

Original Research Article

Assessment of the level of parental satisfaction on hospital care given to children admitted in pediatric medical ward

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ABSTRACT

Background: Healthcare quality significantly affects the quality of life for patients and their families, especially in pediatric care where satisfaction of both children and parents is essential. Parental satisfaction serves as a critical measure of care quality, affecting outcomes like early discharge, readmissions, and child mortality. This study aimed to assess the level of parental satisfaction on hospital care of children admitted in Pediatric Medical Ward.

Methods: A cross-sectional observational study was carried out among 386 parents of children admitted in the pediatric medical ward of a tertiary hospital. Convenience sampling technique was used to enroll the parents. Socio-demographic data and clinical variables of the children were collected from their medical records and by interviewing the parents. Parental satisfaction on hospital care was assessed by structured interview using pediatric quality of life healthcare satisfaction scale. Data were analyzed using one-way ANOVA and unpaired t test with SPSS version 20.

Results: The level of parental satisfaction on hospital care given to children was high for 321 (83.2%), moderate for 51 (13.2%) and low for 14 (3.6%) of the parents. Factors associated with parental satisfaction were gender of the parent ($p=0.0001$), education of parent ($p=0.0001$), presence of tracheostomy tube ($p=0.0001$) and need for respiratory support ($p=0.016$).

Conclusions: To improve parental satisfaction with hospital care for children, it is essential to enhance the quality of information provided, family involvement in the treatment process, effective communication, technical proficiency, emotional support, and overall child-centered approaches to hospitalization.

Keywords: Parental satisfaction, Children, Hospital care, Pediatric medical ward

INTRODUCTION

Healthcare quality significantly influences the quality of life for patients and their families.¹ Patient satisfaction is widely acknowledged as a crucial indicator of healthcare system quality because it provides insights into how well providers meet the values and expectations of their clients. This standard of measurement reflects the success of healthcare providers in meeting patient needs and preferences.² The proficiency and capabilities of the staff in meeting patients' anticipations lead to increase in positive patient perceptions.³ Thus assuming that the more satisfied the patient is, the more likely they are to

follow healthcare recommendations and regularly take part in medical check-up. Furthermore, significant correlation has been found between compliance with therapy and satisfaction with care received from the health care team.⁴⁻⁶

Hospitalization represents a major life event that can significantly shape an individual's perception of a healthcare facility based on their experience.⁷ Patient satisfaction is a complex concept influenced by a patient's subjective evaluation, which is connected to various factors such as emotional, social, cultural beliefs, past experiences, and future expectations.^{8,9} The alignment

between a patient's expectations and their actual experiences is critical in determining patient satisfaction. Discrepancies between expected and actual care can lead to disappointment if real circumstances do not meet patients' expectations.¹⁰

Understanding patients' needs, expectations, and opinions regarding services and their rights during hospitalization is necessary for delivering comprehensive treatment.¹¹ When tending to pediatric patients, it is essential to create a hospital environment tailored to their needs, with a personalized approach from the medical team and active involvement of parents throughout the treatment process.¹² Ensuring high-quality services during hospitalization for children involves focusing on their health and developmental needs, while also considering family dynamics and social contexts when designing specific services. Family centered care is currently considered 'best practice' in pediatric healthcare settings.¹³ Therefore, with the emergence of family centered care, it is vital to incorporate families viewpoints when assessing healthcare services. Considering this, both the accompanying parents and the in children must be satisfied with the level of care.¹⁴ To satisfy the family as a whole, hospital care of children should be directed towards more family-centered care and promote collaborative partnerships among patients, families, and healthcare providers.¹⁵

Communication being one of the most important skills of health care providers, especially during critical illness.¹⁶ Low parental satisfaction may lead to undesirable outcomes including discharge against medical advice, a rise in readmissions, and a higher rate of pediatric morbidity and mortality. Therefore, establishing satisfaction with the care received during hospitalization and identifying factors associated with healthcare satisfaction are critical for addressing this problem.¹⁷

It is imperative to carry out research on parental satisfaction and associated factors. So, this study aims to assess parental satisfaction and discover the existent hindrance to achieve healthcare satisfaction.

