



**MOTHERS' SATISFACTION WITH NEWBORN CARE SERVICES
AT MUHIMA HOSPITAL**

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AT MUHIMA HOSPITAL**

by

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Declaration

I declare that this thesis hereby submitted to the University Of Rwanda College Of Medicine and Health Sciences for the masters of Science in Neonatal is the result of my own work and has not presented elsewhere in higher degree. All sources of information have been acknowledged by references.

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Abstract

Background: There is a need of the meaningful maternity care services which can satisfy women and their family with care provided to their newborn by development of services available in target to increase care at the standard level to all women and their newborn. Client satisfaction is the important measurement of quality of care in medical services, because it provides more information about how providers are successful in respecting the client values and expectations during care process.

Methodology: A cross sectional study was conducted in March to April 2017 on a sample of 223 delivering mothers in Muhima Hospital using convenient sampling technique. Data was collected using structured questionnaire and analyzed by SPSS version 20. Descriptive statistics analyses were done using frequency tables and percentages. Statistical tests were employed and significance level was taken at p-value <0.05.

Results: A total of 223 delivering mothers filled the questionnaire, of which 59.2% of the respondents were above 25 year, 84.3% are married, 59.6% are primary educated, 33.6% are self employed, 61.0% delivered by SVD and 98.2% of newborn are in postpartum unit . The findings of the study showed that the overall maternal satisfaction level with the delivery services rendered at the hospital was 95.1%. Dissatisfaction was reported to be highest (36.3%) by hospital environment. Furthermore, satisfaction with newborn care service was found to have a significant association with the marital status and occupation with P value < 0.05.

Conclusion: This study has shown that mothers were overall satisfied. Strategies should be taken in place to increase mothers' satisfaction regarding hospital environment and cleanliness in this hospital.

Keywords: mothers' satisfaction, newborn care

Dedication

I dedicate my work to my sweet and loving my husband **MUNYESHEMA Dieudonne** and our children **IKUZWE MUNYESHEMA Benit Arsene and ISINGIZWE MUNYESHEMA Bona** whose affection, love, encouragement and pray of day and night makes me able to get such success and honor. I dedicate my work also **to My parents** who supported me to study from primary school until University level and **My teachers** who offered me guidance along all hard working.

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List of acronyms and abbreviations

ANM: Auxiliary Nurses Midwives

C/S: Caesarian Section

EmONC: Emergency Obstetric and newborn care

FGDs: Focus Group Discussions

IRB: Institution Review Board

MCH: Maternal and Child Health

MDG: Millennium Development Goal

NGOs: Non Governmental Organizations

SVD: Spontaneous Vaginal Delivery

UNICEF: The United Nations Children's Fund

UR/CMHS: University Of Rwanda /College Of Medicine and Health Sciences

WHO: World health organization

CHAPTER ONE: INTRODUCTION

1.1. Introduction

Poor quality care for newborn is a factor that has a great contribution for neonatal deaths, it doesn't cause not only neonatal deaths but also other childbirth related impairment such as birth asphyxia, neonatal seizures and others in health institution where births are taking place (Friberg et al., 2010). This study is aimed to assess the mothers' satisfaction with newborn care services at Muhima Hospital.

1.2. Background

In developing countries including Rwanda, they are still having high infant mortality. Among the leading causes of these deaths, there is unsafe delivery and childbirth related complications. The majority of these deaths are preventable and treatable with proven, cost-effective intervention such as good antenatal care, close observation in intra-partum period, essential newborn care at birth time, additional newborn care for high risk newborn such as low birth weight and emergency newborn care for newborns that are sick, mainly those with infections and the good follow-up in postpartum period (UNICEF, 2015). An effort has been made around the world in target of reducing neonatal mortality by setting the millennium development goal in 2000, the MDG4 has a target of reducing about two third of child mortality by 2015 (UNICEF, 2013). Progress in Rwanda has been made with infant mortality rate reduction and neonatal mortality is 20 deaths per 1000 live births according to Rwanda Demographic health survey report of 2015. Effort have been made in order to reduce adverse outcomes for newborns like to increase skilled birth attendance and this has a positive impact on health facility deliveries

as they are at higher rate in all regions as evidenced by an increase in deliveries which was done by health personnel who are skilled at 56% in 1990 to 68% in 2012.

Every newborn must obtain the regular postnatal care because it is the time where the use of best practices for prevention, early detection and treatment of newborn complications and to educate the mother how to take care of their newborns. As individualized care that newborns receive after birth, the postnatal care should deal with any difference from likely normal recovery (WHO, 2016). Among the top priorities in health sector here in Rwanda, there is maternal child health (MCH), the district hospitals are among community health facilities which provide preventive and curative services and refer the patients to the referral hospitals and the coverage of facility based deliveries is 90.8%. Rwanda through the ministry of health has taken in place some strategies to reduce neonatal mortality, including assisted deliveries with skilled health care professional, neonatal death audit followed by essential newborn care such as thermoregulation, breastfeeding, umbilical cord care, vitamin K prophylaxis, prophylactic eye antibiotics, bathing and infection control and prevention for newborn (Rwanda Ministry of Health, 2014). It has been proven that the quality of care that newborn receive around the time of birth depend on health care interventions provided, the available physical infrastructure, human resources, knowledge, skills and capacity of health care provider to deal with childbirth, normal physiological, social and cultural processes (Were, 2015). Evidence showed that to be sure that newborn health is provided; there is a need of well working health system. And the health system function require some elements such as the way in which care services are delivered, human resources, necessary medication and technologies, financial resources in health, health information systems, how the health sector is controlled (UNICEF, 2013). There is a need of the meaningful maternity care services which can satisfy women and their family with care provided to their newborn by

development of services available in target to increase care at the standard level to all women and their newborn (Handady, Sakin and Alawad, 2015). To evaluate patient's satisfaction with health care services across the continuum of perinatal, and postnatal care, the primary focus include availability of services; physical environment; hygiene and accommodation conditions; organization of work; interpersonal relationships with healthcare professionals; and the expertise and competence of healthcare professionals in the assessment of maternal satisfaction (Matejić et al., 2014). The quality of care that helps in decline of neonatal mortality is essential requirement in health facilities as it help in continuous newborn care after delivery period (Filby, McConville and Portela, 2016).

1.3 Problem statement

Although delivery is attended by skilled health care professional, the essential quality of care for newborns is not met. The quality of newborn care is still major problem because it have been observed that all newborn services are not adequately performed in some countries, and newborn care knowledge and skills regarding health workers are still inadequate and this has a great contribution for reduced quality of care for those born infant (UNICEF, 2013). There is a need of the meaningful maternity care services which can satisfy women and their family with care provided to their newborn by development of services available in target to increase care at the standard level to all women and their newborn (Handady, Sakin and Alawad, 2015). Even though there are a number of studies conducted on maternal satisfaction with maternity services, the quality of care in maternity services regarding newborn care has received very little attention. In Rwanda, patient satisfaction surveys are conducted every year within hospital like Muhima Hospital and Kigali University Teaching Hospital but the results are not relevant as there are not yet published. Patient satisfaction as a clinical judgment on patient retention, clinical outcomes and medical malpractice claims need to be explored (Prakash, 2010).

1.4 The aim of the study

1. To assess the mothers' level of satisfaction with newborn care at Muhima Hospital

1.5 Research objectives

1.5.1 Main objective

1. To assess mothers' satisfaction with care delivered to their newborns at Muhima hospital

1.5.2 Specific objectives

1. To assess overall satisfaction of mothers with newborn care at Muhima Hospital
2. Determine the association between mothers' satisfaction and demographic characteristics at Muhima Hospital

1.6 Research questions

1. Are mothers satisfied with overall care provided to their newborn at Muhima Hospital?
2. Is there an association between satisfaction and demographic characteristics at Muhima Hospital?

1.7 Significance of the study

From this study, the women will be encouraged to look for health advices and will be able to improve their newborn health outcomes by constructing the continuous relationship with the health care professionals. The benefit of this study is not limited to women only but also to hospital itself because the study will serve as an evaluation tool to the hospital and the hospital will access the information on women's view about quality of newborn care as it may improve future health outcomes.

The result of this study will be used by stakeholders, hospitals itself to reformulate their quality of care and strategies for improvement according to patient's point of view, as well as reference source for those who will need to conduct a similar study.

