



## ORIGINAL ARTICLE

# Factors affecting parental satisfaction in the neonatal intensive care unit

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### KEYWORDS

Parental satisfaction;  
Factors;  
Neonatal intensive  
care unit (NICU)

**Abstract Purpose:** To evaluate possible parental satisfaction indicators, concerning the Neonatal Intensive Care Unit (NICU), which are related to sociodemographic variables.

**Design:** Non-experimental design using a validated parental satisfaction questionnaire. The sample consisted of 550 parents (297 mothers, 253 fathers) whose infants were hospitalized in two Neonatal Intensive Care Units (NICU) in Greece. The parents completed the questionnaire on the day of discharge.

**Results:** Younger Greek women, with basic education level, who live in rural areas and whose infant's length of stay was short, expressed higher levels of satisfaction.

**Conclusion:** The parents' sex and the duration of the infant's hospitalization are the most significant factors affecting parental satisfaction. Background factors should be considered when evaluating parental satisfaction.

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## Introduction

Quality of care, from the parent's perspective, plays an important role in the development and improvement of health services' performance and image. However, health care quality is difficult to

measure due to inherent intangibility (Conway and Willcocks, 1997). It should be noted that quality overwhelmingly yields a positive association with satisfaction (Lewis, 1994). Patient or parent satisfaction is a significant indicator that evaluates the care quality provided by health care services. Healthcare facilities are interested in maintaining high levels of satisfaction in order to remain competitive in the healthcare market (Howard, 1999). But for other researchers, satisfaction is

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not simply a measure of quality, but the goal of health care delivery (Linder-Pelz, 1982). Donabedian has suggested that the ultimate validator of care quality is determined by its effectiveness in achieving or producing health and satisfaction (Donabedian, 1966). Determining the factors associated with parent satisfaction is a significant issue for health care providers.

Patient satisfaction is predicted by factors related to caring, empathy, reliability and responsiveness (Tucker and Adams, 2001). In another research, some dimensions affecting patient evaluations were identified, including physician conduct, service availability, continuity, confidence, efficiency and outcomes. The patient's perceptions about physician communication skills are also significant satisfaction determinants (Ware et al., 1978). Health service availability and good communication between the patient and medical or nursing staff, affects patient satisfaction (Andaleeb, 1988). The provider's competence strongly influences the patient's service quality assessments increasing satisfaction levels (Andaleeb, 1988). If physical facilities, including cleanliness, modern equipment and the general feeling that the hospital is in good physical condition are well perceived, then patient satisfaction increases (Andaleeb, 1988). Satisfaction can be affected by other factors such as reliability (competence), responsiveness (communication), tangibles (physical facilities) and empathy (staff demeanour) (Parasuraman et al., 1988).

Four dimensions of needs were identified in the literature review; informational, parenting/attachment, emotional/spiritual and environmental (Able-Boone et al., 1989; Bass, 1991; Griffin, 1990; Harrison, 1993; Stewart, 1991). Eleven studies found in literature explore eleven dimensions of neonatal care services. The following dimensions were identified: assurance (Harrison, 1993; Stewart, 1991), caring (Harrison, 1993; Jacano et al., 1990; Stewart, 1991), communication (Able-Boone et al., 1989; Bass, 1991; Blackington and McLauchlan, 1995; Blesch and Fisher, 1996; Harrison, 1993; Jacano et al., 1990; Kenner, 1990; Mitchell-Dicenso et al., 1996; Stewart, 1991; Worchel et al., 1995), consistent information (Kenner, 1990), education (Kenner, 1990), environment (Harrison, 1993; Mitchell-Dicenso et al., 1996), follow-up-care (Harrison, 1993; Kenner, 1990), pain management (Harrison, 1993), participation in care (Harrison, 1993; Kenner, 1990; Strauss et al., 1995; Worchel et al., 1995), proximity (Mitchell-Dicenso et al., 1996) and support (Blackington and McLauchlan, 1995;

Kenner, 1990; Mitchell-Dicenso et al., 1996; Strauss et al., 1995).

In child healthcare, parents, as legal guardians, are asked to rate the quality of care (Firth et al., 2000; Ygge and Arnetz, 2001). Mitchell-Dicenso et al pointed out that parental satisfaction is highly dependent on the amount and quality of communication between the care providers and the parents (Mitchell-Dicenso et al., 1996). Studies on parent satisfaction concerning pediatric care account for numerous domains, including interpersonal relationships, accessibility of services, provision of information and decision-making processes (Conner and Nelson, 1999). A previous study has indicated that parents of infants hospitalized in a neonatal intensive care unit (NICU) are particularly worried about the alterations in their parental role (Miles et al., 2002; Miles et al., 1992). Encouraging parents to spend more time with their infant and actively participate in their care, increases their satisfaction (Gale and Franck, 1998). Studies on parents of very low birth-weight babies identify factors that parents themselves consider important in evaluating NICU services, such as communication and information sharing, emotional support and caring, family involvement, treatment skill and environmental conditions (Blackington and McLauchlan, 1995; Mitchell-Dicenso et al., 1996). A premise of a social psychological theory strongly suggests that parents' differences influence their attitudes. The underlying premise is that people differ in their orientations toward care because of the broader social and cultural orientations. Therefore, parents with diverse backgrounds may have different expectations and perceptions of care (Conner and Nelson, 1999). According to a social identity theory, attitudes are moderated by demographic, situational, environmental and psychosocial factors (Tucker, 2002).

When instruments for measuring parental satisfaction are used, dominant background factors should be included, due to the different characteristics in the samples being studied, as they may lead to discrepancies.

The objective of this study was to correlate the eight dimensions of parental satisfaction with different sociodemographic variables.

## Method

The study was carried out in the NICUs of two public hospitals (Pediatric Hospital 'Agia Sofia' and Maternity Hospital 'Elena Venizelou') in Athens, Greece. The maximum number of hospitalized infants was 30 neonates for each unit. The majority

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