



Mothers' Satisfaction Towards Pediatric Nursing Care at District Headquarter Hospital Mirpurkhas

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Declaration

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ABSTRACT

Objective: To assess the quality of pediatric nursing care provided to hospitalized children and the level of mother satisfaction with that care. **Methodology:** A descriptive Cross-sectional study approach based on non – probability convenience sampling design was used. The data was gathered from respondents between August - October 2019. The study population comprised mothers of children admitted in pediatric ward at district headquarter hospital Mirpurkhas. Data analysis was analyzed using SPSS Version 22. A structured questionnaire was set with the help of Newcastle satisfaction nursing scale consists of 25 questions and was divided into 2 sections. The subjects of the study were mothers of hospitalized children who meet inclusion criteria. A written consent was taken from all respondents. Data were collected from 290 subjects with the help of a pre-translated questionnaire. **Results:** 78.3% of mothers were satisfied with the information nurses gave them, whereas 21.7% of mothers were not. In addition, 109 (38.7%) of mothers were dissatisfied with the nurses' explanation of the child's condition, whereas 181 (62%) of mothers were satisfied. **Conclusion:** This study found that mothers were generally satisfied with pediatric nursing care but identified areas needing improvement. Key concerns included waiting times, pharmaceutical services, and hospital environment. While 86.6% of nurses effectively handled medical devices, only 43.8% communicated pleasantly due to workload pressures. Nurses managed emergencies well and ensured patient privacy, but staffing challenges affected care quality. Maintaining an optimal nurse-to-patient ratio is crucial for sustaining high standards and enhancing patient satisfaction.

INTRODUCTION

Every health care organization has a responsibility to provide excellent quality care. However, maintaining high-quality care while also ensuring patient satisfaction is difficult. When it comes to nursing care, this is especially true because it is an essential component of identifying quality assessment. ¹Since parents are the primary supporters of their children and serve as the children's spokespersons, satisfaction estimations are a solid technique to assess the conditions of health care organizations in pediatric settings. ¹

There are many different methods to patient and family-centered care, but this one has been recognized as best practice in pediatrics since it is solely based on the idea that parents are children's primary sources of strength and support. ²

According to prior research, parents would feel less anxious and their kids would more quickly adapt to the hospital environment in pediatric units if parents were constantly informed about their children's health status. Nursing care is an essential component of healthcare, and studies indicate that communication between nurses



and the parents of hospitalized children has a significant impact on how those parents view their child's care.³

When a child is in the hospital, it can be quite tough for the parents because they want to be there for their child and have to stay informed about all aspects of their health as well as participate in decisions on diagnosis, treatment, and care. Their nurse agrees that parental involvement in their children's care is crucial but admits that it may be very challenging for parents to take on all of the responsibilities.⁴

Few studies on the methods employed in the supervision of hospitalized children have been conducted in emerging countries. In a previous study, it was discovered that the hospital ward environment and setting for care were challenging for both the hospitalized children and their parents, and that the nursing staff was unwilling to involve parents in the care of their children.⁵

Parental engagement must be permitted in any negotiations between the medical personnel and the parents. For parents with children in hospitals, losing authorization is one of the biggest burdens. Parents frequently feel that their kids' holistic requirements are not met in the hospital setting, despite the fact that both nurses and parents want to send their child home healthy.²

The situation of a child being hospitalized offers opportunities for a variety of crisis scenarios that have a significant influence on him and his family. Because the hospitalized child's mother is there constantly and interacts with him or her, these problems may be reduced. Since the child's suffering increases when the mother or guardian isn't around, it's not only accepted but encouraged that other people stay with the child to help with her care and to demonstrate the proper method of parenting.⁶

The healthcare facility's primary goal is to deliver high-quality care, in this case to children and the people closest to them, in this case, their parents and fundamental mothers. Since timely recovery is crucial for successful care, mothers and, in the case of pediatric patients, the patients themselves will continually evaluate their performance. This is especially true for children. He should extend his hospital stay and delay going home.⁶

