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OBSTETRIC SERVICE SATISFACTION DIFFERENCES BETWEEN PAROUS AND NULLIPAROUS MOTHERS AMONG ULTRA-ORTHODOX RELIGIOUS SEGMENTS IN ISRAEL- AN EXPLORATORY STUDY

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ABSTRACT

This study refers to a service evaluation case study of obstetric care among Ultra-Orthodox Jewish Mothers (UOJM) in public hospitals in Israel.

Two groups of religious mothers (eleven parous and twelve nulliparous mothers) participated in this study having face to face interviews that referred to their obstetric satisfaction with their last vaginal childbirth.

The study combined insights from exploratory interviews of each group separately and extant literature to identify religious mother's satisfaction from obstetric care in general and from the personal empathy, and attitude of the service giver, satisfaction from the physical dimension atmosphere and sanitary facilities and the satisfaction from the process itself concerning time waiting, responsiveness and medical equipment in the delivery room.

The Jewish ultra-orthodox segment in Israel is a closed, traditional and conservative one, characterized by close adherence to the Jewish commandments demanding commitment, total Jewish belief, and visual characteristics including women's head covering and modest clothing.

Based on the biblical first commandment in Genesis 1:28, as God's order: "Be fruitful and multiply and fill the earth and conquer it.

Childbirth, for the religious mother, is her duty and obligation as a religious person having three times the child rate than non-religious mother (6.5 children compared to 2.9 children),

making it interesting to study the main factors influencing childbirth satisfaction within this segment.

Key words: Obstetric service evaluation, religious mother, parous and nulliparous mother.

Introduction:

Having a child is ahigh involvement procedure in which the consumer leans on personal experience from the past and information from closest friends and role models. As in other high involvement services the more experience the consumer has the more ambiguity and uncertainty he will have. In this study we wanted to find out the importance of past childbirth on the current evaluation.

All women described in this case study had vaginal deliveries of healthy full-term infants in the same obstetrics & gynecology department at a Medical Centre hospital in Jerusalem between May–July 2018. This hospital is known to have religious services especially for the orthodox segment including a *Shabbat's* signs for the *priestly cast* not to enter as there is a deceased person in the building, a synagogue and women's gallery, and more. This case study presents the main factors influencing the obstetrics service and reveals the evaluation process of service in the delivery room by mothers from the UOJM in Israel. Childbirth in Israel (99.7%) occurs in public hospitals for safety and cultural reasons: the mother receives a birth grant from the Ministry of Health in Israel only if she has her child in a public hospital, there is a grant for the hospital itself for. each delivery, making it worthwhile for the childbirth department there to promote the maternity services and to increase their childbirth ratings and Israeli's healthcare is very developed and advanced which make it safer and more secure for the mother to have her child in a public hospital. (less than 1 % in Israel 2016 http://www.cbs.gov.il/reader/cw_usr_view_SHTMLID=587)

Popular scholarship shows no relationship between sociodemographic variables including the number of pregnancies and service satisfaction with antenatal care. (Clement, Sikorski, Wilson, Das & Smeeton, 1996; Oladapo & Osiberu, 2009). The studies examining the factors influencing the mother's satisfaction while giving birth suggest that the high involvement in the process for the mother increases her dependence and reliance on the service giver i.e. midwife and doctors in the delivery room, their attitude, empathy and understanding the mother's need are the main factors influencing her satisfaction (Hodnett, 2002), Goodman et al.; 2004; Rouhe, Salmela-Aro, Toivanen, Tokola, Halmesmäki & Saisto 2013; Dannenbring, Stevens & House,1997.