1.8. Definition of concepts

Newborn: an infant from birth to 28 days after birth

Satisfaction: Attaining one's need or desire

Mothers' satisfaction: mothers need or desire

Assessment: is the process by which the characteristics and needs of clients, groups or situations are evaluated or determined so that they can be addressed.

Quality of care: the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge

Completely satisfied: Above one's expectation.

Somewhat satisfied: Just one's expectation.

Neutral: neither satisfied nor dissatisfied

Somewhat dissatisfied: Below one's expectation.

Completely dissatisfied: Fail to meet one's expectation usually leading to disappointment.

1.9. Structure/Organization of the study

The thesis comprises four chapters. The first chapter introduces and provides a description of the background, problem statement, study significance, aim and research questions and objectives of the study. Chapter two presents the critical review of the literature related to maternal satisfaction with newborn care, and the conceptual framework on which the study is based. Chapter three presents the methodology used in the study. The fourth chapter presents the findings of the study and describes also the overall discussion based on the findings, strengths, and limitations of the study, policy implications and recommendations of the study and future research areas.

Conclusion

The chapter one described the historical background about newborn care satisfaction, the study problem statement, the study objectives and research questions, significance of the study and the definition of concepts to be utilized in the study and how the study was organized.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

Patient satisfaction is commonly used to indicate the level of the quality of health care. It is a clinical judgment on patient retention, clinical outcomes and medical malpractice claims. It may also affect quality of health care which is timely, efficient and patient-centered. It can be effective in measuring effectiveness of health care providers in hospitals (Prakash, 2010). There is evidence that if someone is satisfied with care received, there is an increase of service utilization and there is a good continuous follow-up for care (Goodman, Mackey and Tavakoli, 2004).

2.2. Theoretical literature

This part of summarizes the theories that have been used on patient satisfaction with health care in last decades. The theory of Discrepancy and transgression of Fox and Storms in 1981 state that even though patient's health care orientations and provider conditions are different according to individual but when orientations and conditions are harmonized they result in patient satisfaction, if anything different the patient are dissatisfied (Fox and Storms, 1981).

Expectancy-value theory of Linder-Pelz in 1982 state that satisfaction with care is influenced by someone belief and value, the care that she has received, as well as expectations that had previously about care. This theory has tried to define patient satisfaction as "positive evaluations of distinct dimensions of healthcare" and has made in place the relationship between expectations and variation in satisfaction ratings (Linder-Pelz, 1982)

The Linder-Pelz model was developed first by Pascoe in 1983 who considered how satisfaction is influenced by expectations (Pascoe, 1983). Secondly developed by Strasser

in 1993 who tried to build six factor of psychological model such as cognitive and affective perception formation; multidimensional construct; dynamic process; attitudinal response; iterative; and ameliorated by individual difference (Strasser et al., 1993)

Determinants and components theory of Ware et al. in 1983 state that patient satisfaction is a result of personal response according to patient's experience on care as influenced by preferences and expectations of an individual (Ware, 1983)

Multiple models theory of Fitzpatrick and Hopkins in 1983 stated that what a patient expect on care provided has a social influence, patient's health goals are reflected, and the personal identity of patient can be violated by level of illness and the level of healthcare received (Fitzpatrick and Hopkins, 1983)

Healthcare quality theory of Donabedian in 1980 anticipated that satisfaction is interpersonal process of care outcomes. He argued that patient's opinion on care at excellent level in all its aspects are expressed by satisfaction or dissatisfaction with care but in relation to interpersonal aspects of care as its particular part (Donabedian, 1980)

2.3. Empirical literature

2.3.1. Quality of health care

The quality of health care is defined as the “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge according to the Institute of Medicine (Mitchell, 2008). Donabedian in 1997 described patient satisfaction as an outcome; even though it helps to validate the quality of care provided to patients, it is very difficult to define and to measure it. The quality is designed in relationship to structure, process and outcomes. Structure evaluates characteristics of health system such Infrastructure of buildings, availability of equipments, drugs and supplies, number of staff and their

qualification and other organizational activities. Process evaluates how care is delivered in prompt attention and how patients interact with health care professional. Outcome, offer evidence on consequences of healthcare provides to the patient and sometimes outcome depends on therapeutic care that patient received others such as environment and behavioral factors (Donabedian, 1997).

The meaning of maternity care services is to offer the care to all women who are pregnant and their baby the maximum care that they need and offer the advanced care for those who need it, to obtain the therapeutic outcomes at excellent level (Handady, Sakin and Alawad, 2015). Numerous studies were done in many developing countries and results showed that babies receive poor quality of care and mainly those high risk newborn who born with prematurity, these result in elevated newborn mortality (Van Den Broek and Graham, 2009)

2.3.2. Factors associated with mother's satisfaction

Maternal satisfaction is determined by all care magnitudes during three elements such as structure, process and outcomes according to Donabedian model. Structural elements included good physical environment, cleanliness, and availability of adequate human resources, medicines and supplies. Process determinants included interpersonal behavior, privacy, rapidity of care, cognitive care, and perceived provider competency. Outcome related determinants were health status of the newborn (Srivastava *et al.*, 2015). Mothers satisfaction across those aspects of care have been influenced by several factors such as women's socio-demographic personality of women the learning level, age, marital status, and financial status; individual factors like morals, attitudes, health literacy, and personal support (Dencker *et al.*, 2010)

2.3.2.1. Structure

Among standards and quality statements for facility based maternal and newborn care around the time of child-birth there are essential physical resources including water, energy, sanitation, hand-washing and waste-disposal facilities which are functional, reliable, safe and sufficient to meet the needs of staff, women and their families, adequate stock of medicines, supplies and equipment available for routine care and management of complications (Were, 2015).

Among important assessment for women on how maternal and newborn services are delivered within health institution, there is a good physical environment which includes good building supplied with water, electricity, beds, hygiene, adequate room , and waiting area; cleanliness and maintenance of hygiene; Healthcare providers such as doctors and nurses or midwives availability and accessibility of drugs and necessary equipment like thermometer, lab services and other emergency supplies. Healthcare providers are considered to have a good indicator of quality of care when they are all time available during emergency situation. When the health care providers are not adequate especially during labour, this has a negative effect on mother's care and will contribute on mother's dissatisfaction with service provided (Srivastava *et al.*, 2015).

Hygiene within health facility has been pointed to have the negative impact on how clients perceive care that they are receiving; there is a need that this area must be improved in order to make happy our clients on quality of care that they are expected to receive (Tadele Melese, Gebrehiwot , Bisetegna , and Habte , 2014).

In India the study aimed to determine the quality of postnatal care given to babies by health care workers, in a medical college hospital, as perceived by their mothers found that the cleanliness in the hospital was poor with a ratio of 1.78, health care provider hand washing before touching the baby was doubted by more than 50% of mothers, and

the mothers are satisfied with availability of nurse staff and doctors at an average ratio of 2.77 (Chandrasekaran , Srinivasan and Ghosh, 2016)

In Lao People's Democratic Republic (Lao PDR) ,the study aimed to determine the levels of delivery care satisfaction among mothers who gave birth in hospitals and examine the associations between satisfaction and background factors, the cross-sectional study using 246 mothers who gave birth at three hospitals from July to August of 2013; among the 16 components of satisfaction, only 22.0% of respondents were satisfied with sanitary facilities and 39.4% of respondents were satisfied with cleanliness Overall satisfaction was significantly associated with higher husband's education and longer hospital stay (Khammany *et al.*, 2015).

In Bangladesh, the study done on assessment of perceived level of quality of care in maternal and newborn health. The study used qualitative design to assess the perceived level of quality of care in maternal and newborn health at public facilities in Bangladesh. An exit interview with 120 patients, in depth interview with 87 healthcare providers and focus group discussions with 16 stakeholders were conducted. The results showed that there is dissatisfaction among client as well as healthcare providers which is associated with poor cleanliness such as poor or no toilet facilities at 93. %, and unclean bed & beddings, human resource which is insufficient and non- attendance of healthcare personnel and this contribute to the poor quality of care and inadequate supply of drugs and equipments (Chowdhury, Hossain and Halim, 2009).

