

CHAPTER IV

RESULTS

The general objective of this study is to determine the satisfaction of mothers with delivery services and find out strategic issues to improve delivery services at Tribhuban University Teaching Hospital Kathmandu, Nepal. The findings of this study are presented in two parts: The result of patient satisfaction questionnaire and results of hospital staff. The first part gives the results of the face to face interview questionnaire on the mothers satisfaction from the delivery care services. The estimated sample size was 339, clients were interviewed every other day from 1st of May to the last week of August. Eligible mothers were interviewed with voluntary consent. Total four months were spent in data collection. The second part consists of the result from the Focus Group Discussion (FGD) from hospital technical staffs and managers focusing on organization and strategic issues for service improvement.

4.1 Results of Background Characteristic data

4.1.1 Socio- demographic Data

The socio-demographic data revealed that the mean age of the respondents was 23.49 years with SD 3.72. The age and monthly income were categorized in different groups for further analysis to see the relationship with satisfaction of mothers. The data on educational level of mothers were illiterate 16.2%, primary school-11.5%, high school 38.1%, college 30.7% and University 3.5% educated.

The employment status were 61.9% house wives 19.2% private job, 10.3% farmers and 8.6% government servants. Likewise monthly income was also calculated, the median income was Rs.5,000. The place of residence of mothers inside the valley was 87.3% and 12.7% outside the valley. The sex of baby was 53.8% male and 46.2% female. These data were presented in the following table.

Table 4.1 Socio-demographic Data

Variables	Frequency	(%)
<u>Age:</u>		
15-19 years	36	10.6
20-24 years	182	53.7
25-29 years	97	28.6
30 years +	24	7.1
Mean-	23.49	
SD	3.72years	
Range	16-37years	
<u>Level of education:</u>		
Illiterate	55	16.2
Primary school	39	11.5
Secondary school	129	38.1
College	104	30.7
University	12	3.5
<u>Employment status:</u>		
House wives	210	61.9
Private job	65	19.2
Farmer	35	10.3
Government service	29	8.6
<u>Monthly family income</u>		
Rs* up to 2500	7	2.1
Rs 2501-5000	203	59.8
Rs<5001-7500	45	13.3
Rs7501-10000	51	15.0
Rs10001+	33	9.8
Median	5,000Rs	
Range	2500-22000	
<u>Place of residence:</u>		
Inside Kathmandu Valley	296	87.3
Outside Kathmandu Valley	43	12.7
<u>Sex of baby:</u>		
Male	184	53.8
Female	155	46.2

* Rs = Rupees.

4.1.2 Results of obstetric data

The data analysis showed 49% primi para, 40.4% second para 7.7% third para and only 2.9% fourth para and onward. This showed that the trend of fertility is decreasing in the new generation as very few respondents were multi para in the study. Likewise antenatal care attendance was also calculated. The data revealed 89.1% mothers were receiving antenatal care and 10.9% were not. The type of delivery was also identified. The data showed 59.6% mothers had normal delivery including (epigiotomy and tear), 36.6% had delivery with induction of labor with medication and 3.8% had instrumental delivery. The place of previous delivery was represented by 51% and 49 % were the primi para so they did not respond. Out of this 43.9% were in same hospital, 32.9% at other hospital, 19.7% at home and 3.5% were at other places. Complications during labor and delivery were also explored, 85.8% had no complications and 14.2% had complications. These data were tabulated below.

Table 4.2 Obstetric data

Variable	No	%
<u>Parity</u>		
Primi para	166	49.0
Second para	137	40.4
Third para	26	7.7
Fourth onwards	10	2.9
<u>Anti-natal care received</u>		
Yes	302	89.1
No	37	10.9
<u>Type of delivery</u>		
Normal delivery	202	59.6
Induction of labor	124	36.6
Instrumental delivery	13	3.8
<u>Place of previous delivery(n=173)</u>		
Same hospital	76	43.9
Other hospital	57	32.9
Home	34	19.7
Other places	6	3.5
<u>Complications during this delivery</u>		
Yes	48	14.2
No	291	85.8

4.2 Results on Proportion of Satisfaction with Delivery Service

The response scores on satisfaction with delivery service was obtained from the items in the doctor care dimension-21 items in 4 subscales, nursing care dimension-21 items in 4 subscales, and service facility-7 items as one scale. There were 49 items in total delivery service scale. The result shows the least response item was 23 and most response item 42 out of 49 items. The analysis was done as described in analysis part. There was 96.5% satisfied and 3.5% dissatisfied in delivery service as a whole. The satisfaction with doctor care dimension was 86.7% and 13.3% dissatisfied. Similarly in service facility dimension there was 86.9% satisfied and 12.1% dissatisfied. In the nursing care dimension 92.9% satisfied and 7.1% dissatisfied. However overall satisfaction in all scales were slightly higher than the subscale analysis due to rounding in analysis procedure. This is shown in table below.

