

A STUDY OF 200 POST-PARTUM PATIENTS' OPINIONS
CONCERNING THEIR NURSING CARE
DURING LABOR AND DELIVERY

by
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A THESIS

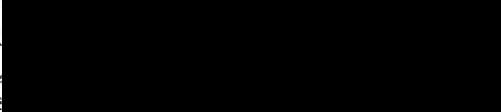
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CHAPTER I

INTRODUCTION

Introduction to the Problem

Many social trends taking place today are resulting in greatly increased demands for more and better nursing care. These trends are bringing about a change in the attitude of the public toward hospitals, nurses and other health care professionals. The upward trend in population growth indicates that the United States census will expand from 200 million in 1970 to 300 million by the year 2000 A.D. The generally affluent state of society, the subscription to voluntary health insurance and the advent of the federal government into all health areas are resulting in greater demands for more adequate health care by a wider spread of society, particularly at the lower socio-economic levels. The "knowledge explosion" and resultant awareness of advances in medical technology by lay people are adding further demands for more definitive health care. (5,27)

Concurrent changes within the medical and nursing fields also are serving to increase the demands on nursing. The rapid increase in scientific knowledge has brought about a new technology for nursing. In addition, the past two decades have seen a fusion in nursing education of the physical, social and behavioral sciences. The concept of "nursing care" has expanded to "comprehensive nursing care" which seeks to understand and treat the pathology of the patient's illness in relation to his psychological needs and defenses and cultural background. (27)

Nursing administrators and educators are aware that demands on the profession are such that individual nursing care, in many instances, is suffering both quantitatively and qualitatively. Patients, too, are keenly aware of this and form favorable or unfavorable attitudes toward the hospital and its personnel based on their care.

Statement of the Problem

A number of studies and hospital surveys indicates that patients are not always satisfied with their nursing care. Their dissatisfaction is often attributed

to the shortage of nurses. However, Brown states in Nursing Reconsidered that the shortage of nurses is overemphasized. (5) According to Abdellah in Patients and Personnel Speak, the problem is partially one of ineffective use of time by the nurse. (1) It is important, therefore, to examine patients' attitudes as one index of the effectiveness of nursing practice.

Does the same state of affairs exist within all areas of nursing, and specifically, within obstetrical nursing? In a study by Lesser and Keane in 1955, it was found that patients in labor were well satisfied with the technical competence of the nurses, but that their strong emotional needs for understanding, fear dispelling information, reassurance and support were only partially met. (29) With the emphasis in nursing education and in the nursing literature, for the last 20 years, on understanding the patient and meeting her needs, it might be expected that this situation had changed. However, according to Brown, a nearly inexplicable phenomenon is the continuation in most hospitals of the United States of a practice of obstetrics and obstetrical nursing that is based almost exclusively on technical competence. (5) There is reason to assume that obstetrical patients experience varying degrees of satisfaction and dissatisfaction with their nursing care during labor and delivery. No recent studies were found that examined attitudes of post-partum patients toward their nursing care during labor and delivery.

Purpose of the Study

For the purposes of this study, the following null hypotheses were formulated:

1. There is no difference between groups of patients dichotomized according to the hospital in which they delivered and any of the following variables:
 - a. number of babies previously delivered in a hospital;
 - b. number of hours in the labor and delivery rooms;
 - c. whether or not pre-natal classes were attended;
 - d. Whether or not a relative or friend was with the patient in the labor room.

2. There is no difference between groups of patients dichotomized according to the hospital in which they delivered and their responses to any of the 10 items on the attitude item rating scale.
3. There is no difference between groups of patients dichotomized according to number of babies previously delivered in a hospital and their responses to any of the 10 items on the attitude item rating scale.
4. There is no difference between groups of patients dichotomized according to number of hours in the labor and delivery rooms and their responses to any of the 10 items on the attitude item rating scale.
5. There is no difference between groups of patients dichotomized according to whether or not they attended pre-natal classes and their responses to any of the 10 items on the attitude item rating scale.
6. There is no difference between groups of patients dichotomized according to whether or not a relative or friend was with them in the labor room and their responses to any of the 10 items on the attitude item rating scale.
7. Patients' attitudes are not those of satisfaction with their overall nursing care during labor and delivery.

A further purpose of the study was to factor analyze responses to determine whether, and to what extent, items one through nine on the attitude item rating scale could be construed to be measures of one or more common factors.

Assumptions

For the purposes of this study, the following assumptions were made:

1. Attitude is a characteristic which can be measured or scaled along a continuum from least to most favorable.
2. Items can be devised which tap the attitudes of the individual involved and that these items have a position or relative value along the attitude continuum.

3. It is possible to get people to rate accurately an item in terms of the degree of agreement or disagreement they feel toward the item.

Limitations

This study was limited to:

1. Data obtained from a combination questionnaire and item rating scale administered to 200 post-partum patients at two private metropolitan hospitals.
2. Each patient meeting the following criteria:
 - a. She was willing to participate.
 - b. Her labor and delivery were uncomplicated.
 - c. Her post-partum course was uneventful.
 - d. She was keeping the baby.

No attempt was made to identify the marital status of the patient.

Definitions

Attitude: connotes a subjective or mental state of preparation for action.

Rokeach defines attitude as "a relatively enduring organization of beliefs around an object or situation predisposing one to respond in some preferential manner."

(41) Oppenheim defines attitude as "a state of readiness, a tendency to act or react in a certain manner when confronted with certain stimuli." (33) Osgood states that "they are predispositions to respond, but are distinguished from other states of readiness in that they predispose toward an evaluative response such as good or bad, favorable or unfavorable." (35)

Opinion: a verbal expression of an attitude, belief or value. (41)

Attitude scale: a device to measure direction and intensity of an attitude.

It consists of statements constructed so that persons with different points of view will respond differentially.

Expression of satisfaction or dissatisfaction: an evaluative statement of opinion, therefore, of attitude.

Research Design

Sources of Data

Primary sources of data were the replies obtained from 200 post-partum patients at two private, metropolitan hospitals.

Secondary sources of data were obtained from a review of the literature and related studies.

Procedures

The study was conducted by carrying out the procedures described in the following paragraphs.

Relevant literature and related studies were reviewed with reference to the meaning of attitude and factors necessary for the development of favorable patient attitudes.

Unstructured conferences with post-partum patients and with nurses involved in the care of obstetrical patients were held to establish a frame of reference regarding nursing activities which patients and nurses considered important to the development of satisfaction with nursing care. Conferences were held with Elizabeth Rambousek, Public Health Nurse Coordinator of the Maternal and Infant Care Project, Mildred Corlett, and June Peretti, Obstetrical Nursing Instructors.

The problem was defined and the purpose and scope of the study were formulated. A data collection tool was constructed in the form of a combination questionnaire and item rating scale designed to elicit information needed to complete the study. Content was derived from items discussed during conferences with patients and nurses and from the results of a study by Lesser and Keane in which they identified five basic needs of the patient during labor and delivery. The questionnaire and attitude item rating scale were submitted to several patients and to the nurses previously consulted, for evaluation of content and format. Appropriate revisions were made.

A letter with a copy of the data collecting tool requesting permission to carry out the study was mailed to the Directors of Nursing at two, private, metropolitan hospitals. Both indicated their willingness to participate. These hospitals

were selected because of their similarity. Hospital A delivered over 3,500 and Hospital B over 2,600 babies during the last year. Hospital A maintains a labor and delivery room staff of seven or eight nurses consisting of six registered nurses and one or two licensed practical nurses. Hospital B maintains a staff of three registered nurses for each shift. A nurse mid-wife is also included on the staff of Hospital B. Both hospitals have student nurses assigned to the labor and delivery rooms. Hospital A conducts a school of nursing. Students at Hospital B come from an associate degree nursing program at a community college.

The investigator visited each Director of Nursing who introduced her to the Obstetrical Supervisor who, in turn, introduced her to the two Head Nurses on the post-partum wards. It was agreed that the investigator would go to each ward each morning and check through the Kardex for new post-partum patients meeting the above-established criteria.

A pilot study using 10 post-partum patients was carried out following which the investigator visited the post-partum wards at both hospitals for 15 consecutive days. Each patient meeting the study criteria was handed an envelope containing the data collecting tool and a ballpoint pen. She was given brief instructions including the request that the questionnaire be placed in the envelope, sealed and left on her bedside table or stand to be picked up by the investigator within 10 to 30 minutes. The procurement of 200 usable questionnaires required the collection of an additional 18 to replace those in which patients had not followed instructions correctly.

The findings were tabulated on a master sheet and a program designed for an IBM computer No. 360-30 to compile the data. The statistical tests were computed on an N.C.R.-200 computer and a Frieden electronic calculator. Tables were constructed; the findings interpreted and discussed. The study was summarized, conclusions drawn and recommendations made for further study.

Overview of the Study

This study has been organized into four chapters as follows: Chapter I contains the statement of the problem, purposes of the study, its limitations and design.

Chapter II consists of a review of the literature and studies pertinent to the topic of this study.

Chapter III contains a report of the statistical analysis of the data and interpretations of the findings.

Chapter IV contains a summary of the study, conclusions drawn and recommendations for further study.

