

ORIGINAL ARTICLE

**Assessment of patient's experience in Obstetrics Health Care: A Cross-Sectional Study in a Private Academic Hospital in Riyadh, KSA.**

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ABSTRACT

*Patient experience and satisfaction are crucial in improving the healthcare system. Patient experience is considered to be a core measure of patient-centeredness. Herein, we aim to evaluate patients' experience provided in the delivery room and outpatient settings at the Department of Obstetrics and Gynecology at Specialized Medical Center in Riyadh City, Saudi Arabia. A cross-sectional study design was used to evaluate our main research questions. A total of 165 pregnant women using a set of standardized questionnaires extracted and modified from literature. The questionnaire was administered using both a paper and electronic format. Data were collected and analyzed using SPSS. A total of 165 women underwent the interview. The majority (71%) of our patient population were aged 25 to 34 years. 80% of the patients in our hospital had at least four visits to the prenatal clinic. During these visits, 56.4% of our patients reported performing at least 4-6 prenatal ultrasound tests. Understanding patients' experience is a key step in moving toward patient-centered care, and evaluating patients' satisfaction along with other components such as effectiveness and safety of care, which are essential components to providing a complete picture of health care quality.*

**Keywords:** Pregnant women, Department of Obstetrics and Gynecology, Riyadh City, hospital, Ultrasound tests.

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INTRODUCTION

Patient experience is considered a measure of patient-centeredness, one of six healthcare quality aims that were proposed by the Institute of Medicine [1].

The manner in which patients experience the offered health services is a critical component to determine the quality of care in the healthcare system. A conceptual framework by Institute of Medicine includes six domains of health care recommended for quality assessment such as safety, effectiveness, patient-centeredness, timeliness, efficiency, equity. Such principles set forth a specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others to improve the healthcare system. Therefore, the quality improvement strategies reinforce and strengthen the benefit and the feasibility of measuring and improving patients' experiences of care, both for the patients conferred intrinsic value and for the resulting enhanced work environment for health care providers [1].

The domains essentially cover aspects of a quality measure of health such as structural, process, and outcome measures to evaluate the performance of health plans and health care providers against recognized quality standards [2]. To effectively measure patients' experience, one must ideally include a standardized definition, an established set of standards, and a set of measurable indicators.

As defined by The Beryl Institute, a global leader on improving the patient experience in health care, patient experience has been defined as "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care." Therefore, the measuring items should

reflect the domains and dimensions of the definition [3]. Similarly, to adequately assess patient experience, one needs to examine the various aspects that constitute the patient experience, including; how responsive is the hospital staff towards the preferences of the patient [4].

That being stated, Patient experience provides an opportunity to effectively monitor health care performance and its steady measurement is significant in delivering and improving quality of care, and further refining decision-making to eventually meet patient's expectations[5, 6].

## **MATERIAL AND METHODS**

### **Subject and settings**

This study took place in a Specialized Medical Center hospital located in Riyadh City, Kingdom of Saudi Arabia, between January 2018 and January 2019. A total of 165 pregnant women were included in the study size who were selected after explaining the study and the confidentiality of their data by obtaining signed consent. The population under study is women within the reproductive age of 20-49 years who gave birth within the past 6 weeks and will be randomly selected from the logs of discharged patients.

### **Study Procedure**

The main study procedure used is a questionnaire that covers items essential to customers and concentrates on aspects of quality that customers are best qualified to assess, such as the communication skills of providers and access easiness to healthcare services<sup>8</sup>. A standardized survey known as Surgical CAHPS survey (SCS) items that are relevant to obstetric care. Several adjustments will be made. will be edited as foEvents before the delivery (Antepartum). First, events during the delivery including assessing Anesthesia/Pain management (Intrapartum) and after delivery (Postpartum). Second, follow-up after delivery with regards to care given by the Obstetrician will be edited. The overall care from the Obstetrician in the emergency room, delivery room and ward care, clerks and receptionist in the Obstetrician's office will be adjusted accordingly. Finally, patient's related information including overall health, mental wellbeing, age, level of education and if any help received during the survey.

