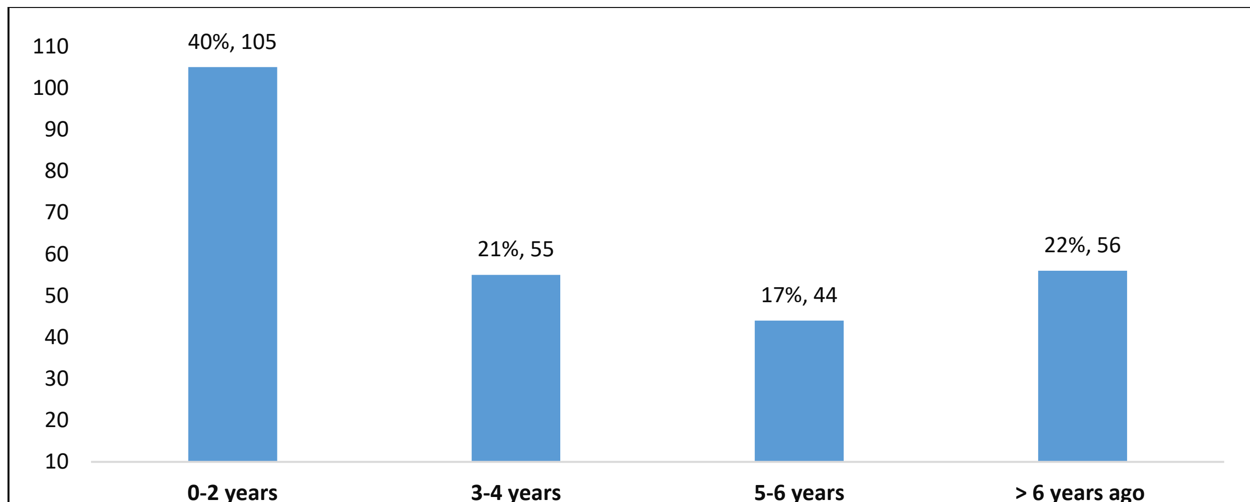

Figure 4.7: Respondents Previous Hospital Admissions

4.2.5 Respondents Parity

Table 4.2 shows that most respondents were first time mothers (para1+0), at 29% (n=76). However, 3% of the respondents were grand multiparous. Among the respondents 19 percent (n=50) had a history of abortion.

Table4.2: Respondents Parity

Parity	Frequency	Percentage
P1+0	76	29.12
P1+1	19	7.28
P1+2	3	1.15
P1+3	1	0.38
P1+6	1	0.38
P2+0	73	27.97
P2+1	5	1.92
P2+2	4	1.53
P2+3	1	0.38
P3+0	36	13.79
P3+1	9	3.45
P3+2	4	1.53
P4+0	20	7.66
P4+1	2	0.77
P5+0	5	1.92
P6+1	1	0.38
P7+0	1	0.38
Grand Total	**265**	**100.00**

4.2.6 Respondents mode of delivery and days spent in the wards

A response of 97% (n=252) of study participants was reported. The most common mode of delivery was 66 %(n=165) vaginal delivery followed by caesarian section delivery 33% (n=82). Majority of the respondents 47% (n=117) spent one day in postnatal wards before discharge, majority had delivered via vaginal delivery (Table 4.3).

Table 4.3: Respondents mode of delivery and days spent

Delivery mode		**Number of days spent in the wards**		
Mode	Total	One day	Two days	Three days
Vaginal Delivery	66% (165)	46% (115)	19% (48)	1% (2)
C/S	32% (82)	-	1% (3)	31% (79)
Assisted Deliveries	2% (5)	1% (2)	0% (1)	1% (2)
Total	**100% (252)**	**47%(117)**	**20% (52)**	**33% (83)**

4.2.7 Sex and Status of the Respondents babies after birth

Majority 89% (n=231) of respondents reported that their babies cried immediately after birth while 28% (n=11) did not cry immediately after birth. More than half 51% (n=130) of the babies born to respondents were male with 49% (n=121) being female infants

4.2.9 Respondents Reason for choosing the facility

Table 4.4 shows that some of the respondents gave more than one reason for choosing Kenyatta National Hospital for delivery. Most of respondents 35% (n=101) stated availability of modern services in postnatal wards as the main reason for choosing the facility followed by referral by other hospitals/clinics 30% (n=87).

Table 4.4: Reason for choosing the facility

Reason for choosing the facility	**Frequency**	**Percentage**
Modern services available	**101**	**35**
Quality care by nurses	**32**	**11**
Availability of good doctors	**29**	**10**
Referred from another hospital/clinic	**87**	**30**
Convenience	**42**	**14**
Total	291	100

4.3 Immediate Postnatal Care

4.3.1 Satisfaction of Respondents with Technical Aspects of Nursing Care.

Respondents' were satisfied (2) with technical aspects of nursing care with a mean of between 1.73 and 3.63 The overall mean score was 2.47 (29 %) and a standard deviation of 0.04 showing less variability shown in table 4.5.

Table 4.5: Satisfaction of Respondents with Technical Aspects of Nursing Care

Frequency	*NS (1)*	*S (2)*	*MnS (3)*	*MS (4)*	*FS (5)*	*mean*	*SD*
I was advised on personal hygiene	33%(85)	26%(68)	21%(54)	10% (25)	10% (26)	2.39	0.08
I was assisted in perineal care	33%(85)	28%(71)	23% (59)	7% (17)	10%(26)	2.35	0.08
I got help in ambulation.	28%(71)	26%(6)	27%(7)	11%(28)	9% (23)	2.49	0.08
My vital signs were regularly checked	24% (62)	14% (37)	25% (64)	17% (43)	20% (52)	2.95	0.09
I was advised on uterine involution	49%(126)	17% (45)	16% (40)	10% (27)	8% (20)	2.12	0.08
I was informed about breast care	34%(87)	26% (68)	20% (51)	11% (27)	9% (24)	2.37	0.08
I was informed regarding nutrition, sleep and rest	41%(106)	24% (62)	19% (49)	8% (22)	8% (20)	2.18	0.08
I got my medication at proper time.	30% (77)	13% (33)	23% (60)	18% (47)	15%(39)	2.78	0.09
I was taught to detect excessive vaginal bleeding	40%(102)	24% (61)	19% (48)	10% (25)	8% (21)	2.25	0.08
Nurses advised me about postnatal exercises.	48%(122)	27% (68)	12% (30)	7% (18)	7%(18)	2.01	0.08
I was informed on episiotomy care	36%(92)	28%(72)	22%(58)	7%(18)	7%(18)	2.23	0.08
I got advice on methods of family planning & postnatal follow up	60%(156)	21%(54)	8%(21)	8%(22)	3%(7)	1.73	0.07
Nurses assisted me on baby care	43%(111)	27%(70)	19%(48)	5%(13)	6%(15)	2.05	0.07
I was taught on exclusive breast-feeding	35% (91)	24% (61)	22% (56)	11% (29)	8% (21)	2.34	0.08
I got help during breast feeding in positioning & burp my baby	30%(77)	19%(48)	25%(64)	15%(39)	12%(30)	2.61	0.08
I was informed the signs of neonatal conditions.	54%(139)	20%(51)	14% (35)	6%(16)	7%(17)	1.94	0.08
I was adviced on rooming in & bonding with my baby.	35%(88)	28%(71)	23%(58)	8%(21)	7%(17)	2.27	0.08
I was advised on immunizations & weaning	34%(88)	36%(93)	18%(45)	6%(15)	6%(15)	2.14	0.07
Nurses treated with dignity &respect.	6%(15)	14%(36)	22%(58)	27%(69)	31%(80)	3.63	0.07
Nurses asked my values and preference for care.	30%(77)	32%(82)	23%(60)	8%(22)	7%(18)	2.32	0.07
In future, I would prefer this hospital.	6%(15)	8%(20)	30%(78)	31%(79)	26%(66)	3.36	0.07
I will recommend this hospital to my friends and relatives.	5%(14)	9%(23)	29%(74)	33%(85)	24%(62)	3.62	0.07
Technical Aspect	**33%(86)**	**22%(57)**	**21%(54)**	**12%(32)**	**11%(29)**	**2.47**	**0.04**

4.3.2 Satisfaction of Respondents with Comfort with Care.

The respondents were minimally satisfied (3) with comfort care aspects with a mean between 2.44 and 3.42. The standard deviation was 0.04 and an overall mean score was 2.88 (58%), as shown in figure 4.6.