Background

Giving birth is one of the most dramatic changes in the mother's life, including personal strength. Many challenges of giving birth can be described as a sense of self- achievement and accomplishment (Goodman, Mackey, & Tavakoli, 2004). The good or bad experience during childbirth affects the women's self-esteem and state of mind as a mother, and her guilt or pleasure in her new role as a mother. The literature suggests that mother's satisfaction during childbirth is influenced by the following features: the service giver, the environment and the process (Borjesson, Paperin (http://www.cbs.gov.il/publications17/yarhon0517/pdf/c1.pdf), since public hospitals in Israel receive considerable government funding for each labour (more than $3000). Studying the main factors predicts obstetrics satisfaction and can upgrade the service quality and client's loyalty to the maternity department, thus increasing her continuity consumption. Israeli mothers often use the Internet and other academic sources to learn about childbirth and its risks, and to accumulate information referring to each hospital, its benefits and advantages. The public hospitals advertise their maternity department and services to the mother to increase childbirths. In contrast to the non-religious segment, the UORM mothers have less, if any, exposure to the internet and enlighten the importance of person to person communication among this traditional closed segment where most of the mothers go to the same maternity department where they had a good experience or good mother's recommendation.

1.The first dimension concerns the *personal interaction* with the personal courtesy, professionalism and attitude of the nurses and midwives during childbirth. Due to its high involvement procedure, the mother will feel more secure and more satisfied if the health staff will inform her, consult with her and treat her as a partner during this procedure. The higher the courtesy, sympathy and empathy the staff show the higher the satisfaction the mother will increase.

2. The second dimension concerns the *physical surroundings* including sanitation in the room, quiet and organization of the work accessibility of the health's staff and cleaning in general.

3. The third dimension relates to the *process dimension and* relates to alternatives, anesthesia, emergency or other medical equipment in the room and the privacy given to the mother (Tayelgn, Zegeye, & Kebede, 2011; **S**enarath, Fernando, & Rodrigo, 2006). The characterization of services as intangible and highly involved products, increases the consumer's interaction with the service giver during procedure-seeking information and

consulting as a vital dimension. (Zeithaml,1981; Sharma &, Patterson, 1999). As was reported in other studies (Crawford, Rutter, Manley, Weaver, Bhui, Fulop, & Tyrer, 2002; Simpson & House, 2002) involving and consulting with the client during health service improves the service quality and increases the service satisfaction.

The survey

The survey contains two groups:

1. The parous group: A group of eleven parous orthodox mothers aged 30-33 years old having 8-10 former children (age 2-12 years old);
2. The second group of mothers included twelve orthodox nulliparous mothers having their first childbirth at the age of 18-22 years old.

All twenty-three mothers in the sample had vaginal deliveries of healthy full-term infants in the same obstetrics & gynecology department at a Medical Centre hospital in Jerusalem during April–July 2018.

The sample of orthodox religious mothers live in *Mea She'arim*, a very orthodox conservative region in Jerusalem, studying for their first degree in service management at the same Academic College.

For each parous and nulliparous group, three exploratory interviews were conducted (each within a period of two month (May–July 2018) during day time each in different home in Jerusalem's Mea S'hearim. Over all six focus groups were made.

The mothers were asked their feeling, satisfaction and impressions related their last childbirth.

Results

This study focuses on two groups of mothers having the same education and religious status but differ in their previous childbirths. Where the first group of eleven mothers gave birth one or more time as to twelve other mothers had their first experience in childbirth. All mothers had vaginal childbirth in the previous 24 months at one of the most frequented hospitals in Jerusalem and all were interviewed as a group (two group of parous and nulliparous) in person to evaluate their service satisfaction from obstetric care. Both groups regardless their history of childbirths mention the personal dimensions including empathy, information given to the mother, consulting with the mother and treated her as a unique consumer were the main criteria influencing their satisfaction rather than the physical dimension. The main difference was seen in the parous group mentioning that the process dimension was as important to them as the personal dimension.

Both multiparous and nulliparous mothers mentioned their high satisfaction with a delivery where the staff treated the mother with respect and empathy. In addition, the multiparous mother's reveille to the process especially to the presence of emergency and medical equipment in the room. in both groups the physical category such as team work and staff accessibility were important, but less than others.