Having the child's hospitalization be an experience that occurs disconnected from his regular activities and background friends, schools, and social activities, to which he is accustomed, and being aware that the family, particularly the mother, plays a leading role in caring for your child's health and constitutes the connection between the typical environment in which the child develops and the environment it provides. In this regard, meeting the needs of patients and their families is crucial.⁷

The importance of providing adequate emotional and medical treatment, as well as patient regard, for your personal and social difficulties is in addition to taking care of your health issues. The fulfillment of the needs of the individual and his or her family's environment, the awareness of new healthy habits, and encouragement so that the person can overcome their worries, fears, anxieties, and stressful situations, such as hospitalization, are all aspects of the position of the nursing professional that will be determined by the caliber of the care provided.⁸

The primary objective of the treatment is to make the mother happy, and the success of that treatment is also a result of the commitment to meeting your unmet needs while you were in the hospital. For instance, a content mother is more likely to work well with the psychiatrist, accept and follow his advice, and potentially send this one back to look for nursing care.⁹

The growth of the disease may be adversely affected by relationships that enable patients and their families to feel secure and receive enough information from the nurse. These relationships also build an openness to the nurse's counsel and suggestions.¹⁰

METHODOLOGY

The present study employed a descriptive cross-sectional study research approach following a survey research design, with data collection carried out at the pediatric ward of district headquarter hospital Mirpurkhas, a public hospital that covers the rural and urban population and nearby districts to meet the set objectives. Between August and October 2019, non-probability convenience sampling was used to collect data from respondents. Data was analyzed using SPSS Version 22 and AMOS Version 22. The study population comprised mothers of children admitted to the pediatric ward at the district headquarters hospital in Mirpurkhas.

The inclusion criteria included only mothers who volunteered to participate in the study. The duration of my hospital stay was at least 48 hours. Mothers of children' older than one month and mothers who are able to share their experience about the nursing care received by their children. The exclusion criteria covered mothers who were not willing to participate in the study. Mothers of one-month-old children, mothers who had only a 24-hour hospital stay, and mothers of follow-up patients were excluded from the study. The study's data collection method was mothers of hospitalized children who met the inclusion criteria. A written consent was obtained from all respondents. Data were collected from 290 subjects with the help of a pre-translated questionnaire. A structured questionnaire was set with the help of the Newcastle Satisfaction Nursing Scale (NSNS) and the permission of the author. It consists of 25 questions and is divided into two sections. Ethical considerations for the research Permission to conduct the

study was obtained from the concerned medical superintendent. Informed written consent was obtained from the mothers of children who stayed at least 48 hours at the pediatric ward. Ethical approval was obtained from the Ethical Committee of Liaquat University of Medical and Health Sciences. All questions on the questionnaires were explained to mothers and parents in their local language. All questionnaires were kept in safe hands, and other personal data is kept confidential.

Data Analysis

Data analysis was the focus of this study. The first set of data was entered into Microsoft Excel. For the final analysis, data were entered into Statistical Package for the Social Sciences (SPSS) version 22. The frequency tables, bar charts, and pie charts were plotted for categorical data. A chi-square test was applied to seek associations between mothers' satisfactions with pediatric nursing care.

RESULTS

Descriptive Analysis

Table 1 shows that a total of 290 patients participated in the study. With respect to the age of the child variable, it was found that the majority of children who participated in the study were in the 1–6 month (39.7%) age group.

Table 1

Age distribution of children (n=290).

| Age of children | Frequency | Percentage |
|-----------------|-----------|------------|
| 1 to 6 Months | 115 | 39.7 |
| 7 to 12 months | 82 | 28.3 |
| 1 to 2 Years | 49 | 16.9 |
| 2 to 5 Years | 29 | 10 |
| Above 5 Years | 15 | 5.2 |

Table 2 shows the medical diagnosis of the child: 55 (19%) with diarrhea, 65 (22.4%) with malaria, 65 (22.4%) with pneumonia, 38 (13.1%) with typhoid, and the remaining children with other diseases as shown in Table 2.

