

The Relationship of the Level Patient Satisfaction with Sectio Caesarean Action Eracs Method at Hj. Bunda Halimah Hospital

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Abstract

Sectio Caesarean is an artificial labor process to deliver the fetus through an incision in the abdominal wall and uterine wall, Rapid recovery after cesarean section is known as Enhanced Recovery After Caesarean Surgery (ERACS). Patient satisfaction can affect clinical outcomes, so it is very important for health care providers. This study is entitled "the relationship between patient satisfaction levels and Sectio Caesarean procedures using the ERACS method at Hj. Bunda Halimah Hospital, Batam", the purpose of this study is to determine the level of patient satisfaction with Sectio Caesarean procedures using the ERACS and NON ERACS methods. This study is a descriptive study with a cross-sectional approach method. Data collection using a questionnaire sheet. The population in this study were 600 patients with Sectio Caesarean at Hj. Bunda Halimah Hospital, Batam, the number of samples was determined by taking 10% of the population, which was 60 samples. Based on the results of the study, there were 50 respondents who underwent Non-ERACS SC procedures and 10 respondents with ERACS SC procedures. The results of the Fisher's exact test obtained the Exact Sig value. (2 sided) 1,000 which means $p \text{ value } 1,000 > 0.05$, with the conclusion that there is no significant relationship between the level of satisfaction with the ERACS method of caesarean section at Hj. Bunda Halimah Hospital, Batam.

Keyword: Sectio Caesarean, Satisfaction Level, ERACS Methods, Non ERACS

Introduction

Section Caesarean (SC) is a surgical delivery process that makes an incision in the mother's abdomen (laparotomy) and uterus (hysterotomy) to remove the baby (Bernolian Nuswil et al., 2021). Caesarean section is defined as the birth of a fetus through an abdominal incision (laparotomy) and then a hysterotomy, whether the fetus is alive or dead. This definition does not apply to expulsion of the fetus from the abdominal cavity in cases of uterine rupture or abdominal pregnancy (Bernolian Nuswil et al., 2021).

The advantages and disadvantages of Section Caesarean before the decision to carry out Section Caesarean action is taken, must be carefully considered with the risks that may occur. The advantages include the birthing process taking less time, minimal pain, and not disturbing or injuring the birth canal. Meanwhile, the disadvantages of this procedure can affect both the mother and the baby she is carrying (Cunningham et al., 2018), such as the risk of death being four times greater than normal delivery, the pain and wound healing after surgery taking longer than normal delivery (Jamal, 2020), and in babies it can cause a risk of death 2-3 times greater than with babies born through normal labor (Gupta, 2020).

Enhanced Recovery After Surgery is a stage of perioperative protocol which aims to improve the patient's ability to face major surgery and consequently improve postoperative recovery (Bernolian Nuswil et al., 2021). The ERACS intervention focuses on key factors that typically keep patients in hospital longer and lead to dependence on medications and special assistance

such as the need for parenteral analgesics, administration of intravenous fluids and attachment to a nursing bed (Ljungqvist O, 2019).

The pillars of the ERACS protocol cover all perioperative phases by eliminating or reducing the influence of several factors and inducing good habits that help restore physiological function. The ERACS protocol avoids mechanical bowel preparation and preoperative fasting, the patient is given a high carbohydrate diet until several hours before surgery; ERACS limits fluid administration to suit patient needs during surgery; ERACS initiates oral diet and early mobilization after surgery and reduces routine opioid use and instead uses analgesics that have less impact on gastrointestinal function (Ljungqvist O, 2019).

One of the goals of the ERACS protocol is to reduce costs without increasing morbidity and ensuring patient safety and comfort. Therefore, although the adoption of ERACS is gaining popularity in western countries that are well supported by strong networks and infrastructure, there is still a long way to go for the implementation of ERACS in obstetric patients in other developing countries. It is recommended that the government start this program in stages, although this is not possible at this time because all efforts are directed at achieving the millennium development goals (namely reducing the maternal mortality ratio by 75%) which have not yet been achieved (Azhar RA, et al, 2016).

Materials and Methods

This research was conducted at Hj. Bunda Halimah hospital, Batam

2024, using the total sampling method. The respondents for this study consisted of 60 patients delivered by Caesarean section using the ERACS and non ERACS methods. The research was conducted September collection questionnaire 2024. tool filled in July The data used out a by respondents, with data analysis using univariate analysis to determine the frequency distribution of independent or dependent variables and bivariate analysis to see the relationship between the independent variable and the dependent variable.

