

Parents' Satisfaction Concerning Their Children's Care at Tertiary Hospital

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ABSTRACT

Introduction: Hospitalization of children is painful for both children and their parents. Patient's satisfaction is defined as patient's attitude toward and decision about the degree of fulfilling their proclivity and assumptions by healthcare providers.

Materials and methods: An exploratory study on factors affecting parental satisfaction regarding care of children admitted to the Pediatric Department of SGRD Hospital, Amritsar, Punjab, India. Convenience sampling technique was employed to obtain a sample of 100 parents residing at pediatric department through interview schedule. The data were analyzed using SPSS software version 17. Descriptive statistics was used to determine mean and percentages. In inferential statistics, Chi-square test was used for association.

Results: The study results showed that 69.0% parents were satisfied and 31.0% were more satisfied. The domain-wise findings show that parents' satisfaction regarding admission criteria is 67.0%, hospital environment 86.0%, patient care 77.0%, and communication/information 53.0%.

Conclusion: This study suggests that parents were satisfied and very satisfied with the treatment and care provided to their children during hospitalization at SGRD Hospital. However, some components need to be considered to increase and maintain the high satisfaction level, i.e., friendly communication/information with parents.

Keywords: Children, Factors, Parents, Satisfaction.

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INTRODUCTION

Parents' perceptions of healthcare delivery that includes both experiences and satisfaction are important components of healthcare ratings, appeasements, and assessment of service quality.¹ The measurement of parents' experiences and satisfaction with pediatric healthcare is a research area that has developed fast during the two last decades.² Children are unable to express their needs, experiences, and feelings. Parents' experiences are recognized to be significant to evaluate the quality of care provided to their children.³

Parents obtain assurance from caregivers who know how to care for their child, that is from having control over what was going on with their child to trusting themselves as those who know their child best.⁴ Parents desire that the caregivers speak in a language that the parents can understand, not using medical terminologies. Parents were also managing with doubts and seeking self-assurance from the caregivers.⁵ Patient satisfaction plays vital role in the increasing trust toward accountability of healthcare providers.⁶ In a healthcare institution, patients are the consumers and their needs must be met by considering all other aspects that directly or indirectly affect them, such as nurse's time interval, a doctor's bedside behavior, hospital's environment, fulfilling the desired parameters for performing a meticulous procedure, etc. All these factors affecting parental satisfaction play a crucial role in achieving the health outcome.⁷

Nurses' communication with parents in pediatric inpatient units is a key factor contributing to parents' view of their child's care.⁸⁻¹⁰ Several studies have shown that adequate care and pain management, parents' involvement in care, trust, relationship, communication, staff attitudes, inadequate space, etc., are the most important determinants of parental satisfaction.¹¹⁻¹³

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MATERIALS AND METHODS

Quantitative research approach was adopted, with an exploratory design, to identify the factors affecting parental satisfaction regarding the care of their children. The study was conducted at SGRD Hospital and Medical College, Amritsar, Punjab, India. It is one of the pioneer medical educational institutes in the state. It is a tertiary care hospital catering to patients with wide range of medical, surgical, and psychological problems. The patient population mainly comes from Punjab, Himachal Pradesh, Rajasthan, Jammu Kashmir, and other adjoining states. The researcher enrolled 100 parents through convenience sampling, especially those who fulfilled the inclusion criteria. Data were collected from parents in February 2014.

The research instrument was divided into two parts, i.e., part I: sociodemographic profile and part II: semi-structured interview to assess the self-structured factors of parental satisfaction using a 3-point Likert's scale. This consists of four domains such as admission criteria, hospital environment, patient care, and communication/information. The maximum obtainable score is 72 and minimum 24. This score is further divided into three categories, i.e., unsatisfied: ≤ 24 , satisfied: 25–48, and very satisfied >48 . The tool was prepared by extensive review of literature and validated by experts in pediatric nursing. Ethical permission was obtained from research and ethical committee of institution. After gaining approval, permission was taken from medical superintendent of SGRD Hospital to conduct research study. Confidentiality and anonymity were maintained during and after data collection.

Statistical Analysis

Tool reliability calculated by Cronbach's alpha method, i.e., 0.76. Data analysis was performed using the statistical software SPSS version 17. Descriptive and inferential statistic techniques were used for final data analysis.