Table 2

Proportion of type of disease among children (n=290).

| Variables | Frequency (n) | Percentage |
|-----------------------------|---------------|------------|
| Acute respiratory infection | 5 | 1.7 |
| Bacterial meningitis | 3 | 1.03 |
| Bronchitis | 6 | 2.06 |
| Cholera | 5 | 1.7 |
| Diarrhea | 55 | 18.9 |
| Dysentery | 6 | 2.06 |
| Jaundice | 3 | 1.03 |
| Malaria | 65 | 22.4 |
| Malnutrition | 19 | 6.5 |
| Meningitis | 6 | 2.06 |
| Pneumonia | 65 | 22.4 |
| Snake bite | 6 | 2.06 |
| Typhoid | 38 | 13.1 |
| Viral hepatitis | 8 | 2.7 |
| Total | 290 | 100 |

Figure 1 shows the duration of stay at the hospital (days); 252 (86.89%) patients stayed from 2 to 7 days,

while 38 (13.2%) stayed from 2 to 4 weeks.

Figure 1

Duration of stay at hospital (n=290).

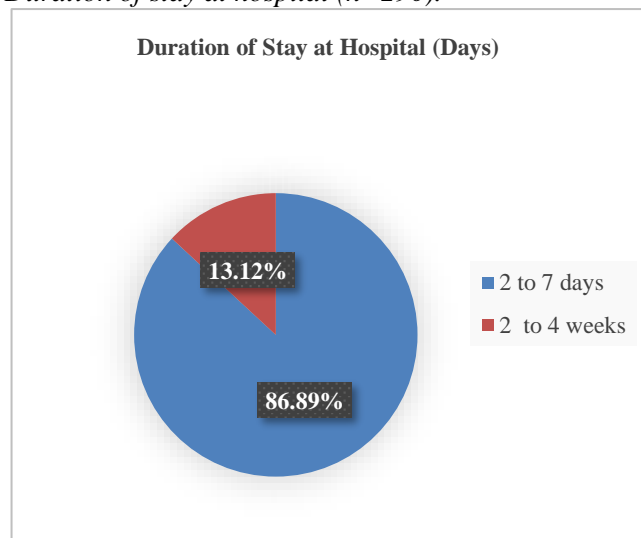


Table 3 reveals that 103 (35.5%) of the respondents were from urban areas, while 187 (64.5%) belong to a rural area.

Table 3

Geographical distribution of the respondents (n = 290).

| Place of residence | Frequency | Percentage |
|--------------------|-----------|------------|
| Urban | 103 | 35.5 |
| Rural | 187 | 64.5 |
| Total | 290 | 100 |

Table 4 reveals that the majority of mothers, 78.3 percent, were satisfied, while 21.7% were not satisfied with the information they were provided with from nurses.

Table 4

Mothers' satisfaction about nurses giving them information when they needed it (n = 290).

| Mother's satisfaction | Frequency | Percentage | P value |
|-----------------------|-----------|------------|---------|
| Yes | 227 | 78.3 | 0.002 |
| No | 63 | 21.7 | |
| Total | 290 | 100 | |

Table 5 shows mothers satisfaction with nurses' explanations of what was wrong with their children (n = 290). Where 181 mothers (62.4%) were satisfied while 109 mothers (37.5%) were not satisfied.

Table 5

Mother's satisfaction with nurses explaining what was wrong with children (n = 290)

| Mother's satisfaction | Frequency | Percentage | P value |
|-----------------------|-----------|------------|---------|
| Yes | 181 | 62.4 | 0.251 |
| No | 109 | 37.6 | |
| Total | 290 | 100 | |

Figure 2 reveals the majority of mothers (258, or 89%) were satisfied with the perspective of responding of nurses when they were called in for patient care, whereas only 32 (11% of mothers) were not satisfied with it.

Figure 2

Mother's satisfaction about nurses and how much time nurses took to come after they were called (n = 290).



Table 6 shows that in this study, 194 (67%) mothers were satisfied regarding medications being given by nurses to their children on time, whereas 96 (33%) mothers were not satisfied with it.