CHAPTER II

SURVEY OF RELATED LITERATURE AND STUDIES

Introduction

Hospital and nursing service administrators and nurse educators are aware of the importance of patients' attitudes regarding their nursing care. This chapter discusses findings from the literature and studies concerning the meaning of attitude and factors which patients consider necessary for the development of a favorable attitude or feeling of satisfaction with their nursing care while hospitalized. The last section of the chapter reviews findings from studies of patient satisfaction with nursing care.

The Meaning of Attitude

One hundred years ago the word "attitude" was used almost exclusively with reference to a person's posture, (25) and more recently, to the posture in flight of manned space vehicles. In the early 1900s, while studying reaction time, psychologists discovered that a person could punch a key sooner after seeing or hearing a stimulus if he concentrated on punching the key rather than on watching for the stimulus. The concept of attitude was developed to explain the fact that people reacted differently and that the same people reacted differently under different circumstances. In 1934, La Pierre found marked discrepancies among restaurant owners and innkeepers between their verbal expressions of discrimination toward Chinese and Blacks via letter or telephone and their non-discriminatory face-to-face behavior. (2,41) The subjects had attitudes toward Chinese and Blacks but, being businessmen, also had attitudes about how to conduct their businesses properly and economically. Therefore, interaction between attitude toward object (Chinese and Blacks) and attitude toward situation as defined at the time (operating a business) predisposed the businessmen to act in a certain way. Attitudes based on beliefs, values and feelings determine what an individual will see, hear, think and do.

There seems to be consistent agreement that attitudes are learned. People do not yield readily to efforts to change their beliefs and attitudes. Rokeach states that we resist changes in beliefs because we gain comfort in clinging to the familiar and because they serve highly important functions for us. (41) Some attitudes do change according to the person's definition of his task or situation and according to the experiences to which he is exposed, but they also have an enduring quality. (28) The latter is of importance to the polling of patients' opinions which are verbal expressions of their attitudes. A team of graduate hospital administration students under the direction of George Wren, Ph.D., at Georgia State University carried out a study to determine if patient opinions vary according to when and how the poll is taken. Four separate groups of 100 patients each of whom had been hospitalized for a period of from two to seven days were polled. It was assumed that the groups had judged essentially the same services. The researchers found no significant differences in response depending on when a patient is polled: whether he is in the hospital, has just returned home or has been discharged for some time. They concluded that patients may be polled at the time most convenient for both investigator and respondents.

Hospitals are vitally concerned with patients' attitudes toward their hospital experience. Service to the patient is the only commodity any hospital has to sell. Therefore, the patient is the most important person in the hospital. Employees, those involved in nursing care especially, are the most important channel through which to achieve public good will. (42) The hospital is dependent on every individual who represents it in any way and that includes the discharged patient. Hospital organization is aimed at the goal of sending the patient home not only well, but happy.

Hospitals frequently attempt to determine their patients' level of satisfaction with the care provided them. Personnel cannot accurately represent patient opinion. Although personnel may pretend to put themselves in the patient's place, viewpoints are distorted resulting in discrepancies. In a study at four similar, general hospitals in Great Britain in which patients' views of their conditions were compared with the views of the staff, Raphael found decided differences of

opinion. Whereas 73% of the patients rated their overall care as very satisfactory, only 21% of the doctors, 29% of the nurses and 23% of the administrative personnel made a similar rating. When the interviewees were asked to select their choice of area most in need of change, results revealed little agreement. Fifty-nine percent of the patients agreed that the ways of passing time and the quality of the food service were the main areas for alteration. However, only 6% of the doctors, 37% of the nurses and 29% of the administrators concurred. Although only 26% of the patients wanted changes in their physical environment such as more bathroom facilities, less noise and new beds, 51% of the doctors, 38% of the nurses and 49% of the administrators gave top priority to environmental improvement. Although all patients voiced the need for more nursing service, only 15% gave it the highest rating in the list of areas needing change. (39) Patients need to speak for themselves because patients and personnel do not agree on what is important and what should be done to improve the patient's situation. (39, 51) Wren puts it quite succinctly when he says, "Any business, hospitals included, receiving sole direction from an information source other than its customers may be led to false conclusions." (53)

Of particular importance are the opinions of maternity patients, the specific category of patient selected for this study. According to Lesser and Keane, a woman's experiences during labor and delivery may add new fears and misunderstandings to her concepts resulting in greater stress during future labors. They also state that childbearing experiences may profoundly affect the family's future. (29) Hilliard says that too many families still look upon their childbearing experiences as ordeals that have had to be endured. (24) The hospital can do much to bring about the attainment of optimal relationships between mother and father and between parents and children by making certain that the mother's needs during labor and delivery are met and that she is satisfied with all facets of her care.

Factors Assuring Satisfaction with Nursing Care During Labor and Delivery

Whether rich or poor, white or black, educated or uneducated, the hospitalized patient agrees on the qualities she considers most important for a good

hospital. Tender loving care heads the list with physical factors such as cleanliness, good food, prompt service not far behind. Patients also want pleasant surroundings; they want to be treated politely and they want to see everyone else treated with courtesy and kindness. Sister Mary Modesta states that patients need to know that unity and harmony exist among physicians and employees. (46) It is well recognized that a patient's satisfaction is closely related to her medical progress. Patients sense disinterest on the part of personnel and then are more miserable, more fearful and insecure. Personal interest by nurses and doctors in the patient gives reassurance and speeds recovery. This has economic implications for both patient and hospital. Ragan says that quality care includes compassion and personal concern which, when communicated to the patient, results in her favorable appraisal of that care. (38) Authors agree that indifference, condescension and lack of interest on the part of the staff are quickly felt. No amount of medical excellence can overcome the average patient's reaction to what she believes to be a lack of concern for her as an individual. Patients want doctors and nurses to care about them as well as for them.

Virginia Henderson has stated that:

Nursing is primarily assisting the individual (sick or well) in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. It is likewise the unique contribution of nursing to help the individual to be independent of such assistance as soon as possible. (24)

If this definition is accepted, then just "doing" activities for patients is not providing nursing care. Nursing care in the labor and delivery rooms implies support, comfort, coaching and the continuous presence of the nurse at the bedside as is appropriate. (23, 24, 29) In Nurse-Patient Relationships in a Hospital Maternity Service, Lesser and Keane discuss five basic needs of the woman during labor and delivery. The first need concerns bodily care to provide for the physical necessities such as food, drink, personal cleanliness and excretion of wastes. The second need is for the relief of pain. Patients want to learn how to help

themselves and they expect the nurse to act as a "coach" to guide them in breathing and relaxation techniques. The third need is that of assurance of a safe outcome. Patients have a basic fear of death which may be intensified by the strange surroundings, equipment and procedures that appear threatening or dangerous. The fourth need concerns acceptance by the nurse of the patient's personal attitude and behavior during her labor and childbirth. Patients want their nurse to take any emotional displays in her stride and not be critical of them. Patients also expect the nurse to be aware and accepting of their cultural beliefs and social factors which influence their behavior. Patients want their personal views and preferences especially regarding kind of anesthesia, consulted. The fifth and greatest need of the patients is for a "sustaining presence." They want the nurse to be sympathetic, interested, friendly. Above all, they want her to be understanding. (29)

Related Studies

In 1953, Abdellah and Levine of the Division of Nursing Resources of the United States Public Health Service developed a method of measuring satisfaction with nursing care at three Cleveland hospitals. (1) Interest in such a project came about when the Cleveland Commission on Nursing noted that hospital personnel were continually feeling the pressure of a nursing shortage whereas the actual number of nursing hours per patient was relatively high. The investigating team, using an open-ended form, gathered patients' and nurses' observations of specific occurrences. These observations were categorized under several topics: bedpans, backrubs, medicines, nursing techniques, no help when needed, sleeping and rest, food and the like. Patients' observations were such as: could not get anything from nurse for pain; no answer to call for a nurse for a long time; bedpan was left with me too long. Some examples of personnel observations were: patient not properly prepared for special treatments; patient did not receive needed medication; equipment for patient not working correctly. A check list of 100 items was compiled and used in a field tryout of 120 hospitals. The finding that the

hospital with the most favorable scores in the check-list was providing the smallest number of total nursing hours per patient per day led to the formulation of the hypothesis that there is no relationship between total nursing hours and patient and personnel satisfaction.

Factors contributing to the patient's opinion that a nursing shortage existed and to her feeling of dissatisfaction were: insufficient time to explain treatment, insufficient thought to patient and family needs and insufficient time spent with patient. From the nurses' and doctors' points of view, contributing factors were: excessive patient noises, interference from visitors, incomplete records and insufficient attention to patient needs.

In 1956, the checklist was used in a 60-hospital study. One pertinent finding was that, although the total nursing hours per patient did not affect patient satisfaction with nursing care, the amount of professional nursing care as compared with ancillary nursing service did have a strong positive influence. Older patients and personnel were generally more satisfied with patient care than were young patients. The scores of obstetrical patients of all ages indicated less dissatisfaction than those of non-obstetrical patients.

The check list developed and refined by Abdellah and Levine has proven advantageous because it is a tool by which a hospital may be compared with other hospitals of similar size and administrative control. Information is obtained regarding those events which patients and personnel feel contribute to their feelings of satisfaction.