METHODS

A cross-sectional analytical design was adopted to assess the level of parental satisfaction on hospital care and its associated factors among parents of children admitted in pediatric medical ward. This study was conducted in pediatric medical ward of a tertiary care hospital during September 2023 to April 2024. Anticipating 50% of the parents to have $\geq$ moderate level of satisfaction at 5% level of significance and 5% absolute precision. 386 parents were enrolled in the study. Parents of children with 6-12years, admitted in pediatric medical ward with respiratory disorders with a minimum stay of 3 days were included in the study. Parents of children below 6 years or above 12 years of age, children admitted with non-respiratory disorders, hospital stay of less than 3 days and

unwillingness to participate were excluded from the study. Everyday the parents who met the inclusion criteria were selected through convenience sampling method. Informed consent was obtained from parents. Verbal assent was obtained from children.

Socio-demographic characteristics of parents and child's clinical characteristics were collected from the medical records and by interviewing the parents. The level of parental satisfaction on hospital care was assessed through a structured interview, using the pediatric quality of life healthcare satisfaction questionnaire. It took 30 minutes for each parent to collect all the data.

Data collection instrument had three sections. The first section included Socio-demographic characteristics of the parents such as age of the parent, gender of the parent, educational status of the parent, occupation of the parent, domicile and monthly family income. It also included the demographic characteristics of the child like child's age, gender, date of admission, date of discharge, duration of hospital stays, educational status of child. Socio-demographic data collected using structured proforma.

Second section had clinical characteristics of the child like diagnosis, duration of illness, intravenous line present, need for respiratory support, type of respiratory support and presence of tracheostomy tube.

Third section dealt with assessment of the level of parental satisfaction using pediatric quality of life healthcare satisfaction questionnaire. It is comprised of 6 dimensions with 24 items-Information (5 items), Inclusion of family (4 items), Communication (5 items), Technical skills (3 items), Emotional needs (4 items), Overall satisfaction (3 items). The pediatric quality of life healthcare satisfaction questionnaire is interpreted by transforming scores from individual items on a 5-point Likert scale to a 0-100 scale, with higher scores indicating greater satisfaction such as 0=0, 1=25, 2=50, 3=75 and 4=100.

The study was approved by institute scientific advisory committee and ethics committee. Informed written consent was obtained from parents of all children under study. Confidentiality of the data, right to withdraw from the study and anonymity of the subjects were explained priorly. The content validity of the three sections of the tool was obtained from experts of pediatric and nursing field. Reliability was examined by Cronbach's alpha. (Alpha-0.7). Data were analyzed using SPSS version 20. Both descriptive and inferential statistics were used for analysis of data.

Descriptive statistics (Frequency, percentage) were used to describe the clinical and demographic variables of study participants and level of parental satisfaction. Independent student's t tests and Oneway ANOVA test were used to identify the association of level of parental satisfaction with demographic and clinical variables.

RESULTS

A greater proportion of parents, specifically 75.1%, fell within the range of 26-35 years. Among the parents surveyed, 3.9% were younger than 25 years, 96.9% were female. Additionally, a majority of 48.2% had received primary school education, 85% were unemployed, and 82.4% reported an income of $\leq 10,000$ (Table 1).

A majority of the children 46.1% were aged 6-8 years. A higher percentage of the children were male 59.6%. The majority of children, amounting to 89.6%, had hospital stays lasting ≤ 10 days. In terms of education, most of the children, specifically 69.4%, were enrolled in primary school. A larger percentage of the children, totaling 98.4% had intravenous lines, and 72% did not require respiratory assistance. Among those who did need respiratory support, a majority of 53.7% used facemasks. Only 0.5% had tracheostomy tube (Table 2).

The majority of parents 321 (83.2%) had high level of parental satisfaction on hospital Care given to their children, 51 (13.2%) had moderate level of parental satisfaction and 14 (3.6%) had low level of parental satisfaction. The mean score of parental satisfaction on hospital care given to children admitted in pediatric medical ward was 86.49 ± 13.92 (Table 3).

Across all items of information provision related to the child's health condition, the majority of 66.1% reported high levels of satisfaction for information about the child's diagnosis (Table 4).

Across all items of family inclusion during the child's treatment, the majority of respondents 64.8% reported high levels of satisfaction with efforts to include the family in discussions (Table 4).

Across all items of communication, the majority of respondents 63.7%, were satisfied with attentive listening to concerns (Table 5).

Highly positive satisfaction among 76.9% across various technical aspects of the children's care were found (Table 5).

The results showed varying levels of satisfaction across different aspects of emotional support provided during a child's healthcare journey. Satisfaction levels were highest for the amount of time given to children for play, discussion of feelings, and questions-by 49.5% parents (Table 6).