Table 4.3 Proportion of Satisfaction in delivery service

Delivery service	Valid case	satisfied		Dissatisfied	
		%	no	%	no
Doctor care dimension	339	86.7	294	13.3	45
Nursing care dimension	339	92.9	315	7.1	24
Service facility	339	87.9	298	12.1	41
Total delivery service	339	96.5	327	3.5	12

4.2.1 Result of Satisfaction with Doctor Care Dimension

The doctor care dimension has 4 subscales with 21 items. The result of satisfaction with doctor care revealed as follows. (1) Doctor care in admission room-6 items. There were least response item 5 and most response item 6 with the 90.6% satisfied and 9.4% dissatisfied. (2) Doctor care in labor waiting room-5 items. There were least response

item one and most response item 5 with 88.5% satisfied and 11.5% dissatisfied. (3) Doctor care in delivery room-6 items. There were least response item one and most response item 6 with 80.9% satisfied and 19.1% dissatisfied. (4) doctor care in postnatal room-4 items. The least response item was one and most response item 4 with 75.7% satisfied and 24.3% dissatisfied. The results are shown in table below.

Table 4.4 Satisfaction in doctor care dimension

Doctor care dimension	Valid case	satisfied		dissatisfied	
		%	no	%	no
Doctor care in admission room	339	90.6	307	9.4	32
Doctor care in labor waiting room	279	88.5	247	11.5	32
Doctor care in delivery room	215	80.9	174	19.1	41
Doctor care in post natal room	338	75.7	256	24.3	82

4.2.2 Result of satisfaction with Nursing Care Dimension

The nursing care dimension has 4 subscale with 21 items. The result of satisfaction with nursing care revealed as follows. (1) Nursing care in admission room-6 items, The least response items were 5 and most response item 6 with the 95% satisfied and 5% dissatisfied. (2) Nursing care in labor waiting room-5 items, the least response was one and most response items 5. There was 95.2% satisfied and 4.8% dissatisfied. (3) Nursing care in delivery room-6 items and least response were item 2 and most response items 6. There was 95% satisfied and 5% dissatisfied. (4) Nursing care in postnatal room-4 items and the least response item were 3 and most response items 4. There was 79.8% satisfied and 20.2% dissatisfied. The satisfaction scoring is relatively low in postnatal room in compare to other areas. The number of response in each sub scale were varied due to some

of the items were not applicable to the particular respondent in that area of care which is measured by items in the scale. The results are shown in table below.

Table 4.5 Satisfaction in nursing care dimension

Nursing care dimension	Valid case	Satisfied		dissatisfied	
		%	no	%	no
Nursing care in admission room	339	95.0	322	5.0	17
Nursing care in labor waiting room	335	95.2	319	4.8	16
Nursing care in delivery room	337	95.0	320	5.0	17
Nursing care in post natal room	337	79.8	269	20.2	68

4.2.3 Result of satisfaction with Service Facility Dimension

Likewise service facility dimension have 7 items and least response item was 5 and most response item were 7. There was 87.9% satisfied and 12.1% dissatisfied.

4.2.4 Result of Individual item of Satisfaction variables

The individual analysis of all item statements in three dimensions of delivery service was also performed. The mean and SD are calculated. Satisfaction of mother in delivery service is measured in four level rating scale. This is attached in the (Annex 6).

4.2.5 Association between Satisfaction with Doctor Care and Background Characteristics

The chi-square test was performed to see relationship between satisfaction of mothers with all dimension of delivery service as service facility, doctor care and nursing care and background characteristics. But due to less than 20 percentage of expected

frequency in the cell the result could not be obtained in χ^2 value so Fisher's exact test was accepted. There was no statistically significant association found at $P=0.05$ level in any of the variables, such as age, education, employment status, monthly family income, parity, antenatal care visit, type of delivery and complication of delivery etc. The results were described below.

