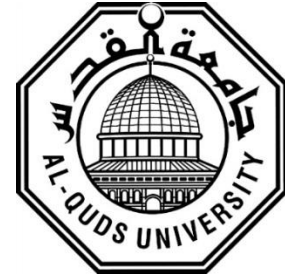


**Deanship of Graduate Studies
Al-Quds University**



**Women with preeclampsia satisfaction toward health
services and midwifery care at two large hospitals in
Palestine.**

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M.Sc. Thesis

Jerusalem – Palestine

1443\2022

Women with preeclampsia satisfaction toward health services and midwifery care at two large hospitals in Palestine.

B.Sc. In Nursing- Al-Quds University- Palestine

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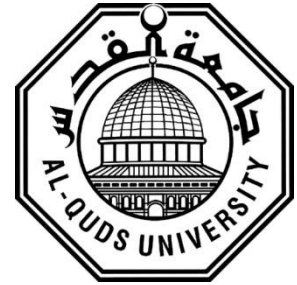
A Thesis Submitted in Partial Fulfillment of the Requirements for the degree of Master of Nursing Maternal Child Health, Deanship of Graduate Studies- Al-Quds University

1443\2022

Al-Quads University

Deanship of Graduate Studies

Nursing MCH Program



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Jerusalem-Palestine

1443/ 2022

DEDICATION

This thesis is dedicated to all Doctors, Nurses, and Midwives, who are giving all their efforts to their patients and to their professions, to my parents who supported me and encouraged me all the time, to my husband, and my kids for their help and encouragement.

DECLARATION

I certify that this thesis which is submitted for the degree of master, is the result of my research, except where otherwise acknowledged, and that this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed

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ACKNOWLEDGMENT

First, all praise is to Allah who has enabled me to complete this research on time. I am so grateful for everyone who helped me to develop and complete my study. I would like to express my deep thanks to my supervisor Dr. Eman AlShawish for her directions and guidance through preparation and development of this thesis; she has been a leader, advisor, teacher, supervisor, and role model, so lots of thanks are going to her.

I would like to thank my parents for their love, prayers, to my sister and brother whose caring and sacrifices for educating and preparing me for my future. Who helped me a lot in finalizing this project within the limited time frame.

My warm appreciations are expressed to my dear husband who has been not only the love of my life, but he is also a true friend and a wonderful partner in parenthood. To my lovely children thank you for ever-lasting smile, hugs, and patience.

My Special thanks go to my husband`s family for the keen interest shown to complete this thesis successfully.

ABSTRACT

Background: Preeclampsia (PE) is a pregnancy-specific syndrome characterized by new-onset hypertension ($>140/90$ mm Hg) and proteinuria (> 0.3 g/24 hours) that affects 0.4 % - 15.6 % of all pregnancies. Preeclampsia is associated with worse maternal and fetal outcomes, so risk identification is an important part of antenatal care to optimize treatment. The purpose of maternity care is to achieve optimal security and well-being. Patient satisfaction is a dynamic and subjective perception of the extent to which expected healthcare is provided. It reflects the patient's judgment of various aspects of maternal health. The aim was to assess the extent to which pregnant women with preeclampsia attending two large hospitals in Palestine are satisfied with the health care services provided and midwifery care, during three stages, antenatal, delivery, and post-partum.

Methodology: Descriptive cross-sectional study was adopted with a convenience sampling of 218 women with preeclampsia who booked in two large hospitals in Palestine. A self-administered questionnaire developed by the researcher contained seven dimensions (Attitude and respect, information and communication, counseling, decision making involvement, treatment, policies, and Quality of Services) and demographic characteristics were used for data collection and for analysis SPSS version 20.

Results: Most participant aged between 23-37 years old ($n=149$, 68%), half of them worked ($n=111$, 50%), reported had a cesarean section ($n=192$, 88.1%), lived in city ($n=112$, 51.4%), and most of them ($n=119$, 55%), had bachelor degree or more. The study showed that the level of women with preeclampsia satisfaction toward health services and midwifery care during antenatal Care, delivery, and post-partum is high with a mean (2.45, 2.51, 2.6) respectively with P-value 0.000. The study found that older-aged women had slightly less satisfaction levels toward decision Making Involvement item, compared to younger women, in antenatal, and during delivery stages, with P- value 0.021. The older aged women had slightly less satisfaction levels toward privacy item, compared to younger women, with a post-partum stage P-value 0.007.

The satisfaction was less in the government hospital than in the private hospital in total degree of services with P-value 0.000 in three stages. The satisfaction toward information and communication item during antenatal care (Mean=2.45) is significantly lower than satisfaction

during Post-Partum (Mean=2.55), while satisfaction toward quality of services during antenatal care (Mean=2.00) is significantly lower than satisfaction during delivery (Mean=2.58) and post-partum (Mean=2.66). The satisfaction toward treatment item in less satisfaction during delivery (Mean=2.68) than in antenatal care (Mean=2.46). While, the less satisfaction toward approach of mother care and privacy items in the post-partum stage than during delivery with a mean (Mean=2.54 & 2, 63); (Mean=2.3& 2,54) respectively. Finally, the satisfaction toward the total degree of service item during antenatal care (Mean=2.45) is lower than satisfaction during delivery (Mean=2.51) and during Post-Partum (Mean=2.6).

Conclusion: The study found a high satisfaction toward health services and midwifery care in general. However, older age women; government hospital services; information and communication & quality of services & total degree of service items during antenatal; treatment item during delivery; approach of mother care, and privacy items in post-partum were highlighted. These variables should be considered and improved for women with preeclampsia

Recommendation: The findings suggested that promoting health of the women with preeclampsia requires collaboration of healthcare providers, midwives and policy makers to raise the quality of services provided for the women at the antenatal, delivery and postnatal periods with particular concern to the services provided at the government hospitals. The results also informed the hospital administrators about the women's needs for teaching and counseling about their conditions as well as preserving privacy through the provided care. Similar studies are recommended to be done in different areas in Palestine, using the same tool, to promote women's health and to give more insights about the satisfaction of the pregnant women in the high risk group.

Key words: World Health Organization, Preeclampsia, Satisfaction, Antenatal care, Delivery, Post-Partum

ملخص

الخلفية : تسهم الحمل هو متلازمة خاصة بالحمل تتميز بداية بارتفاع ضغط الدم ($< 90/140$ مم زئبق) وبرتوتين في البول (< 0.3 جم / 24 ساعة) ويؤثر على 0.4% - 15.6% من جميع حالات الحمل. ويرتبط تسهم الحمل بنتائج سيئة ومميتة للأمومة ، لذا فإن تحديد المخاطر جزء مهم من الرعاية خلال الحمل لتحسين العلاج. الهدف من رعاية الأمومة هو تحقيق الأمن والرفاهية على النحو الأمثل. رضا المريض هو تصور ديناميكي وذاتي لمدى توفير الرعاية الصحية المتوقعة، ويعكس حكم المريض على مختلف جوانب صحة الأم. الهدف هو تقييم مدى رضا النساء الحوامل المصابات بتسهم الحمل في مستشفيات كبيرين في فلسطين عن الخدمات الصحية المقدمة ورعاية القبالة ، خلال ثلاث مراحل ، خلال الحمل ، خلال الولادة ، وبعد الولادة.

المنهجية: تم اعتماد الدراسة المقطعية الوصفية مع أخذ عينة ملائمة 218 امرأة مصابة بتسهم الحمل ، اللواتي سجلن في مستشفيات كبيرين في فلسطين. واحتوى الاستبيان الذاتي الذي طوره الباحث على سبعة أبعاد (الموقف والاحترام ، والمعلومات والتواصل ، والاستشارة ، والمشاركة في صنع القرار ، والعلاج ، والسياسات ، وجودة الخدمات) وتم استخدام الخصائص الديموغرافية لجمع البيانات ولتحليلها من خلال الحزمة الإحصائية للعلوم الاجتماعية الإصدار 20 .

النتائج: معظم المشاركين الذين تتراوح أعمارهم بين 23 و 37 عامًا (العدد = 149 ، 68%) ، نصفهم كانوا يعملون (العدد = 111 ، 50%) ، أبلغوا عن خضوعهم لعملية قيصرية (العدد = 192 ، 88.1%) ، ومسكنهم في المدن (العدد = 112 ، 51.4%) ، ومعظمهم (العدد = 119 ، 55%) حاصلون على درجة البكالوريوس أو أكثر. أظهرت الدراسة أن مستوى رضا النساء المصابات بتسهم الحمل تجاه الخدمات الصحية ورعاية القبالة خلال الحمل، والولادة، وبعد الولادة بمتوسط مرتفع على التوالي بقيم (2.45)، (2.51)، (2.6)

وجدت الدراسة أن النساء الأكبر سنًا لديهن مستويات رضا أقل تجاه عنصر المشاركة في اتخاذ القرار ، مقارنة بالنساء الأصغر عمرا خلال مرحلتي الحمل والولادة وكانت القيمة الاحتمالية 0.021، وأما بالنسبة للنساء الأكبر عمرا لديهن مستويات رضا قليلة تجاه عنصر الخصوصية مقارنة بالنساء الأقل عمرا خلال مرحلة ما بعد الولادة والقيمة الاحتمالية 0.007.

الرضا تجاه المستشفى الحكومي اقل من المستشفى الخاص اتجاه الدرجة الكلية للخدمات بقيمة احتماليه 0.000 في المراحل الثلاثة. ومستوى الرضا تجاه عنصر التواصل والمعلومات خلال مرحلة الحمل (متوسط = 2.45) اقل من مستوى الرضا خلال مرحلة ما بعد الولادة (متوسط = 2.55). بينما الرضا تجاه عنصر جودة الخدمات خلال مرحلة الحمل (متوسط = 2.00) اقل رضى من مرحلة خلال الولادة (متوسط = 2.58) وبعد الولادة (متوسط = 2.66). الرضا تجاه عنصر العلاج اقل في مرحلة الولادة (متوسط = 2.68) وخلال الحمل (متوسط = 2.46). بينما الرضا اقل تجاه عنصري رعاية الام والخصوصية في مرحلة بعد الولاده ومرحلة الولادة بمتوسط على التوالي (2.54, 2.63), (2.3, 2.54). وأخيرا , الرضا تجاه عنصر الدرجة الكلية للخدمات خلال مرحلة الحمل (متوسط = 2.45) اقل من الرضا خلال الولادة (متوسط = 2.6).

الخلاصة: وجدت الدراسة رضا كبيرا تجاه الخدمات الصحية ورعاية القبالة بشكل عام. ومع ذلك ، النساء الاكبر سنا ؛ خدمات المستشفيات الحكومية، المعلومات والاتصالات، وجودة الخدمات والدرجة الكلية للخدمات أثناء فترة ما قبل الولادة ؛ عنصر العلاج أثناء الولادة ؛ نهج رعاية الأم ، وتم تسليط الضوء على بنود الخصوصية في فترة ما بعد الولادة. يجب مراعاة هذه المتغيرات وتحسينها للنساء المصابات بتسمم الحمل .

توصية: أشارت النتائج إلى أن تعزيز صحة النساء المصابات بتسمم الحمل و يتطلب تعاون مقدمي الرعاية الصحية والقابلات وواضعي السياسات لرفع جودة الخدمات المقدمة للنساء, في فترات ما قبل الولادة والولادة وبعدها, مع الاهتمام بشكل خاص بالخدمات المقدمة في المستشفيات الحكومية.. كما أبلغت النتائج مديري المستشفى باحتياجات المرأة من التدريس والإرشاد حول ظروفها وكذلك الحفاظ على الخصوصية من خلال الرعاية المقدمة. يوصى بإجراء دراسات مماثلة في مناطق مختلفة في فلسطين ، باستخدام نفس الأداة ، لتعزيز صحة المرأة وإعطاء المزيد من الأفكار حول رضا النساء الحوامل للمجموعة المعرضة للخطر .

الكلمات المفتاحية: منظمة الصحة العالمية ، تسمم الحمل ، الرضا ، رعاية ما قبل الولادة ، الولادة ، ما بعد الولادة

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LIST OF ABBREVIATION AND DEFINITIONS

1- PE	Preeclampsia :- (pregnancy complication characterized by increased hypertension more than (140/90) and proteinuria (0.3g over 24 hours) . (Jim & Karumanchi, 2017)
2- ANC	Antenatal Care :- is care of pregnant women from conception until the onset of delivery. (Spuy , 2002) .
3- WHO	World Health Organization
4- SPSS	Statistical Package for Social Science
5- UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East-UNRWA
6-MOH	Ministry Of Health
7-PMC	Palestinian Medical Complex.

CHAPTER ONE:

Introduction

1.1 Overview

Theoretical and conceptual definition of satisfaction, multiple evaluations of different aspects of health care, as expectation, attitudes, and comparison process is an indicator of quality of health care (Mawajdeh, 2001). Childbirth is a major event for every woman in her life, who has the right to get the best hospital services to prevent any complication. The hospital team is responsible for the achievement of balance between scientific objectivity, and concern for women wishes. The hospital is safer for high risk cases, such as women with preeclampsia (Gavin, 1999).

Preeclampsia (PE) is a pregnancy-specific syndrome characterized by new-onset hypertension (systolic blood pressure /diastolic blood pressure \geq 140/90 mm Hg) and proteinuria ($>$ 0.3 g/24 hours) occurring at \geq 20 weeks of gestation (Jim & Karumanchi, 2017) that affects 0.4%-15.6% of all pregnancies (Abalos et al., 2014). PE is responsible for (2-9)% of all pregnancies and is one of the major causes of maternal mortality and morbidity (khan et al., 2006). The prevalence of preeclampsia in the United States (2011-2014) was 29.0% (yoon et al., 2015), in Jordan was 32.2% (jaddou et al., 2011). The incidence of chronic hypertension before pregnancy and after 20 weeks of gestation was in Gaza 8.3%, and west bank 4.6% (UNRWA, 2018). While a survey was conducted by 29 countries by world health organization, the prevalence of preeclampsia was (2.16%), the maternal mortality rate at Palestine was 0.03% (MOH, 2020).

The risk identification of preeclampsia is an essential element of antenatal care to improve its treatment, because it is associated with the worse maternal and fatal outcomes

.maternal outcomes are could be chronic hypertension, preterm delivery, cesarean section delivery, postpartum hemorrhage, disseminated intravascular coagulation, placental disorders, renal failure, cerebrovascular accidents and maternal death.

Maternity care goal is to reach optimal security and well-being for pregnant women. (Lundgren&Lindmark, 2003). The key elements of human rights is to improve dignity , equity and quality of care .As well as an attempt to improve quality of health care and patients satisfactions by providing opinions, experiences, expectations from the health care receivers .

Patient satisfaction is a dynamic and subjective perception of the extent to which expected healthcare is provided. It reflects the patient's judgment of various aspects of maternal health (Larrabee, 2013).

In order to reach high quality of services provided by health professionals, this study will investigate the level of satisfaction of women with preeclampsia toward health care services and midwifery care during antenatal, delivery and postpartum.

1.2 Problem Statement

Preeclampsia is a major complication during pregnancy, so women with preeclampsia need a high quality of care .In order to improve satisfaction of these women towards health care services and midwifery care, policy makers should put a clear plan for how the midwife can deal with these clients. The problem has not been searched in Palestine, so the gap must be filled in our hospitals, to improve the outcomes, productivity and quality of services. So the researcher needed a serious research to measure satisfaction level of women with preeclampsia towards midwifery care, to improve hospital outcomes.

1.3 Significance of the Study

The subjective assessment of women's satisfaction with childbirth is considered one of the parameters for measuring the quality of healthcare, and negative childbirth experience leads to poor quality of life (Bell & Anderson, 2016). Women reported high satisfaction towards child birth process, gave sufficient information regarding the care they received.

The decision to develop study on women`s health was based on focusing at health service research and in evaluation of health system performance (McKinley, et al, 2002). "Making pregnancy safer" clearly emphasizes the importance of improving health systems to improve health care system and well-being (WHO.2003).

1.4 Aim of the study

The aim was to assess the extent to which pregnant women with preeclampsia attending two large hospitals in Palestine are satisfied with the care provided and midwifery roles, during three stages, antenatal, delivery, and post-partum.

1.5 Research Questions

- 1- To which extent women with preeclampsia are satisfied with midwifery care and health care services at Makassed Islamic Charitable hospital and Palestinian Medical Complex?
- 2- What are the differences between Sociodemographic data, and patient satisfaction?
- 3-What are the differences of satisfaction levels between the clients in the mentioned two hospitals?
- 4 –What are the differences of the level of satisfaction between the three stages; antenatal, delivery, postpartum?

1.6 NULL HYPOTHESIS

1. There is no significant difference at 0.05 level of satisfaction among women with preeclampsia towards health care services and midwifery care.
2. There is no significant relationship at 0.05 level of satisfaction among women with preeclampsia and Sociodemographic characteristics (Age, Education level, Marital status, Place of residence, Work, Delivery type, Average Monthly Income) towards health care services and midwifery care.

3. There is no significant difference at 0.05 level of satisfaction among women with preeclampsia towards health care services and midwifery care between Makassed Islamic Charitable hospital and Palestinian medical complex.

4. There is no significant difference at 0.05 level of satisfaction among women with preeclampsia towards health care services and midwifery care in three stages, antenatal care, delivery, and postpartum.

CHAPTER 2

Literature Review

2.1: Overview

Although not enough articles concern the satisfaction of women with preeclampsia towards health services and midwifery care available, the researcher did her best to get advantage of the available ones.

Women satisfaction is crucial for monitoring health care quality, and can inform services development and delivery (Camacho, et al., 2012). Besides that intrapartum satisfaction, is a broad concept, that includes women attitudes during labor, and immediate postpartum Bertucci, et al., (2012), and perception of support from health care provider during labor is very important to improve childbirth outcomes and satisfaction of women (Hodnett, et al., 2009).