When asked for the reason for these results the mothers said the following:

1. Both groups mentioned the importance of having a child as an important demand and since the husband is not allowed to be present in the room only behind a curtain she is more embarrassed and more focus if she is "dissent" with so many strangers in the room, feeling she needs to have empathy and understanding staff with respect and dignity to her.
2. Both groups refer less significant influence onphysical dimensions like the room or the bed

These results are familiar with other studies showing the importance of service provider for the mother's satisfaction as a way of continuous and long-term relationship. A positive relationship between the service giver like communication and assurance or positive association between midwife's service like empathy and responsiveness with women allocated to caseload were less likely to have a Caesareansection when having primary midwife care (Biro,Waldenström & Pannifex, 2000;Brown, Davey & Bruinsma, 2005; McLachlan, Forster, Davey, Farrell ,Gold,, Biro, & Waldenström 2012; Andaleeb2001).

However, even though the mother's satisfaction was the same (high or low) with the personality dimensions in both groups, the main difference was the importance of the process dimension - very important among parous mother and not very important among nulliparous mothers.

The difference between mothers based on their parity delivery experience was seen in Rouhe et al., (2009) or in Haines, Rubertsson, Pallant, & Hildingsson, (2012) showing that the more fears and worries regarding childbirth were less satisfied during the process itself and having, an elective Caesarean.

This difference may relate to the following:

1. The multiparous mothers are more familiar with delivery and its risks.They are more concerned with the medical equipment in a case of emergency that the nulliparous mother is excited in her first delivery.
2. Multiparous mothers are older and more rational than the nulliparous never gave birth mother. The parous mother knowing the complexity of the childbirth is more

focused on the rational procedure like the emergency or anesthesia equipment as the nulliparous mother having her first childbirth is more emotional, attached to the staff and its attitude and more thrilled with the event.

The multiparous mothers were more concerned about the unique equipment in the room due to their awareness that things can go wrong and even though the relationship with the service-giver is important and necessary, the existence of professional treatment and medicine are more important for the health of the mother and the baby. Three of the interviewees said that "a smile from the midwife isn't a guarantee for a healthy baby."

The nulliparous mothers, on the other hand, were more insecure more dependent on the staff also mention that "seeing a friendly face on the other side of the bed was the main attractiveness helps them face the pain"

Conclusions:

The study's results emphasize insignificant demographic variables and relate to the mother's service satisfaction since every childbirth is high involvement of service, involved fears and ¬uncertainty increase the mother's reliance on the service-giver. Mothers are more influenced by the personal service dimension than by the physical and process dimensions. But the experience of former childbirths may influence her priorities andincrease her care and attention to process dimensions including emergency and anesthesia equipment. The parous mother is more rational, and aware of the risks occurring during childbirth paying more care to medical equipment in the room. She is less emotional and more prepared for emergencies and dangers during delivery. The mothers in this study explained the high influence of personal dimensions since the midwife in the delivery room is the closest person she can rely upon and the fact the staff is understanding and have high empathy to them and they fear relaxed and comfort them. Most mothers were most influenced and concerned regarding the information and consulting with them during labor as well as treating her as an individual.

The results in this traditional and close orthodox segment are no different from other segments of mothers highly involved in the delivery process evaluate the service based on the service-giver and is mostly spent with the empathy and attitude of the staff (Tayelgn et al., 2001., **S**enarathet et al., 2006; Jha, Larsson, Christensson,& Skoog 2017).

We see in this study that religious parous or nulliparous mothershave the same high satisfaction and rely on the midwife. In their collaboration with midwives, their former experience has little, if any, effect on their satisfaction as well as their expectations from the obstetric procedure.

We suggest that cultural features of the both mothers influenced their service evaluation and increased their needs in personality treatment during delivery procedure more than physical surroundings and process dimesions.

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