In 1969, Schantz reported a study of patients' expressions of satisfaction or dissatisfaction with their treatment in the emergency departments of four metropolitan hospitals. The purpose of her study was to determine whether patients who had been treated in an emergency department were satisfied with the care given them and whether or not certain factors entered into their feelings of satisfaction or lack of satisfaction. The factors about which patients expressed their opinions were: comfort provided by physical facilities such as lighting, temperature, furniture; feelings of confidence that they were being helped or

soon would be; skill with which they were cared for; sympathetic attitude of the nurse; adequacy of information offered regarding diagnosis and treatment; length of waiting time; efficiency with which their records were made out and handled.

The Manning scale, an adaptation of the Osgood scale, which allowed for a two-dimensional measurement of intensity and direction, and in which the respondent's choice fell into one of three semantic reference points: completely satisfied, neutral or no opinion and completely dissatisfied, was used. Data were collected by questionnaires mailed to 200 patients of whom 132 returned usable questionnaires.

Computation of chi square values indicated a significant relationship between the factors mentioned above and the patients' feelings regarding their overall care. Computation of gamma values indicated a high degree of association between their responses to the factors tested for and their feelings regarding their overall care. Although responses varied from a high of 85.28% of patients expressing satisfaction with their overall care at one hospital to a low of 67.65% at another hospital with a mean of 78% at the four hospitals, statistically, the differences were not considered significant. The findings showed general feelings of satisfaction with the seven factors and with overall care. (43)

In 1962, Blome interviewed 50 families of patients who had been treated in a hospital emergency department. The purpose of her study was to determine how well the needs of those persons accompanying the patient were met and to identify areas requiring improvement.

The 50 families lived within a five-mile radius of the hospital. The data-collecting tool was a combination of a check list and open-ended schedule with a semi-structured interview. The findings indicated that 67% to 96% of the families were satisfied with the factors included on the check list. Only 2-7% expressed dissatisfaction. Larger numbers had made no observations of some of the items. For example, an item regarding whether or not the nurse was considerate and used terms understood in giving explanations was rated satisfactory by 67%, unsatisfactory by 5% and 27% said they had made no observation or had no opinion.

The investigator pointed out that the interview schedule tended to elicit positive responses which might account for the high percentage of patients expressing satisfaction. It was noted that when patients and their families were given an opportunity to express themselves, their opinions and comments provided valuable ideas for improving services to the patient and his family. (3)

A comparative study of the nurses' and patients' perceptions of the interpersonal relationship traits of the labor room nurse was carried out by Alice Noyes of the University of Washington in 1964. The purpose of their study was to determine the actual and ideal traits of the labor room nurse as observed by the patient and as seen by the nurse herself. The sample was comprised of 30 labor room nurses and 30 post-partum patients in two private hospitals. The data-collecting tool was the LaForge and Suczek Interpersonal Check List consisting of 128 adjectives or descriptive statements representative of the scope of a subject's relationship to others. A finding was that nurses perceived their actual interpersonal traits to be significantly less socially desirable than their ideal traits. Possible explanations for this are that nurses may be aware of a need to improve nursing techniques in providing more effective patient-centered care, nurses may view their functions with distaste or the nurses' social and cultural backgrounds may influence the manner in which they relate to patients.

A comparison between the patients' perceptions of the actual and ideal interpersonal traits of the nurse showed no significant differences. It may be implied that patients have a stereotyped perception of the nurse. Fulfillment of their expectations would result in the patient feeling satisfied with the care provided by the nurse.

Comparison of nurses' and patients' responses on the check list revealed a high correlation between the two groups' perceptions of the actual and ideal traits of the labor room nurse. (32)

Summary of Literature and Related Studies

Attitudes based on beliefs, values and feelings determine what an individual will see, hear, think and do. Hospitals are vitally concerned with patients'

attitudes toward their hospital experience. Of particular importance are the opinions of maternity patients. It is recognized that the patient's labor and delivery experiences can have a great impact on the effectiveness of the family's future interrelationships. Several factors basic to the maternity patient's expression of satisfaction or dissatisfaction with her nursing care during labor and delivery include her needs for bodily care, relief of pain, assurance of a safe outcome, acceptance by the nurse of her attitude and behavior and her need for a "sustaining presence."

CHAPTER III

REPORT OF THE STUDY

Introduction

This study was undertaken for the purpose of determining maternity patients' attitudes regarding their nursing care during labor and delivery in two private, metropolitan hospitals. The null hypotheses formulated for this study and stated in Chapter I are repeated here:

1. There is no difference between groups of patients dichotomized according to the hospital in which they delivered and any of the following variables:
 - a. number of babies previously delivered in a hospital;
 - b. number of hours in the labor and delivery rooms;
 - c. whether or not pre-natal classes were attended;
 - d. whether or not a relative or friend was with the patient in the labor room.
2. There is no difference between groups of patients dichotomized according to the hospital in which they delivered and their responses to any of the 10 items on the attitude item rating scale.
3. There is no difference between groups of patients dichotomized according to number of babies previously delivered in a hospital and their responses to any of the 10 items on the attitude item rating scale.
4. There is no difference between groups of patients dichotomized according to number of hours in the labor and delivery rooms and their responses to any of the 10 items on the attitude item rating scale.
5. There is no difference between groups of patients dichotomized according to whether or not they attended pre-natal classes and their responses to any of the 10 items on the attitude item rating scale.
6. There is no difference between groups of patients dichotomized according to whether or not a relative or friend was with them in the

labor room and their responses to any of the 10 items on the attitude item rating scale.

7. Patients' attitudes are not those of satisfaction with their overall nursing care during labor and delivery.

A further purpose of the study was to factor analyze responses to determine whether, and to what extent, items one through nine on the attitude item rating scale could be construed to be measures of one or more common factors.

Design of the Study

Development of the Data Collecting Tool

The steps of the study were described in Chapter I. With the cooperation of outpatient clinic and hospital nursing personnel, patients were interviewed in a hospital during their post-partum period and in clinic prior to and following delivery for the purpose of identifying nursing activities which the patient found either beneficial or detrimental. Nurses were interviewed for their ideas regarding patient activities and needs. A data collecting tool was developed and submitted for evaluation to several patients, two obstetrical clinical instructors, and a public health nurse coordinator. Appropriate revisions were made.

The Data Collecting Tool

The data collecting tool consisted of four questions followed by 10 statements in the form of an attitude item rating scale. The questions described the patient: how many babies had she had by previous hospital deliveries; how many hours was she in the labor and delivery rooms this time; whether or not she had taken prenatal classes to learn about the birth process and whether or not a relative or friend was with her in the labor room. The 10 statements on the attitude item rating scale sought the patient's responses regarding her opinions, feelings and attitudes of satisfaction or dissatisfaction regarding her nursing care during her labor and delivery room experiences. The first item concerned her needs for food, drink, elimination and cleanliness. The following items were concerned

with whether or not she received sufficient medicine for pain, was given instructions on how to breathe and relax to help relieve pain, felt confident that she was being closely observed and that any problems would be reported to the doctor, was told what was happening to herself and why, felt that the nurse was sympathetic, friendly and understanding. The remaining items asked her how satisfied she was that the nurse accepted her no matter how she behaved during labor, that she was cared for in a skillful manner and that everything that was done to her and that she was expected to do was for her own good. Item number 10 allowed the patient to rate the extent of her satisfaction with her overall nursing care during labor and delivery.

The scale, developed by Manning, allows measurement of both direction and intensity of the respondent's attitude regarding each item. The Manning scale consists of a 10-centimeter line below each question. The only reference points are at each end of the line:

Completely Satisfied _____ Completely Dissatisfied

The directions instruct the patient to mark a vertical line at that point on the line which best represents her opinion, feeling or attitude regarding the statement above the line and that a mark in the middle area of the line indicates that she has no opinion or cannot decide. She is also instructed that the further from either end toward the center she marks, indicates how much less than completely satisfied or dissatisfied she was. For example, item number two states: "I received sufficient medicine for pain ". If the patient was satisfied with the amount of relief from pain, she would make a vertical mark on the line as follows:

Completely Satisfied _____/_____ Completely Dissatisfied

If she felt that she should have received more medication for pain, she would have placed her mark closer to the Dissatisfied end of the scale. The closer her mark to the words, "Completely Dissatisfied," the stronger her feelings of dissatisfaction.

The scale is scored by dividing the line into 10 equally spaced areas and assigning a value to each area. The highest value is given to the one centimeter area

Analysis of the Data

Independent Variables

Question number one asked how many babies the patient had delivered in a hospital before this one. Of 84 patients answering "none," 44 were at Hospital A and 40 at Hospital B. Of the 50 patients with one previous hospital delivery, 30 were in Hospital A and 20 in Hospital B. Patients reporting two previous deliveries numbered 14 at Hospital A and 19 at Hospital B for a total of 23. Patients with three prior hospital deliveries numbered 10 at Hospital A and 14 at Hospital B with a total of 24 at both hospitals. Hospital A had two mothers reporting more than three prior hospital deliveries and Hospital B had seven for a total of nine mothers. See Table 1.