Results and Discussion

1. Research Results

The results of research on the relationship between patient satisfaction levels and the ERACS method of Caesarean section at Hj Hospital. Mother Halimah Batam explained the results of univariate analysis and bivariate analysis. The univariate analysis explains the frequency distribution of the variables in the form of the frequency distribution of respondents' demographic data, the frequency distribution of service quality after SC ERACS and Non ERACS and the frequency distribution of respondents' level of satisfaction with post SC ERACS and Non ERACS actions. Meanwhile, the bivariate analysis will explain the relationship between patient satisfaction levels with post-operative ERACS and non-ERACS methods of Caesarean section. The number of respondents in this study was 60 respondents taken from patients who gave birth at Hj Bunda Halimah Hospital Batam with a caesarean section

using the ERACS and Non ERACS methods, as follows:

a. Univariate Analysis

Table 1. SC ERACS Respondent Demographic Data

Age Category	Frequency (N)	Percentage (%)
< 20 years	1	1.7%
21-25 years	9	15%
25-30 years	29	48.3%
30-35 years	14	23.3%
>35 years	7	6.7%
Total	60	100%

Based on table 1 regarding the frequency distribution of respondent characteristics based on age, it can be seen that the minimum age of respondents was 35 years as many as 7 respondents or 6.7%. Ages 25–30 years were the most frequent respondents in this study with a total of 29 years. The average age of respondents in this study was 30 years.

Table 2. Frequency Distribution of Sectio Caesarean

SC type	Frequency(N)	Percentage (%)
ERACS	10	16.7
NON ERACS	50	83.3
Total	60	100%

Based on table 2 regarding the distribution of the frequency of caesarean section procedures above, it can be seen that of the 60 respondents, it was dominated by NON ERACS SC patients with a total of 50 or 83.7%, while patients with ERACS SC methods were dominated by 10 patients or 16.7%.

Table 3. Frequency Distribution Level Satisfaction of SC ERACS

Category	Frequency (N)	Percentage
Very dissatisfied	0	0%
Not satisfied	0	0%
Just normal	0	0%
Satisfied	3	30%
Very satisfied	7	70%
Total	10	100%

Based on table 3 regarding the level of satisfaction of SC ERACS patients, it can be seen that from 10 respondents there were 3 (30%) respondents who stated their level of satisfaction in the satisfied category and 7 (70%) respondents who stated their level of satisfaction in the very satisfied category.

Table 4. Frequency Distribution Level Satisfaction of SC Non ERACS

Category	Frequency(N)	Percentage
Very dissatisfied	0	0%
Not satisfied	0	0%
Just normal	0	0%
Satisfied	16	32%
Very satisfied	34	68%
Total	50	100%

Based on table 4. above regarding the frequency distribution of satisfaction levels of non-ERACS SC patients, it can be seen that the 50 respondents on average felt very satisfied. The level of satisfaction in the satisfied category was 16 respondents or 32%, while the level of satisfaction in the very satisfied category was 34 or 68%.

b. Bivariate Analysis

Table 5. Relationship between Patient Satisfaction Levels and SC Procedures Using ERACS and NON ERACS Methods

SC Type	Level of Patient Satisfaction						P value
	Satisfied		Very Satisfied		Total		
	N	%	N	%	N	%	
ERACS	3	30	7	70	10	100	1,000
Non ERACS	16	32	34	68	50	100	
Total	19	31,7	41	68,3	60	100	

Based on table 5, it can be explained that SC ERACS with a satisfaction level in the satisfied category is 3 (30%) and SC ERACS with a satisfaction level in the very satisfied category is 7 (70%). Meanwhile, SC Non ERACS with a satisfaction level in the satisfied category amounted to 16 (32%) respondents and SC Non ERACS with a satisfaction level in the very satisfied category amounted to 34 (68%) respondents.

Based on the results of the Fisher's exact test statistical calculation results, the Exact Sig value was obtained. (2-sided) 1,000, where the p value is $1,000 > 0.05$, thus it can be concluded that there is no significant relationship between the level of patient satisfaction and the ERACS and NON ERACS method of caesarean section.

Discussion

a. Level of Patient Satisfaction

Based on the results of research conducted by researchers on 60 respondents by providing an assessment questionnaire according to the respondents' feelings regarding the ERACS and Non ERACS method of caesarean section at Hj Bunda Halimah Hospital Batam, it is known that the level of patient satisfaction with SC ERACS procedures is on average very satisfied with the number of respondents being 7 (70%) and 3 (30%) respondents with a satisfaction level in the satisfied category. Meanwhile, the level of satisfaction with Non-ERACS SC procedures, on average, patients were very satisfied with 34 (68%) respondents, while the level of satisfaction in the satisfied category was 16 (32%) respondents. From the results of these assessors, it can be concluded that on average patients are very satisfied with the ERACS and Non-ERACS methods of caesarean section at Hj Bunda Halimah Hospital Batam.