A research aimed to investigate barriers to patient care in the eight rural district hospitals of the West Coast Winelands Region, where quantitative design was applied to study influencing factors to the quality of nursing care in West Coast Winelands Region, 340 nurses within two hospitals were participated in this study and semi structured questionnaire was used; among 131 participants hospital A, 82% of them state that there

is inadequate equipment and consumables and in hospital B among 108 participants 91% of them states also inadequate equipment and consumables (Eygelaar and Stellenberg, 2012).

In Ethiopia, a study to assess maternal satisfaction with the delivery service in Assela hospital, Arsi zone, Oromia region, used cross sectional study and 398 delivering mothers in Assela Hospital, structured questionnaire was used; the overall maternal satisfaction level with the delivery services rendered at the hospital was 80.7%. Dissatisfaction was reported to be highest at 42.3% by cleanliness and access of toilet. Satisfaction with the delivery service was found to be associated with the age and educational level of the respondents (Roza, Tafa and Hailu, 2014).

In Sierraleone, a study aimed to identify demand side barriers to the uptake of emergency and newborn care (EmONC) services and to suggest strategies to improve accessibility, utilization and client satisfaction, background discussions were held with public health officials, nongovernmental organizations (NGOs) and professional associations about the delivery of maternal and newborn care services, also focus group discussions (FGDs) were conducted in four sites; at each site five groups of 8 participants each were recruited from communities adjoining selected health facilities, additionally, semi-structured exit interviews were conducted with women awaiting hospital discharge after care for an obstetric complication and the results found that recurrent shortages of equipment and supplies is among barriers to newborn care (Oyerinde et al., 2012).

In Ester African region, the study conducted in Uganda and Burundi, they used qualitative comparative case study, face-to-face semi-structured in- depth interviews and focus group discussions were used, they used 32 local health providers and 37 staff of NGOs working in the area of maternal health as their participants , they analyzed data by

framework approach and results found that there is insufficient necessary material and drugs as common barriers to newborn care in these countries (Chi et al., 2015)

2.3.2.2. Process

Process determinants include interpersonal behavior, privacy, and rapidity of care, cognitive care, and perceived provider competency. Among popular indicator of quality of services provided, there is parental satisfaction related domain such as welfare, medical and nursing care services. Intimate communication with parents must be taken into consideration in order to meet family members with newborn satisfaction on care provided (Salehi *et al.*, 2015). Women and their families feel more comfortable with successful communication because they are involved in care, they are helped to prevent their nervousness, confusion and incorrect expectations and they are able to control their situation and this has a great contribution of positive experience. The healthcare provider who have more interpersonal communication and counseling skills are friendlier with the clients because they have positive attitude, they use simple, clear language that help the women and families to understand and to recognize their need in communication and their preferences during care process (WHO, 2016).

In Iran the study aimed to evaluate maternal satisfaction of postpartum care and its association with midwifery care at the urban health centers of Mashhad, the descriptive, cross sectional study was conducted on 411 mothers selected from 16 urban health centers in Mashhad, data were collected using the structured questionnaire of maternal satisfaction and observation checklists to assess the technical and communication skills of midwives, data analysis was performed in SPSS V.16. The study found that postnatal women were satisfied with technical competency of midwives, and were satisfied with the communication skills of midwives at 92.3% and 96.6% respectively (Mirzaei *et al.*, 2015).

In a study aimed to measure the structural and process aspects of the quality of maternal and neonatal care in the primary health care settings of Banke district, Nepal, both qualitative and quantitative (mixed method) using record review, observation and semi-structured interview method were applied in this study, 27 Auxiliary Nurses Midwives participated in this study; 89% of ANMs had good knowledge on neonatal health; 59% of ANMs provided good neonatal care and only 33% of the mothers preferred institution delivery (Dhital, Dhital and Aro, 2015).

In Pakistan, a study aimed to assess the satisfaction level of women with maternity services, and to identify factors with which women are satisfied and those with which they are dissatisfied, a cross-sectional survey of 400 women who had utilized maternity services in the past and was conducted at a public sector hospital and the results showed that 61% of women were satisfied with service while 39% were dissatisfied. The factors such as availability and accessibility followed by knowledge and advice, and technical quality of care are found to be the most cause of dissatisfaction of mothers. Factors influencing the satisfaction level have also been identified which include education of the women, place of residence and their monthly income (Ashraf *et al.*, 2012).

The study aimed at assessment of mothers' satisfaction with the care of maternal care in Specialized Educational-Medical Centers in obstetrics and gynecological disease in Northwest, Iran. An analytic-descriptive cross-sectional study was conducted, 1000 female patients who admitted in educational-medical centers of Northwest were studied during a 2 years period (2010-2012). The questionnaire following their discharge was used in data collection. The satisfaction score (satisfied or very satisfied responses) were 61.2%, 55.8%, 61.8% and 59.5% for admitting process, primary care services, treatments and therapeutic interventions and overall, respectively.

The satisfaction score about the personnel's behavior was lowest during the night shifts, there was a significant direct correlation between the mean score of satisfaction and patients' age (Taghavi et al , 2015).

In Ethiopia, a study aimed to assess the satisfaction of mothers with referral hospitals' delivery service and identify some possible factors affecting satisfaction in Amhara region of Ethiopia , cross-sectional survey that involved an exit interview was conducted in three referral hospitals in Ethiopia, 417 delivering mothers were enrolled in the study and client satisfaction was measured using a survey instrument adopted from the Donabedian quality assessment framework; 61.9% of respondents were satisfied with care. Among barriers in care delivery provision there is waiting time which is very long and inaccessibility of areas that mothers use while they are waiting care (Tayelgn, Zegeye and Kebede, 2011).

In Ethiopia, the data were collected by interviewing 403 clients, who gave birth in the past 12 months prior to data collection in 34 public health facilities results showed that overall satisfaction with services was 79.4%. The factors such as communication among healthcare provider, health care provided and how health workers approach clients have been proven a positive association with client satisfaction (Kumsa *et al.*, 2016). A study aimed to conduct a baseline evaluation on the utilization and quality of maternal and newborn health services that enable to compare the effect of intervention with midline and end line evaluation in Ethiopia, cross-sectional study design was employed to collect the baseline data using both qualitative and quantitative techniques and was conducted in 4 hospitals, 123 health centers, and 307 health posts among 25 woredas selected from Amhara, SNNP, Oromiya and Tigray Regions from July to August, 2013. Standardized questionnaires developed by World Health Organization was used in data collection. The study found that the most common reasons mentioned for not performing the signal

function were the lack of trained human resources (17.89%) and communication across different levels of the health system was poor (Defar *et al.*, 2013).

2.3.2.3. Outcomes

Outcome related determinants were health status of the newborn. The health status (baby alive and healthy or died) of a newborn affect mother's satisfaction with care provided.

In IRAQ, the study aimed to assess quality of nursing care offered during intrapartum and postpartum periods, patient satisfaction with care and to find the relationship between maternal satisfaction and some variables . A 200 postpartum women, delivered at the maternity teaching hospital were participated in the study and interview was used during data collection,the study fiund that women were satisfied regarding their expectations of the childbirth process, length and holding their baby,caregivers and client interaction, the characteristics of the setting, the involvement of clients in the caring process, the nurses' perception of client characteristics, the outcome of labour for baby were identified as factor influencing satisfaction and dissatisfaction (Atiya and Mohammed, 2016).