RESULTS

Table 1 shows that of the 100 children, more than half 56% were of age up to 1 year and 36% were aged between 1 year and 2 years. Per sex categories, 66% were boys and 34% were girls. Slightly less than half, i.e., 47% children were hospitalized due to respiratory problems. Sixty-eight percent children were hospitalized once,

Table 1: Information data of hospitalized children. *n* = 100

S. no.	Variables	f (%)
1	Age of the child (in year)	
	Up to 1	56
	1–2	36
	2–5	5
	5–10	3
2	Gender	
	Male	66
	Female	34
3	Diagnosis related to system	
	Cardiovascular	3
	Center nervous	33
	Gastrointestinal	17
4	Respiratory	47
	Hospitalization	
	Once	68
	Twice	29
5	More than twice	3
	Present duration of hospitalization	
	3–5 days	30
	6–8 days	37
	9–11 days	11
6	>11 days	22
	Child admitted area	
	Pediatric ward	35
	PICU	21
	NICU	44

PICU, pediatric intensive care unit; NICU, neonatal intensive care unit

while 29% were hospitalized twice. Their hospital stay was 6–8 days in 37% and 3–5 days in 30%. Forty-four percent were in neonatal intensive care unit, 35% in pediatric ward, and 21% in pediatric intensive care unit.

Table 2 reveals that most of the informants were mother, i.e., 69%. Slightly more than half, i.e., 52%, mothers were less than 30 years of age. Fifty-three percent belonged to joint family and 47% to nuclear family. Regarding the educational status of fathers, 41% was senior secondary pass, followed by 30% informal, 20% primary,

Table 2: Demographic profile of parents of hospitalized children. *n* = 100

S. no.	Variables	f (%)
1	Informant	
	Mother	69
	Father	31
2	Age (in years)	
	≤ 30	52
	31–40	34
	>40	14
3	Types of family	
	Joint	53
	Nuclear	47
4	Educational status of father	
	Informal	30
	Primary	20
	Sr. secondary	41
	Graduation or above	9
5	Educational status of mother	
	Informal	42
	Primary	19
	Sr. secondary	28
	Graduation or above	11
6	Occupation of father	
	Govt. job	12
	Pvt. job	23
	Laborer	31
	Farmer	34
7	Occupation of mother	
	Govt. job	11
	Pvt. job	6
	Laborer	2
	Homemaker	81
8	Monthly family income (in Rs.)	
	<5,000	35
	5,000–10,000	21
	10,000–15,000	31
	>15,000	13
9	Religion	
	Sikh	58
	Hindu	27
	Christian	12
	Muslim	3
10	Habitat	
	Rural	64
	Urban	36

Table 3: Overall satisfaction level among parents of hospitalized children. *n* = 100

Satisfaction level	f (%)
Satisfied	69
Very satisfied	31

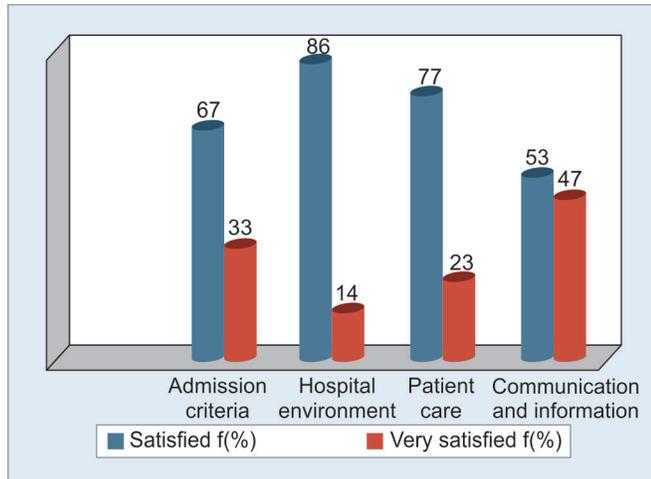


Fig. 1: Domain wise satisfaction level among parents of hospitalized children

and 9% graduation or above. With regard to the educational status of mothers, 42% was informal followed by 28% senior secondary pass, 19% primary, and 11% graduate or above. In terms of fathers' occupation, 12% government employees, 23% in private jobs, whereas most of the mothers were homemakers, i.e., 81%. The family income of 35% parents is less than Rs. 5,000, followed by 31% with Rs. 10,000 to 15,000, 21% with Rs. 5,000 to 10,000, and 13% with more than Rs. 15,000. With regard to religion, 58% was Sikh, 27% Hindu, and 12% Christian. Majority of the parents reside in rural areas, i.e., 64%.

According to Table 3, 69.0% parents indicated satisfaction and 31.0% more satisfaction.

