A STUDY OF SELECTED OBSTETRIC PATIENTS' SATISFACTION OR DISSATISFACTION WITH NURSING CARE PRACTICES AND PROCEDURES

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ABSTRACT

The purpose of this study was to determine which nursing care practices and procedures were satisfaction or dissatisfaction producing to obstetrical patients.

The study is based on a survey conducted by sending a questionnaire to a sample of maternity patients in five selected hospitals in Montana.

The results of the survey indicated that, among the patients in this sample, the practices and procedures reviewed produced more satisfaction than dissatisfaction during admission, labor, and postpartum. Also, the information obtained through the analysis seems to indicate that primiparas and multiparas have different nursing care needs during labor.

CHAPTER I

INTRODUCTION AND METHODOLOGY OF STUDY

A. Origin of Problem

Nursing existed even when man blamed his illnesses on evil spirits and believed that demons could change him into an animal or some object. From the beginning of time there have been babies, children, wounded, and elderly persons who have needed and have been given some form of nursing care. Naturally, as civilization advanced nursing care changed, expanded, and became more complex.

The nursing profession is now experiencing a period of profound change. Techniques and methods for promotion of physical well being, for the reduction of inner tensions, and for the achievement of emotional satisfaction have been somewhat perfected to provide improved nursing care for people in general; and for the expectant mother and baby in particular. However, "in this rapid development of methods and techniques...professional people have been so engrossed in technical perfection that human dignity and desires and relationships have sometimes been overlooked".[1] "We know that the emotional forces of childbearing are related to the physical forces, and that good maternity care conserves both. Routines can be modified to suit each situation."[2]

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[1]Hazel Corbin, "Maternity Care Today and Tomorrow", AJN. February 1953, p. 201.

[2]Ibid., p. 204.

Are these routines being modified in each situation in ways that tend to make the maternity care being given satisfaction producing to the patient during labor and delivery? What is required of nurses so that they may send home, armed with correct information and proper attitudes, a happy, healthy mother and infant? Prenatal classes are believed to be one answer. Prenatal care helps the parents

> "to face parenthood with confidence in their ability to care for the baby. They have strong emotional needs for understanding, for fear-dispelling information and reassurance and for support during what is essentially a lonely experience."[1]

The American woman on the whole has heard a great many "facts" concerning pregnancy and childbirth. She is informed and misinformed and more than a little confused. The prenatal classes do much to relieve fears and tensions and to enable the patient to understand why certain things are being done to, and for her, while in labor.

> "There is little doubt that a woman who has been told exactly what to expect will have a smoother and less traumatic experience in labor than someone who has no idea of what is coming next and is therefore a prey to her morbid imagination."[2]

During the patient's labor, the nurse's duty is to reassure her patient, and to explain to the patient and husband the physiology of labor. The nurse should work with the mother to help her receive the

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[1]Marion S. Lesser and Vera Keane, Nurse-Patient Relationship in a Hospital Maternity Service. St. Louis: C.V. Mosby Company, 1956, p. 2.

[2]Gerald Caplan, "The Mental Hygiene Role of the Nurse in Maternal and Child Care", Nursing Outlook. January 1954, p. 16.

most benefit from her contractions. The nurse's duties also include keeping the patient comfortable and clean.

During postpartum care the nurse assists the nursing mothers in proper breast feeding methods, and explains perineal and breast care to the patients. The nurse's duties includes the comfort of the patient in regard to her episiotomy as to application of light or medication, and to her general cleanliness. Also, she often instructs the mother on home care of the infant in regard to cleanliness and feeding routines.

B. Need for the Study

The only study found, that was specifically related to maternity patient needs during the maternity cycle was, Nurse-Patient Relationships in a Hospital Maternity Service, by Lesser and Keane. As stated in their study,

> "The research was undertaken with the aim of determining areas in which services to maternity patients might be improved through changes in nursing practices and concepts...These goals were approached through an investigation of needs that women experience during the maternity cycle."[1]

The method used to obtain the information was intensive interviews with patients and nurses.

Other research studies reviewed by the writer dealt with particular problems in maternity nursing. Three such studies are listed with the name of the institution in which they were carried out:

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[1]Marion Lesser and Vera Keane, Nurse-Patient Relationship in a Hospital Maternity Service. St. Louis: C. V. Mosby Company, 1956, p. 17.

"Study of breast feeding problems encountered by a selected group of mothers", University of Washington, June 1957; "Functions of nurses in delivery room", University of California, February 1958; "Nurse-patient relationship during the normal intrapartum of eight patients observed in a special hospital", Catholic University of America, June 1958.

Another study was found dealing with general patient satisfaction entitled, "Patients and Personnel Speak" by Faye G. Abdellah, and Eugene Levine, under the direction of Margaret G. Arnstein. "The Division of Nursing Resources has developed checklists to be given to patients and to personnel in the hospital to record the specific omissions in nursing care they saw or experienced in one day's time in the hospital."[1]

No studies were found that covered all of the areas of satisfaction experienced by hospitalized maternity patients, and the need for such a research motivated the investigator in this direction. "The areas of research in which patient care is directly involved merits particular attention."[2]

Also, through personal observation the investigator found various patients who voiced varying degrees of discontentment with some of the nursing care practices and procedures during their hospital

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[1]Faye G. Abdellah and Eugene Levine, Patients and Personnel Speak. U.S. Department of Health, Education, and Welfare, Public Health Service...Division of Nursing Resources, Washington, D.C.: U.S. Government Printing Office, 1957, p. 1.

[2]Lucille Petry Leone, "The Ingredients of Research", Nursing Research. Vol. 4, No. 2, October 1955, p. 51.

experience in the maternity service. Consequently, the writer felt that this area was of particular interest and concern to professional nurses in obstetrical services. Some of the complaints heard by the investigator through personal conversation were that admission was hurried, that the patients were left alone during labor, and that no explanations were given about procedures.

> "No question is more persistently raised in the field than 'How can nursing care be evaluated?' Educators want to know whether the graduate of one program nurses the patient more or less effectively than the graduates of another; employers are seeking guides for employment and for staffing schedules; and nurse practitioners want the satisfaction that comes through success that is identified by themselves and others."[1]

In this study the investigator dealt only with certain nursing care activities as related to the satisfaction or dissatisfaction these practices produced in the patients. The nursing care practices and procedures which were studied were admission, labor, and post-partum nursing care of mothers and babies.

C. The Problem

The problem for this study was formulated in the following hypothesis: Nursing care practices and procedures may be sources of both satisfaction and dissatisfaction to the obstetrical patients. It was the investigator's desire to determine which nursing care practices and procedures were satisfaction or dissatisfaction producing to the obstetrical patient. This information should give the nurse

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[1]Virginia Henderson, "An Overview of Nursing Research", Nursing Research. Vol. 6, No. 2, October 1957, p. 66-67.

more understanding as to how she can meet the physical and emotional needs of maternity patients.