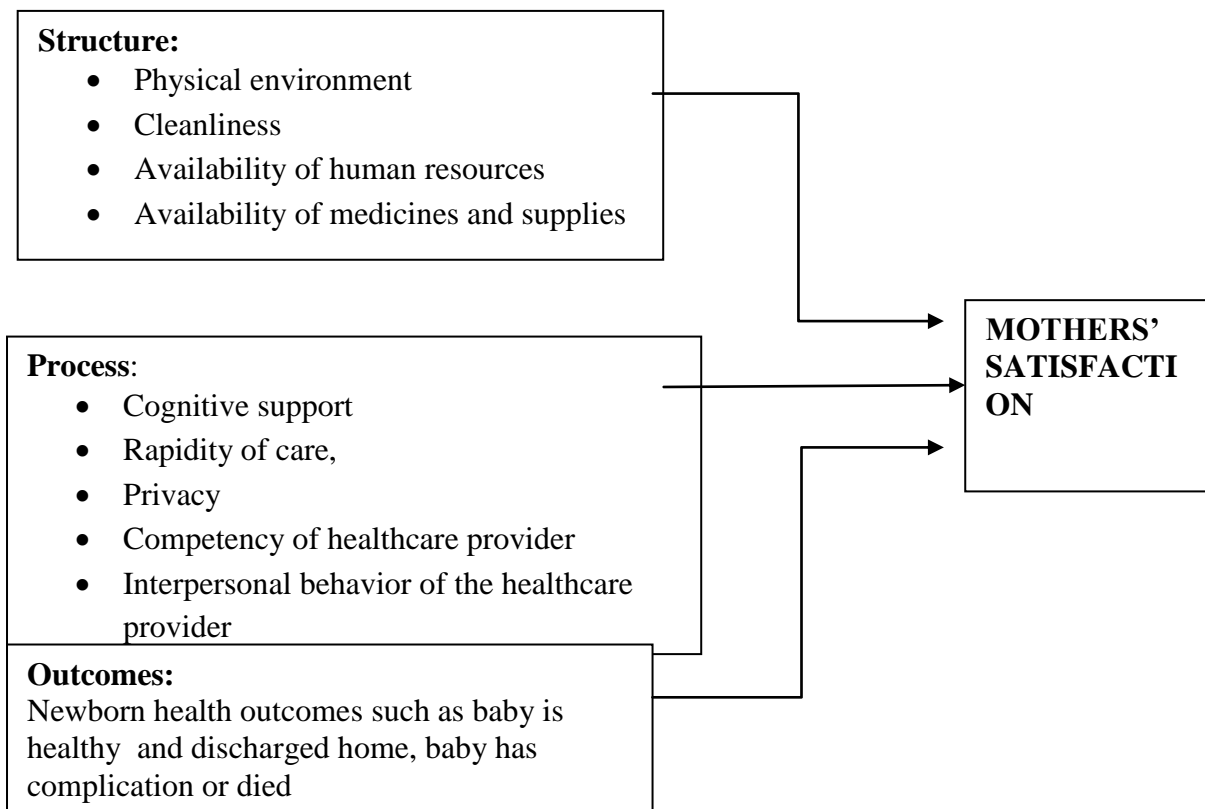
2.4. Critical Review and Research Gap identification

Most of the study has tried to link the maternal satisfaction with background factors as a major strength. In many research done about mothers' satisfaction, they are more focused on care that mother received while childbearing and little is known about care that newborn receive in post natal period while the baby is still in hospital. In this study the effort is concentrated on newborn and how the mothers are satisfied with the care that the healthcare providers give to their newborn in perinatal postpartum period. As the weakness all research done there is no research done in private hospital in order to compare the private and government hospital

2.5. Conceptual framework

The conceptual framework is built on Donabedian model which examined health services and evaluate quality of care according to three elements:structure, process ,and outcomes (Donabedian, 1997).

Figure 1: Schema of conceptual framework



In this study ,the structure is considered as the situation in which care delivery is considered,those situations include hospital buildings and environment, cleanliness, staff,availability of medicines,equipment and supplies.

Process empasizes on communication between patients and providers during the healthcare deliverance, rapidity of care, and privacy. And outcome emphasize on health care effects on patients and population health condition such as newborn health outcomes after delivery.

CHAPTER 3: RESEARCH METHODOLOGY

3.1. Introduction

This part presents all strategies that were used in this study in order to meet the study objectives. It gives more description about study site, target population, research design, and sample size of this study, data collection method, instrument and analysis of this study, how data were managed, how ethical issues were ensured in this study.

3.2. Research design

Descriptive Cross-sectional study was used in this research to determine factors associated with women satisfaction during delivery at Muhima Hospital. The study was done in 2months. The method was chosen because it helped to assess the health needs of the population which are useful to update the planning and allocation of health resources, identification area for further research and to provide information about health condition.

3.3. Research approach

In this study, non-experimental quantitative approach was used. Quantitative approach was used to quantify the problem by way of generating numerical data or data that can be transformed into usable statistics. It is used to quantify attitudes, opinions, behaviors, and other defined variables and generalize results from a larger sample population (Wyse, 2011). There was no experimental group in this study

3.4. Research setting

In Rwanda, the health care system is multi-tiered and decentralized, health services are provided through the public sector, government-assisted health facilities private health facilities, and traditional healers. The public sector is organized into three levels; each level has a defined technical and administrative platform called a minimum package of

activities. Each level coordinates with each other, to prevent overlap and to improve use of resources and services. There is the central level, the intermediate level which consists of provincial hospital and the peripheral level which consists of district hospitals and health posts. Muhima hospital is among districts hospitals here in Rwanda. The study was conducted at Muhima Hospital which is situated in Kigali city, in Nyarugenge district, it provides both preventive and curative services and also as a teaching hospital to various institution of health education here in Rwanda. It provides continuum care for pregnant women and their infant through medical care, education, training and research. It has various section including theatre unit, labor and delivery unit, newborn care unit, postnatal ward, outpatient consultation unit and pediatric unit. On average 500 women deliver in maternity of this hospital every month.

3.5. Population

Study population were the mothers who delivered at Muhima Hospital either by SVD or C/section in postpartum and mothers who have their infant admitted in neonatal unit, who are prepared to be discharged home during the time of data collection. The mothers were chosen because they were one of the parents who stay a long time with newborn and who were supposed to know everything that might happen to their newborn baby.

3.5.1. Inclusion criteria

Inclusion criteria were as follow: postnatal mothers who had undergone normal delivery or C/section admitted in postpartum unit and mothers who had their infant admitted in neonatal unit, and who are prepared to be discharged home.

3.5.2. Exclusion criteria

Exclusion criteria include: mothers who had stillbirths or neonatal deaths at present pregnancy to prevent confounding factors as they do not have their baby alive.

3.6. Sampling

3.6.1. Sampling strategy

Convenience sampling strategy was applied. Convenience sampling (also known as Haphazard Sampling or Accidental Sampling) is a type of non probability or nonrandom sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study (Etikan, Musa and Alkassim, 2016). In data collection all participants who met the criteria and volunteered to participate in the study were recruited until sample size was reached. It was chosen because it was less time consuming, the availability of sample population, it helped to obtain basic data in pilot study without complication and as there were no special found for the study, it helped to use the few resources available.

3.6.2. Variables of the Study

Dependent variable: Mothers' satisfaction with newborn care service.

Independent variables: Socio-demographic variables such as age, marital status, occupation, Educational status and obstetric history such as mode of delivery and Unit where newborn is admitted.

3.6.3. Sample size

The sample size of this study will be determined using Yamane (1967) who provides a simplified formula to calculate sample sizes. A= 95% confidence level and P value = 0.05 are assumed.

$$n = N / [1 + N (e)^2]$$

n= the sample size

N = the population size, and

e = the level of precision

Sample size calculation according to the formula

N=is estimated population size which equal to 500 women

$e=0.05$

$$n = N / [1 + N (e)^2] = 500 / [1 + 500 (0,05)^2] = 500 / [1 + 1.25] = 500 / 2.25 = 222.2$$

The sample size for this population was 223 mothers

3.7. Data Collection

3.7.1. Data Collection instruments

The structured questionnaire was used to determine the overall satisfaction of mothers with newborn care at Muhima Hospital and the association between satisfaction and demographic factors. The questionnaire was divided into sections including demographic characteristic, obstetric history and the section containing question regarding mothers' satisfaction with care received by their newborns. The questionnaire consisted with five scores Likert scale used to know how mother are satisfied with the entire healthcare provided to their baby since they delivered from physicians, nurses, and midwives. All items were scored from 1 to 5, coded as: 1=completely dissatisfied, 2=somewhat dissatisfied, 3= neither satisfied nor dissatisfied (neutral), 4=somewhat satisfied and 5=completely satisfied.

3.7.2. Validity and reliability of the instrument

The questionnaire was adapted from the validated tool which is Satisfaction with emergency obstetric and new born care services among clients using public health facilities in Jimma Zone, Oromia Regional State, Ethiopia; which was validated by pre-test conducted in health facilities nearby Jimma zone prior to the real data collection time

(Roza, Tafa and Hailu, 2014). First the questionnaire which was prepared in English was translated into Kinyarwanda. The pilot study was conducted on 10% of sample population which was 23 women to review for completeness, accuracy, and time required to complete the questionnaire. The questionnaire was understandable, less time consuming as it take 20 minutes to fill the questionnaire and the instrument was a very good measure of mothers' satisfaction with newborn care as the Chronbach's alpha was 0.897.