An overwhelmingly high satisfaction levels across various aspects of pediatric healthcare with 83.7% parents highly satisfied with the overall care their child (Table 6).

The socio-demographic variables such as gender of the parent, education of parent and presence of tracheotomy tube had statistically significant association with level of parental satisfaction score at $p < 0.001$ level. Need for respiratory support had statistically significant association with level of parental satisfaction at $p < 0.05$ level (Table 7).

Table 1: Socio-demographic variables of parents, (n=386).

Sociodemographic variables	N	Percentage (%)
Age of the parent (in years)		
≤ 25	15	3.9
26-35	290	75.1
36-45	78	20.2
> 45	3	0.8
Gender of the parent		
Female	374	96.9
Male	12	3.1
Education of parent		
Illiterate	44	11.4
Primary school	186	48.2
Middle school	69	17.9
High school	29	7.5
Intermediate/diploma	20	5.2
Graduate	38	9.8
Occupation of the parent		
Unemployed	328	85.0
Unskilled worker	12	3.1
Semi-skilled worker	5	1.3
Skilled worker	15	3.9
Clerical/shop/farmer	20	5.2
Semi-professional	3	0.8
Professional	3	0.8

Continued.

Sociodemographic variables	N	Percentage (%)
Income (in INR)		
≤10,000	318	82.4
10,001-20,000	61	15.8
20,001-30,000	4	1.0
30,001-40,000	1	0.3
>40,000	2	0.5

Table 2: Demographic and clinical variables of children, (n=386).

Variables	N	Percentage (%)
Age of the child (in years)		
6-8	178	46.1
9-11	146	37.8
>11	62	16.1
Gender of the child		
Female	156	40.4
Male	230	59.6
Duration of hospital stay (in days)		
≤10	346	89.6
11-20	30	7.8
21-30	8	2.1
>30	2	0.5
Education of child		
Illiterate	11	2.8
Primary school	268	69.4
Middle school	105	27.2
High school	2	0.5
Intravenous line present		
Yes	380	98.4
No	6	1.6
Need for respiratory support		
Yes	108	28.0
No	278	72.0
Type of respiratory support		
BIPAP	2	1.9
CPAP	2	1.9
Face masks	58	53.7
Nasal prongs	43	39.8
Ventilator support	3	2.8
Presence of tracheostomy tube		
Yes	2	0.5
No	384	99.5

Table 3: Level of mean of parental satisfaction on hospital care given to children, (n=386).

Level of satisfaction	N	Percentage (%)
Low (≤50%)	14	3.6
Moderate (51-75%)	51	13.2
High (>75%)	321	83.2
Mean±SD	86.49±13.92	

Table 4: Parental satisfaction on information provided and Parental satisfaction on inclusion of family, (n=386).

Items	Low satisfaction	Moderate satisfaction	High satisfaction
How much information was provided to you about your child's diagnosis	27 (7%)	104 (26.9%)	255 (66.1%)
How much information was provided to you about the treatment and course of your child's health condition	39 (10.1%)	111 (28.8%)	236 (61.1%)

Continued.

Items	Low satisfaction	Moderate satisfaction	High satisfaction
How much information was provided to you about side effects of your child's treatment	53 (13.7%)	108 (28%)	225 (58.3%)
How soon information was given to you about your child's test results	44 (11.4%)	116 (30.1%)	226 (58.5%)
How often you are updated about your child's health	36 (9.3%)	113 (29.3%)	237 (61.4%)
The sensitivity shown to you and your family during your child's treatment	39 (10.1%)	115 (29.8%)	232 (60.1)
The willingness to answer questions that you and your family may have	30 (7.8%)	89 (23.1%)	237 (69.2%)
The effort to include your family in discussion of your child's care and other information about your child's health condition	41 (10.6%)	95 (24.6%)	250 (64.8%)
How much time the staff gave you to ask any questions you may have had about your child's health condition and treatment	36 (9.3%)	96 (24.9%)	254 (65.8%)

Table 5: Parental satisfaction on communication and parental satisfaction on technical skills, (n=386).

