



DISCUSSION

Measuring maternal satisfaction with maternity care: A systematic integrative review

What is the most appropriate, reliable and valid tool that can be used to measure maternal satisfaction with continuity of maternity care?



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ABSTRACT

Purpose: The objective of this systematic integrative review is to identify, summarise and communicate the findings of research relating to tools that measure maternal satisfaction with continuity of maternity care models. In so doing the most appropriate, reliable and valid tool that can be used to measure maternal satisfaction with continuity of maternity care will be determined.

Design and methods: A systematic integrative review of published and unpublished literature was undertaken using selected databases. Research papers were included if they measured maternal satisfaction in a continuity model of maternity care, were published in English after 1999 and if they included (or made available) the instrument used to measure satisfaction.

Results: Six hundred and thirty two unique papers were identified and after applying the selection criteria, four papers were included in the review. Three of these originated in Australia and one in Canada. The primary focus of all papers was not on the development of a tool to measure maternal satisfaction but on the comparison of outcomes in different models of care. The instruments developed varied in terms of the degree to which they were tested for validity and reliability.

Conclusion: Women's satisfaction with maternity services is an important measure of quality. Most satisfaction surveys in maternity appear to reflect fragmented models of care though continuity of care models are increasing in line with the evidence demonstrating their effectiveness. It is important that robust tools are developed for this context and that there is some consistency in the way this is measured and reported for the purposes of benchmarking and quality improvement.

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1. Introduction

Australia, like many other western nations is seeing an increase in the provision of midwifery led, continuity of care maternity models.²³ This is in response to consumer demand¹⁶ and evidence that demonstrates the safety of these models of care. The highest level evidence demonstrates that these models are safe and can produce superior outcomes for low risk women when compared to

obstetric led and fragmented models of care,¹⁹ with continuity models including services provided in antenatal settings such as clinics or in the home.

Not only do these models of maternity care result in excellent clinical outcomes for women but also in greater satisfaction.²³ However, in the recent systematic review of midwifery led continuity models of maternity care¹⁹ the authors commented on the lack of consistency in the way that maternal satisfaction is measured. This inconsistency makes it difficult to compare maternal satisfaction across different models of maternity care and within midwifery led continuity models of care in different facilities. Furthermore, while there are a wide variety of tools available for measuring maternal satisfaction¹⁷ they have been

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developed for a variety of purposes, many focus on certain aspects of maternity care only (such as labour and birth), and they vary widely in terms of their quality.

It is important for midwifery (and maternity services) to receive valid and reliable feedback from women about their maternity care experiences and to do this it is important that robust tools are used to measure maternal satisfaction. The objective of this research was to undertake a systematic integrative review to identify the most robust tools available to measure maternal satisfaction in the context of midwifery led, continuity of care maternity models.

2. Background

Over the past twenty-five years there has been a great deal of interest in continuity models of care. A midwifery-led model of care is deemed best practice for maternity services, as this model enables a woman to develop a relationship with her midwife and work in partnership for the provision of her care across the antenatal, labour, birth and postnatal phases of childbearing. In this model of care, “Midwives are able to function autonomously as primary care providers and do so with the view to personalising care for each woman, providing referral to other health professionals if required”.² A number of randomised controlled trials have identified the benefits in terms of clinical outcomes for women and their infants, as there is a great deal of evidence showing benefits for women giving birth with a known midwife.¹⁹

Measuring satisfaction with a continuity model is important and complex because of the need to look at all aspects of care, including; the antenatal period, labour/birth and the postnatal period. The antenatal period is an important time of preparation, it is a time for building a relationship of trust with a midwife and an opportunity for women and their partners to learn and develop confidence in their ability to give birth naturally and prepare for the transition to parenthood. Labour and birth is an intense physical event signalling a massive shift in a women’s life as she brings a baby into the world, but in which the outcome is not always the best measure of the experience. The postnatal period is marked by a time of recovery and enablement as a couple nurtures and learns about their baby, as they embark or expand upon their journey through parenthood.

Recommendations have been made that maternity services should become more woman centred²² and that women should be involved in the planning of services. It is critical that consumers are involved throughout the cycle of health care safety and quality improvement, as consumers provide a ‘reality check’ that can help healthcare organisations understand how to make changes to health care that are meaningful to consumers.¹⁸ It is recognised that consumer input will drive change and help to determine the quality of health care received.⁸ While consumer input includes much more than the provision of feedback on services¹⁵ satisfaction with the service is increasingly accepted as an important facet reflecting the quality of care provided and measures of satisfaction, as important stimuli to quality improvement.⁷

Measuring maternal satisfaction with maternity care is complex. Women are much less likely to be critical of their care when interviewed or asked to complete a questionnaire by a health professional directly involved in their care,²⁰ therefore it is important to take care with the evaluation processes as much as the choice of instrument. In addition, Sawyer,²⁰ suggest that an evaluation of satisfaction with childbirth is more suited following a time delay after birth, as this gives the woman time to reflect on her experience and decide whether she was satisfied with her experience. Delay however, may also result in a lower return rate if a survey is used as the main evaluation tool. An important consideration in any study is identifying what satisfaction with

maternity care actually means. Wieggers²⁵ criticises the term “maternal satisfaction”, as it suggests a dichotomy (satisfied or not satisfied) and when offered this choice, in most instances women will respond positively. Wieggers²⁵ prefers the term “maternity experience” as this is more reflective of the maternity journey and will enable clinicians to interpret findings in a more nuanced way. The National Safety and Quality Health Service Standards (NSQHS)¹⁵ recognises that patient satisfaction is the most frequently reported outcome measure for assessing quality care and furthermore, details the distinction between patient experience and patient satisfaction. Patient experience requires the patient to address factual matters and patient satisfaction asks for subjective responses. Maternal satisfaction is a complex psychological response to birth and maternity care and is at times difficult to define and often left open to interpretation. In this review, patient satisfaction will be focused upon.

The use of the questionnaire is the most common method of evaluating the satisfaction of women receiving maternity care and there are many, varied instruments employed for this purpose. This inconsistent approach to measuring satisfaction⁹ means that benchmarking and comparisons between services (comparing ‘like’ with ‘like’) are difficult. Most instruments also reflect the fragmented models of care that are common to maternity services and focus on discrete phases of childbearing. For example, the ‘Birth Satisfaction Scale (BSS)¹⁰ and ‘Labour and Delivery Satisfaction Index’ (LADSI) focus on labour and birth only⁹ and the Mason Postnatal Questionnaire which was developed in Australia, on the postnatal period.¹³ This instrument has an in-patient section containing 131 items, which also limits its utility. The Measure for Testing Satisfaction, Care in Obstetrics: Measure For Testing Satisfaction ‘COMFORTS’ Scale¹² developed in Canada was designed to measure women’s satisfaction with the care they received as an in-patient and is therefore not suited to a continuity service.

In addition, many of the questionnaires used for measuring satisfaction with maternity care do not appear to have been rigorously developed or tested.²⁰ 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.²⁰ It is important that valid and reliable questionnaires are available for use in midwifery practice in order to assist research and inform clinical practice and service development. When the focus of evaluation is a continuity model of midwifery care then it is also important that the instrument used to measure satisfaction is appropriate to this model of care. With these points in mind, this integrative review set out to identify reliable, valid instruments for measuring maternal satisfaction with continuity of midwifery care.

3. Methods

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 maternal satisfaction with maternity care and focusing on the continuum of pregnancy, labour birth and postnatal periods. 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.⁷

Initially a search using key words was undertaken using: Cinahl, Cochrane Library, Ovid, Medline, Pub med, Nursing Reference

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