Table 1. Number of Mothers Who Had No, One, Two and Three or More Prior Deliveries in a Hospital

Number of Prior Deliveries	Hospital A n=100	Hospital B n=100
0	44	40
1	30	20
2	14	19
3 or more	12	21

Question number two consisted of, "How many hours were you in the labor and delivery rooms this time?" The answers ranged from 30 minutes to 37 hours with an actual mean of 7.98 hours. The data revealed that 54 patients were in the labor and delivery rooms up to four hours. Seventy patients were in the four to eight-hour interval. The eight to 12-hour interval accounted for 33 patients. The number decreased to 17 in the 12 to 16-hour interval, 12 in the 16 to 20-hour interval and seven each in the next two intervals. After combining the last three intervals because of the small frequencies, computation of the mean number of hours in the labor and delivery rooms revealed a mean of 8.06 hours at Hospital A and 8.58 hours at Hospital B. The data are illustrated in Table 2.

Table 2. Number of Mothers by Number of Hours in the Labor and Delivery Rooms

Hours in Labor and Delivery Rooms	Hospital A n = 100	Hospital B n = 100
0 - 4	26	28
4 - 8	39	31
8 - 12	16	17
12 - 16	8	9
16 and over	11	15

Question number three was, "Did you attend classes to learn about the birth process?" At Hospital A, 20 patients answered, "Yes" and 80, "No." At Hospital B, 31 patients answered in the affirmative and 69 negatively. Table 3 demonstrates the data.

Table 3. Number of Patients Who Did and Did Not Attend Classes to Learn About the Birth Process

Attendance at Class	Hospital A n = 100	Hospital B n = 100
Yes	20	31
No	80	69

Question number four was, "Did a relative or friend stay with you in the labor room?" Of the 100 patients at Hospital A, 76 answered in the affirmative and 24 negatively. At Hospital B, 88 patients answered, "Yes" and 12, "No." The data are demonstrated in Table 4.

Table 4. Number of Patients Who Did and Did Not Have a Relative or Friend With Them in the Labor Room

Relative or Friend Present in Labor Room	Hospital A n = 100	Hospital B n = 100
Yes	76	88
No	24	12

To test the first hypothesis that groups of patients dichotomized according to the hospital in which they delivered, showed no differences in any of the four variables, the F test was used. The first variable to be tested was the number of babies delivered previously in a hospital. Referring to the F table in Winer (52) with three degrees of freedom for both variances, it was found that the observed F of 2.236 is below the 5% value of 9.28. Hence, there is no significant difference between the two variables and the samples may be pooled.

The second variable to be so tested was the number of hours in the labor and delivery rooms. Again referring to Winer (52) with four degrees of freedom for both variances, it was found that the observed F of 1.523 is below the 5% value of 6.39. Hence, there is no significant difference between the two variables and the samples may be pooled.

The third variable was whether or not the patient had attended pre-natal classes. The observed F of 2.493 is below the 5% value of 161 for one degree of freedom according to Winer (52). Hence, there is no significant difference between the two variances and again the samples may be pooled.

The last variable to be tested in this hypothesis of no difference between the groups from the two hospitals was whether or not a relative or friend was with the patient in the labor room. The observed F of 2.137 is less than the 5% value of 161 for 1 degree of freedom according to Winer (52). Hence, there is no significant difference between the two variances and the samples may be pooled.

The F tests described above indicate that the two samples are from the same population.

Hospital Groups and Responses to Items

The second hypothesis states there is no difference between the groups of patients dichotomized according to the hospital in which they delivered and their responses to any of the 10 items on the data collecting tool. Inspection of the data in Table 5 revealed the differences between responses for the two hospitals to be so small that further analysis was not considered worthwhile. There is,

in fact, little to distinguish one group from the other. The hypothesis was held tenable.

Table 5. Number of Patients at Each Hospital Who Expressed Complete Satisfaction With the Nursing Care Described in Each of the Items on the Data Collecting Tool

Item	Hospital A n = 100	Hospital B n = 100
1	82	85
2	71	74
3	49	52
4	66	65
5	56	59
6	74	75
7	75	83
8	85	86
9	76	86
10	73	81

The chi square was used to test the next four hypotheses. The chi square was selected because the data were expressed in frequencies. The chi square measures the difference between frequencies obtained empirically from those which would be expected theoretically.

The chi square test requires that the expected frequencies not be smaller than one in more than 20% of the cells. Siegel states that expected frequencies can be increased by combining adjacent categories where such combinations can be made meaningfully. (45) Therefore, the data are interpreted with the scale values of one through nine combined into one category. The scale value of 10 made a second category. Thus, the chi square was done using two categories: those who were less than completely satisfied and those who were completely satisfied. The patients were dichotomized so the resulting contingency tables consisted of two rows and two columns. Therefore, the value of df (degrees of freedom) in each case was one.

Number of Babies and Responses to Items

The next hypothesis: groups of patients dichotomized according to number

of babies previously delivered in a hospital showed no differences in their responses to any of the 10 items on the attitude item scale was held tenable. The two groups of patients were: those with no prior deliveries and those with one or more previous deliveries in a hospital. The chi square values obtained were lower than the critical value of chi square at the 5% level of significance for all items with the exception of item 10 regarding satisfaction with over-all nursing care during labor and delivery. The observed frequency of patients with no prior deliveries expressing less than complete satisfaction constituted 33% of the total which was notably more than the corresponding figure of 17% for patients with one or more prior deliveries. It appears that having had a baby in a hospital before tends to increase satisfaction with nursing care. Table 6 shows the results of the chi square tests.

Table 6. Chi Square Values Derived From a Comparison of Patients Dichotomized According to Number of Prior Deliveries in a Hospital and Their Responses to Items 1 Through 10

Item	Chi Square	df	n
1 (food, drink)	0.681	1	200
2 (medicine for pain)	0.083	1	"
3 (instructions)	0.294	1	"
4 (confidence)	1.469	1	"
5 (being informed)	0.141	1	"
6 (sympathy)	0.807	1	"
7 (acceptance)	0.332	1	"
8 (skilled care)	0.926	1	"
9 (all activities)	0.986	1	"
10 (over-all satisfaction)	5.173*	1	"

* $p < .05$

Number of Hours and Responses to Items

The hypothesis stating that groups of patients dichotomized according to number of hours in the labor and delivery rooms showed no differences in their responses to any of the 10 items on the attitude scale was held tenable. Patients were divided into two groups as follows: those in the labor and delivery rooms for eight or less hours and 8.1 or more hours.

The chi square values obtained were lower than the critical values of chi square at the 5% level of significance for each item. Table 7 shows the results of the chi square test on each of the 10 items.

Table 7. Chi Square Values Derived from a Comparison of Patients Dichotomized According to Number of Hours in the Labor and Delivery Rooms and Responses to Items 1 Through 10

Item	Chi Square	df	n
1 (food, drink)	1.677	1	200
2 (medicine for pain)	0.054	1	"
3 (instructions)	2.010	1	"
4 (confidence)	0.028	1	"
5 (being informed)	1.564	1	"
6 (sympathy)	0.013	1	"
7 (acceptance)	2.450	1	"
8 (skilled care)	1.470	1	"
9 (all activities)	1.349	1	"
10 (over-all satisfaction)	0.339	1	"

Attendance at Pre-Natal Classes and Responses to Items

The next hypothesis stating that groups of patients dichotomized according to whether or not they had attended pre-natal classes showed no differences in their responses to any of the 10 items on the attitude item rating scale was held tenable. Table 8 shows the results of the chi square tests.

Table 8. Chi Square Values Derived from a Comparison of Patients Dichotomized According to Whether or Not Classes Were Attended and Their Responses to Items 1 Through 10

Item	Chi Square	df	n
1 (food, drink)	0.033	1	200
2 (medicine for pain)	2.825	1	"
3 (instructions)	6.331*	1	"
4 (confidence)	2.278	1	"
5 (being informed)	4.309*	1	"
6 (sympathy)	1.243	1	"
7 (acceptance)	2.919	1	"
8 (skilled care)	0.035	1	"
9 (all activities)	0.068	1	"
10 (over-all satisfaction)	1.589	1	"

* $p < .05$

In this grouping of patients, two items were significant at the .05 level. The observed frequency of item three regarding receiving instructions on how to breathe was 65% of the total for the "yes" to class attendance and "less than completely satisfied" group but only 44% for the "no" group who were "less than completely satisfied." In this case, having attended pre-natal classes did not improve patient satisfaction with, "I was given instructions on how to breathe and relax to relieve pain." Expectations of the patients who had attended classes were not being met.

In the same grouping of patients, the chi square showed a significant difference in the responses to item five, "I was told what was happening to me and why." The frequency of responses in each cell was similar to that for the item above. Fifty-five percent of those attending classes were less than completely satisfied but only 38% of those not attending classes were less than completely satisfied. Those who had not attended classes apparently did not have the same expectations as the group which had attended classes.

Presence of a Relative or Friend in the Labor Room and Responses to Items

The next hypothesis stating that groups of patients dichotomized according to whether or not a relative or friend was with the patient in the labor room showed no differences in their responses to any of the items on the item rating scale was held tenable in part. Table 9 shows the results of the chi square tests on each of the 10 items.