Table 6

Mothers' satisfaction about nurses giving medication on time (n = 290).

| Mother's satisfaction | Frequency | Percentage | P value |
|-----------------------|-----------|------------|---------|
| Yes | 194 | 66.9 | 0.042 |
| No | 96 | 33.1 | |
| Total | 290 | 100 | |

Figure 3 depicts mothers' satisfaction about nurses telling them enough about their child's treatment.

Figure 3

Mothers' satisfaction with nurses telling them enough about their child's treatment (n = 290).

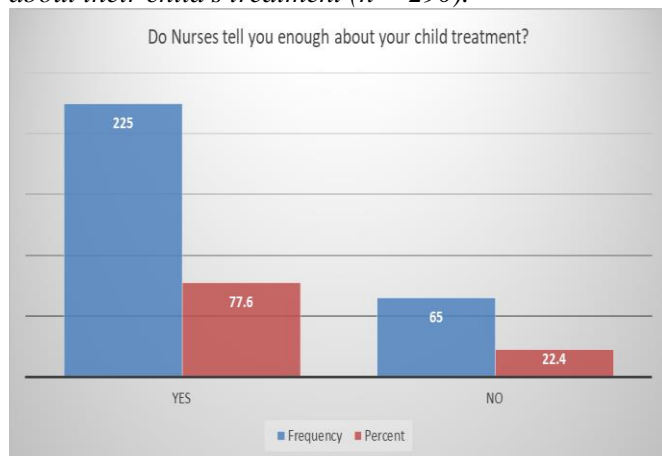


Table 7 shows Mother's satisfaction about nurses in terms of favoring some patients over others (n = 290), as shown in figure 13.

Table 7

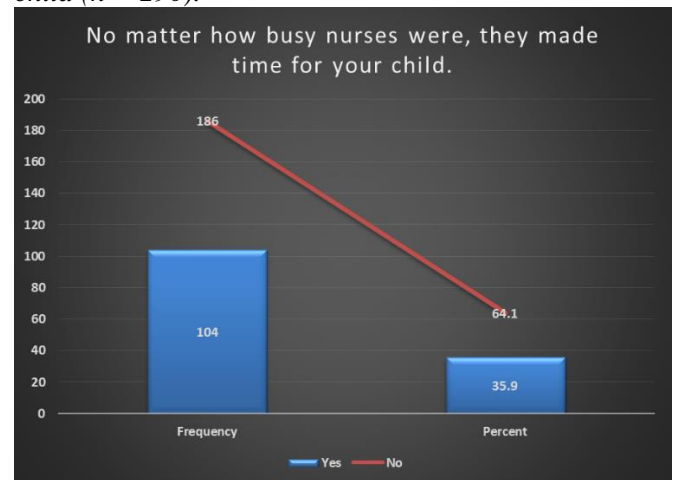
Mothers' satisfaction about nurses in terms of favoring some patients over others (n = 290)

| Mother's satisfaction | Frequency | Percentage | P value |
|-----------------------|-----------|------------|---------|
| Yes | 107 | 36.9 | 0.005 |
| No | 183 | 63.1 | |
| Total | 290 | 100 | |

Figure 4 reveals that the majority of mothers (186, or 64%) were not satisfied when asked about nurses in terms of how much they were busy and whether they had made time for their child's care.

Figure 4

A mother's satisfaction about nurses in terms of how no matter how busy nurses were, they made time for their child (n = 290).



DISCUSSION

This study evaluated mothers' perceptions of the quality of healthcare services, which, because it focuses on the actual experiences of the users, offers a significant source of information for evaluating and improving these services.

Another study suggests that the ability of an instance of a health care act, such as the nurse's care to meet users' demands, can be understood as the quality of care provided by health facilities. On the other side, the client will experience more happiness when he receives top-notch, risk-free medical care, which should be provided during the entire course of medical care.¹¹

According to a related study, user satisfaction and quality of care are associated because there is a useful balance between what patients anticipate from healthcare facilities and what they believe they are receiving from them.¹²

The findings from this phenomenological study contribute to our understanding of mothers' satisfaction with pediatric nursing care at the district headquarters hospital in Mirpurkhas. These findings suggest that 78 percent of mothers were satisfied in terms of nurses giving them information when they needed it, while 21.7 percent of mothers were not satisfied.