D. Assumptions of the Investigator

The assumptions the investigator has used as a basis for this study are: (1) most dissatisfaction centers around the admission procedure, inadequate explanation of procedures, and poor preparation of mothers in infant care; (2) certain practices and procedures tend to produce satisfaction while others tend to produce dissatisfaction to the obstetrical patient; (3) the patient who has been satisfied with nursing care has had her physical and emotional needs met.

E. Scope of the Study

This study is based on the samples taken from the following five hospitals in Montana: Bozeman Deaconess Hospital, Bozeman; Billings Deaconess Hospital, Billings; St. Joseph's Hospital, Lewistown; St. James Hospital, Butte; Montana Deaconess Hospital, Great Falls. A nurse at each of these five hospitals distributed the questionnaire to primiparas and multiparas of her selection based on the instruction sheet. The instructions were to give the questionnaire to patients who had normal deliveries and normal babies, and who were willing to answer the questions. The questionnaires were to be distributed equally between primiparas and multiparas a day or two before their dismissal.

The questionnaires were answered by obstetrical patients; and the patients' were asked for post-partum evaluation of their satisfaction or dissatisfaction with nursing care practices and procedures.

Thirty-two questionnaires were completed by primiparas and thirty-nine by multiparas.

F. Limitations of the Study

1. The degree of patient satisfaction or dissatisfaction with certain nursing care practices and procedures cannot be fully (or accurately) determined because the statements of the questionnaire limit the type of answer that can be given.

2. The impersonal method of obtaining data by use of the questionnaire may eliminate many emotional reactions that the patient would express in a face-to-face contact.

3. The reason for patient's satisfaction or dissatisfaction cannot be known entirely because the questionnaire asked primarily for structured factual answers.

G. Methodology of the Study

After the problem was clarified the survey method using a questionnaire as the instrument was chosen as the most suitable means of procuring the required information. The questionnaire consisted of twenty-nine items concerned with patient admission, labor, and post-partum nursing care of mother and baby.

The twenty questions were answerable by a check mark ( ) as to "yes" or "no"; five of these items requested the respondents to make comments. Four questions were answerable by a check mark ( ) as to "very good", "good", "satisfactory", "poor", and "very poor". The remaining five questions requested the patient to answer in her own words.

The investigator submitted the questionnaire to a class of graduate students in Nursing at Montana State College campus for criticism and clarity in communication.

The scope of the study was limited to five hospitals in Montana. A total of eighty questionnaires were mailed to these hospitals. At each of the hospitals the investigator had a personal acquaintance who distributed the questionnaires according to directions. After receiving the seventy-one completed questionnaires the investigator tabulated the information and analyzed the differences among the responses of the primiparas and multiparas. A composite questionnaire of responses for primiparas and multiparas is included in the appendix.

H. Definition of Terms Used

satisfaction -- feeling of gratification of a want or a wish

dissatisfaction -- feeling of discontent or non-gratification of a want or a wish

Nurse's professional image -- the patient's symbol of hospital nursing care and patient security

I. Overview of Remainder of the Study

The first chapter of this study has served to introduce the subject under inquiry, to identify the related studies, to set forth the methodology. This chapter also deals with the definition of the problem and the framework within which it was examined.

The remainder of the study is presented in two chapters. The findings are analyzed and certain interpretations are made from the

data in Chapter II. The summary, conclusions and recommendations are presented in Chapter III.

CHAPTER II

THE FINDINGS, ANALYSIS AND INTERPRETATION OF DATA

Eighty questionnaires were sent out to the five hospitals in Montana. Seventy-one questionnaires were returned. Seventy questionnaires were completed by women who delivered live infants and one questionnaire was answered by a patient who delivered a stillborn child.

The questionnaire consisted of twenty-nine items concerned with patient admission, labor and delivery room practices and postpartum nursing care of mother and baby. The first two questions were preliminary, designed to establish the pattern of the questionnaire and to introduce the woman to the study.

Question number one asked whether this was the mother's first baby. Question number two asked if the mother felt she had a normal delivery. There were thirty-two primiparas and thirty-nine multiparas and sixty-three out of sixty-nine patients responded that they had a normal delivery. Five patients answered "no" to the second question and one respondent was undecided. However, those last six mothers did not state why they felt their deliveries were not normal.

A. Nursing Care

In viewing the findings on question three, whether nursing procedures were explained, the responses of the multiparas and primiparas were combined and they answered in the following categories: twenty-five out of sixty-nine said "very good", twenty-seven said

"good", fifteen said "satisfactory", one said "poor", and one said "very poor". Categories "very good" and "good" might seem to be closely related to individual differences of personalities involved. In other words the feeling of degree in satisfaction and dissatisfaction may be related to personality pattern.

Question four relating to the explanation of hospital routines requested the patient to check the degree of satisfaction obtained by the explanation given them. Fifty-seven out of seventy-one respondents said "very good" and "good", nine indicated that the explanations were "satisfactory", one said "poor", and two said "very poor".

B. Admission

Question number five dealt with admission and asked the question did you feel welcome when entering the hospital. Space was available for the patient's comments.

There was unanimous feeling of being welcomed to the hospital among this group of patients except one multipara who did not answer the question. This feeling of being welcomed seemed to be closely related to the behavior of the nurse particularly at the time of admission of these patients. The behavior of the nurse is presented in the following table.

TABLE I

THE BEHAVIOR OF THE NURSE PERCEIVED BY PRIMIPARAS AND MULTIPARAS AS SATISFACTION PRODUCING DURING ADMISSION

	perceived as friendly	perceived as personal interest	other perception
primiparas	10	10	8
multiparas	5	11	11

The total number of perceptual responses tabulated for primiparas was twenty-eight and for multiparas twenty-seven.

When patients entered the hospital they perceived the nurses' behavior as friendly or as having a personal interest in them. Some patients found both kinds of action as satisfaction producing. Other perceptions listed in the above chart were shown by eight primiparas when they commented that the admission procedure was satisfactory because the nurses' behavior was helpful, kind or understanding. Eleven multiparas stated that the nurse showed kindness and helpfulness.

Twenty-one out of thirty-two primiparas and seventeen out of thirty-nine multiparas commented on the nature of their satisfaction. The remaining eleven primiparas and twenty-two multiparas did not give any comments on this question as to why they found the admission procedure satisfaction producing.

Questions six and seven were omitted from the questionnaire sent to one of the selected hospitals upon the request of the administrator. For specific detail refer to the appendix, page 47.

The ten who did not respond were equally divided between primiparas and multiparas.

Question six was stated in two parts. Part one asked the respondents whether or not their husbands had been with them during the course of their labor. The second part asked whether or not respondents desired a change in the practice.

Eighteen primiparas answered "yes" to the first question and in answer to the second part they checked "no, they would not prefer a change". Six did not have their husbands and they wanted them absent. Two others, who did not have their husbands with them in the labor room, expressed a desire for them to be present. One other respondent had her husband with her but would have preferred him out of the room.