### **Data collection and analysis**

Our team contained three researchers drawn from public health-related fields and experienced three raters through face-to-face interviews. The presence of an interviewer to help respondents interpret and understand the questions was critical to the success of the survey, to avoid any bias caused by patient confusion or lack of understanding of the questions asked and to effectively extract relevant information. The interviews were planned when the patient completes their last postnatal care visit, which is held six weeks post-delivery. The hospital system mandated a follow-up postnatal visit at six weeks postpartum in the obstetrics clinic, usually another appointment will be arranged for the neonatal clinic on the same day, which allows enough time for the mothers to be available in the hospital.

A patient-centeredness questionnaire was developed, encompassing both objective features (eg, accessibility of services, medical expertise, and continuity of care) and more subjective features (eg, the perception of pain, the insight of how a provider is caring, and how effectively he/she communicates with a given patient).

The questionnaire has eight sections that are related to clinical outcomes, obstetric structures, patient experiences, and socio-demographic questions.

The format of the questionnaire is designed in a simple close-ended sentence that allows for easy readability and comprehension while filling out. Clear instructions were given on how to fill the questionnaires and the logical sequence was ensured to keep a natural flow.

The questionnaire was administered using a paper and electronic format as a backup, written in both English as well as Arabic language and there was available service for translation in the hospital as well as special service for patients with limited capabilities (e.g. deaf population). Data were collected and analyzed using SPSS version 24.0.

## **RESULTS**

A total of 165 women underwent the interview. The majority (71%) of our patient population were aged 25 to 34 years. Around two-thirds (65.1%) had some higher education or more. The detailed demographic profile of our patient population is shown in **Table 1**.

**Table 1: Patients' demographics and education**

	Frequency	Percentage
<b>Age (n=161*)</b>		
18 to 24 years	22	14%
25 to 34 years	115	71%
35 to 44 years	24	15%
<b>Educational level (n=161*)</b>		
8th grade or less	6	3.7%
Some high school, not graduated	3	1.9%
High school graduate	31	19.3%
Some college or 2 years degree	8	5.0%
4 years college graduate	87	54.0%
More than 4 years college graduate	26	16.1%

The prenatal patient experience is shown in **Table 2**. 80% of the patients in our hospital had at least four visits to the prenatal clinic. During these visits, 56.4% of our patients reported performing at least 4-6 prenatal ultrasound tests. Although more than 80% of patients reported that they were provided with information regarding the selected mode of delivery, only half reported being offered other options of delivery.

**Table 2: Patient experience prenatally**

	Frequency	Percentage
<b>Number of prenatal visits (n=165)</b>		
None	4	2.4%
One visit	6	3.6%
Two visits	11	6.7%
Three visits	12	7.3%
Four to six visits	27	16.4%
Seven and more visits	105	63.6%
Not reported	0	0%
<b>Given information regarding selected mode of delivery? (n=161)</b>		
No	16	9.7%
Yes, somewhat	8	4.8%
Yes, definitely	137	83.0%
Not reported	4	2.4%
<b>Given options regarding mode of delivery? (n=161)</b>		
No	81	49.1%
Yes, somewhat	4	2.4%
Yes, definitely	76	46.1%
Not reported	4	2.4%
<b>Did the obstetrician discuss what is best for you? (n=160)</b>		
No	18	10.9%
Yes	142	86.1%
Not reported	4	3.0%
<b>Did the obstetrician listen carefully to you? (n=161)</b>		
No	0	0%
Yes, somewhat	3	1.8%
Yes, definitely	158	95.8%