A descriptive cross sectional research was conducted by Mohammad, et al., (2014), aimed to investigate the prevalence and factors associated with satisfaction during labor among Jordanian women, with sample size consists of 298 women from four maternal and child health centers in Mafraq city, Jordan. The researcher used a three dimension questionnaire to collect data for, interpersonal, involvement in decision making, and physical environment. The research results were 13% of women were satisfied with interpersonal interaction, 20.5% were satisfied with involvement in decision making, 18.8% were satisfied with physical environment. The researcher gave advice to improve quality by calling health professionals, policy makers and administrators to consider satisfaction factors.

A research conducted by Mekonnen, et al., (2014) at Felege Hiwot referral hospital, aimed to assess the pregnant women satisfaction level during childbirth from April to May, 2014. The research was cross sectional study, 594 pregnant women systematic sampling were included in this study. Finding of this study investigated that the satisfaction of childbirth care

services was 74.9%, while mothers whose age less than 20 and 20-34 (less satisfied with caring during child birth compared to mothers whose age is more than 35 years old. The researcher summarized the factors related to satisfaction during childbirth, age of women, antenatal care follow-up, and the number of deliveries.

Another study conducted by Lemmens (2020) aimed to identify factors independently associated with pregnant women satisfaction ;it was a prospective cohort study ,739 women who received satisfaction questionnaire .Finding is antenatal anxiety, decreased perceived personal wellbeing ,health care provider during labor were independently associated with satisfaction.

2.2 How to achieve patient`s satisfaction

Satisfaction is achieved through meeting patient`s needs and expectations .Without complete identification of their needs and expectations of population, any effort of satisfying the patients will be failed. Some of researches mentioned methods on how to achieve pregnant women satisfaction. A study conducted by (Galley, 2015) has a sample 155 women at the University Hospital of Ghent, it used a questionnaire as a tool. The study summarized achieving satisfaction by reducing waiting times, increasing accessibility and women need a better provision of information urgent consultation (Scholle&Weisman, 2000) client satisfaction is achieved by meeting their needs and expectations .

A study conducted by (Hameed,2015) , to assess some aspects related to satisfaction of pregnant women at thirty four primary health care provider were included Antenatal Care (ANC) in AL-Basra City .The study consist of 400 participants who answered the questionnaire form .A cross -sectional study was conducted with first and second primary health care provider in AL-Basra city. The study concluded that a small percentage 4.5% expressed un satisfied with the overall quality of care. When women were requested to suggest ways to improve care, they suggested providing the primary health care centers with ultrasonography which was the prime concern by 61.25% followed by 41.25% who regard the crowdedness and reception, and 33.75% provision of dentist, increase no. of doctors 6.25%, provision of female staff at the maternal health care unit 3.75%, location of the health center and location of the maternal care unit within the center 2.5% and 5% respectively.

A study conducted by Nwaeze, et al., (2013) evaluates ANC perception and determines level of satisfaction at Ibadan college hospital, cross-sectional design, structured questionnaire, it included, Sociodemographic, obstetric variable, assessment of quality of amenities, waiting time and level of satisfaction. The sample was 239 participants; there is a high level of satisfaction with antenatal services among pregnant women in Ibadan college hospital.

2.3 Antenatal care (ANC)

Antenatal care (ANC) is an important part of preventive complication through following up patients and counseling (UNFPA, 2008), while Warri (2020) considers (ANC) as a key entry point for every pregnant woman to receive antenatal services during pregnancy. Emiru, et al., (2020) concluded that the contents of ANC services should be covered during interaction between patient and health care provider and consider the factors affecting satisfaction, they mentioned five dimensions related to factors. (1) Interpersonal communication (2) history taking, (3) clinical examination, (4) counseling, (5) health screening and preventive measures.

ANC describes health care services that are offered to relevant women as communication, emotional support, screening, diagnosis, and disease prevention (WHO, 2016). Preeclampsia is characterized by elevated blood pressure level and proteinuria is easily detected by clinical parameters; antenatal care service should be utilized to decrease maternal mortality rate related to this class of this disease (Oyinde, 2013).

The point of view of Zhou, (2015), preeclampsia can be prevented by early monitoring and good management. While Asifere (2018) found factors related to ANC represented in women's knowledge on the importance of antenatal care, areas of greatest dissatisfaction to clients, and communication.

2.4 Satisfaction of women with Preeclampsia during delivery and postpartum.

Satisfaction during child birth is a complex phenomenon affected by factors such as accessibility, good physical environment, cleanliness, availability of drugs, supplies and human resources, level of care, privacy and confidentiality, and emotional support (Goodman, 2004).

A qualitative study conducted at Baptist health center aimed to understand the reasons related to late initiation of antenatal care of pregnant women. The sample consists of 18 pregnant women who started after first trimester; the results were, women considered it as not serious issue that required health care services, previous positive pregnancy outcomes without seeking health care, that made women less motivated to initiate early antenatal care, and there some problem such as difficult transportation, rude health care provider, and long waiting time.

Another study conducted by Maillefer (2015), it was descriptive qualitative study. The study included the pregnant women, new mothers, midwives and medical staff. The study concluded that the women welcomed the idea of midwifery care.

A study conducted by (Ghirmai, 2017) aimed to determine the predictors of intrapartum care in AL-Saamra Public Maternity Hospital in Eretria. The investigator used descriptive cross-sectional study. Data collected by a questionnaire; the sample taken from March to May 2016. After the consent taken from the women, the fourth-year nursing students made an interview then the women take the questionnaire and fill it. The finding is only (20.8%) were satisfied with intrapartum services. The study concluded that 20.8% of the participants were satisfied with intrapartum service. The key predictors of satisfaction with intrapartum care were provision of clean bed and beddings (AOR = 18.87, 2.33-15.75), privacy during examinations (AOR = 10.22, 4.86-21.48), using understandable language (AOR = 8.72, 3.57-21.27), showing how to summon for help (AOR = 8.16, 4.30-15.48), showing baby immediately after birth (AOR = 8.14, 2.87-23.07), control of the delivery room (AOR = 6.86, 2.65-17.75), receiving back massage (AOR = 6.43, 3.23-12.81), toilet access and cleanliness (AOR = 6.09, 3.25-11.42), availability of chairs for relatives (AOR = 5.96, 3.14-11.30), allowing parents to stay during labor (AOR = 3.52, 1.299-9.56), and request for permission before any procedure (AOR = 2.39, 1.28-4.46).

Another study conducted by Mortensen, (2019), aimed to improve maternal services in rural areas, and to investigate if the midwife led continuity model influenced women satisfaction with care during antenatal, intrapartum and postnatal. The researcher selected case control study to compare midwife led continuity with regular maternity care. The included

sample (consists of 200 women) was the women who registered in rural governmental hospital. One hundred the midwife led continuity model; the other women took regular midwife care.

Pregnancy could be the most powerful events in the women lives. Although pregnancy is a physiological process, it is associated with a high risk for woman and her fetus, As a result, many countries taking the standard protection. Maternal mortality rate (MMR) about 295000 women died during pregnancy and child birth in (WHO, 2017).

Ante natal care (ANC) it means the time from conception until the beginning of labour.it is important in preventing and early detecting the problems during pregnancy. The medical team must monitor the pregnant women from the beginning. The medical team consists of obstetricians, nurse, or midwife (Marshall& Radnor, 2013).

Quality of care, the degree of health services for individuals and population increases the desired health outcomes (Hickey & Brosnan, 2013). Some of researches mentioned about how to achieve pregnant women satisfaction. A study conducted by Galle, (2015) was a quantitative descriptive one, included 155 women at the University Hospital of Ghent, he used a questionnaire as a tool. the finding reflects that woman were satisfied with their relationship with health care workers, achieving satisfaction by reducing waiting times and increasing accessibility, and women need a better provision of information using consultation. According to Scholle &Weisman, (2000) client satisfaction is achieved by meeting their needs and expectations.

An important to investigate patient`s satisfaction by evaluating their opinions through applying a tool such as a questionnaire. Patient's satisfaction leads to acceptance, collaboration in their health

CHAPTER 3

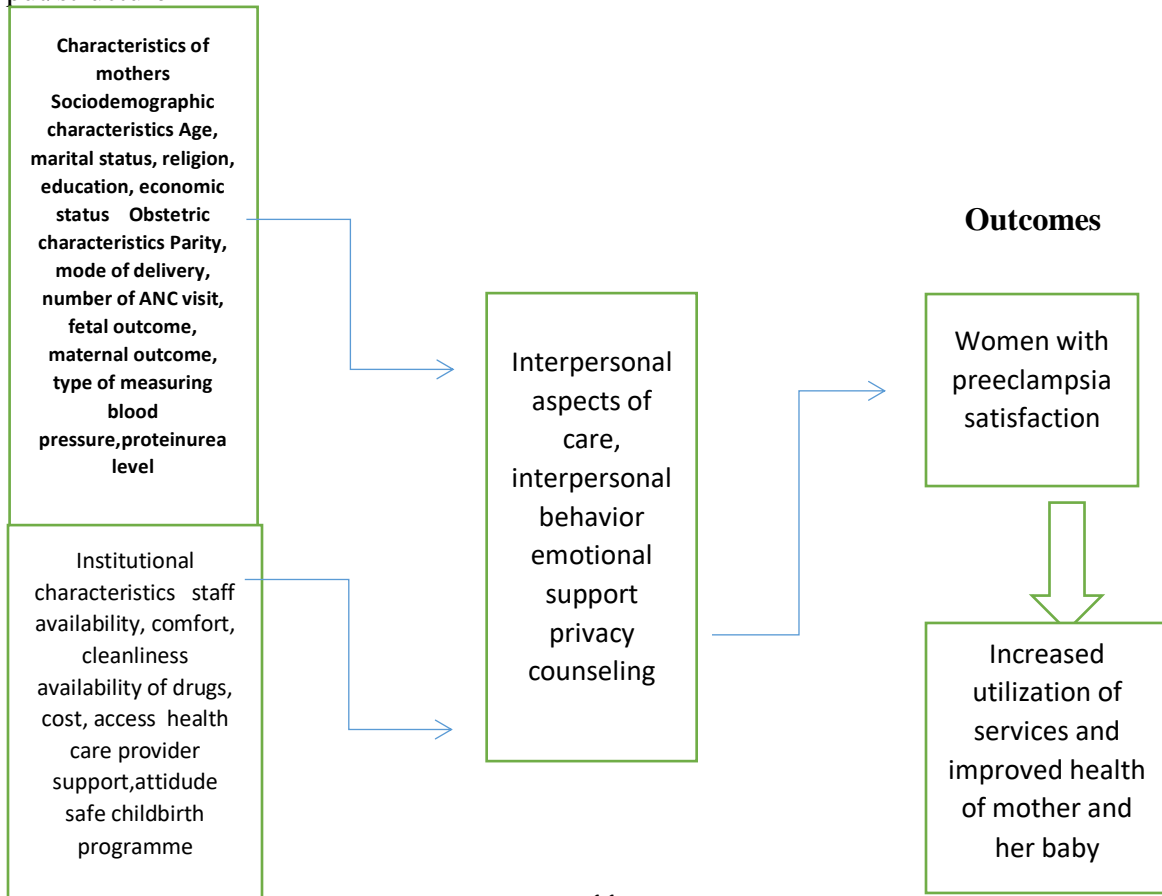
Conceptual Framework

3.1: Overview

The conceptual framework was developed to understand the basis of study conducted. The framework was developed to understand the literature review .It was modified from the Donabedian model of assessment of quality of care. The Donabedian model is a conceptual model for examining health services and quality of care.it includes, structure, process, outcomes (Donabedian, 1988).The independent variables include age, education level, marital status, work and delivery type, and the dependent variables include satisfaction of women with preeclampsia towards midwifery care.

Table (1)

Input/structure



CHAPTER 4

Methodology

4.1 Overview

This section presents research design, hypothesis, setting of the study, period of the study, Population and sampling .It presented the sampling techniques, exclusion and inclusion criteria. This part is very important by giving understanding of the methodology used.

4.2 Study design

The researcher used a descriptive, cross sectional study design.

4.3 site and setting

This study was conducted in gynecological wards and clinics at Makassed Islamic Charitable hospital and Palestinian Medical Complex in west bank –Palestine.

4.4 study period

Data collection was collected from October to December, 2021

4.5 sample size calculation.

A Consecutive sample of size of 218 Women with preeclampsia was taken for this study; the researcher estimates the sample size using the law of minimum sample size in the case of simple convenience samples as the following equations:

$$n = Z^2 * (P) * (1-P) / c^2$$

$$\text{New } n = n / (1 + (n-1) / N)$$

Where:

Data and calculations, the desired sample size was 384

Sample size (N) was calculated using the following equation:

n = the sample size

N = the population size

Z = Z value (1.96 for 95% confidence level)

P = the proportion of women satisfaction (0.5 used for sample size needed when it is unknown).

c = absolute precision

Based on 95% confidence level, N=500, Z=1.96, P = 50% and within 5% precision, the minimum sample size equals 2.17.49 which rounded to 218.

4.6 Data collection method and instrument

Data collection

The ethical approval from Al-Quds University and from the committee of master of Maternal Child Health was taken first. Then the approval letter was requested from MOH for governmental hospital (PMC) and administration of private hospital (Makassed Islamic Charitable hospital), to get their permission to conduct this study in their institutions.

The introduction to the study's aim and objectives was presented at meeting with nursing director in each hospital. Data were collected with a researcher self-administered questionnaire that covered socio demographic characteristics, birth information and experience of antenatal care, delivery, postpartum care. The questionnaire was translated to Arabic language. Women with preeclampsia satisfaction during three stages were assessed on seven domains (attitude and respect, information and communication, counseling, decision making involvement, treatment, policy of the hospitals clinic, quality of services). Experience three stages were assessed with a 3 point Likert scale (agree, uncertain, disagree). The validity of the questionnaire was previously confirmed in a face validity test by six experts and a reliability test (Cronbach's alpha of 0.88-

0.94)). The study tool was piloted for content validity among 30 mothers in the tow hospital who met the study eligibility criteria.

The questionnaire is developed by the researcher based on reviewing literature review is structured into four sections; Sociodemographic data, and women with preeclampsia satisfaction in three stages, antenatal care, and delivery, postpartum, and analyzed by SPSS.

The independent variables

The independent variables include age, education level, and marital status, place of residence, work, and delivery type).

The dependent variables.

The dependent variables include satisfaction of women with preeclampsia towards midwifery care.

Sampling method

The sampling strategy that will be utilized for this study is simple random sampling strategy. It is a method of drawing representative data by selecting participants based on the lists that will be obtained from the registration offices in both selected hospitals.

Instrument development

Data collection through structured questionnaire and analyzed it by SPSS .The researcher developed it based on previous studies, it contains three sections. The sections include Sociodemographic, the standard of services and satisfaction level of women with preeclampsia in three levels, antenatal, delivery and postpartum as a pilot study and expert opinions.

4.7 Inclusion criteria

Pregnant women who had Preeclampsia and gave birth at Makassed Islamic Charitable Hospital and Palestinian Medical Complex Hospitals and registered in the records during the period 2021.

pregnant women with preeclampsia who were admitted for observation

4.8 Exclusion criteria

All married women with preeclampsia who refused to participate in our study.

4.9 study analysis

Data analysis occurred by the researcher through data collection from the self-administered questionnaire. Data analyses were performed by using version 20 of the Statistical Package for Social Sciences (SPSS). Descriptive and inferential statistics will be utilized to describe and analyze the participant's satisfaction of organizational services and received care among women with preeclampsia.

Findings of the statistical data may be utilized to assist nurse leaders to discern implications for practice related to the women with preeclampsia satisfaction of received services and care within the hospitals based on the time spent while giving birth. Cranach's Alpha will be used to determine internal reliability.

4.10 Reliability and validity

Reliability

The technique of measuring variables must be reliable as this reflects the extent to which the questionnaire is stable and consistent. This means that a measure is reliable if it gives the same result each time the situation or the factor is measured. Cranach's' alpha coefficient was used to estimate the internal consistency of the main domains of the questionnaire used for this study, the following table shows the results of Cranach's' alpha coefficient s for the main study domains using the pilot sample of 30 questionnaires:

Table (2): Cranach's' alpha coefficients for the main study domains (N=30).

Domain	Number of Items	Cranach's' alpha
Women with Preeclampsia satisfaction toward health services and midwifery care during antenatal Care	31	0.88

Women with Preeclampsia satisfaction toward health services and midwifery care during delivery	36	0.94
Women with Preeclampsia satisfaction toward health services and midwifery care during post-partum	69	0.96

The results in the table above show that Cronbach's' alpha coefficient for the Antenatal Care domain is 0.88, and it is 0.94 for the Delivery domain, and 0.96 for the post-partum domain, so that the questionnaire can reproduce the same results by (88%-96%), indicating high internal consistency of the questionnaire and high reliability of constructs.

Validity

Validity is defined as the extent to which the method of measurement includes all the major elements relevant to the construct being measured (Burns and Grove, 1997),to achieve the validity, the questionnaire was reviewed by supervisor and other experts who assessed it`s validity.

Content related validity assesses the extent to which the method of measurement includes all the major elements relevant to the construct being measured, to achieve this type of validity, the instrument was evaluated by six experts in the field, which interest in the related issues. The study questionnaire and objectives were sent to them to be oriented with the objectives of the study.

From the other hand, the researcher conducted the construct validity by computing the Pearson correlations between the total degree of each main domain and its sub-domains, this measures how much the sub-domain is related to its main domain, and so the extent of validity, the following are the results of pearson correlations using the pilot sample of 30 respondents:

Table (3):Pearson Correlation coefficients for the Antenatal Care Domain (N=30).

Sub-domain	Pearson Correlation	P-value
attitude and respect	0.779	0.000
information and communication	0.713	0.000
counseling	0.431	0.017
decision making involvement	0.338	0.068
treatment	0.387	0.035
policy of the hospital's clinic	0.554	0.002
quality of services	0.365	0.048

Table (4):Pearson Correlation coefficients for the delivery domain (N=30).