Twenty-two multiparas answered yes to the first question and in answer to the second part they would not prefer a change. Nine did not have their husbands and they wanted them absent. Two others who did not have their husbands expressed a desire for them to be present. The other respondent had her husband with her but she did not check the second question.

Question seven was the same as six, only relating to whether or not the husband was in the delivery room, and if a change in practice was desired.

Twenty-eight primiparas did not have their husbands in the delivery room, and these twenty-eight thought the practice should not be changed. Four others who did not have their husbands said they would have liked to have him there. Twenty-five multiparas did not

have their husbands in the delivery room, and these twenty-five thought the practice should not be changed. Seven others who did not have their husbands said they would have liked to have him there.

The investigator recognized that questions six and seven were related to nursing care and to hospital policy and that they are not within the span of control of the nurse. The nurse must function within the hospital policy and the presence or absence of husbands is beyond the nurses span of control, although the nurse can pass the information to the administrator that husbands desire to be present. If the patients' responses indicate dissatisfaction and this information is made available to the hospital administrator, the policy may be changed.

It is possible that the mothers who indicated that they wanted their husbands in the labor room did so because of feelings of inadequate security, fear of being left alone, or emotional dependence on their husbands. However, this is only an assumption on the part of the investigator and would require further research for verification or nullification.

In the delivery room the primiparas' and multiparas' responses indicated that they may have felt secure and adequately cared for and so did not need their husbands with them.

C. Labor

Question number eight introduces the role of the nurse during labor and these three areas:

Was the nurse understanding and considerate during labor?

What did she do that showed understanding?

What did she do that showed lack of understanding?

In response to the question concerning the first area sixty-nine out of seventy-one maternity patients checked that they received understanding and consideration during labor. One primipara and one multipara did not answer the question.

The satisfactory behavior of the nurse is presented in the following table.

TABLE II

THE BEHAVIOR OF THE NURSE PERCEIVED BY PRIMIPARAS AND MULTIPARAS AS SATISFACTION PRODUCING DURING LABOR

	actual presence	verbal communication useful	professional image
primiparas	7	10	30
multiparas	7	5	37

The total number of perceptual responses tabulated for primiparas was forty-seven and for multiparas, forty-nine. Twenty-nine out of thirty-two primiparas and thirty-two out of thirty-nine multiparas commented on satisfaction.

The patients' responses seem to indicate that the professional component of the nurse is more important during labor than during admission. During labor the patient's discomfort was greatly increased and the nurse could, to some degree, help to relieve her pain and relax her tensions. At the time of admission the patient was generally

in the early stages of labor and her discomfort was usually minimal. Therefore, the nurse's professional services weren't desired as much as in labor, delivery and in the post-partum period.

For the purposes of this study the term nurse's professional image has been defined as a symbol to the patient of hospital nursing care and patient security. This includes those personal qualities of the nurse as understanding, kindness, reassurance, patience, cheerfulness, politeness. This also encompasses her possession of related bodies of scientific knowledge which she will need to function effectively as a professional person. This image will be seen in the nurse's application of the principles of scientific knowledge to her individual patient care, in her explanations to these patients of hospital routines, and in the nursing procedures and practices related to the expected progress of labor and post-partum care of mother and infant. This definition excludes the areas of actual presence and verbal communication since these are dealt with separately.

Two multiparas and three primiparas desired only the nurse's presence, while other patients found such areas as encouragement, explanation about breathing and position, kindness, reassurance and personal attention helpful.

As previously stated one multipara did not check question eight. However, she did write a comment: "She was cheerful and on hand when I called but - unlike the nurse on duty for my last delivery." Further clarification of this statement can be seen in her answer to a later question: "When my last baby was born the nurse on duty never left the room that she didn't tell me and ask if I'd be

O.K. for a minute. If I called she was there immediately. She always talked in a soothing tone and, having had children herself, anticipated my needs. To keep me comfortable seemed uppermost in her mind. This time the nurse was much more impersonal and gave the impression of being busy." This same patient commented further on the lack of her nurse's understanding saying: "The nurse left the room and was gone for long periods of time. When labor was hard she did nothing to relieve it - such as rub wrists or apply moist cloth to my lips. When baby started to come she seemed to panic which of course made me panic, too."

The previous statements are self-explanatory. This patient from previous experience had a perception of the role of the nurse. She also had individual needs during labor which, by the nature of her statement, she felt were not met.

Two other multiparas commented on the lack of understanding. One stated, "she pressed on my stomach when the baby was to come out." Obstetrical patients do complain about this procedure, but it is a common nursing practice.

The other patient commented, "She didn't realize I was only semi-conscious and really meant to cooperate." This is an inconclusive statement since it does not give any explanation. However, it may reflect that the patient felt that she was not responding as the nurse expected.

Question number nine asked if the presence of the nurse was reassuring and helpful and in what way.

Sixty-nine out of seventy-one maternity patients felt that the

presence of the nurse was reassuring or helpful. The one dissenting comment of a multipara was, "I realize she may have been busy, but after a hypo it is very difficult to make coordinated thoughts and actions. I had been having a few hard pains, still the nurse seemed unprepared when the bag of water burst. The baby started to come, the nurse got excited, I worried that the doctor would not arrive in time. Everyone was very excited and it was hard to think and act as I wanted to."

This is a normal reaction when the patient gets apprehensive and excited and the nurse gets excited and hurried.

The following table is a summarization of three specific areas in the behavior of the nurse.

TABLE III

RESPONSES OF SATISFACTION PRODUCING AREAS AS RELATED TO NURSE'S PROFESSIONAL IMAGE

	technical knowledge past experience	presence helpful	nursing care practices
primiparas	8	6	7
multiparas	4	8	18

The total number of perceptual responses tabulated for primiparas was twenty-one and for multiparas, thirty.

Twenty-one out of thirty-two primiparas and twenty-two out of thirty-nine multiparas commented on satisfaction related to the nurse image.

Both primiparas and multiparas stated that the presence of the nurse was helpful because of technical knowledge and past experience. Five primiparas found nurses' physical presence, "just someone there", most helpful. All multiparas and one primipara stated that the nurse's presence was helpful because of knowledge and nursing care. The primiparas felt that the nurses greatest aid was in keeping them informed about the progress of their labor. However, the multiparas felt that their greatest need was information concerning the nursing care practices, such as explanation about breathing and position. Of course, they also expressed the need, as did the primiparas, for someone who was dependable, reassuring and understanding.

From the foregoing table the following implications may be drawn: (1) The nurse should reassure the primipara and keep her informed as to the progress of her labor while continuing to follow the necessary nursing care practices and procedures.

(2) The nurse should inquire of the multipara if there is any further aid that she can administer to help alleviate her discomfort and utilize the patients' knowledge and past experiences in the nursing care plan.

In responding to question ten, whether the sudden change of labor was explained, thirty respondents said "very good", seventeen said "good", eleven said "satisfactory", six said "poor", and seven did not answer at all - possibly because they did not completely

understand the question.

