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Research Article

SATISFACTION OF IMMEDIATE CAREGIVERS TAKING SERVICE FOR THEIR CHILD AT NUTRITION REHABILITATION HOME, SUNAKHOTI, KATHMANDU NEPAL

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ABSTRACT

Nutrition Rehabilitation Home (NRH) is a middle way home after a child is treated in hospital and before reaching their home, so that the nutritional status is rehabilitated along with the treatment of disease. Satisfaction of service utilizers is one of the major factor to measure the level of quality of service delivery. Satisfaction level was measured and compared among variables with di-cotomous options, more than 2 options and singly for the remaining questioners that were not answered by di - cotomous and more than di cotomous options. It was found that immediate caregivers were satisfied with the services their children are getting from NRH.

INTRODUCTION

Nepal, a sandwiched country between India and China is a country with heterogeneous environmental diversity. The economy of Nepal is agriculture based and being geographically, diverse, have different types of agriculture and feeding practice. Thus, the nutrition status of children is also diverse according as different region.25% of the people are found food poor. i.e. consuming insufficient diet. Nearly more than half of the children were found suffering from chronic Malnutrition. Under 5 years' children were found at a critical level of 15% suffering from acute undernutrition. Seasonal food insecurity, esp. in high hills are promoting acute malnutrition. (National Planning Comission, Central Bureau of Statistics, World Food Program, World Bank AusAID, UNICEF, 2013). SUAAHARA and SUAAHARA - 2, Integrated Management of Acute Malnutrition (IMAM), Community Management of Acute Malnutrition (CMAM), Scale Up Nutrition (SUN), Infant and Young Child Feeding (IYCF), Vitamin A program, Deworming are some popular programs playing significant role in reducing malnutrition.

Children after being treated for disease are recommended to NRH for the treatment and rehabilitation of malnutrition. Not all children reach NRH, but those who reach were found nutritionally rehabilitated.

There is shown relationship between customer satisfaction and customer retention. (Thorsten H.T., & Klee, A., 1998, p. 740). In case of NRH, having more turnover of immediate caregivers is considered as good service being provided if service utilizers are satisfied. Length of stay was shorter in hospitals with highest level of patient satisfaction in US.(Tasai T.C.,Orav, E.J., Jha, A., 2015). *Improved patient retention - according to the Technical Assistant Research Programs (TARPs), if we satisfy one customer, the information reaches four others. If we alienate one customer, it spreads to 10, or even more if the problem is serious. So, if we annoy one customer, we will have to satisfy three other patients just to stay even*(Prakash, 2010) Thus, retention of service utilizers in case of NRH are turnover caregivers who reach there with the recommendation of old visitors.

Satisfaction is measured by service providers in terms of service provided, whereas service utilizers measure satisfaction in terms of price to be invested while taking services. There is a close relationship between service quality and satisfaction as it is a joint effort of service providers and service utilizers, who are never independent. (Carol Lu, Celine Berchoux, Michael

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W. Marek, Brendan Chen, 2015). Employees level of knowledge is another important factor in satisfying customers need. (Booms B.H. & Stanfield T.M., 1990). Maintaining quality of service must consider the sentiment of the service utilizers. Factors identified in maintaining quality are a nurse 's response time and appropriateness, bedside manner, atmosphere of the health facility, standard service provided during treatment, availability of information and data while measuring the quality of care. (Brook H.R& McGlynn E.A., 1996). Thus, data was collected during exit of immediate caregivers from NRH and were compared with each other and verified.

METHODOLOGY

Cross sectional mixed method was done to collect data in July, 2017. Study area was single site NRH in Sunakhoti, which covered the area of Bagmati zone. Satisfaction was measured using quantative tools. Sampling was purposively selected for a month of July and 59 exit client interview was done outside NRH premises after the immediate caregivers were allowed to leave the NRH. Data collected was tested for the sufficiency of sample size using Kaiser Meyer Olkin (KMO) and Bartlett's sample adequacy test and was found appropriate. The data was tested for Normality, and was found not depliciating normality, Kruskalli's Walis test (non-parametric test) was done. While doing Kruskalli's walis test, data were compared by recoding the variables into 2 variables, more than two variables and those questionnaires which were not recoded were individually analyzed.

Findings

For dichotomous outcomes, gender of child showed marginal significant difference (p = 0.05) in accessing the quality of service delivered. Similarly, education of the caregiver showed significant difference (p=0.01) in accessing the quality of service delivery.

For more than two categories, gender of the child showed marginal significant difference (p = 0.05), Education of the caregiver showed significant difference (p = 0.079), Type of family showed marginal significant difference (p = 0.05) and child suffering from any disease before reaching the hospital showed significant difference (p = 0.036) in accessing the quality of service delivery.

For the remaining responses, that were not incorporated in dichotomous outcomes and more than two variable outcomes, were individually analyzed. Comfort ability of learning process was compared with child care techniques (p = 0.000064), cleaning of nipples before breast feeding (p=.002), correctness of food preparation techniques (p=0.012) and feasibility of practicing kitchen at home (p= 0.005) was obtained. Similarly, satisfaction ranking was compared with the welcome done in socially acceptable manner (p=0.000445), mentoring and coaching for kitchen preparation (p=0.01), mentoring and coaching for hand washing (p=0.05), mentoring and coaching for cleaning of nipples before breast feeding (p=0.02), shortage of services in maintaining discipline by not using mobile songs in dormitory ($p<<0.05$) and practicing own culture and religion ($p<<0.05$)

CONCLUSION

Comparing the comfort ability of immediate caregivers with child care techniques, cleaning of nipples before breast feeding, correctness of food preparation techniques and feasibility of practicing kitchen accordingly at home was found significantly different. Similarly, comparing the satisfaction of immediate caregivers with greetings provided by NRH in socially acceptable manner, mentoring and coaching for kitchen preparation and hand washing, cleaning of nipples before breast feeding, shortage of services in maintaining discipline by not using mobile phone in dormitory and practicing own culture and religion was found significantly different. There was marginal significant difference in accessing quality of service delivery for di-cotomous variables and for more than 2 category variables, there was significant difference in accessing the quality of service.

Since $p<0.05$ for the quality of service provided compared with the satisfaction related variables, null hypothesis was rejected in favor of alternative hypothesis that immediate caregivers' satisfaction was promoting the quality of service delivery.

Implications

- Generating more data regarding quality of service delivery in NRH.
- Developing model for the measurement of quality of service delivery.
- Evidence based planning
- Performing first, second and third party evaluation using standardized tools
- Usage of complain box

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