Not reported	4	2.4%
<b>Total number of ultrasonography done (n=160)</b>		
1-3	67	40.6%
4-6	51	30.9%
7-9	25	15.2%
More than 9	17	10.3%
Not reported	5	3%
<b>Arranging next appointment? (n=160)</b>		
No	13	7.9%
Yes, somewhat	18	10.9%
Yes, definitely	129	78.2%
Not reported	5	3.0%
<b>Was the time given to you in the outpatient clinic sufficient? (n=161)</b>		
No	2	1.2%
Yes, somewhat	9	5.5%
Yes, definitely	150	90.9%
Not reported	4	2.4%
<b>Did the obstetrician encourage you to ask? (n=161)</b>		
No	2	1.2%
Yes, somewhat	5	3.0%
Yes, definitely	154	93.3%
Not reported	4	2.4%
<b>Were you shown respect? (n=161)</b>		
No	0	0%
Yes, somewhat	3	1.8%
Yes, definitely	158	95.8%
Not reported	4	2.4%
<b>Did the obstetrician use pictures, drawing models or videos while explaining? (n=161)</b>		
No	144	87.3%
Yes	17	10.3%
Not reported	4	2.4%
<b>Did you have an anesthesia visit prior to your C/section? (n=161)</b>		
No	3	1.8%
Yes	64	38.8%
Not applicable	65	39.4%
Not reported	33	20.0%

As inpatients, most of our patients (>90%) thought they were treated with respect and were well-received in the ward. The overall perception of doctors and nurses was assessed by multiple questions and it showed positive responses. 81.2% reported receiving enough information regarding labor events and 82.4% said they were encouraged to ask more questions with 74.5% saying their questions were answered in an easy understandable way.

When asked if pain relief was ideal, more than 90% answered with either “Yes, definitely” or “Yes, somewhat”. However, around one-third of patients reported that they different options of pain relief wasn’t discussed with them.

Postnatally, only 30% of the patients reported receiving education regarding red flags that need immediate medical attention. 62% of the patient answered “Yes, definitely” and “Yes, somewhat” on

whether skin-to-skin contact was encouraged or not. More than 75% said they received information on breastfeeding. **Table 3** features the patient-experience during admission.

**Table 3: Patient-experience during admission**

	Frequency	Percentage
<b>Were you well received in the delivery ward? (n=161)</b>		
Not at all	3	1.8%
To a small extent	2	1.2%
To some extent	10	6.1%
Yes, to a large extent	12	7.3%
Yes, to a very large extent	137	83.0%
Not reported	1	0.6%
<b>Did doc/midwife assess you in reasonable amount? (n=165)</b>		
No	12	7.3%
Yes	153	92.7%
Not reported	0	0%
<b>Were you treated with respect in the delivery room? (n=165)</b>		
No	3	1.8%
Yes, somewhat	11	6.7%
Yes, definitely	151	91.5%
Not reported	0	0%
<b>Did the doc/midwife visits make you comfortable? (n=165)</b>		
No	7	4.2%
Yes, somewhat	3	1.8%
Yes, definitely	155	93.9%
Not reported	0	0%
<b>Were you given enough information about labor events? (n=165)</b>		
No	19	11.5%
Yes, somewhat	12	7.3%
Yes, definitely	134	81.2%
Not reported	0	0%
<b>Were you encouraged to ask questions and connect with the staff? (n=165)</b>		
No	20	12.1%
Yes, somewhat	9	5.5%
Yes, definitely	136	82.4%
Not reported	0	0%
<b>Were you encouraged to do skin-to-skin contact with your baby? (n=165)</b>		
No	61	37.0%
Yes, somewhat	8	4.8%
Yes, definitely	96	58.2%
Not reported	0	0%
<b>Were you given information about post-delivery self-care? (n=154)</b>		
No	28	17.0%
Yes, somewhat	14	8.5%
Yes, definitely	112	67.9%
Not reported	11	6.7%
<b>Were you given information about post-delivery neonatal care? (n=153)</b>		
No	47	28.5%
Yes, somewhat	16	9.7%
Yes, definitely	90	54.5%
Not reported	12	7.3%
<b>Were you given information about breastfeeding?</b>		