Five primiparas and one multipara stated that they had been given poor explanations of sudden change of labor. However, the multipara and three of these five primiparas stated that they had been informed about the progress of their labor while the two remaining primiparas stated they had not been given this information. Three primiparas of this group also stated that they had poor or very poor explanations of the nursing procedures and hospital routines. However, no explanations or reasons were given as to why they felt they were not properly informed.

One multipara who did feel completely informed commented: "she explained about the length of pains and her examinations were careful and not rough. The anesthetest's directions were concise and she was easily understood as to enunciation even in my state of last stages of labor."

Also, a primipara commented: "the sudden change led to delivery room but what was done was explained."

In responding to question eleven, were you informed about the progress of your labor, only two primiparas out of thirty-two returns were not informed about the progress of their labor. One questionnaire of the multiparas was not checked and the others answered yes.

Did you need anything during labor that you did not receive and if so what? This was question twelve and thirty-one primiparas stated that nothing was needed during labor. One primipara omitted the question. A total of thirty-eight multiparas indicated satisfaction with the practices and procedures but one patient commented that

she needed anesthesia which she did not receive. A very outspoken comment was received from a patient on this question: "I think it is very important that a damp cloth be put on the lips during the last stages of labor. It helps very much to keep the patient calm. To have to worry about labor and be so terribly dry makes it more difficult to relax." However, each patient has definite needs of her own during labor and delivery due to individual differences which cannot be assumed as an overall need of all maternity patients.

The questionnaire did not establish what medications, if any, were given during labor.

D. Post-partum

Question thirteen introduced post-partum nursing care. The patient was asked if she needed help the first time she got up after delivery and if so what help was received.

Twenty-two of the primiparas felt that help was definitely required when they were instructed to get up after delivery, while eight felt they needed none. Fourteen multiparas felt that they needed assistance and twenty-two did not indicate that they needed assistance. Those who did require help, needed assistance in getting in and out of bed and walking to the bathroom. Primiparas seemed to require more assistance than the multiparas. This fact may have been due to the past experience of the multiparas which gave them more confidence in their own strength immediately post-partum.

Sixty-nine out of seventy-one respondents answered in the affirmative to question fourteen, whether or not they were properly

cared for after delivery. One questionnable answer was found among the primiparas since both answers were checked. The one dissenting multiparas commented: "I was awakened in the middle of first night to nurse the baby after receiving heavy sedation." Some babies go on regular nursing routine but the first night the patient usually receives sedation.

Another comment: "I'm sure no one came in to massage my uterus - Just because a baby is not the first the nurse should not assume the mother knows what to do. We forget even in two years and then methods do change." It seemed to the investigator that the mother appeared dissatisfied with her care after delivery.

E. Care of Baby

Question number fifteen concerned the mother seeing the baby as often as she felt necessary. All but two of the primiparas answering felt that they saw their baby enough in the first twenty-four hours; and all primiparas, who answered the question in regard to remainder of hospital stay, answered in the affirmative. All but two of the multiparas answering felt that they saw their baby enough in the first twenty-four hours; and all but one multipara, who answered the question in regard to remainder of hospital stay, answered in the affirmative.

In reference to question sixteen, regarding length of feeding time, thirty out of thirty-two primiparas said the feeding time was adequate. Only one primipara gave no answer. When asked if the patient had a baby overly long, three primiparas answered yes, twenty-

one answered no, and eight omitted the question.

The multiparas responded in the following manner regarding length of feeding time: thirty-two out of thirty-three answering found the feeding time adequate; one felt feeding was too long; and twenty-seven felt it was of suitable length.

In response to question seventeen, whether they were shown the proper technique of breast feeding, and question eighteen, whether the nurse helped them if further assistance was needed, ten of the primiparas said "very good", four said "good", and two said "satisfactory". All of these patients checked that they received help from the nurses. Five of the multiparas said "very good", two said "good", two said "satisfactory", and one already knew the proper technique. Ten of these patients received help with breast feeding while four others did not need help.

In regard to question nineteen dealing with formula feeding of the infant, thirteen primiparas answered the question and only one of these said that she received no help; sixteen multiparas answered the question and only one of these said that she received no help.

One nursing mother expressed a dissatisfaction in the communication between the nurse and the doctor concerning the feeding of her infant. The doctor was not informed that the mother's milk had come in and consequently had ordered supplementary feeding. The resultant engorgement of her breasts caused the mother discomfort when the baby would not nurse. The patient felt that the nurse should have kept the doctor informed on her condition.

Questions twenty and twenty-one are related questions. These questions asked whether the baby was roomed in and whether the mother preferred this procedure or not.

Twenty-one patients out of twenty-three primiparas answering did not have their baby rooming-in. Only one had the experience. Four patients did not respond and the question was omitted for five patients. Twenty-three patients out of twenty-seven multiparas answering did not have their babies rooming-in. Only four had the experience. Seven patients did not respond and the question was omitted for five patients.

Nineteen out of sixty-one wanted the baby in the room, while thirty-four said "no" to this question. Fourteen primiparas wanted the baby in the room while only five out of twenty-seven multiparas wanted the baby in the room.

Question number twenty-two asked if the mother would have liked to bathe the baby while still in the hospital and twenty-three asked if the demonstration bath was shown to her. Nearly half of the new mothers would have liked to have bathed their babies. Two-thirds of the multiparas saw no reason for this practice. Of the group nine primiparas have received a demonstration bath, while twenty-one did not. Eight of thirty-four multiparas were shown the demonstration bath.

Question number twenty-four asked what was recalled in the nursing care that helped the patient at home. The most significant items of help received by multiparas at the hospital that aided them at home were the care of the breast and their own personal hygiene.

Suggestions about the care and handling of the baby in its bath, the steps for formula making and the recommended methods for proper feeding of the infant were other areas indicated in the responses.

A number of questionnaires were not checked on this question. Either the mothers' did not have any needs or they were not mentioned. A total of thirteen responses out of a possible thirty-nine were received.

Did the nurse offer helpful suggestions on infant care was asked in question twenty-five. This is presented in table IV.

TABLE IV

COMPARISON OF ANSWERS FROM PRIMIPARAS AND MULTIPARAS CONCERNING NURSES SUGGESTIONS ON INFANT CARE

	Primiparas			Multiparas		
	yes	no	no answer	yes	no	no answer
feeding	24	1	7	20	6	13
bath	11	11	10	12	8	19
crying	10	10	12	8	7	24
bowels	7	11	14	9	7	23
rash	9	11	12	8	7	24
mucus	10	9	13	11	7	21
burping	17	5	10	20	4	15
spitting	9	11	12	10	7	22

Helpful suggestions were given to the primiparas about their babies by the nurses on feeding, bathing, crying, mucus, and burping. Many patients stated that the nurse did not offer information on

spitting, rash and bowels. The multiparas who answered felt that the nurse offered a good deal of helpful information on all topics listed in the questionnaire.

Did the nurse explain the changes as you should expect as to your own care was asked in question twenty-six. This is presented in table V.