The age was 64.3% satisfied in 24 years age category and 35.7% satisfied in 25 years and above age category with Fisher's exact test two tail value of $P=1.000$. The education status was 17% satisfied in illiterate category and 83% satisfied in literate category with Fisher's exact test two tail value of $P=0.390$. Employment status was 72.4% satisfied in house wives category and 27.6% satisfied in job holders category with Fisher's exact test two tail value of $P=0.00004$. The monthly family income was 63.9% satisfied in the income category of Rs less and 5000 and 36.1% satisfied in category of Rs 5001 and more with Fisher's exact test two tail value of $P=0.069$. The parity was 46.3% satisfied in primi para and 53.7% satisfied in 2nd and more para category with Fisher's exact test value of $P=0.016$ which is statistically significant shows association between satisfaction with doctor care and parity of mothers. The place of previous delivery was 40.5% satisfied in the category of same hospital and 59.5% satisfied in category of other places with Fisher's exact test value of $P=0.870$. There was 89.1% satisfied in ANC visit category and 10.9% satisfied in no ANC visit category with Fisher's exact test two tail value of $P=1.000$. The type of delivery was 59.5% satisfied in normal delivery category, 3.4% satisfied in instrumental delivery and 37.1% satisfied in delivery with induction of labor with Person's χ^2 value 1.236, 2(df) and $p=0.539$. In the category of complication of delivery 14.6% satisfied in complication yes category and 85.4% satisfied in no complication category with Fisher's Exact test of two tail values of $P=0.650$. The data were shown in table below.

Table 4.6 Association of mothers satisfaction in doctor care dimension and background characteristics.

Background Variables	Mother's satisfaction					
	No	%	X ²	df	P value	Fisher's exact
Age of the mothers						
15-24 years	189	64.3		---	---	1.000
24year-onwards	105	35.7				
Education level of mothers						0.390
Illiterate	50	17		---	---	
Literate	244	83				
Employment status						0.859
Housewives+farmers	213	72.4		---	---	
Service holders	81	27.6				
Monthly family income						.069
Rs upto 5000	188	63.9		---	---	
Rs5001 and more	106	36.1				
Parity: Primi para	136	46.3		---	---	0.016*
2 nd and more para	158	53.7				
Type of delivery						0.539
Normal delivery	175	59.5	1.236	2		
Instrumental delivery	10	3.4				
Induction with medicine	109	37.1				
Place of previous delivery						0.870
Same hospital	119	40.5		---	---	
Any other place	175	59.5				
Anti natal care visit						1.000
Yes	262	89.1		---	---	
No	32	10.9				
Complications of delivery						0.650
Yes	43	14.6		---	---	
No	251	85.4				

Note: *Fisher's exact test two tail significant.

4.2.6 Association between Satisfaction with Nursing Care and Background Characteristics

The age was 64.1% satisfied in 24 years age category and 35.9% satisfied in 25 years and above age category with Fisher's exact test two tail value of P=1.000. The education status was 15.9% satisfied in illiterate category and 84.9% satisfied in literate category with Fisher's exact test two tail value of P= 0.564. Employment status was 71.7% satisfied

in house wives category and 28.3% satisfied in job holders category with Fisher's exact test two tail value of $P=0.636$. The monthly family income was 63.5% satisfied in the income category of Rs less and 5000 and 36.5% satisfied in category of Rs 5001 and more with Fisher's exact test two tail value of $P= 0.048$ which is statistically significant and shows association between satisfaction with nursing care and monthly family income. The parity was 48.3% satisfied in primi para and 51.7% satisfied in 2nd para and more category with Fisher's exact test value of $P= 0.400$. The place of previous delivery was 39.7% satisfied in the category of same hospital and 60.3% satisfied in category of other places with Fisher's exact test value of $P= 0.666$. There was 89.8% satisfied in ANC visit category and 10.2% satisfied in no ANC visit category with Fisher's exact test two tail value of $P= 1.162$. The type of delivery was 60% satisfied in normal delivery category, 3.5% satisfied in instrumental delivery and 36.5% satisfied in delivery with induction of labor with Person's χ^2 value 1.236, 2(df) and $p= 0.162$. In the category of complication of delivery 86.7% satisfied in no complication category and 13.3% satisfied in yes complication category with Fisher's Exact test of two tail values of $P= 0.650$. These are shown in table below.