Sub-domain	Pearson Correlation	P-value
attitude and respect	0.745	0.000
information and communication	0.574	0.001
approach of mother care	0.696	0.000
privacy	0.372	0.043
decision making involvement	0.719	0.000
treatment	0.579	0.001
policy of the hospital's clinic	0.616	0.000
quality of services	0.791	0.000

Table (5): Pearson Correlation coefficients for the Post-Partum Domain (N=30).

Sub-domain	Pearson Correlation	P-value
attitude and respect	0.656	0.000
information and communication	0.737	0.000
approach of mother care	0.892	0.000
privacy	0.415	0.023
approach of baby care	0.808	0.000
The environment of the department	0.702	0.000
quality of services	0.432	0.017

The results in the three tables above show that all Pearson correlations are significant (P-values < 0.05) between the total degree of each main domain and its sub-domains indicating a high degree of construct validity.

3:11 Pilot study

Pilot test was conducted prior to the beginning of data collection, so as to check the appropriateness of the questionnaire and to eliminate any ambiguities; it was applied on 30 women with preeclampsia. Consequently, modifications were added to the questionnaire, and it was adopted. However, pilot subjects were not excluded, as they were applicable to the study

4.12 Ethical consideration

Ethical approval from Al-Quds University and Master of Maternal Child health Committee of the Faculty of Health Sciences also from and the hospitals where the study conducted. Informed consent refers to autonomy as the right of a participant to voluntary chooses to partake in a research study (Brink, 2006).

Consent is considered as valid and informed when participants were fully explained the extent of the research study and whom on understanding of the information provide consent to participate in the study (Grove, et al., 2012). Emphasis on voluntary participation and the right to withdraw at any point during the study without any penalty. right to privacy, anonymity, and confidentiality Each participant has the right to privacy, anonymity, respect, and confidentiality. the participant's names not included on the questionnaires in order to ensure their anonymity and privacy. Furthermore, two self-sealed envelopes provided in which to separately place the questionnaire and consent forms. Confidentiality of the participants ensured through allowing them to complete the questionnaire during their free time.

CHAPTER 5

Results

5.1 Overview

This chapter presents the study results containing the features of the respondents and the average percentages of the responses for each of the survey's items.

5.2 Characteristics of the Study Population

In this study, The Researcher able to recruit 218 women with preeclampsia at Makassed Islamic charitable hospital ,and Palestinian medical complex between October 2021 to December 2021.

5.3 Statistical Methods

The first stage of data analysis is the data management which conducted as the following:

1. Overviewing the filled questionnaires.
2. Coding of questionnaires.
3. Data entry and data cleaning.

The second stage is data analysis, the statistical package for social science SPSS Version 20 was used for data analysis. Descriptive statistics (frequencies, percentages, Means, and Standard Deviations) were conducted. The following Tests and Methods were used to analyze the results based on that the P-Value < 0.05 is considered significant, and so the hypotheses of no differences in means between study groups will be rejected:

1. Independent Samples T-test for differences in satisfaction according to antenatal care, delivery, post-partum, work, delivery type, and hospitals..

2. One way analysis of variance (ANOVA) test for differences in satisfaction according to education level, marital status, place of residence, Family average income,
3. One way repeated-measures analysis of variance (ANOVA) test for differences between satisfaction during antenatal care, delivery, and post-partum.

The following table shows frequencies and percentages of the socio-demographic variables

Table (6): Frequencies and percentages of the socio-demographic variables.

Variable	Group	Frequency	Percentage
Hospital	PMC	109	50.0%
	Makassed	109	50.0%
	Total	218	100.0%
Age	Less than 18	10	4.6%
	18-22	30	13.8%
	23-27 years	70	32.1%
	28-37 years	79	36.2%
	38 or More	29	13.3%
	Total	218	100.0%
Education level	Less than high school	27	12.4%
	High school	72	33.0%
	Bachelor	97	44.5%
	Post Graduate	22	10.1%

	Total	218	100.0%
Marital Status	Married	207	95.0%
	Divorced	11	5.0%
	Total	218	100.0%
Place of residence	City	112	51.4%
	Village	64	29.4%
	Camp	42	19.3%
	Total	218	100.0%
Family average monthly income	less the 1880 shekels	34	15.6%
	1880-3000	106	48.6%
	more than 3000 shekels	78	35.8%
	Total	218	100.0%
Work	House wife	107	49.1%
	Work	111	50.9%
	Total	218	100.0%
Delivery type	normal vagina delivery	26	11.9%
	cesarean section delivery	192	88.1%
	Total	218	100.0%

The entire following table (7) shows descriptive statistics of the para, gravida, and abortion number in the study sample.

Table (7): Descriptive Statistics of the para, gravida, and abortion Number in the study sample.

Variable	N	Minimum	Maximum	Sum	Mean	Std. Deviation
Para	218	1	10	906	4.16	2.225
Gravida	218	1	9	728	3.34	1.848
Abortion Number	218	0	5	178	.82	.922

The following is the tests of normality results for the continues variables (satisfaction domains) to decide using the parametric or the non-parametric statistical tests in the analysis of this study.

Table (8): Tests of normality results for satisfaction domains.

Domain	Kolmogorov-Smirnov ^a	
	Statistic	P-value
Attitude and Respect	5.636	0.000
Information and Communication	2.791	0.000
Counseling	2.769	0.000
Decision Making Involvement	4.931	0.000
Treatment	5.442	0.000
Policy of the Hospital's Clinic	3.178	0.000
Quality of Services	6.704	0.000

Women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care	2.062	0.000
Attitude and Respect	5.609	0.000
Information and Communication	4.196	0.000
Approach of Mother Care	4.755	0.000
Privacy	5.209	0.000
Decision Making Involvement	4.722	0.000
Treatment	4.234	0.000
Policy of the Hospital's Clinic	3.330	0.000
Quality of Services	3.206	0.000
Women with preeclampsia satisfaction toward health services and midwifery care during Delivery	2.692	0.000
Attitude and Respect	5.649	0.000
Information and Communication	4.699	0.000
Approach of Mother Care	3.932	0.000
Privacy	3.478	0.000
Approach of baby care	4.745	0.000
The Environment of the Department	4.207	0.000
Quality of Services	3.936	0.000
Women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum	3.748	0.000

The results of normality tests show that all variables are not normally distributed (P-values < 0.05), so we need to use the non-parametric tests in data analysis and testing hypotheses, but since we have more than 15 cases in each study group in the socio-demographic variables, so the researcher decided to use the parametric tests (ANOVA and T-test) in all the analysis.

The answers of respondents were coded as : (1 for don't agree) , (2 for neutral) and (3 for agree), and after computing the total degrees of domains and sub-domains of satisfaction, the following table was used in order to express the levels of satisfaction based on the 3-Likert scale key answers:

Table (9): 3-Likert scale key answers of Satisfaction Levels.

Mean	Level of Satisfaction
Less than 1.67	Low
1.67 – 2.33	Moderate
2.34 or More	High

Analysis Results:

The extent of satisfaction toward midwifery care and health care services:

In what follows, the results of the extent of women with preeclampsia satisfaction toward midwifery care and health care services at Makassed Islamic Charitable Hospital and Palestinian Medical Complex.

1) Satisfaction during Antenatal:

The following table show means, standard deviations and the one sample T-test results of women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care.

Table (10): Means, Standard Deviations and the One sample T-test results of Women with preeclampsia satisfaction toward health services and midwifery care during antenatal Care.

Part	N	Mean	Std. Deviation	Level of Satisfaction	T	P-value
Attitude and Respect	218	2.68	0.51	High	19.909	0.000
Information and Communication	218	2.45	0.61	High	10.761	0.000
Counseling	218	2.13	0.75	Moderate	2.629	0.009
Decision Making Involvement	218	2.49	0.65	High	11.161	0.000
Treatment	218	2.68	0.54	High	18.632	0.000
Policy of the Hospital's Clinic	218	2.49	0.59	High	12.339	0.000
Quality of Services	218	2.00	0.19	Moderate	-0.174	0.862
Total Degree of Services	218	2.45	0.38	High	17.488	0.000

The results in the table above show that the total level of Women with preeclampsia satisfaction toward health services and midwifery care during antenatal Care is high, the total mean is (2.45) and the total standard deviation of the respondents is (0.38).

The results also show that the highest level of women's satisfaction is toward attitude and respect with high mean (2.68), and the second highest level of Women's satisfaction is toward

the Treatment with high mean (2.68), the next one is the level of Women's satisfaction toward Policy of the Hospital's Clinic with high mean (2.49), then the next is the level of Women's satisfaction toward decision making involvement with high mean (2.49), then the level of Women's satisfaction toward information and communication with high mean (2.45), and the last two levels are Women's satisfaction toward Counseling with moderate mean (2.13) and toward Quality of Services with moderate mean (2.00).

The results of the one sample T-test shown in the table above are based on the test value = 2 which is the Neutral answer, and the results show that all T-values are significant (the corresponding P-values < 0.05 except Quality of Services), indicating that the first study hypothesis stated that “**women with preeclampsia has a high level of satisfaction toward midwifery care**” is accepted.

2) Satisfaction during Delivery:

The following table show Means, Standard Deviations and the One sample T-test results of Women with preeclampsia satisfaction toward health services and midwifery care during Delivery:

Table (11): Means, Standard Deviations and the One sample T-test results of Women with preeclampsia satisfaction toward health services and midwifery care during Delivery.

Part	N	Mean	Std. Deviation	Level of Satisfaction	T	P-value
Attitude and Respect	218	2.63	0.61	High	15.095	0.000
Information and Communication	218	2.46	0.68	High	9.998	0.000
Approach of Mother Care	218	2.63	0.57	High	16.435	0.000

Privacy	218	2.54	0.64	High	12.394	0.000
Decision Making Involvement	218	2.54	0.65	High	12.163	0.000
Treatment	218	2.46	0.60	High	11.463	0.000
Policy of the Hospital's Clinic	218	2.51	0.53	High	14.261	0.000
Quality of Services	218	2.58	0.50	High	17.081	0.000
Total Degree of Services	218	2.51	0.41	High	18.608	0.000

The results in the table above show that the total level of Women with preeclampsia satisfaction toward health services and midwifery care during Delivery is high, the total mean is (2.51) and the total standard deviation of the respondents is (0.41).

The results also show that the highest two levels of Women's satisfaction are toward the Approach of Mother Care with high mean (2.63), and also toward the attitude and respect with high mean (2.63), the second highest level of women's satisfaction is toward the quality of services with high mean (2.58), and the next two levels are women's satisfaction toward the Privacy with high mean (2.54) and toward the decision making involvement with high mean (2.54), the next one is the level of Women's satisfaction toward the policy of the hospital's clinic with high mean (2.51), and the last two levels are women's satisfaction toward the treatment with high mean (2.46) and toward the information and communication with high mean (2.46).

The results of the one sample T-test shown in the table above are based on the test value = 2 which is the Neutral answer, and the results show that all T-values are significant (the corresponding P-values < 0.05), indicating that the first study hypothesis stated that “**Women with preeclampsia has a high level of satisfaction toward midwifery care** is accepted.

3) Satisfaction during Post-Partum:

The following table shows means, standard Deviations and the one sample T-test results of Women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum:

Table(12): Means, Standard Deviations and the One sample T-test results of Women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum.

Part	N	Mean	Std. Deviation	Level of Satisfaction	T	P-value
Attitude and Respect	218	2.67	0.56	High	17.696	0.000
Information and Communication	218	2.55	0.61	High	13.275	0.000
Approach of Mother Care	218	2.54	0.39	High	20.133	0.000
Privacy	218	2.30	0.75	Moderate	5.903	0.000
Approach of baby care	218	2.70	0.46	High	22.215	0.000
The Environment of the Department	218	2.61	0.53	High	17.093	0.000
Quality of Services	218	2.66	0.46	High	21.149	0.000
Total Degree of Services	218	2.60	0.38	High	23.256	0.000

The results in the table above show that the total level of Women with preeclampsia satisfaction toward health services and midwifery care during post-partum is high, the total mean is (2.6) and the total standard deviation of the respondents is (0.38).

The results also show that the highest level of Women's satisfaction is toward the Approach of baby care with high mean (2.70), the second highest level of Women's satisfaction is toward the attitude and respect with high mean (2.67), the next one is the level of Women's satisfaction toward the Quality of Services with high mean (2.66), then the next is the level of Women's satisfaction toward the Environment of the Department with high mean (2.61), and the next level is Women's satisfaction toward the Information and Communication with high mean (2.55), then the level of Women's satisfaction toward the Approach of Mother Care with high

mean (2.54), and the last one is the level of Women's satisfaction toward the Privacy with moderate mean (2.30).

The results of the one sample T-test shown in the table above are based on the test value = 2 which is the Neutral answer, and the results show that all T-values are significant (the corresponding P-values < 0.05), indicating that the first study hypothesis stated that “**Women with preeclampsia has a high level of satisfaction toward midwifery care**” is accepted.

Testing Differences in satisfaction according to Socio-demographic variables:

In what follows, the results of testing differences in satisfaction according to Socio-demographic variables:

First: Differences in satisfaction according to Hospital:

1) Differences in satisfaction during Antenatal Care according to Hospital:

The following table shows Means, Standard Deviations and the results of Independent Samples T-test for differences in Women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Hospital:

Table (13): Means, Standard Deviations and the results of Independent Samples T-test for differences in Women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Hospital.

Part	Hospital	N	Mean	Std. Deviation	t	Df	P-value
Attitude and Respect	PMC	109	2.59	0.58	-2.751	216	0.006
	Makassed	109	2.78	0.40			
Information and	PMC	109	2.16	0.67	-7.927	216	0.000

Communication	Makassed	109	2.73	0.36			
Counseling	PMC	109	2.09	0.77	-0.921	216	0.358
	Makassed	109	2.18	0.74			
Decision Making Involvement	PMC	109	2.25	0.71	-5.951	216	0.000
	Makassed	109	2.73	0.47			
Treatment	PMC	109	2.61	0.62	-1.983	216	0.049
	Makassed	109	2.75	0.43			
Policy of the Hospital's Clinic	PMC	109	2.30	0.69	-5.048	216	0.000
	Makassed	109	2.68	0.37			
Quality of Services	PMC	109	2.02	0.19	1.568	216	0.118
	Makassed	109	1.98	0.20			
Total Degree of Services	PMC	109	2.29	0.42	-6.883	216	0.000
	Makassed	109	2.61	0.25			

The results in the table above show that there are significant differences at 0.05 level in Women with preeclampsia satisfaction toward all parts except in (Counseling, and Quality of Services) during Antenatal Care according to Hospital; the P-values are less than 0.05 corresponding to all parts except these two parts.

The results show that Women's satisfaction in Makassed Islamic Charitable Hospital toward Attitude and Respect with mean (2.78) is significantly higher than Women's satisfaction in Ramallah hospital with mean (2.59), the P-value of the T-testis is 0.006.

The results show that Women's satisfaction in Makassed Islamic Charitable hospital toward Information and Communication with mean (2.73) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.16), the P-value of the T-testis is 0.000.

The results show that Women's satisfaction in Makassed Islamic Charitable hospital toward Decision Making Involvement with mean (2.73) is significantly higher than Women's satisfaction in Palestinian Medical Complex with mean (2.25), the P-value of the T-testis is 0.000.

The results show that Women's satisfaction in Makassed Islamic Charitable hospital toward Treatment with mean (2.75) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.61), the P-value of the T-testis is 0.049.

The results show that Women's satisfaction in Makassed Islamic Charitable hospital toward Policy of the Hospital's Clinic with mean (2.68) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.30), the P-value of the T-testis is 0.000.

Finally, the results show that Women's satisfaction in Makassed Islamic Charitable hospital toward the Total Degree of Services with mean (2.61) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.29), the P-value of the T-testis is 0.000.

2) Differences in satisfaction during Delivery according to Hospital:

The following table shows Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Delivery according to Hospital:

Table (14): Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Delivery according to Hospital.

Part	Hospital	N	Mean	Std. Deviation	t	Df	P-value
Attitude and Respect	PMC	109	2.45	0.73	-4.410	216	0.000
	Makassed	109	2.80	0.40			
Information and Communication	PMC	109	2.17	0.75	-7.091	216	0.000
	Makassed	109	2.76	0.44			
Approach of Mother Care	PMC	109	2.43	0.67	-5.658	216	0.000
	Makassed	109	2.83	0.32			
Privacy	PMC	109	2.33	0.74	-5.152	216	0.000
	Makassed	109	2.75	0.42			
Decision Making Involvement	PMC	109	2.38	0.78	-3.773	216	0.000
	Makassed	109	2.70	0.45			
Treatment	PMC	109	2.43	0.71	-0.905	216	0.367
	Makassed	109	2.50	0.46			
Policy of the Hospital's Clinic	PMC	109	2.45	0.60	-1.800	216	0.073
	Makassed	109	2.58	0.44			
Quality of Services	PMC	109	2.43	0.61	-4.722	216	0.000
	Makassed	109	2.73	0.30			

Total Degree of Services	PMC	109	2.35	0.46	-6.558	216	0.000
	Makassed	109	2.68	0.27			

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction toward all parts except in (Treatment, and Policy of the Hospital's Clinic) during Delivery according to Hospital; the P-values are less than 0.05 corresponding to all parts except these two parts.

The results show that Women's satisfaction in AL-Makassed Islamic Charitable hospital toward Attitude and Respect with mean (2.80) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.45), the P-value of the T-testis is 0.000.

The results show that Women's satisfaction in AL-Makassed Islamic Charitable hospital toward Palestinian Medical Complex hospital with mean (2.17), the P-value of the T-testis is 0.000.

