

Mothers' Satisfaction With Nursing Care Received By Pediatric Patients In A Tertiary Hospital In South-South Nigeria

Ofonime G. Otokwala,¹ Evans Peretomode², Eunice Udo-Peretomode³, Elizabeth N. Amadi⁴, Faith C. Diorgu⁵

¹Department of Paediatrics, University of Port-Harcourt Teaching Hospital, Rivers state, Nigeria

²Department of Nursing Science, University of Port-Harcourt, Port-Harcourt Nigeria

³Department of Nursing Science, PAMO University of Medical Sciences, Port-Harcourt Nigeria

⁴School of Post Basic Nursing Studies Paediatric Program, University of Port Harcourt Teaching Hospital, Rivers state

⁵Department of Nursing Science, University of Port-Harcourt, Port-Harcourt Nigeria

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Abstract - This study assessed mothers' satisfaction with nursing care in pediatric wards of a tertiary facility in South-south Nigeria. The descriptive cross-sectional study design was adopted. A total of 115 mothers who met the inclusion criteria were conveniently recruited for the study, and data were obtained using a validated self-structured questionnaire with a reliability coefficient of 0.75. Data collected were coded, entered, and analyzed using Statistical Product and Service Solution (SPSS) version 23.0, and results were summarized using descriptive statistics. Associated factors were identified using the chi-square test at a 0.05 level of significance. Findings showed that the majority of the respondents were between 35 – 44 years, had 3 – 4 children, 46(40.0%) had tertiary education, 41(35.7%) are civil servants. Findings on general satisfaction with nursing care showed that the majority of the respondents, 69(58.3%), were partially satisfied, 44(38.3%) were very satisfied, while just 4(3.5%) claimed they were not satisfied at all. Over 70% of the respondents identified trustworthiness, good sense of teamwork, an exhibition of group cohesion, skill, and professionalism as qualities of the nurses influencing their satisfaction with nursing care. Educational status ($p = 0.00$) and occupation ($p = 0.00$) were significantly associated with mothers' satisfaction with nursing care. Mothers were satisfied with nursing care. Efforts should be made to improve the areas with the least satisfaction, such as information accessibility.

Keywords: Paediatric, Nursing care, Satisfaction, Mothers, Factors

I. INTRODUCTION

When patients are challenged in their health, the illness impact almost all aspects of their lives, and as a result, they tend to deploy every resource within their reach to be restored to their normal state of health. Together with caregivers or family members, patients would seek healthcare services and would always negotiate for quality care that is patient and family-centered from competent professionals. For pediatric patients, who may not express their desires and concerns, their ability to make healthcare decisions is usually limited; hence, their satisfaction with nursing care is generally determined by the primary caregivers [1]. A child's hospitalization is a stressful

experience, increasing parents' anxiety and deteriorating their satisfaction with the healthcare services [2]. Roberti and colleagues acknowledged that the quality of care could be assessed by determining patient satisfaction based on their family members' perceptions [3]. Mothers play a significant role in deciding where and when to access care for their children [4]. Most times, mothers expect good service delivery and more appropriate services to promote satisfaction and improve their quality of life [5].

Mothers' satisfaction remains an important construct in all service-oriented professions, and nursing is not an exception. Satisfaction is defined as the extent of an individual's experience compared with his or her expectations [6]. The aim of a parental satisfaction survey is to assess care aspects from a patient's or parent's perspective and to improve these accordingly based on these results. It serves as a measure of the extent to which a patient is pleased or happy with the health care they received from their health care providers [7]. Patient satisfaction is of great importance as a measure of the quality of healthcare services because it provides information on the healthcare provider's success at meeting the patients' needs and expectations [4]. Involving parents or family members in measuring satisfaction care satisfaction has also been said to provide a collaborative environment in the care milieu [8].

Few studies have examined parental satisfaction with nursing care in different settings. An investigation revealed that the parents showed greater satisfaction with staff attitudes and medical treatment, whereas they were less satisfied with the information concerning routines and the staff work environment [9]. Similarly, a study that assessed parental satisfaction with the quality of health care of children with sickle cell disease at the University of Benin Teaching Hospital, Benin City, showed that parental satisfaction was high across the entire construct [4]. In a related study, caregivers' satisfaction with care received by pediatric oncology patients admitted at the University



Teaching Hospital-Lusaka Zambia revealed that 19 (38%) of the respondents were partially satisfied with the care received, 18 (36%) were delighted with the care received. In comparison, 13 (26%) indicated that they were not at all satisfied with the care received [6].

