

# Parental Satisfaction with the Care of Admitted Children in a Tertiary Level Hospital

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## Abstract

**Introduction:** The quality care is an essential aspect of hospital service in improving health outcomes. Quality of children's care can be assessed by measuring the parental satisfaction.

**Methods:** A descriptive cross-sectional design was used. Non-probability purposive sampling was used to select 167 parents of children who were admitted in Kanti Children Hospital. Data were collected by interviewing either the father or mother as roomed-in by using the Paediatric family satisfaction questionnaire (PFSQ) containing three domains as modified to suit to local context. Data were entered, cleaned and analyzed in statistical package for the social sciences SPSS version 22. Chi-square test and Spearman rank correlation coefficient were used to analyze the data.

**Results:** Findings revealed that the overall satisfaction among majority (59.9%) of the respondents was low. However, domain wise, almost all (94.6%) respondents were satisfied in medical care followed by 89.2% in nursing care and lowest proportion (42.5%) was satisfied with hospital services and accommodation. Parental overall satisfaction was significantly higher among those admitted in surgical unit ( $p = 0.00$ ) and among those with days of hospitalization as more than 6 days ( $p = 0.01$ ). Findings also showed a moderate correlation between the satisfaction with nursing care and medical care ( $r = 0.64$ ).

**Conclusions:** Parents tend to have low satisfaction with the care provided to the admitted children whereas domain wise satisfaction is high in medical and nursing care and low in hospital services. Therefore, in order to increase the parental satisfaction, more focus should be given to improve the quality of hospital services and accommodation.

## Introduction

Patient's satisfaction represents patient's feeling about the degree of fulfilling their needs by healthcare providers.<sup>1</sup> Paediatric family satisfaction questionnaire is considered as a reliable tool for assessing the quality of care provided. In recent years there is growing recognition of children's rights and the need of listening to and taking their views in planning and delivery of health care to them.<sup>2</sup> However in paediatric patients, due to their, intellectual immaturity, parents are considered as proxy of the children representing the children's views on the quality of care they receive.<sup>3</sup> Parents' satisfaction determines the quality of services rendered to children in the hospital.<sup>4</sup> It provides information on the health care provider's success in meeting the patient's needs and expectation.<sup>5</sup>

Parent's satisfaction and involvement are vital for the judgment of health care intervention.

A study conducted in a teaching hospital in Mashhad, Iran found that 56.0% mothers had moderate satisfaction with the medical care, 70.7% had very high satisfaction with the nursing care and only 36.5% had high satisfaction with welfare services.<sup>6</sup> Another study in a specialized hospital of Addis Ababa, Ethiopia found overall parental satisfaction with care of hospitalized children was 59.8%. Wards with better physical environment, short duration of hospital stay, provision of adequate care and adequate pain management were found to be the most important factors associated with parental satisfaction.<sup>7</sup>

Parental satisfaction provides valuable information about the quality of health care.<sup>8</sup> However, limited studies were conducted regarding parental satisfaction in Nepal. Thus, this study aimed to address the three research questions i.e., what would be the satisfaction of the parents on different care domains of care of the admitted children? What would be the relationship between the different domains of parental satisfaction? And which of the hospitalization related variables of children would be associated with the level of overall satisfaction of the parents?

## Methods

The design used was the descriptive cross-sectional research design. Cochran formula was used to calculate the required sample size of 167 of parents of admitted children with taking prevalence ( $p$ ) as 69% partial satisfaction from the study conducted in Amritsar, Punjab, India<sup>1</sup> and allowable error ( $\pm 7\%$ ) of prevalence. Non-probability purposive sampling technique was used to select the parents of hospitalized children (Either father or mother) residing with them under 14 years children admitted in medical or surgical ward of Kanti Children's Hospital for at least three days and discharged with health improvement. A structured interview schedule was used. It contains two parts: Part I included the socio-demographic information of the respondent and part II included the standard modified Pediatric Family Satisfaction Questionnaire (PFSQ).<sup>6,9</sup> PFSQ consisted of 31 items regarding satisfaction with care which include three domains namely hospital service and accommodation (Eight items), nursing services (12 items) and medical services (11 items) to identify the parental satisfaction with care of hospitalized children. PFSQ is five points rating scale having scale values as "not applicable" (score 1), "poor" (score 2), "average" (score 3), "good" (score 4) and "excellent" (score 5). The instrument was pretested among 17 (10%) parents of admitted children of Kanti Children's Hospital

