



To determine the level of satisfaction towards nursing care among caesarean mothers in post caesarean ward.

Nursing

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ABSTRACT

BACKGROUND OF THE STUDY: Health care quality and industry is a global issue undergoing a rapid transformation to meet the ever-increasing needs and demands of its patient population. Hospitals with uneducated patient with little health care choice were as educated consumer has many service demands and health care choices available. Patient wants Quality nursing care with satisfaction. and is considered an important factor in explaining patients' perceptions of service quality. Care assessed to be high quality according to clinical, economic will be ideal as a result of the patient is happy or satisfied. The closest most tools for measuring consumer experiences are the occasional patient satisfaction survey.

OBJECTIVES: 1. To assess the level of satisfaction towards nursing care among caesarean mothers in post-caesarean ward of selected maternity hospital. 2. To find an association between the selected demographic variables of caesarean mothers and level of satisfaction towards nursing care.

MATERIAL METHODS: Study was conducted on 68 caesarian mothers of maternity ward at Krishna Hospital, karad. Descriptive research design was considered. Non probability convenient sampling technique was used. Data collection is planned systematically through structured interview schedule.

RESULTS: overall patient satisfaction with quality of nursing care. That Age >25 Good (97.36%) Average (2.63%) and age <25 Good (96.66%) Average (3.33%) & (P-value 0.86), Education- literate Good (80.30%) Average (19.69%) illiterate Good (50%) Average (50%) & (p-value 0.29), Occupation- Service Good (9%) Average (1%) Housewife Good (79.31%) Average (20.68%) & (p-value 0.42, Length of stay- < 9 Days Good (83.05%) Average (16.94), > 9 Days Good (66.66%) Average (33.33%) & (p-value 0.24).

CONCLUSION: study shows there is no statistically significant association between Age, education, occupation, length of stay with patient satisfaction about quality of nursing care.

KEYWORDS:

Satisfaction, nursing care, caesarean mother, hospital.

INTRODUCTION:

A few decades ago, in India, medical care was mainly provided by government hospitals. Since the treatment was free in these hospitals, the expectations of patients were low and accordingly the quality of services and the accountability of health providers were low. With the changing economic scenario in the country, private hospitals are coming up in a big way. The expectations of the clients from these hospitals are very high. But the attitude of staff has not changed commensurate to the changed environment. This result in dissatisfaction among patients and sometimes leads to conflicts and frustrations. A patient receiving free treatment and care is mainly concerned with the outcome of the treatment i.e. correct diagnosis and treatment, whereas the paying clients are more equally concerned about the waiting time, staff behavior, cleanliness, other amenities and available technology.

The goal of a hospital is to provide quality care to patients at a reasonable cost without exposing them to avoidable risks. Quality may be defined as conformance to standards. The patients, doctors, nurses, management, medical associations or accreditation board may have some stake in defining the standards of medical care but the patients are single largest category. They deserve special attention. Therefore, the satisfaction of patients is one of the most important criteria for assessing the quality of care in a hospital.¹

A quality assessment and assurance program is an ongoing, global system that compares the structure, process, or outcome of the care provided with established criteria or standards. A successful quality

assessment and assurance program requires a comprehensive, well-maintained medical records system. Main components of a Quality assessment and assurance program include development of specific criteria; identification of expected results indicative of quality of care; development of an ongoing monitoring system; systematic evaluation; and a plan of correction for identified problems. Quality of care encompasses the patient's satisfaction with care, efficacy of care, accessibility and continuity of care, and cost effectiveness.² Patient satisfactions with nursing care is one of the indicators identified by the American Nurses Association as having a strong "theoretical link to the availability and quality of professional nursing services in hospital settings."³

The maternal mortality is a major issue of public health in developing countries. Providing quality postnatal care after caesarean including earlier identification of the problems and proper intervention will help the mother to achieve full recovery and restore her functional status back to the pre-pregnancy state sooner. Raising providers and women's awareness about postnatal period and focusing on women's postnatal psychosocial needs can improve the quality of maternity services.

