



ISSN: 2091-2749 (Print)
2091-2757 (Online)

Submitted on: 17 Nov 2024
Accepted on: 17 Dec 2024

<https://doi.org/10.3126/jpahs.v11i3.80194>

Parental satisfaction regarding communication and caring behaviour of nurses at children ward of a teaching hospital

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Abstract

Introduction: Hospitalization of a child is a challenging and stressful experience for parents, often leading to heightened anxiety and reduced satisfaction with healthcare services. This study aims to identify the level of parental satisfaction with nurses' communication and caring behaviours in the children's ward.

Method: A cross-sectional analytical study was conducted among 278 parents of children admitted in Children Ward of Patan Hospital. Parents were purposively selected and interviewed using self-structured questionnaire. Data analysis was done using SPSS version 20. Level of satisfaction was analyzed using frequency, percentage, mean and standard deviations. Association between levels of satisfaction with demographic variables were analyzed using chi-square test.

Result: A total of 199(71.58%) parents were mothers. 209(75.18%) children had no prior hospitalizations. 116(41.73%) had a hospital stay of 4 to 7 days. Related to overall parental satisfaction, 203(73.02%) of the parents were satisfied, with mean of 3.32 ± 0.54 . Regarding communication, 173(62.20%) parents were satisfied, with mean of 3.22 ± 0.53 . Similarly, regarding caring behaviour, 212(76.30%) parents were satisfied, with mean of 3.51 ± 0.62 .

Conclusion: The findings of the study showed that more than three fourth of the parents were satisfied with caring behaviour of nurses, whereas, one third parents were dissatisfied with communication by the nurses. The areas of least satisfaction were availability of nurses when needed, ward orientation provided on admission, information provided on ward routines and procedures. Therefore, these areas should be considered while providing care to the children admitted to children ward.

Keywords: children; communication; nursing care; parental satisfaction



How to Cite: Nepal S. Parental satisfaction regarding communication and caring behaviour of nurses at children ward of a teaching hospital. Patan Acad Health Sci. 2024 Dec;11(3):43-48.

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Introduction

Child hospitalization often increases parental anxiety and reduces satisfaction with healthcare services. Addressing parental needs, such as effective communication, involvement, and continuous information, can alleviate stress and improve satisfaction.¹ Nurses' caring behaviour is crucial in reducing anxiety and enhancing satisfaction in paediatric wards.²

In Amman, 90% of parents reported that nurses ignored their child's needs due to poor listening and slow responses.³ In contrast, over 90% of respondents expressed a high level of satisfaction with nurses in Poland.⁴ In Ethiopia, 51.67% of nurses demonstrated good caring behaviour, and just 49.2% of patients were satisfied with nursing care.⁵ In India, 83% of parents were partially satisfied with paediatric oncology care.⁶ In Nepal, 39% at B.P. Koirala Institute of Health Sciences felt nurse-parent communication was inadequate, and 59.9% of parents reported low satisfaction with nursing care at Kanti Children's Hospital.^{7,8} Communication and emotional support often receive low ratings in emergency community health services, which are linked to negative perceptions of care.⁹

Healthcare organizations face increasing pressure to improve service quality to meet consumer demands. Parental satisfaction with hospital and nursing care is a key indicator of care quality. Engaged and satisfied patients are more likely to follow treatment plans, whereas dissatisfaction can lead to financial losses and hinder recovery.^{10,11}

Most of the studies were conducted in intensive care units with very few focusing in paediatric units. Limited research has explored both communication and caring behaviour of nurses in general paediatric wards in Nepal. This study aims to address that gap and support future improvements.

Method

Descriptive cross-sectional study was conducted from 1 Sept to 29 Nov, 2019 in the children ward of Patan Hospital, Patan Academy of Health Sciences (PAHS), Lalitpur, Nepal for parental satisfaction regarding communication and caring behaviour of nurses. Ethical approval was obtained from Institutional Review Committee (IRC) of PAHS (Ref.: PNP1908041282). A non-probability convenience sampling method was employed to select eligible parents for the study.

Either the mother or father of children admitted for at least three days and preparing for discharge, who were willing to participate, were included in the study. Written informed consent was obtained

from all parents, utilizing the generic PAHS format in Nepali. The purpose and objectives of the study were clearly explained to each participant. Each day, between 11 AM to 4 PM, parents (either the mother or father) who met the inclusion criteria and were preparing for discharge were interviewed face-to-face for approximately 20-25 minutes. The interviewer was not involved in the care of the children at any point, ensuring an unbiased data collection process. Confidentiality was maintained throughout the study by coding in the questionnaire separately and using data only for academic purpose.