Table 4.7 Association of mother's satisfaction in nursing care dimension and background characteristics.

Background Variables	Mother's satisfaction					
	No	%	X ²	df	P value	Fisher's Exact
Age of the mothers						
15-24 years	202	64.1	---	---		1.000
24year-onwards	113	35.9				
Education level of mothers						
Illiterate	50	15.9	---	---		0.564
Literate	265	84.1				
Employment status						
Housewives+farmers	226	71.7	---	---		0.636
Service holders	89	28.3				
Monthly family income						
Rs upto 5000	200	63.5	---	---		0.048*
Rs5001and more	115	36.5				
Parity: Primi para	152	48.3	---	---		0.400
2 nd and more para	163	51.7				
Type of delivery						
Normal delivery	189	60.0	1.496	2	0.473	---
Instrumental delivery	11	3.5				
Induction with medicine	115	36.5				
Place of previous delivery						
Same hospital	125	39.7	---	---		0.666
Any other place	190	60.3				
Anti natal care visit						
Yes	283	89.8	---	---		0.162
No	32	10.2				
Complications of delivery						
Yes	42	13.3	---	---		0.128
No	273	86.7				

Note: *Fisher's exact test two tail significant.

4.2.7 Association between satisfaction with Service Facility and Background Characteristics

In the age group there was 65.8% satisfied in 24 years age category and 34.2% satisfied in 25 years and above age category with Fisher's exact test two tail value of P=0.164. The education status was 16.8% satisfied in illiterate category and 83.2%

satisfied in literate category with Fisher's exact test two tail value of $P= 0.651$. Employment status was 72.8% satisfied in house wives category and 27.2% satisfied in job holders category with Fisher's exact test two tail value of $P=0.578$. The monthly family income was 61.1% satisfied in the income category of less and Rs5000 and 38.9% satisfied in category of Rs5001 and more with Fisher's exact test two tail value of $P= 0.397$. The parity was 48.7% satisfied in primi para and 51.3% satisfied in 2nd para and more category with Fisher's exact test value of $P= 0.456$. The place of previous delivery was 40.3% satisfied in the category of same hospital and 59.7% satisfied in category of other places with Fisher's exact test value of $P= 0.100$. There was 89.3% satisfied in ANC visit category and 10.7% satisfied in no ANC visit category with Fisher's exact test two tail value of $P= 0.789$. The type of delivery was 60.1% satisfied in normal delivery category, 3.4% satisfied in instrumental delivery and 36.6% satisfied in delivery with induction of labor with Person's χ^2 value 0.456, 2(df) and $p= 0.539$. In the category of complication of delivery 14.1% satisfied in yes complication category and 85.9% satisfied in no complication category with Fisher's Exact test of two tail values of $P= 1.000$. The data were shown in table below.

**Table 4.8 association of mother's satisfaction in Service facility
dimension and background characteristic**

Background Variables	Mother's satisfaction					
	No	%	X ²	df	P value	Fisher's exact
Age of the mothers						
15-24 years	196	65.8	----	----		0.164
24year-onwards	102	34.2				
Education level of mothers						
Illiterate	50	16.8	---	---		0.651
Literate	248	83.2				
Employment status						
Housewives+farmers	217	72.8	---	---		0.578
Service holders	81	27.2				
Monthly family income						
Rs upto 5000	182	61.1	---	---		0.397
Rs5001and more	116	38.9				
Parity: Primi para	145	48.7	---	---		0.868
2 nd and more para	153	51.3				
Type of delivery						
Normal delivery	179	60.1	1.570	2	0.456	---
Instrumental delivery	10	3.4				
Induction with medicine	109	36.6				
Place of previous delivery						
Same hospital	120	40.3	---	---		1.000
Any other place	178	59.7				
Antenatal care visit						
Yes	266	89.3	---	---		0.789
No	32	10.7				
Complications of delivery						
Yes	42	14.1	---	---		1.000
No	256	85.9				