Table 9. Chi Square Values Derived from a Comparison of Patients Dichotomized According to Whether or Not a Relative or Friend Was With the Patient in the Labor Room and Their Responses to Items 1 Through 10

Item	Chi Square	df	n
1 (food, drink)	4.052*	1	200
2 (medicine for pain)	0.203	1	"
3 (instructions)	0.189	1	"
4 (confidence)	0.374	1	"
5 (being informed)	1.897	1	"
6 (sympathy)	2.602	1	"
7 (acceptance)	2.502	1	"
8 (skilled care)	2.112	1	"
9 all activities)	1.263	1	"
10 (over-all care)	1.416	1	"

* $p < .05$

One item in this group showed a significant difference at the .05 level. The item stated, "I received adequate attention to my needs for food, drink, elimination and cleanliness." Of the 164 patients who had a relative or friend with them in the labor room, only 23 or 14% expressed less than complete satisfaction. It may be speculated that the relative or friend assisted in meeting the needs of the patient whereas the patient alone in the labor room may have had her needs unmet.

Statistical Analysis of Item Responses

Responses to the 10 items on the item rating scale were summed and appear in Appendix C. Responses to each item according to the variables: number of babies previously delivered in a hospital, number of hours in labor and delivery rooms, attendance at pre-natal classes and presence of family member or friend in labor room also appear in Appendix C.

The observed frequencies of responses to each of the first nine items were subjected to factor analysis. The purpose of factor analysis is to analyze observations from their intercorrelations to determine whether the variations represented can be accounted for adequately by a number of basic categories smaller than that with which the investigation was started. All possible correlation coefficients among the nine items were computed to see to what extent they co-varied. This information is presented in an R matrix in Appendix D.

When two or more items are substantially correlated, they are measuring something in common. Inspection of the R matrix for clusters helps to locate common factors. The number of common factors and their identification are not decisively determined by factor analysis. It does provide hypotheses to be tested in further factor analytic and other kinds of research. In this study, two Factors were tentatively located in the R matrix. The R matrix was subjected to further analysis using the Principal Components of Analysis method resulting in a Factor Matrix which showed the extent to which each variable (item) was loaded on each of the Factors identified in the R matrix. The Factor Matrix for this study is presented in Table 10.

Table 10. Factor Loading of Items 1 Through 9 on Factors I and II

Item		Factor I	Factor II
1	(food, drink)	0.36448	0.67805
2	(medicine for pain)	0.49208	0.39047
3	(instructions)	0.46005	-0.47271
4	(confidence)	0.72492	-0.10979
5	(being informed)	0.73303	-0.27406
6	(sympathy)	0.71104	0.04825
7	(acceptance)	0.67446	0.25303
8	(skilled care)	0.69996	-0.10997
9	(all activities)	0.85723	-0.08085

Inspection of the Factor Matrix revealed exceptionally high factor loadings on Factor I by items four through nine and high factor loadings by items one, two and three. One thread common to all items appeared to be that of satisfaction. Factor I, therefore, was given the name "Satisfaction." Further examination of the Factor Matrix revealed that, for this group of patients, those items most highly loaded on Factor I were directly concerned with communication between patient and nurse. It appeared that the interpersonal relationship between patient and nurse was most satisfying when both verbal and non-verbal communication needs were being met. Physical needs for food, drink, medicine for pain and knowing how to breathe and relax to relieve pain were not as highly loaded on Factor I. For the patient undergoing labor and delivery, it appears that her needs for acceptance, support and comfort are more than equal to her needs for physical sustenance. It is of interest to note that the factor loading of item nine of Factor I is 0.85723. Item nine stated, "I felt that everything that was done to me and that I was expected to do was for my own good." It seems apparent the patients were being benevolent in agreeing with the statement, inasmuch as the correlation of item 10 regarding satisfaction with over-all nursing care was 0.75750 which was less than that for item nine. It may be that, while admitting that perhaps everything was intended for their good, the patients really were not that completely satisfied with everything.

Examination of the factor loadings by the nine items on Factor II indicate highest loadings on those items most concerned with basic physical needs. Item one regarding need for food and drink was loaded at 0.67805. Item two concerning medication for pain and item seven on acceptance by the nurse were also important in Factor II. Medication for pain implies protection from physical discomfort and acceptance of the patient implies protection and security from physical and other forces by membership in a group. The remaining items were negatively loaded with the exception of a negligible loading by item six, sympathy. Factor II may tentatively be called, "Basic Needs." It shows a low correlation of 0.17216 with item 10 regarding over-all satisfaction. These findings substantiate the interpretation given Factor I and that is that when the highly loaded items concerned with communication are removed, the remaining items are those concerned with physical needs.

Attitude Regarding Over-all Nursing Care

The last hypothesis to be tested in the study was that patients' attitudes are not those of satisfaction with their over-all nursing care during labor and delivery. Item 10 stated, "I was generally pleased with my treatment in the labor and delivery rooms." Of the 200 patients, 154 or 77% expressed complete satisfaction. Another 31 or 15.5% said they were satisfied although not completely. Ten patients or 5% offered no opinion. Only five patients or 2.5% indicated any degree of dissatisfaction. These findings allow rejection of the hypothesis that patients' attitudes are not those of satisfaction with their over-all nursing care during labor and delivery. Table 11 summarizes patients' responses to item 10 on the attitude item rating scale.

Table 11. Number of Responses in Each Scale Value to Item 10 Regarding Over-all Nursing Care

Scale Value	Number of Responses n = 200	Percentage of Responses
10 - Completely Satisfied	154	77%
9	18	9%
8	8	4%
7	5	2.5%
6 - No Opinion	2	1%
5 - No Opinion	8	4%
4	3	1.5%
3	0	0
2	1	0.5%
1 - Completely Dissatisfied	1	0.5%

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary of the Study

This study was undertaken for the purpose of determining maternity patients' attitudes regarding their nursing care during labor and delivery at two private, metropolitan hospitals. The limitations outlined in Chapter I were the defining propositions of the study.

Following a review of the literature and nursing studies with reference to the meaning of attitude and factors influencing patient attitudes, consultations with obstetrical nurses, clinical instructors and patients were held to establish a frame of reference regarding nursing activities which patients and nurses considered important to the development of satisfaction with nursing care. A data collecting tool was developed in the form of a questionnaire and attitude item rating scale. The questions asked the patient to describe herself: how many babies had she delivered previously in a hospital; how many hours was she in the labor and delivery rooms this time; had she attended pre-natal classes; did she have a relative or friend with her in the labor room. The attitude item rating scale consisted of nine statements regarding factors thought to influence patients' attitudes. The factors were: need for food, drink, elimination and cleanliness; need for medicine for pain; being given instructions on how to breathe and relax to help relieve pain; feeling confident that she was being closely observed and that any problems would be reported to the doctor; being told what was happening to herself and why; feeling that the nurse was sympathetic, friendly and understanding; feeling that the nurse accepted her no matter how she behaved during labor; being cared for in a skillful manner; feeling that everything that was done to her and that she was expected to do was for her own good. A last statement, item 10, asked the patient to rate the extent of her satisfaction with her over-all nursing care during labor and delivery. The tool was submitted for evaluation to several patients and nurses. Appropriate revisions were made.

Permission to carry out the study was granted by the Director of Nursing at each hospital. Five patients at each hospital participated in a pilot study to test the tool. Utilization of the test-retest method and chi square with Yate's correction revealed no significant difference between the distribution of responses to the items on the two tests.

Participants in the study were 200 maternity patients on the post-partum wards with 100 at each of the two hospitals. Findings of the study were derived from the information provided by the responses of the participants to the questions and statements on the attitude item rating scale on the data collection tool.

Findings of the Study

On the basis of this study, the following hypotheses were held tenable:

1. There is no difference between groups of patients dichotomized according to the hospital in which they delivered and the number of babies previously delivered in a hospital, the number of hours spent in the labor and delivery rooms, attendance at pre-natal classes and whether or not a relative or friend was present in the labor room.
2. There is no difference between groups of patients dichotomized according to the hospital in which they delivered and their responses to any of the 10 items on the data collecting tool.
3. There is no difference between groups of patients dichotomized according to number of hours in the labor and delivery rooms and their responses to any of the 10 statements on the attitude item rating scale.

On the basis of this study, the following hypotheses were held tenable in part:

1. There is no difference between groups of patients dichotomized according to no babies and one or more babies previously delivered in a hospital and their responses to any of the 10 items on the attitude item rating scale. Responses to items one through nine showed no differences between the two groups of patients. However, for item 10 regarding satisfaction with over-all nursing care, 33% or 26 of a total of 84

of the patients with no babies previously delivered in a hospital expressed less than complete satisfaction whereas only 17% or 20 of a total of 116 patients with one or more babies previously delivered in a hospital expressed less than complete satisfaction.