<b>(n=160)</b>		
No	25	15.2%
Yes, somewhat	9	5.5%
Yes, definitely	126	76.4%
Not reported	5	3.0%
<b>Were you educated on how to monitor for signs and symptoms need immediate medical attention? (n=154)</b>		
No	104	63.0%
Yes, somewhat	1	0.6%
Yes, definitely	49	29.7%
Not reported	11	6.7%
<b>Did the staff make sure you were physically comfortable? (n=165)</b>		
No	6	3.6%
Yes, somewhat	12	7.3%
Yes, definitely	147	89.1%
Not reported	0	0%
<b>Were you given a follow-up appointment? (n=153)</b>		
No	7	4.2%
Yes, somewhat	1	0.6%
Yes, definitely	145	87.9%
Not reported	12	7.3%
<b>Were you given any contradicting information? (n=165)</b>		
No	150	90.9%
Yes	15	9.1%
Not reported	0	0%
<b>Were you given information about options of pain relief? (n=164)</b>		
No	60	36.4%
Yes, somewhat	12	7.3%
Yes, definitely	92	55.8%
Not reported	1	0.6%
<b>Were you encouraged to ask questions about pain relief? (n=165)</b>		
No	37	22.4%
Yes, somewhat	6	3.6%
Yes, definitely	122	73.9%
Not reported	0	0%
<b>Were your questions answered in an easy, understandable way? (n=163)</b>		
No	33	20.0%
Yes, somewhat	7	4.2%
Yes, definitely	123	74.5%
Not reported	2	1.2%
<b>Did talking to the staff about pain relief make you comfortable? (n=165)</b>		
No	30	18.2%
Yes, somewhat	7	4.2%
Yes, definitely	127	77.0%
Not reported	1	0.6%
<b>Was pain-relief during delivery ideal? (n=165)</b>		
No	14	8.5%
Yes, somewhat	16	9.7%
Yes, definitely	135	81.8%
Not reported	0	0%

<b>Were the receptionists helpful? (n=160)</b>		
No	2	1.2%
Yes, somewhat	17	10.3%
Yes, definitely	141	85.5%
Not reported	5	3.0%
<b>Did the receptionists treat you with respect? (n=160)</b>		
No	2	1.2%
Yes, somewhat	9	5.5%
Yes, definitely	149	90.3%
Not reported	5	3.0%

The patients were asked in detail about their relationship with the doctors (**Table 4**). We got overwhelmingly positive responses for questions like “did the physician listen carefully to you?” and “did the physician spend time with you” and “did the physician show respect” with around 90% of patients answering “Yes”. Discussions about family-planning was reported in 70% of cases. Around one-third of patients reported not receiving sufficient guidance on child-care. Overall rating of experience is shown in **Table 5**.

**Table 4: Doctor-patient relationship**

	Frequency	Percentage
<b>Did you speak with physician by the phone or directly in the clinic? (n=156)</b>		
No	10	6.1%
Yes	146	88.5%
Not reported	9	5.5%
<b>Did the physician listen carefully to you? (n=154)</b>		
No	0	0%
Yes, somewhat	6	3.6%
Yes, definitely	148	89.7%
Not reported	11	6.7%
<b>Did the physician spend time with you? (n=153)</b>		
No	1	0.6%
Yes, somewhat	6	3.6%
Yes, definitely	146	88.5%
Not reported	12	7.3%
<b>Did the physician encourage you to ask questions? (n=154)</b>		
No	5	3.0%
Yes, somewhat	3	1.8%
Yes, definitely	146	88.5%
Not reported	11	6.7%
<b>Did the physician show respect? (n=154)</b>		
No	1	0.6%
Yes, somewhat	3	1.8%
Yes, definitely	150	90.9%
Not reported	11	6.7%
<b>Did the physician discuss the outcome? (n=154)</b>		
Don't know	9	5.5%
No	13	7.9%
Yes	132	80.0%
Not reported	11	6.7%
<b>Did the physician give instructions for your recovery period? (n=153)</b>		
No	27	16.4%

Yes, somewhat	12	7.3%
Yes, definitely	114	69.1%
Not reported	12	7.3%
<b>Did the physician discuss family-planning? (n=154)</b>		
Don't know	2	1.2%
No	36	21.8%
Yes	116	70.3%
Not reported	11	6.7%
<b>Did the physician give sufficient guidance on child-care? (n=154)</b>		
No	59	35.8%
Yes, somewhat	17	10.3%
Yes, definitely	78	47.3%
Not reported	11	6.7%