Table 4.6: Satisfaction of respondents' with comfort with care aspects.

	NS(1)	S(2)	MnS(3)	MS(4)	FS(5)	Mean	SD
I was assisted in keeping myself clean & groomed	83(32%)	74(28%)	56(22%)	27(10%)	2(8%)	2.33	0.08
The bed and beddings were comfortable	88(34%)	65(25%)	41(16%)	36(14%)	30(12%)	2.44	0.09
The toilets and bathrooms were kept clean always	64(25%)	58(22%)	66(25%)	36(14%)	36(14%)	2.70	0.08
I felt safe and secured during day and night.	45(17%)	60(23%)	54(21%)	66(25%)	34(13%)	2.94	0.08
I got help when needed	32(12%)	56(22%)	84(32%)	53(20%)	35(13%)	3.01	0.04
There was no noise at night in the ward	37(14%)	60(23%)	58(22%)	56(22%)	43(19%)	3.07	0.08
Staff were calm and approachable	21(8%)	61(23%)	77(30%)	63(24%)	33(15%)	3.12	0.07
There was enough lighting in the wards	26(10%)	36(14%)	65(25%)	69(27%)	64(25%)	3.42	0.08
Comfort with care	0(0%)	72(28%)	123(47%)	58(22%)	7(3%)	2.88	0.04

4.3.3 Satisfaction of Respondents with Customer Care Aspects.

Table 4.7 indicate that, the respondents were minimally satisfied (3) with customer care aspects with a mean between 2.50 and 3.04 and an overall mean of 2.71 (54%) and standard deviation of 0.04.

Table 4. 7: Respondents' satisfaction with customer care aspects

Frequency	NS	S	MnS	MN	FS	MEAN	SD
Information	19(7%)	105()40%	92(35%)	32(12%)	12(5%)	2.50	0.05
Orientation	9(3%)	105(40%)	91(35%)	45(17%)	11(4%)	2.59	0.05
Communication	5(2%)	36(14%)	125(48)	74(28%)	21(3%)	3.04	0.06
Customer Care	0(0%)	43(16%)	187(72%)	23(9%)	8(3%)	2.71	0.04

4.3.3.1. Relationship between respondents satisfaction with customer care

Regression output table 4.8 show that with a unit improvement in communication, orientation and information sharing, leads to improvement in postnatal mothers' satisfaction with customer care aspects by 33 percent with a strong significance p-value 0.00.

Table 4.8: Regression output table for satisfaction of respondents with customer care

Row Label	*Coefficients*	*Standard Error*	*P-value*	*Lower 95%*	*Upper 95%*
Intercept	0.000	0.000	0.000	0.000	0.000
Customer Care	0.333	0.000	0.000	0.333	0.333
Comfort with care	0.333	0.000	0.000	0.333	0.333
Technical Aspect	0.333	0.000	0.000	0.333	0.333

Care= -1.77 E-15 + 0.33 Communication + 0.33 Orientation + 0.33 Information

4.4 Satisfaction Level of Respondents with Immediate Post-Natal Care in KNH

Table 4.9 indicate that the respondents were satisfied (3) with the immediate postnatal care with a mean score between 2.62 and 2.88.The overall mean score was 2.47 (49%) and a standard deviation of 0.04 showing very small variance.

Table 4. 9 Overall Satisfaction level of Respondents with Immediate Postnatal Care.

Observation	NS	S	MnS	MS	FS	MEAN	SD
Customer Care	3(1%)	86(33%)	144(55%)	22(8%)	6(2%)	2.62	0.03
Comfort with Care	2(1%)	70(27%)	135(52%)	46(18%)	8(3%)	2.71	0.04
Tecghnical Aspects	20(8%)	124(48%)	102(39%)	14(5%)	1(0.3%)	2.88	0.04
Overall Safisfaction	1(0.4%)	98(38%)	146(56%)	14(5%)	2(1%)	2.47	0.04

4.4.1 Relationship between satisfaction of respondents with immediate post-natal care

Statistical regression was used to determine the relationship between the overall satisfaction level of postnatal mothers with immediate postnatal care i.e. customer care, comfort with care and technical aspects of nursing care in KNH. Table 4.10 shows that for a unit improvement in customer care, the overall satisfaction of postnatal mothers would improve by 28.5 percent, 19.0 percent with a unit improvement of comfort with care and 52.3 percent with unit improvement of the technical aspects of nursing care, all with a strong significance (p value-0.00)

Table4.10: Regression table showing relationship between overall satisfaction and immediate postnatal care

Row Label	Coefficients	Standard Error	P-value	Lower 95%	Upper 95%
Intercept	(0.000)	0.000	0.000	(0.000)	(0.000)
Customer Care	0.286	0.000	0.000	0.286	0.286
Comfort with care	0.190	0.000	0.000	0.190	0.190
Technical Aspect	0.524	0.000	0.000	0.524	0.524

Satisfaction IPNC= -1.5E-15+ 0.28 Customer care + 0.19 Comfort with care + 0.52 Technical aspect

4.4.2 Correlation between Demographic variables and Satisfaction

The study revealed a weak positive correlation between age (r=0.21), days spent in the ward (r=2.63), cesarean delivery (r=5.90), parity (r=4.96) and satisfaction. However, vaginal delivery had a weak negative relationship with satisfaction r= -9.25 as shown in table 4.11

Table 4 11: Correlation output table between demographic variables and satisfaction

Variable Name	Correlation to Satisfaction
Age	*0.21*
Days in Spent the Ward	*2.63*
Vaginal Delivery	*(9.25)*
Cesarean Delivery	*5.90*
Parity	*4.96*

CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

Mothers' satisfaction with immediate postnatal care is an important indicator of quality of care. However, the meaning of mothers' satisfaction links satisfaction with degree of similarity between expectation and actual care received in postnatal wards. Asking the mothers whether they are satisfied with the care they have received is an important step towards improving the care outcome and assessing care quality. It is an established fact that satisfaction influences whether a person seeks medical help, complies with treatment and maintains a continuing relationship with the caregiver. Satisfied mothers utilizes services more and enhances the financial status of health organizations (Roza et al., 2014). The purpose of this study was to determine mothers' satisfaction with immediate postnatal care in KNH postnatal wards. The study comprised of 261 postnatal mothers admitted in the postnatal wards. This chapter involves discussion of study findings conclusion and recommendations according to the study findings.

5.1 Demographic Data

5.1.1 Age

Safe pregnancy and delivery occur during the age after 18 years to 35 years with reduced pregnancy and delivery complications compared to the younger or older age group. In this study, majority postnatal mothers were aged between 22 and 30 years with a mean age of 27 years and a mode of 24 years. This age group is at the peak child bearing age, therefore them being majority is expected. In Zambia, at the Ndola hospital in a study assessing satisfaction of postnatal mothers with immediate care, most mothers were aged between 20-30 years with a mean age of 27 years, similar to the study findings (Mutinke et al., 2018). In India, a similar study to determine quality of postnatal care given to mothers and babies recorded same findings. Most postnatal mothers were

aged 25-30 years. The study revealed age had weak positive correlation with satisfaction (r=0.21). As the maternal age increases, it may influence satisfaction; this may be because of the increasing parity and experience of the mothers in delivery, care of the infant and postnatal changes.

5.1.2 Education level

Literacy enhances ability of patients to know what they expect from health care making them able to rate their level of satisfaction (Tafa, & Fekadu, 2014). In this study, majority (83%) postnatal mothers could read and write. Among them 30% had attained tertiary education and only 12% postnatal mothers were not literate. This was associated with the urban settings, most people living in rural settings easily access education since the schools are not far. The findings were supported KDHS in Kenya where 88% of women of the reproductive age are literate. About one-quarter of women have completed secondary education while 11% of Kenyan women have gone beyond secondary school (KDHS, 2014). Similarly in mid-western Nepal, study on maternal satisfaction with delivery of immediate postnatal care found majority of postnatal mothers were literate and only 12.9% were illiterate. Majority literate group had attained secondary school education, only a few (7.7%) had attained bachelor level (Panth & Kafle, 2018).

5.1.3 Marital status

The married postnatal mother has satisfactory postnatal experiences. They enjoy better financial support and help in the care of the newborn. Being married enhances social and economic support during the postnatal period. Married postnatal mothers express shared decisions between them and the husband (Mutinke et al., 2018). In this study majority (57%) of the postnatal mothers were married. The single mothers were 18% while a significant number of the mothers were divorced and separated confirming the rise in the marital instability in Kenya. causing significant changes in the modern family structure (Otor, 2015). This result confirms the KDHS where most women

in Kenya are married with an almost equal number of the single mothers and those who were once married. In Zambia 80% of mothers were married while in Greece (91%) of mothers were married (Panagopoulou et al., 2018).