NEED FOR THE STUDY:

Investigating the quality of care in the context of health care is of vital importance to evaluate and improve the quality of care provided. Patient satisfaction is a significant indicator of the quality of care. Consequently, quality work includes investigations that map out patient satisfaction with nursing care. The nurse needs to know

about factors that influence patient satisfaction. Eight domains have been identified that have an influence on patient satisfaction with nursing care. These are the socio-demographic background of the patients, patient's expectations regarding nursing care, the physical environment, communication and information, participation and involvement, interpersonal relations between nurse and patient, nurses medical-technical competence, and the influence of the health care organization on both patients and nurses.⁴

Patients are not always satisfied with the care received and Nurses and physicians perceptions about good quality of care do not always agree with patient's perceptions. Women are consistently less satisfied with the care they received in hospital following birth. A study conducted in Tehran, Iran demonstrated that weak postpartum care was provided in 82% of cases and mothers were less satisfied with provided care in all domains of care. The study suggested that it is necessary for regular monitoring and evaluation and evidence-based intervention programs to improve the system of care.⁵

When organizing postpartum care, the opinion and expectations of the population should be taken into account. Mothers indicated that to improve quality of services, greater emphasis should be placed on, health education on childcare, more time allocation for discussion, and provision of continuous training for maternal and child health workers with respect to child care.

Comprehensive understanding of patient's preferences, for how they need to be treated and how they want to be involved in the health care activities, leads to the achievement of better patient centered care. Nurses may need to communicate more effectively with postpartum mothers and their caregivers about their particular roles they will play during the patient's hospital episode, the expectations they have of patients in the process of healing and recovery, and the reasons for the actions they take in aiding this process. They provide evidence for developing both new models of nursing care for this patient group, and nursing education programs.

In the present setting as the student investigator posted in caesarean wards, observed that most of the mothers are less satisfied with the care they received in the wards. So it is felt by the student investigator that there is a need for the study, to improve patient satisfaction with nursing care activities.

PROBLEM STATEMENT:-

"A study to determine the level of satisfaction towards nursing care among caesarean mothers in post caesarean ward of selected maternity hospital at Krishna hospital, Karad".

OBJECTIVES:

1. To assess the level of satisfaction towards nursing care among caesarean mothers in post-caesarean ward of selected maternity hospital.
2. To find an association between the selected demographic variables of caesarean mothers and level of satisfaction towards nursing care.

REVIEW OF LITERATURE:

A study was conducted in Le Trobe University, Australia, to assess the effectiveness of a midwife led debriefing session during the postpartum hospital stay in reducing the prevalence of maternal depression at 6 months postpartum among 1041 women giving birth by caesarean section. 80% of women scored as depressed who allocated to debriefing than women allocated to usual postpartum care. The study concluded the midwife led debriefing after operative birth is ineffective in reducing maternal morbidity.⁷

A comparative study conducted in Arbour birth center, Calgary, Canada to determine the differences in women's satisfaction with maternity care given by doctors and midwives. The women experiencing low-risk pregnancies were more satisfied with care by

midwives than with care provided by doctors.⁸

A prospective study was carried out in 370 women who underwent emergency caesarean section in Dakar, to analyze the maternal and infant prognosis of emergency caesarean section. The post operative maternal mortality rate was low and outcome was favorable. Mother and child mortality rates were correlated with the severity of obstetrical manifestations and delay of care. Findings also showed that a well organized care system lowers the operative risk of emergency caesarean section even in developing countries.⁹

To compare the methods of administering analgesia, by self and nurse by the epidural route after caesarean section, a study was conducted in Tucker, Georgia. The study was conducted on 50 women, who had undergone planned caesarean section. The results show that subjects in self administered group required less pain medication than subjects in nurse-administered group.¹

