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'What women want': Using image theory to develop expectations of maternity care framework



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ABSTRACT

Objectives: to develop, in consultation with women, a theoretically-grounded framework to guide the assessment of women's maternity-care experiences.

Design: qualitative research was undertaken with women to examine the appropriateness of Image Theory as a heuristic for understanding how women plan and evaluate their maternity-care experiences.

Setting: maternity-care services in metropolitan and regional communities in Western Australia.

Outcomes: an Episodes of Maternity Care Framework grounded in Image Theory was established that addressed various domains of women's perceptions and expectations of their maternity-care experience.

Conclusions: previously-identified weaknesses of methods used to measure patient satisfaction were addressed and a valid framework for investigating women's perception of their maternity-services experiences was developed. This framework has the potential to contribute to the ongoing development and improvement of maternity-care service.

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Introduction

Patient satisfaction is a commonly-reported outcome measure of health-care quality and has obvious implications for organisations and provision of services. Patient satisfaction emerged as an area of focus in obstetrics in the 1970s (Howell and Concato, 2004). In the intervening period, there have been many studies, with most affirming the importance of issues like: the relationship between providers and patients; the adequacy of information provided; the extent of shared decision making; and the quality of facilities (Harriott et al., 2005) and how these impact on the health of mothers and their children (Goodman et al., 2004). Women's satisfaction with maternity care has therefore become something to which health policy makers have increasingly paid attention (Teijlingen et al., 2003).

In Australia, interest in measuring maternity satisfaction by State health departments was evident by the early 1990s, with Victoria, Western Australia (WA) and South Australia (SA) undertaking consumer research to explore women's experiences and preferences for future deliveries (Zadoroznyj, 1996). Other Australian developments in maternity-care satisfaction measurement related to normative service practices (Johnson et al., 2002).

More recently, several state Departments of Health have included women's experiences and satisfaction with their maternity care as part of broader studies of patient satisfaction (Rodne and Daly, 2007; South Australian Department of Health Population Research and Outcomes Studies Unit, 2007).

Measuring maternal satisfaction is complex (Waldenstrom et al., 2006; Baston et al., 2008; Britton, 2012) and teasing out the meaning of satisfaction with maternity services poses challenges (Sofaer and Firminger, 2005). Although tests of expectancy-experience evaluation theories suggest they offer only partial explanations of patient satisfaction (Teijlingen et al., 2003; Williams et al., 1998) Christiaens and Bracke (2007) found expectation fulfilment was the most consistent factor associated with childbirth satisfaction.

The maternity-satisfaction literature has pointed to a need for more theoretically-grounded development and research. This has included calls for investigations into how women themselves define and determine satisfaction with maternity care (Britton, 2012; Harvey et al., 2002) and what they expect and experience (Wiegers, 2009). This accords with a more general trend in healthcare quality measurement to emphasise patient expectations and whether these are being met. For example, the US Institute of Medicine (IOM) used patient input to identify domains for use in general measurements of patient perceptions (Castle et al., 2005) while Nathorst-Boos et al. (2001) developed the Quality from the Patient Perspective (QPP) model using patient

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interview data. [Wilde-Larsson et al. \(2010\)](#) subsequently used the theoretical foundation of the QPP to develop an instrument specific to intrapartum care. [Hart \(1999\)](#) described a method similar to the QPP, with the distinction that Hart's work was premised on the proposition that people use consistent criteria to evaluate all service categories.

The current study accommodated the general movement to measuring patient perceptions and attempted to do this in the context of maternity care. Image Theory ([Beach and Mitchell, 1987](#)) provided the study's theoretical underpinning. According to this theory, images are decision making schema used to structure and process decision making tasks. The Theory incorporates an evaluative process of 'compatibility-testing', in which experiences are compared with templates of expectancy to check for 'fit' ([Pleskac et al., 2011](#)). The theory has substantial empirical support from organisational studies into a range of issues spanning leadership, consumer decision making, business ethics, employee appraisal and retirement intent ([Beach and Mitchell, 1987](#); [Beach and Strom, 1989](#); [Dunegan, 1995](#); [Beach, 1998, 2009](#); [Pesta et al., 2005](#); [Brougham and Walsh, 2007](#); [Pleskac et al., 2011](#)). [Nelson \(2004\)](#) has also provided empirical support for the theory in a value-laden consumer choice decision context relating to the environmental friendliness of different products.

