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Research Article

Why Women Living in an Obstetric Care Underserved Area Do Not Utilize Their Local Hospital Supported by Korean Government for Childbirth

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SUMMARY

Purpose: This study aimed to understand why mothers do not utilize the prenatal care and delivery services at their local hospital supported by the government program, the Supporting Program for Obstetric Care Underserved Area (SPOU).**Methods:** We conducted a focus group interview by recruiting four mothers who delivered in the hospital in their community (a rural underserved obstetric care area) and another four mothers who delivered in the hospital outside of the community.**Results:** From the finding, the mothers were not satisfied with the quality of services that the community hospital provided, in terms of professionalism of the obstetric care team, and the outdated medical device and facilities. Also, the mothers believed that the hospital in the metropolitan city is better for their health as well as that of their babies. The mothers who delivered in the outside community hospital considered geographical closeness less than they did the quality of obstetric care. The mothers who delivered in the community hospital gave the reason why they chose the hospital, which was convenience and emergency preparedness due to its geographical closeness. However, they were not satisfied with the quality of services provided by the community hospital like the other mothers who delivered in the hospital outside of the community.**Conclusions:** Therefore, in order to successfully deliver the SPOU program, the Korean government should make an effort in increasing the quality of maternity service provided in the community hospital and improving the physical factors of a community hospital such as outdated medical equipment and facilities.Copyright © 2016, Korean Society of Nursing Science. Published by Elsevier. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

As of June 2011, there were 54 out of 232 administrative districts in Korea which had no obstetrics and gynecology (OBGY) clinics or hospitals providing prenatal care and delivery services [1]. This is because the infrastructure for childbirth in Korea has continuously

decreased. Total fertility rate of South Korea has dramatically dropped from 4.53 in 1970 to 1.23 in 2010 [2]. Such low total fertility rate has a bad impact on hospital business and management for delivery services. The total number of OBGY clinics for delivery services in South Korea decreased from 1,311 in 2004 to 777 in 2011, that is, approximately 40.7% of the OBGY clinics closed down in 7 years [3–5]. These regions are mostly located in rural areas and the Korean government designated these areas as the Obstetric Care Underserved Area (OCUA). In particular, the mothers in rural communities are less likely to access sufficient prenatal care. They are also more likely to experience obstetrical

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complication and risk of neonatal health outcome, because of delayed treatments in the urgent conditions of obstetric care and delivery [6–9]. Furthermore, the mothers with long distance to prenatal care are more likely to experience a time consuming physical and economic burden [1]. Likewise, the increasing geographical gap of delivery services is a critical issue that the Korean government has started to focus on.

The Korean Government recognized the seriousness of this problem and launched the new demonstration program, The Supporting Program for Obstetric Care Underserved Areas (SPOU) in July 2011 at three OCUA regions including Youngdong, Yecheon, and Gangjin. These areas no longer had a hospital or clinic providing prenatal care and child birth. The Korean government provided grants and subsidies in order to reopen the department of OBGY in local hospitals [1,10,11]. One year later, the Korean government yielded the 1-year basic statistics from July 2011 to June 2012, showing how many pregnant women gave birth within these regions. However, the preliminary results were not enough to satisfy the policy makers. Approximately only 25.0% of the mothers living in the three OCUA regions utilized their local hospitals supported by the government project, but the other mothers still used the hospitals outside of their community [1,11]. The mothers now having access local obstetric care are still going away to deliver despite the effort of the Korean government. It is well known that delivering a baby and receiving maternity care at one's own region is physically easier for the mothers' health. Nevertheless, the mothers are not using these community hospitals. Some mothers, living in rural areas with no hospital for obstetric care, could not help but go out of their communities for obstetric care, but it is curious why the other mothers living in rural areas now having a hospital that provides obstetric care would not go to their community hospital.