5.1.4 Previous admissions to post-natal wards

Postnatal mothers may retain postnatal experiences for long; the highly satisfied patients tend to come back for the services. They also recommend the facility to their family and friends (Battawi & Hafiz, 2017). Previous experiences become source of high or low expectations; influencing their satisfaction level in the current admission. Mothers with previous admission understand the rules and regulations ward routines as well as hospital layout better (Panth & Kafle, 2018). In the current study, 21% had a previous admission in last 3-4 years while 22% had their last admission in the postnatal wards more than 6 years ago however, most mothers had no previously admission to the postnatal wards KNH. In a study done in Mekelle town hospital in Ethiopia on mothers' satisfaction with immediate postnatal care, majority (87%) of the mothers was their first admission. Those with previous admission in the facility maternity unit were 23%. A proportion of the mothers who had a previous admission were more satisfied compared to those who had first time admission (Marama, Bayu, Merga, & Binu, 2018). In Puducherry majority were admitted in the hospital for the first time while 30% mothers had previous admissions (Mehta, 2017). The many first time first admissions can be associated to referral from the neighboring hospitals and clinics to the largest referral hospital in Kenya.

5.1.5 Parity

In this study, a significant number of the mothers were first time mothers (38%) of whom 9% had history of abortions. Total number of mothers with history of abortions were 19%, however, 2% of the mothers were grand multiparous. The high number of abortions among the mothers could

be associated with most mothers having past reproductive health risk factors thus referred to Kenyatta Hospital for delivery and management. The study revealed a weak positive correlation between age and satisfaction. The mothers with lesser parity may be less satisfied. Likewise in Ethiopia, 54.5% of mothers were first time mothers while 40% were multiparous (Marama et al., 2018). According to the KDHS, a marked decline in fertility from 4.6 in 2008-2009 births to 3.9 births in 2014 with women in the rural areas having more children than women in the urban areas. Fertility also declines with education where women with no education had average six children, secondary and tertiary mothers had average three children (KDHS, 2014).

5.1.6 Mode of delivery

Culturally, the commonly preferred delivery outcome is the vaginal delivery, viewed as a sign of strength. In the modern society, it has been associated with health, economic and social benefits. Therefore, most mothers feel the satisfactory experience with pregnancy and delivery after having a vaginal delivery (Mutinke et al., 2018). The current study found vaginal delivery to be the commonest mode of delivery, followed by caesarian section delivery while assisted vaginal deliveries were the least. Increasing number of vaginal births is an objective of maternity services. However, there are complexities causing an increase in caesarian section births including reducing age of giving birth, and obesity. There is also increased need to save lives in obstetric emergencies as well as the demand for choice of delivery mode (Patient Experience Network, 2014). In this study, there was a weak positive correlation between cesarean delivery (r=5.90) and satisfaction, However, spontaneous vaginal delivery has a weak negative relationship with satisfaction. This negative correlation was associated with the length of stay in the postnatal wards. The 24 hours stay by the mothers with vaginal birth is short, the mother has little time to adjust to the postnatal role as well as learn to care for herself and the baby. The mothers delivering by caesarian section

get close attention from all staff during rehydration, assisted ambulation, pain management and care of the baby within the first postoperative day.

5.1.7 Days Spent in the Ward

Low satisfaction among mothers discharged early than 24 hours is common finding. Reducing the length of stay reduces contact of staff with the postnatal mothers, increasing readmissions of the baby and the mother. Reduced length of hospital stay reduces staffing and cost of care (Kassa & Abegaz 2018). However, the shorter length of stay may also affect quality of care. In Scotland the mean postnatal hospital stay, fell from 2.8 days in 2001 to 1.9 days in 2013 (Bowers, 2018). This study finding revealed that most of the mothers delivered through vaginal deliveries spent between one and two days in the ward before discharge home while a few spent three days. This is because; Kenyatta National Hospital receives referred mothers from the neighboring county hospitals and clinics. This is after diagnosing or suspecting a problem with the pregnancy or labor. The more the time allowed before discharge from the hospital, the more the staff provide care to the mothers and their babies. The findings corresponds similar findings of study done in India which found out that most postnatal mothers (30%) spent one or two days in the ward before discharge (Varghese & Rajagopal, 2013). Majority of mothers delivering through caesarian section spent 3 days in the ward. However, 3% spent 48 hours in the ward. This was associated to mothers request for discharge before the third post- operative day. In this study, there is weak positive correlation with length of staying the ward before discharge and mothers satisfaction. The WHO recommends 24 hours of observation in the health facility for normal delivered mothers (WHO, 2013). In some health facilities, discharging mothers before 24 hours elapse has been encouraged. In Egypt, the average stay in the wards is half a day after vaginal delivery. The early discharged mothers report

low satisfaction. They lack self-confidence, babies develop breastfeeding problems and the mothers may develop maternal depression (Panth & Kafle, 2018).

5.1.8 Reason for choosing the facility

Some of the postnatal mothers gave more than one reason for choosing Kenyatta National Hospital for delivery. Most mothers (35%) choose the hospital because of availability of modern services. Most of the key services required for management of pregnancy complications and reproductive health interventions are available in the hospital. The hospital has a well-equipped newborn unit for the sick baby as well as well-equipped laboratory. Theatre and radiological services are available as well as specialized doctors and nurses.

Regarding referral, 30% of mothers had come in as referral from other hospitals/clinics. KNH is located near the city of Nairobi and neighbors the Pumwani hospital, the biggest county maternity hospital in Kenya. The county hospitals sometimes faces lack of supplies and shortage of qualified specialists. In such instances, the hospital refer mothers in labor for delivery in the labor ward KNH. This result to over whelming number of postnatal mothers admissions to the postnatal wards. Fewer mothers choose the hospital because of convenience, availability of good doctors as well as availability of good nurses. Nairobi county and its environs lacks other government hospital that march the KNH, this leaves the mothers with no other delivery hospital options. In Egypt, the findings were contrasting with most mothers (71%) choosing the hospital because of convenience followed by quality care 23% while 12% were referred (Panth & Kafle, 2018) . In India, 84% of the postnatal mothers choose the facility because of availability of modern services followed by availability of good doctors (Varghese & Rajagopal, 2013).

5.2 Mothers Satisfaction Level with Technical Aspects of Nursing Care

During the immediate postnatal period, information and care provided by the nurse to the mother and the baby can increase confidence and alley concerns boosting satisfaction(Tafa, & Fekadu, 2014). It is the expectation of the community that postnatal mothers demonstrate knowledge and confidence in the ability to provide care for themselves and the newborn before discharge from the hospital. Concerning technical aspects of nursing care, the postnatal mothers were satisfied (2) with a mean of mean score of 2.47 (49%) the standard deviation reflected less variation. Majority mothers were not satisfied with information on family planning methods. Research in the developing countries has established that 70% of women do not use family planning method during postpartum period. In practice, pregnancies occurring during the postpartum period expose women and their infants to adverse health outcomes. However, 95% of postpartum women wish to avoid pregnancy for the next 24 months (WHO, 2018)The nurse patient ratio has an important role in determining provision of care. Moreover, acute shortage of skilled staff in an increasing numbers of facility births has a significant negative impact on satisfaction of mothers. At the period of study, the hospital had withdrawn part time working hours and contract staff; as a result, the day shifts had only two nurses against sixty patients in postnatal wards. The study findings are congruent to a similar study done in Egypt that revealed postnatal mothers as minimally satisfied with the technical aspects of nursing care (Battawi & Hafiz, 2017). In a research done in Puducherry, majority of mothers were minimally satisfied with the nursing care. mothers were not satisfied with information on family planning (Mehta, 2017). In mid-western Nepal, a study on maternal satisfaction with immediate postnatal care revealed that majority of postnatal mothers (93.8%) were satisfied with technical aspects of nursing care while only 6% were not satisfied(Panth & Kafle, 2018).