The results show that Women's satisfaction in AL-Makassed Islamic Charitable hospital toward Approach of Mother Care with mean (2.83) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.43), the P-value of the T-testis is 0.000.

The results show that Women's satisfaction in AL-Makassed Islamic Charitable hospital toward Privacy with mean (2.75) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.33), the P-value of the T-testis is 0.000.

The results show that Women's satisfaction in AL-Makassed Islamic Charitable hospital toward Decision Making Involvement with mean (2.70) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.38), the P-value of the T-testis is 0.000.

The results show that Women's satisfaction in AL-Makassed Islamic Charitable hospital toward Quality of Services with mean (2.73) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.43), the P-value of the T-testis is 0.000.

Finally, the results show that Women's satisfaction in AL-Makassed Islamic Charitable hospital toward the Total Degree of Services with mean (2.68) is significantly higher than

Women's satisfaction in Palestinian Medical Complex hospital with mean (2.35), the P-value of the T-test is 0.000.

3) Differences in satisfaction during Post-Partum according to Hospital:

The following table shows Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Hospital:

Table (15): Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Hospital.

Part	Hospital	N	Mean	Std. Deviation	t	df	P-value
Attitude and Respect	PMC	109	2.52	0.67	-4.209	216	0.000
	Makassed	109	2.82	0.36			
Information and Communication	PMC	109	2.29	0.69	-6.888	216	0.000
	Makassed	109	2.81	0.37			
Approach of Mother Care	PMC	109	2.40	0.45	-5.300	216	0.000
	Makassed	109	2.67	0.28			
Privacy	PMC	109	2.24	0.65	-1.146	216	0.253
	Makassed	109	2.36	0.84			
Approach of baby care	PMC	109	2.54	0.52	-5.228	216	0.000
	Makassed	109	2.85	0.33			
The Environment	PMC	109	2.45	0.59	-4.806	216	0.000

of the Department	Makassed	109	2.78	0.40			
Quality of Services	PMC	109	2.60	0.51	-2.029	216	0.044
	Makassed	109	2.72	0.40			
Total Degree of Services	PMC	109	2.46	0.42	-6.018	216	0.000
	Makassed	109	2.74	0.28			

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction toward all parts except in (Privacy) during Post-Partum according to Hospital; the P-values are less than 0.05 corresponding to all parts except the Privacy part.

The results show that Women's satisfaction in Makassed Islamic Charitable hospital toward Attitude and Respect with mean (2.82) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.52), the P-value of the T-testis is 0.006.

The results show that Women's satisfaction in Makassed Islamic Charitable hospital toward Information and Communication with mean (2.81) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.29), the P-value of the T-testis is 0.000.

The results show that Women's satisfaction in Makassed Islamic Charitable hospital toward Approach of Mother Care with mean (2.67) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.40), the P-value of the T-testis is 0.000.

The results show that Women's satisfaction in Makassed Islamic Charitable hospital toward Approach of baby care with mean (2.85) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.54), the P-value of the T-testis is 0.049.

The results show that Women's satisfaction in Makassed Islamic Charitable hospital toward The Environment of the Department with mean (2.78) is significantly higher than

Women's satisfaction in Palestinian Medical Complex hospital with mean (2.45), the P-value of the T-testis is 0.000.

The results show that Women's satisfaction in Makassed Islamic Charitable hospital toward Quality of Services with mean (2.72) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.60), the P-value of the T-testis is 0.044.

The results show that Women's satisfaction in Makassed Islamic Charitable hospital toward the Total Degree of Services with mean (2.74) is significantly higher than Women's satisfaction in Palestinian Medical Complex hospital with mean (2.46), the P-value of the T-testis is 0.000.

Finally, based on the previous results, the fourth study hypothesis stated that “There is a difference of level of satisfaction among clients between AL -MAKSEED hospital and Palestinian Medical Complex hospital.” is accepted.

Second: Differences in satisfaction according to Age:

1) Differences in satisfaction during Antenatal Care according to Age:

The following table show Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Age:

Table(16): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Age.

Part	Age	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	Less than 18	10	3.00	0.00	1.782	0.134
	18-22	30	2.76	0.40		
	23-27 years	70	2.61	0.60		
	28-37 years	79	2.65	0.48		
	38 or More	29	2.76	0.48		
	Total	218	2.68	0.51		
Information and Communication	Less than 18	10	2.30	0.80	0.521	0.720
	18-22	30	2.43	0.72		
	23-27 years	70	2.41	0.58		
	28-37 years	79	2.52	0.56		
	38 or More	29	2.39	0.65		
	Total	218	2.45	0.61		
Counseling	Less than 18	10	2.10	0.91	0.579	0.678
	18-22	30	2.12	0.77		
	23-27 years	70	2.23	0.74		
	28-37 years	79	2.04	0.72		

	38 or More	29	2.19	0.83		
	Total	218	2.13	0.75		
Decision Making Involvement	Less than 18	10	2.40	0.70	0.888	0.472
	18-22	30	2.38	0.78		
	23-27 years	70	2.44	0.74		
	28-37 years	79	2.59	0.49		
	38 or More	29	2.48	0.65		
	Total	218	2.49	0.65		
Treatment	Less than 18	10	2.78	0.38	0.238	0.916
	18-22	30	2.65	0.64		
	23-27 years	70	2.71	0.52		
	28-37 years	79	2.66	0.54		
	38 or More	29	2.63	0.54		
	Total	218	2.68	0.54		
Policy of the Hospital's Clinic	Less than 18	10	2.83	0.24	1.733	0.144
	18-22	30	2.64	0.52		
	23-27 years	70	2.47	0.64		
	28-37 years	79	2.45	0.51		
	38 or More	29	2.37	0.75		
	Total	218	2.49	0.59		
Quality of Services	Less than 18	10	2.00	0.00	0.123	0.974
	18-22	30	1.98	0.16		

	23-27 years	70	2.00	0.19		
	28-37 years	79	1.99	0.22		
	38 or More	29	2.02	0.21		
	Total	218	2.00	0.19		
Total Degree of Services	Less than 18	10	2.50	0.41	0.077	0.989
	18-22	30	2.46	0.48		
	23-27 years	70	2.44	0.38		
	28-37 years	79	2.46	0.33		
	38 or More	29	2.43	0.42		
	Total	218	2.45	0.38		

The results in the table above show that there are **no** significant differences at 0.05 level in women with preeclampsia satisfaction toward all parts during Antenatal Care according to Age; the P-values are higher than 0.05 corresponding to all parts.

2) Differences in satisfaction during Delivery according to Age:

The following table show Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Delivery according to Age.

Table(17): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Delivery according to Age.

Part	Age	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	Less than 18	10	2.90	0.32	0.599	0.664
	18-22	30	2.63	0.72		
	23-27 years	70	2.60	0.66		
	28-37 years	79	2.59	0.57		
	38 or More	29	2.67	0.60		
	Total	218	2.63	0.61		
Information and Communication	Less than 18	10	2.23	0.76	1.338	0.257
	18-22	30	2.51	0.75		
	23-27 years	70	2.36	0.70		
	28-37 years	79	2.50	0.65		
	38 or More	29	2.65	0.60		
	Total	218	2.46	0.68		
Approach of Mother Care	Less than 18	10	2.60	0.49	0.180	0.949
	18-22	30	2.59	0.72		
	23-27 years	70	2.62	0.56		
	28-37 years	79	2.67	0.52		

	38 or More	29	2.59	0.57		
	Total	218	2.63	0.57		
Privacy	Less than 18	10	2.80	0.42	1.670	0.158
	18-22	30	2.65	0.63		
	23-27 years	70	2.39	0.76		
	28-37 years	79	2.58	0.57		
	38 or More	29	2.55	0.54		
	Total	218	2.54	0.64		
Decision Making Involvement	Less than 18	10	3.00	0.00	2.943	0.021
	18-22	30	2.73	0.52		
	23-27 years	70	2.43	0.76		
	28-37 years	79	2.46	0.63		
	38 or More	29	2.64	0.59		
	Total	218	2.54	0.65		
Treatment	Less than 18	10	2.67	0.44	0.893	0.469
	18-22	30	2.58	0.60		
	23-27 years	70	2.47	0.61		
	28-37 years	79	2.43	0.55		
	38 or More	29	2.34	0.73		
	Total	218	2.46	0.60		
Policy of the Hospital's Clinic	Less than 18	10	2.73	0.58	1.297	0.272
	18-22	30	2.66	0.52		

	23-27 years	70	2.49	0.57		
	28-37 years	79	2.48	0.49		
	38 or More	29	2.42	0.51		
	Total	218	2.51	0.53		
Quality of Services	Less than 18	10	2.78	0.57	0.786	0.536
	18-22	30	2.63	0.50		
	23-27 years	70	2.52	0.58		
	28-37 years	79	2.58	0.43		
	38 or More	29	2.61	0.50		
	Total	218	2.58	0.50		
Total Degree of Services	Less than 18	10	2.62	0.27	0.587	0.672
	18-22	30	2.57	0.53		
	23-27 years	70	2.47	0.42		
	28-37 years	79	2.51	0.38		
	38 or More	29	2.54	0.38		
	Total	218	2.51	0.41		

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction only toward (Decision Making Involvement) during Delivery according to Age; the P-values are higher than 0.05 corresponding to all parts except toward the Decision Making Involvement part. The results of LSD post-hoc test showed that the satisfaction of women from the age group (less than 18 years) with mean (3.00) and the age group (18-22) with mean (2.73) are significantly higher than women from the age group (23-27 years) with mean (2.43) and the age group (28-37 years) with mean (2.46); the P-value of ANOVA test is 0.021.

3) Differences in satisfaction during Post-Partum according to Age:

The following table show Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Age:

Table (18): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Age.

Part	Age	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	Less than 18	10	2.95	0.16	0.849	0.495
	18-22	30	2.67	0.61		
	23-27 years	70	2.61	0.63		
	28-37 years	79	2.68	0.50		
	38 or More	29	2.69	0.58		
	Total	218	2.67	0.56		
Information and Communication	Less than 18	10	2.68	0.44	1.099	0.358
	18-22	30	2.70	0.43		
	23-27 years	70	2.45	0.69		
	28-37 years	79	2.56	0.62		
	38 or More	29	2.59	0.60		
	Total	218	2.55	0.61		

Approach of Mother Care	Less than 18	10	2.74	0.07	1.444	0.221
	18-22	30	2.54	0.48		
	23-27 years	70	2.47	0.42		
	28-37 years	79	2.57	0.34		
	38 or More	29	2.53	0.42		
	Total	218	2.54	0.39		
Privacy	Less than 18	10	2.73	0.36	3.598	0.007
	18-22	30	2.45	0.71		
	23-27 years	70	2.40	0.71		
	28-37 years	79	2.07	0.82		
	38 or More	29	2.41	0.67		
	Total	218	2.30	0.75		
Approach of baby care	Less than 18	10	2.87	0.15	1.953	0.103
	18-22	30	2.79	0.49		
	23-27 years	70	2.60	0.49		
	28-37 years	79	2.68	0.48		
	38 or More	29	2.82	0.36		
	Total	218	2.70	0.46		
The Environment of the Department	Less than 18	10	2.89	0.21	1.607	0.174
	18-22	30	2.74	0.45		
	23-27 years	70	2.55	0.53		
	28-37 years	79	2.57	0.59		

	38 or More	29	2.68	0.49		
	Total	218	2.61	0.53		
Quality of Services	Less than 18	10	2.77	0.40	0.485	0.747
	18-22	30	2.71	0.50		
	23-27 years	70	2.68	0.45		
	28-37 years	79	2.61	0.49		
	38 or More	29	2.65	0.39		
	Total	218	2.66	0.46		
Total Degree of Services	Less than 18	10	2.82	0.09	1.653	0.162
	18-22	30	2.67	0.43		
	23-27 years	70	2.54	0.39		
	28-37 years	79	2.58	0.37		
	38 or More	29	2.65	0.36		
	Total	218	2.60	0.38		

The results in the table above show that there are significant differences at 0.05 level in women with Preeclampsia satisfaction only toward (Privacy) during Post-Partum according to Age; the P-values are higher than 0.05 corresponding to all parts except the Privacy part.

The results of LSD post-hoc test showed that the satisfaction of women from the age group (less than 18 years) with mean (2.73) and the age group (18-22) with mean (2.45) and the age group (23-27 years) with mean (2.40) and the age group (38 or More) with mean (2.41) are significantly higher than women from the age group (28-37 years) with mean (2.07; the P-value of ANOVA test is 0.007.

Third: Differences in satisfaction according to Education level:

1) Differences in satisfaction during Antenatal Care according to Education level:

The following table show Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Education level:

Table (19): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Education level.

Part	Education level	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	Less than high school	27	2.63	0.53	0.681	0.565
	High school	72	2.71	0.52		
	Bachelor	97	2.71	0.48		
	Post Graduate	22	2.56	0.57		
	Total	218	2.68	0.51		
Information and Communication	Less than high school	27	2.32	0.71	3.491	0.017
	High school	72	2.52	0.58		
	Bachelor	97	2.51	0.57		
	Post Graduate	22	2.10	0.65		
	Total	218	2.45	0.61		
Counseling	Less than high school	27	2.03	0.84	0.562	0.641

	High school	72	2.22	0.71		
	Bachelor	97	2.12	0.75		
	Post Graduate	22	2.05	0.82		
	Total	218	2.13	0.75		
Decision Making Involvement	Less than high school	27	2.33	0.75	0.638	0.591
	High school	72	2.51	0.67		
	Bachelor	97	2.53	0.64		
	Post Graduate	22	2.48	0.48		
	Total	218	2.49	0.65		
Treatment	Less than high school	27	2.63	0.46	1.900	0.131
	High school	72	2.67	0.58		
	Bachelor	97	2.75	0.47		
	Post Graduate	22	2.45	0.70		
	Total	218	2.68	0.54		
Policy of the Hospital's Clinic	Less than high school	27	2.44	0.71	1.687	0.171
	High school	72	2.59	0.55		
	Bachelor	97	2.48	0.55		
	Post Graduate	22	2.28	0.68		
	Total	218	2.49	0.59		
Quality of Services	Less than high school	27	2.02	0.26	1.114	0.344
	High school	72	2.01	0.12		
	Bachelor	97	1.99	0.21		

	Post Graduate	22	1.93	0.23		
	Total	218	2.00	0.19		
Total Degree of Services	Less than high school	27	2.37	0.45	3.332	0.020
	High school	72	2.50	0.38		
	Bachelor	97	2.49	0.35		
	Post Graduate	22	2.25	0.39		
	Total	218	2.45	0.38		

The results in the table above show that there are significant differences at 0.05 level in Women with Preeclampsia satisfaction only toward (Information and Communication, and in the Total Degree of Services) during Antenatal Care according to Education level; the P-values are less than 0.05 only corresponding to these two parts.

Regarding Information and Communication, the P-value of ANOVA test is 0.017, and the results of Tukey post-hoc test showed that the satisfaction of women from the Education Level (High school) with mean (2.52) and the satisfaction of women from the Education Level (Bachelor) with mean (2.51) are significantly higher than women from the Education Level (Post Graduate) with mean (2.10).

Regarding the Total Degree of Services, the P-value of ANOVA test is 0.020, and the results of Tukey post-hoc test showed that the satisfaction of women from the Education Level (High school) with mean (2.50) and the satisfaction of women from the Education Level (Bachelor) with mean (2.49) are significantly higher than women from the Education Level (Post Graduate) with mean (2.25).

2) Differences in satisfaction during Delivery according to Education level:

The following table show Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Delivery according to Education level:

Table (20): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Delivery according to Education level.

Part	Education level	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	Less than high school	27	2.63	0.63	1.722	0.163
	High school	72	2.66	0.62		
	Bachelor	97	2.66	0.57		
	Post Graduate	22	2.35	0.72		
	Total	218	2.63	0.61		
Information and Communication	Less than high school	27	2.39	0.63	0.406	0.749
	High school	72	2.52	0.72		
	Bachelor	97	2.46	0.68		
	Post Graduate	22	2.38	0.67		
	Total	218	2.46	0.68		
Approach of Mother Care	Less than high school	27	2.48	0.65	2.450	0.064
	High school	72	2.66	0.56		
	Bachelor	97	2.70	0.52		
	Post Graduate	22	2.40	0.59		
	Total	218	2.63	0.57		
Privacy	Less than high school	27	2.63	0.55	0.746	0.526

	High school	72	2.56	0.69		
	Bachelor	97	2.54	0.61		
	Post Graduate	22	2.36	0.69		
	Total	218	2.54	0.64		
Decision Making Involvement	Less than high school	27	2.52	0.76	0.908	0.438
	High school	72	2.52	0.63		
	Bachelor	97	2.60	0.59		
	Post Graduate	22	2.35	0.84		
	Total	218	2.54	0.65		
Treatment	Less than high school	27	2.48	0.69	1.546	0.204
	High school	72	2.39	0.57		
	Bachelor	97	2.55	0.54		
	Post Graduate	22	2.30	0.76		
	Total	218	2.46	0.60		
Policy of the Hospital's Clinic	Less than high school	27	2.58	0.57	1.658	0.177
	High school	72	2.48	0.56		
	Bachelor	97	2.56	0.46		
	Post Graduate	22	2.31	0.63		
	Total	218	2.51	0.53		
Quality of Services	Less than high school	27	2.55	0.64	0.962	0.412
	High school	72	2.61	0.49		
	Bachelor	97	2.61	0.45		

	Post Graduate	22	2.42	0.59		
	Total	218	2.58	0.50		
Total Degree of Services	Less than high school	27	2.49	0.43	1.559	0.200
	High school	72	2.53	0.43		
	Bachelor	97	2.55	0.36		
	Post Graduate	22	2.35	0.48		
	Total	218	2.51	0.41		

The results in the table above show that there are **no** significant differences at 0.05 level in women with preeclampsia satisfaction toward all parts during Delivery according to Education level; the P-values are higher than 0.05 corresponding to all parts.