A self-developed structured questionnaire in Nepali language was used for data collection. Face and content validity was done by three subjects experts using Content Validity Index (CVI) tool. Questions from part 1 consisted demographic information, part 2 and part 3 consisted of a 17 item under the two domains namely; satisfaction regarding nurses' communication (11 items) and satisfaction towards caring behaviours of nurses (6 items). All 17 questions were measured on five-point Likert scale where 5 score was given for strongly agree and 1 for strongly disagree score. There was total 11 items on part 2 and its total score was 55. The mean score below 33 were classified as dissatisfied and 33 and above was considered as satisfied.¹⁰ The sample size was calculated as:

Considering prevalence of 50%, the calculated sample size was 383 which was determined by using prevalence, but calculated sample size was not achieved due to time constraints data could only be obtained from 278 samples.

Result

A total of 199(71.58%) respondents were mothers. The majority of children, 209(75.18%), had no prior history of hospitalization. Hospital stay of 4 to 7 days was reported in 116(41.73%) cases. Among the admitted children, 127(45.68%) were aged between birth and one year. A total of 161(57.91%) were male.

Among 278 parents, 77(27.70%) strongly agreed that they could freely discuss their child's health with nurses. A total of 83(29.86%) strongly disagreed that nurses provided information regarding ward routines and procedures, while only 6(2.16%) strongly agreed with the same. Additionally, three (1.08%) strongly disagreed that nurses explained things in an understandable manner, Table 1.

A total of 156(56.12%) respondents strongly agreed that nurses administered medications on time. Meanwhile, 43(15.47%) strongly disagreed that nurses were available when needed. Only 19(6.83%)

strongly agreed that nurses provided adequate time, and two (0.72%) strongly disagreed that nurses exhibited loving behaviour, Table 2.

A total of 173(62.23%) parents were satisfied with the communication of nurses, while 105(37.77%) were dissatisfied. The mean score for communication was 3.22 ± 0.53 . Similarly, 212(76.26%) parents were satisfied with the caring behaviour of nurses, whereas 66(23.74%) were dissatisfied. The mean score for caring behaviour was 3.51 ± 0.62 , Table 3.

Discussion

This study found an overall parental satisfaction rate of 73%, with 62.20% of parents satisfied with nurses' communication and 76.30% satisfied with nurses' caring behaviour. These results demonstrate a generally positive response to nursing interactions and compassion in paediatric care.

Our findings align with a study conducted at Kanti Hospital, Nepal, where 89.25% of parents reported satisfaction with nursing care, despite lower satisfaction with the hospital's overall services.⁸ Similarly, a study from India reported satisfaction rates of 77% with nursing care

and 53% with communication highlighting the variability in satisfaction levels across care dimensions.¹²

In South Nigeria, 58.8% of parents were only partly satisfied with nursing care, contrasting with a study in Indonesia, where 75.3% of parents were very satisfied.^{13,14} Findings from Ghana 60.1%, align with this study, with also Indonesia 69.2% of parents expressing satisfaction with nursing care.^{10,15}

Satisfaction levels also vary across broader settings. In Ethiopia, parents expressed lower levels of satisfaction with neonatal intensive care services 50%, particularly in the dimensions of information provision and care/treatment.^{15,16} This suggests that while caring behaviour enhances satisfaction, other factors such as; information availability, respect for privacy and service accessibility, are also crucial determinants. Similarly, studies from India reported high parental satisfaction with nursing care 92% and 92.1% but noted lower satisfaction scores related to healthcare access and environmental factors.^{17,18,19} Likewise, study done in Pakistan showed 26% had low satisfaction 28% moderate

Table 1. Response of Parents Regarding Nurses' Communication (n=278)

Statements	Strongly Agree n(%)	Agree n(%)	Uncertain n(%)	Disagree n(%)	Strongly Disagree n(%)
Provided ward orientation at time of admission	11(3.96)	93(33.45)	35(12.59)	72(25.90)	67(24.10)
Listened to parents what they have to say about their child	58(20.86)	166(59.71)	20(7.19)	27(9.71)	7(2.52)
Explained in understandable way	52(18.71)	181(65.11)	23(8.27)	19(6.83)	3(1.08)
Explained before procedure	36(12.95)	134(48.20)	46(16.55)	51(18.35)	11(3.96)
Discussed about treatment plans	20(7.19)	71(25.54)	23(8.27)	105(37.77)	59(21.22)
Showed politeness	22(7.91)	145(52.16)	53(19.06)	53(19.06)	5(1.80)
Clearly answered parents' questions	32(11.51)	187(67.27)	25(8.99)	25(8.99)	9(3.24)
Provided information on child's medication	20(7.19)	72(25.90)	38(13.67)	109(39.21)	39(14.03)
Provided information on ward routine and procedures	6(2.16)	49(17.63)	36(12.95)	104(37.41)	83(29.86)
Provided information on home care	10(3.60)	85(30.58)	45(16.19)	74(26.62)	64(23.02)
Talked freely with nurses regarding health conditions	77(27.70)	165(59.35)	17(6.12)	15(5.40)	4(1.44)

Table 2. Response of Parents Regarding Nurses' Caring Behaviour (N=278).