TABLE V

COMPARISON OF ANSWERS FROM PRIMIPARAS AND MULTIPARAS CONCERNING NURSES SUGGESTION ON PATIENTS' OWN CARE

	primiparas			multiparas		
	yes	no	no answer	yes	no	no answer
vaginal discharge	16	10	6	9	15	15
breasts	18	8	6	11	13	15
fatigue	16	10	6	8	13	18

The majority of primiparas said that the nurses had explained the changes as to their own care. The multiparas did not receive as much information.

Question number twenty-seven requested the patient to recall an incident of nursing care that was unsatisfactory.

Only four primiparas and six multiparas answered this question. Some nursing care needs are common to many conditions which require hospital care and are not specific to maternity patients. Of the four primiparas three responses were concerned with practices which could be sources of dissatisfaction to any patient, not only to obstetrical

patients.

1. "The nurse gave us thermometer at 1:30 and didn't come back to get it til 2:30 when we turned on the light."

2. "An aide was cross with me when the registered nurse never objected to the same things."

3. "Well one nurse seemed like she didn't enjoy doing little things that would make me comfortable."

Sometimes an individual patient would seem to contradict herself in the questionnaire. The following is an example: "I sometimes felt as though the baby didn't belong to me, but to the nursery." The same patient in the following question stated: "I felt that my baby was in good hands in the nursery, therefore it was quite comforting."

As with primiparas, two out of six responses from the multiparas might have been sources of dissatisfaction to any patient.

1. "Talk between hired kitchen help and nursing aides and even nurses could be overheard in rooms. Personnel grumbled about management even without real cause."

2. "I think the visiting hours in the evening should be longer because some people have to come so far."

Breast feeding and care of perineum are other two areas which seemed to have produced dissatisfaction to the multipara.

1. "No check was made to determine that milk was in breast before usual time. Discomfort could have been avoided by permitting baby to nurse at 2 a.m. feeding and discontinuing supplemental feeding at this time."

2. "When my milk came in I was very miserable one night and tried to call my doctor, but she told them not to put the call through. But I'm sure it was probably best. She was doing all she could do to help."

3. "Care of perineum. Previously after urination the area was washed with tepid water. Also each time the pads were changed during the first day. This seemed more effective to me than blotting the area with tissues as more urine and other material was removed and stitches did not sting as much."

4. "It doesn't seem there is enough precaution taken in perineal care. It seems there should be a disinfectant in the water."

Question number twenty-eight requested the patient to recall an incident of nursing care that was satisfactory.

Both primiparas and multiparas expressed appreciation for similar nursing care practices. The most repeated was their appreciation for the personal concern of the nurse for the individual patient with the primipara in the majority. The multipara, however, led in the appreciation of special attention given to baby's feeding. The third most frequent response was their appreciation of the back rubs given to them. Other aspects dealt with the close watch kept on them after delivery, catherization after delivery, baths, and nurse's cheerful attitude, friendliness, and understanding.

However, only eighteen out of thirty-two primiparas and twenty-six out of thirty-nine multiparas answered the question.

One mother delivered a stillborn baby. Her comment was: "quiet sympathy and understanding on part of all when baby was stillborn -

also I was notified that baby was baptized - which my husband and myself greatly appreciated."

The final question requested suggestions for improving the nursing care of obstetrical patients.

Only one primipara gave a suggestion: "Visiting hours are long and tiring on a new mother. Limit number of visitors allowed in room at one time."

Eight multiparas gave suggestions as follows:

1. "If a patient is sleeping don't wake them to take temperature, pills, especially at 6 a.m.

The meals were good - but I could have eaten larger servings, especially in the evening meal."

2. "Back rubs at night.

Sleeping pills, if necessary."

3. "I realize that very often the nurses are busy but at this time it might be advisable to allow the husbands in the labor room. They could be at least of some comfort and perhaps help a little bit - if they were the calm type."

4. "This I know is very personal and applies to me only I'm sure but I don't care to be called 'Mother' or 'Mommy' by those taking care of me. I know this is purely a personal thing and most probably think it friendly but it seemed so strange to be called thus by my contemporaries. This is not a criticism but a suggestion for others who are older and having children."

5. "I found lectures helpful but I feel booklets are better. The printed material always has the information available to you. Much

of what you learn in lectures is forgotten."

6. "I believe that a person should be washed off at least two times a day in the first three days if they have stitches it makes them feel cleaner and they won't bother as much."

7. "I think the fathers should be treated like fathers and not like visitors. I think they should be allowed to put on a sterile gown and mask if need be and allowed to be in the room while the babies are being fed. Also let them hold the baby. It is their baby, too."

8. "Instruct patient more thoroughly in use of call light.

Never use abrupt language as, 'She through?' or 'Is your light on again?'

Be sure to inquire whether baptism is desired for weak infant.

Distribute book of names early in hospitalization; also books on child care.

Encourage patient to be unafraid to phone doctor, especially in regard to baby.

Teach artificial respiration of infants.

Emphasize need of immunizations and of availability to those unable to pay.

Personnel should encourage patient about future, not without authority of any kind say, 'you'd better not have any more children.' God only knows how upsetting that can be to some of us and uselessly too."

The majority of patients seem to express satisfaction with most of the nursing care practices and procedures. Those who did not

gave their opinion in clear and concise statements that were easily understood.

CHAPTER III

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to find which nursing care practices and procedures were sources of satisfaction or dissatisfaction to the obstetrical patient.

The hypothesis of this study was that some nursing care practices and procedures are satisfaction producing and others are dissatisfaction producing to the obstetrical patient. The questionnaire was designed to determine whether the patient felt that the nursing care received upon admission, while in labor and during the postpartum period had been satisfying or dissatisfying to her.

The study was based on a sample of obstetrical patients from five hospitals in Montana. The survey method, using a questionnaire as response instrument, was developed to secure the data. Forty questionnaires were distributed to primiparas and forty to multiparas. The findings of the study were based on answers taken from seventy-one questionnaires which were answered by thirty-two primiparas and thirty-nine multiparas.

The questionnaire produced certain information that the investigator expected to have about this problem. Likewise, some information was found that had not been anticipated. The questionnaire did not yield certain information which would have been useful in the analysis. This situation was particularly apparent when examining the responses to questions two, three, four, six, seven, ten, eleven,

fifteen through nineteen, and twenty-five and twenty-six. These questions were so factual in nature that they did not permit the patient to state a feeling, or emotional reason, for her answers. However, elsewhere in the questionnaire space was reserved for unique and individual complaints and comments, and the patients had an opportunity to elaborate if they had so desired. Such responses were limited in number so the findings may not encompass the feeling areas to the same degree that they do the more objective or factual areas of response.

Some additional questions might have been included in the questionnaire so that some additional information would have been obtained. Probably a question concerning the prenatal period, dealing with health problems, diet, and medication should have been developed to provide a more complete understanding of basic factors related to the responses elicited. Some responses might have been more meaningful if these kinds of information had been available.

The findings, as revealed by the data, are summarized under four headings: admission, labor, post-partum care of mother, and care of baby.