Another study supports the finding that 55% of the mothers reported intermediate satisfaction, followed by 35% complete satisfaction, and 10% reported dissatisfaction. 35, the findings of this study are in line with another study reported 70% of clients having average satisfaction, and 18% low. 36 These differences can be attributed to mothers' lack of schooling and rural backgrounds.¹³

In this study most of the nurses were competent enough to satisfy mothers' questions such as mothers like to learn more about the medical status of their child, asked for more information on the aspects of the disease where little progress has been made. These findings are comparable with a study which supports that children's mothers often feel less educated about the aforementioned aspects of the disease about which little is known. Some parents can ask other doctors for information and seek advice to confirm their suspicion of a misdiagnosis.¹⁴

In comparison with another study, which reported that the amount of information nurses provided to patients was a key indicator for patient satisfaction as it helps nurses deliver quality care,¹⁵ However, patients' satisfaction involves the subjectivity of the information system and helps in assessing the objectivity of health problems.

In this study most of the mothers were satisfied regarding medications being given by nurses to their children on time. These findings are comparable other research that also reported customers' level of satisfaction with treatment and showed varying levels of satisfaction around the various dimensions of treatment.¹⁶ In comparison to this study's findings, another study validates that nurses' knowledge and ability to administer medication to children in a hospital setting provide quality care with minimum risks and enhance the level of satisfaction.

Based on this study, mothers who received nursing care experienced less anxiety and worry. These results are analogous to other studies that found that parents experience feelings of anxiety and confusion when transporting their children to the hospital and that this emotional disturbance in the parents negatively affects the child by causing unneeded sadness.¹⁷ On the other hand, poor management could lead to a loss of control, an increase in discomfort and/or tension, and consequently, a consequence. Moreover, many expressed strong feelings in response to the diagnosis's pronouncement.¹⁸

Despite previous studies that concentrated on facilities and showed that access to services gives respondents a generally high level of satisfaction, this study lacked information about infrastructure.¹⁹ of which had an impact on the patient's perception but received poor

satisfaction scores in the economic and pharmacy sectors.²⁰

In accordance with the study's findings, mothers were generally happy with their nursing care, even though the majority of them were uneducated, from rural areas, and of low socioeconomic status. Comparatively, studies have demonstrated that a variety of demographic characteristics are associated with mother satisfaction rates.²¹

CONCLUSION

Pursuant to this study, mothers were generally satisfied with the services they received to a reasonable degree, but not to the full extent that would be ideal. It also identified a few places where change is crucial. Additionally, procedures and policies must be developed and put into effect to guarantee ongoing examination and improvement of the standard. It is important to pay close attention to the specific factors that respondents find to be less fulfilling, such as waiting times, pharmaceutical services, and various elements of the hospital environment.

The quality of pediatric nursing care was deemed satisfactory since, according to the respondent, 86.6 nurses know how to handle medical devices; communication also speaks to the quality of care, and 43.8 nurses communicate pleasantly while the remaining nurses do not due to a high workload. Nurses cope with medical emergencies, make good judgments without consulting doctors, and protect children's privacy. Despite providing the majority of high-quality care, some areas were left out because nurses are constantly under pressure. To provide high-quality care, the nurse-to-patient ratio should be kept constant.

Recommendations

To ascertain the degree of mothers' satisfaction with pediatric nursing care, more analytical research should be carried out in pediatric wards and children's hospitals throughout Sindh. The mothers of the children speak for them. A higher satisfaction score would indicate high-quality medical treatment.

It is important to hire and train more pediatric nurses by offering them a one-year pediatric specialty degree. To guarantee better child care at home, mothers' counseling sessions must be scheduled in hospitals.

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