Several factors have been identified in the literature to influence the satisfaction of patients with nursing care. Pule and colleagues found that if appropriate professional support is given, caregivers are more likely to get satisfied with respect and consequently comply with treatment [6]. Achieving optimal patient/caregiver satisfaction scores in the pediatric emergency department is highly dependent on the quality of the interpersonal interaction and communication of emergency department activities. Wait time and other throughput variables are less important than the perceived quality of health interaction and interpersonal communication [10]. Furthermore, a study reported that the duration of hospitalization, sex, and age of parents did not influence care satisfaction. Simultaneously, the child's admission mode and education of respondents are determinants of parental satisfaction with nursing care [11]. In a related study, the overall parental satisfaction was best predicted by how well physicians and nurses work together, followed by wait time and pain management. Issues concerning the timeliness of care, perceived quality of medical care, and communication and staff showing courtesy and respect through compassion and caring words and behaviors and paying attention to nonmedical needs are other potential satisfiers with emergency care [12].

Despite the stress, pain, or cost implications of the illness, patients and relatives feel satisfied when they are respected and cared for humanely and professionally. Assessing caregivers' satisfaction with nursing care has become a priority and a very important aspect of ensuring quality service in the nursing profession. It has become a vital performance indicator for quality control and improvement. High technical competence of staff, warm and cordial interpersonal relationship between patient and staff, dissemination of accurate information to help in making informed decisions, and continuity of care are all important elements required to deliver quality health care to meet patients' satisfaction [13][14]. Evaluating the extent to which patients and their mothers are satisfied with health services is clinically relevant as satisfied patients are more likely to comply with treatment, take an active role in their care, continue using medical care services and stay under the supervision of a health provider [6]. Therefore, it means that if mothers observe that care activities fall short of the standard, they will likely not be satisfied with the care received. This may make them become anxious and express aggressive behaviors in the course of nurse-patient interactions. This study aims to assess mothers' satisfaction with the nursing care given to their children, identify nursing qualities perceived to influence respondents' satisfaction with nursing care, and determine the factors associated with mother's satisfaction.

II. METHODOLOGY

This was a descriptive cross-sectional study. One hundred and forty-one mothers were in the wards during the period of data collection. The study setting was in children's medical ward I, II, Special Babies Care Unit (SCBU), and children emergency wards of the University of Port Harcourt Teaching Hospital (UPTH) Rivers State. This is a federal government-owned hospital founded in 1988 with a mission to provide excellent medical services, workforce, and research using a well-trained and well-motivated workforce and the best affordable modern technology, a culture of humanness, and patient friendliness. A sample size of 115 mothers who met the inclusion criteria was drawn from the target population using the Taro Yamane formula for sample size determination. The proportionate allocation was done after that, and a convenience non-probability sampling technique was used to select participants into the study until the sample size was reached. An interviewer-administered questionnaire was used as the instrument for data collection. It contained three sections; Section A: consisted of five (5) items on socio-demographic data; Section B: consisted of 42 items on mothers' satisfaction with nursing care. The 42 items were developed from a standardized questionnaire to assess the level of satisfaction of parents with nursing care by [8] and slightly modified to reflect satisfaction with nursing care in pediatric wards. The questionnaire included items of satisfaction with care in five domains: Information, maintenance and cure, organization, parental participation, and professional attitudes. The items were presented on a four-point Likert scale of strongly agree 4, agree 3, disagree 2, strongly disagree 1. Section C: Contained 8 items on qualities of the nurses influencing mothers' satisfaction with nursing care presented on a 2-point Likert scale of agree and disagree. The face and content validity of the instrument was established by presenting the instrument to experts to assess and certify that the items are relevant to the research area to which they are designed. Corrections and suggestions were then effected. The reliability of the questionnaire was ascertained by using a pre-test method. The questionnaire was administered to 20 mothers of patients in pediatric wards of Rivers State University Teaching Hospital (RSUTH), of which a Cronbach alpha value of 0.75 was obtained. Based on this, the instrument was considered reliable [15]. The questionnaire was administered to 115 mothers who were the primary caregivers to the patients and consented to participate in this study. Mothers were given the questionnaires to complete themselves after going through the questionnaire with them. At the same time, those who were not comfortable with the English language were assisted in completing the questionnaire. Data entry was done centrally, and SPSS 23.0 was used for data analysis. Associated factors were identified using the chi-square test at a 0.05 level of statistical significance. Descriptive statistics such as mean, frequencies, and simple percentages were used to describe and summarize the data. To estimate mothers' satisfaction with nursing care, the responses for the 42-items were rated thus "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree"