According to the World Health Organization package on postnatal care, the postnatal mother should stay for 24 hours in the health facility following vaginal birth. During the 24-hour stay, the staff observe the mothers vital signs and observe the newborn for any complication. Monitors lactation onset and supports breastfeeding (Warren, Daly, Toure, & Mongi, n.d.). The current study identified that mother were minimally satisfied (3) with regular checkup of vital signs during the immediate postnatal period where 24% of postnatal mothers were not satisfied with monitoring of their vital signs. Only 20% were fully satisfied with assessment of vital signs. The irregular check of vital signs attributed to the assumption by the staff that vaginal delivery mothers were well, also the assumption that after the second day following caesarian section, mothers were stable. Despite the assumption that they do not require regular check of vital signs, the main cause of maternal mortality globally is postpartum hemorrhage and infection, both are diagnosed during assessment of vital signs (Fredrick, Joseph, Cheserem, John, & Dalton, 2015).

In Naivasha, a cross sectional study was done in the maternity unit to monitor assessment of vital signs within 72 hours after delivery. The study concluded that the monitoring of vital signs was not optimal (Fredrick et al., 2015). In Nepal 95.5% of mothers were satisfied with blood pressure monitoring among whom 50.6 % were very satisfied (Panth & Kafle, 2018). A similar study done in Switzerland on immediate postnatal care identified gaps in checking of mothers vital signs with only 78 % of respondents having their blood pressure measured. Tachycardia or bradycardia may be a sign of hemorrhage that may require immediate attention, when pulse is not monitored the mothers condition may change (Fredrick et al., 2015). In Switzerland, only 25% mothers had their pulse monitored during immediate postnatal period. The inconsistent monitoring of vital signs was associated with the large number of postnatal mothers admitted in postnatal wards and low nurse patient ratio (Dlamini, Ziyane, & Gule, 2017).

In Nigeria majority 94% of postnatal mothers expressed satisfaction with drug administration, contradicting the current study findings (Ilesanmi & Akinmeye, 2018). The postnatal mothers' satisfaction is optimal when the postnatal period is uneventful (Dlamini et al., 2017). Failure to administer medications worsens control of preeclampsia or eclampsia. In mild eclampsia, diet and nutrition including exercise and regular monitoring can be enough remedy. In the study findings 30% of mothers were not satisfied with the timing of their medications, only 15% were fully satisfied with timing of their medications. In the postnatal wards, ordering and administration of medications has an allocation of one nurse; the high number of patients influences the period of ordering and duration of issue from pharmacy and the time the medications reach the patient.

The inconsistent administration of medications has been associated to puerperal sepsis and neonatal infections during postnatal period. Puerperal sepsis claim 10 percent of maternal deaths, it also increases neonatal morbidity and mortality (Tafa, & Fekadu, 2014).

Lack of support from nurses on personal hygiene and information regarding hygiene may result to postpartum maternal sepsis as well as neonatal sepsis. Advice and health education on care of baby cord stump and eye care is important intervention in prevention of neonatal infections. However, few postnatal mothers were satisfied with it. Lack of readily available warm water in the bathrooms for mothers posed a great challenge to hygiene of patients. The provision of one tea yarn to warm water for mothers in the wards was not enough, again the nursing staff was required to regulate and fill the yarn. This resulted to lack of available warm water to meet the hygiene needs of postnatal mothers. Regarding ambulation, postnatal mothers were satisfied with the assistance in ambulation and perineal hygiene contrary findings were reported in Nepal, India, mothers reported low satisfaction with assistance to ambulation and perineal care by the nurses. Majority of the mothers were moderately satisfied with assistance on perineal /wound care (Panth & Kafle, 2018).

Informed and empowered mothers feel confident leaving the hospital. This translates to higher satisfaction scores. Lack of family planning care contributes to frequent and poorly spaced pregnancies. This is stressful to the mother and may cause depression (Dlamini et al., 2017). The current study indicated that most postnatal mothers were not satisfied with the information on family planning and postnatal follow up provided by the nurses in the postnatal wards. This was associated with the short time mothers spent in the postnatal wards leaving the nursing staff with no time for patient education. The findings were similar to a study done in Egypt where postnatal mothers were dissatisfied with information on postnatal exercise, family planning methods and postnatal follow up visits (Battawi & Hafiz, 2017).

The postnatal support provided by the nurses through health education help the woman to make informed decisions and overcome harmful cultural practices. Some cultural practices binder the health and survival of the newborn. Giving newborn cold baths, discarding colostrum, providing food other than breast milk and avoiding to breastfeed twins or triplets so that only one baby survives (Warren et al., n.d.) During the immediate postnatal period, the nursing staff should assume their role in empowering women to acquiring breastfeeding skills before discharge through health promotion skills (Panagopoulou et al., 2018). The current study revealed that most (34%) mothers were not satisfied with information provided by the nurses concerning breast problems and breast care. Only few (8%) mothers were satisfied with information on importance of colostrum. Majority (30%) of the postnatal mothers were not satisfied with assistance in positioning the baby to breast feed. In addition, very few (7%) mothers received satisfying advice on breast care. In the Kenyatta National Hospital, there is a nutritionist allocated in each postnatal ward. The low mothers' satisfaction in breastfeeding information and support can be associated with the nurses' assumption that promotion of breastfeeding is the nutritionist docket of care.

Similar findings in Iran reported that postnatal mothers were dissatisfied with assistance provided by nurses on positioning the baby during breastfeeding. Some mothers lacked support from the nurses on breastfeeding, other mothers felt that the nurses were unwilling to answer their questions (Mirzaei, et al 2015). A study done in Egypt evaluating the satisfaction of postnatal mothers with nursing care found that mothers were frustrated with inconsistent breastfeeding information by the nursing staff, on discharge, the mothers indicated need for more information on care of the newborn (Battawi & Hafiz, 2017).

In the current study, most (37%) postnatal mothers were not satisfied with nursing care related to their values and prevalence to care; only 7% were fully satisfied with prevalence during care. The researcher attributed this to lack of options to individualized care in the general postnatal wards and few staffs working in the postnatal wards. These findings were the same as a research done in Nepal where 22% postnatal mothers were not satisfied with nursing care related to their values and preferences. In Puducherry majority of the postnatal mothers were fully satisfied with the values and prevalence during care with only a few mothers reporting minimal satisfaction (Mehta, 2017).

In Egypt, the researcher noted that patients place high value on interpersonal relationships among patients and the nursing staff (Battawi & Hafiz, 2017). In the study, majority (36%) of mothers were fully satisfied with the dignity and respect during care, only few mothers (6%) were not satisfied with dignity and respect. The dignified care related to the warm welcome and interpersonal relationship with staff in postnatal the wards.

Similarly, in Ethiopia, maternal satisfaction study revealed most postnatal mothers were highly satisfied with courtesy and respect accorded to them by staff during postnatal care (Roza et al., 2014). In addition, Pumwani maternity reported similar findings with majority postnatal mothers

indicating full satisfaction with courtesy and respect accorded to them by the staff (Nyongesa, Onyango, & Kakai, 2014). In Iran, majority postnatal mothers were satisfied with the respect, politeness accorded to them by the midwives(Mirzaei, et al 2015).

Satisfied patients are likely to come back for services they need and more willing to recommend the hospital to provide care to others (Battawi & Hafiz, 2017). Despite the overall level of satisfaction (level 2) with technical aspects of nursing care, the postnatal mothers indicated that they would prefer the facility for their future treatment and would recommend the facility to their friends and relatives. This was associated with reasons of choosing the hospital, which were modern technology available in the hospital and referral from other clinics and hospital. Most of the referral clinics and hospitals lack machines like ultrasound machines and newborn services, and specialized care, this increases the chance for referral to the KNH for care. A similar study in Ethiopia showed similar results that postnatal mothers were likely to recommend the facility to friends, family and for themselves. The researcher relating the results to availability of skilled professionals as well as quality care (Roza et al., 2014). The El-shatby maternity hospital, same findings were reported where most of the postnatal mothers would recommend the hospital to their friends and relatives (Panth & Kafle, 2018) .

Nursing is a caring profession; it is part of integral large health care delivery system. However, the mothers have the right to expect to be treated and cared for with respect, and their health needs addressed fully despite the workload. High level of social support and lowered level of postpartum stress significantly predicts mothers' satisfaction with technical aspects of nursing care.