This is in line with research conducted by Efridayanti Tambunan (2021), it is known that the level of patient satisfaction with the quality of service at the Aek Batu Community Health Center is based on five dimensions of health service quality, namely reliability, responsiveness, assurance/confidence.), empathy (empathy) and direct (tangible) evidence from 237 respondents who stated that they were very satisfied with the services provided by health workers at the Aek Batu Community

Health Center, which can be seen from the results of distributing questionnaires filled in directly by respondents with 152 people in the very satisfied category (64 .1%), the satisfied category was 81 people (34.2%) while 4 people answered less satisfied (1.7%).

b. Sectio Caesarean ERACS and Non ERACS Method

In this research, Non ERACS caesarean section delivery was still the dominant choice for patients compared to the ERACS method even though it had advantages compared to Non ERACS caesarean section delivery. This is proven by the results of the questionnaire data, of the 60 respondents, 50 (83.3%) respondents chose to give birth by non-ERACS caesarean section, while 10 (16.7%) gave birth using the ERACS method. This proves that non-ERACS caesarean section deliveries at Hj Bunda Halimah Batam is still the dominant choice for mothers giving birth.

This is in line with research conducted by Wahyu Pujiwati (2023), it is known that Kartini General Hospital has carried out cesarean operations using the ERACS method which only started in October 2021, based on an initial survey conducted by researchers who obtained data on cesarean deliveries from medical records in the month August 2022, September 2022, October 2022, the number of women who gave birth by caesarean section was 500, consisting of 325 (70%) caesarean operations using the ERACS method and 175 (30%) who did not undergo ERACS.

c. Relationship Satisfaction between Levels Patient and SC Procedures Using ERACS and NON ERACS Methods

Based on the results of research conducted on 60 respondents regarding the level of satisfaction with the ERACS method of sectio caesarean, 3 (30%) respondents gave a satisfied assessment and 7 (70%) respondents gave a very satisfied assessment. While Non ERACS SC with a satisfaction level of satisfied category amounted to 16 (32%) respondents and Non ERACS SC with a very satisfied category satisfaction level amounted to 34 (68%) respondents.

Meanwhile, based on the results of the Fisher's exact statistical test, the value of Exact Sig. (2-sided) 1,000, this shows a p value of $1,000 > 0,05$. It can be concluded that there is no significant relationship between the level of satisfaction with sectio caesarean ERACS and NON ERACS methods. The basis for decision making is if the p value 0.05, then it is rejected.

This study is in line with research conducted by Tsaibitah Iftinah Jalillah (2022), with the title Survey of Satisfaction of Cesarean Section Delivery Patients with the Enhanced Recovery After Cesarean Surgery (ERACS) Method at RSU Sriwijaya Palembang. Of the 35 patients, the majority were 20-35 years old (77.1%), multiparous (60%), the length of stay was two days (80%), comorbidities patients were and (88.6%). satisfied without Most with preoperative (54.3%), intraoperative (54.3%), and postoperative services (51.4%),

adequacy of information (51.4%), frequency of nausea (57.1%), frequency of vomiting (51.4%), pain level (57.1%), early mobilization (45.7%), timeliness of oral intake (57.1%), and catheter removal (54.3%). In this study, the majority of patients stated that they were satisfied with the ERACS method.

This research is not in line with research conducted by Sum Jayanti, et al (2023), with the title Level of Patient Satisfaction with Sectio Caesarea Surgery with the ERACS Method at the Islamic Hospital Muhammadiyah Kendal. The results of statistical tests using the Chi-Square test obtained a p value = $0,000 < 0,05$ with a value of 0.45 (moderate correlation). The conclusion is that there is a relationship between patient satisfaction level and SC ERACS action at Islamic Muhammadiyah Kendal.

Conclusions and Recommendations

1. Conclusion Based on the results of research conducted on " Relationship between Satisfaction Levels Patient and SC Procedures Using ERACS and NON ERACS Methods " it can be concluded that:
 - a. The number of respondents who gave birth with the ERACS method of sectio caesarean was 10 (16.7%) respondents while NON ERACS was 50 (83.3%) respondents. the number of respondents who gave birth with the ERACS method of sectio caesarean was 10 (16.7%)

- respondents while NON ERACS was 50 (83.3%) respondents.
- b. The level of patient satisfaction with the mediocre category amounted to 19 (31.7%) and the level of satisfaction with the satisfied category amounted to 41 (68.3%).
 - c. The chi square test obtained an Asymptotic Significance (2 sided) value of 1.000, where the p value of $1.000 > 0.05$ with the conclusion that there is no significant relationship between the level of patient satisfaction with ERACS and NON ERACS methods of sectio caesarean at Hj. Bunda Halimah Hospital Batam.
2. Recommendations
- a. For Hj. Bunda Halimah hospital Batam, at present, there is no significant relationship between the level of patient satisfaction with Sectio Caesarean ERACS and Non ERACS methods, this is expected to be an evaluation material in order to continue to improve the quality of service for Sectio Caesarean ERACS and Non ERACS methods.
 - b. For Batam University The results of this study are expected to be a material for study and discussion in the teaching and learning process at the University of Batam regarding childbirth with Sectio Caesarean ERACS and Non ERACS methods.
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