Medical and Surgical ward and the computed Cronbach alpha value of the satisfaction scale was 0.77 indicating the reliability of the instrument. These pretested parents were excluded in the study. Ethical approval of the research proposal was obtained from Institutional Review Board of National Academy of Medical Sciences. Permission for data collection was obtained from Hospital Administration of Kanti Children's Hospital. After confirming the discharge of the child with the medical officers, written informed consent was taken from each respondent prior to involving them in the study by explaining the objectives of the study and nature of participation. Data were collected by face-to-face interview maintaining privacy. The period of data collection was four weeks from August 22 to September 18, 2021. The collected data were coded and entered in Statistical Package for Social Sciences (SPSS) version 16. Data were analyzed using descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (chi square and Spearman rank correlation).

## Results

Out of 167 respondents, 53.3% were mothers and 46.7% were fathers. Majority (51.5%) of the respondents were from nuclear families. Most of the respondents (96.4% of the fathers and 88.6% of the mothers) were able to read and write. Age of the admitted children ranged from infancy to adolescence period with majority (61.7%) belonging to under five years' age group. In regards to hospitalization details, majorities (62.9%) of the children were admitted in medical ward with 56.9% children having  $\leq$  six days of hospitalization.

Table 2 showed an average respondent had above average satisfaction in six out of eight items related to hospital services and accommodation which was revealed by the mean score of more than three. In regards to remaining two items i.e., in play activities and food quality mean score were below average (i.e., 1.98 and 2.64) indicating below average satisfaction.

Table 3 showed on an average, respondents had above average satisfaction in 10 out of 12 items of nursing care provided during hospitalization which was depicted by the mean score of more than three in those items. In regards to other two items the mean scores were low (i.e., 1.64 and 1.07) indicating that their satisfaction was poor on those care aspects.

**Table 1:** Socio-demographic variables of respondents and admitted children (N = 167)

Variables	Number	Percent
Respondent		
Mother	89	53.29
Father	78	46.70
Type of Family		
Nuclear family	86	51.50
Joint family	81	48.50
Extended family	-	-
Education status of mother		
Cannot read and write	19	11.38
Can read and write	148	88.62
Level of education (N = 148)		
Basic (1 - 8 class)	47	31.76
Secondary (9 - 12 class)	58	39.19
Higher or above	9	6.08
Education status of father		
Cannot read and write	6	3.59
Can read and write	161	96.41
Level of education (N = 161)		
Basic (1 - 8 class)	39	24.22
Secondary (9 - 12 class)	62	38.51
Higher or above	22	13.66
Age of children		
< 1 year	54	32.37
1 - 3 years	49	29.34
4 - 6 years	21	12.57
7 - 10 years	26	15.56
11 - 14 years	17	10.17
Unit of admission		
Medical	105	62.87
Surgical	62	37.13
Admitted days*		
≤ 6 days	95	56.89
> 6 days	72	43.11

\*Median duration of hospital stays = 6

**Table 2:** Satisfaction scores of the respondents on hospital services and accommodation (N = 167)

Statements	Satisfaction score#					Mean ± SD
	1 %	2 %	3 %	4 %	5 %	
The admission procedure went smoothly	-	13.8	46.7	39.5	-	3.25 ± 0.68
The unit and patient rooms were clean	-	11.4	67.7	19.8	1.2	3.10 ± 0.59
The decor and furnishings were suitable.	-	7.8	70.1	21.0	1.2	3.15 ± 0.55
Provided age-appropriate toys, play-rooms and activities	6.6	89.8	2.4	1.2	-	1.98 ± 0.37
The environment was quiet	-	9.0	78.4	12.6	-	3.03 ± 0.46
The hospital staff worked together as a team	-	-	37.1	61.1	1.8	3.64 ± 0.51
Parents were adequately prepared for discharge	-	1.8	46.7	51.5	-	3.49 ± 0.53
Quality of food were provided	29.3	2.4	43.1	25.2	-	2.64 ± 1.15