3) Differences in satisfaction during Post-Partum according to Education level:

The following table show Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Education level:

Table (21): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Education level.

Part	Education level	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	Less than high school	27	2.58	0.57	1.617	0.186
	High school	72	2.69	0.57		
	Bachelor	97	2.73	0.50		
	Post Graduate	22	2.46	0.72		
	Total	218	2.67	0.56		
Information and Communication	Less than high school	27	2.41	0.65	4.251	0.006
	High school	72	2.65	0.54		
	Bachelor	97	2.60	0.57		
	Post Graduate	22	2.17	0.80		
	Total	218	2.55	0.61		
Approach of Mother Care	Less than high school	27	2.47	0.46	2.018	0.112
	High school	72	2.54	0.43		
	Bachelor	97	2.59	0.34		
	Post Graduate	22	2.38	0.42		
	Total	218	2.54	0.39		
Privacy	Less than high school	27	2.30	0.70	0.123	0.947
	High school	72	2.34	0.77		
	Bachelor	97	2.29	0.77		
	Post Graduate	22	2.24	0.73		

	Total	218	2.30	0.75		
Approach of baby care	Less than high school	27	2.64	0.48	2.246	0.084
	High school	72	2.73	0.48		
	Bachelor	97	2.74	0.42		
	Post Graduate	22	2.48	0.53		
	Total	218	2.70	0.46		
The Environment of the Department	Less than high school	27	2.60	0.55	3.068	0.029
	High school	72	2.70	0.48		
	Bachelor	97	2.63	0.52		
	Post Graduate	22	2.31	0.62		
	Total	218	2.61	0.53		
Quality of Services	Less than high school	27	2.48	0.61	2.508	0.060
	High school	72	2.69	0.43		
	Bachelor	97	2.72	0.39		
	Post Graduate	22	2.54	0.57		
	Total	218	2.66	0.46		
Total Degree of Services	Less than high school	27	2.53	0.41	3.235	0.023
	High school	72	2.64	0.38		
	Bachelor	97	2.64	0.35		
	Post Graduate	22	2.39	0.43		
	Total	218	2.60	0.38		

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction only toward (Information and Communication, The Environment of the Department, and Total Degree of Services) during Post-Partum according to Education level; the P-values are less than 0.05 only corresponding to these parts.

Regarding Information and Communication, the P-value of ANOVA test is 0.006, and the results of Tukey post-hoc test showed that the satisfaction of women from the Education Level

(High school) with mean (2.65) and the satisfaction of women from the Education Level (Bachelor) with mean (2.60) are significantly higher than women from the Education Level (Post Graduate) with mean (2.17).

Regarding Information and Communication, the P-value of ANOVA test is 0.029, and the results of Tukey post-hoc test showed that the satisfaction of women from the Education Level (High school) with mean (2.70) is significantly higher than women from the Education Level (Post Graduate) with mean (2.31).

Regarding the Total Degree of Services, the P-value of ANOVA test is 0.023, and the results of Tukey post-hoc test showed that the satisfaction of women from the Education Level (High school) with mean (2.64) and the satisfaction of women from the Education Level (Bachelor) with mean (2.64) are significantly higher than women from the Education Level (Post Graduate) with mean (2.39).

Fourth: Differences in satisfaction according to Marital Status:

1) Differences in satisfaction during Antenatal Care according to Marital Status:

The following table shows Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Marital Status:

Table (22): Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Marital Status.

Part	Marital Status	N	Mean	Std. Deviation	t	df	P-value
Attitude and Respect	Married	207	2.71	0.49	3.783	216	0.000
	Divorced	11	2.14	0.49			
Information and Communication	Married	207	2.47	0.61	2.196	216	0.029
	Divorced	11	2.05	0.39			
Counseling	Married	207	2.14	0.76	0.913	216	0.362
	Divorced	11	1.93	0.54			
Decision Making Involvement	Married	207	2.53	0.63	3.885	216	0.000
	Divorced	11	1.77	0.65			
Treatment	Married	207	2.70	0.51	2.479	216	0.014
	Divorced	11	2.29	0.79			
Policy of the Marital Status's Clinic	Married	207	2.51	0.58	2.341	216	0.020
	Divorced	11	2.09	0.56			
Quality of Services	Married	207	2.00	0.19	-0.040	216	0.968
	Divorced	11	2.00	0.22			
Total Degree of Services	Married	207	2.47	0.38	3.492	216	0.001
	Divorced	11	2.07	0.32			

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction toward all parts except in (Counseling, and Quality of Services) during Antenatal Care according to Marital Status; the P-values are less than 0.05 corresponding to all parts except these two parts.

The results show that satisfaction of married Women toward Attitude and Respect with mean (2.71) is significantly higher than satisfaction of divorced Women with mean (2.14), the P-value of the T-testis is 0.000.

The results show that satisfaction of married Women toward Information and Communication with mean (2.47) is significantly higher than satisfaction of divorced Women with mean (2.05), the P-value of the T-testis is 0.029.

The results show that satisfaction of married Women toward Decision Making Involvement with mean (2.53) is significantly higher than satisfaction of divorced Women with mean (1.77), the P-value of the T-testis is 0.000.

The results show that satisfaction of married Women toward Treatment with mean (2.70) is significantly higher than satisfaction of divorced Women with mean (2.29), the P-value of the T-testis is 0.014.

The results show that satisfaction of married Women toward Policy of the Marital Status's Clinic with mean (2.51) is significantly higher than satisfaction of divorced Women with mean (2.09), the P-value of the T-testis is 0.020.

The results show that satisfaction of married Women toward the Total Degree of Services with mean (2.47) is significantly higher than satisfaction of divorced Women with mean (2.07), the P-value of the T-testis is 0.001.

2) Differences in satisfaction during Delivery according to Marital Status:

The following table shows Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia Women's satisfaction toward health services and midwifery care during Delivery according to Marital Status:

Table (23): Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Delivery according to Marital Status.

Part	Marital Status	N	Mean	Std. Deviation	t	df	P-value
Attitude and Respect	Married	207	2.66	0.59	3.300	216	0.001
	Divorced	11	2.05	0.78			
Information and Communication	Married	207	2.50	0.68	3.213	216	0.002
	Divorced	11	1.83	0.51			
Approach of Mother Care	Married	207	2.66	0.55	3.120	216	0.002
	Divorced	11	2.12	0.56			
Privacy	Married	207	2.55	0.64	1.408	216	0.160
	Divorced	11	2.27	0.61			
Decision Making Involvement	Married	207	2.56	0.65	1.706	216	0.089
	Divorced	11	2.21	0.75			
Treatment	Married	207	2.47	0.61	0.574	216	0.566
	Divorced	11	2.36	0.41			
Policy of the Marital Status's Clinic	Married	207	2.53	0.53	2.438	216	0.016
	Divorced	11	2.14	0.45			
Quality of Services	Married	207	2.61	0.49	3.804	216	0.000
	Divorced	11	2.04	0.50			
Total Degree of Services	Married	207	2.54	0.40	3.744	216	0.000
	Divorced	11	2.08	0.30			

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction toward all parts except in (Privacy, Decision Making

Involvement, and Treatment) during Delivery according to Marital Status; the P-values are less than 0.05 corresponding to all parts except these three parts.

The results show that satisfaction of married Women toward Attitude and Respect with mean (2.66) is significantly higher than satisfaction of divorced Women with mean (2.05), the P-value of the T-testis is 0.001.

The results show that satisfaction of married Women toward Information and Communication with mean (2.50) is significantly higher than satisfaction of divorced Women with mean (1.83), the P-value of the T-testis is 0.002.

The results show that satisfaction of married Women toward Approach of Mother Care with mean (2.66) is significantly higher than satisfaction of divorced Women with mean (2.12), the P-value of the T-testis is 0.002.

The results show that satisfaction of married Women toward Policy of the Marital Status's Clinic with mean (2.53) is significantly higher than satisfaction of divorced Women with mean (2.14), the P-value of the T-testis is 0.016.

The results show that satisfaction of married Women toward Quality of Services with mean (2.61) is significantly higher than satisfaction of divorced Women with mean (2.04), the P-value of the T-testis is 0.000.

The results show that satisfaction of married Women toward the Total Degree of Services with mean (2.54) is significantly higher than satisfaction of divorced Women with mean (2.08), the P-value of the T-testis is 0.000.

3) Differences in satisfaction during Post-Partum according to Marital Status:

The following table shows Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Marital Status:

Table (24): Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Marital Status.

Part	Marital Status	N	Mean	Std. Deviation	t	df	P-value
Attitude and Respect	Married	207	2.70	0.55	3.423	216	0.001
	Divorced	11	2.12	0.52			
Information and Communication	Married	207	2.58	0.60	3.229	216	0.001
	Divorced	11	1.98	0.53			
Approach of Mother Care	Married	207	2.57	0.37	4.981	216	0.000
	Divorced	11	1.99	0.46			
Privacy	Married	207	2.30	0.77	-0.075	216	0.941
	Divorced	11	2.32	0.53			
Approach of baby care	Married	207	2.74	0.43	6.278	216	0.000
	Divorced	11	1.91	0.31			
The Environment of the Department	Married	207	2.65	0.52	4.173	216	0.000
	Divorced	11	1.99	0.39			

Quality of Services	Married	207	2.69	0.42	4.054	216	0.000
	Divorced	11	2.13	0.77			
Total Degree of Services	Married	207	2.63	0.36	5.569	216	0.000
	Divorced	11	2.02	0.23			

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction toward all parts except in (Privacy) during Post-Partum according to Marital Status; the P-values are less than 0.05 corresponding to all parts except the Privacy part.

The results show that satisfaction of married Women toward Attitude and Respect with mean (2.70) is significantly higher than satisfaction of divorced Women with mean (2.12), the P-value of the T-testis is 0.001.

The results show that satisfaction of married Women toward Information and Communication with mean (2.58) is significantly higher than satisfaction of divorced Women with mean (1.98), the P-value of the T-testis is 0.001.

The results show that satisfaction of married Women toward Approach of Mother Care with mean (2.57) is significantly higher than satisfaction of divorced Women with mean (1.99), the P-value of the T-testis is 0.000.

The results show that satisfaction of married Women toward Approach of baby care with mean (2.74) is significantly higher than satisfaction of divorced Women with mean (1.91), the P-value of the T-testis is 0.000.

The results show that satisfaction of married Women toward The Environment of the Department with mean (2.65) is significantly higher than satisfaction of divorced Women with mean (1.99), the P-value of the T-testis is 0.000.

The results show that satisfaction of married Women toward Quality of Services with mean (2.69) is significantly higher than satisfaction of divorced Women with mean (2.13), the P-value of the T-testis is 0.000.

The results show that satisfaction of married Women toward the Total Degree of Services with mean (2.63) is significantly higher than satisfaction of divorced Women with mean (2.02), the P-value of the T-testis is 0.000.

Fifth: Differences in satisfaction according to Place of residence:

1) Differences in satisfaction during Antenatal Care according to Place of residence:

The following table show Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Place of residence:

Table (25): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Place of residence.

Part	Place of residence	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	City	112	2.67	0.52	0.450	0.638
	Village	64	2.73	0.46		
	Camp	42	2.64	0.55		
	Total	218	2.68	0.51		
Information and Communication	City	112	2.44	0.63	0.012	0.988
	Village	64	2.45	0.57		
	Camp	42	2.45	0.64		
	Total	218	2.45	0.61		

Counseling	City	112	2.13	0.78	0.658	0.519
	Village	64	2.21	0.73		
	Camp	42	2.04	0.72		
	Total	218	2.13	0.75		
Decision Making Involvement	City	112	2.55	0.60	1.905	0.151
	Village	64	2.36	0.70		
	Camp	42	2.52	0.68		
	Total	218	2.49	0.65		
Treatment	City	112	2.74	0.47	2.112	0.123
	Village	64	2.58	0.59		
	Camp	42	2.65	0.60		
	Total	218	2.68	0.54		
Policy of the Hospital's Clinic	City	112	2.53	0.55	0.729	0.483
	Village	64	2.47	0.62		
	Camp	42	2.41	0.62		
	Total	218	2.49	0.59		
Quality of Services	City	112	1.99	0.22	0.788	0.456
	Village	64	2.02	0.19		
	Camp	42	1.99	0.13		
	Total	218	2.00	0.19		
Total Degree of Services	City	112	2.47	0.36	0.218	0.805
	Village	64	2.44	0.41		

	Camp	42	2.43	0.42		
	Total	218	2.45	0.38		

The results in the table above show that there are **no** significant differences at 0.05 level in Women with preeclampsia satisfaction toward all parts during Antenatal Care according to Place of residence; the P-values are higher than 0.05 corresponding to all parts.

2) Differences in satisfaction during Delivery according to Place of residence:

The following table show Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in Women With Preeclampsia satisfaction toward health services and midwifery care during Delivery according to Place of residence:

Table (26): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences Women With Preeclampsia satisfaction toward health services and midwifery care during Delivery according to Place of residence.

Part	Place of residence	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	City	112	2.67	0.56	1.522	0.221
	Village	64	2.52	0.69		
	Camp	42	2.69	0.63		
	Total	218	2.63	0.61		
Information and Communication	City	112	2.48	0.68	0.603	0.548
	Village	64	2.39	0.71		
	Camp	42	2.53	0.66		

	Total	218	2.46	0.68		
Approach of Mother Care	City	112	2.72	0.49	3.629	0.028
	Village	64	2.48	0.66		
	Camp	42	2.62	0.55		
	Total	218	2.63	0.57		
Privacy	City	112	2.54	0.64	0.818	0.443
	Village	64	2.47	0.66		
	Camp	42	2.63	0.61		
	Total	218	2.54	0.64		
Decision Making Involvement	City	112	2.58	0.61	0.599	0.550
	Village	64	2.47	0.69		
	Camp	42	2.52	0.71		
	Total	218	2.54	0.65		
Treatment	City	112	2.50	0.58	0.467	0.628
	Village	64	2.42	0.66		
	Camp	42	2.43	0.55		
	Total	218	2.46	0.60		
Policy of the Hospital's Clinic	City	112	2.51	0.51	0.023	0.977
	Village	64	2.52	0.54		
	Camp	42	2.51	0.57		
	Total	218	2.51	0.53		
Quality of	City	112	2.61	0.48	0.608	0.545

Services	Village	64	2.57	0.51		
	Camp	42	2.51	0.54		
	Total	218	2.58	0.50		
Total Degree of Services	City	112	2.55	0.35	1.307	0.273
	Village	64	2.45	0.48		
	Camp	42	2.53	0.42		
	Total	218	2.51	0.41		

The results in the table above show that there are significant differences at 0.05 level in Women with preeclampsia satisfaction only toward (Approach of Mother Care) during Delivery according to Place of residence; the P-values are higher than 0.05 corresponding to all parts except corresponding to the Approach of Mother Care part. The results of Tukey post-hoc test showed that the satisfaction of women who reside in cities with mean (2.72) is significantly higher than women who reside in villages with mean (2.48); the P-value of ANOVA test for this part is 0.028.

3) Differences in satisfaction during Post-Partum according to Place of residence:

Table (27): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in Women with Preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Place of residence.

Part	Place of residence	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	City	112	2.77	0.47	3.565	0.030
	Village	64	2.55	0.61		
	Camp	42	2.60	0.65		
	Total	218	2.67	0.56		
Information and Communication	City	112	2.58	0.60	0.339	0.713
	Village	64	2.53	0.59		
	Camp	42	2.50	0.69		
	Total	218	2.55	0.61		
Approach of Mother Care	City	112	2.59	0.33	2.841	0.061
	Village	64	2.45	0.47		
	Camp	42	2.53	0.41		
	Total	218	2.54	0.39		
Privacy	City	112	2.24	0.77	0.803	0.449
	Village	64	2.38	0.75		

	Camp	42	2.36	0.74		
	Total	218	2.30	0.75		
Approach of baby care	City	112	2.77	0.40	2.425	0.091
	Village	64	2.63	0.51		
	Camp	42	2.63	0.53		
	Total	218	2.70	0.46		
The Environment of the Department	City	112	2.66	0.50	1.330	0.267
	Village	64	2.53	0.59		
	Camp	42	2.61	0.49		
	Total	218	2.61	0.53		
Quality of Services	City	112	2.71	0.37	1.742	0.178
	Village	64	2.57	0.55		
	Camp	42	2.67	0.52		
	Total	218	2.66	0.46		
Total Degree of Services	City	112	2.65	0.31	2.272	0.106
	Village	64	2.53	0.46		
	Camp	42	2.58	0.40		
	Total	218	2.60	0.38		

The results in the table above show that there are significant differences at 0.05 level in Women with Preeclampsia satisfaction only toward (Attitude and Respect) during Post-Partum according to Place of residence; the P-values are higher than 0.05 corresponding to all parts except the Attitude and Respect part. The results of Tukey post-hoc test showed that the

satisfaction of women who reside in cities with mean (2.77) is significantly higher than women who reside in villages with mean (2.55); the P-value of ANOVA test for this part is 0.030.

Sixth: Differences in satisfaction according to Family average monthly income:

1) Differences in satisfaction during Antenatal Care according to Family average monthly income:

The following table show Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with Preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Family average monthly income:

Table (28): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in Women with Preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Family average monthly income.

