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Validity of instruments for measuring the satisfaction of a woman and her partner with care received during labour and childbirth: Systematic review

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ABSTRACT

Background: patient satisfaction as an indicator of quality of care is becoming more and more important. The use of questionnaires is the most common method to evaluate satisfaction with maternity care. Despite the extensive variety of instruments available for this purpose, they vary widely in terms of their content and quality.

Objectives: to identify, assess and summarize the most recent and robust instruments available to measure woman and partner satisfaction with the overall package of care during the labour and birth of their baby within a hospital setting.

Design: systematic review.

Methods: sixteen electronic databases were consulted. The research also included hand searching references of identified articles. Studies were assessed by two independent reviewers. Inclusion criteria were that participants were mothers and their respective partners and that the questionnaire was a multidimensional instrument used for measuring satisfaction with care during the labour and birth of a baby. Furthermore, the psychometric properties related to construction, reliability and validity of the questionnaire had to be reported.

Findings: seventeen studies were included. The majority of the questionnaires was developed within Europe and was disparate in terms of sample, items, dimensions and collection time. Most of them were limited to healthy women with low obstetric risk pregnancies. Only one instrument included partners as the subject of study. All questionnaires reported at least one aspect of reliability, content and construct validity.

Conclusions: there are a moderate number of instruments capable of measuring maternal satisfaction with the care received during labour and birth within a hospital setting. Our study provides an overview of the most up-to-date, valid and reliable tools available. Further investigations are needed in order to improve existing instruments by performing additional psychometric tests, considering more specific populations and assessing the satisfaction of the partner and mother jointly.

Implications for practice: assessments of satisfaction with care during labour and birth are relevant to healthcare professionals, administrators and policy makers. Therefore, these instruments are able to assist them according to their specific needs.

Introduction

Patient satisfaction as an indicator of quality of care is becoming more and more important (Redshaw and Heikkila, 2010; Fowler and Patterson, 2013). Although it could be argued that "satisfaction" is an artificial construct created for the purposes of evaluation and audit in a wide range of contexts, including health care, a more positive view can be taken (Redshaw, 2008). As childbearing is the most common reason for accessing health services, assessments of women´s satisfaction with their care during labour are relevant to healthcare professionals, hospital administrators and policy makers as the feedback gleaned is used to improve maternity services (Goodman et al., 2004; Jenkins et al., 2014). A woman´s satisfaction with her childbirth experience may have immediate and long-term effects on her health and her relationship with her infant, including: postpartum depression, post-traumatic stress disorder, future abortions, a lack of ability to resume

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sexual intercourse, preference for a cesarean section, negative feelings towards her infant, poor adaptation to the mothering role and breast-feeding problems (Waldenstrom et al., 2004; Britton, 2006; Larkin et al., 2012). Little attention has focused on how such experiences impact on the fathers' supportive role during labour and childbirth or subsequently on their role as fathers after childbirth. Two recent studies indicate that fathers' negative experiences during childbirth may be associated with depressive symptomatology after childbirth (Bradley et al., 2008; Schumacher, 2008). Knowledge of the satisfaction of both parents could provide insight for health professionals as to how to evaluate and adjust the care and services offered to them during hospitalisation.

The experience of labour and birth is complex, multidimensional and subjective, relating to both the outcome, i.e. the safe birth of the baby, and the process, i.e. the physical and cognitive processes of labour and birth experienced by individual women (Baker et al., 2005; Batbaatar et al., 2015). It is defined as an individual life event, incorporating interrelated subjective psychological and physiological processes, influenced by social, environmental, organisational and policy contexts (Larkin et al., 2009). Most studies of satisfaction with health care are based on fulfilment or discrepancy theories. In fulfilment theory, patient satisfaction is a function of the outcomes of the experience and prior expectations or wishes are not considered. Discrepancy theories predict satisfaction based on differences between what is expected or desired and what is received (Peterson et al., 2005; Batbaatar et al., 2015).