With regard to maternity care, Image Theory suggested women would have:

- fundamental 'principles' housed in a self-image, which derive from knowledge, beliefs, values, morals, etc., that would act as imperatives for maternity-care expectancies; and
- images representing maternity expectancies for the future and its related landmarks.

In the current study, Image Theory was used to elaborate women's expectancy images of maternity care and deduce the fundamental principles underpinning their expectancies. Thus, Image Theory was used to conceptualise how women might approach maternity care from the standpoint of expectancy and guide exploration of the character and content of their cognitive images of these services, aiding interpretation of how these might be appropriately measured. The study focussed on women birthing in public hospitals as they account for the majority of births in Australia ([Joyce and Hutchinson, 2012](#)).

Rationale for the study

The long-term goal of the *Women's Views of their Maternity Experience Project* (the Project) was to establish theoretically-grounded, valid and reliable measures of whether women's maternity-care experiences meet their expectations. In the Project 'maternity care' was used to refer to care provided for women across the maternity continuum, that is, pregnancy, childbirth and the postpartum period ([Wiegers, 2009](#)). The measures to be developed in the Project were intended for use by public hospitals as part of their quality improvement processes.

Research into women's perspectives of maternity care suggests expectations of antenatal, intrapartum and postnatal services are established early in pregnancy ([Hildingsson and Thomas, 2007](#); [Hildingsson et al., 2002](#)). Within the broader architecture of Image Theory, the study explored whether women's expectations across the maternity continuum appeared to be stage-specific; the importance they placed on their expectations; and whether their expectations seemed to persist or alter over time. Central to addressing these questions was investigations with women at different stages of the maternity continuum: during pregnancy,

early in the postnatal period (i.e. day 1–3 post-birth), and later in the postnatal period (i.e. three months or more after birth).

The Project's long-term goal of developing valid and reliable measures of maternity care required a multistage development process. The first stage, which is the focus of this paper, comprised consumer-guided exploration of the relevance of Image Theory to assess whether public maternity patients appeared to have common expectations of their maternity care with a view to assess how these might inform the development of robust standard measures of service quality from women's perspective.

Method

This stage of the Project used standard descriptive qualitative methods to undertake a structured consultation process. This included a constant comparative approach applied to data analysis (i.e. transcripts and field notes). Data analysis was multilevel, ongoing and iterative ([Bradley et al., 2007](#)) with interpretation informed by consumer input and evidence. The consultation process comprised: (1) preliminary research, and (2) main research. Ethics approval for the project was obtained from the Ethics Committees of the North and South Metropolitan Health Services and the Western Australian Country Health Service.

Design and participants in preliminary research

Initial *consumer-guided development* focussed on checking the perceived appropriateness of Image Theory as an underpinning interpretive frame and also sought input into the structure and process for conducting subsequent community consultations. *Consumer advisors* were drawn from both maternity advocacy organisations (who provided high-level input and review) and self-selected women from the community (who were either pregnant or up to six months postnatal) with the latter participating in developmental workshops.

At the outset, meetings were held with representatives of maternity advocacy organisations to canvass the proposed project and to inform a recruitment of consumer advisors from the community. Workshops were subsequently conducted with three small groups (4+2+2, $n=8$) of self-selected consumer advisors who were either pregnant (one < 20 weeks and one > 32 weeks) or for the remainder up to four months postnatal for their most recent baby. These women had a range of maternity care from different care providers, with some having intervention-free births and others different forms of intervention (e.g. assisted birth and caesarean section). The youngest was in her early 20s and the oldest in her late 30s and as a group, these consumer advisors drew on a range of experiences to offer diverse perspectives.

While semi-structured, these workshops were informal and oriented to assessing the face validity of Image Theory as an underpinning interpretive frame for women's maternity-care expectations and evaluations. This was explained to all participants by firstly outlining the core propositions of the Theory and secondly by explaining how the Project anticipated using the Theory to guide the development of maternity-care measures. Participants were also advised information gathered at workshops would be used to aid in the conduct of broader community consultations. Once this was done, the researchers invited participants to reflect on the nature of their own maternity-care expectancies and how these related to their subsequent evaluation of their maternity care.

Consumer-guided development informed subsequent *consumer consultation*, which entailed a focus/small group and single participant in-depth discussions conducted at selected study sites

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