Items	Low satisfaction	Moderate satisfaction	High satisfaction
How well the staff explained your child's health condition and treatment to your child in a way that she/he could understand	37 (9.6%)	131 (33.9%)	218 (56.5%)
The time taken to explain your child's health condition and treatment to you in a way you could understand	59 (15.3%)	99 (25.6%)	228 (59.1%)
How well the staff listens to you and your concerns	37 (9.7%)	103 (26.7%)	246 (63.7%)
Preparation provided for you about what to expect during test and procedures	51 (13.2%)	116 (30.1%)	219 (56.7%)
Preparation provided for child about what to expect during test and procedure	51 (13.2%)	108 (28%)	227 (58.8%)
How well the staff responds to your child's needs	22 (5.8%)	67 (17.4%)	297 (76.9%)
Efforts to keep your child comfortable and as pain-free as possible	16 (4.2%)	74 (19.2%)	296 (76.7%)
How much time the staff took to help you with your child coming back home	31 (8%)	78 (20.2%)	277 (71.8%)

Table 6: Parental satisfaction on emotional needs and parental satisfaction on overall satisfaction, (n=386).

Items	Low satisfaction	Moderate satisfaction	High satisfaction
The amount of time given to your child to play, talk about her/his feelings, and any questions she/he may have	61 (15.7%)	134 (34.7%)	191 (49.5%)
The amount of time spent helping your child with going back to school	101 (26.2%)	127 (32.9%)	158 (40.9%)
The amount of time spent attending to your child's emotional needs	58 (15%)	177 (45.9)	151 (39.2%)
The amount of time spent attending to your emotional needs	60 (15.5%)	178 (46.1%)	148 (38.3%)
The overall care your child is receiving	13 (3.4%)	50 (13%)	323 (83.7%)
How friendly and helpful the staff is	11 (2.8%)	53 (13.7%)	322 (83.4%)
The way your child is treated at the hospital	12 (3.2%)	60 (15.5%)	314 (81.3%)

Table 7: Association between parental satisfaction with demographic and clinical variables, (n=386).

Demographic variables	N	Parental satisfaction score, mean	SD	^a One way ANOVA/ ^b Unpaired ‘t; test	P value
Age of the child (in years)					
6-8	178	86.22	14.42	F=0.112 ^a	0.894
9-11	146	86.52	13.94		
>11	62	87.19	12.51		
Gender of the child					
Female	156	87.18	13.45	t=0.806 ^b	0.421
Male	230	86.03	14.23		
Duration of hospital stay (in days)					
≤10s	346	86.38	14.02	F=0.771 ^a	0.511
11-20	30	85.62	13.57		
21-30	8	92.63	11.60		
>30	2	94.27	3.68		
Education of the child					
Illiterate	11	94.79	4.41	F=0.742 ^a	0.527
Primary school	268	89.18	8.80		
Middle school	105	87.57	12.89		
High school	2	85.90	14.49		

Continued.

Demographic variables	N	Parental satisfaction score, mean	SD	^a One way ANOVA/ ^b Unpaired 't; test	P value
Age of the parent (in years)					
≤25	15	83.52	18.25	F=1.486 ^a	0.218
26-35	290	86.89	13.53		
36-45	78	86.14	14.07		
>45	3	71.53	21.05		
Gender of the parent					
Female	374	86.33	14.10	t=4.212 ^b	0.0001*
Male	12	91.49	3.40		
Education of the parent					
Illiterate	44	88.19	10.83	F=6.325 ^a	0.0001*
Primary school	186	89.18	13.79		
Middle school	69	86.11	14.13		
High school	29	77.85	20.49		
Intermediate/diploma	20	77.08	16.67		
Graduate	38	83.62	15.01		
Occupation of the parent					
Unemployed	328	86.39	13.92	F=1.341 ^a	0.238
Unskilled worker	12	78.29	24.16		
Semi skilled worker	5	85.20	14.21		
Skilled worker	15	91.94	4.00		
Clerical/shop/farmer	20	90.06	7.61		
Semi-professional	3	83.68	20.31		
Professional	3	85.20	14.21		
Income (in INR)					
≤10,000	318	86.67	13.98	F=14.71 ^a	0.210
10,001-20,000	61	86.18	13.72		
20,001-30,000	4	83.07	8.17		
30,001-40,000	1	54.17	-		
>40,000	2	90.10	3.68		
Intravenous line present					
Yes	380	86.62	13.88	t=1.357 ^b	0.231
No	6	78.30	14.93		
Need for respiratory support					
Yes	108	83.54	15.46	t=2.436 ^b	0.016*
No	278	87.64	13.12		
Type of respiratory support					
BIPAP	2	83.85	22.83	F=1.745 ^a	0.146
CPAP	2	94.79	2.94		
Face masks	58	80.84	16.62		
Nasal prongs	43	85.52	13.50		
Ventilator support	3	99.65	0.60		
Presence of tracheostomy tube					
Yes	2	100.0	0.00	t=19.103 ^b	0.0001*
No	384	86.42	13.92		