3.7.3. Data collection procedure

The research assistant was trained on the objective; benefit of the study, individual's right, informed consent and techniques of filling the questionnaire for one day. The research assistant was the three level midwife students. Prior to data collection, the participants were explained about research objectives and the voluntary nature of their participation and how confidentiality should be maintained, after the mothers who agreed to participate in the research were asked to scale the service provided to their newborn and the researcher or the research assistant fill the questionnaire according to the mother's response. The study took 1months and half from March to 12 April 2017 and the data were collected in 5days every week.

3.8. Data analysis

The collected data was entered into computer for analysis by SPSS version 20. During analysis the responses of 'completely satisfied' and ' somewhat satisfied' were classified as satisfied and responses of 'completely dissatisfied', 'somewhat dissatisfied' and 'neutral' as Dissatisfied .

Both descriptive and bivariate analyses were performed. Descriptive analyses were done by using frequency distribution tables and percentages. Chi-square test was used to see relationship between one independent variable with outcome variable (dependent

variable) at time. Significance level and association of variables were tested by using 95% confidence interval (C.I) and P-value < 0.05 was taken as statistically significant.

3.9. Ethical considerations

The study proposal was approved by UR-CMHS Institution Review Board and ethical clearance was obtained and presented to Muhima Hospital ethical and research committee and permission was obtained prior data collection. The participants were briefed on the voluntary nature of their participation in the study and were provided with all the necessary information on study objectives before beginning. Respecting autonomy of the participant consent form was signed for participant's agreement to participate in the study. Furthermore, the mothers were explained about confidentiality in terms of their personal information and to ensure this no one's name was written on questionnaire and the participant has right to withdraw from the study at any time she wanted.

3.10. Data management

After data collection, the data were kept in a computer secured with password and the only researcher has access to the information, another copy was on CD and flash disk. The used questionnaires were kept in a cupboard locked. After 5years of study completion, the hardcopies will be discarded into the fire.

3.11. Data dissemination

Data was disseminated in University of Rwanda College of medicine and health sciences through written report and oral presentation and the hard copy will be submitted in order to be presented in the library of the University to help as an education tool for other researcher. Muhima hospital where the study took place will receive hard copy of the study which will help the hospital to recognize its strength and weakness in the clinical practice in order to make an improvement which can satisfy more the mother about

newborn care. The study will be published in medical journal to help other researcher in their study.

3.12. Limitations and challenges

The study was conducted in one hospital and this affect generalization of the findings. The study could be extended to other hospitals here in Rwanda but it is not applicable because of low financial resource and limited time. There was a risk of bias by missing some important information as the study used only the quantitative method.

CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSION

4.0 Introduction

This chapter is presenting the major results of the study and discuss about the results in parallel with objectives and other supportive literature related to the research.

4.1 Demographic characteristics of respondents

Table 1: Demographic characteristics

Variables		Frequencies	Percentages
Age	Between 18-25years	91	40.8
	Above 25years	132	59.2
Gender	Female	223	100
Marital status	Married	188	84.3
	Single	32	14.3
	Divorced	3	1.3
Education level	Primary	133	59.6
	Secondary	81	36.3
	University	3	1.3
	Uneducated	6	2.7
Occupation	Salary employed	1	0.4
	Self employed	75	33.6
	Farmer	50	22.4
	Unemployed	32	14.3
	Housewife	65	29.1

The table 1 represents demographic characteristics. A total of 223 delivering mothers filled the questionnaire, most of the respondents were above 25 year, are married, are primary educated, and are self employed. The findings of the study showed that the overall maternal satisfaction level with the delivery services rendered at the hospital was high.

Table 2: Delivery history

Variables		Frequency	Percentage
Mode of delivery	Spontaneous Vaginal Delivery	136	61
	Caesarian section	87	39
	Admission unit		
	Neonatology unit	4	1.8
	Postpartum unit	219	98.2

The table 2 represents delivery history. A total of 223 delivering mothers filled the questionnaire, the large number delivered by SVD and most newborns are in postpartum unit.

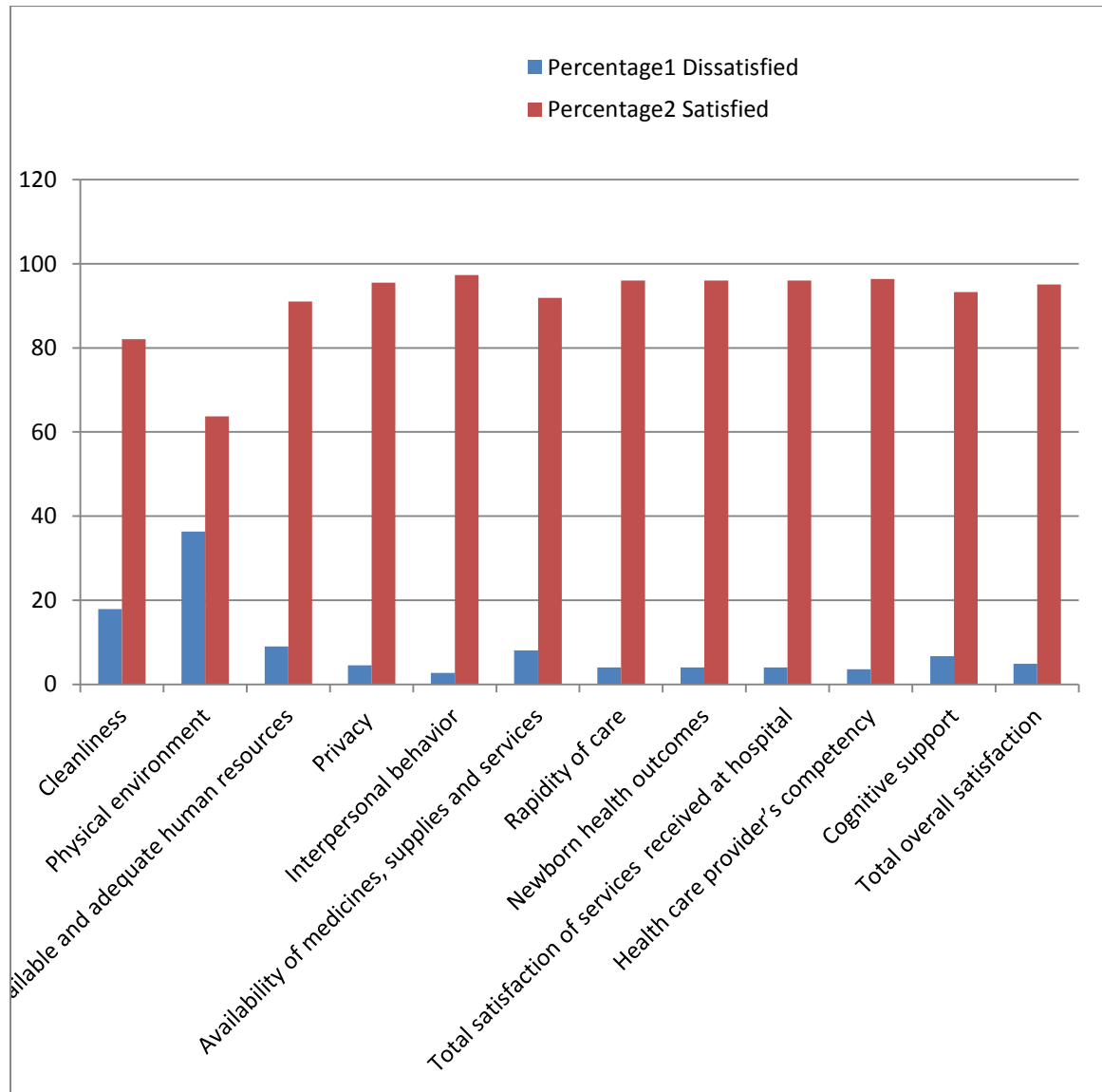
Table 3: Results of satisfaction

Variables	Frequency (%)	
	Dissatisfied	Satisfied
1. Cleanliness	40(17.9)	183 (82.1)
2. Physical environment	81 (36.3)	142(63.7)
3. Availability and adequacy of human resources	20 (9.0)	203(91)
4. Privacy	10(4.5)	213(95.5)
5. Interpersonal behavior	6(2.7)	217(97.3)
6. Availability of medicines, supplies and services	18(8.1)	205(91.9)
7. Rapidity of care	9(4)	214(96)
8. Newborn health outcomes	9(4)	214(96)
9. Total satisfaction of services that newborn received at hospital	9(4)	214(96)
10. Health care provider's competency	8(3.6)	215(96.4)
11. Cognitive support	15(6.7)	208(93.3)
12. Total overall satisfaction	11(4.9)	212(95.1)