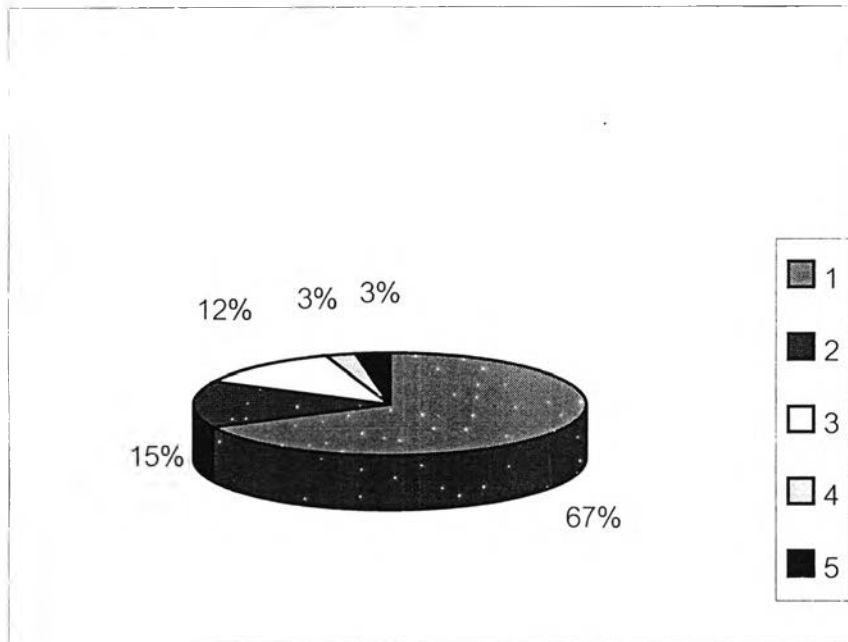
4.3 General Information and Recommendations

4.3.1 Waiting Time in Admission Room

The response in the item of waiting time to see health care provider upon arrival in admission room was 67% did not have to wait in admission room while 33% had to wait. The mean waiting time was 30.46 minutes. This ranged from minimum 1 minute to maximum 180minute. This shows majority of mothers do not have to wait for the

admission which represent appropriate care in admission room though the remanding percentage who had to wait could not be ignored for improvement. The waiting time was calculated and shown in table below.

Table 4.9 Waiting time to see health provider in admission room



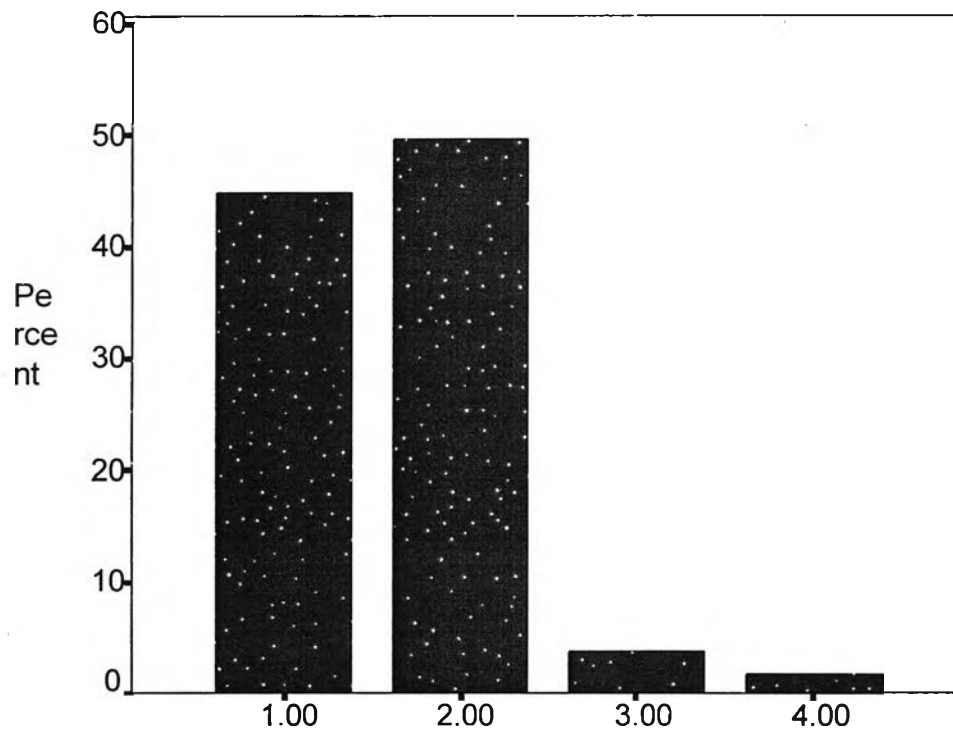
Note:

1 = No wait	no.230
2 =1-15 minutes wait	no. 50
3 =16-30 minutes wait	no 41
4 =31-60 minutes	no.9
5 =61 minutes and more	no.9

4.3.2 Frequency of Examination in Labor Waiting Room

The frequency of examination done by health care provider in the labor waiting room was also calculated, it revealed 44.8% in 15 minutes, 49.6% 30 minutes, 3.8% in one hour and 1.8% in more than one hour. This indicates that 94.4% had appropriate attention in labor waiting room and only 5.6% had inappropriate attendance in labor room. This is shown in table 12 below.

Table 4.10 Frequency of examination in labor waiting room
 Frequency of examination in labor waiting room



Note: 1."15 minutely" no=152
 2."30 minutely" no=168
 3."1 hourly" no=13
 4."more than one hourly" no=6

4.3.3 Cost of Care

The cost of hospital care was obtained in median Rs 650. The cost of hospital care was found to range from 318 to 76501. This was due to staying in private room as well as long stay in the hospital, which was not explored. The cost was said to be reasonable by 92.6% respondents and not reasonable by 7.4%.

4.3.4 Opinion about Adequacy of Staff

Respondents were also asked about their opinion on adequacy of health care providers in the unit. Eighty two percent of respondents said it was adequate and 17.7 % said not adequate. In the response to rating of support staff's dealing 5.9% said excellent, 66.1% good, 24.5% fair and 3.5% poor.

4.3.5 Problems faced in the Hospital

Similarly when asked about, facing any kind of problems during stay in the hospital, 19.2% of respondents said yes and 80.8% said no. This indicates that most of the mothers do not have complains.

4.3.6 General Quality of Service

When asked to rate in general, the quality of service one has received in this unit, 5% respondents said excellent, 75.2% good, 19.5% fair and 0.3% poor. In the response to willingness of mothers to recommend other to seek service in the hospital; out of 339 respondents 91.7% expressed that they would recommend other mothers to attend delivery service at TUTH and rest 8.3% did not which is shown in table 13 below.

Table 4.11 Result of General Information regarding Hospital Service

Opinion of mothers	frequency	percentage.
Reasonable cost		
Yes	314	92.6
No	25	7.4
Enough health care providers		
Yes	279	82.3
No	60	17.7
Recommend other mothers		
Yes	311	91.7
No	28	8.3
Problems faced in hospital		
Yes	65	19.2
No	274	80.8
Gen. Quality of service		
Excellent	17	5.0
Good	255	75.2
Fair	66	19.5
Poor	1	3.0
Support staff's dealing		
Excellent	20	5.9
Good	224	66.1
Fair	83	24.5
Poor	12	3.5

4.3.7 Results of Recommendations for Improvement of Service

In the response to give suggestion to improve the quality of delivery service in the unit, out of 339 respondents, only 317 gave suggestions and opinion to improve the quality of delivery service in the unit which was (93.5%) response. This was a multiple response answer. The suggestions were analyzed as following. Increase nursing and medical staff and allocate separate doctor in the admission room by 13%. Increase physical facilities for cooking, waiting room, number of beds and supplies as medicine and other delivery items by 26% respondents. Improve environmental sanitation/safety with provision of net, frequent cleaning and supply of drinking water by 79% respondents. Improve service provision with providing adequate information about treatment and condition, give pain medication and avoid discrimination in delivering care by 70% respondents. Orientation program about hospital facilities and birth preparation class by 70% provide more information about mothers' condition and treatment 20.6%. This is shown below.

Table 4.12 Recommendations for Improvement of Service

Recommendations	frequency	percentage
1. Improve environmental sanitation	253	79%
2. Improve service provision	222	70%
3. Orientation program about Birth preparation	222	70%
4. Increase physical facilities	83	26%
5. Provide more information about Mothers' condition and treatment	70	20.6%
6. Increase Nursing/Medical staff	43	13%

4.3.8 Results of Focus Group Discussions

The Focus Group Discussions (FGD) were conducted to do internal and external environment analysis of the delivery service product in the hospital. The strength and weakness were identified from internal environment analysis and opportunity and threat from the external environment analysis in order to develop strategic issues to improve delivery service and increase mothers satisfaction.