A study was conducted in Florida State University, Tallahassee, with the purpose of comparing patient satisfaction with two types of nursing care postpartum. 71 women were the subjects. The traditional model of having a nurse for the baby and different nurse for the mother can be as satisfying to women as having one nurse for mother-baby couplet when rooming in. Women in both groups were satisfied with nursing care given to themselves and infants, with no difference in satisfaction between groups.¹¹

A randomized controlled trial was conducted to know the effectiveness of nurses as providers of labor support in North American hospitals. A Cochrane review concluded that continuous care giver support during labor has many benefits. A total of 6915 women were included in the study. In hospitals characterized by high rates of routine intrapartum interventions, continuous labor support by nurses does not affect the likelihood of caesarean delivery or other medical or psychosocial outcomes of labor and birth.¹²

A study was conducted to identify and compare the perceptions of women and midwives concerning women's beliefs about what constitutes quality in maternal services. The result shows an understanding of the concerns of women by maternity care staff is important in the development of a woman-focused service and has implications for risk management and improving the service quality for those who provide and experience the service.¹³

A study was conducted in the La Trobe University, Australia, to assess the Filipino, Turkish, and Vietnamese women's view about their care during the postnatal hospital stay. 318 mothers were included in the study, and found that the overall satisfaction with care was low, and one in three women left hospital feeling that they required more support and assistance with both baby care and their own personal needs.¹⁴

MATERIALS AND METHODS OF STUDY

Study Design

Descriptive research design.

SOURCES OF DATA

The data will be collected from the caesarean mothers at selected maternity hospital at Karad.

METHODS OF COLLECTION OF DATA

Data collection is planned systematically through structured interview schedule.

SAMPLING PROCEDURE

POPULATION

All the caesarean mothers in selected maternity hospital, Karad.

SAMPLE

Mothers who fulfill the inclusion and exclusion criteria are the sample.

SAMPLE SIZE

68 mothers.

SAMPLE TECHNIQUE

Non probability convenient sampling.

SETTING:

The setting selected is caesarean wards in selected maternity hospital at Karad.

ASSUMPTIONS

1. The caesarean mothers are willing to express the level of satisfaction towards nursing care.
2. Structured interview schedule can be used effectively to assess the level of satisfaction.

INCLUSION AND EXCLUSION CRITERIA:

INCLUSION CRITERIA:

This study include caesarean mothers who;

1. Are present during the study in post-caesarean ward, in selected maternity hospital.

2. Are willing to participate in the study.

3. Can understand and speak Marathi.

EXCLUSION CRITERIA:

This study will not include caesarean mothers who;

1. Are not present in the post-caesarean wards during the study.
2. Are not willing to participate in the study.
3. Cannot understand and speak Marathi /English.
4. Have post caesarean complications.

DELIMITATIONS OF THE STUDY:

1. The study is limited to caesarean mothers only.
2. Sample size is limited to 68 mothers.

OPERATIONAL DEFINITIONS:-

1. Level of satisfaction towards nursing care: - In this study level of satisfaction towards nursing care refers to the responses obtained by the structured interview schedule.

2. Caesarean mothers: - Mothers delivered a fetus by an incision through the abdominal wall and uterus.

PLAN FOR DATA ANALYSIS

Descriptive and inferential statistics are planned as follows;

Descriptive statistics;

Describes the demographic variables and knowledge and practice by number(n), frequency (f), percentage(%), mean(x), and standard deviation (S.D) are planned.

Inferential statistics;

The Chi-Square test will be used to find out the association between the demographic variables of caesarean mothers and their satisfaction.

RESULTS:

Analysis and interpretation of the data was based on the projected objectives of the study viz.

OBJECTIVE

1.To assess the level of satisfaction towards nursing care among caesarean mothers in post-caesarean ward of selected maternity hospital.

2. To find an association between the selected demographic variables of caesarean mothers and level of satisfaction towards nursing care.

Distribution of samples according to demographic variable.