The table 3 represents how the mothers are satisfied with many aspect of care and the overall total satisfaction of the mothers. In general, the overall satisfaction was high and the mothers were dissatisfied with physical environment including availability of

adequate rooms for service, beds and linen for every bed in the ward and water, hand washing & toilet facilities followed by cleanliness in the hospital which include cleanliness in the ward and toilet

Figure 2: Chart of satisfaction results



The figure2 represents how the mothers are satisfied with many aspect of care and the overall total satisfaction of the mothers. In general, they are highly dissatisfied with physical environment including availability of adequate rooms for service, beds and linen

for every bed in the ward and water, hand washing & toilet facilities followed by cleanliness in the hospital which include cleanliness in the ward and toilet

Table4: Results of Correlation between satisfaction and demographic characteristics

	Age	Marital status	Education level	Occupation
1. Cleanliness	0.016	-.227**	0.032	0.926
2. Physical environment	0.075	-0.055	-0.054	.166*
3. Availability and adequacy of human resources	0.027	-.193**	0.057	0.097
4. Privacy	0.085	-.247**	0.023	-0.038
5. Interpersonal behavior	0.087	-.146*	-0.007	-0.039
6. Availability of medicines, supplies and services	-0.079	-.146*	0.111	-0.002
7. Rapidity of care	0.015	-.150*	0.043	-0.048
8. Newborn health outcomes	0.015	-.210**	0.043	-0.084
9. Total satisfaction of services that newborn received at hospital	0.015	-.210**	0.043	-0.084
10. Health care provider's competency	0.085	-.295**	-0.009	-0.038
11. Cognitive support	0.032	-.306**	0.029	-0.048

** . Correlation is significant at the 0.01 level

* . Correlation is significant at the 0.05 level

The correlation results of satisfaction with demographic characteristics showed that the marital status has the relationship with cleanliness, availability and adequacy of human resources, privacy, newborn health outcomes, and total satisfaction of services that newborn received at hospital, health care provider's competency and cognitive support as

the correlation is significant at the 0.01 level. The correlation results showed also that the marital status has the relationship with interpersonal behavior with availability of medicines, supplies and services and rapidity of care as the correlation is significant at the 0.05 level. Occupation has the relationship with physical environment as the correlation is significant at the 0.05 level.

Table 5: Chi-square results: marital status and satisfaction

	Chi-square Value	df	P value
Cleanliness	17.295	2	0
Availability and adequacy of human resources	11.908	2	0.025
Privacy	17.783	2	0.006
Interpersonal behavior	6.405	2	0.117
Availability of medicines, supplies and services	1.208	2	0.599
Rapidity of care	6.965	2	0.097
Newborn health outcomes	12.991	2	0.01
Total satisfaction of services that newborn received at hospital	12.991	2	0.01
Health care provider's competency	24.844	2	0.003
Cognitive support	27.315	2	0

With P value less than 0.05, we found that there is an association between marital status and satisfaction with availability and adequacy of human resources , privacy, newborn

health outcomes, total satisfaction of services that newborn received at hospital and health care provider's competency.

Table 6: Chi-square results: Occupation and satisfaction

	Chi- square Value	df	P value
Hospital environment	12.935	4	0.006

Occupation was found also to be associated with hospital environment as has P value less than 0.05.

4.2 Presentation of findings

As patient satisfaction an important outcome measure for the quality of care and provision of services, this study assessed the mothers' satisfaction level with newborn care services. Results revealed that mothers were satisfied in general. Specifically, mothers were highly satisfied with interpersonal behavior, health care provider's competency, newborn health outcomes and rapidity of care. They are dissatisfied with physical environment followed by cleanliness in the hospital which include availability of adequate rooms for service, bed, linen, water, hand washing & toilet facilities and cleanliness in ward and toilet. This study showed that most of the mothers were satisfied with the services they received at Muhima Hospital and the low proportion of mothers expressed dissatisfaction with various aspects of the services, especially with physical environment followed by cleanliness in the hospital. Dissatisfaction was reported to be highest by physical environment followed by cleanliness. The findings are similar to other studies done in Ethiopia. The conducted, one Assela hospital, Arsi zone, Oromia region , which found that the overall maternal satisfaction level with the delivery services

rendered at the hospital was 80.7%. Dissatisfaction was reported to be highest at 42.3% by cleanliness and access of toilet (Roza, Tafa and Hailu, 2014).

Another study done in Bangladesh found that there is dissatisfaction among client as well as healthcare providers which is associated with poor cleanliness such as poor or no toilet facilities at 93. %, and unclean bed & beddings (Chowdhury, Hossain and Halim, 2009). In Lao People's Democratic Republic (Lao PDR) ,the study found that only 22.0% of respondents were satisfied with sanitary facilities and 39.4% of respondents were satisfied with cleanliness. Overall satisfaction was significantly associated with higher husband's education and longer hospital stay (Khammany *et al.*, 2015).

The results are different from those found in Ester African region in Uganda and Burundi where the study found that the insufficient of necessary material and drugs are common barriers to newborn care in these countries (Chi et al., 2015)

Marital status, occupation found to be associated with satisfaction regarding availability and adequacy of human resources , privacy, newborn health outcomes, total satisfaction of services that newborn received at hospital and health care provider's competency and hospital environment as respectively. The results were in line with Dencker and associates in 2010 who found that mothers satisfaction have been influenced by several factors such as women's socio-demographic personality of women like marital status, financial status and others. The results are different from those found in Ethiopia where satisfaction with the delivery service was found to be associated with the age and educational level of the respondents (Roza, Tafa and Hailu, 2014). Different also to the study done in Pakistan which found education of the women, place of residence and their monthly income as factors influencing the satisfaction level (Ashraf *et al.*, 2012). In Lao People's Democratic Republic (Lao PDR), the study found that overall satisfaction was

significantly associated with higher husband's education and longer hospital stay
(Khammany *et al.*, 2015)

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter summarizes the major finding of the study and make conclusion by proving response to the research objectives and research questions.

5.1 Summary of findings

In general, the overall proportion of mothers who were satisfied with newborn care.

Hospital environment which include availability of adequate rooms for service, beds in the ward and linen for every bed was found to be the major causes of dissatisfaction.

Strategies should be taken in place to increase maternal satisfaction with newborn health services regarding those healthcare aspects in this health institution. This study has shown that apart from the hospital services, other factors such as their marital status and occupation significantly are linked to mother's satisfaction.

5.2 Conclusions

This study helps to evaluate health care services offered to their newborn according to the mothers' point of view, to identify of areas which need improvement, and can help health care providers, hospital managers and policy makers to work together in increasing their efforts to achieve maximum mothers' satisfaction with newborn care services.

This study was a one institution-based in which the study population may not be representative. Data are limited to newborn care experience at Muhima district hospital thereby limiting generalization to the overall health facilities experience of newborn care.

5.3 Recommendations

From the study finding, I recommend that:

- The hospital have to improve the hygiene facility, bed and beddings must be available in the hospital
- Future studies should consider gathering more data from a more diverse sample to address the issue of generalization
- Future research can provide a comparison of public and private sector hospitals
- The hospital have to educate the mother about the patient's right in order to meet patient expectation

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APPENDICES

CONSENT FORM

Information sheet

I am **BAYISENGE Martine**, student in University of Rwanda / College of Medicine and Health Sciences. I am doing research on mothers' satisfaction with newborn care. This information sheet and consent form is prepared to explain the study you are being asked to join. Please listen carefully and ask any questions about the study before you agree to join. You may ask questions at any time after joining the study.

The purpose

The purpose of this research is to assess the factors associated with mothers' satisfaction with care delivered to their newborns at Muhima hospital. The results of the study will be very help full to point areas that need improvement in order to achieve the required quality of care. It will also serves as a facilitator for subsequent studies in the country.

Procedure

The is aimed to assess the mothers' satisfaction with newborn care services at Muhima Hospital. We invite you to take part in this study. If you are willing to participate in this study, you need to understand and give us your written consent. Then after, you will be given the questionnaire by the data collector to fill your response. You do not need to write your name to the questionnaire and all your response and the results obtained will be kept confidential by using coding system where no one will have access to your response.