2. There is no difference between groups of patients dichotomized according to whether or not they had attended pre-natal classes and their responses to any of the 10 items on the attitude item rating scale. Significant differences appeared for two items. Of the patients who had taken pre-natal classes, 65% or 33 of a total of 51 patients were less than completely satisfied with being given instructions on how to breathe and relax to relieve pain (item three). However, only 44% or 66 of a total of 149 patients who had not taken classes were less than completely satisfied. Regarding item five, "I was told what was happening to me and why," 55% or 28 of a total of 51 who had taken the classes expressed less than complete satisfaction. But only 38% or 57 of a total of 149 patients who had not taken classes were less than completely satisfied.
3. There is no difference between groups of patients dichotomized according to whether or not a relative or friend was with the patient in the labor room and their responses to any of the items on the attitude item rating scale. Differences were insignificant with one exception: item one regarding need for food, drink, elimination and cleanliness called for expressions of less than complete satisfaction from over 25% or 10 of a total of 36 patients who had no relative or friend with them. Of the patients who did have a relative or friend with them, only 14% or 23 of a total of 164 patients, expressed less than complete satisfaction.

On the basis of this study, the following hypothesis was rejected: patients' attitudes are not those of satisfaction with their over-all nursing care during labor and delivery.

The Factor Analysis revealed high loadings by all items on the attitude item rating scale on one factor identified and called, "Factor I, Satisfaction ". Factor I was most highly loaded with items four (confidence in nurse), five (being informed

of what was happening), six (feeling nurse was sympathetic), seven (accepted by nurse), eight (given skilled care), and nine (all activities for patient's good). A second factor identified and named, "Factor II, Basic Needs" was found in items one (food, drink), two (medicine for pain), and seven (acceptance by the nurse).

Conclusions

The findings of this study led to the following conclusions:

1. Patients who have had no previous deliveries in a hospital are less satisfied with their over-all nursing care than patients who have had one or more previous deliveries. It may be that patients who have delivered previously in a hospital know what to expect regarding both the events of labor and delivery and the functions of the nurse. However, it seems apparent that the nursing activities did not entirely meet the expectations of the patients with no previous hospital deliveries.
2. The number of hours the patient spent in the labor and delivery rooms made no difference in the extent of her satisfaction with any of the factors tested.
3. The patient's attendance at pre-natal classes resulted in less satisfaction with being given instructions for breathing and relaxing to relieve pain (item three) and her feeling of confidence that she was being closely observed and that any problems would be reported to the doctor (item five). It may be that those patients who had attended pre-natal classes were better informed about both the birth process and self-help measures of breathing and relaxing to relieve pain and may have expected the nurse to re-enforce their classroom learning. It may be there was a discrepancy between information given in the classes and events in the labor room.
4. Not having a relative or friend in the labor room with her resulted in less satisfaction with nursing care for the patient's needs for food,

drink, elimination and cleanliness. It may be that the relative or friend provided for the patient's needs whereas the patient with no relative present did not have all of her needs filled.

5. The items most closely correlated with satisfaction are those most concerned with communication. Both verbal and non-verbal communication between patient and nurse are key factors related to the satisfaction of the patient with her nursing care. It is further concluded that when communication needs are removed, patient satisfaction cannot take place unless her basic physical needs are met. Therefore, meeting the patient's physical needs is fundamental to nursing care aimed at developing an attitude of satisfaction in the patient.
6. Generally speaking, maternity patients were satisfied with their nursing care in the labor and delivery rooms of the two hospitals used in the study.

Recommendations for Further Study

1. It is recommended that studies be done to determine specific nursing measures and interpersonal techniques that the patient in labor, during and immediately after delivery, found helpful or would have found helpful had they been carried out.
2. It is recommended that experimental studies be done to determine the relationship between the kind and amount of verbal and non-verbal communication between nurse and patient and:
 - a. physical progress of the patient during labor and delivery;
 - b. patient satisfaction with over-all nursing care;
 - c. other factors such as the patient's feelings toward the new baby, the baby's father and future episodes in the labor and delivery rooms.
3. It is recommended that the experimental studies suggested above distinguish between variables such as the patient's age, marital status, social class, education, ethnic group, religion, whether or not she

is keeping her baby and whether or not her labor and delivery were uncomplicated.

4. Further study is merited to identify factors influencing the relationship between attendance at pre-natal classes and satisfaction with nursing care in the labor and delivery rooms.
5. Further study is merited to identify the factors influencing the relationship between having or not having a relative or friend in the labor room and satisfaction with nursing care.
6. It is recommended that the study be repeated but alternate the words, "Completely Satisfied" from right to left hand margins of the tool. It is suggested that allowing space for comments following each item might elicit helpful information.

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1629 S.W. Westwood Court
Portland, Oregon 97201

April 4, 1971

, Director of Nursing
Hospital

Portland, Oregon

Dear :

In partial fulfillment of the requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study of patients' expressions of degree of satisfaction with their experiences during labor and delivery.

The study will involve the completion of a fourteen-item questionnaire by post-partum patients and will require less than five minutes' time. The investigator will deliver the questionnaire to each patient on her first or second post-partum day and will return within an hour to pick it up.

The hospital and participants will not be identified; complete anonymity will be maintained.

A self-addressed envelope is enclosed for your response indicating your approval of your post-partum patients' participation in the study.

Upon completion, copies of the report will be placed in the library at the University of Oregon Medical School.

Sincerely yours,

Virginia Bertram (Mrs. W. E.)
244-9497

Virginia Bertram is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Mrs. Bertram will be greatly appreciated.

Lucile Gregerson
Associate Professor

Thesis Adviser

APPENDIX B
DATA COLLECTING TOOL

A study is being made to determine patients' opinions about their experiences during labor and delivery. The findings of the study will indicate what nurses can do to be more helpful. Your responses will be completely anonymous.

Directions: Write your answer to each question in the appropriate space at the end of the question.

1. How many babies have you had in a hospital before? _____
2. How many hours were you in the labor and delivery rooms this time? _____
3. Did you attend classes to learn about the birth process? _____
4. Did a member of your family or friend stay with you in the labor room? _____

DIRECTIONS: For each of the statements below, mark a vertical line at that point on the line which best represents your opinion, feeling or attitude.

A mark in the middle area of the line indicates that you have NO OPINION or you CAN'T DECIDE.

The further from either end toward the center you mark indicates how much less than Completely Satisfied or Completely Dissatisfied you were.

1. I received adequate attention to my needs for food, drink, elimination and cleanliness.
 Completely Satisfied _____ Completely Dissatisfied
2. I received sufficient medicine for pain.
 Completely Satisfied _____ Completely Dissatisfied
3. I was given instructions on how to breathe and relax to help relieve pain.
 Completely Satisfied _____ Completely Dissatisfied
4. I always felt confident that I was being closely observed and that any problems would be reported to the doctor.
 Completely Satisfied _____ Completely Dissatisfied
5. I was told what was happening to me and why.
 Completely Satisfied _____ Completely Dissatisfied
6. I felt that the nurse was sympathetic, friendly and understanding.
 Completely Satisfied _____ Completely Dissatisfied
7. I felt that the nurse accepted me no matter how I behaved during labor.
 Completely Satisfied _____ Completely Dissatisfied
8. I was cared for in a skillful manner.
 Completely Satisfied _____ Completely Dissatisfied
9. I felt that everything that was done to me and that I was expected to do was for my own good.
 Completely Satisfied _____ Completely Dissatisfied
10. I was generally pleased with my treatment in the labor and delivery rooms.
 Completely Satisfied _____ Completely Dissatisfied

Thank you for assisting with this study.

Virginia Bertram, R.N.
 1629 S.W. Westwood Court
 Portland, Oregon 97201

APPENDIX C
SUMMARY OF THE DATA

Summary of Data

1. How many babies have you had in a hospital before?

0 - 84 Patients
1 - 50 "
2 - 23 "
3 - 24 "
4 - 5 "
5 - 3 "
6 - 0 "
7 - 1 "

2. How many hours were you in the labor and delivery rooms this time?

0 - 4 Hours	54 Patients	24 Hours	2 Patients
4 - 8 "	70 "	26 "	1 "
8 - 12 "	33 "	29 "	2 "
12 - 16 "	17 "	32 "	1 "
16 - 20 "	12 "	37 "	1 "
20 - 24 "	7 "		

3. Did you attend classes to learn about the birth process?

Yes - 51
No - 149

4. Did a member of your family or a friend stay with in the labor room?

Yes - 164
No - 36

Summary of Item Rating Data

1. I received adequate attention to my needs for food, drink, elimination and cleanliness.

Completely Satisfied	167	21	5	2	0	1	2	1	1	0	Completely Dissatisfied
----------------------	-----	----	---	---	---	---	---	---	---	---	-------------------------

2. I received sufficient medicine for pain.

Completely Satisfied	145	23	10	1	6	7	1	2	2	3	Completely Dissatisfied
----------------------	-----	----	----	---	---	---	---	---	---	---	-------------------------

3. I was given instructions on how to breathe and relax to relieve pain.

Completely Satisfied	101	25	21	9	17	5	4	8	3	7	Completely Dissatisfied
----------------------	-----	----	----	---	----	---	---	---	---	---	-------------------------

4. I always felt confident that I was being closely observed and that any problems would be reported to the doctor.

Completely Satisfied	131	21	16	9	5	5	6	3	2	2	Completely Dissatisfied
----------------------	-----	----	----	---	---	---	---	---	---	---	-------------------------