3 points, and “Strongly Agree” 4 points, total score calculated and expressed in percentage. A score of 0 – 49% will indicate “not satisfied,” 50 – 69% “partially satisfied,” while a score of 70 – 100% will show “very satisfied”[6]. A letter of introduction was obtained from the School of Post Basic Pediatric Nursing and presented to the Assistant Director of Nursing Services at the University of Port Harcourt Teaching hospital, who gave approval and permission to research their facilities. Written informed consent was obtained from the study respondents. Respondents were informed of their right to

voluntary participation and withdrawal from the study at any time without coercion, manipulation, or undue inducement. All information obtained from the participants was confidentially handled, and the anonymity of respondents was ensured. Respondents were not required to write their names or phone numbers so that any information supplied will not be linked to them. All the respondents were treated equally, and the researcher avoided all forms of bias. All data collected was utilized for the effectiveness of the research work only.

III. RESULTS AND DATA ANALYSIS

Table 1: Respondents’ Socio-demographic Characteristics N = 115

Variables	Frequency	Percentage
Mothers’ age (years)		
16 – 24	12	10.4
25 – 34	34	29.6
35 – 44	49	42.6
45 and above	20	17.4
Mothers’ number of children		
1 – 2	33	28.7
3 – 4	55	47.8
5 and above	27	23.5
Educational status		
No formal education	12	10.4
Primary education	19	16.5
Secondary education	28	24.3
Vocational training	10	8.7
Tertiary education	46	40.0
Occupation		
Civil servant	41	35.7
Farming	19	16.5
Trading	40	34.8
Artisan	10	8.7
Full-time housewife	3	2.6
Self-employed	2	1.7
Length of child’s hospital stay (in days)		
1 – 7	61	53.0
8 – 14	37	32.2
15 – 21	8	7.0
22 and above	9	7.8

Table 1 above depicts the socio-demographic characteristics of the respondents, of which 12(10.4%) were between 16 – 24years, 34(29.6%) were between 25 – 34years, 49(42.6%) 35 – 44years while 20(17.4%) 45 years and above. In addition, 33(28.7%) had 1 – 2 children, 55(47.8%) had 3 – 4 children, while 27(23.5%) had 5 children and above. Furthermore, 12(10.4%) of the respondents had no formal education, 19(16.5%) had primary education, 28(24.3%) secondary education,

10(8.7%) had vocational training, while the majority 46(40.0%), had tertiary education. Regarding occupation, 41(35.7%) were civil servants, 19(16.5%) were farmers, 40(34.8%) were traders, 10(8.7%) were Artisans, 3(2.6%) specified they were full-time housewives, while 2(1.7%) specified they were self-employed. Finally, the majority, 61(53.0%), had been hospitalized for 1 – 7days, 37(32.2%) 8 – 14days, 8(7.0%) 15 – 21days while just 9(7.8%) had been hospitalized for 22 days and above.

Satisfaction with Nursing Care**Table 2: Respondents' level of satisfaction with nursing care****N = 115**

	Very satisfied	Partially satisfied	Not satisfied
	F (%)	F (%)	F (%)
Information – Care	56(48.7)	48(41.7)	11(9.6)
Information – Accessibility	29(25.2)	59(51.3)	27(23.5)
Nursing Care	62(53.9)	53(46.1)	0(0.0)
Organization	74(64.3)	25(21.7)	16(13.9)
Mothers' Participation	45(39.1)	55(47.8)	15(13.0)
Professional Attitude	49(42.6)	60(52.2)	6(5.2)
General satisfaction with all nursing care	44(38.3)	69(58.3)	4(3.5)