**Table 5: Patients rating overall experience**

	Frequency	Percentage
<b>Rate your antenatal care? (n=160)</b>		
Poor	1	0.6%
Fair	2	1.2%
Good	12	7.3%
Very Good	42	25.5%
Excellent	103	62.4%
Not reported	5	3.0%
<b>Rate your birth and labor experience? (n=161)</b>		
Poor	4	2.4%
Fair	5	3.0%
Good	19	11.5%
Very Good	34	20.6%
Excellent	99	60.0%
Not reported	4	2.4%
<b>Rate your postnatal care? (n=153)</b>		
Poor	0	0%
Fair	4	2.4%
Good	16	9.7%
Very Good	31	18.8%
Excellent	102	61.8%
Not reported	12	7.3%
<b>Rate your overall health? (n=161)</b>		
Poor	1	0.6%
Fair	3	1.8%
Good	21	12.7%
Very Good	46	27.9%
Excellent	90	54.5%
Not reported	4	2.4%
<b>Rate your mental and emotional health? (n=158)</b>		
Poor	2	1.2%
Fair	10	6.1%
Good	25	15.2%
Very Good	33	20.0%
Excellent	88	53.3%
Not reported	7	4.2%



## DISCUSSION

Measuring patient's experience is not only significant because individuals' care experiences are associated with clinical costs and income, but it also controls healthcare service improvement. Ordinarily, assessing patient experience should be carried out in conjunction with other critical aspects that include, but are not limited to, safety and efficiency of the offered care.

It is critical to note however that, problems in quality and safety in practice are still encountered and have been documented in literature by the multidisciplinary regional research network "Choices and Challenges in Changing Childbirth Research Network"; which addressed evidence from routines in facility-based maternity care in the Arab World [7.8]. Reasons for safety and quality deficiencies are multifaceted and are closely related to different health system factors that will further shape and frame patient's experience.

Therefore, in order to further improve such deficiencies, leading to improving quality of care that addresses the specific needs of every patient, one needs to understand what patient experience all is about; that is patients need care that will match their needs and values.

Our study showed that our overall patient experience in our hospital was satisfactory in many different aspects like for example the total number of visits including ultrasound scanning was more than sufficient, choosing best mode of delivery for the patient with providing them with detailed information about it, showing respect to the patients and their family and listening carefully to their questions, receiving patients in delivery room in adequate time without any delay in providing best care to them, as well as pain management during labor and delivery. Unfortunately, our study showed some deficiencies in other areas that we are currently developing new protocols to improve it, like offering other options regarding mode of delivery, use of pictures, drawings or videos, to explain different phases of delivery, encouraging skin to skin contact immediately post-delivery, special focus on postpartum family planning and self-monitoring for signs and symptoms that need immediate medical attention [red flags] as well as guidance on child and maternal care. Limited number of participants due to private hospital insurance issues and inability to reach participants through phone numbers are represents the limitations of our study. Further research is needed to assess this era of patient centeredness and implement certain procedure to promote better health during antenatal and postnatal visits.

## CONCLUSIONS

Patient experience encompasses wide range of interactions that patients have with the health care system, including care from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities. It also includes several aspects of health care delivery that patient's value highly when they seek and receive care. Understanding patient's experience is a key step in moving toward patient-centered care, and valuating patient experience along with other components such as effectiveness and safety of care which is essential to providing a complete picture of health care quality. Further investigation is needed to elucidate the concept of patient experience and satisfaction during antenatal and postnatal visits.

## Ethical approval committee

The ethical approval committee of Al Faisal University, Specialized Medical Center in Riyadh City, by the Institutional Review Board (IRB) Reviewer Committee. IRB Registration Number: H-01-R-056

**Authors' contribution:** All authors contributed to the achievement this work

**Conflict of Interest:** The author declares that there are no conflicts of interest.

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