5.3 Satisfaction of Postnatal Mothers with Comfort during Care in Postnatal Wards.

Satisfaction is an element of psychological health that influences the results of midwifery care. As patients become more satisfied with the services, they report positive experiences with comfort

aspects (Berkowitz, 2016). According to the current study, mothers were minimally satisfied (3) with comfort care aspects with a mean score between 2.44 and 3.42 and overall mean score of 2.88 (58%). However, 28 % (n=72) postnatal mothers were satisfied with comfort aspects, 47% (n=123) were minimally satisfied while only 3% (7) were fully satisfied with the comfort care aspects. In Pundecherry where majority (25) of the mothers were highly satisfied with comfort and care aspects only five (5) were minimally satisfied (Mehta, 2017). In Pumwani maternity, a quantitative study revealed that the overall the comfort during care in the postnatal wards 66% (n=185) respondents were satisfied. The fully satisfied mothers were 13% (n=37) and 13 % (n=35) were not satisfied. 12% (n=34) were uncomfortable with beds sharing, 3%(n=9) were not satisfied with sanitation while 2% (n=7) were not satisfied with the security on clients items (Mariga, 2016).

Rooming in of mother and baby is described as a wonderful time that improves the mothers experience and boosts her satisfaction in the postnatal period. it is a time when the mother bonds with the newborn in preparation for discharge. It increases opportunity for skin to skin contact and improves breast feeding experiences (Eberhard et al , 2015). Sharing of beds is a common practice in the Kenyatta National refferal hospital. Most mothers in this study were not satisfied with the bed and beddings provided by the facility, only few mothers were fully satisfied with bed and bedding. The low satisfaction score with bed and beddings can be associated with sharing of beds among mothers and their babies. In agreement with the study findings, mothers in pumwani materinty indicated not satisfied with the bed and beddings, associating their discomfort to forceful sharing of beds between two or more mothers plus their babies. The mothers felt that sharing of beds in the wards interferfered with their sleep,comfort and privacy. It also posed a high risk for infection (Nyongesa, Onyango, & Kakai, 2014). Caregivers positive attitude during care make mothers find the hospital safe enough. In addition good interpersonal relationships with caregivers,

including polite, kind and patient staff is a source of satisfaction with care even when other factors are not addressed (Battawi & Hafiz, 2017). Most postnatal mothers reported moderate satisfaction in feeling safe day and night throughout their hospital stay. However, a significant number of mothers were not satisfied. This can be associated with the current negative image on the security of Kenyatta National Hospital, posed by the media. In Egypt, a study on satisfaction with immediate postnatal care found contrasting findings with majority of postnatal mothers indicating full satisfaction with the calm and approachable staff, only few mothers were moderately satisfied (Battawi & Hafiz, 2017).

Most of the mothers were not satisfied with getting help when needed and a few were fully satisfied. However, majority were minimally satisfied with assistance in keeping clean and groomed. The first six to twelve hours following caesarian section, the postnatal mothers require assistance in self -care and grooming. Lack of support during this period result to a feeling of helplessness and dissatisfaction. It may also affect the health seeking behaviour of mothers during postnatal follow up and subsequent delivery.

The study established that majority of the mothers were not satisfied with the cleanliness of the toilets and bathrooms, few mothers were fully satisfied. This is associated with the number of toilets and two bathrooms available in each ward. The mothers frequented visits to the toilets shared among the high number of mothers give the cleaners hectic time to keep them clean. In a study conducted in 13 districts of Nepal, postnatal mothers reported no satisfaction with the cleanliness of the postnatal ward (Panth & Kafle, 2018). Similarly, at the Pumwani Maternity Hospital, majority of postnatal mothers were not satisfied with overall cleanliness of the wards, bathrooms and toilets (Nyongesa, Onyango, & Kakai, 2014).

Majority of postnatal mothers were fully satisfied with adequate lighting in the words. However, very bright lights at night in Iran was mentioned as not satisfying with some postnatal mothers preferring less bright lighting at night to allow rest (Sehaty, Azari, & Ebrahimi, 2016). Availability of adequate water supply, cleanliness of the ward and privacy in the examination rooms scored highly in patient's satisfaction with care in Zambia (Srivastava et al., 2015). In the university college hospital Nigeria, mothers reported minimal satisfaction with the lighting, cleanliness of the bathrooms and toilets. They associated the level of satisfaction with inadequate numbers compared to the population of postnatal mothers. However, the mothers were fully satisfied with the beds and beddings (Ilesanmi & Akinmeye, 2018).

5.4 Satisfaction with Customer Care Aspects of Care

The researcher assessed mothers' satisfaction with customer care aspects focusing on communication, orientation and information. The study revealed that, postnatal mothers were minimally satisfied (3) with customer care. The customer care mean score was between satisfied and minimal satisfaction level. The overall satisfaction of mothers was minimal satisfaction (mean 2.71) level with less variance. In Ndola, mothers reported satisfaction with information aspects scoring 63.4%. Moderate satisfaction with orientation scoring 72% while most mothers were fully satisfied with communication scoring 85.9% (Mutinke et al., 2018).

5.4.1 Orientation

A positive experience during admission to the ward is important to the satisfaction level of the woman, it can positively or negatively affect her health and that of her infant. Memories of the positive experiences remain with the woman throughout her life (Ilesanmi & Akinmeye, 2018). Patient satisfaction was found to increase when orientation was provided on admission, again satisfaction with the services improved. Mothers' perceptions towards the staff in the postnatal

wards also improved (Tafa, & Fekadu, 2014). In this study, most of the postnatal mothers were moderately satisfied with warm welcome offered by the staff, they were also made comfortable. However they were satisfied (2 out of 5) with most of the orientation aspects. Majority reported low score on orientation to the health team members and the postnatal unit as well as hospital visiting hours. A study done in the KNH medical wards on patient experiences on care, 60 out of 166 patients were very satisfied with the warm welcome on admission to the wards (Shawa, 2012). In Puducherry majority postnatal mothers were fully satisfied with the orientation to the postnatal wards (Mehta, 2017). In Egypt, majority mothers were not satisfied especially regarding warm welcome to postnatal wards. They were also not satisfied with orientated to the team members and the postnatal unit, only few of the mothers (3%) were fully satisfied with the orientation where 18% were fully satisfied with orientation about visiting hours(Battawi & Hafiz, 2017). In Palestine, realization of high postnatal satisfaction with care was after interception of orientation to postnatal wards and health information on expectations during immediate postnatal period in prenatal care visits (Izudi & Amongin, 2017). Congruent to the current study, in Pumwani maternity it was observed that 40 %(n=8) out of 20 staff welcomed the clients to the wards while 60% (n=12) did not welcome them (Mariga, 2016)

5.4.2 Communication

Effective communication with postnatal mothers is an essential factor to mothers' satisfaction. Through communication skills, health care workers can recognize the needs of a patient. Meaningful communication is an enabling tool to enhance satisfaction with immediate care on individual postnatal mother. Communication skills boosts patient satisfaction. Highly satisfied mothers ask questions and retain most of the clinical instructions (Ali Fakhr-Movahedi1, 2016). Postnatal mothers who received good communication from the staff were highly satisfied. Lack

of satisfaction with communication among postnatal mothers resulted to lack of trust during care. Staff shortages result to low satisfaction among the mothers, moreover adequate staffing help cultivate higher patient satisfaction and reduce miscommunication (Shawa, 2012).

Usually, establishing an effective communication with patients is an essential aspect of patient care. Health care staff through with communication skills can recognize the patient's health needs; enhance a thorough knowledge of individual patients and their personal characteristics. In this study, postnatal mothers were minimally satisfied with communication of staff. This could attribute to the high number of postnatal mothers admitted to the wards against the health care staff. Moreover, the short duration of stay in the ward, cause the staff to work hurriedly, therefore little or no time left for efficient communication with the mothers. Unsatisfactory communication hinder the mother from asking questions. In addition, the mother may not provide full health history to the health care worker. The withheld health information may result to complications to the mother and her baby during the delivery of postnatal care. Similar findings in India indicated that most postnatal mothers were moderately satisfied (3) while few mothers were fully satisfied communication. Health workers gained different levels of postnatal mothers' satisfaction, 21% were moderately satisfied and 15% fully satisfied (Panagopoulou et al., 2018). Most mothers were fully satisfied when the staff communicated in the native language, and felt feel free to talk with the staff. The mothers felt that the staff were answered all questions they asked on treatment results and prognosis (Battawi & Hafiz, 2017). In the urban centers of Mashhad Iran, postnatal mothers were moderately satisfied with verbal and nonverbal communication skill of the nurses. The level of maternal satisfaction had a strong relationship with communication of the nurses (Mirzaei, et al 2015). Establishing good rapport with the postnatal mothers builds a common interest between the

health workers and mothers and allays fear and anxiety. It gives everyone in the unit a positive responsibility to meet the needs of the patient (Warren et al., n.d.).