F = Frequency

% = Percentage

Table 2 shows the respondents' level of satisfaction with various aspects of nursing care received. Regarding the aspect of information concerning the care, 56(48.7%) were very satisfied, 48(41.7%) were partially satisfied, while just 11(9.6%) were not satisfied at all. Likewise, for information accessibility, just 29(25.2%) were very satisfied, majority 59(51.3%), were partially satisfied, while a good number 27(23.5%) were not satisfied at all. In the area of nursing care (skills), the majority, 62(53.9%), were very satisfied, 53(46.1%) were partially satisfied, while no respondent reported not being satisfied at all. Concerning organization, the majority, 74(64.3%), were very satisfied, just 25(21.7%) were partially satisfied, while a good number 16(13.9%) were still not satisfied. Furthermore, for mothers' inclusion/participation in child's care, 45(39.1%) were delighted, the majority, 55(47.3%), were partially satisfied, while a good number of 15(13.0%) were not satisfied at all. With regards to professional attitude, 49(42.6%) were delighted, the majority 60(47.3%) were partially satisfied, while just 6(5.2%) were not satisfied at all. Data on general satisfaction with

nursing care shows that 44(38.3%) were delighted; the majority, 69(58.3%), were partially satisfied, while only 4(3.5%) were not satisfied at all.

Nursing qualities perceived to influence respondents' satisfaction with nursing care

Table 3 shows the responses of respondents on nursing qualities that influenced their satisfaction. Findings show that 88(76.5%) identified trustworthily, 83(72.2%) a good sense of teamwork, 74(64.3%) caring, 88(76.5%) group cohesion, 72(62.6%) staff attitude, 83(72.2%) skill and professionalism, 78(67.8%) respect for patients and relatives while 76(66.1%) identified provision of health information and education.

Factors associated with satisfaction with nursing care

From the result presented in Table 4 below, educational status ($p=0.00$) and occupation ($p=0.00$) were the factors associated with respondents' satisfaction with nursing care. Age, number of children, and length of hospital stay were not associated factors for respondents' satisfaction with nursing care.

Table 3: Nursing qualities perceived to influence respondents' satisfaction with nursing care n = 115

Qualities	Agreed F (%)	Disagreed F (%)
Trustworthy	88(76.5)	27(23.5)
Good sense of teamwork	83(72.2)	32(27.8)
Caring	74(64.3)	41(35.7)
Exhibit group cohesion	88(76.5)	27(23.5)
Attitude	72(62.6)	43(37.4)
Skill and professionalism	83(72.2)	32(27.8)
Respect for patients and relatives	78(67.8)	37(32.2)
Provision of health information and education	76(66.1)	39(33.9)

F = Frequency

% = Percentage

IV. DISCUSSION OF FINDINGS

Mothers play a significant role in determining where and when to access care for their children, and the quality of care provided can go a long way in reassuring mothers that their children will be restored to a state of wellbeing. Patients' satisfaction with health care services indicator indicators to measure the quality of health services received at each visit to the hospital facility. Satisfaction is the fulfillment of one's wishes, expectations, needs, or pleasure derived from this [6]. The findings of our study on general satisfaction with nursing care showed that the

majority of the mothers were either partially satisfied or very satisfied. This finding is similar to the result of [8], where the majority of the respondents in the study were partially satisfied with the care received; however, 26% of respondents in their study reported that they were not satisfied with the nursing care they received. Contrary to this, other studies have reported a high level of satisfaction among caregivers [9][4]. One possible explanation for this high level of satisfaction reported in our study may be the mothers' expectations and knowledge about the patient bill of right to health services. The general population in

Nigeria seems to be very ignorant of health-related issues and may not be enlightened to the nurses' benefits. As such, the mothers may be delighted to whatever services received from the nurses irrespective of whether the nurses met the required standard or not; in addition, UPTH is a tertiary health care center that is endowed with highly trained professionals, including nurses. The least cadre of nurses is double qualified with a variety of specialization areas. Many of the nurses working in the pediatric department have also taken advantage of the school of the post-basic pediatric nursing program under the hospital's management, which could have translated to the high satisfaction derived from the nursing care received by the patient. Hospital management, especially nursing administrators, should encourage other nurses to run specialization courses to improve quality nursing care delivery.