A. Admission

The nurses attitude upon greeting the patient on admission left a great impression in the minds of the expectant mothers. This is apparent in the responses to question five. Both primiparas and multiparas found the nurses behavior satisfaction producing when the nurse showed friendliness, personal interest, helpfulness, and understanding. The reader is referred to the responses to question five

as to the nature of this feeling.

On the basis of the findings it can be concluded that most patients were completely satisfied with the interpretations about hospital routines given to them by the nurse. Also, the multiparas were fully satisfied with the explanation about nursing procedures as were the majority of primiparas. Only two of the primiparas expressed negative responses focused around the admission routines and procedures.

This finding presented the question as to what degree the feeling of being welcomed influenced obstetrical patients' acceptance of the later hospital routines and nursing care procedures.

The majority of primiparas and multiparas desired their husbands presence in the labor room; but did not express dissatisfaction with a policy which excluded the husband from the delivery room.

B. Labor

Twenty-nine out of thirty-two primiparas and thirty-two multiparas commented on the behavior of the nurse as satisfaction producing during labor. Of the primiparas, seven stated that the nurse's presence gave them satisfaction; ten answered that the nurse's verbal communication provided satisfaction and the remaining thirty answers dealt with the way the nurse fitted the patients' professional image of how the nurse should act. Seven multiparas stated that the nurse's presence gave them satisfaction; five answered the nurse's verbal communication provided satisfaction and the remaining thirty-seven answers dealt with the nurse as she fitted the patients' expectations for the professional image. The writer interpreted the professional

image as the personal qualities of the nurse in respect to her understanding, kindness, reassurance, patience, cheerfulness, politeness. The complete definition is given in chapter II, page 16.

Twenty-one out of thirty-two primiparas and twenty-two out of thirty-nine multiparas commented on satisfaction producing areas as related to nurse's professional image. The eighteen multiparas, as contrasted to seven primiparas, found satisfaction in the nursing care practices. Eight primiparas, as contrasted to four multiparas, derived satisfaction from the nurse's technical knowledge and past experience. Responses from multiparas and primiparas were equal in their expressed desire for the nurse's presence during labor.

A similar finding was reported in the research study of Lesser and Keane Nurse-Patient Relationship in a Hospital Maternity Service.

> "No other need is stressed so vigorously and frequently by all the women as the need for a human presence throughout labor. Antepartally and postpartally, over and over again, they emphasize that the satisfactory handling of all other needs depends primarily upon how well this basic desire is fulfilled."[1]

It was difficult to draw conclusions from the question, was the sudden change of labor explained? The responses which indicated a lack of satisfaction made no explanation as to why the patient was dissatisfied. The only explanatory comments received were made by satisfied patients. The writer was made aware that something is amiss in the nursing care area of explanation of labor but the findings

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[1]Marion S. Lesser and Vera Keane, Nurse-Patient Relationship in a Hospital Maternity Service, St. Louis: C. V. Mosby Company, 1956, p. 102.

of this study did not enlighten her as to the specific sources of the dissatisfaction. A more definitive study might be devoted to this area of obstetrical care.

The question concerning the patients information about the progress of her labor does not give adequate information, because it does not indicate whether or not the patient has had prior information as to the nature of progress in labor and delivery. Whether previously informed, or if informed right at the time of labor by the nurse, the majority of patients stated that they had an awareness of the progress of labor.

All but two responding patients stated that no additional nursing care was needed during labor. However, the information obtained through the analysis of the responses of primiparas and multiparas seems to indicate that the primiparas and multiparas have different care needs during labor. If nurses recognized these different care needs among primiparas and multiparas, patient care could be made more effective and perhaps the nursing care time could be used to better advantage of patients and nurses.

Multiparas found more satisfaction in nursing care practices. The primiparas found more satisfaction in sharing the technical knowledge of the nurse and the fact that the nurse's past experience was applied in their behalf. The multiparas found the nurse's technical knowledge and past experience particularly important as related to nurse's explanations about breathing and position.

The findings examined seem to indicate that certain nursing care practices which produce satisfaction to the primipara may tend

to be dissatisfaction producing to the multipara. Could this difference in care needs between primipara and multipara be in part related to the time span involved in the length of their labor? Multipara usually delivers rapidly, nursing care practices then come one after another, therefore the patient herself may tend to consider nursing practices more important than technical knowledge. For primiparas teaching takes up the hours of waiting and prepares her to deal with herself through the changes produced by labor and delivery.

C. Post-partum Care of Mother

Primiparas seemed to require more assistance in getting in and out of bed and walking to the bathroom than the multiparas.

All but two of the responding patients answered in the affirmative as to the proper care given after delivery. Although the majority of patients answered in the affirmative, the responses do not specify why they felt satisfied. This lack of information was due to the fact that the questionnaire had only one question pertaining to a negative answer. The question asked why the patients were not properly cared for, but included no question which indicated why the patients felt they were given proper care.

The majority of primiparas said that the nurse had explained about vaginal discharge, breast care, and fatigue problems as they apply to their own post-partum period. The multiparas did not receive as much information, or at least their responses did not indicate that they received this kind of information.

Only one-third of the multiparas responded to the question

relating to nursing care procedures that helped them at home from previous experience in the hospital. It appears that either the remaining two-thirds did not have any needs or they were not mentioned. The respondents made comments ranging from their own personal hygienic care and to the problems of baby's feeding and bath.

D. Care of Baby

It seems that the majority of patients were content with hospital regulations regarding feeding schedule of baby and visiting of baby and mother. No dissatisfactory comments were received concerning the technique of breast feeding since all responded from "very good" to "satisfactory". Regarding formula feeding, only one primipara and one multipara responded negatively, with all others stating that help was given.

The majority of all patients answering felt that the presence of the baby (rooming-in) would not be satisfactory. However, the majority of primiparas were in favor of the procedure, while the multiparas answered in the reverse. New mothers responses appear to have been more eager and excitable concerning their babies, while the multiparas responses indicated that they may have known the routine and believed that their rest from the baby was of great importance at this time. The procedure of having the baby room in with the mother is not a common practice in the five selected hospitals used in this study.

Over half of the primiparas were not given the demonstration bath. Approximately one-fourth of the multiparas were shown the

demonstration bath. Nearly half of the new mothers would have liked to have bathed their babies under the supervision of the nurse. Two-thirds of the multiparas saw no reason for this practice. Perhaps we can assume that the primiparas were inexperienced and frightened over their new responsibilities and that they desired help with bathing their babies. Due to their past experiences, multipara saw no need for a demonstration bath.

The primiparas and multiparas received most information relative to feeding, bathing, and burping their babies. Crying, bowels, rash, mucus in the throat and spitting were other areas that were not explained by the nurse.

On some of these questions as high as 44% of the primiparas and 62% of the multiparas did not answer. Just because the patient does not ask the nurse to answer specific questions pertaining to the care of her infant, the nurse should not assume that the mother knows all the answers and so has no questions. She should rather explain and demonstrate the procedures and practices for infant care as if the mother had all questions and knew no answers.