5.4.3 Information

Every medical practitioner has an ethical, legal, and professional obligation to provide information about any procedure on the patient or her baby. The mother then gives a verbal or written consent for the procedure. Consent is valid only with adequate information supply and the patient has the capacity to understand and make informed choice (Ali Fakhr-Movahedi1, 2016). In the postnatal wards, consent is required in measuring of vital signs, physical examination of the mother and baby, administration of medicine. In the current study, postnatal mothers were minimally satisfied (3) with informed consent before any procedure and information about baby and personal health. However, the mothers were satisfied (2) with information regarding rules and regulations of the hospital and routines in the ward. The reproductive health department lack outlined rules and regulations pinned on notice boards, moreover, the consent form is majored on surgical procedures. This attributed to the low satisfaction with information on rules and regulations as well as informed consent before every procedure. Information provided to the mothers concerning her health and that of her baby helps in complying with the treatment, cooperating during examinations and healthy coping. Congruent findings were reported in Zambia, where most mothers were not satisfied with information received from the staff while majority were satisfied to some extent satisfied, however only few mothers were fully satisfied with the information from the staff (Srivastava et al., 2015). Contrary to the study findings, in Midwestern Nepal, postnatal mothers in the government hospital were satisfied with information about examination results, however lowest percentage were satisfied with information on the progress and prognosis of the mother and her baby. Majority mothers (91%) were very satisfied with information on rules and regulations

of the facility with only 8% not satisfied (Panth & Kafle, 2018). Maternal satisfaction increased when postnatal mothers received enough information on what to do in case of health problems, 93% had received the information they needed (Mirzaei, et al 2015). The postnatal mothers place high value on the information provided by the health care staff during immediate postnatal period.

Patients that are satisfied with information concerning their health needs are more likely to take an active role in the management of their own heath (Ammo, & Al-tannir, 2014). According to the current study results, postnatal mothers were minimally satisfied (3) with communication aspects. Moreover, they were satisfied (2) with orientation aspects as well as information aspects. From the study findings a unit improvement in communication, orientation and information sharing, would lead to a significant improvement in postnatal mothers' satisfaction with customer care aspects.

5.5 Overall Satisfaction of Mothers with Immediate Postnatal Care

Meeting the wishes of an individual result to a feeling of contentment. It is also a subjective feeling of cognitive and emotional responses to the environment through which individual announces the fulfilment of their needs. Patient satisfaction is an indicator of perceived care quality(Ammo et al., 2014). Immediate Postnatal care satisfaction includes experiences in getting treatment in a comfortable, caring, safe environment. It also involves help and support in care of the baby, having right information to make choices and feel in control, being talked to and listened to as an equal, as well as being treated with respect and dignity (Network, 2014). To achieve full satisfaction of postnatal mothers is not a stand-alone concept but it touches every aspect of the organization, involves everyone whether they have a direct relationship with postnatal mothers or not (Mutinke et al., 2018).

This study indicated that, overall, postnatal mothers were minimally satisfied (3) with immediate postnatal care in the postnatal wards KNH with an overall mean score of 2.47(49%). Postnatal

mothers were satisfied (2) with technical aspects of nursing care, with a mean score of 2.88 (57%). The mothers were minimally satisfied with comfort care aspects with a mean score of 2.71 (4%) and customer care aspects mean score of 2.62 (52%). The technical aspects of nursing care scored very low (2) and this pulled the overall level of satisfaction with immediate postnatal care behind. This related to the long hours nurses spend with the mothers in the postnatal wards compared with other staff; the mothers' expectation may have been more than was provided by the nursing staff. Timely nursing care is key to achieving good outcomes during immediate postnatal period. Quality immediate postnatal care provides memorable happy experiences that raise satisfaction level of postnatal mothers. The study revealed that improving a unit of technical aspects of nursing care of the technical aspects of nursing care, would greatly improve (52.3%) the immediate postnatal care. This can be associated with the recent negative media coverage of Kenyatta National Hospital. The negative media coverage lowers staff morale resulting to poor interaction with mothers that has an adverse effect on mothers' satisfaction with care. A similar study done in Ethiopia was congruent with the above findings where majority of the postnatal mothers (69.1%) were minimally satisfied with delivery of immediate postnatal care (Tafa, & Fekadu, 2014). In Nigeria 36.5% of mothers were not satisfied with immediate postnatal care (Ilesanmi & Akinmeye, 2018) In El-shatby maternity hospital, 41% of the mothers were minimally satisfied while 27% were moderately satisfied (Battawi & Hafiz, 2017). However, a study in Nepal regarding overall satisfaction with immediate postnatal care contrasted with the study findings where majority postnatal mothers were fully satisfied and only few were not satisfied with immediate postnatal care (Panth & Kafle, 2018). Similarly, in Oromia, the overall satisfaction level with postnatal care was highly satisfied (Varghese & Rajagopal, 2013).

To improve overall satisfaction with immediate postnatal care, the study revealed that a unit of improvement in comfort with care aspects would improve overall satisfaction of mothers with immediate postnatal care by 19%. Majority (52%) of the mothers were minimally satisfied with comfort aspects. A comfortable bed and beddings promotes healing and enhances lactation, a clean and quiet environment promotes relaxation. The postnatal mothers should enjoy a warm bath following the labor process to aid in relaxation, recovery and prevent infections. Lack of warm water in the postnatal ward affect comfort as well as the satisfaction level of mothers. Improving any of the comfort aspects would improve satisfaction of mothers significantly.

Experiences of highly satisfied postnatal mothers improve their compliance with health teaching and use of subsequent health care services. Patient experiences continually evolve, each year patient expectations increase, therefore there is need for continued assessment of patient satisfaction (Mirzaei, et al 2015). Improving mothers' satisfaction with the postnatal services is vital for quality and efficiency of services (Panagopoulou et al., 2018). Satisfaction of mothers' may be achieved by improving their experiences through simple measures like staffs greeting mothers and knowing each other. Staff satisfaction has close link to patient satisfaction. The study revealed that for a unit improvement in customer care, the overall satisfaction of postnatal mothers with immediate postnatal care would improve by 28.5 percent, (p value-0.00). In Egypt, Low satisfied mothers resulted to reduced institutional skilled birth attendance. The mothers reported previous negative experiences in the health institutions following lack of psychosocial support and attention. This resulted to majority mothers seeking delivery services from the traditional birth attendants, missing out institutional based immediate postnatal care (Battawi & Hafiz, 2017).

5.5.1 Correlation between Demographic Data and Satisfaction

In the obstetric demographical data, the study indicated a weak positive correlation between age, days spent in the ward, cesarean delivery, parity and satisfaction. Increase in age may cause increase in satisfaction. Similarly, increase in the days mothers spent in the ward, having a caesarian section delivery, and increase in parity may increase the mothers' level of satisfaction with immediate care. However, vaginal delivery mode may reduce the satisfaction level of mothers with care. A study done in Hawassa city south Ethiopia reported similar findings where age had a weak positive correlation (r=0.73) while the party was r=2.1 mode of delivery C/S r=1.0 while spontaneous vaginal delivery had weak negative correlation of (r=-1.6) (Agumasie, 2018).

5.6 Summary Of Findings Based On Objectives

5.6.1 Demographic Data

The study population represented an urban population of postnatal mothers; moreover, most of the mothers were at the peak reproductive age between 22-30 years. Majority of the postnatal mothers were literate with most of them having attained tertiary education with only a few postnatal mothers who were not literate. On marital status, majority of the mothers were married and it was their first time of admission to the postnatal wards at KNH. A significant number of the mothers were first time mothers, majority were multiparous while a few were grand multiparous and some had history of abortions. Regarding mode of deliveries, the common mode was vaginal delivery followed by caesarian section delivery and assisted vaginal deliveries.

Most of vaginally delivered postnatal mothers spent one day in the ward before discharged home. However, majority postnatal mothers delivering through caesarian section spent 3 days in the ward. The obstetric demographic factors of age, parity, mode of delivery C/S had a weak positive

correlation with satisfaction while vaginal deliveries has a strong negative correlation to satisfaction.

5.6.2 Technical aspects of nursing care

Postnatal mothers were satisfied (2) with the technical aspects of nursing care. Among the twenty-two technical aspects of nursing care assessed, most of the respondents were not fully satisfied. Most postnatal mothers reported low satisfaction scores on advice regarding care of episiotomy/wound, breast problems and breastfeeding, family planning methods as well as advice on detecting neonatal conditions.