Figure 1 depicts that with regard to admission criteria, 67.0% parents indicated satisfied and 33.0% very satisfied, hospital environment 86.0% satisfied and 14.0% very satisfied, patient care 77.0% satisfied and 23.0% very satisfied, and in communication/information 53.0% satisfied and 47.0% very satisfied.

Table 4 presents that the overall satisfaction level was found to be significant based on the informants', i.e., father's and mother's, education level. The satisfaction in admission criteria was based on the father's education, mother's occupation, and their habitat. Satisfaction in hospital environment was found to be significant based on the father's and mother's education level. Satisfaction in patient care was found to be significant based on the informants', i.e., father's and mother's education level, occupation, and family income. Satisfaction in communication/information was found to be significant with age. Other variables were found to be nonsignificant with all domains.

DISCUSSION

The present study revealed the overall satisfaction level of parents, i.e., 69% parents satisfied, 31% very satisfied, and none unsatisfied. Similar study by Toma et al. found that the overall satisfaction score among the 504 respondents was 50% "very satisfied," 41%

"satisfied," 4% "neither satisfied nor dissatisfied," 3% "dissatisfied," and 2% "very dissatisfied."¹⁴

This study showed that majority of parents, i.e., 86.0%, were satisfied and 14.0% more satisfied about the hospital environment; about patient care, 77.0% satisfied and 23.0% more satisfied; and in communication/information, 53.0% satisfied and 47.0% more satisfied. Koontz showed that parental satisfaction with regard to the care of their terminally sick children in pediatric unit with regard to hospital environment was 4.6 ± 0.46 , patient care was also above average, i.e., 4.7 ± 0.37 , with most satisfaction implicit with communication, i.e., 4.7 ± 0.47 .¹⁵ Agarwal showed that parental satisfaction in communication with nurse and doctors was 4.97 ± 0.19 , patient care 4.94 ± 0.27 , and hospital environment 4.92 ± 0.27 .¹⁶ Sam et al. showed that parents' satisfaction with preadmission visit was 4.63 ± 0.52 , day of surgery 4.65 ± 0.58 , operation theater 4.76 ± 0.51 , nursing services 4.46 ± 0.79 , medical care 4.89 ± 0.48 , information regarding diagnosis and treatment 4.51 ± 0.68 , autonomy 4.64 ± 0.56 , and discharge planning 4.50 ± 0.72 .¹⁷ Lee and Korczak showed that the majority of parents indicated they were either moderately satisfied (49/122, 40.2%) or very satisfied (49/122, 40.2%) with the pediatric emergency hospital.¹⁸

The current study found significant association of total satisfaction level with demographic variables, i.e., gender of parent ($p = 0.013$), educational status of father ($p = 0.013$), educational status of mother ($p = 0.007$), and occupational status of mother ($p = 0.013$). Zolaly et al. reported that the average score for overall satisfaction was influenced by the educational level of both the parents, with overall higher scores for both fathers ($p = 0.01$) and mothers ($p = 0.03$).¹⁹ The present study found a significant association of admission criteria with occupational status of fathers ($p = 0.034$) and mothers ($p = 0.041$), and hospital environment has significant association with educational status of mothers ($p = 0.007$) and occupational status of fathers ($p = 0.022$). Koontz reported strong correlation ($r = 0.75$, $p < 0.01$) between hospital environment and parent satisfaction, indicating that the environment was important to parent satisfaction.¹⁵

The present study shows a significant association of patient care with educational status of fathers ($p = 0.001$), educational status of mothers ($p = 0.00$), occupational status of fathers ($p = 0.045$), occupational status of mothers ($p = 0.026$) and family monthly income ($p = 0.002$) and also shows significant association of communication/information with parents' age ($p = 0.038$). Ebrahim et al. reported no significance in overall satisfaction ($p = 0.46$), involvement of care ($p = 0.69$), and change in preferences ($p = 0.97$).²⁰ Koontz shows positive correlation ($r = 0.86$, $p < 0.01$) of care and parent satisfaction, signifying that good patient care is crucial part of their satisfaction. The strongest relationship was observed between communication and parental satisfaction ($r = 0.92$, $p < 0.01$), signifying that communication is the most essential part of parent satisfaction.¹⁵ Kruszecka-Krówka et al. reported that no statistical significance for the major criteria information ($p = 0.11$), availability ($p = 0.61$), professionalism/professional approach ($p = 0.16$), and overall satisfaction assessment ($p = 0.7$).²¹ Lee and Korczak showed that parental satisfaction correlated with time between transfer and discussion ($p < 0.05$), the degree to which parents felt that professional pay attention to their child ($p < 0.01$), the amount of psychoeducation parents felt they received ($p < 0.01$), and prior arrangement time ($p < 0.001$).¹⁸ Ammentorp et al. showed that parents were most satisfied with the nurses' performance ($p = 0.04$). Though other results were not significant, but the parents were most satisfied