5. I was told what was happening to me and why.

Completely Satisfied	115	23	16	9	10	8	4	8	1	6	Completely Dissatisfied
----------------------	-----	----	----	---	----	---	---	---	---	---	-------------------------

6. I felt that the nurse was sympathetic, friendly and understanding.

Completely Satisfied	149	23	7	5	5	8	1	1	0	1	Completely Dissatisfied
----------------------	-----	----	---	---	---	---	---	---	---	---	-------------------------

7. I felt that the nurse accepted me no matter how I behave during labor.
 Completely Satisfied 158 17 5 2 7 10 1 0 0 0 0 Completely Dissatisfied

8. I was cared for in a skillful manner.
 Completely Satisfied 171 14 2 3 3 4 1 1 0 1 1 Completely Dissatisfied

9. I felt that everything that was done to me and that I was expected to do was for my own good.
 Completely Satisfied 168 14 5 1 4 5 0 2 0 1 Completely Dissatisfied

10. I was generally pleased with my treatment in the labor and delivery rooms.
 Completely Satisfied 154 18 8 5 2 8 3 0 1 1 Completely Dissatisfied

RESPONSES ACCORDING TO NUMBER OF BABIES PREVIOUSLY DELIVERED IN A HOSPITAL

Item	Babies	Hospital A Scale Values										Hospital B Scale Values									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
1	0	0	1	0	1	0	0	0	2	7	33	0	0	0	0	1	0	1	0	3	35
	1	0	0	0	0	0	0	0	1	3	26	0	0	0	0	0	0	1	1	3	15
	2 or more	0	0	1	1	0	0	0	0	1	23	0	0	0	0	0	0	0	1	4	35
2	0	1	2	1	0	1	3	0	5	3	28	0	0	0	0	1	0	1	0	6	32
	1	0	0	0	0	0	0	0	2	5	23	0	0	0	0	1	1	0	2	3	13
	2 or more	1	0	0	1	2	0	0	0	2	20	1	0	1	0	2	2	0	1	4	29
3	0	2	0	1	0	2	1	2	9	6	21	1	1	1	1	1	1	1	4	6	23
	1	1	0	3	0	1	5	1	3	3	13	0	1	1	1	1	4	1	2	3	6
	2 or more	1	0	1	1	0	1	3	1	3	15	2	1	1	1	0	5	1	2	4	23
4	0	0	0	1	4	0	0	2	5	6	26	0	0	1	1	1	1	4	3	4	25
	1	1	0	0	0	0	3	1	3	3	19	0	0	0	0	1	1	1	1	3	13
	2 or more	0	1	1	1	0	0	0	2	0	21	1	1	0	0	3	0	1	2	5	27
5	0	2	0	3	2	2	2	1	5	6	21	0	1	1	1	0	4	1	2	4	26
	1	0	0	2	1	0	3	2	4	2	16	2	0	0	0	2	0	1	0	4	11
	2 or more	1	0	0	0	1	0	2	2	1	19	1	0	2	0	3	1	2	3	6	22
6	0	0	0	1	0	3	1	2	2	6	29	0	0	0	1	0	0	0	0	8	31
	1	0	0	0	0	1	2	1	2	0	24	1	0	0	0	2	0	0	0	3	14
	2 or more	0	0	0	0	0	1	0	2	2	21	0	0	0	0	2	1	2	1	4	30
7	0	0	0	0	1	4	3	1	1	4	30	0	0	0	0	0	1	0	0	1	38
	1	0	0	0	0	0	1	0	1	4	24	0	0	0	0	2	1	1	1	3	12
	2 or more	0	0	0	0	1	0	0	2	2	21	0	0	0	0	3	1	0	0	3	33
8	0	0	0	0	0	1	0	0	2	4	37	0	0	0	0	0	2	0	0	1	37
	1	0	0	0	0	0	1	0	0	2	27	0	0	1	1	1	0	1	0	2	14
	2 or more	0	0	0	0	1	0	2	0	2	21	1	0	0	0	1	0	0	0	3	35
9	0	0	0	1	0	1	2	1	1	5	33	0	0	0	0	0	0	0	2	3	35
	1	0	0	0	0	0	1	0	1	3	25	0	0	0	0	3	0	0	0	1	16
	2 or more	0	0	0	0	1	0	0	1	0	24	1	0	1	0	0	1	0	0	2	35
10	0	0	0	0	2	2	1	2	4	8	25	1	0	0	0	1	0	0	1	4	33
	1	0	0	0	0	1	0	0	2	3	24	0	0	0	0	2	0	2	1	1	14
	2 or more	0	0	0	1	0	0	1	0	0	24	0	1	0	0	2	1	0	0	2	34

RESPONSES ACCORDING TO NUMBER OF HOURS IN LABOR AND DELIVERY ROOM

Item	Hours	Hospital A Scale Values										Hospital B Scale Values										
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
1	to	8	0	1	1	2	0	0	0	1	9	66	0	0	0	0	1	0	1	2	7	51
	over	8	0	0	0	0	0	0	2	2	26	0	0	0	0	0	0	1	0	3	34	
2	to	8	1	1	0	1	3	2	0	4	9	49	1	0	0	0	2	1	0	1	11	46
	over	8	1	1	1	0	0	1	0	3	1	22	0	0	1	0	2	2	1	2	2	28
3	to	8	2	0	4	1	2	5	5	7	7	37	1	2	2	2	1	1	3	5	8	30
	over	8	2	0	1	0	1	2	1	6	5	12	2	1	1	1	2	0	3	5	22	
4	to	8	1	1	1	3	0	1	2	9	6	46	1	1	1	0	2	1	4	5	6	41
	over	8	0	0	1	2	0	2	1	1	3	20	0	0	0	1	3	1	2	1	6	24
5	to	8	2	0	3	2	3	3	5	8	6	38	3	1	3	0	4	4	2	3	9	33
	over	8	1	0	2	1	0	2	0	3	3	18	0	0	0	1	1	1	2	2	5	26
6	to	8	0	0	1	0	1	4	2	3	6	53	1	0	0	1	3	0	1	1	10	45
	over	8	0	0	0	0	3	0	1	3	2	21	0	0	0	0	1	1	1	0	5	30
7	to	8	0	0	0	1	2	3	1	4	7	52	0	0	0	0	5	2	0	1	6	48
	over	8	0	0	0	0	3	1	0	0	3	23	0	0	0	0	0	1	1	0	1	35
8	to	8	0	0	0	0	2	1	2	1	5	49	1	0	1	1	2	1	1	0	4	51
	over	8	0	0	0	0	0	0	0	1	3	26	0	0	0	0	0	1	0	0	2	35
9	to	8	0	0	0	0	1	3	1	3	6	56	1	0	1	0	3	0	0	1	4	52
	over	8	0	0	1	0	1	0	0	0	2	26	0	0	0	0	0	1	0	1	2	34
10	to	8	0	0	0	2	2	1	3	3	7	52	1	1	0	0	5	0	2	1	4	38
	over	8	0	0	0	1	1	0	0	3	4	21	0	0	0	0	0	1	0	1	3	33

RESPONSES ACCORDING TO WHETHER OR NOT PRE-NATAL CLASSES WERE ATTENDED

Item	Class	Hospital A Scale Values										Hospital B Scale Values									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
1	Yes No	0 0	0 1	0 1	0 2	0 0	0 0	0 0	1 2	3 8	16 66	0 0	0 0	0 0	0 0	0 1	0 0	1 1	1 1	2 8	27 58
2	Yes No	0 2	2 0	1 0	0 1	0 3	0 3	0 0	4 3	3 7	10 61	0 1	0 0	0 1	0 0	1 3	0 3	0 1	2 7	6 51	23 51
3	Yes No	2 2	0 0	1 4	0 1	2 1	0 7	0 6	3 10	4 8	8 41	2 1	1 2	1 2	2 1	1 1	2 8	1 3	5 3	5 8	10 42
4	Yes No	0 1	0 1	1 1	2 3	0 0	0 3	0 3	5 5	2 7	10 56	0 1	1 0	1 0	0 1	1 4	0 2	4 2	1 5	4 8	19 46
5	Yes No	1 2	0 0	0 5	1 2	1 2	1 4	1 2	3 10	1 5	8 48	0 3	1 0	2 1	0 3	2 4	1 3	0 4	3 2	7 7	15 44
6	Yes No	0 0	0 0	0 1	0 0	1 3	0 4	1 2	3 3	2 6	13 61	0 1	0 0	0 0	1 0	1 3	1 1	0 1	0 1	6 9	22 53
7	Yes No	0 0	0 0	0 0	0 1	2 3	1 3	0 1	0 4	5 5	12 63	0 0	0 0	0 0	0 0	2 3	0 3	0 1	1 0	4 3	24 59
8	Yes No	0 0	0 0	0 0	0 0	0 2	0 1	0 2	1 1	1 7	18 67	0 1	0 0	1 0	1 1	1 1	0 1	0 1	0 4	2 60	26 60
9	Yes No	0 0	0 0	1 0	0 0	1 1	0 3	0 0	1 3	0 7	16 66	0 1	0 0	1 0	0 2	1 1	0 0	0 0	2 5	1 60	26 60
10	Yes No	0 0	0 0	0 0	1 2	1 2	0 1	0 2	1 5	4 7	12 61	1 0	0 1	0 0	0 4	1 1	0 1	1 1	1 4	3 57	24 57

