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Parents' Perceived Satisfaction of Care, Communication and Environment of the Pediatric Intensive Care Units at a Tertiary Children's Hospital^{1,2,3}

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Received 12 March 2015; revised 19 November 2015; accepted 17 December 2015

Key words:

Parents' satisfaction;
Communication;
Environment;
Care;
Pediatric intensive
care units;
Jordan

Abstract This study aims to identify parental perceptions on pediatric intensive care-related satisfaction within three domains: environment, child's care provided and communication. In addition, it aims to identify whether parent's socio-demographics and child's clinical variables predict parents' perceived satisfaction. In this study, a total of 123 parents whose child received care in the PICU of a tertiary children's hospital in Amman completed the Arabic version of the parents satisfaction survey (PSS). A cross-sectional, descriptive-correlational design was used to collect data. All data were collected between June and October of 2013. Central tendency measures and percentages of replies for each domain revealed that at least 7 items were rated poorly satisfied. More than half of the parents were not satisfied with the noise level of the PICU, the time nurses spent at the child's bedside, as well as the way the healthcare team prepare them for the child's admission. Almost 90% of the parents believed that the nurses ignored their child's needs by not listening to parents and by responding slowly to child's needs. Stepwise regression analysis showed that that the number of hospital admissions, health insurance and the severity of illness was the main predictor of parents' satisfaction. In conclusion, the availability of health care professionals, the support and the information they share with the child's parents are all significant to parent's satisfaction and hence to better quality of care. Targeting the domains of low satisfaction reported by the parents could increase parent's satisfaction and achieve quality improvement required for this population.

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¹ Conflicts of Interest: "The authors have no funding or conflicts of interest to disclose."

² Ethical Approval: All identifying information regarding the study participants has been omitted and this study was approved by the Academic Research Committee at the Faculty of Nursing at the University of Jordan and the IRB of King Hussein Cancer Center.

³ Funding/Sponsorship: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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RESEARCH ON PARENT'S satisfaction has grown in recent decades as it becomes a tool to assess quality of care and to achieve a distinctive level in meeting parents' needs and expectations at the pediatric intensive care (PICU) settings (Ebrahim, Singh, & Parshuram, 2013; Heyland et al., 2002; Latour, Van-Goudoever, et al., 2011a). Enhancing the communication and the facilities of the patient care environment can improve patients' overall satisfaction with

the hospitalization experience (Harris, McBride, Ross, & Curtis, 2002; Kline et al., 2007). For example, children and parents' satisfaction increases when the hospital environment is neat and quiet (Tzeng, Hu, & Yin, 2011). Furthermore, clear, mutually understood communication between parents and health care providers also improves satisfaction (Weiss, Goldlust, & Vaucher, 2010; Ygge, 2004). The participation of parents in the process of planning is particularly significant in determining satisfaction (Hart, Kelleherb, Drotarc, & Scholled, 2007; Mehta, 2008). However, health care professionals are not always aware of all the requirements and needs of sick children and their parents. As yet, a few studies from the published literature have reported on the perceived satisfaction of children and/or their parents in the PICUs.

Review of the Literature

In a qualitative study, Spitz-Köberich, Barth, and Spirig (2010) reported that parents' particular expectations from the team of the pediatric intensive care unit about their hospitalized sick children are reflected in six subcategories: knowing that the child is receiving good care; being with the child; being involved; experiencing care for oneself and one's child; being informed; and experiencing continuity. Similar findings were found in another qualitative study conducted to explore parents' experiences during the admission of their child to the pediatric intensive care unit (PICU). Latour, Van-Goudoever, et al. (2011b) found that the attitude of the healthcare professionals, coordination of care, emotional intensity, information management, environmental factors and parent participation were the major themes and issues discussed by parents. However, the use of parent satisfaction surveys in pediatric intensive care still remains relatively limited (Latour, Hazelzet, & Van-der Heijden, 2005). A Danish study reported that more than half of the children's families were dissatisfied with the time the nurses spent with them, the quality and quantity of communication their child received from the physicians and nurses, and the extent to which the healthcare practitioners understood the parents' and child's situation and needs (Ammentorp, Rasmussen, Nørgaard, Kirketerp, & Kofoed, 2007).

Van-Dijk et al. (2009) reported that additional services such as follow-up services can significantly affect parent satisfaction. Follow-up services included a multidisciplinary team consisting of pediatricians, a clinical geneticist, developmental psychologists, nurses, a pediatric physiotherapist, a social worker and a pediatric surgical consultant runs a follow-up program for these children and their parents since 1999. The aim of this team was to facilitate smooth transitions from the PICU to the general ward, to other hospitals or to the home situation.

This finding suggests that improving the quality and quantity of parent-provider interaction can be positive and increase a parent's communication-based satisfaction with

their healthcare providers (Weiss et al., 2010). Studies related to parents experience with their child's health care services in the Arab world are very limited. Arabiat and Altamimi (2013) argued that pediatric health care in Jordan needs further improvement given that psychosocial issue of a child's care and effective communication patterns with patient's family are often neglected. Arabiat, Alqaissi, and Hamdan-Mansour (2011) suggested that the main factors associated with low child's care in Jordan are lack of professional training for nurses working with children, time and financial constraints, poor reimbursement for care coordination efforts and negative perception of psychological care. In this context, it is not surprising that studies related to parents' needs and experiences are necessary to document the reality of parents' satisfaction in the PICU setting. The result of this study can be used as a base line for developing and improving the quality of care provided at the PICU settings in Jordan. This study aims to identify parental perceptions on pediatric intensive care-related satisfaction items within three domains: child's care, environment and parent-staff communication. In addition, it aims to identify whether parent's socio-demographics and child's clinical variables predict parents' perceived satisfaction. The questions of this study are: what is the perceived satisfaction of child's care, communication and environment of the PICU at a tertiary children's hospital in Jordan and do parent's socio-demographics and child's clinical variables predict parents' perceived satisfaction.

Methods

Study Design

A quantitative approach using a cross-sectional, descriptive-correlational design was used to determine the level of satisfaction parents reported with the communication, child's care and environment in the PICU settings in Jordan.

Sample and Settings

The sample consisted of 123 parents who were recruited using a convenience sampling method. Data were collected from a tertiary children's hospital in Amman. This hospital is the first and only medical specialist hospital for children and adolescents in Jordan. It serves as a primary teaching, clinical and research site for the military services. This hospital is a 200-bed children's facility with 90,000 visits in the most recent year reported. The PICU is an 18-bed nursing unit with an average bed occupancy rate between 60% and 96% and an average nurse to patient ratio of 1:2 (Abuqamar, 2014).

All parents of children aged 6 months to 12 years admitted to the pediatric intensive care units (PICUs) with chronic underlying conditions were invited to participate in this study. O'Halloran, Miller, and Britt (2004) state that a chronic illness is one that has a duration that has lasted, or is expected to last at least six months, has a pattern of recurrence, or deterioration, has a poor prognosis, and

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