Table 4: Association of satisfaction with selected demographic variables of parents of hospitalized children. *n* = 100

Demographic variables	Overall satisfaction	Admission criteria	Hospital environment	Patient care	Communication and information
	χ^2	χ^2	χ^2	χ^2	χ^2
	df	df	df	df	df
	<i>p</i> value	<i>p</i> value	<i>p</i> value	<i>p</i> value	<i>p</i> value
Informant	6.211	0.011	0.011	4.397	1.24
	1	1	1	1	1
	0.013*	0.916 ^{NS}	0.916 ^{NS}	0.036*	0.266 ^{NS}
Age	2.614	0.99	3.044	2.445	6.525
	2	2	2	2	2
	0.271 ^{NS}	0.610 ^{NS}	0.218 ^{NS}	0.294 ^{NS}	0.038*
Types of family	0.463	0.044	3.044	0.149	0.704
	1	1	2	1	1
	0.496 ^{NS}	0.835 ^{NS}	0.218 ^{NS}	0.700 ^{NS}	0.401 ^{NS}
Father's education	9.508	8.640	1.713	17.61	3.898
	3	3	3	3	3
	0.020*	0.034*	0.636 ^{NS}	0.001**	0.273 ^{NS}
Mother's education	12.092	5.044	12.092	21.26	2.207
	3	3	3	3	3
	0.007**	0.169 ^{NS}	0.007*	0.000**	0.531 ^{NS}
Father's occupation	5.17	5.17	9.648	9.275	2.238
	3	3	3	3	3
	0.160 ^{NS}	0.160 ^{NS}	0.022*	0.026*	0.525 ^{NS}
Mother's occupation	10.843	2.937	2.42	8.059	4.683
	3	3	3	3	3
	0.013*	0.041**	0.490 ^{NS}	0.045*	0.197 ^{NS}
Family income	7.685	7.814	0.331	14.846	2.501
	3	3	3	3	3
	0.053 ^{NS}	0.050 ^{NS}	0.957 ^{NS}	0.002**	0.475 ^{NS}
Religion	0.317	0.964	2.796	0.504	4.19
	3	3	3	1	3
	0.957 ^{NS}	10.810 ^{NS}	0.424 ^{NS}	0.918 ^{NS}	0.242 ^{NS}
Habitat	0.143	0.958	3.158	0.127	0.001
	1	1	1	1	1
	0.705 ^{NS}	0.003**	0.76 ^{NS}	0.722 ^{NS}	0.973 ^{NS}

df, degrees of freedom; ^{NS}Nonsignificant at *p* value 0.05, *Significant *p* < 0.05, **Highly significant *p* < 0.005

with the nurses' information related to treatment plan (*p* = 0.06), kindness (*p* = 0.06), and ability to take the parents' experiences seriously (*p* = 0.29).²² Koontz found highly significant positive correlation of hospital environment (*r* = 0.75, *p* < 0.01), care of children (*r* = 0.86, < 0.01), and communication skill (*r* = 0.92, *p* < 0.01), with parental satisfaction.¹⁵ Brown and Palmer et al. showed that 74 (90.2%) parents reported regular updates, 68 (82.9%) overall satisfaction with care, and 4 (4.9%) dissatisfied. With regard to communication, 19 (23.1%) felt doctors and 16 (19.5%) felt nurses were better communicators.²³

CONCLUSION

The present study concluded that all health professionals can play a very important role in parents' satisfaction in various areas, i.e., admission criteria, hospital environment, patient care, and communication and information regarding child's therapeutic and diagnostic procedure.

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REFERENCES

1. Naidu A. Factors affecting patient satisfaction and healthcare quality. *Int J Health Care Qual Assur* 2009;22(4):366–381. DOI: 10.1108/09526860910964834.
2. Christakis DA, Wright JA, Zimmerman FJ, et al. Continuity of care is associated with high-quality care by parental report. *Pediatrics* 2002;109(4):e54. DOI: 10.1542/peds.109.4.e54.
3. Contro N, Larson J, Scofield S, et al. Family perspectives on the quality of pediatric palliative care. *Arch Pediatr Adolesc Med* 2002;156(1):14–19. DOI: 10.1001/archpedi.156.1.14.
4. Kristensson-Hallström I. Strategies for feeling secure influence parents' participation in care. *J Clin Nurs* 1999;8(5):586–592. DOI: 10.1046/j.1365-2702.1999.00282.x.