Part	Family average monthly income	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	less the 1880 shekels	34	2.63	0.62	2.713	0.069
	1880-3000	106	2.62	0.52		
	more than 3000 shekels	78	2.79	0.41		
	Total	218	2.68	0.51		
Information and Communication	less the 1880 shekels	34	2.22	0.69	8.996	0.000
	1880-3000	106	2.36	0.63		
	more than 3000 shekels	78	2.66	0.47		
	Total	218	2.45	0.61		

Counseling	less the 1880 shekels	34	2.13	0.70	0.683	0.506
	1880-3000	106	2.08	0.79		
	more than 3000 shekels	78	2.21	0.73		
	Total	218	2.13	0.75		
Decision Making Involvement	less the 1880 shekels	34	2.24	0.75	8.925	0.000
	1880-3000	106	2.41	0.69		
	more than 3000 shekels	78	2.72	0.45		
	Total	218	2.49	0.65		
Treatment	less the 1880 shekels	34	2.65	0.55	2.981	0.053
	1880-3000	106	2.60	0.59		
	more than 3000 shekels	78	2.79	0.43		
	Total	218	2.68	0.54		
Policy of the Hospital's Clinic	less the 1880 shekels	34	2.36	0.64	2.537	0.081
	1880-3000	106	2.45	0.62		
	more than 3000 shekels	78	2.60	0.51		
	Total	218	2.49	0.59		
Quality of Services	less the 1880 shekels	34	2.07	0.25	3.604	0.029
	1880-3000	106	1.97	0.18		
	more than 3000 shekels	78	2.00	0.18		
	Total	218	2.00	0.19		
Total Degree of Services	less the 1880 shekels	34	2.34	0.41	9.186	0.000
	1880-3000	106	2.38	0.40		
	more than 3000 shekels	78	2.60	0.30		
	Total	218	2.45	0.38		

The results in the table above show that there are significant differences at 0.05 level in women with Preeclampsia satisfaction only toward (Information and Communication, Decision Making Involvement, Quality of Services, and in the Total Degree of Services) during Antenatal

Care according to Family average monthly income; the P-values are less than 0.05 only corresponding to these four parts.

Regarding Information and Communication, the P-value of ANOVA test is 0.000, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.66) is significantly higher than women from the monthly income group (less than 1880 shekels) with mean (2.22) and also higher than women from the monthly income group (1880-3000) with mean (2.36).

Regarding Decision Making Involvement, the P-value of ANOVA test is 0.000, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.72) is significantly higher than women from the monthly income group (less than 1880 shekels) with mean (2.24) and also higher than women from the monthly income group (1880-3000) with mean (2.41).

Regarding Quality of Services, the P-value of ANOVA test is 0.029, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (less than 1880 shekels) with mean (2.07) is significantly higher than women from the monthly income group (1880-3000) with mean (1.97).

Regarding the Total Degree of Services, the P-value of ANOVA test is 0.000, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.6) is significantly higher than women from the monthly income group (less than 1880 shekels) with mean (2.34) and also higher than women from the monthly income group (1880-3000) with mean (2.38).

2) Differences in satisfaction during Delivery according to Family average monthly income:

The following table show Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in Women with Preeclampsia satisfaction toward health services and midwifery care during Delivery according to Family average monthly income:

Table (29): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Delivery according to Family average monthly income.

Part	Family average monthly income	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	less the 1880 shekels	34	2.67	0.58	4.240	0.016
	1880-3000	106	2.51	0.67		
	more than 3000 shekels	78	2.77	0.51		
	Total	218	2.63	0.61		
Information and Communication	less the 1880 shekels	34	2.46	0.67	15.436	0.000
	1880-3000	106	2.24	0.75		
	more than 3000 shekels	78	2.77	0.45		
	Total	218	2.46	0.68		
Approach of Mother Care	less the 1880 shekels	34	2.55	0.63	3.138	0.045
	1880-3000	106	2.56	0.63		
	more than 3000 shekels	78	2.76	0.42		
	Total	218	2.63	0.57		
Privacy	less the 1880 shekels	34	2.57	0.64	3.230	0.041
	1880-3000	106	2.43	0.70		
	more than 3000 shekels	78	2.67	0.53		
	Total	218	2.54	0.64		

Decision Making Involvement	less the 1880 shekels	34	2.55	0.68	1.228	0.295
	1880-3000	106	2.47	0.71		
	more than 3000 shekels	78	2.62	0.55		
	Total	218	2.54	0.65		
Treatment	less the 1880 shekels	34	2.60	0.58	8.186	0.000
	1880-3000	106	2.58	0.62		
	more than 3000 shekels	78	2.25	0.52		
	Total	218	2.46	0.60		
Policy of the Hospital's Clinic	less the 1880 shekels	34	2.57	0.55	0.314	0.731
	1880-3000	106	2.49	0.55		
	more than 3000 shekels	78	2.51	0.49		
	Total	218	2.51	0.53		
Quality of Services	less the 1880 shekels	34	2.61	0.49	7.822	0.001
	1880-3000	106	2.45	0.58		
	more than 3000 shekels	78	2.74	0.31		
	Total	218	2.58	0.50		
Total Degree of Services	less the 1880 shekels	34	2.53	0.38	5.779	0.004
	1880-3000	106	2.43	0.46		
	more than 3000 shekels	78	2.63	0.31		
	Total	218	2.51	0.41		

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction toward all parts except (Decision Making Involvement,

and Policy of the Hospital's Clinic) during Delivery according to Family average monthly income; the P-values are less than 0.05 corresponding to all parts except these two parts.

Regarding Attitude and Respect, the P-value of ANOVA test is 0.016, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.77) is significantly higher than women from the monthly income group (1880-3000) with mean (2.51).

Regarding Information and Communication, the P-value of ANOVA test is 0.000, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.77) is significantly higher than women from the monthly income group (1880-3000) with mean (2.24).

Regarding Approach of Mother Care, the P-value of ANOVA test is 0.045, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.76) is significantly higher than women from the monthly income group (less than 1880 shekels) with mean (2.55) and also higher than women from the monthly income group (1880-3000) with mean (2.56).

Regarding Privacy, the P-value of ANOVA test is 0.041, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.67) is significantly higher than women from the monthly income group (1880-3000) with mean (2.43).

Regarding the Treatment, the P-value of ANOVA test is 0.000, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.25) is significantly **lower** than women from the monthly income group (less than 1880 shekels) with mean (2.6) and also lower than women from the monthly income group (1880-3000) with mean (2.58).

Regarding Quality of Services, the P-value of ANOVA test is 0.001, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.74) is significantly higher than women from the monthly income group (1880-3000) with mean (2.45).

Finally, regarding the Total Degree of Services, the P-value of ANOVA test is 0.004, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.63) is significantly higher than women from the monthly income group (1880-3000) with mean (2.43).

3) Differences in satisfaction during Post-Partum according to Family average monthly income:

Table (30): Means, Standard Deviations and the results of One Way Analysis of Variance (ANOVA) test for differences in women with Preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Family average monthly income.

Part	Family average monthly income	N	Mean	Std. Deviation	F	P-value
Attitude and Respect	less the 1880 shekels	34	2.67	0.55	3.883	0.022
	1880-3000	106	2.57	0.62		
	more than 3000 shekels	78	2.80	0.45		
	Total	218	2.67	0.56		
Information and Communication	less the 1880 shekels	34	2.46	0.64	3.923	0.021
	1880-3000	106	2.47	0.64		
	more than 3000 shekels	78	2.71	0.54		
	Total	218	2.55	0.61		
Approach of Mother Care	less the 1880 shekels	34	2.55	0.34	9.928	0.000
	1880-3000	106	2.43	0.44		
	more than 3000 shekels	78	2.68	0.30		
	Total	218	2.54	0.39		

Privacy	less the 1880 shekels	34	2.43	0.58	0.695	0.500
	1880-3000	106	2.30	0.70		
	more than 3000 shekels	78	2.24	0.89		
	Total	218	2.30	0.75		
Approach of baby care	less the 1880 shekels	34	2.66	0.44	10.336	0.000
	1880-3000	106	2.58	0.52		
	more than 3000 shekels	78	2.88	0.31		
	Total	218	2.70	0.46		
The Environment of the Department	less the 1880 shekels	34	2.53	0.59	8.106	0.000
	1880-3000	106	2.50	0.57		
	more than 3000 shekels	78	2.80	0.38		
	Total	218	2.61	0.53		
Quality of Services	less the 1880 shekels	34	2.54	0.54	4.213	0.016
	1880-3000	106	2.62	0.51		
	more than 3000 shekels	78	2.77	0.32		
	Total	218	2.66	0.46		
Total Degree of Services	less the 1880 shekels	34	2.57	0.38	9.954	0.000
	1880-3000	106	2.50	0.41		
	more than 3000 shekels	78	2.74	0.28		
	Total	218	2.60	0.38		

The results in the table above show that there are significant differences at 0.05 level in Women with Preeclampsia satisfaction toward all parts except (Privacy) during Post-Partum according to Family average monthly income; the P-values are less than 0.05 corresponding to all parts except the Privacy part.

Regarding Attitude and Respect, the P-value of ANOVA test is 0.022, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group

(more than 3000 shekels) with mean (2.8) is significantly higher than women from the monthly income group (1880-3000) with mean (2.57).

Regarding Information and Communication, the P-value of ANOVA test is 0.021, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.71) is significantly higher than women from the monthly income group (1880-3000) with mean (2.47) and also higher than women from the monthly income group (less than 1880 shekels) with mean (2.46).

Regarding Approach of Mother Care, the P-value of ANOVA test is 0.000, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.68) is significantly higher than women from the monthly income group (1880-3000) with mean (2.43).

Regarding Approach of baby care, the P-value of ANOVA test is 0.000, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.88) is significantly higher than women from the monthly income group (1880-3000) with mean (2.58).

Regarding the Environment of the Department, the P-value of ANOVA test is 0.000, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.8) is significantly higher than women from the monthly income group (less than 1880 shekels) with mean (2.53) and also higher than women from the monthly income group (1880-3000) with mean (2.5).

Regarding Quality of Services, the P-value of ANOVA test is 0.016, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.77) is significantly higher than women from the monthly income group (less than 1880 shekels) with mean (2.54).

Finally, regarding the Total Degree of Services, the P-value of ANOVA test is 0.000, and the results of Tukey post-hoc test showed that the satisfaction of women from the monthly income group (more than 3000 shekels) with mean (2.74) is significantly higher than women from the monthly income group (less than 1880 shekels) with mean (2.57) and also higher than women from the monthly income group (1880-3000) with mean (2.5).

Seventh: Differences in satisfaction according to Work:

1) Differences in satisfaction during Antenatal Care according to Work:

Table (31): Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Work.

Part	Work	N	Mean	Std. Deviation	t	df	P-value
Attitude and Respect	House wife	107	2.68	0.53	-0.003	216	0.998
	Work	111	2.68	0.48			
Information and Communication	House wife	107	2.44	0.63	-0.013	216	0.990
	Work	111	2.45	0.60			
Counseling	House wife	107	2.11	0.72	-0.423	216	0.673
	Work	111	2.16	0.78			
Decision Making Involvement	House wife	107	2.43	0.68	-1.363	216	0.174
	Work	111	2.55	0.62			
Treatment	House wife	107	2.71	0.50	0.998	216	0.319
	Work	111	2.64	0.57			
Policy of the Work's Clinic	House wife	107	2.56	0.55	1.616	216	0.107
	Work	111	2.43	0.62			
Quality of Services	House wife	107	1.99	0.15	-0.523	216	0.601

	Work	111	2.00	0.23			
Total Degree of Services	House wife	107	2.46	0.38	0.263	216	0.793
	Work	111	2.45	0.38			

The results in the table above show that there are **no** significant differences at 0.05 level in women with preeclampsia satisfaction toward all parts during Antenatal Care according to Work; the P-values are higher than 0.05 corresponding to all parts.

2) Differences in satisfaction during Delivery according to Work:

Table (32): Means, Standard Deviations and the results of Independent Samples T-test for differences in Women with Preeclampsia satisfaction toward health services and midwifery care during Delivery according to Work.

Part	Work	N	Mean	Std. Deviation	t	df	P-value
Attitude and Respect	House wife	107	2.67	0.60	1.014	216	0.312
	Work	111	2.59	0.63			
Information and Communication	House wife	107	2.53	0.63	1.462	216	0.145
	Work	111	2.40	0.73			
Approach of Mother Care	House wife	107	2.64	0.57	0.201	216	0.841
	Work	111	2.62	0.56			
Privacy	House wife	107	2.56	0.66	0.439	216	0.661
	Work	111	2.52	0.62			
Decision Making Involvement	House wife	107	2.55	0.65	0.223	216	0.824
	Work	111	2.53	0.66			

Treatment	House wife	107	2.47	0.57	0.210	216	0.834
	Work	111	2.46	0.62			
Policy of the Work's Clinic	House wife	107	2.56	0.52	1.287	216	0.199
	Work	111	2.47	0.53			
Quality of Services	House wife	107	2.64	0.47	1.862	216	0.064
	Work	111	2.52	0.53			
Total Degree of Services	House wife	107	2.55	0.39	1.210	216	0.228
	Work	111	2.48	0.43			

The results in the table above show that there are **no** significant differences at 0.05 level in Women with Preeclampsia satisfaction toward all parts during Delivery according to Work; the P-values are higher than 0.05 corresponding to all parts.

3) differences in satisfaction during Post-Partum according to Work:

Table(33): Means, Standard Deviations and the results of Independent Samples T-test for differences in Women with Preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Work.

Part	Work	N	Mean	Std. Deviation	t	df	P-value
Attitude and Respect	House wife	107	2.70	0.55	0.707	216	0.480
	Work	111	2.64	0.57			
Information and Communication	House wife	107	2.64	0.53	2.048	216	0.042
	Work	111	2.47	0.68			

Approach of Mother Care	House wife	107	2.57	0.38	1.106	216	0.270
	Work	111	2.51	0.41			
Privacy	House wife	107	2.29	0.77	-0.318	216	0.751
	Work	111	2.32	0.74			
Approach of baby care	House wife	107	2.76	0.42	2.016	216	0.045
	Work	111	2.64	0.50			
The Environment of the Department	House wife	107	2.65	0.53	0.970	216	0.333
	Work	111	2.58	0.54			
Quality of Services	House wife	107	2.64	0.47	-0.618	216	0.537
	Work	111	2.68	0.45			
Total Degree of Services	House wife	107	2.63	0.34	1.322	216	0.188
	Work	111	2.57	0.41			

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction only toward (Approach of baby care, and Information and Communication) during Post-Partum according to Work; the P-values are less than 0.05 only corresponding to these two parts.

The results show that Housewives' satisfaction toward Information and Communication with mean (2.64) is significantly higher than the working Women satisfaction with mean (2.47), the P-value of the T-testis is 0.042.

Also, the results show that Housewives' satisfaction toward Approach of baby care with mean (2.76) is significantly higher than the working Women satisfaction with mean (2.64), the P-value of the T-testis is 0.045.

Eighth: Differences in satisfaction according to Delivery type:

1) Differences in satisfaction during Antenatal Care according to Delivery type:

Table (34): Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care according to Delivery type.

Part	Delivery type	N	Mean	Std. Deviation	t	df	P-value
Attitude and Respect	normal vagina delivery	26	2.92	0.23	2.620	216	0.009
	cesarean section delivery	192	2.65	0.52			
Information and Communication	normal vagina delivery	26	2.50	0.68	0.450	216	0.653
	cesarean section delivery	192	2.44	0.60			
Counseling	normal vagina delivery	26	1.91	0.87	-1.597	216	0.112
	cesarean section delivery	192	2.16	0.73			
Decision Making Involvement	normal vagina delivery	26	2.58	0.76	0.720	216	0.473
	cesarean section delivery	192	2.48	0.63			

Treatment	normal vagina delivery	26	2.79	0.39	1.168	216	0.244
	cesarean section delivery	192	2.66	0.55			
Policy of the Delivery type's Clinic	normal vagina delivery	26	2.72	0.38	2.148	216	0.033
	cesarean section delivery	192	2.46	0.60			
Quality of Services	normal vagina delivery	26	1.98	0.10	-0.471	216	0.638
	cesarean section delivery	192	2.00	0.20			
Total Degree of Services	normal vagina delivery	26	2.52	0.37	1.019	216	0.309
	cesarean section delivery	192	2.44	0.38			

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction only toward (Attitude and Respect, and Policy of the Delivery type's Clinic) during Antenatal Care according to Delivery type; the P-values are less than 0.05 only corresponding to these two parts.

Regarding Attitude and Respect, the results show that Women who had normal vagina delivery have satisfaction with mean (2.92) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.65), the P-value of the T-testis is 0.009.

Regarding Policy of the Delivery type's Clinic, the results show that Women who had normal vagina delivery have satisfaction with mean (2.72) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.46), the P-value of the T-testis is 0.033.

2) Differences in satisfaction during Delivery according to Delivery type:

The following table shows Means, Standard Deviations and the results of Independent Samples T-test for differences in Women with Preeclampsia satisfaction toward health services and midwifery care during Delivery according to Delivery type:

Table (35): Means, Standard Deviations and the results of Independent Samples T-test for differences in Women with Preeclampsia satisfaction toward health services and midwifery care during Delivery according to Delivery type.

Part	Delivery type	N	Mean	Std. Deviation	t	df	P-value
Attitude and Respect	normal vagina delivery	26	2.99	0.07	3.262	216	0.001
	cesarean section delivery	192	2.58	0.64			
Information and Communication	normal vagina delivery	26	2.80	0.56	2.695	216	0.008
	cesarean section delivery	192	2.42	0.69			
Approach of Mother Care	normal vagina delivery	26	2.84	0.44	2.038	216	0.043
	cesarean section delivery	192	2.60	0.58			
Privacy	normal vagina delivery	26	2.83	0.47	2.496	216	0.013

	cesarean section delivery	192	2.50	0.65			
Decision Making Involvement	normal vagina delivery	26	2.88	0.43	2.931	216	0.004
	cesarean section delivery	192	2.49	0.66			
Treatment	normal vagina delivery	26	2.71	0.37	2.200	216	0.029
	cesarean section delivery	192	2.43	0.62			
Policy of the Delivery type's Clinic	normal vagina delivery	26	2.76	0.42	2.579	216	0.011
	cesarean section delivery	192	2.48	0.54			
Quality of Services	normal vagina delivery	26	2.74	0.41	1.715	216	0.088
	cesarean section delivery	192	2.56	0.51			
Total Degree of Services	normal vagina delivery	26	2.78	0.21	3.573	216	0.000
	cesarean section delivery	192	2.48	0.42			

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction toward all parts except in (Quality of Services) during Delivery according to Delivery type; the P-values are less than 0.05 corresponding to all parts except the Quality of Services part.

