

Report of the STSM

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Host: Department of Health Services Research, University of Liverpool, United Kingdom

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Deconstructing the concept 'satisfaction with intrapartum care' – a critical interpretative synthesis of the literature

Abstract

In the „satisfaction subgroup“ (Working Group 3) of the COST Action IS1405, we have been working on a critical interpretative synthesis of the literature in order to find out what explicit or implicit (underlying) assumptions regarding satisfaction with intrapartum care can be found in the existing studies, what are the constitutive dimensions of that construct, what external variables (determinants) influence this variable most and how the satisfaction is related to women's expectations, preferences and attitudes. As I am together with Dr Lucy Frith and Dr Joanna White a leading author of the paper being prepared within the satisfaction subgroup, the aim of this STSM was to meet Dr Frith and Dr White and to work on the paper under their supervision. Another aim of this STSM was to develop a research project focusing on the preferences and satisfaction with maternity services in Roma women across Europe, a project plan intended to be realized in the cooperation with the COST members from different countries. The aim of this STSM was also to investigate funding opportunities for this project.

An international research group encompassing researchers from 10 countries has been established during the STSM to conduct a multidisciplinary research on Roma women and maternity care. We will apply for Erasmus+ (Jean Monnet programme) in February 2018, with the objective of applying for H2020 in the future.

The theoretical underpinnings of the existing studies on satisfaction with maternity care were analysed with the result that only few studies relied on explicit theoretical framework while investigating satisfaction. The key elements constituting the model of satisfaction with intrapartum care were identified (the dimensions and determinants of satisfaction, the role of women's expectations and attitudes, the relationship between subjective importance and perceived reality, the difference between satisfaction with intrapartum care and satisfaction with childbirth experience).

Introduction

Satisfaction with childbirth care has implications for the well-being of both mother and child, as women who report being satisfied with their intrapartum care are at lower risk of postpartum psychiatric disturbances, such as depression and post-traumatic stress disorder, have fewer

difficulties in developing a bond with their baby and are less prone to experience severe fear of childbirth in subsequent pregnancy, or to avoid becoming pregnant again (Michels et al., 2013). Women's satisfaction with intrapartum care has received growing attention over the past 20 years and a number of questionnaires for its measurement have been developed (Sawyer et al., 2013).

Yet despite a considerable body of research, the very concept of satisfaction with maternity care has not yet been sufficiently defined. When operationalizing satisfaction, researchers often do not rely on an explicit theoretical model, referring instead to their own empirical findings or to findings reported in previous studies, which are, in turn, presented outside of a theoretical construct. The prevailing absence of robust theoretical frameworks and definitions has considerable implications, including placing the validity and usefulness of satisfaction studies under question.

Several studies on satisfaction with intrapartum care have been conducted relying on a conceptual framework derived from general patient satisfaction theories but those theories are not directly applicable in the field of intrapartum care as they do not fully cover all aspects relevant for maternity care (Wilde-Larsson et al., 2010). They, however, identify the basic elements and principles that should be taken into account when developing satisfaction theory in any healthcare field. The basic elements of the general patient satisfaction theories are summarized in the following table:

Basic elements of satisfaction theories

Multidimensionality of satisfaction	Satisfaction is a multidimensional construct where interpersonal relationships (especially emotional support from caregivers) are the most important dimensions.
Determinants of satisfaction	Satisfaction might be affected by various determinants, most importantly by patients' expectations and preferences (and their fulfillment or discrepancy with perceived reality).
Expectations and satisfaction	The concept of expectations should be further elaborated to avoid confusion between “desired, ideal” and “realistically anticipated” care and to take into account that there might be no expectations.
Perceived occurrences vs. satisfaction	Experiences with care and satisfaction with care should be distinguished as satisfaction with care might be affected by other factors than the care itself.
Ratings vs. reports	Subjective ratings (how supportive caregivers were) and objectively measurable parameters/reports (time spent with the doctor) should be distinguished.

Methods

A literature review has been carried out in order to identify the theoretical underpinnings of the existing studies on satisfaction with intrapartum care. The studies included in the analysis have been identified and selected previously by the research team of the “satisfaction subgroup” of the Working Group 3 of the COST Action.