Shockingly, in this study, most mothers expressed their dissatisfaction with nursing care, especially in domains of information accessibility, mothers' inclusion/ participation in child's care, and nurses' professional attitude. The finding in this study may be as a result of the workload, shortage of nursing staff, and burnout on nurses due to the large volume of patients they care for. This is believed to have an influence on nurses' willingness to neither spend time nor share care information with parents and can as well determine the nurses' response/reaction to issues in the patient-nurse relationship. Secondly, the nurses may not have seen patient education and teaching role as a core nursing responsibility and because of this may have kept the patient and mothers in the dark about the health conditions of their children. Furthermore, our findings showed that a small percentage of about 3.5% of mothers vehemently claimed they were not satisfied with the nursing care they received at all. Although this percentage is too small, it is still worrisome as caregivers, especially mothers who are dissatisfied, are unlikely to access care in such a facility at a later date. It is, therefore, wise for health care facilities to maintain high levels of satisfaction in order to remain competitive in the health care market. In addition, the overall goal of the nursing profession is to provide quality care that meets patients' needs and promotes satisfaction. Nurses are therefore encouraged to always provide care with a high level of professionalism with empathy, compassion, and love. Nurse leaders should make information and education of patients a priority for all nurses and uphold the patient's right to know. Also, mothers should be involved in the care of their children within the limits and boundaries set by the institution.

Findings from this study also showed that trustworthiness, good sense of teamwork, the exhibition of group cohesion, skill, and professionalism were the nurse's qualities perceived by the mothers to influence their satisfaction with nursing care. Other factors identified were caring behaviors, staff attitude, respect for patients and relatives, provision of health information, and education. Our report is in congruence with other studies in the literature. Reference [12] reported that overall parental satisfaction

was best predicted by how well physicians and nurses work together. Issues concerning the timeliness of care, perceived quality of medical care, and communication were raised repeatedly by parents in response to open-ended questions. Staff showing courtesy and respect through compassion and caring words and behaviors, and paying attention to nonmedical needs are other potential satisfiers with emergency care. Also, [10] in their study revealed that achieving optimal patient/caregiver satisfaction scores in the pediatric emergency department is highly dependent on the quality of the interpersonal interaction and communication of emergency department activities. In a related study, [16] reported that the nurse characteristics factor was in positive correlation with the satisfaction level of the respondents. Nurses as care coordinators and patient advocates should strive to promote and maintain good work relationships with other health professionals. They should ensure that a conducive environment devoid of rivalry that promotes healing is advocated. Finally, a study opined that modifying caring behaviors can promote parents' trust and their consequent satisfaction with nursing care. Nurses are great, caring, and an epitome of humility in service, and as such, they should remember that nurses' professional duty is a call to serve God and man [17].

Associated factors such as age, number of children, length of hospital stay, educational status, and occupation with the level of satisfaction with nursing care were assessed in this study. It was found that age, number of children, and length of hospital stay were not associated with the level of mothers' satisfaction with nursing care in this study. Age, number of children, and length of hospital stay were not associated factors for respondents' satisfaction with nursing care. The plausible reason for our finding may be that the nurses are utilizing the minimum standard guidelines in nursing their pediatric patients irrespective of the socio-demographic characteristics of the caregivers (mothers) and peculiarities of the patients (e.g., length of hospital stay). Factors associated with satisfaction vary across different studies. In literature, age, sex, and educational qualification have been documented to be factors associated with satisfaction, but in our study, educational status and occupation were identified as associated factors. Similar to this, [4] reported that sex, age groups, and levels of educational qualification did not significantly affect satisfaction. One study found that the duration of hospitalization, sex, and age of parents did not have an influence on the satisfaction with care, while a child's age, admission mode, and parental education were determinants of parental satisfaction with nursing care [11]. This view was also supported by a study that found that educational qualification did not significantly affect satisfaction [6]. Contrary to this, in another report on patient satisfaction with primary health care services in the United Arab Emirates, age was statistically significant [18]. It is suggested that this study be replicated and carried out on a wider scale and should involve other departments in the hospital in order to x-ray predictors of patients' satisfaction with nursing care services and modifiers made to ensure ultimate quality nursing care.