Regarding Attitude and Respect, the results show that Women who had normal vagina delivery have satisfaction with mean (2.99) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.58), the P-value of the T-testis is 0.001.

Regarding Information and Communication, the results show that Women who had normal vagina delivery have satisfaction with mean (2.80) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.42), the P-value of the T-testis is 0.008.

Regarding Approach of Mother Care, the results show that Women who had normal vagina delivery have satisfaction with mean (2.84) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.60), the P-value of the T-testis is 0.043.

Regarding Privacy, the results show that Women who had normal vagina delivery have satisfaction with mean (2.83) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.50), the P-value of the T-testis is 0.013.

Regarding Decision Making Involvement, the results show that Women who had normal vagina delivery have satisfaction with mean (2.88) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.49), the P-value of the T-testis is 0.004.

Regarding Treatment, the results show that Women who had normal vagina delivery have satisfaction with mean (2.71) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.43), the P-value of the T-testis is 0.029.

Regarding Policy of the Delivery type's Clinic, the results show that Women who had normal vagina delivery have satisfaction with mean (2.76) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.48), the P-value of the T-testis is 0.011.

Regarding the Total Degree of Services, the results show that Women who had normal vagina delivery have satisfaction with mean (2.78) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.48), the P-value of the T-testis is 0.000.

3) Differences in satisfaction during Post-Partum according to Delivery type:

Table (36): Means, Standard Deviations and the results of Independent Samples T-test for differences in women with preeclampsia satisfaction toward health services and midwifery care during Post-Partum according to Delivery type.

Part	Delivery type	N	Mean	Std. Deviation	t	df	P-value
Attitude and Respect	normal vagina delivery	26	2.96	0.20	2.808	216	0.005
	cesarean section delivery	192	2.63	0.58			
Information and Communication	normal vagina delivery	26	2.86	0.37	2.791	216	0.006
	cesarean section delivery	192	2.51	0.63			
Approach of Mother Care	normal vagina delivery	26	2.76	0.15	3.087	216	0.002
	cesarean section delivery	192	2.51	0.41			
Privacy	normal vagina delivery	26	2.51	0.77	1.503	216	0.134
	cesarean section delivery	192	2.27	0.75			
Approach of baby care	normal vagina delivery	26	2.95	0.16	3.035	216	0.003

	cesarean section delivery	192	2.66	0.48			
The Environment of the Department	normal vagina delivery	26	2.78	0.40	1.681	216	0.042
	cesarean section delivery	192	2.59	0.54			
Quality of Services	normal vagina delivery	26	2.77	0.49	1.348	216	0.179
	cesarean section delivery	192	2.65	0.46			
Total Degree of Services	normal vagina delivery	26	2.82	0.16	3.157	216	0.002
	cesarean section delivery	192	2.57	0.39			

The results in the table above show that there are significant differences at 0.05 level in women with preeclampsia satisfaction toward all parts except in (Privacy , and Quality of Services) during Post-Partum according to Delivery type; the P-values are less than 0.05 corresponding to all parts except these two parts.

Regarding Attitude and Respect, the results show that Women who had normal vagina delivery have satisfaction with mean (2.96) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.63), the P-value of the T-testis is 0.005.

Regarding Information and Communication, the results show that Women who had normal vagina delivery have satisfaction with mean (2.86) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.51), the P-value of the T-testis is 0.006.

Regarding Approach of Mother Care, the results show that Women who had normal vagina delivery have satisfaction with mean (2.76) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.51), the P-value of the T-testis is 0.002.

Regarding Approach of baby care, the results show that Women who had normal vagina delivery have satisfaction with mean (2.95) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.66), the P-value of the T-testis is 0.003.

Regarding The Environment of the Department, the results show that Women who had normal vagina delivery have satisfaction with mean (2.78) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.59), the P-value of the T-testis is 0.042.

Regarding the Total Degree of Services, the results show that Women who had normal vagina delivery have satisfaction with mean (2.82) which is significantly higher than Women who had cesarean section delivery with mean satisfaction (2.57), the P-value of the T-testis is 0.002.

Testing Differences in satisfaction between Antenatal Care, Delivery, and Post-Partum:

In what follows, the results of testing differences between Antenatal Care, Delivery, and Post-Partum:

Table (37): Means, Standard Deviations and the results of One Way repeated-measures analysis of variance(ANOVA) to compares Women with Preeclampsia satisfaction toward health services and midwifery care during Antenatal Care, Delivery, and Post-Partum.

Part	Satisfaction Stage			F	P-value
	During Antenatal Care	During Delivery	During Post-Partum		
	Mean \pm S.D	Mean \pm S.D	Mean \pm S.D		
Attitude and Respect	2.68 \pm 0.51	2.63 \pm 0.61	2.67 \pm 0.56	1.272	0.281
Information and Communication	2.45 \pm 0.61*	2.46 \pm 0.68	2.55 \pm 0.61*	3.437	0.033
Quality of Services	2 \pm 0.19*	2.58 \pm 0.5*	2.66 \pm 0.46*	205.256	0.000
Decision Making Involvement	2.49 \pm 0.65	2.54 \pm 0.65	—	0.816	0.367
Treatment	2.68 \pm 0.54	2.46 \pm 0.6	—	17.815	0.000
Policy of the Hospital's Clinic	2.49 \pm 0.59	2.51 \pm 0.53	—	0.227	0.634
Approach of Mother Care	—	2.63 \pm 0.57	2.54 \pm 0.39	7.057	0.008
Privacy	—	2.54 \pm 0.64	2.3 \pm 0.75	14.151	0.000
Total Degree of Services	2.45 \pm 0.38	2.51 \pm 0.41	2.6 \pm 0.38	30.759	0.000

The results in the table above show that there are significant differences at 0.05 level between Women's satisfaction toward Information and Communication, the P-value of the repeated-measures ANOVA test is 0.033, and the results of Post-hoc test showed that satisfaction

during Antenatal Care (Mean=2.45) is significantly lower than satisfaction during Post-Partum (Mean=2.55).

The results in the table above show that there are significant differences at 0.05 level between Women's satisfaction toward Quality of Services, the P-value of the repeated-measures ANOVA test is 0.000, and the results of Post-hoc test showed that satisfaction during Antenatal Care (Mean=2.00) is significantly lower than satisfaction during Delivery (Mean=2.58), which is also significantly lower than satisfaction during Post-Partum (Mean=2.66).

The results in the table above show that there are significant differences at 0.05 level between Women's satisfaction toward Treatment, the P-value of the repeated-measures ANOVA test is 0.000, and it is clear that satisfaction during Antenatal Care (Mean=2.68) is significantly higher than satisfaction during Delivery (Mean=2.46).

The results in the table above show that there are significant differences at 0.05 level between Women's satisfaction toward Approach of Mother Care, the P-value of the repeated-measures ANOVA test is 0.008, and it is clear that satisfaction during Delivery (Mean=2.63) is significantly higher than satisfaction during Post-Partum (Mean=2.54).

Also, the results in the table above show that there are significant differences at 0.05 level between Women's satisfaction toward Privacy, the P-value of the repeated-measures ANOVA test is 0.000, and it is clear that satisfaction during Delivery (Mean=2.54) is significantly higher than satisfaction during Post-Partum (Mean=2.3).

Finally, the results in the table above show that there are significant differences at 0.05 level between Women's satisfaction toward the Total Degree of Services, the P-value of the repeated-measures ANOVA test is 0.000, and the results of Post-hoc test showed that satisfaction during Antenatal Care (Mean=2.45) is significantly lower than satisfaction during Delivery (Mean=2.51), which is also significantly lower than satisfaction during Post-Partum (Mean=2.6).

From the other hand, the results in the table above show that there are **no** significant differences at 0.05 level between Women's satisfaction during Antenatal Care, Delivery, and Post-Partum regarding Attitude and Respect, the P-value of the repeated-measures ANOVA test is 0.281. Also, the results show that there are **no** significant differences at 0.05 level between

Women's satisfaction during Antenatal Care and during Delivery regarding Decision Making Involvement and Policy of the Hospital's Clinic, the P-values of the repeated measures ANOVA test are 0.367 and 0.634 respectively.

Finally, based on the previous results, the forth study hypothesis stated that “There is a difference of the level of satisfaction between three stages during, antenatal care, delivery, postpartum” is accepted

CHAPTER 6

Discussion

6.1 Introduction

Patient satisfaction measurement provides an important parameter for assessing quality of healthcare indicators. The study conducted to assess the levels of satisfaction of women with preeclampsia towards health services and midwifery care , to provide policymakers with up-to-date information on patient birth experiences, in order to help them improve the quality of maternity services . In this current study, 218 women with preeclampsia were taken from AL-Makassed Islamic Charitable hospital and Palestinian Medical Complex, and this discussion it was built on answering the study.

6.2The first hypothesis: There is no significant difference at 0.05 level of satisfaction among women with preeclampsia towards medical health care and midwifery care.

Patient satisfaction is a good indicator in health care quality, and can inform service development and delivery.(Jordan ,comacho.2012). The results in this study show that, the total level of women with preeclampsia satisfaction toward health services and midwifery care during Antenatal Care, Delivery, post-partum is high, with the total mean is (2.45), (2.51), (2.6) and the P-value less than 0.05,so there is a significant difference.. it indicated that the first study hypothesis stated that, **There is no significant difference at 0.05 level with women with preeclampsia of satisfaction level`s toward health care services and midwifery care, is rejected.**

The highest level of satisfaction of these dimensions in the three stages, is attitude and respect . Attitude and respect dimension ,reflects women`s perceptions and experiences of health care provider behavior as(Mackey & Stepan,1994)considered glorification ,flexibility ,acceptance motivation ,friendliness , trust and to be helpful during labor .As (Sue,1998),study which exposed two which increased woman`s satisfaction ,and were being listened to and respected.

The level of satisfaction among women increased with increased staff attention. This may be due to the fact that respect enables women to create good contact and establish trust with health care provider to increase quality of care. This result was supported by a study done in Kenya by (Ochako,2011) who reported that when women received poor attitudes from health care provider towards their labor pains ,this would create mistrust and decreased satisfaction`s level . Similar results were also reported by another Kenyan study was conducted by Pumwani Maternity hospital in Nairobi City revealed that health care provider respect one of the keys that predict satisfaction level (Nyongesa, et al., 2014). Similar results were also reported by another study done in Tanzania which associated satisfaction with interpersonal interactions between hospital staff and women in labor seeking delivery services in public health facilities (Khamis ,et al., 2014). A study exposed that the health care provider whom preserved maternal privacy had a high level of satisfaction. Maternal satisfaction with maternity services increased with keeping on privacy. This is because women feel valued as the hospital staff respects their rights to dignity, privacy and confidentiality. The same results were also reported by a study done in Debre Markos Town, Ethiopia which showed that keeping on respect and assurance of patient privacy increases patient's satisfaction (Bitew, et al., 2015).

6.3 The second hypothesis: There is no significant relationship at 0.05 level of satisfaction women with preeclampsia towards health services and midwifery care and Sociodemographic characteristics (monthly income ,age, education level ,marital status ,place of residence ,work ,delivery type).

The availability of health care provider attending to mothers in need was significantly associated with woman`s satisfaction levels, this improved by postnatal high woman`s satisfaction .These results were contrary to a study done in Machakos level five hospital, Kenya were majority of the women indicated inadequate number of midwives to respond to women in labor wards thus low satisfaction levels among postnatal women (Orare, 2015). The same results were also incompatible with results from a World Bank report which showed that current staffing levels in public facilities in Kenya meet only 17% of minimum requirements needed for effective achievement of the health care systems (Bourbonnais, 2013).

According to age in three stages , there are significant differences at 0.05 level women with preeclampsia satisfaction only toward (decision making involvement) .The results showed that the satisfaction of women from the age group (less than 18 years) ,and the age group (18-22) are significantly higher than women from the age group (23-27 years) and the age group (28-37 years) . The study found that more younger aged women had slightly high satisfaction levels compared to older women, it may older women returned to face more complications during childbirth due to high requirements. There were slight differences in satisfaction levels across the various age categories. This finding was similar to a conducted in Nigeria and showed that most younger aged women utilize health care facilities more than older aged women, thus increase their satisfaction level (Babalola ,et al.,2009).

According to education level during antenatal care and post- partum, satisfaction level of women with preeclampsia of high school and the satisfaction of women with preeclampsia from the education level (Bachelor) holders are significantly higher than post graduate women with preeclampsia .Furthermore, the level of education played a significant role in determining maternal satisfaction among participants. This study showed that most of the women with high

school and bachelor degree had high satisfaction levels, higher education level required much information on quality of care, and meeting of their expectation increased their satisfaction level. the findings of this study the same of study done in Kakamega County Referral Hospital which stated that most well educated women required more information on quality of care provided and building trust with physicians (Mukabana, et al., 2016). Similar results were also reported by a Nigerian study showed that education increases recognition levels for the need to use proficient maternity services (Ebere, 2013).

According to marital status, antenatal care, delivery postpartum the results showed that satisfaction of married Women towards the total degree of services is significantly higher than satisfaction of divorced women which is logically seen, and that every pregnant woman should be married . However, marital status was not significantly associated with maternal satisfaction level. This may be attributed to the slight differences in the distribution of women across the various marital status categories. These results were conflicted with a study done in Edo South Senatorial District, Nigeria which showed that majority of married women spent more time caring for their families imposing a race on their health thus reducing their satisfaction levels (Marchie, 2012). These results were consistent with a study done in Western Uganda which documented higher satisfaction levels among most married mothers. This was attributed to financial support from their husbands and led them assess to quality maternal care (Asiimwe, 2010).

According to family average income , antenatal care ,delivery,postpartum,the results showed that the satisfaction of women with the monthly income group (more than 3000 shekels) is significantly higher level than women with the monthly income group (less than 1880 shekels) , Monthly income was significantly associated with satisfaction levels. The current study founded that the majority of high satisfaction levels were moderate. The satisfaction level was increased within moderate income women. This could be because moderate income women had a greater ability to access and used health care inputs from private facilities. These results conflicted with other studies that were conducted in Nigeria by (Ebere ,2013) and in Ghana by Dalinjong ,et al., (2018), who showed that woman`s income improves their nutrition thus improved delivery outcomes. This increased woman`s satisfaction level towards higher woman`s income.

According to delivery type ; the three stages regarding policy of the delivery type's clinic, results showed that Women who had normal vaginal delivery women had more satisfaction than Women who had cesarean section . that`s because involvement in making decisions concerning their mode of delivery was found to have a significant impact on their satisfaction. This means majority of women view providers with mistrust with their mothers' right for choice of delivery when a reliable advice is not provided. Involvement of patients in decision making prepares them to accept the most probable outcome of delivery and boosts their confidence. According to a study done by (Muhammad ,et al .,2014), the same opinion was also reached where it was found that involvement of patients in making decisions about labor procedures and child birth are significant in determining client's satisfaction. The study found that slightly more than a half of respondents with low satisfaction levels reported that the facility staff did not pay attention to their issues attentively

The current study showed that majority of participants with high satisfaction levels got their babies through vaginal delivery. However, there was no significant statistical association between mode of delivery and maternal level of satisfaction. This would be because most cases of caesarean section deliveries are conducted in 57 emergency situations thus saving the baby in this condition is apriority . This finding was consistent with an Ethiopian study done in Amhara region, which failed to detect differences in the level of maternal satisfaction among women who had different modes of delivery (Tayelgn, et al., 2011). These findings were conflicted to a study done in China which showed that the quality of service delivery has a significant impact on maternal choices for mode of delivery especially cesarean section (Tian, et al., 2014). Postnatal women need the assurance of the availability of skilled providers and resources to conduct the operation in a safe and successful manner. This finding was also conflicted to a survey conducted by (Sawyer, et al., 2013) which showed that maternal satisfaction was a major predictor for the choice of delivery options by women. Mothers who are satisfied with the quality of service delivery in a given health facility are more likely to accept medical advice on delivery options by physicians

There is no significant difference in most Sociodemographic characteristics (monthly income ,age, education level ,marital status ,place of residence ,work ,delivery type).so the

second hypothesis (There is no significant relationship at 0.05 level of satisfaction among women with preeclampsia) is rejected.

6.3 The third hypothesis: There is no significant difference at 0.05 level of satisfaction among women with preeclampsia towards health care services and midwifery care at Makassed Islamic Charitable Hospital and Palestinian Medical Complex .

The results showed that women with Preeclampsia in Makassed Islamic Charitable hospital toward the total degree of services with mean (2.61) is significantly higher than women with Preeclampsia satisfaction in the Palestinian Medical Complex with mean (2.29) in all stages ,it returns to the private hospital cares to satisfaction level more than governmental hospitals according to many studies .

A study was conducted by ALsharief (2008) at Nablus, Palestine it involve both governmental and non-governmental hospitals) to determine factors affecting patients' satisfaction .The results showed that the patients in non-governmental hospitals were more satisfied than patients in governmental hospitals. Another two studies supporting this hypothesis were, a study conducted by (Ghazanfar, 2017). The results show the satisfaction level at private hospital more than public hospital, and another study was conducted by Mutiarasari (2021) improved the level of satisfaction of patients who sought treatment at private hospitals was higher than that public hospitals.

6.4 The forth hypothesis: There is no significant difference at 0.05 level of satisfaction among women with preeclampsia towards health services and midwifery care at three stages , antenatal care, delivery, and post-partum.