In evaluation of the findings over the hypothesis the following statements are made:

1. Some nursing care procedures found to be satisfaction producing are:

    a. Admission practices which made the patient feel welcome such as the nurse showed friendliness, personal interest, helpfulness, and understanding.

    b. During labor when the nurse's verbal communication

supported the patient's professional image of how the nurse should act satisfaction was produced.

c. Explanations about the nursing care procedures as these were given concerning breathing and position during labor were more satisfying to multiparas than to primiparas.

d. Explanations about the progress of labor and the meaning of the physical changes as these occur were more satisfaction producing to the multipara.

2. The presence of the nurse with both primipara and multipara during labor and delivery was the major source of satisfaction and her absence from the patients the greatest source of dissatisfaction.

a. The expectations of the multipara, based on their previous experience, appeared to give direction as to whether or not a nursing care procedure was perceived as satisfaction or dissatisfaction producing.

b. Both primiparas and multiparas expressed satisfaction for similar nursing care practices. The cares most frequently mentioned were personal concern of the nurse for the individual patient, special attention given to baby's feeding and to back rubs.

3. Multiparas and primiparas were about equally satisfied and approved the hospital policies relative to visiting between mothers and babies and the presence or absence of husband in the labor and delivery rooms.

a. More primiparas expressed interest in rooming-in of baby with mother than the multiparas.

4. Some nursing care procedures were found to be dissatisfaction producing:

a. Care of the breast and perineum were two areas of nursing procedure that elicited a few responses of dissatisfaction to a few multiparas.

b. A few primiparas expressed dissatisfaction concerning the explanation given regarding hospital routines, nursing care procedures and sudden change of labor.

c. One patient (a multipara) made many comments regarding the improvement of the care of obstetrical patients. Her responses appeared to be those of an insecure and anxious patient who obviously did not have her nursing needs met. Some of her comments concerned baptism, artificial respiration of infants, and availability of immunizations.

d. Four multiparas commented on the lack of nurse's understanding of the patient's reaction during labor.

e. Two multiparas found dissatisfaction with the postpartum care. One comment concerned the neglect of the uterus massage. The other was dissatisfied with being awakened from heavy sedation the first night after delivery to nurse the baby.

f. One patient commented with dissatisfaction about a situation which indicated a possible lack of communication

between the nurse and the doctor concerning the feeding of her infant.

In reviewing the findings of the study the writer made various recommendations relevant mostly to the scope of the study. These recommendations are listed as follows:

1. It might be useful to repeat the questionnaire with certain additions and clarifications to a group of patients and to interview the patients' nurses to establish the validity of the questionnaire and the nature of the data.

2. One might devise some method which would further test whether or not there is a difference in the care needs of primiparas and multiparas; and what is the nature of the differences as related to the desired behavior of the nurse.

3. Determine whether there are nursing care needs which are completely unknown in the practice of obstetrical nursing. Do these unrecognized needs influence the satisfaction or dissatisfaction of the patient with her nursing care?

4. If the patient's feelings of dissatisfaction persist beyond the satisfactory completion of labor this fact should be of concern to nurses and the profession and be the object of studies. The little dissatisfaction expressed by the patients in this study may or may not be substantiated by further examination of this facet of obstetrical nursing.

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APPENDIX

Hapner Hall, Box 129
Bozeman, Montana

February 3, 1960

Dear _____

At present I am completing my graduate work at Montana State College. I am now engaged in writing a technical paper on the satisfaction or dissatisfaction of patients with their nursing care practices and procedures. In order to complete the paper I need information from patients in Montana Hospitals. I have developed a questionnaire to be filled by obstetric patients. May I have your permission to include patients from your hospital in the study?

I am including a copy of a questionnaire. _____ has consented to administer the questionnaire with your permission.

Sincerely yours,

Eugenia Veckyte

February 12, 1960

Miss Eugenia Veckyte
Hapner Hall, Box 129
Bozeman, Montana

Dear Miss Veckyte:

I am in receipt of your letter of the 8th in which you asked my approval for a questionnaire to be circulated among the obstetrical patients in this hospital. I am returning the questionnaire, and it will be satisfactory if Mrs. Bratton does this on the basis that she explains to the patient the reason for the questionnaire. Also, I would like to have questions 6 - 7 - 19 - 20 deleted. The subject of having husbands in the labor and delivery room is rather touchy as well as that of boarding in of the newborn. Our policy here has been concurred in by the medical staff and I would prefer that the issue not be brought up as far as the patient is concerned.

With these changes in the questionnaire and having Mrs. Bratton explain the purpose of the questionnaire to the patient, you have my permission to proceed.

Sincerely yours,

INSTRUCTION SHEET

1. Please give the questionnaire to patients who have had normal deliveries and normal babies.
2. Give the questionnaire to patients who are willing to answer because the wish to cooperate will influence the nature of the responses.
3. Give 10 questionnaires to primiparas and 10 to multiparas.
4. Give the questionnaire a day or two before dismissal.
5. Give general instruction to each patient before giving the questionnaire:
   a. Explain purpose of the questionnaire: to find out which nursing care practices produce satisfaction and which produce dissatisfaction.
   b. Please assist the patient in filling out the questionnaire and explain the terminology concerned.
   c. Inform the patient that names or other identification is not needed or desired.
   d. Check the completed questionnaire for missing answers.

PRIMIPARAS

MATERNITY QUESTIONNAIRE

1. Was this your first baby? Yes 32 No ____ Other ____

2. Do you feel that you had a normal delivery? Yes 27 No 3 (no answer 2)

3. Were the nursing procedures explained to you? Very good 10 Good 13 Satisfactory 6 Poor 1 Very poor 1 (no answer 1)

4. Were the hospital routines explained to you? Very good 10 Good 11 Satisfactory 7 Poor 1 Very poor 2 (no answer 1)

5. Did you feel welcome when entering the hospital? Yes 32 No ____ Why?

6. Did you have your husband with you in the labor room? Yes ____ No ____

   During another labor would you prefer a change in this practice? Yes ____ No ____

7. Did you have your husband with you in the delivery room? Yes ____ No ____

   On another delivery would you prefer a change in this practice? Yes ____ No ____

8. Was the nurse understanding and considerate during labor? Yes 31 No ____ (no answer 1)

   What did she do that showed understanding?

   What did she do that showed lack of understanding?

9. Was the presence of the nurse reassuring or helpful? Yes 31 No ____ (no answer 1)

   In what way?

10. Was the sudden change in labor explained so you knew what was expected of you? Very good 14 Good 7 Satisfactory 3 Poor 5 Very poor ____ (no answer 2)

11. Were you informed about the progress of your labor? Yes 30 No 2

12. Did you need anything during labor that you did not receive? Yes ____ No 31 (no answer 1)

What?

13. When you got up the first time after delivery did you need some help? Yes 22 No 8 (no answer 2)

If you needed help what help did you receive?