#1 = Not applicable, 2 = Poor, 3 = Average, 4 = Good, 5 = Excellent

**Table 3:** Satisfaction scores of the respondents on nursing care (N = 167)

Statements	Satisfaction Score#					Mean ± SD
	1 %	2 %	3 %	4 %	5 %	
Were caring and concerned	-	0.6	8.4	83.2	7.8	3.98 ± 0.43
Were gentle with the patient	-	0.6	9.0	84.4	6.0	3.96 ± 0.41
Checked the patient's condition closely	-	-	11.4	83.2	5.4	3.94 ± 0.40
Notified the doctor when necessary	77.8	-	4.2	16.2	1.8	1.64 ± 1.22
Were aware of changes in the treatment plan	97.6	-	0.6	1.2	0.6	1.07 ± 0.47
Gave treatment and medication on time	-	-	95.4	88.0	6.6	4.01 ± 0.34
Were skillful with procedures and equipment	-	-	13.2	85.0	1.8	3.89 ± 0.37
Kept parent informed	-	1.2	18.6	77.8	2.4	3.81 ± 0.47
Answered questions clearly	-	0.6	21.0	77.2	1.2	3.79 ± 0.45
Explained the patient's condition and care well	-	0.6	24.0	74.3	1.2	3.76 ± 0.46
Listened to what parent had to say	-	-	19.2	78.4	2.4	3.83 ± 0.43
Included parent in making decisions and planning care	-	3.6	84.4	10.8	1.2	3.10 ± 0.42

# 1 = Not applicable, 2 = Poor, 3 = Average, 4 = Good, 5 = Excellent

**Table 4 :** Satisfaction scores of the respondents on medical care (N = 167)

Table 4 showed that on an average, respondents had above average satisfaction in nine out of 11 items related to medical care provided during hospitalization as depicted by the mean score of more than three in those items. However, the respondents were poorly satisfied relating to other two items with mean score as 1.63 and 1.10. For classification of the domain-wise and overall satisfaction level, mean score

was calculated and less than or equal to mean score was classified as low satisfaction level and score greater than mean score was classified as high satisfaction level. Table 5 shows that 42.5% of the respondents had high satisfaction in hospital service and accommodation domain whereas 89.2% and 94.6% were highly satisfied with nursing care and medical care domain respectively.

**Table 4:** Satisfaction scores of the respondents on medical care (N = 167)

Statements	Satisfaction Score#					Mean $\pm$ SD
	1 %	2 %	3 %	4 %	5 %	
Were caring and concerned	-	-	12.0	78.4	9.6	3.98 $\pm$ 0.46
Were familiar with the medical history	-	-	2.4	93.4	4.2	4.02 $\pm$ 0.25
Were knowledgeable and skillful	-	-	2.4	88.6	9.0	4.07 $\pm$ 0.33
Were available when needed or called	78.4	-	3.0	17.4	1.2	1.63 $\pm$ 1.22
Responded promptly to changes in the patient's condition	97.0	-	-	1.8	1.2	1.10 $\pm$ 0.58
Had clear, honest communication with parents	-	-	6.6	86.8	6.6	4.00 $\pm$ 0.36
Gave parents information about treatments and tests before they were done	-	-	110.2	85.0	4.8	3.95 $\pm$ 0.38
Kept parents informed of test results and of changes in the patient's condition	-	-	9.0	86.8	4.2	3.95 $\pm$ 0.36
Gave parent complete explanations	-	-	13.2	82.6	4.2	3.91 $\pm$ 0.40
Answered parent's questions clearly	-	-	13.2	83.2	3.6	3.90 $\pm$ 0.39
Included parents in making decisions and planning care	-	3.6	86.2	8.4	1.8	3.08 $\pm$ 0.43

# 1 = Not applicable, 2 = Poor, 3 = Average, 4 = Good, 5 = Excellent

**Table 5** - Respondents' domain-wise and overall level of satisfaction regarding patient care (N = 167)

Variables	Satisfaction Level		Mean $\pm$ SD
	Low %	High %	
Hospital Service and Accommodation	57.5	42.5	24.32 $\pm$ 2.17
Nursing Care	10.8	89.2	40.71 $\pm$ 3.22
Medical Care	5.4	94.6	37.52 $\pm$ 2.74
Overall satisfaction	59.9	40.1	-

Table 6 presents the correlation among satisfactions of the three domains. Table showed moderate correlation between nursing care and medical care where as there was low correlation between hospital service with nursing care and medical care.