5.6.3 Comfort with care

The postnatal mothers were satisfied (3) with the comfort with care aspects level. Most of the mothers were fully satisfied with getting help when needed, however majority were not satisfied with assistance in keeping themselves clean and groomed. They reported full satisfaction with enough lighting in the wards at night.

5.6.4 Customer care aspects

The mothers' were satisfied (3) with customer care aspect with a mean score of 2.62 (52%). However, 16% were satisfied (2) and only few (3%) of the mothers were fully satisfied. On orientation, respondents were satisfied (2). Most of the postnatal mothers were moderately satisfied with warm welcome by the staff, and being made comfortable. Majority reported low score on orientation to the health team members and the postnatal unit as well as hospital visiting hours. They were minimally satisfied (3) with communication and all the aspects of communication. On information, the respondents were satisfied (2). They were particularly minimally satisfied with consent before any procedure and information about baby and their

health. However, the mothers were satisfied (2) with information regarding rules and regulations of the hospital and routines in the ward.

5.7 Conclusion

Based on the findings of this study, postnatal mothers' admitted in the Kenyatta National Hospital were minimally satisfied (3) with immediate postnatal care. To achieve full satisfaction with immediate postnatal care, improvement in the technical aspects, comfort with care aspects and customer care aspects is required.

The technical aspects of nursing care was undesirable and had a strong influence on overall satisfaction with immediate postnatal care. According to the study findings, postnatal mothers need more information from the nurses on early identification of neonatal conditions and the management at home before getting medical help. In addition, more information is required on child spacing methods as well the importance of postnatal follow up.

The postnatal mothers were minimally satisfied (3) with comfort during care in a Likert scale of 1-5. Postnatal mothers require comfort of beds and beddings during the immediate postnatal period. In addition, most mothers require assistance in self-cleanliness, grooming and care of their babies within the first seventy-two hours post-delivery. Lack of readily available warm drinking and bathing water is key to maintaining hygiene and perineal care during immediate postnatal period. Moreover, there is need to improve the cleanliness of the toilets and bathrooms. However, mothers were more satisfied with level of lighting in the ward.

The mothers were minimally satisfied with customer care aspects. A general improvement of customer care aspects in postnatal wards KNH is required. This can be a stepwise ongoing improvement to raise postnatal mothers' satisfaction with customer care aspects from a satisfaction level of 3 to level 5 in the Likert scale of 1-5. However, mothers were more satisfied with

communication than with both information and orientation. According to study findings, a unit improvement in communication, information and orientation would significantly improve postnatal mothers' satisfaction with customer care aspects.

5.8 Recommendations

1. Technical Aspects of Nursing

In order to achieve full satisfaction (5) with technical aspects of care from satisfied (2) level of satisfaction, the nursing managers in the reproductive health department need to come up with measures to equip the woman with knowledge and skills during the antenatal visits and before discharge from the hospital post-delivery. Collaborative care between the nurses and other care providers, providing health education and role-play to mothers help in providing memorable experiences to the mothers. This would apply on educating the mother on baby's cord and eye care, care of episiotomy and caesarian section wound, perineal hygiene as well as care of the breast and breastfeeding techniques. In addition, health education to the postnatal mothers during every nursing shift in postnatal wards; regarding common neonatal conditions, managing the conditions at home before seeking medical help. Importance of children spacing and methods of family planning. More emphasis on exclusive breastfeeding, prevention of common breast problems during postnatal period. This will help identify and manage complications early thus raise mothers' satisfaction

2. Comfort with Care

In the current study, the mothers were minimally satisfied with comfort during care. To achieve full satisfaction (5) with comfort during care the postnatal mothers require comfortable beds and beddings. The supplies department working in conjunction with reproductive health stake holders need to provide the mothers with enough comfortable beds and beddings. In addition, more staffing

to enable the nurses assist the mothers in self-cleanliness and grooming, provide warm drinking and shower water to enhance self-hygiene. Moreover, there is need to increase the number of bathrooms and toilets to meet the needs of the high number of mothers.

3. **Customer care aspects**

The reproductive health department stakeholders should strategically display departmental rules and regulations for all the patients and their relatives to see in order to enhance their coping skills. Introduction of a customer care desk within a central place in the reproductive health department help address most of the questions posed by the postnatal mothers in the postnatal wards.

Providing brochures with information on doctors and relatives visiting hours, easy to understand information on common postnatal problems would help raise their satisfaction level with information

3. Further Research

There to need to determine the satisfaction level of postnatal mothers with immediate postnatal care in the postnatal wards KNH using qualitative study design.

There is need to determine the knowledge level of postnatal mothers and staff on immediate postnatal care in the reproductive health department.

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APPENDICES

APPENDIX 1: LETTER OF APPROVAL FROM KENYATTA NATIONAL HOSPITAL

KENYATTA NATIONAL HOSPITAL,
P. O. BOX 20723-00202,NAIROBI
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REF: KNH/OBS & GYN/16/VOL.1

DATE: 29/04/2019

Monicah Wamaitha Kamau
Reg. No.H56/7551/2017
School of Nursing Sciences
College of Health Sciences
University of Nairobi

RE: RESEARCH PROPOSAL: ASSESMENT OF MOTHERS' SATIFACTION WITH IMMEDIATE POST NATAL CARE AT KENYATTA NATION HOSPITAL MATERNITY UNIT (P154/02/2019).

This is to inform you that the department has given you permission to conduct the above study which has been approved by ERC.

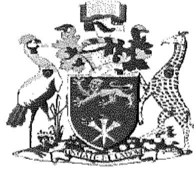
Liaise with the Senior Assistant Chief Nurse and Senior Nursing Officers in charge labour ward to facilitate your study.

You will be expected to disseminate your results to the department upon completion of your study.

Dr. I .S.O. Maranga
HEAD OF DEPARTMENT
OBSTETRICS & GYNAECOLOGY

CC: SACN –OBS & GYN
Incharge Labour ward

APPENDIX 2: LETTER OF APPROVAL FROM RESEARCH AND ETHICAL COMMITTEE



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25th April, 2019

Monicah Wamaitha Kamau
Reg. No.H56/7551/2017
School of Nursing Sciences
College of Health Sciences
University of Nairobi

Dear Monicah

RESEARCH PROPOSAL: ASSESSMENT OF MOTHERS' SATISFACTION WITH IMMEDIATE POST NATAL CARE AT KENYATTA NATIONAL HOSPITAL MATERNITY UNIT (P154/02/2019)

This is to inform you that the KNH- UoN Ethics & Research Committee (KNH- UoN ERC) has reviewed and **approved** your above research proposal. The approval period is 25th April 2019 – 24th April 2020.

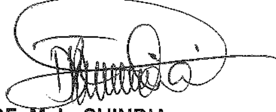
This approval is subject to compliance with the following requirements:

a. Only approved documents (informed consents, study instruments, advertising materials etc) will be used.
b. All changes (amendments, deviations, violations etc.) are submitted for review and approval by KNH-UoN ERC before implementation.
c. Death and life threatening problems and serious adverse events (SAEs) or unexpected adverse events whether related or unrelated to the study must be reported to the KNH-UoN ERC within 72 hours of notification.
d. Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study participants and others or affect the integrity of the research must be reported to KNH- UoN ERC within 72 hours.
e. Clearance for export of biological specimens must be obtained from KNH- UoN ERC for each batch of shipment.
f. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. (*Attach a comprehensive progress report to support the renewal*).
g. Submission of an *executive summary* report within 90 days upon completion of the study. This information will form part of the data base that will be consulted in future when processing related research studies so as to minimize chances of study duplication and/ or plagiarism.

Protect to discover

For more details consult the KNH- UoN ERC website **http://www.erc.uonbi.ac.ke**

Yours sincerely,



PROF. M. L. CHINDIA
SECRETARY, KNH-UoN ERC

c.c. The Principal, College of Health Sciences, UoN
The Director, CS, KNH
The Chairperson, KNH- UoN ERC
The Assistant Director, Health Information, KNH
The Director, School of Nursing Sciences, UON
Supervisors: Dr. Joyce Jebet, Dr. Emmah Matheka

APPENDIX 3: INFORMATION SHEET AND CONSENT

TITLE OF THE STUDY

Assessment of Satisfaction of Mothers with immediate Postnatal Care in Postnatal Wards KNH

Introduction and Purpose: My name is Monicah Wamaitha Kamau, a postgraduate student at the School of Health Sciences, University of Nairobi pursuing Masters of Nursing Midwifery and the principal investigator. I kindly request for your participation in a research involving assessment of satisfaction of mothers with Postnatal Care in Postnatal Wards KNH. Am inviting you to take part in the study which will take about 20 minutes of your time, your name will not be required.