14. Do you think you were properly cared for after delivery? Yes 31 No ____ (1 questionable answer)

If you answered no to the above did it relate to these things:

a. Kept clean and comfortable? Yes ____ No ____

b. Binder properly fitted? Yes ____ No ____

c. Pads changed often enough? Yes ____ No ____

d. Call bell answered promptly? Yes ____ No ____

e. Were you satisfied with the bed bath? Yes ____ No ____

f. Were you given adequate assistance with the first shower? Yes ____ No ____

g. Did you think the nurse's attitude toward the family and visitors was good? Yes ____ No ____

h. Other Yes ____ No ____

15. Did you see your baby (as often as you felt necessary):

a. In the first 24 hours? Yes 30 No 2

b. Through remainder of hospital stay? Yes 31 No ____ (no answer 1)

16. Did you have your baby long enough for feeding? Yes 30 No 1 (no answer 1)

Too long for feeding? Yes 3 No 21 (no answer 8)

17. If you were nursing the baby were you shown the technique of breast feeding? Very good 10 Good 4 Satisfactory 2 Poor ____ Very poor ____

18. If you needed help with breast feeding did the nurse help you with it? Yes 16 No ___

19. If you needed help with formula feeding did the nurse help you with it? Yes 12 No 1

20. Did you have the baby in your room (rooming in)? Yes 1 No 22 (no answer 4) (question omitted 5)

21. Would you have liked to have your baby with you in the room during the day? Yes 14 No 12 (no answer 1) (question omitted 5)

    Comment

22. Would you have liked to be able to bath your baby while still in the hospital? Yes 20 No 12

23. Was the demonstration bath shown to you? Yes 9 No 19 (not yet 2) (no answer 2)

24. From your previous experience in obstetrical department can you recall one thing in your nursing care that helped you when you had gone home?

25. Did the nurse offer helpful suggestions on infant care?

    a. Feeding Yes 24 No 1 No answer 7

    b. Bath Yes 11 No 11 No answer 10

    c. Crying Yes 10 No 10 No answer 12

    d. Bowels Yes 7 No 11 No answer 14

    e. Rash Yes 9 No 11 No answer 12

    f. Mucus Yes 10 No 9 No answer 13

    g. Burping Yes 17 No 5 No answer 10

    h. Spitting Yes 9 No 11 No answer 12

26. Did the nurse explain the changes that you should expect regarding your own care?

    a. Vaginal discharge Yes 16 No 10 No answer 6

    b. Breasts Yes 18 No 8 No answer 6

    c. Fatigue Yes 16 No 10 No answer 6

27. Describe an incident of nursing care that was unsatisfactory.

28. Describe an incident of nursing care that you appreciated.

29. Do you have any further suggestions for improving the nursing care of obstetrical patients?

MULTIPARAS

MATERNITY QUESTIONNAIRE

1. Was this your first baby? Yes ____ No 39 Other ____

2. Do you feel that you had a normal delivery? Yes 36 No 2 (undecided 1)

3. Were the nursing procedures explained to you? Very good 15 Good 14 Satisfactory 9 Poor ____ Very poor ____ (no answer 1)

4. Were the hospital routines explained to you? Very good 14 Good 14 Satisfactory 10 Poor 1 Very poor ____ (no answer 1)

5. Did you feel welcome when entering the hospital? Yes 38 No ____ (no answer 1)

   Why?

6. Did you have your husband with you in the labor room? Yes ____ No ____

   During another labor would you prefer a change in this practice? Yes ____ No ____

7. Did you have your husband with you in the delivery room? Yes ____ No ____

   On another delivery would you prefer a change in this practice? Yes ____ No ____

8. Was the nurse understanding and considerate during labor? Yes 38 No ____ (no answer 1)

   What did she do that showed understanding?

   What did she do that showed lack of understanding?

9. Was the presence of the nurse reassuring or helpful? Yes 38 No 1

   In what way?

10. Was the sudden change in labor explained so you knew what was expected of you? Very good 16 Good 10 Satisfactory 8 Poor 1 Very poor ____ (no answer 4)

11. Were you informed about the progress of your labor? Yes 38
No ____ (no answer 1)

12. Did you need anything during labor that you did not receive?
Yes 1 No 38

What?

13. When you got up the first time after delivery did you need some help? Yes 14 No 22

If you needed help what help did you receive?

14. Do you think you were properly cared for after delivery? Yes 38
No 1

If you answered no to the above did it relate to these things:

a. Kept clean and comfortable? Yes ____ No ____

b. Binder properly fitted? Yes ____ No ____

c. Pads changed often enough? Yes ____ No ____

d. Call bell answered promptly? Yes ____ No ____

e. Were you satisfied with the bed bath? Yes ____ No ____

f. Were you given adequate assistance with the first shower? Yes ____ No ____

g. Did you think the nurse's attitude toward the family and visitors was good? Yes ____ No ____

h. Other

15. Did you see your baby (as often as you felt necessary):

a. In the first 24 hours? Yes 35 No 2 (no answer 2)

b. Through remainder of hospital stay? Yes 32 No 1 (no answer 6)

16. Did you have your baby long enough for feeding? Yes 32 No ____
(no answer 6) (sometimes 1)

Too long for feeding? Yes 1 No 27 (no answer 11)

17. If you were nursing the baby were you shown the technique of breast feeding? Very good 7 Good 2 Satisfactory ____ Poor ____
(1 knew, 4 didn't need help)

18. If you needed help with breast feeding did the nurse help you with it? Yes 10 No ____

19. If you needed help with formula feeding did the nurse help you with it? Yes 15 No 1

20. Did you have the baby in your room (rooming in)? Yes 4 No 23 (no answer 7) (question omitted 5)

21. Would you have liked to have your baby with you in the room during the day? Yes 5 No 22 (no answer 7) (question omitted 5)

    Comment

22. Would you have liked to be able to bath your baby while still in the hospital? Yes 5 No 29 (no answer 5)

23. Was the demonstration bath shown to you? Yes 8 No 26 (no answer 5)

24. From your previous experience in obstetrical department can you recall one thing in your nursing care that helped you when you had gone home?

25. Did the nurse offer helpful suggestions on infant care?

a. Feeding	Yes 20	No 6	No answer 13
b. Bath	Yes 12	No 8	No answer 19
c. Crying	Yes 8	No 7	No answer 24
d. Bowels	Yes 9	No 7	No answer 23
e. Rash	Yes 8	No 7	No answer 24
f. Mucus	Yes 11	No 7	No answer 21
g. Burping	Yes 20	No 4	No answer 25
h. Spitting	Yes 10	No 7	No answer 22

26. Did the nurse explain the changes that you should expect regarding your own care?

a. Vaginal discharge	Yes 9	No 15	No answer 15
b. Breasts	Yes 11	No 13	No answer 15
c. Fatigue	Yes 8	No 13	No answer 18

27. Describe an incident of nursing care that was unsatisfactory.

28. Describe an incident of nursing care that you appreciated.

29. Do you have any further suggestions for improving the nursing care of obstetrical patients?