Risk/ discomfort

By participating in this research, you may feel that it has some discomfort especially on wasting time about 10-20 minutes. We hope you will participate in this study for the sake of the benefit. There is no risk in participating in this project.

Benefits

Participants in this study will receive no direct benefit from the study and they are voluntarily participating; there will be no inducement. However, the outcomes of the study will be indirectly beneficial in improving the quality of service that is being provided by the newborn services

Incentives

You will not be provided any incentive or payment to take part in this project.

Confidentiality

The information collected from this research study will be kept confidential and information about you that will be collected by this study will be stored in a file, without your name, but a code number assigned to it, and it will not be revealed to anyone except the investigators and will be kept locked with a key.

Right to refuse or withdrawal

You have full right from participating in this research. You have also the full right to withdrawal from this study at any time you wish, without losing any of your right.

Person to contact

This proposal has been reviewed and approved by UR/CMHS/IRB, which is a committee whose task it is to make sure that research participants are protected from harm. If in case you want to know more information about the research and its undertakings, the committee through the address of the advisor and /or the principal investigator below.

1. BAYISENGE Martine: Tel: 0788679413, Email: bayima03@yahoo.com
2. Chairperson of CMHS IRB: Tel :0788490522
3. Deputy chairperson of CMHS IRB: Tel: 0783340040

Certificate of Consent

I have been invited to participate in research of Mothers’ satisfaction with newborn care at Muhima hospital. I understand the purpose of the study and I have been informed that there is no risk to participate in the study. I am aware that there may be no benefit to me personally and that I will not receive any incentive to participate in the study. I have been provided with the name of a researcher who can be easily contacted using the number and address I was given for that person. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research and understand that I have the right to withdraw from the research at any time without in any way affecting my newborn medical care.

Name of Participant.....

Signature of Participant

Date.....

IBISOBANURO KU BUSHAKASHATSI

Nitwa **BAYISENGE Martine**,umunyesguri muri kaminuza y'u Rwanda/ coreji y'ubuvuzi n'ubuzima.Ndi gukora ubushakatsi ku uburyo abagore banyurwa nubuvuzi buhabwa abana bakivuka mu bitaro bya Muhima. Ibi bisobanuro byateguwe kugira ngo musobanukirwe kandi mwinjire nubushakashatsi.murasabwa kumva neza icyo ubushakashatsi , mukabaza ibibazo mbere yo kubwinjiramo ndetse nigihe cyose mwaba mwabwinjiyemo.

INTEGO

Ubu bushakashatsi bugamije kureba ibintu bituma umugore yishimira uburyo umwana ukivuka abona serivici mu bitaro bya Muhima.Ibisubizo kuri ubu bushakashatsi bizadufasha mu kumenyo ahantu hakenewe kongera imbaraga ku girango ubuvuzi bwifuzwa bugerweho.Buzanafasha nabandi bazashaka gukora ubushakashatsi nkubu mu gihugu.

UKO BIKORWA

Turabasaba kugira uruhare muri ubu bushakashatsi niba mubishaka mukadusinyira ko mwemeye .Murahabwa impapuro ziriho ibibazo musubiza ahabugenewe, nta zina murashyira ku rupapuro kandi amakuru mutanga akomeza kugirwa ibanga.

IBIBAZO

Mushobobara kumva mutisanzuye cyane cyane ko biri bufate iminota hagati yicumi na makumyabiri mu gusubiza ibibazo ku rupapuro ariko turizerako mwinjira muri ubu bushakashatsi kubera inyungu muzabukuramo.Nta kindi kibazo mushobora guhura nacyo muri ubu bushakashatsi.

INYUNGU

Nta nyungu zaka kanya murakura muri ubu bushakashatsi kandi ni ubushake bwumuntu kujyamao ariko ibisubizo bizabuvamo bizabazanira inyungu kubera ko serivici zihabwa

impinja zizongerwamo imbaraga mu buryo bwo gutanga ubuvuzi bwiza kandi bwizewe ku bana

AGAHIMBAZAMUSYI

Nta gahimbazamusyi uhabwa kugirango winjire mu bushakashatsi

IBANGA

Amakuru ajyanye nubu bushakashatsi azagirwa ibanga kubera nta zina rizashyirw kuri buri rupapuro kandi nyuma impapuro zizabikwa ahantu hizewe hafunze ku buryo zigomba kurebwa numushakashatsi wenyine.

UBURENGANZIRA

Ufite uburenganzira bwo kwinjira cyangwa kutinjira muri ubu bushakashatsi kandi igihe cyose ushatse kubuvamo urabyemerewe.

IBINDI BISOBANURO

Ubu bushakashatsi bwemewe ni itsinda rikuriye ubushakashatsi muri Kaminuza yu Rwanda, koreji yubuzima nubufuzi ko nta kibazo nakimwe bwagira kubifuza kubwiniramao.Ukeneye amakuru wahamagara

1. BAYISENGE Martine, tel: 0788679413
2. Umuyobozi ukuriye itsinda ryubushakashatsi muri Kaminuza : Tel :0788490522
3. Umuyobozi wungiriye ukuriye itsinda ry'ubushakashatsi muri Kaminuza :
Tel: 0783340040

KWEMERA KUJYA MU BUSHAKASHATSI

Natumiwe mu bushakashatsi ku buryo abagore banyurwa na serivisi zihabwa abana bakivuka mu bitaro bya Muhima. Nasobanukiewe nakamaro kubushakashatsi, nzi neza ko ntakibi nzahuriramo nacyo muri ubu bushakashatsi, nta nyungu ku giti cyanyije ntegereje muri ubu bushakashatsi kandi nta gahimbazamusyi nzabona kugira ngo njye muri ubushakashatsi. Namenye izina ryukora ubushakashatsi, numero za telefoni ze, kandi nasabwwe kubaza ikibazo ntumva ku bijyanye nubu bushakashatsi mbere yo kwinjiramao. Ni ubushake bwanjye kujya muri ubu bushakashatsi kandi nasobanuriwe ko mfite uburenganzira bwo kubwukuramo igihe cyose nabishaka kandi ko bitahungabanya ubuvuzi umwana wanjye abona muri ibi bitaro.

Izina ry'umubyeyi.....

Umukono

Itariki.....

QUESTIONNAIRE FOR MOTHERS SATISFACTION WITH NEWBORN CARE

I. DEMOGRAPHIC DATA

1. Age: between 18 to 25 years
Above 25years
2. Sex: Male
Female
3. Marital status: Married
Single
Divorced
Widow
4. Educational status: Uneducated
Primary
Secondary
University
5. Occupation: Salary employed
Self employed
Farmer
Unemployed
House wife

II. DELIVERY HISTORY

6. Mode of delivery: SVS
C/section
7. Baby's location: Neonatal unit
Postpartum unit

III. MOTHERS SATISFACTION WITH NEWBORN CARE SURVEY

The survey coverer several key dimensions of client satisfaction: physical environment, cleanliness, availability and adequacy of human resources, availability of medicines, supplies and services, rapidity of care, cognitive support, provider's competence and newborn health outcomes.