The results related to table(37) above showed that there were **no** significant differences at 0.05 level between woman's satisfaction during antenatal Care, delivery, and post-partum regarding attitude and respect, the P-value of the repeated-measures ANOVA test is 0.281. Results also

showed that there were no significant differences at 0.05 level between Woman's satisfaction during antenatal care and during delivery regarding decision making involvement and policy of the hospital's clinics, and the P-values of the repeated measures ANOVA test are 0.367 and 0.634 respectively.

Last, based on the previous results the fort hypothesis showed that there is no significant difference at 0.05 level of satisfaction between three stages during, antenatal care, delivery, postpartum accepted.

Limitation of the study

The current study included tow limitations ,the first is that it only involved only women with preeclampsia rather than any disease else ,it also had a limited geographical locations just in tow mentioned hospitals.

The researcher faced a problem with availability of women with preeclampsia.

Strength of the study

The researcher thought that the strength of the current study stemmed from that is the first to be done in the west bank hospitals Palestinian Medical Complex and Makassed Islamic charitable hospital.

The researcher was part of the health care provider team, so the trust relationship between the participants and researcher can form easily.

Conclusions and Recommendations

Conclusion

Conclusion: The study found a high satisfaction toward health services and midwifery care in general. However, older age women; government hospital services; information and communication & quality of services & total degree of service items during antenatal; treatment item during delivery; approach of mother care, and privacy items in post-partum were highlighted. These variables should be considered and improved for women with preeclampsia

Recommendation: The findings suggested that promoting health of the women with preeclampsia requires collaboration of healthcare providers, midwives and policy makers to raise the quality of services provided for the women at the antenatal, delivery and postnatal periods with particular concern to the services provided at the government hospitals. The results also informed the hospital administrators about the women's needs for teaching and counseling about their conditions as well as preserving privacy through the provided care. Similar studies are recommended to be done in different areas in Palestine, using the same tool, to promote women's health and to give more insights about the satisfaction of the pregnant women in the high risk group.

CHAPTER 7

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Appendix

Data sheet



Faculty of Health Professions, Nursing

Master Program in Maternal child health

Women with preeclampsia satisfaction toward health services and midwifery care at two large hospitals in Palestine.

رضا النساء المصابات بتسمم الحمل عن الخدمات الصحية ورعاية القبالة المقدمه لهن في مستشفياتين كبيرين في فلسطين

أختي العزيزه :

أرجو التكرم بالإجابة على أسئلة الاستبيان الذي تم إعداده لجمع المعلومات اللازمة لتقويم خدمات الولادة في المستشفى المجمع فلسطين الطبي و مستشفى جمعيه المقاصد الخيري الاسلاميه .

يتم هذا البحث بالتنسيق مع وزارة الصحة وجامعة القدس وجمعيه المقاصد الخيري ، وذلك متطلب تخرج لإنهاء درجة الماجستير في صحة الأم والطفل.

إن تعاونكم وموافقتكم على المشاركة والإجابة على أسئلة الاستبيان سيكون له أهمية بالغة لإنجاز هذا البحث، وذلك للارتقاء بخدمات الولادة في المستشفيات الحكومية وجمعيه المقاصد الخيري .

أن المعلومات الخاصة بكم ونتائج البحث ستكون في سرية تامة, ولكم مطلق الحرية في المشاركة أو عدم المشاركة دون أن يكون هناك أي ضرر يلحق بكم في حال عدم المشاركة أو أي عائد مادي للمشاركة. شاكرين تعاونكم.

إقرار شهادة

أشهد بأنني سأشارك في الإجابة على أسئلة هذا الاستبيان بمحض إرادتي بعد أن علمت بأن المعلومات ستكون سرية, وأنه لن يلحق بي أي ضرر ناتج عن إجراء هذا البحث.

توقيع المشاركة.....

التاريخ.....

البيانات الاجتماعيه والديموغرافيه:

1-	اسم المستشفى:..... الاستبيان:.....	رقم
2-	العمر: <input type="radio"/> اقل من 18 سنه <input type="radio"/> 18-22 سنه <input type="radio"/> 23-27 سنه <input type="radio"/> 28-37 سنه <input type="radio"/> 38 سنه فما فوق	
3-	المستوى التعليمي: <input type="radio"/> اقل من التوجيهي <input type="radio"/> توجيهي <input type="radio"/> بكالوريوس <input type="radio"/> دراسات عليا	
4-	الحاله الاجتماعيه: <input type="radio"/> متزوجه <input type="radio"/> مطلقه <input type="radio"/> غيره	
5-	مكان الاقامه: <input type="radio"/> مدينه <input type="radio"/> قريه <input type="radio"/> مخيم <input type="radio"/> غيره	
6-	دخل الاسره: <input type="radio"/> اقل من 1880 شيكل <input type="radio"/> من 1880 الي 3000 شيكل <input type="radio"/> اكثر من 3000 شيكل.	
7-	العمل: <input type="radio"/> ربه منزل <input type="radio"/> اعمل <input type="radio"/> لا اعمل	
8-	نوع الولادة: <input type="radio"/> طبيعي <input type="radio"/> قيصري	
	9- عدد الاحمال 10- عدد الولادات 11- عدد الاجهيزات.....	

القسم الثاني: مدى الرضى للخدمات المقدمة خلال الحمل

الرجاء الاجابه على السؤال بوضع اشاره صح :

السؤال	وافق	محايد	لا وافق
التوجه والاحترام			
12-شعرت ان الفريق الصحي عاملني بانسانية.			
13-الفريق الذي كنت باتصال معهم ودودين.			
14-الطاقم يناديني باسمي.			
15-الطاقم يظهر على الدوام الرغبة الارادة في الاستماع لي .			
التعامل الشخصي والمعلومات			
16-الطاقم يخبرني كل شيء بصدق وبصراحة.			
17-الطاقم يعطيني كتيبات للتعامل مع حالتي			
18-يستخدم الطاقم كلمات استطيع فهمها وشرح المواقف وادارتها .			
19-الطاقم يشجعني أن أسأل وأبدا لا يمنع أسئلتني			
20-الطاقم يشرح لي عن حالتي بالتفصيل ,ويجيبو على اسئلتني دون تردد			
21-اتلقى باستمرار الكثير من الدعم النفسي الذي يخفف من مخاوفي .			
22-احصل على المعلومات الكافية عن القسم .			
23-يقوم الطاقم باعطائي شرح مفصل عن حالتي بعد اجراء الفحوصات اللازمه .			
24-مقدمو الخدمات الصحيه يخبروني خلال الفحص عن ما سيفعلون ولماذا .ويخبرونني بالنتائج .			
25-الطاقم يزودني معلومات مستمرة عن تقدم الحمل			
الاستشاره			
26-يوجد موظفه متخصصه في الاستشاره في العياده التي اذهب الى زيارتها .			
16-لدي دائما الوقت الكافي لاناقتش حالتي 27-احصل دائما على الوقت الكافي لمناقشة حالتي خلال			

			ارشادي .
			28-يتم ترتيب موعد مسبق للاستشارة ولديهم دقه في المواعيد
			29-يوجد وقت كافي لدى الطاقم للاجابة على اسئلتني واستفساراتني حول حالتي الصحية .
			المشاركة في صنع القرار
			30—يحرص الطاقم على مشاركتني في القرارات المتخذة بشأن رعايتي الطبيه ومتابعه حالتي .
			31-يستمتع الطاقم لوجهة نظري في الخيارات المطروحة للعلاج ,ويساعدني على اختيار الحل الانسب لي.
			العلاج
			32-تتم مراقبة ضغط الدم في كل زيارة خلال فترة الحمل ,كما وينصحني الطاقم في الاستمرارية في مراقبة الضغط .
			33-يتم التحكم بضغط دمي خلال فترة حملي
			34-البروتين البولي مسيطر عليه خلال فتره حملي
			35-يقوم الاطباء باعطاءني ادوية خافضة للضغط
			36-الاطباء يعطوني مدعات كالاسبرين والكالسيوم
			سياسه العياده
			37-تكون زياراتي للعيادة ملائمة حسب حجز المواعيد .
			38-الطاقم يحترم اختياري لطبيبة اثنى .
			39-موعد العياده مناسب.
			40- الطاقم يسمح لزوجي بالانتظار معي .
			جودة الخدمات
			41-توقعاتي عن خدمات الولادة كانت جيده.
			42-مقدم الرعاية الصحيه مشغول جدا ليقضي وقت كافي معي.

القسم الثالث: مدى الرضا النساء الحوامل الذين يعانون من تسمم الحمل خلال الولادة.

السؤال	موافق	محايد	غير موافق
التوجه والاحترام			
43-كانت المعاملة مع الطاقم مرضيه خلال الولادة، ولم يتركوني لوحدي .			
44-كان الطاقم مهتما بي كشخص منتفع، ويقدمو الخدمة اللازمة اثناء الولادة .			
45-الطاقم الذي اشرف علي اثناء الولادة كانوا ودودين معي لدرجه كبيرة .			
46-الطاقم يستجيب في الوقت المناسب عندما يتم استدعاءهم .			
47-الطاقم ينادونني باسمي			
48-شعرت بأنني مركز الاهتمام .			
المعلومات والاتصال والتواصل			
49-الطاقم يخبرني بكل شيء بصدق وبصراحه .			
50-الطاقم يستخدم كلمات افهمها خلال المخاض .			
51-تلقيت دائما الدعم النفسي .			
52-شرح الطاقم الفحص قبل اجراءه .			
53-الطاقم يشرح لي حالتي بعد الفحص			
54-مقدمو الخدمات الصحيه يخبرونني اثناء الفحص الداخلي وضغط الدم ماذا سيفعلون ولماذا؟ وماذا وجدو؟.			
55-الطاقم يقدم معلومات مستمره عن تطورات المخاض .			
نهج رعاية الام			
56-الرعايه التي تلقيتها خلال المخاض تناسب احتياجي .			

			57-كنت اثق في جميع الطاقم الطبي الذي يزودني بالعناية الطبيه انا وطفلي .
			58-اشعر ان هناك ما يكفي من التواصل بين الكادر بخصوص رغباتي.
			59-كان الطاقم يحدد عدد الزائرين .
			60-يوجد قابله متخصصه لمراقبه العلامات الحيويه
			61-مقدمو الخدمات الصحيه يساعدونني في رعاية الطفل عند الحاجه .
الخصوصيه			
			62-يوفر الطاقم خصوصيه كافيه اثناء الفحص .
			63-خلال الولاده كنت سعيدا في عدد الكادر الذي كان معي
المشاركه في القرار			
			64-لقد شاركت بشكل مناسب بالقرار الذي يؤثر على رعايتي
			65-تم احترام رغباتي فيما يتعلق بتخفيف الالام .
			66-تلقيت ما يكفي من مسكنات الالم حسب حاجتي .
العلاج			
			67-الطاقم يعرف متابعتي لحاله تسمم الحمل
			68-الطاقم يراقب ضغط الدم والبروتين في البول والصفاءح الدمويه
			69-الطاقم اخبرني عن التخدير قبل العمليه القيصرية ونوعه ؟
سياسة المستشفى وجوده الخدمة			
			70- يقبل الطاقم زيارتك الاولى لقسم الولاده
			71- يسمح الطاقم لزوجي بالانتظار اثناء المخاض
			72-افضل ان تفحصني طبيبة
			73-لم انتظر وقتا طويلا ليتم تقييمي بعد وصولي
			74-عدد الطاقم مناسب الذين يحيطون بي اثناء الولاده
			75- تسمح سياسة المستشفى للطباء فقط بفحص المريض.
			76-عندما احتاج المساعده الطاقم يساعدونني في تلبية احتياجاتي الجسديه

			77-مقدم الخدمات الصحية كان مشغولا للغاية لقضاء وقت كاف معي؟
			78-توقعاتي عن الخدمات الولاده كانت جيده .

القسم الرابع : مدى الرضا النساء الحوامل الذين يعانون من تسمم الحمل بعد الولادة.

السؤال	اوافق	محايد	لا اوافق
التوجه والاحترام			
79-كانت مجاملة الطاقم مرضية			
80-الطاقم يعاملني بانسانيه			
81-كان الطاقم الذي تعاملت معه ودود .			
82-يستجيب الطاقم في الوقت المناسب عند الاستدعاء .			
83-ينادونني الطاقم باسمي			
84-يظهر الطاقم باستمرار الرغبة للاستماع لي.			
المعلومات والتواصل			
85-الطاقم يشجعني لأسأل ولا يمنعني من ذلك .			
86-دائما أتلقى الدعم اللازم .			
87-احصل على معلومات كافية عن القسم .			
88-يشرح الطاقم الفحص قبل تنفيذه			
89-يشرح الطاقم حالتي بعد التشخيص .			
نهج رعاية الام			
90-كانت الرعاية التي تلقيتها خلال المخاض والولادة ملائمة			
91-لدي الثقة في الطاقم الطبي ويزودني الرعاية لي ولطفلي .			
92-كان الانتقال بين الاقسام بطريقة جيدة			
93-اعتقد ان هناك تواصل مناسب بين الطاقم بخصوص رعايتي .			
94-التمن الذي دفعته يوازن الخدمات التي تلقيتها .			

			95-أشعر بالامان في المستشفى
			96-كنت أشعر بالملل في المستشفى .
			97-وجب علي أن اطلب الاهتمام .
			98-شعرت بالتجاهل ,فلم يهتم بي احد
			99-انا راضية عن كيفية معالجة الطاقم لي في المستشفى .
			100-كان هناك شخص من الطاقم دائما عند الحاجة.
			101-انا سعيد كيف تحسنت ,وكيف تم السيطرة على المي .
			102-عندما كنت احتاج المساعدة في الليل كان هناك ممرضة .
			103-سررت بالرعاية التي تلقيتها عند الوصول .
			104-مقدمو الخدمات الصحية شجعوني على الرضاعة الطبيعية بعد المخاض .
الخصوصية			
			105-يعطي الطاقم السرية الكافية خلال الفحص .
			106-وحدة الادارة والاعداد قدمت خصوصية كافية
			107-الزوار دائما يحترموا خصوصيتي.
			108-يستأذن الطاقم قبل الدخول الى الغرفة .
طرق رعاية الطفل			
			109-كنت مسرورا بمدى الرعاية التي تلقاها طفلي .
			110-حصلت على نصيحة بخصوص تغذية الطفل .
			111-حصلت على نصائح مفيدة حول نظافة واستحمام الطفل .
			112-حصلت على نصائح بخصوص ترتيبات نوم الطفل .
			113-تم اجراء فحوصات لصحة الطفل ونموه .
			114-انا راضيه عن الرعاية الذي تلقاها الطفل
			115-تلقيت أجوبة مرضية عن أسئلتي
			116-كان دائما لدي الوقت الكافي لمناقشة حالتي خلال الارشاد .
			117-حصلت على نصائح مفيدة في كيفية التعامل مع مولود جديد

		118-أتلقى النصيحة عن كيفية الاعتناء بنفسى بعد الولادة.
		119-أتلقى النصيحة المفيدة من طاقم المستشفى بخصوص ارضاع طفلي.
		120-يقدم الطاقم لي معلومات حول الرضاعة الطبيعيه.
		121-أتلقى التعليمات حصريا عن اهميه الرضاعه الطبيعيه.
		122-أتلقى التعليمات بخصوص الرعايه التي تخص الحبل السري.
		123-أتلقى التعليمات حول أهمية التطعيم .
		124-ينصحني الطاقم أن اعمل تمارين.
		125-يقدم لي الطاقم التعليمات حول نوع وكمية الحمية الجيده.
		126-يعملني الطاقم وسائل تنظيم الاسرة.
		بينه القسم
		127-أقسام الامومه في وضع جيد
		128-دورة المياه نظيفة
		129-درجة الحرارة والتهويه في غرفتي مناسبة
		130-كان القسم نظيف
		131-كان القسم هادئ
		132-كان السرير نظيف
		133-كان القسم مريحا للاستخاء والنوم
		134-فترة الزياره ليست طويلة
		135-كانت خدمات التغذية جيدة
		136-كنت بشكل ملائم مشتركاً في اتخاذ القرارات التي تخص رعايتي .
		137-شعرت انني مشمولاً في اتخاذ القرارات بخصوص رعايتي أثناء العمل
		138-كان هناك احترام لأمنيائي فيما يتعلق بازالة الالم
		139-تلقيت ما يكفي من مهدئات الالم عند الحاجة
		140-يطلب مني الطاقم المشاركة في اتخاذ القرارات فيما يتعلق رعايتك الصحية .

جودة الخدمات في المستشفى			
			141- اخترت هذا المستشفى بسبب طبيبي يعمل هنا.
			142- كان عدد أفراد الموجود حولي في المستشفى مناسب.
			143- تابع الطاقم العلامات الحيوية لتقدم صحي.
			144- كان الطاقم يساعدني لمقابلة احتياجاتي الطبيه عند الحاجة.
			145- يجهز الطاقم بشكل جيد للخروج من المستشفى.
			146- يقدم الطاقم لي معلومات كافية حول العناية بعد الولادة .
			147- أخبرني الطاقم بعلامات الخطر التي تتطلب اهتمام طبي بعد العوده الى المنزل .

IRB

**Research Ethics Committee
Committee's Decision Letter**

Date: November 2nd, 2021

Ref No: 204/REC/2021

Dear Ms. Nariman Ahmad Odeh Barahma,

Thank you for submitting your application for research ethics approval. After reviewing your application entitled "Women with preeclampsia satisfaction toward midwifery role and health services at AL-MAKASSED hospital and Ramallah governmental hospital, in Palestine", the Research Ethics Committee confirms that your application is in accordance with the research ethics guidelines at Al-Quds University.

We would appreciate receiving a copy of your final research report/ publication.

Thank you again and wish you a productive research that serves the best interests of your subjects.

PS: This letter will be valid for two years.

Sincerely,

Suheir Ereqat, PhD
Associate Professor of Molecular Biology



Research Ethics Committee Chair

Cc. Prof. Imad Abu Kishek - President

Cc. Members of the committee

Cc. file