Work Plan of the STSM week

Day	Activities/Actions
Sunday June 25	Arrive in Liverpool, meeting with Joanna White
Monday June 26	Meeting administrative team at Liverpool, orientation (tour of department, computer facilities, library); working day with Lucy Frith and Joana White – analysis of the papers identified via review selection process, reviewing the papers as for either explicit or implicit theory of satisfaction that led the process of operationalizing and measuring satisfaction with intrapartum care
Tuesday June 27	Working day with Lucy Frith and Joanna White – planning the project about Roma women experiences with maternity care across Europe; searching for funding opportunities for the project; discussing the general satisfaction theories and the implicit/explicit theories present in the literature on satisfaction with intrapartum care to be included in the critical interpretative synthesis (CIS)
Wednesday June 28	Independent work: drafting the paper “Deconstructing the concept 'satisfaction with intrapartum care'” based on the previous discussions with Lucy Frith and Joanna White
Thursday June 29	Working day with LF/independent work; preparing the project about Roma women experiences; discussing the Results and Discussion section of the paper “Deconstructing the concept 'satisfaction with intrapartum care'”
Friday June 30	Independent work – working on a manuscript (following previous discussions with Lucy Frith and Joanna White); collecting relevant literature that is not available in the Czech Republic via electronic databases/library; contacting colleagues from the COST Action who agreed to participate in the project regarding Roma women experiences with maternity care across Europe and providing them with more detailed information about the cooperation
Saturday July 1	Independent work – preparation of the project regarding Roma women experiences with maternity care across Europe; communication with colleagues who agreed to participate in the project
Sunday July 2	Travel home

Description of the main obtained results

Out of 48 studies identified through the selection process, only 9 were found to be based on an explicit theoretical framework.

A SERQUAL framework (Parasumaran et al., 1998) was used in one study (Clark, Beatty, Reibel, 2016), however, this framework was originally developed for service quality evaluations in the broadest sense (i.e. not specifically for health care evaluations). According to the SERQUAL model, service quality evaluations are determined by the differences between consumer expectations and their service perceptions. The Quality from Patients' Perspective framework (QPP; Wilde et al., 2002) was used in three studies (Haines et al., 2013; Wilde-Larsson et al., 2010; Wilde-Larsson et al., 2011). The QPP questionnaire assesses a relationship between subjective importance of distinct aspects of care and the perceived reality of care. An intrapartum-care specific version (QPP-I; Wilde-Larsson et al., 2010) was developed by adapting the questionnaire items to the context of intrapartum care. The Street's Linguistic Model of Patient Participation in Care (LMOPPC; Street, 2001) served as a theoretical basis for another study (Heatley et al., 2015). This model encompasses the processes and factors contributing to patient participation and its outcomes. Three factors directing a patient's participation have been identified: predisposing factors (cultural and social background), enabling factors (interpersonal skills, knowledge of topic), provider responses. Another study (Scheerhagen et al., 2015) relied on the WHO Responsiveness Model (Valentine et al., 2007). This model consists of four domains concerning the interaction between the client and health professional (dignity, autonomy, confidentiality, and communication), and four domains concerning the organizational structure (prompt attention, access to family and community support, quality of basic amenities, and choice and continuity of care). A study by Wieggers (2009) was based on a theoretical framework of the Consumer Quality Index (CQI). The CQI measures the actual experience with specific structure and process aspects of care (such as treatment, accessibility, information), as well as the importance the clients attach to each aspect.

Two studies (Rudman et al., 2007; Teijlingen et al., 2003) elaborated theoretical aspects of satisfaction measurement based on the comprehensive review of current literature on intrapartum care, without using a specific theory developed in previous research.

The theories used as a conceptual framework in the existing studies on satisfaction with maternity care originate mostly from the general patient satisfaction research, some of them even from the client satisfaction studies that are not related to health care exclusively. Although the instruments developed originally for measuring satisfaction in other areas than health care/maternity care were adapted to an intrapartal context by changing/adding specific items, the underlying theories themselves were not revised as for their adequacy for intrapartal context. Only two studies (Rudman et al., 2007; Teijlingen et al., 2003) elaborated the theoretical issues related to satisfaction measurement within the specific context of intrapartum care.

The lack of a clear definition goes hand in hand with confusing or conflating the concepts of 'satisfaction with intrapartum care' and 'satisfaction with childbirth experience'; many studies do not strictly separate them (Rudman et al., 2007). Moreover, the term 'satisfaction with intrapartum care' is frequently used interchangeably with other related, but distinct, terms such as experiences of care, perceptions of care, quality of care etc.

Although the explicit theoretical framework is lacking in many studies on satisfaction with intrapartum care, some elements constituting general patient satisfaction theories are often present. For example, the existing studies often emphasize the multidimensional character of

satisfaction, outlining distinct dimensions (such as communication, information, involvement in decision-making) and determinants (e.g. women's psychological and psychosocial characteristics, labour complications or socioeconomic status) of this construct.