The Focus Group Discussions were conducted in Nepali language. Recordings of the cassette were transcribed and translated in English language for the analysis.

In all three FGD most of the participants were open minded and expressed their opinions, feelings and ideas about the delivery services of the hospital. All of them admitted that some strategic issues needs to be addressed stressfully to improve the delivery service in the hospital to increase satisfaction of the clients. Most of the issues were mainly concerned with the technical staff e.g.; doctors, nurses and support staff in regard to interpersonal coordination and cooperation. Other issues are in regard to organizational and managerial aspects as supply of medicine, instruments and physical facilities (e.g.; adequacy of space, lighting, ventilation) and number of beds etc and adoption of policy autonomy. The results of FDGs are further discussed below in different groups.

1. FGD Results among the Management team

Standard of service: Most of the participants expressed that they are providing satisfactory service at present. Some problem aspects mentioned were lack of policy autonomy, adequate budget allocation for specific service, awareness about the visitor control in order to maintain safety and cleanliness. Some participants further stressed on the motivation of the staff at optimum level which is positive aspect. Other participants

identified the need to provide sufficient incentive and motivational factors to enhance performance level of all personnel.

Physical facility: Almost all participants expressed that the physical facilities are not adequate for the flow of clients so early turn over rate is very high hindering adequate observation of clients. There is a need for increasing the beds and facility of F/P services as well. There are many problems in maintenance and supply.

Supplies and equipment: The majority of participants accepted that there is inadequate supply of instruments and equipments for the service in the unit. However the supply of medicines and utility service materials are enough. The participants also expressed the fixed budget should be allocated for the maintenance of equipments which is not being considered by higher authority. Initiation was taken to raise the fund for the hospital service improvement in the local level by renting the space areas for the shops and approaching the new donors for the support.

Man power provision: The participants in the FGD said that the man power allocation is not done on the basis of the patient flow and care providers ratio. About 20 % lack of doctor, nurse and client ratio exists in the present context. The director of the hospital admitted that until now there is no strategic planning for the development of delivery services as specific at present. He also committed there needs a fair and competent career development opportunity at all level of staff which will ultimately motivate the staff to optimize their performance and improve service and increase satisfaction of the clients.

2. FGD result of doctors

Standard of service: The participants in the doctors group said the quality of delivery service is satisfactory. All participants expressed that they are very much

motivated and interested in performing the delivery service to its optimum level. Individual differences are there in dealing with the clients. The behavior of doctors are usually humanistic but may be affected in the situations of extreme pressure due to multiple work at a time and lack of adequate personnel. The participants agreed that these situations are inevitable in occasions where no one could be blamed. Some pointed out that there needs to formulate strategic planning for the continuous development of delivery service activities with more choice of service for client's decision making. E.g. provision of alternative positions for delivery and choice of visitor to stay during delivery.

Physical facility: Almost all the participants of the FGD said there is lack of the number of beds and facilities for the post partum and family planning service in the unit so that total range of maternity service could not be provided to mothers which will add to increase their satisfaction. There was a problem of inadequate toilet facility for the clients due to blockage and improper use.

Manpower provision: Some participants in the FGD said that there is a lack of number of doctors to cover the duty in all areas of delivery services. Like in admission room, labor room and neonatal room for 24 hours as there exists continuous flow of patients who need special and immediate attention. At present there is no separate assignment of doctor or nurse in the different location of care as admission room. There is lack of personnel development and career advancement. The participants insisted on the workload of non-clinical job, which could be delegated to secretary staff like filling of the investigation forms and admission discharge forms etc. There are no external threats in the doctors work situation in particular. Doctors are free to take independent decision in delivery services. Most of the FGD participants stress on the pressure from the staff's relatives that seeks priority in examination letting other clients behind. There is sufficient supervision and monitoring of the care providers in the doctors group. The doctor, nurse

and patient relationship is said to be very positive and has provided environment for working together.

Supplies and equipment: Most of the participants in the FGD said there is inadequate instruments for the need of full service like delivery sets and operation instruments, BP instruments as well as maintenance service for the worn-out equipments.