RESPONSES ACCORDING TO WHETHER OR NOT A RELATIVE OR FRIEND WAS IN THE LABOR ROOM

Item	Rela- tives	Hospital A Scale Values										Hospital B Scale Values									
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
1	Yes	0	1	1	1	0	0	0	1	8	64	0	0	0	0	1	0	2	1	7	77
	No	0	0	0	1	0	0	0	2	3	18	0	0	0	0	0	0	0	1	3	8
2	Yes	2	2	1	1	2	2	0	6	6	54	0	0	1	0	4	3	1	3	10	66
	No	0	0	0	0	1	1	0	1	4	17	1	0	0	0	0	0	0	0	3	8
3	Yes	4	0	5	1	2	4	4	10	9	37	2	2	3	3	2	8	1	8	12	47
	No	0	0	0	0	1	3	2	3	3	12	1	1	0	0	0	2	2	0	1	5
4	Yes	1	1	2	5	0	1	3	9	5	49	0	1	1	1	5	1	4	4	11	60
	No	0	0	0	0	0	2	0	1	4	17	1	0	0	0	0	1	2	2	1	5
5	Yes	2	0	3	3	2	3	4	8	8	43	1	0	2	1	5	4	4	4	12	55
	No	1	0	2	0	1	2	1	3	1	13	2	1	1	0	0	1	0	1	2	4
6	Yes	0	0	0	0	4	2	3	4	5	58	0	0	0	1	4	1	2	1	11	68
	No	0	0	1	0	0	2	0	2	3	16	1	0	0	0	0	0	0	0	4	7
7	Yes	0	0	0	0	5	2	1	2	9	57	0	0	0	0	2	1	1	1	7	76
	No	0	0	0	1	0	2	0	2	1	18	0	0	0	0	3	2	0	0	0	7
8	Yes	0	0	0	0	2	0	2	2	5	65	0	0	1	0	2	1	1	0	5	78
	No	0	0	0	0	0	1	0	0	3	20	1	0	0	1	0	1	0	0	1	8
9	Yes	0	0	1	0	2	0	1	3	7	62	0	0	1	0	2	1	0	1	5	78
	No	0	0	0	0	0	3	0	0	1	20	1	0	0	0	1	0	0	1	1	8
10	Yes	0	0	0	2	2	0	3	5	8	56	1	1	0	0	3	1	2	1	6	73
	No	0	0	0	1	1	1	0	1	3	17	0	0	0	0	2	0	0	1	1	8

APPENDIX D
R MATRIX OF ITEMS ONE THROUGH NINE

CORRELATION COEFFICIENTS

[illegible]

AN ABSTRACT OF THE THESIS OF
VIRGINIA BERTRAM

For the MASTER OF SCIENCE in NURSING EDUCATION

Date of receiving this degree: June 9, 1972

Title: A STUDY OF 200 POST-PARTUM PATIENTS' OPINIONS CONCERNING
THEIR NURSING CARE DURING LABOR AND DELIVERY

Approved: _____
(Associate Professor in Charge of Thesis)

The purpose of this study was to determine post-partum patients' opinions regarding their nursing care during labor and delivery at two private, metropolitan hospitals. A survey of the literature and related studies provided the basis for construction of the data collecting tool in the form of a questionnaire and attitude item rating scale. The participants in the study were 200 post-partum patients with 100 at each of the two hospitals.

Findings

On the basis of the data obtained from the participants, it was determined that there were no significant differences between the patients at the two hospitals regarding each patient's number of previous deliveries in a hospital, the number of hours she spent in the labor and delivery rooms, whether or not she attended pre-natal classes and whether or not a relative or friend was present in the labor room.

It had been hypothesized that there would be no significant differences between groups of patients dichotomized according to no previous deliveries and one or more previous deliveries and their responses to any of the 10 items on the attitude item rating scale. The hypothesis was held tenable for all but one item. Thirty three percent or 26 of a total of 84 patients with no previous deliveries expressed less than complete satisfaction with their over-all nursing care compared with 17% or 20 of a total of 116 patients who had had one or more previous deliveries.

It had been hypothesized that there would be no significant differences between attended pre-natal classes and their responses to any of the 10 items on the attitude item rating scale. Significant differences were demonstrated for two items. Sixty five percent or 33 of a total of 51 of the patients who had taken pre-natal classes expressed a less than completely satisfied attitude regarding being given instructions on how to breathe and relax to relieve pain whereas 44% or 66 of a total of 149 of the patients who had not taken classes were less than completely satisfied. Regarding their satisfaction with being told what was happening to them and why, 55% or 28 of a total of 51 of the patients who had taken pre-natal classes were less than completely satisfied but only 38% or 57 of a total of 149 patients who had not attended classes were less than completely satisfied.

It had been further hypothesized that there would be no significant differences between groups of patients dichotomized according to whether or not a relative or friend was in the labor room with the patient and their responses to any of the items on the attitude item rating scale. Differences were insignificant with one exception. Of those patients with no relative or friend in the labor room, over 25% or 10 of a total of 36 patients expressed less than complete satisfaction with their nursing care for their needs for food, drink, elimination and cleanliness but only 14% or 23 of a total of 164 of the patients who had a relative or friend with them in the labor room expressed less than complete satisfaction.

It was determined that there were no differences between the number of hours the patients spent in the labor and delivery rooms and their responses to any of the 10 items on the attitude item rating scale.

It was further determined that there was no difference between the extent of the patient's satisfaction as expressed by her responses to the 10 items on the attitude item rating scale and the hospital in which she delivered.

A Factor Analysis of the items on the attitude item rating scale revealed high loadings by all items on a factor identified and called, "Factor I, Satisfaction." A second factor identified and named, "Factor II, Basic Needs," was found in three of the items.

Conclusions

The findings of this study led to the following conclusions:

1. Patients who have had no previous deliveries in a hospital are less satisfied with their over-all nursing care than patients who have had one or more deliveries previously. It may be that patients who have delivered previously in a hospital know what to expect regarding both the events of labor and delivery and the activities of the nurse. However, it seems apparent that the nursing activities did not entirely meet the expectations of the patients with no previous deliveries.
2. Neither the hospital in which she delivered nor the number of hours she spent in the labor and delivery rooms made any difference in the extent of the patient's satisfaction with nursing care for her needs.
3. The patient's attendance at pre-natal classes resulted in less satisfaction with being given instructions for breathing and relaxing to relieve pain and her feeling of confidence that she was being closely observed and that any problems would be reported to the doctor. It may be that those patients who had attended pre-natal classes were better informed about both the birth process and self-help measures of breathing and relaxing to relieve pain than were patients who had not attended classes. There may be a discrepancy between information given in the classes and events in the labor room. The patients who had attended classes may have expected the nurse to re-enforce their classroom learning.
4. Not having a relative or friend in the labor room with her resulted in the patient expressing less satisfaction with nursing care for her needs for food, drink, elimination and cleanliness. It may be that the relative or friend provided for the patient's needs whereas the patient with no relative present did not have all of her needs filled.
5. The items on the data collecting tool most closely correlated with satisfaction are those most concerned with communication. Both verbal and non-verbal communication between patient and nurse are key factors

related to the satisfaction of the patient with her nursing care. It is further concluded that when communication needs are removed, patient satisfaction cannot take place unless her basic physical needs are met. Therefore, meeting the patient's physical needs is fundamental to nursing care aimed at developing an attitude of satisfaction in the patient.

6. Generally speaking, post-partum patients at the two hospitals were satisfied with their nursing care in the labor and delivery rooms.

Recommendations for Further Study

1. It is recommended that studies be done to determine specific nursing measures and interpersonal techniques that the patient in labor, during and immediately after delivery found helpful or would have found helpful had the nurse carried them out.
2. It is recommended that experimental studies be done to determine the relationship between the kind and amount of verbal and non-verbal communication between nurse and patient and:
 - a. physical progress of the patient during labor and delivery;
 - b. patient satisfaction with over-all nursing care;
 - c. other factors such as: the patient's feelings toward the new baby, the baby's father and future episodes in the labor and delivery rooms.
3. It is recommended that the experimental studies suggested above distinguish between variables such as the patient's age, marital status, social class, education, ethnic group, religion, whether or not she is keeping her baby and whether or not her labor and delivery were uncomplicated. Further study is merited to identify the effects of the presence of a relative or friend with the patient during labor. It is recommended that the study be repeated but alternating the words, "Completely Satisfied" from right to left hand margins of the paper and asking one or two open-ended questions following each item on the attitude item rating scale.
4. Further study is merited to identify factors influencing the relationship between attendance at pre-natal classes and satisfaction with nursing

care in the labor and delivery rooms.

5. Further study is merited to identify the factors influencing the relationship between having or not having a relative or friend in the labor room and satisfaction with nursing care.
6. It is recommended that the study be repeated but alternate the words, "Completely Satisfied" from right to left hand margins of the tool. It is suggested that allowing space for comments following each item might elicit helpful information.