**Table 6** : Correlation of satisfaction scores among different domains

Domain	Nursing Care	Medical Care	Total Score
Hospital Service and Accommodation	0.19	0.04	0.41
Nursing care		0.61	0.62
Medical care			0.64

Table 7 showed significant association between level of satisfaction with admitted unit and days of hospitalization with p-value = 0.01 and there showed no significant association with history of previous admission of the child. Table 6 indicate that parents of children admitted in surgical unit were more satisfied than those with admitted children in medical unit (p-value = 0.00). Likewise, parents of children who were hospitalized for longer duration of more than six

days were more satisfied than those who were hospitalized for shorter duration of 6 days or less  $p$ -value = 0.01.

**Table 7:** Association of overall level of satisfaction with hospitalization related variables of the children

# Level of significance of  $p$ -value as  $< 0.05$

Variables	Satisfaction level		x2 value	p-value#
	Low (N = 100) %	High (N = 67) %		
Unit admitted				
Medical	68.6	31.4	8.89	0.00*
Surgical	45.2	54.8		
Inpatient days				
≤ 6 days	68.4	31.6	6.69	0.01*
> 6 days	48.6	51.4		
Previous admission				
Yes	52.5	47.5	2.20	0.13
No	64.2	35.8		

## Discussion

In this study, only 42.5% of the respondents were highly satisfied with hospital services and accommodation. This finding is somewhat similar to the finding of the study conducted in Iran where 32.7% were fully satisfied with welfare services.<sup>3</sup> Most (89.2%) of the respondents in this study were highly satisfied with the nursing care provided to the hospitalized children which is higher than the finding of the study done in Iran where 60.3% were highly satisfied.<sup>3</sup> In this study 94.6% of the respondents were highly satisfied with the medical care provided to the hospitalized children which is also higher than the finding of the study conducted in Iran in which 58.7% were fully satisfied with the medical care.<sup>3</sup>

Overall, 40.1% parents had high satisfaction with the care provided to the children during hospitalization which is somewhat similar to the study conducted in India which showed 31.0% parents had high satisfaction<sup>1</sup>. However, this result is in contrast to the studies done in Ethiopia and Iran which showed a very high parental satisfaction (59.8% and 59.0% respectively).<sup>6,7</sup>

In this study, there was significant association between satisfaction of the respondents and unit of child admission

( $p = 0.00$ ;  $p < 0.05$ ) which means there was statistically significant difference in care provided to the children in medical and surgical wards and the average satisfaction of parents were high in surgical ward than in medical ward. This might be due to the disease condition of the children admitted in medical and surgical ward as well as the flow of patient in medical ward which is quite high than surgical ward. However, in contrast to this study finding a study done in Ethiopia which showed no significance association between the level of satisfaction and unit admitted.<sup>7</sup> A significant association was found between respondents' level of satisfaction with care and number of days of hospitalization of the children ( $p = 0.01$ ;  $p < 0.05$ ) which showed the level of satisfaction was higher among the respondents of children having longer duration of hospitalization than shorter duration. This result was in contrast to the study done in Ethiopia which showed level of satisfaction was higher among the respondents of children having shorter duration of hospitalization ( $p < 0.001$ ).<sup>7</sup> This might be because in Nepalese context longer duration of hospital stay creates good interpersonal relationship with the hospital staffs and parents cooperate with the child's daily instructions. Likewise, the longer hospital stay means the child's condition is serious and need continuous intervention so if the child was recovered from that disease the satisfaction level of the parents automatically increases and other things doesn't matter at all. However, one study done in Egypt among children admitted in paediatric intensive care unit found no statistical significance of satisfaction with duration of hospitalization.<sup>10</sup>

Parental satisfaction level seen in this study may be biased as it represents the views of only those parents who had their children discharged after improvement and the satisfaction level might not be same for parents with negative outcome in their children. Furthermore, the study used non-probability purposive sampling technique. These might affect the external validity of the result.

## Conclusions

The study concluded that overall satisfaction of the parents is low with the care provided to the hospitalized children whereas domain wise satisfaction shows high satisfaction in medical and nursing care with low satisfaction in hospital services and accommodation. The study also concludes the existence of relationship between nursing care and medical care. The child's admission related factor like unit of child

admitted and number of days of hospitalization tends to influence the satisfaction of the parents. In order to enhance the overall satisfaction focus should be given to improve the quality of hospital services and accommodation.

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