Table No.1. Distribution of sample by age. N=68

SI. NO	VARIABLES	FREQUENCY (%)
1	Age	
	16 – 20 yrs	05(7.35)
	21 – 23 yrs	11(16.17)
	24 – 27 yrs	36(52.94)
2	Education	
	Graduate	35(51.4)
	Plus Two	26(38.23)
	School	05(7.35)
	Illiterate	02(2.94)
4	Occupation	
	Housewife	58(85.29)
	Service	10(14.70)
5	Length of stay	
	1-4 days	15(22.05)
	5-8 days	43(63.23)
	>9 days	10(14.70)

Table No1. Revels that majority of 36(52.94%) women's were in age group of 24-27 years , 35(51.4%) women's were graduate, 58(85.29%)were housewife and 43(63.23%) mothers stay in hospital was 5-8 days.

Distribution of sample based on patient's satisfaction about nursing care.

In the questionnaire, criteria information about nursing care includes question no.1,2,3,4,5,10,18 and they are clubbed together.

Table no. 2 patient's satisfaction about nursing care. N=68

patients satisfaction about nursing care	Frequency (%)
Good	47 (69.11)
Average	19 (27.94)
Poor	02(2.94)
Total	68 (100)

Table no 2 shows that patient satisfaction about nursing care 47(69.11) % was good 19(27.94) % average & 02(2.94) % was poor.

Distribution of sample based on patient's satisfaction about nursing care and age group.

Table no.3 Patient's satisfaction about nursing care and age group. N=68

The age group of sample ranges from 16-40 with a mean age of 25.38, standard deviation 3.301.

patients satisfaction about nursing care	Age>25 Frequency (%)	Age<25 Frequency (%)	Total Frequency (%)
Good	27(71.05)	22(73.73)	49(72.05)
Average	10(26.31)	08(26.66)	18(26.47)
Poor	01(2.63)	0	01(1.47)
Total	38(100)	30(100)	68(100)

Table no. 3 shows that patients with age group of >25 years 27 (71.05%) & <25 years 22(73.73%) patients satisfaction of nursing care was good.

Distribution of sample based on patient's satisfaction about nursing care and educational status.

Table no.4 Patient's satisfaction about nursing care and educational status. N=68

patients satisfaction about nursing care	Literate Frequency (%)	Illiterate Frequency (%)	Total Frequency (%)
Good	47(71.21)	01(50)	48(70.58)
Average	18(27.27)	01(50)	19(27.94)
Poor	01(1.51)	-	01(1.47)
Total	66(100)	02(100)	68(100)

Table no.4 shows that literate mothers 47(71.21%) % illiterate only 1(50%) mother's patient's satisfaction about nursing care was good.

Distribution of sample based on patient's satisfaction about nursing care and occupation.

Table no 5. Patient's satisfaction about nursing care and occupation. N=68

patients satisfaction about nursing care	Service Frequency (%)	Housewife Frequency (%)	Total Frequency (%)
Good	07(70)	40(68.96)	47(69.11)
Average	03(30)	17(29.31)	20(29.41)
Poor	-	01(1.72)	01(1.47)
Total	10 (100)	58 (10)	68(100)

Table no.5 shows that majority 40 (68.96%)housewife mothers & 7 (70%) service mothers patient's satisfaction about nursing care was good.

Distribution of sample based on patient's satisfaction about nursing care and length of stay.

Table no. 6 patient's satisfaction about nursing care and length of stay. N=68

patients satisfaction about nursing care	<9 days Frequency (%)	>9 days Frequency (%)	Total Frequency (%)
Good	43(72.88)	05(55.55)	48(70.58)
Average	15(25.42)	04(44.44)	19(27.94)
Poor	01(1.69)	-	01(1.47)
Total	59(100)	09(100)	68(100)

Table no 6 shows that length stay of <9 days 43(72.88%) & >9 days 5(55.55%) patient's satisfaction about nursing care was good.