3. Results of FGD of nursing staff

Standard of Service: Most of the participants in the FGD said they are providing the standard quality of service to clients in the aspects of the technical care. However there may be lacking in the human care in some occasions due to rush in the workload and lack of adequate number of staff.

Physical facility: The participants in the FGD said that the physical setting is not efficient organized and not systematically arranged especially in regard to lighting and ventilation. There is inadequate space and room for different level of care including shortage of beds compared to client flow.

Manpower provision: The participants in the FGD stressed on the issues of shortage of nursing staffs to cover three shift duty. Only 3-4 staffs in the morning and 2-3 in the evening shift were assigned to cover many areas of care like admission room, waiting room, labor room and OT. Some participants stressed on the need to allocate a secretary staff to file forms and attend to telephone calls. There is no facility to choice delivery service activity for mothers due to lack of adequate nursing staff. There is very limited provision for the staff development and career advancement in the institutional framework. The group emphasized on the need to organize the in-service education programs for the advancement and refreshment of clinical skill and knowledge in time to time. This could help them to strengthen service quality and increase client satisfaction.

Supplies and equipment: One participant in the group said that the supply of the utility goods is enough. The other group members added that there is lack of instruments and equipments for procedures and conduct of delivery which are the necessity of efficient functioning of the unit. There is lack of linens and drug supplies also noted.

4.3.9 SWOT Analysis

The outcome of FGDs are summarized in SWOT Analysis model with internal environment assessment as strength and weakness and external environment assessment as opportunity and threat in the existing service provisions.

The mission

The objective of the delivery service in the hospital is multifaceted. Principle focus is on the safe and healthy delivery of expectant mother. Others are decrease maternal and infant mortality and morbidity, provide routine and emergency obstetric care, promote reproductive health awareness and facilitate learning opportunity to the students and staff in the field of reproductive health and conduct research and development for the betterment of service and increase service satisfaction.

Table 4.13 SWOT analysis of Focus Group Discussion

Internal environment assessment		
Factors	Strength	weakness
Input (resources)	High quality -Special training,	Lack of accountability
Staff	Different category, Provision for promotion. Individual variation	Occasionally stressful situations Lack of staff number/ rewards
Facility	Favorable facilities, Different rooms variety of activities, Availability of advanced equipment, e.g.; CTG, USG	Inadequate bed, Poor maintenance Improper ventilation and space management
Process (structure of service)	Sequence of activities Levels of decision making Many positions in the structure	Lack of decision making power Neglect and dissatisfaction No sufficient budget allocation
Output (performance)	Motivation to job accomplishment Holistic approach	Lack of meaningful measures of outcome, lack of appraisal
External Environment Assessment		
Factor	Opportunity	Threats
Political	Strengthen safe motherhood program, Acceptance of service from the community	Competition with other hospitals. Occasional interference and change of key position. Lack of autonomy
Social	Good projection of hospital	Overflow of clients
Economical	INGO paying attention to expand service in FP aspect.(JAPAIGO) Increase the hospital charge	Turn over of competent staff Clients may not be able to pay
Technical	Charge for the special procedures High technology availability Technical support from JOCV Medical & nursing research	Loss of hospital income Lack of budget The worn-out equipments Scarce trained person Lack of computerization

4.3.10 Strategic issues for Improvement of Delivery Service

1. Maintenance of cleanliness and sanitation facility in the unit should be given priority to be improved.
2. Development of adequate physical facility by increasing the number of beds and facility for post partum family planning service in the regular basis.
4. Emphasis should be given to supply additional instruments and repair the worn-out equipment in time.
5. Increase the number of doctors and nurses in the unit to provide efficient care. Specially separate nursing staff and doctor should be assigned to the admission room and labor room for 24 hours.
6. Establish regular staff/professional monitoring and evaluation system to work-out standard of service to assure the satisfaction.
7. Provide career promotion opportunity with the specific criteria on the basis of performance in the job without nepotism.
8. Formulate a policy to conduct regular client's assessment of hospital service including quality of care, environmental sanitation and security assurance in order to maintain reputation of hospital standard.
9. Improvement of quality of care should be enhanced by additional training and opportunity of academic advancement for all level of staff.
10. To formulate strategic planning for the continuous development of delivery service activities with more choice of service for client's decision making. E.g. provision of alternative positions for delivery and choice of visitor stay during delivery.