Table 4: Respondents' Socio-demographic data versus satisfaction with nursing care

Variables	Satisfaction F (%)			Total	Statistics	Remarks
	Not	Partially	Very			
Mothers' age (in years)						
16 – 24	0(0.0)	6(5.2)	6(5.2)	12(10.4)	X ² = 12.78 DF = 6 P = 0.05	Not Significant
25 – 34	0(0.0)	20(17.4)	14(12.2)	34(29.6)		
35 – 44	4(3.5)	33(28.7)	12(10.4)	49(42.6)		
45 and above	0(0.0)	8(7.0)	12(10.4)	20(17.4)		
Total (%)	4(3.5)	67(58.3)	44(38.3)	115(100.0)		
Number of children						
1 – 2	0(0.0)	16(13.9)	17(14.8)	33(28.7)	X ² = 5.60 DF = 4 P = 0.23	Not Significant
3 – 4	3(2.6)	36(31.3)	16(13.9)	55(47.8)		
5 and above	1(0.9)	15(13.0)	11(9.6)	27(23.5)		
Total (%)	4(3.5)	67(58.3)	44(38.3)	115(100.0)		
Educational status						
No formal education	0(0.0)	6(5.2)	6(5.2)	12(10.4)	X ² = 29.04 DF = 8 P = 0.00	Significant
Primary education	0(0.0)	13(11.3)	6(5.2)	19(16.5)		
Secondary education	0(0.0)	14(12.2)	14(12.2)	28(24.3)		
Vocational training	3(2.6)	7(6.1)	0(0.0)	10(8.7)		
Tertiary education	1(0.9)	27(23.5)	18(15.7)	46(40.0)		
Total (%)	4(3.5)	67(58.3)	44(38.3)	115(100.0)		
Occupation						
Civil servant	0(0.0)	25(21.7)	16(13.9)	41(35.7)	X ² = 30.65 DF = 8 P = 0.00	Significant
Farming	0(0.0)	9(7.8)	10(8.7)	19(16.5)		
Trading	0(0.0)	25(21.7)	15(13.0)	40(34.8)		
Artisan	3(2.6)	5(4.3)	2(1.7)	10(8.7)		
Others specify	1(0.9)	3(2.6)	1(0.9)	5(4.3)		
Total (%)	4(3.5)	67(58.3)	44(38.3)	115(100.0)		
Length of child's hospital stay (in days)						
1 – 7	4(3.5)	34(29.6)	23(20.0)	61(53.0)	X ² = 3.86 DF = 6 P = 0.70	Not Significant
8 – 14	0(0.0)	22(19.1)	15(13.0)	37(32.2)		
15 – 21	0(0.0)	5(4.3)	3(2.6)	8(7.0)		
22 and above	0(0.0)	6(5.2)	3(2.6)	9(7.8)		
Total (%)	4(3.5)	67(58.3)	44(38.3)	115(100.0)		

F = Frequency

% = Percentage X² = Chi-square

DF= degree of freedom

p = p-value

V. CONCLUSION

This study found that majority of the mothers were at least partially satisfied with nursing care while about 3.5% of them were not satisfied at all. The area with the least satisfaction level was information accessibility. Additionally, respondents identified trustworthiness, good sense of teamwork, an exhibition of group cohesion, skill, and professionalism as qualities of the nurses influencing their satisfaction with nursing care. Educational status and occupation were the factors associated with respondents' satisfaction with nursing care. Nurses are encouraged to provide information and education about care processes and other salient aspects of the hospital through pamphlets, audio-visual posters, and pictorials. There should be training and retraining of nurses on various aspects of nursing care like professionalism in nursing, nurse-patient relation, patients' right, information, and education e.t.c.

Through seminars and conferences. Also, Nurse leaders should set up a committee responsible for quality assurance and control in nursing services. This committee should provide complaint boxes at strategic points in pediatric wards for mothers to be able to communicate their experiences. The committee should ensure continuous review of mothers' complaints and provide timely interventions with appropriate sanctions in cases where there is an outright bridge of patient's rights and professional practice/conduct. Nurse leaders should develop a satisfaction measurement tool that will be administered to patients/mothers prior to being discharged from the hospital. Information gathered can be used to inform quality assurance and control as well as for auditing nursing services.

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