Distribution of sample based on patient's satisfaction about nursing care.

In the questionnaire, criteria information about nursing care includes question no.6,7,8,9,11,12,13,14,15,16,17,19and they are clubbed together.

Table no 7 patient's satisfaction about nursing care. N=68

patients satisfaction about nursing care	Frequency (%)
Good	55(80.88)
Average	12(17.64)
Poor	1(1.47)
Total	68(100)

Table no.7 shows that patient satisfaction about nursing care 55(80.88%) was good 12(17.64) % average & 01(1.47) % was poor.

Distribution of sample based on patient's satisfaction about nursing care and age group.

Table no 8 Patient's satisfaction about nursing care and age group. N=68

The age group of sample ranges from 16-40 with a mean age of 25.38, standard deviation 3.301.

patients satisfaction about nursing care	Age>25 Frequency (%)	Age<25 Frequency (%)	Total Frequency (%)
Good	24(80)	30(78.94)	54(79.41)
Average	05(16.66)	8(21.05)	13(19.11)
Poor	01(3.33)	0	01(1.47)
Total	30(100)	38(100)	68(100)

Table no. 8 shows that patients with age group of >25 years 24 (80%) & <25 years 30(78.94%) patients satisfaction of nursing care was good. Distribution of sample based on patient's satisfaction about nursing care and educational status.

Table no.9 patient's satisfaction about nursing care and educational status. N=68

Patients Satisfaction about Nursing Care	Literate Frequency (%)	Illiterate Frequency (%)	Total Frequency (%)
Good	53(80.30)	1(50)	54(79.41)
Average	12(18.18)	1(50)	13(19.11)
Poor	01(1.51)	-	01(1.47)
Total	66(100)	2(100)	68(100)

Table no. 9 shows that literate mothers 53 (80.30%) % illiterate only 1(50%) mother's patient's satisfaction about nursing care was good.

Distribution of sample based on patient's satisfaction about nursing care and occupation.

Table no 10 patient's satisfaction about nursing care and occupation. N=68

Patients Satisfaction about nursing care	Service Frequency (%)	Housewife Frequency (%)	Total Frequency (%)
Good	09(90)	46(79.31)	55(80.88)
Average	01(10)	11(18.96)	12(17.64)
Poor	0(-)	01(1.72)	01(1.47)
Total	10(100)	58(100)	68(100)

Table no 10 shows that majority 46 (79.31 %) housewife mother's 9(90 %) service mothers patient's satisfaction about nursing care was good.

Distribution of sample based on patient's satisfaction about nursing care and length of stay.

Table no 11 patient's satisfaction about nursing care and length of stay. N=68

patients satisfaction about nursing care	<9 days Frequency (%)	>9 days Frequency (%)	Total Frequency (%)
Good	49(83.05)	6(66.66)	55(80.88)
Average	10(16.94)	3(33.33)	13(19.11)

Poor	0(-)	0(-)	-
Total	59(100)	9(100)	68(100)

Table no.11 shows that length stay of <9 days 49(83.05%) & >9 days 6(66.66%) patient's satisfaction about nursing care was good.

Table no.12 Association of overall patient satisfaction with quality of nursing care and selected variables.

Different Variables	Nursing care satisfaction		Total	P Value
	Good (%)	Average (%)	(%)	
Age				0.86
>25	37 (97.36)	01 (2.63)	38 (55.88)	
<25	29 (96.66)	01 (3.33)	30 (44.11)	
Education				0.29
Literate	53(80.30)	13(19.69)	66(97.05)	
Illiterate	01(50)	01(50)	02(2.94)	
Occupation				0.42
Service	09(9)	01(1)	10(14.70)	
Housewife	46(79.31)	12(20.68)	58(85.29)	
Length of Stay				0.24
<9 days	49(83.05)	10(16.94)	59(86.76)	
>9 days	06(66.66)	03(33.33)	09(13.23)	

Table No.12 shows overall patient satisfaction with quality of nursing care.