Statements	Strongly Agree n(%)	Agree n(%)	Uncertain n(%)	Disagree n(%)	Strongly Disagree n(%)
Showed loving behaviour	112(40.29)	137(49.28)	16(5.76)	11(3.96)	2(0.72)
Provided adequate time	19(6.83)	109(39.21)	39(14.03)	91(32.73)	20(7.19)
Monitored the patient's health condition frequently	22(7.91)	102(36.69)	46(16.55)	68(24.46)	40(14.39)
Provided treatment and medication within time	156(56.12)	109(39.21)	3(1.08)	5(1.80)	5(1.80)
Notified the doctor when necessary	35(12.59)	129(46.4)	86(30.94)	24(8.63)	4(1.44)
Were available when needed	21(7.55)	75(26.98)	38(13.67)	101(36.33)	43(15.47)

Table 3. Level of Parental Satisfaction Regarding Communication and Caring Behaviour of Nurses. (n=278)

Items	Frequency n(%)
Communication Behaviour of Nurses	
Satisfied	173(62.20)
Dissatisfied	105(37.80)
Mean	3.22±0.54
Caring Behaviour of Nurses	
Satisfied	212(76.30)
Dissatisfied	66(23.70)
Mean	3.51±0.62

and 46% had high parental satisfaction with health care during child's hospitalizations.²⁰ These findings emphasize that while communication and caring behaviour are central to satisfaction; parental experiences are shaped by resources, infrastructure, and care contexts.

These consistent results across diverse cultural and healthcare settings emphasize the pivotal role of nurses' interpersonal skills, particularly effective communication and compassionate behaviour, in enhancing parental satisfaction.²¹ However, these findings also highlight that achieving optimal satisfaction requires addressing systemic challenges, such as accessibility, privacy, and the healthcare environment. Globally, these studies reinforce that communication and caring behaviours are fundamental to meeting parental expectations and delivering quality paediatric nursing care.

Most of the patients 55%, who were not admitted previously reported satisfaction and most of the patients 52.15%, staying less than seven days reported dissatisfaction. This finding is supported by a study conducted in Egypt, which also found a positive relationship between prior hospital experiences and parental satisfaction.¹⁴ However, no significant association was found with the duration of the current hospital stay in another similar study.¹⁹ These results suggest that previous hospital experiences, particularly familiarity with the hospital environment, might positively influence parental satisfaction. Familiarity could improve comfort levels and shape expectations regarding nursing roles, enhancing the overall satisfaction with care.

Findings on the duration of hospital stays vary across studies. For instance, a study conducted in a children's hospital in Egypt found a significant association between satisfaction and the length of hospital stay.^{1,14} While another study observed higher satisfaction among parents with shorter

neonatal stays.¹⁶ Longer stays may lead to increased parental stress, potentially reducing satisfaction, as parents are likely to experience fatigue and anxiety over time. In contrast, some studies found no significant association between satisfaction and length of stay, suggesting that satisfaction factors may differ based on healthcare context, care quality, and patient population.^{8,21}

Regionally and globally, these findings underscore the importance of emphasizing interpersonal aspects of nursing care, particularly in paediatric wards where parents are sensitive to communication and caring behaviours. Consistent with a study conducted in Poland, which suggested that enhancing caring behaviours could improve parental satisfaction our findings further highlight the crucial role of compassionate nursing care.²² Although variability exists due to factors such as service quality and staff attitudes, effective communication by paediatric nurses with both patients and their families is widely recognized as a key component of quality care. This, in turn, positively influences parental satisfaction and supports favourable healthcare outcome.^{23,24}

This study was conducted in a single hospital using non-probability sampling, which may limit the generalizability of the findings. The sample size was lower than calculated due to time constraints, and the cross-sectional design did not allow observation of changes over time. In addition, self-reported data may be subject to response bias. Future studies with longitudinal designs and larger, representative samples are recommended to explore satisfaction trends and contributing factors more comprehensively.

Conclusion

The study concluded that nearly three-fourths of parents were satisfied overall, but communication showed lower satisfaction levels. Key areas lacking in communication were information on ward routines, procedures, home care, and timely orientation at

admission. Low satisfaction in nurses' care focused on availability when needed, though medication administration was rated highly. The findings suggest that nurses should improve areas of low satisfaction and focus more on parents whose children are first-time hospital admissions, as this impacts their satisfaction.

Acknowledgement

I would like to extend my heartfelt gratitude to Patan Academy of Health Sciences for granting me permission to carry out this study. My deepest appreciation goes to my research advisor, Associate Professor Vivechana Shakya whose invaluable guidance, advice, and support were instrumental throughout the course of my thesis. I am also sincerely thankful to all the parents who generously participated in this study.

Funding

None

Conflict of Interest

None

Author's Contribution

This research was conducted as part of the thesis requirement for the Master's in Nursing program. The author took full responsibility for conceptualizing and designing the study, conducting a comprehensive literature review, gathering and analyzing data, and drafting the manuscript.

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