Thus, the purpose of this study is to understand why mothers do not use the department of OBGY at their local hospital supported by the SPOU program, and what specific characteristics of maternity care are determined by the mothers when they do choose the hospitals for delivery services. In future, we will use our findings as baseline data to redesign the current SPOU program and reconsider the essential factors of developing policies for OCUA, and apply the findings into policy evaluation with a follow-up client satisfaction survey.

Methods

Focus group interview

The focus group interview has been used in health research to gather exploratory data, develop a testable hypothesis, and assist in developing a detailed contextual explanation of the quantitative study findings as nested [12]. We conducted a focus group interview by recruiting eight mothers living in one of the OCUs which has the community hospital supported by the government to restart obstetric care. A focus group can promote self-disclosure among participants by "questioning each other's responses, eliciting clarification, and exploring caveats to their statements" [13]. In particular, such interaction processes among participants can clarify similarities and differences in expressed opinions, views and attitudes efficiently [13]. The focus group also provides information for developing ideas that participants know about specific topics and to yield baseline qualitative data for developing and evaluating programs [14,15]. Thus, the focus group interview is a good fit for this study to explore why the mothers, who are residents of the OCUA and have delivery experience (as common specific topic which the mothers can share), were less likely to use their community hospital for obstetric care and delivery. As the data

collection method, we used the focus group interview with exploratory and qualitative study design applied [16,17]. Additionally, to enhance the level of interaction among the mothers and to clearly identify what agreement and controversy exists among the mothers by characteristics of the hospital the mother used, we purposely selected the group members including four mothers who delivered in the community hospital and another four mothers who delivered in a hospital outside of their own community. We described more specific information of this recruiting method in the participant section.

To encourage the mothers to provide specific and detailed stories during the interview, we focused on several key questions based on common interests between our research team and the mothers [12]. Key questions we used in the focus group interview are listed as follows (Figure 1): (a) Why did the mothers choose their hospitals? (b) What was the general perception of the obstetric care at the hospital they used? (c) What were satisfactory or dissatisfactory factors of obstetric care the mothers experienced? (d) What are the conditions of hospitals that the mothers want to use in future delivery? (e) What do the mothers think for obstetric care improvement?

The focus group interview was conducted for 2 hours on November 19, 2012 at the observation room with one-way mirror to observe participants, and audio and video recording, at Jung-Bu Research building. The building is the branch of Gallup Korea located in D Metropolitan City in South Korea and close to the selected OCUA that the participants live in (approximately 20-minute bus ride away). For convenience for the focus group interview, we provided the participants with a vehicle to pick them up and drop them off. One professional interviewer of Gallup Korea (as an independent moderator of the focus group), one interview assistant of Gallup Korea for audio and video recordings as well as note-taking of any significant nonverbal behavior, and three research team members (as observers) participated in the interview. Except for the interviewer, the interview assistant and the research team members stayed in the one-way mirror room. Focusing on the study topic, the moderator led participants to a natural discussion by using the key questions for obtaining more valid findings. During the group interview lasted, the moderator checked with the participants to see if they had any issues and questioned them to confirm and clarify what they said, especially for the quiet participants. Additionally, because the moderator had experiences in conducting group interviews, he naturally introduced the aim of the study, tried to equally assign the order of speakers, encouraged interaction among the mothers, and stressed that every mother's opinion was valuable (there was no right and wrong answer). When 5 minutes were left before the end of the interview, the moderator went to the one-way mirror room for a short time to meet with the research team to check if they had additional issues to confirm and ask before the interview ended. In general, we followed the standardized focus group interview process of Gallup Korea (Figure 2).

Participants

We recruited eight purposely selected participants, living in Y Gun (a county of within a province) in B Province (in the middle of South Korea). Y Gun is located at the central area of B Province and one of the regions considered as the OCUA where national support for improving obstetric care system was required. In 2012, the total population of Y Gun was 50,633, and the annual number of births was 318.

As mentioned earlier, to enhance a level of interaction among the mothers and to clearly identify what agreement and controversy exists among the mothers, we considered homogeneous and heterogeneous characteristic of the participants for enhancing

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