Table No 12 shows that Age >25 Good (97.36%) Average (2.63%) and age <25 Good (96.66%) Average (3.33%) & (P-value 0.86), Education-literate Good (80.30%) Average (19.69%) illiterate Good (50%) Average (50%) & (p-value 0.29), Occupation- Service Good (9%) Average (1%) Housewife Good (79.31%) Average (20.68%) & (p-value 0.42, Length of stay- < 9 Days Good (83.05%) Average (16.94), >9 Days Good (66.66%) Average (33.33%) & (p-value 0.24), it shows there is no statistically significant association between Age, education, occupation, length of stay with patient satisfaction about quality of nursing care.

DISCUSSION:

Findik et al., (2010) conducted a cross sectional study in a 1100 bed hospital in Turkey The aim of the study was to assess patient satisfaction with nursing care and relationship between patient characteristics. The study was conducted between February and September 2006 within 12 different services in the Hospital, each with a 20-25 bed capacity and 6-7 nurses. Seven internal medicine wards and 5 surgical wards were included in the study. Two-hundred-and-twenty-nine adult patients (98 surgical, 131 medical) recruited to the study. The participants who were eligible for recruitment were patients of at least 18 years of age who had been hospitalized for at least 2 days were due to be discharged. Data were collected using the Newcastle satisfaction with nursing care scale and a patient information form. Overall data indicated a high level of patient satisfaction. Hospitalization affected the Experience of Nursing Care Scale independently, while the type of ward, sex, income, and education independently affected the satisfaction with Nursing Care Scale. Patient who underwent surgical procedures, male patients, the 40-59 year old age group those who had low levels of education or income, and patients who were hospitalized for longer periods were most satisfied. Patients age, sex, income, ward type were important factors that affected their satisfaction with nursing care.¹⁵

According to findings of above study similar finding found in my study that Age, education, occupation, length of stay of the patients are more satisfied about quality of nursing care.

CONCLUSION:

A descriptive study was undertaken to assess the patient satisfaction with quality of nursing care in maternity ward of postnatal L.S.C.S. mothers. The study conducted with 68 patients based on the finding of the study following conclusion was drawn. Study shows that Age >25 Good (97.36%) Average (2.63%) and age <25 Good (96.66%) Average (3.33%) & (P-value 0.86), Education- literate Good (80.30%) Average (19.69%) illiterate Good (50%) Average (50%) & (p-value 0.29), Occupation- Service Good (9%) Average (1%) Housewife Good (79.31%) Average (20.68%) & (p-value 0.42, Length of stay- < 9 Days Good (83.05%) Average (16.94), > 9 Days Good (66.66%) Average (33.33%) & (p-value 0.24). It shows there is no statistically significant association between Age, education, occupation, length of stay with patient satisfaction about quality of nursing care.

FUTURE SCOPE:

NURSING IMPLICATION:

The findings of this study have implications for nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE:

The findings of this study regarding a study assess patient satisfaction about nursing care indicates that there is need to evaluate quality nursing care for better improvement. Nurses aware of it by regular in-service education programme can be conducted to refresh and skill on different aspect of patient care.

NURSING EDUCATION:

A plan teaching programme should be organize for staff nurses about quality care and nursing audit for appraisal of health care. Workshops can be organized frequently to up to date the knowledge, skill and practice for nurses.

NURSING ADMINISTRATION:

The Administrator should motivate the staff nurses, to learn new methods about providing quality care. To bring about any changes in nursing, administrator should take the responsibility and take up the challenges, which will improve, standard of care.

NURSING RESEARCH:

Nursing research is an essential part of nursing as it uplifts the profession and develops new nursing norms and a body of knowledge. The research design, findings and the tool can be used as avenues for further research. By conducting research studies on the different modalities will help to develop nursing knowledge and uplift of nursing profession.

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