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Regarding the research project on Roma women and maternity care, an international research team has been established during the STSM duration. The research team will focus on both Roma women preferences/expectations/needs/experiences of maternity care, as well as medical outcomes and health related issues (such as substance abuse, child's health status, premature babies, accessibility of antenatal care etc.) in this population. The research team is multidisciplinary and includes midwives, psychologists, anthropologists, public health researchers and social scientist from 10 countries (United Kingdom, Czech Republic, Spain, Germany, Belgium, Italy, Serbia, Greece, Romania, Bulgaria). As initial preparation we decided to prepare a report on what is known about Roma women and maternity care (both psychosocial and medical issues) in the European countries joining this project. As a next step, semi structured interviews with Roma women will be conducted in all participating countries regarding their experiences of maternity care. To support the work of this research group, we plan to apply for funding at the beginning of the next year (February 2018, the Erasmus+ programme – Jean Monnet). Our aim is to start with Erasmus+ application in order to set up our research team, with the objective of applying for H2020 in the future.

Future collaboration with the host institute

The project on Roma women experiences will be organized in cooperation between Charles University, Czech Republic, and University of Liverpool, United Kingdom, with Dr Takács and Dr Frith being the main investigators.

Future publications

A paper “Deconstructing the concept 'satisfaction with intrapartum care' – a critical interpretative synthesis of the literature” is being prepared and will be soon submitted for publication.

Subsequently, the work of the “satisfaction subgroup” of the WG 3 will continue with the aim to generate a conceptual model of satisfaction that will be used for the development of a new tool for measuring satisfaction with intrapartum care that would be relevant across different national and cultural settings. The results of this work will be published in several papers.

A report on what is known about Roma women and maternity care (both psychosocial and medical issues) in the European countries will be prepared for publication at the beginning of 2018.

References

- Michels, A., Kruske, S., & Thompson, R. (2013). Women's postnatal psychological functioning: the role of satisfaction with intrapartum care and the birth experience. *Journal of Reproductive and Infant Psychology, 31*(2), 172-182.
- Sawyer, A., Ayers, S., Abbott, J., Gyte, G., Rabe, H., & Duley, L. (2013). Measures of satisfaction with care during labour and birth: a comparative review. *BMC pregnancy and childbirth, 13*(1), 108.
- Larsson, G., & Wilde-Larsson, B. (2010). Quality of care and patient satisfaction: a new theoretical and methodological approach. *International journal of health care quality assurance, 23*(2), 228-247.
- Parasuraman, A. (1998). Customer service in business-to-business markets: an agenda for research. *Journal of business & industrial marketing, 13*(4/5), 309-321.
- Clark, K., Beatty, S., & Reibel, T. (2016). Maternity-care: measuring women's perceptions. *International journal of health care quality assurance, 29*(1), 89-99.
- Larsson, B. W., & Larsson, G. (2002). Development of a short form of the Quality from the Patient's Perspective (QPP) questionnaire. *Journal of clinical nursing, 11*(5), 681-687.
- Haines, H. M., Hildingsson, I., Pallant, J. F., & Rubertsson, C. (2013). The role of women's attitudinal profiles in satisfaction with the quality of their antenatal and intrapartum care. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 42*(4), 428-441.
- Wilde-Larsson, B., Larsson, G., Kvist, L. J., & Sandin-Bojö, A. K. (2010). Womens' opinions on intrapartum care: development of a theory-based questionnaire. *Journal of clinical nursing, 19*(11-12), 1748-1760.
- Wilde-Larsson, B., Sandin-Bojö, A. K., Starrin, B., & Larsson, G. (2011). Birthgiving women's feelings and perceptions of quality of intrapartum care: a nationwide Swedish cross-sectional study. *Journal of clinical nursing, 20*(7-8), 1168-1177.
- Street Jr, R. L., & Millay, B. (2001). Analyzing patient participation in medical encounters. *Health communication, 13*(1), 61-73.
- Heatley, M. L., Watson, B., Gallois, C., & Miller, Y. D. (2015). Women's perceptions of communication in pregnancy and childbirth: influences on participation and satisfaction with care. *Journal of health communication, 20*(7), 827-834.
- Scheerhagen, M., Van Stel, H. F., Birnie, E., Franx, A., & Bonsel, G. J. (2015). Measuring client experiences in maternity care under change: development of a questionnaire based on the WHO responsiveness model. *PloS one, 10*(2), e0117031.
- Valentine, N. B., Bonsel, G. J., & Murray, C. J. L. (2007). Measuring quality of health care from the user's perspective in 41 countries: psychometric properties of WHO's questions on health systems responsiveness. *Quality of Life Research, 16*(7), 1107-1125.

Wiegers, T. A. (2009). The quality of maternity care services as experienced by women in the Netherlands. *BMC pregnancy and childbirth*, 9(1), 18.

Rudman, A., El-Khoury, B., & Waldenström, U. (2007). Women's satisfaction with intrapartum care—a pattern approach. *Journal of Advanced Nursing*, 59(5), 474-487.

Teijlingen, E. R., Hundley, V., Rennie, A. M., Graham, W., & Fitzmaurice, A. (2003). Maternity satisfaction studies and their limitations:“What is, must still be best”. *Birth*, 30(2), 75-82.