*Significant; a:One way ANOVA; b: Unpaired 't; test

DISCUSSION

This cross-sectional analytical study included 386 parents of children admitted in pediatric medical ward. The majority of parents had high level of parental satisfaction on hospital care given to their children. In consistent with this Admass et al conducted a cross-sectional study in a specialized referral hospital in Ethiopia to gauge parental satisfaction with their child's anesthetic care. Systematic

random sampling technique was used to enroll 238 parents and found an overall satisfactory parental satisfaction rate of 77%.¹⁸ Concordantly, Sam et al conducted a descriptive cross-sectional study to assess parental satisfaction levels regarding pediatric day-care surgery among 121 parents at a tertiary care hospital in India and revealed that 88% of parents reported good satisfaction.¹⁹ Furthermore, Tsironi et al explored the parental satisfaction in a cross-sectional study conducted in pediatric and surgical wards of two public pediatric hospitals in Greece among 352 parents and reported high

satisfaction (76.8%) regarding healthcare providers' behavior and the medical and nursing care provided.²⁰ Hagen et al conducted a prospective cohort study in Norway among 586 parents from six different NICUs, which showed that parents had high satisfaction (76%).²¹ In contrary, Alemu et al carried out a cross-sectional study to evaluate parent satisfaction on NICU services in two public referral hospitals among 400 parents and only of 55% of parents expressed satisfaction.²²

In this study, the mean score of parental satisfaction was 86.49 ± 13.92 . Similarly, a cross-sectional study conducted by Thibodeau et al among 1,000 parents to assess parent satisfaction with the treatment given by Pediatric Nurse Practitioners (PNPs) in various specialized areas, in Edmonton, Alberta, Canada revealed greater satisfaction with a mean score of 129.82 ± 15.95 .²³ In consistent to our study Tsironi et al reported a lower mean satisfaction score as 76.8 ± 14.3 .²⁰

With regard to the information about diagnosis, our study showed that 66.1% had high satisfaction. Similarly, Latour et al conducted a prospective cohort study in a tertiary pediatric intensive care units at seven university medical centres in Netherlands. The study showed that 86.4% had satisfaction with information provided during hospitalization.²⁵ Admass et al study showed that 73% of parents were satisfied with information provided.¹⁸ In contrary, Erden et al conducted a prospective study in Turkey, in pediatric day care department among 100 parents and reported only 36% had high satisfaction.²⁶

In our study, inclusion of family in child's treatment revealed 64.8% level of satisfaction. Similarly, a study conducted by Kanda et al revealed 85% satisfaction.²⁷ Consistently, Souza et al conducted a study in Brazil among 60 parents and reported satisfaction score of 94% with inclusion of family.²⁸ Correspondingly, Alemu et al study showed that 80% of parents had high satisfaction with inclusion of family in care decisions.²² Thibodeau et al reported that 74% had high satisfaction.²³ In contrary, Erden et al reported only 36% with high satisfaction.²⁶

Across all items of communication, the majority of respondents (63.7%) were satisfied with attentive listening to their concerns. Similarly, a study conducted by Thibodeau et al showed higher satisfaction with communication (76%).²³ Furthermore, Latour et al study reported higher satisfaction with mean score of 83.9 ± 1.11 .²⁵ Conversely a cross-sectional study conducted in a specialized hospital Ethiopia by Alle et al among 385 parents, showed lower satisfaction (50.1%).²⁹

In our study, regarding technical skills of staffs reported higher satisfaction (76.9%). In consistent to this, a study conducted by Thibodeau et al showed that 92.8% of parents had high satisfaction.²³ Further, Erden et al study reported that 88% parents had high satisfaction.²⁶ Conversely Tsironi et al revealed that parents were less satisfied with the technical skills (39.5%).²⁰

Our results showed that 49.5% of parents were satisfied with emotional support. Similarly, a study conducted by Souza et al showed a mean score of 3.5 out of 5 for emotional support.²⁸ Higher satisfaction was reported by Hagen et al and Baydin et al with 72% and 71.2% respectively.^{21,24} Contradicting this, a study conducted by Admass et al and Erden et al reported that more than 80% had high satisfaction.^{18,26}