One way in which quality of care from patients´s perspectives has been assessed is through the development and application of satisfaction measures (Fowler and Patterson, 2013). Questionnaires are the most common method of assessing satisfaction. These provide an efficient and cost-effective method of obtaining an overview of patient´s experience and allow comparisons to be made between patients and institutions (Marin-Morales et al., 2013). In general, all these questionnaires assess satisfaction with childbirth as a multidimensional construct, with each dimension including various aspects relevant to measuring satisfaction (Bertucci et al., 2012). Determinants of maternal satisfaction cover all dimensions of care across structure, process and outcome. Structural elements included good physical environment, cleanliness, and availability of adequate human resources, medicines and supplies. Process determinants included interpersonal behaviour, privacy, promptness, cognitive care, perceived provider competency and emotional support. Outcome related determinants were health status of the mother and newborn (Fair and Morrison, 2012; Srivastava et al., 2015). Other instruments assess isolated aspects of the childbirth experience or aggregate diverse aspects into single overall scores, which ignores the multidimensional quality of satisfaction (Dencker et al., 2010).

However, patient satisfaction is difficult to measure. In addition, the plethora of tools developed in an attempt to evaluate dimensions of the experience is a further demonstration of its complexity (Batbaatar et al., 2015). Many questionnaires used for measuring satisfaction with labour and birth are superficial, obtaining mostly positive responses and do not appear to have been rigorously developed or tested, having poor psychometric properties (Marin-Morales et al., 2013; Sawyer et al., 2013a,2013b). The reliability and validity of instruments measuring satisfaction should be tested. Reliability is achieved when the questionnaire facilitates consistent responses and validity is achieved when the questionnaire measures what it sets out to measure (in this case satisfaction) and not some other related construct. This has resulted in a confusing array of available measures that vary in content and quality (Sawyer et al., 2013a,2013b) as well as this inconsistent approach to measuring satisfaction means that benchmarking and comparisons between services are difficult (Harvey et al., 2002).

There is very little evidence from current reviews of questionnaires used to measure maternal satisfaction. A previous comparative review concluded that there are only a few number of validated measures of satisfaction with care during labour and birth (Sawyer et al., 2013a, 2013b). However, studies were searched up to 2011, only in English, the selected databases were limited and no systematic approach was conducted, making it difficult to obtain an adequate overview. A better understanding of the best measures available in this area of research, their specific components, and their specific outcomes, can lead to improve maternal satisfaction, as well as more effective use of resources for healthcare professionals and academics. Therefore, a systematic review would contribute to clearing up some of these uncertainties.

The review

Aims

The aims of this systematic review were to identify, assess and summarize the most recent and robust instruments available to measure woman and partner satisfaction with the overall package of care during the labour and birth of their baby within a hospital setting.

Design

Systematic reviews are important in health care as they allow for the gathering of information on a certain topic to inform or guide practice and support clinical guidelines or policy. A systematic approach was conducted to identify the most suitable published and unpublished literature presenting instruments for measuring satisfaction with labour and birth. This paper uses a systematic integrative review because of its many advantages, including evaluating the strength of the evidence, identifying gaps within current research and recognising the need for future research (Fowler and Patterson, 2013). To conduct this systematic review, The Joanna Briggs Institute Reviewers' Manual was used (The Joanna Briggs Institute, 2014).

Types of studies

- This review included randomized controlled trials, quasi-experimental, observational studies, validation studies, diagnostic clinical studies and literature/systematic reviews.
- Studies were excluded when they were exclusively qualitative studies, dissertations, non original researches (i.e. reviews, opinion papers), or conference presentations.

Types of patients

- This review included all studies where participants were mothers and their respective partners, no matter the gender, who had an alive baby within a hospital setting, regardless of weeks of gestation, mode of birth and number of babies, without exclusion for demographic, obstetric or medical variables. Studies were also eligible if only the mother wanted to take part or if she was single.
- Studies were excluded if participants were exclusively fathers or partners.

Types of outcome measures

- This review included studies that reported psychometric properties related to construction, reliability and validity of multidimensional questionnaires, scales or instruments used for measuring satisfaction with care during the labour and birth of a baby. Only questionnaires with a minimum of two dimensions were included. Studies with more than one questionnaire were accepted if the questionnaire of interest met inclusion criteria.
- Studies were excluded if they reported questionnaires that: (1) were not specific to labour/birth; (2) assessed overall satisfaction without