Every respondent will is asked to state if she is satisfied or dissatisfied with the item and encircle the appropriate number for her response in the following manner:

1=completely dissatisfied, 2=somewhat dissatisfied, 3= neutral, 4=somewhat satisfied and 5=completely satisfied

8. Physical environment

Item	1=completely dissatisfied,	2=somewhat dissatisfied,	3=neither satisfied nor dissatisfied,	4=somewhat satisfied and	5=completely satisfied
Availability of adequate rooms for service					
Availability of adequate beds and linen for every bed in the ward					
Availability of water, hand washing & toilet facilities					

9. Cleanliness

	1=completely dissatisfied	2=somewhat dissatisfied	3=neither satisfied nor dissatisfied	4=somewhat satisfied and	5=completely satisfied
Cleanliness in the ward					
Cleanliness of the toilet					

10. Availability and adequacy of human resources

	1=completely dissatisfied	2=somewhat dissatisfied,	3=neither satisfied nor dissatisfied,	4=somewhat satisfied and	5=completely satisfied
Availability of adequate number of health staffs					

11. Availability of medicines, supplies and services

	1=completely dissatisfied	2=somewhat dissatisfied,	3=neither satisfied nor dissatisfied,	4=somewhat satisfied and	5=completely satisfied
Availability of adequate equipment					
Availability of adequate drugs and supplies					

12. Rapidity of care

	1=completely dissatisfied,	2=somewhat dissatisfied,	3=neither satisfied nor dissatisfied,	4=somewhat satisfied and	5=completely satisfied
Discharge process					
Waiting time since arrival at the hospital until you were first registered in the ward					

13. Interpersonal behavior

	1=completely dissatisfied,	2=somewhat dissatisfied,	3=neither satisfied nor dissatisfied,	4=somewhat satisfied and	5=completely satisfied
Respect of Doctors towards client					
Respect of nurses/ midwives towards client					

14. Privacy

	1=completely dissatisfied,	2=somewhat dissatisfied,	3=neither satisfied nor dissatisfied,	4=somewhat satisfied and	5=completely satisfied
Privacy maintained by the health staff during newborn care and examination					

15. Health care provider's competency

Item	1=completely dissatisfied,	2=somewhat dissatisfied,	3=neither satisfied nor dissatisfied,	4=somewhat satisfied and	5=completely satisfied
Capability of health staffs in identifying the patients' problems and providing early response					
Competency of the hospital health staff in providing care to your baby					

16. Cognitive support

Item	1=completely dissatisfied,	2=somewhat dissatisfied,	3=neither satisfied nor dissatisfied,	4=somewhat satisfied and	5=completely satisfied
Information about plan of care, upcoming procedures and interventions and asked for consent					
Opportunity given to you to clarify doubts about the care of the newborn					
Health advices on new born care and breastfeeding					

17. Newborn health outcomes

Item	1=completely dissatisfied,	2=somewhat dissatisfied,	3=neither satisfied nor dissatisfied	4=somewhat satisfied and	5=completely satisfied
The total care services that newborn got during the stay has good outcomes					

18. Total satisfaction of services that newborn received at hospital

Item	1=completely dissatisfied,	2=somewhat dissatisfied	3=neither satisfied nor dissatisfied	4=somewhat satisfied and	5=completely satisfied
Total satisfaction of services that newborn received at hospital					

**IBIBAZO BYO KUREBA UBURYO ABAGORE BANYURWA NA SERIVISI
ABANA BABO BAHABWA MU BITARO BYA MUHIMA**

Ibiranga umuntu:

1. **Imyaka:** kuva ku myaka 18 kugera ku myaka 25

Urengere imyaka 25

2. **Igitsina:** Gore Gabo

3. **Irangamimerere:** arubatse

umupfakazi

Ingaragu

yatadukanye nuwo bashakanye

4. **Amashuri yize:** amashuri abar

Amashuri yisumbuye

Kaminuza

Utarize

5. **Icyo ukora:** Akorera umushahara

Arikorera

Umuhinzi

Umushomeri

Umugore wo mu rugo

6. **Uko wabyaye:** wabyaye n

Wabyaye ubazwe

7. **Aho umwana aherereye:** mu bitaro by'aba

Arikumwe na nyina

Ibibazo bibazwa abagore kubijyanye nuburyo bishimira uko abana babo

bafatwa bari kwa muganga

Ibi bibazo birarebana nuburyo abana bavurwa kwamuganga ugendeye ku inyubako , isuku, abakozi bahagije, imiti nibikoresho bihagije , kwihutisha serivisi, ubushobozi bw'abakozi , ibanga , iimyitwarire y'abakozi , uburyo abakozi baganiriza ababyeyi n'ingaruka nziza kumwana bijyanye n'uko yavuwe.

Buri mubyey arasabwa kuvuga uburyo yanyuzwe na serivisi yahawe umwana we muri buri serivisi. Buri serivisi urayihya amanota ukurikije uko wanyuzwe niyo serivisi uhereye ku inota rimwe kugera kuri atanu.

Dore uko amanota atangwa: Sinanyuzwe ku kigero cyo hejuru : 1 sinanyuzwe ku kigero cyo hasi : 2 ndifashe: 3 Naranyuzwe : 4 Naranyuzwe cyane : 5

8. Inyubako

	Sinanyuzwe ku kigero cyo hejuru:1	sinanyuzwe ku kigero cyo hasi : 2	ndifashe: 3	Naranyuzwe : 4	Naranyuzwe cyane : 5
Ibyumba birahagije mu bitaro					
Uburiri n'amashuka birahagije mu bitaro					
Amazi , ubukarabiro n'ubwiherero bihagije biraboneka mu bitaro					

9. Isuku

	Sinanyuzwe ku kigero cyo hejuru:1	sinanyuzwe ku kigero cyo hasi : 2	ndifashe: 3	Naranyuzwe : 4	Naranyuzwe cyane : 5
Isuku mu byumba abana barwariyemo irahagije					
Isuku mu bwihereho irahagije					

10. Abakozi mu bitaro

	Sinanyuzw e ku kigero cyo hejuru:1	sinanyuzw e ku kigero cyo hasi : 2	ndifashe: 3	Naranyuz we : 4	Naranyuz we cyane : 5
Abakozi bahagije mu bitaro baraboneka					

11. Imiti n'ibikoresho

	Sinanyuzw e ku kigero cyo hejuru:1	sinanyuz we ku kigero cyo hasi : 2	ndifashe: 3	Naranyuz we : 4	Naranyuzw e cyane : 5
Ibikoresho bihagije biraboneka					
Imiti ikenewe kandi ihagije iraboneka					

12. Uko serivisi itangwa ku buryo bwihuse

	Sinanyuzw e ku kigero cyo hejuru:1	sinanyuz we ku kigero cyo hasi : 2	ndifashe: 3	Naranyuz we : 4	Naranyuzw e cyane : 5
Igihe wategereje kugirango wakirwe mu bitaro					
Serivisi yihuse mu gihe umwana asezerewe					

13. Imyitwarire y'abakozi ku barwayi

	Sinanyuzw e ku kigero cyo hejuru:1	sinanyuzwe ku kigero cyo hasi : 2	ndifashe: 3	Naranyuz we : 4	Naranyuzw e cyane : 5
Uko abaganga(Dogiteri) bafata neza umwana					
Uko abaforomo n'ababyaza bafata neza umwana					

14. Ibanga

	Sinanyuzwe ku kigero cyo hejuru:1	sinanyuzwe ku kigero cyo hasi : 2	ndifashe: 3	Naranyuzwe : 4	Naranyuzwe cyane : 5
Mu gihe umwana avurwa cyangwa asuzumwa bikorerwa ahiherereye					

15. Ubushobozi bw'abakozi

	Sinanyuzwe ku kigero cyo hejuru:1	sinanyuzwe ku kigero cyo hasi : 2	ndifashe: 3	Naranyuzwe : 4	Naranyuzwe cyane : 5
Ubushobozi bwumukozi mukumenya ikibazo no gutanga ubufasha bwihuse ku mwana					
Ubushobozi bw'umukozi mu kuvura umwana					

16. Uko umukozi aganira n'umurwayi

	Sinanyuzwe ku kigero cyo hejuru:1	sinanyuzwe ku kigero cyo hasi : 2	Naranyuzwe gake : 3	Naranyuzwe cyane: 4	Naranyuzwe cyane birenze: 5
Inama wahawe n'umukozi ku bijyanye n'ubuzima bw'umwana no kumwonsa					
Uko umubyeyi ahabwa umwanya wo gutanga igitekerezo ku buzima bw'umwana					
Amakuru arebana n'imivurire y'umwana no kwaka umubyeyi uruhushya kugirango umwana avurwe					

17. Uko ubuzima bw'umwana buhagaze

	Sinanyuzwe ku kigero cyo hejuru:1	sinanyuzwe ku kigero cyo hasi : 2	ndifashe: 3	Naranyuzwe : 4	Naranyuzwe cyane : 5
serivisi umwana yabonye zagize ingaruka nziza ku buzima ku buzima bwe					

18. Uko umubyeyi yanyuzwe muri rusange na service z'ibitaro

	Sinanyuzwe ku kigero cyo hejuru:1	sinanyuzwe ku kigero cyo hasi : 2	ndifashe: 3	Naranyuzwe : 4	Naranyuzwe cyane : 5
Uko umubyeyi yanyuzwe muri rusange ukurikije serivisi umwana yabonye mu bitaro					