In regard to overall satisfaction, 83.7% parents had high satisfaction. Similarly, Erden et al study showed 91% of satisfaction among parents and Kruszecka-Krówka et al reported a mean score of 83.8% satisfaction among parents.^{26,30}

Our study showed that age of the parent had no significant association to parental satisfaction. Correspondingly a study conducted by Shafer et al among 810 parents revealed no association.³¹ A study conducted by Hagen et al also reported insignificant.²¹ In contrary to this a study conducted by Alemu et al exhibited that age of the parent showed significant association.²² Furthermore a study was conducted by Elfios et al also showed significant ($p=0.009$).³²

In our study, gender of the parent had significant association with parental satisfaction. Similarly in a non-experimental correlational study conducted by Matziou et al in two pediatric and two surgical units in Athens, Greece among 206 children, revealed that fathers were more satisfied than mothers ($p=0.035$).³³ Consistently another cross-sectional study done by Alemu et al exhibited that fathers were twice more likely to be satisfied than mothers.²² In addition to this a study by Tsironi et al showed significant association ($p=0.008$).²⁰ Furthermore, Alle et al also revealed that gender had significant association ($p=0.004$).²⁹ In contrary, Kruszecka-Krowla et al reported that that gender of parent had not shown association with parental satisfaction ($p \leq 0.05$).³⁰

Our study showed that parents with lower education level had higher satisfaction as compared to parents with higher education level. Supporting this a study conducted by Hagen et al also showed that parents with lower education level were more likely to be satisfied with the care as compared to parents with higher education level ($p=0.006$).²¹ Similarly, Kruszecka-Krowla et al study found that parents with less education expressed more satisfaction with care as compared to parents with higher education ($p \leq 0.001$).³⁰ In consistent with this, studies by Boutopoulou et al, Solheim et al and Sileshi et al also provided similar results ($p \leq 0.035$), ($p \leq 0.05$), ($p < 0.001$), respectively.³⁴⁻³⁶ Contradicting to this a study by Tsironi et al reported that parents with higher education had higher satisfaction ($p \leq 0.01$).²⁰ In contrary to our study, Alle et al reported that education of parent had not shown association with parental satisfaction ($p=0.019$).²⁹

Our study showed that occupation of the parent was not associated with parental satisfaction. Similarly, Alle et al study also exhibited that the profession of parents had no statistically significant association.²⁹

Our study showed that income of the parent was not associated with parental satisfaction. Similarly, a study by Hagen et al also reported insignificant $p=0.387$.²¹

Our study did not show association between the education of the child and parental satisfaction. In consistent to this a study conducted by Sam et al showed significant $p=0.5$.¹⁹

Our study did not demonstrate a significant association between the age of the child and parental satisfaction. In contrary to this a study conducted by Tsironi et al showed significant ($p=0.015$).²⁰

Our study did not show association between duration of hospital stay and parental satisfaction. Similarly Kruszecka-Krowla et al study showed no association ($p=0.07$).³⁰ Contrary to these finding studies by Tsironi et al ($p\leq 0.026$) and Alemu et al revealed significant association.^{20,22} Hagen et al also showed that the longer the hospital stay, the lesser the satisfaction.²¹

Our study has shown significant association between need for respiratory support and parental satisfaction. This is in line with a study by Kwon et al emphasizing that more intensive interventions, such as respiratory support, are often associated with increased parental stress and potentially lower satisfaction ($p\leq 0.01$).³⁷ However, the type of respiratory support has not shown association with parental satisfaction in our study.

In our study, the presence of tracheotomy tube had significant association with level of parental satisfaction. Similarly, a study by Hartnick et al also reported significant association ($p\leq 0.001$).³⁸ In contrary to our study, Trust et al reported more satisfaction with presence of tracheostomy.³⁹

Limitations

While the study provides valuable insights into the satisfaction of parents with hospital care of their children, there are several limitations to consider. The result of the study cannot be generalized due to the small sample size. This study was restricted to only parents of the children of 6-12 years with respiratory problems admitted to the Pediatric Medical Ward of a tertiary hospital.

CONCLUSION

The findings of the study showed that parental satisfaction with hospital care for children admitted to the pediatric medical ward was notably high and the factors influencing satisfaction included parent gender, parent education level, presence of a tracheotomy tube, and the

need for respiratory support. This study adds that providing comprehensive and clear information to both parents and children, involving the entire family in the care process, improving communication among healthcare providers, refining technical skills and addressing emotional needs are crucial for improving the level of parental satisfaction.

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