5. Stratton KM. Parents experiences of their child's care during hospitalization. *J Cult Divers* 2004;11(1):4–11.
6. Ferris TG, Marino BL, Homer CJ, et al. Are hospital characteristics associated with parental views of pediatric inpatient care quality? *Pediatrics* 2003;111(2):308–314. DOI: 10.1542/peds.111.2.308.
7. Ratidet S. The quality contented to satisfaction. *World J Pediatr* 2003;8(1):230–233.
8. Haines C, Childs H. Parental satisfaction with paediatric intensive care. *Paediatr Nurs* 2005;17(7):37–41. DOI: 10.7748/paed.17.7.37.s24.
9. Polkki T. Nurses' perceptions of parental guidance in pediatric surgical pain relief. *Int J Nurs Stud* 2002;39(3):319–327. DOI: 10.1016/S0020-7489(01)00026-8.
10. Studdert DM, Burns JP, Mello MM, et al. Nature of conflict in the care of pediatric intensive care patients with prolonged stay. *Pediatrics* 2003;112(3):553–558. DOI: 10.1542/peds.112.3.553.
11. Lew VK, Lalwani K, Palermo TM. Factors affecting parental satisfaction following pediatric procedural sedation. *J Clin Anesth* 2010;22(1):29–34. DOI: 10.1016/j.jclinane.2009.02.012.
12. Murphy NA, Christian B, Caplin DA, et al. The health of caregivers for children with disabilities: caregiver perspectives. *Child Care Health Dev* 2007;33(2):180–187. DOI: 10.1111/j.1365-2214.2006.00644.x.
13. Garratt AM, Bjertnæs ØA, Barlinn J. Parent experiences of paediatric care (PEPC) questionnaire: reliability and validity following a national survey. *Acta Paediatr* 2007;96(2):246–252. DOI: 10.1111/j.1651-2227.2007.00049.x.
14. Toma G, Triner W, McNutt LA. Patient satisfaction as a function of emergency department revisit expectations. *Ann Emerg Med* 2009;54(3):360–367. DOI: 10.1016/j.annemergmed.2009.01.024.
15. Koontz VS. Parental satisfaction in a pediatric intensive care unit. 2003, available from: URL: <https://mds.marshall.edu/cgi/viewcontent.cgi?referer=https://scholar.google.co.in/&httpsredir=1&article=1697&context=etd>.
16. Agarwal HS. Parental Satisfaction in the Pediatric Intensive Care Unit. 2018.
17. Sam CJ, Arunachalam PA, Manivasagan S, et al. Parental satisfaction with pediatric day-care surgery and its determinants in a tertiary care hospital. *J Indian Assoc Pediatr Surg* 2017;22(4):226–231. DOI: 10.4103/jiaps.JIAPS_212_16.
18. Lee J, Korczak D. Factors associated with parental satisfaction with a pediatric crisis clinic (PCC). *J Can Acad Child Adolesc Psychiatry* 2014;23(2):118–127.
19. Zolaly MA. Satisfaction of parents of paediatric patients with physicians' communication skills in Almadinah Almunawwarah, Kingdom of Saudi Arabia. *J Taibah Univ Med Sci* 2012;7(1):29–34. DOI: 10.1016/j.jtumed.2012.07.007.
20. Ebrahim S, Singh S, Parshuram CS. Parental satisfaction, involvement, and presence after pediatric intensive care unit admission. *J Crit Care* 2013;28(1):40–45. DOI: 10.1016/j.jcrc.2012.05.011.
21. Kruszecka-Krówka A, Smolen E, Cepuch G, et al. Determinants of parental satisfaction with nursing care in paediatric wards—a preliminary report. *Int J Environ Res Public Health* 2019;16(10):1774. DOI: 10.3390/ijerph16101774.
22. Ammentorp J, Mainz J, Sabroe S. Parents' priorities and satisfaction with acute pediatric care. *Arch Pediatr Adolesc Med* 2005;159(2):127–131. DOI: 10.1001/archpedi.159.2.127.
23. Brown JM, Palmer RH. Parental satisfaction of staff communication. *Arch Dis Child* 2001;93(4):399–403. DOI: 10.1136/adc.2006.103986.