The study aims to find out whether the mothers who deliver at KNH are satisfied with the services given by the health care providers in the postnatal wards. In order to find out the satisfaction of postnatal mothers, I have to ask you some questions using a questionnaire.

The study benefits results might help in improving on postnatal care and may help influence policy change in care delivery within the KNH.

Study procedure: upon your agreement to participate in this research, I will ask you questions using a questionnaire. The questions are on the technical aspects of nursing care you have received from nurses during your admission period in the postnatal wards. I will also enquire from you about your comfort during care in the postnatal wards and finally, I will ask you about the customer care aspects during your immediate postnatal period in the wards. In case you feel uncomfortable to continue answering the questions, you are at liberty to discontinue at any point.

Benefits: There are no direct benefits in participating in this study; however, the results of the study will be useful in facilitating the understanding of how satisfaction of mothers regarding the

care given by the health care workers in the postnatal wards can improve. This will benefit the postnatal mothers admitted in KNH postnatal wards in future by receiving quality immediate care. There will be no compensation in participating in this study and there will be no penalties for refusing to participate in this study. You are free not to answer any question and at liberty to withdraw from the study without any victimization.

Confidentiality: All information you give is confidential and will be securely stored under lock and key. We will do our best to keep your information confidential.

If you are comfortable to participate in this study, please sign the consent below**.** If you have any questions about this study, contact the researcher,

Monicah Wamaitha Kamau

Mobile number 0704204849

Email; monie.walley@gmail.com

You may also contact

The Supervisors:

Email; jjcheptum@gmail.com

Email; emmahmatheka@yahoo.com

The chairperson:

Kenyatta National Hospital- university of Nairobi Ethics and Research Committee

Po Box 19676 Code 00202

Tel: (254-020)-2726300 Ext 44355

Email: uonknh erc@uonbi.ac.ke

Consent form

If you consent to participate in the study, please sign below

I hereby consent to participate in this study. I have been informed the nature of the study and the potential risks explained to me. I understand that my participation in the study is voluntary and the decision to participate or not to participate will not affect my care and stay here in anyway. I may also choose to discontinue from the study at any stage without any explanation or consequences. I have also been reassured that any information I give shall be kept confidential. I confirm that the investigator has addressed all my concerns about my participation in this study. The researcher has also asked me questions to show that I can understand the information provided.

Participants Name________________________________

Participants Signature______________________ Date________________

I confirm that I have clearly explained to the patient the nature of the study and the contents of this consent form is in details and the participant has decided to participate voluntarily without any coercion or undue pressure

Investigators Signature______________ Date_________________

Thank you for your time

APPENDIX 4: QUESTIONAIRE

ASSESSMENT OF MOTHERS' SATISFACTION WITH IMMEDIATE POST NATALCARE INSTRUCTION TO THE INTERVIEWER

PLEASE TICK (✓) IN THE APPROPRIATE COLUMN ACCORDING TO THE MOTHER'S RESPONSE

QUESTIONAIRE NUMBER___________ **WARD CODE NUMBER___________**

DATE___________________

SECTION 1: DEMOGRAPHIC PROFORMA

1.	Age in years	a)18-22 b)22-26 c)26-30 d)30-above	( ) ( ) ( ) ( )
2.	What is your education level	a)None b)Primary c)Secondary d)college e)other	( ) ( ) ( ) ( ) ( )
3.	What is your marital Status?	a)Single b)Married c) Separated d)Widowed	( ) ( ) ( ) ( )

		e)Divorced	( )
4.	Any Previous admissions to postnatal wards	a)1-2 years b)2-4years c)4-6 years d)more than 6 years ago	( ) ( ) ( ) ( )
5.	What is your parity	________________	
6.	How many days have you spent in this ward	a)1 day b)2 days c)3days	( ) ( ) ( )
7.	What was the delivery mode	a)SVD b)C/S c)other	( ) ( ) ( )
8.	Did your baby cry immediately after birth	a)Yes b)No	( ) ( )
9.	What is the sex of your baby	a)Male b)Female	( ) ( )
10.	Why did you choose this hospital	a)Modern services available b)Quality care by nurses c)Availability of good doctors d)Referred from another hospital/ clinic e)Convenience	( ) ( ) ( ) ( ) ( )

SECTION II: SATISFACTION WITH IMMEDIATE POST NATAL CARE						
BASED ON YOUR EXPERIENCE AS A PATIENT IN THIS HOSPITAL, PLEASE INDICTE WHETHER YOU WERE; **5 = FULLY SATISFIED (FS),** **4 = MODERATELY SATISFIED (MS)** **3 = MINIMALLY SATISFIED (MnS)** **2 = SATISFIED (S)** **1 = NOT SATISFIED (NS).**						
A: CUSTOMER CARE						
NO	**ITEM**	**SATISFACTION SCALE**				
ORIENTATION		**FS**	**MS**	**MnS**	**S**	**NS**
1.	The staff gave me a warm welcome and made me comfortable on admission.					
2.	I was oriented to the health team members and postnatal unit.					

3.	I was oriented to toilet, bathroom and safe drinking was available.					
4.	I was oriented about visiting hours.					

NO	**ITEM**	**SATISFACTION SCALE**				
INFORMATION		FS	MS	MnS	S	NS
5.	I was informed about ward routines					
6.	I was informed regarding rules & regulations of the hospital					
7.	I was informed about my health and baby progress					
8.	The staff obtained consent before carrying out procedures.					

NO	**ITEM**	**SATISFACTION SCALE**				
COMMUNICATION		**FS**	**MS**	**MnS**	**S**	**NS**
9	Staff answered my questions promptly and positively.					
10	Staff maintained a good interpersonal relationship with my family members and myself.					
11.	The staff communicated in simple language and were free to talk					

12.	Nurses and doctors answered all my questions concerning my treatment results and prognosis					

B: COMFORT WITH CARE						
NO	**ITEM**	**SATISFACTION LEVEL**				
	COMFORT OF CARE	**FS**	**MS**	**MnS**	**S**	**NS**
13.	I got help when needed					
14.	Staff were calm and approachable					
15.	Staff assisted me in keeping myself clean & groomed					
16.	I felt safe and secured throughout the day and night during my hospital stay					
17.	There was no noise at night in the ward					
18.	There was enough lighting in the wards					
19.	The bed and beddings were comfortable					
20.	The toilets and bathrooms were kept clean always					

C: TECHNICAL ASPECTS OF NURSING CARE GIVEN TO POSTNATAL MOTHER AND BABY						
NO	**ITEM**	**SATISFACTION LEVEL**				
		FS	**MS**	**MnS**	**S**	**NS**
21.	Nurses provided me with information regarding personal hygiene during postnatal period					
22.	Nurses assisted me in perineal toilet and informed me regarding keeping perineal hygiene.					
23.	Nurses assisted in early ambulation.					
24.	The nurses checked my vital signs regularly.					
25.	The nurse taught me about involution of uterus.					
26.	I was explained how to take care of my breast and minor breast problem in postnatal period & its management by the nurse.					
27.	The nurses informed me regarding nutrition, sleep and rest in postnatal period.					
28.	Nurse provided my medication at proper time.					
29.	I obtained information regarding lochial flow and detection of excessive bleeding.					
30.	Nurses advised me about postnatal exercises.					
31.	The nurse assisted with episiotomy care and told me how to detect signs and symptoms if infection.					

32.	The nurses informed me about the methods & importance of family planning and postnatal follow up visits.					
33.	Nurses assisted me with giving bath and diaper care, cord and eye care and detect signs and symptoms of infection in my baby					
34.	I obtained information about the importance of colostrum and exclusive breast-feeding.					
35.	The nurse assisted me to position my baby during and after feeding and was taught to burp my baby after breast feeding					
36.	Nurses taught me how to detect signs and symptoms of neonatal conditions.					
37.	Nurses taught me about rooming in, bonding and attachment to my baby.					
38.	I was educated about immunization and weaning of my baby by the nurse.					

NO	ITEM	SATISFACTION LEVEL				
	VALUE AND PREFERENCE	**FS**	**MS**	**MnS**	**S**	**NS**
39.	Nurses treated me with dignity and respect.					
40.	Nurses talked to me to find my values and preference for care.					
41.	In future if there is a need for my treatment, I would prefer this hospital.					
42.	I will recommend this hospital to my friends and relatives.					

MAP OF THE LOCATION OF KENYATTA NATIONAL HOSPITAL