

## Assessment of Parents' Satisfaction Related to Nursing Care Provided to Their Children

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### Abstract

**Background:** Parental satisfaction with nursing care reflects the completion of patients' needs and expectations, which are important for health outcomes and hospital quality management. **Aim:** To assess parents' satisfaction related to the nursing care provided to their children at Pediatric Intensive Care Unit and ward. **Design:** Descriptive research design. **Setting:** Pediatric Intensive Care Unit and pediatric ward at Sohag University Hospital. **Sampling:** Convenience sampling of children's parents meet inclusion criteria (340 parents). **Tools:** two tools for data collection were used as following: **Tool (1)** Interview questionnaire had: Demographic data of parent and children and Clinical data of children. **Tool (2);** "EMPHATIC" questionnaire. **Results:** The majority of the studied parents (71.8%) had neutral satisfaction level. There was statistically significant relation between the total studied parents' satisfaction and their age, level of education. **Conclusions:** The parents' satisfaction level related to care was neutral in addition to age of parents, their sex, nature of work, place of residence and education, the age of the child, their diagnosis and duration of hospitalization are determinants of parental satisfaction with nursing care. **Recommendations:** implementing a periodic assessment of parent satisfaction with care in ward and PICU to increase parents' satisfaction with care.

**Keywords:** Child, Nursing care, Parents' satisfaction.

### Introduction

Children's illness or hospitalization in pediatric care facilities affects not only the children but also their parents, relatives, or legal guardians (Cintra et al., 2022). A comprehensive approach that considers the child's requirements as well as the involvement and comfort of their parents or guardians is necessary for pediatric care. In order to shape their whole experience and provide high-quality care, parents' happiness with the healthcare services their hospitalized kid receives is essential (Rehman et al., 2024).

Admission of the child to the hospital is a crisis that impacts the youngster and the family. Knowing that it implies a break from the usual, people may experience feelings of shame, helplessness, anxiety, fear, and anger. Children's families are frequently under stress and experiencing negative emotions like worry and discomfort. As a result, there are greater standards for the quality of nursing care provided, and the nursing staff finds it more challenging (Bing et al., 2022)

As the primary factor influencing client satisfaction with services is quality. Quality of care refers to the degree to which health care services are offered to people in an effort to improve desired health outcomes, which are attained through a safe, effective, timely, efficient, equitable, and people-centered health care system (WHO, 2021).

Parental satisfaction with nursing care indicates that patients' needs and expectations have been met, which is crucial for hospital quality management and health outcomes. Along with maintaining a positive working connection with nurses, it's important to keep up with patients, comprehend their expectations, responses, and ideas, and offer vital information for quality improvement (Otokwala et al., 2020).

Gaining parent satisfaction requires a multidisciplinary approach, parent involvement, and healthcare provider-patient communication. These factors have an impact on health outcomes, including parent satisfaction, as happy parents are more likely to comply with diagnosis and treatment, accept the recommended course of care, and subsequently adopt healthier behaviors after being released from the hospital (Van den Hoogen et al., 2021).

Since receiving high-quality care is now seen as a right rather than a privilege, the healthcare sector has evolved and expanded (Bauchner et al., 2021). When providing nursing care correctly, nurses should not only concentrate on their patients' requirements but also consider the needs of their child parents and recognize their valuable contribution to helping them cope with their children's illnesses so they can control their emotions and feel satisfied (Ji et al., 2021).

### Significance of the study

This study emphasizes how crucial it is to gauge parents' satisfaction with the medical care their young ones get. Taking note of and acting upon feedback has the potential to enhance the healthcare experience for children and their parents, increase the standard of care, and eventually improve patient outcomes (Ojewale et al., 2022).

From the perspective of the parent of the child, this study considers satisfaction with care as an attribute that considers respect for the needs of parents, the provision of information that aids in decision-making, an organized environment, and professional attitudes that promote adequate care (Lessa et al., 2020).

### Aim of the study

This study aimed to assess parents' satisfaction related to the nursing care provided to their children.

### Research question

What is the parents' satisfaction level related to nursing care provided to their children?

### Subject and Method

#### Research design

Descriptive research design used to conduct this study.

#### Setting

The study was conducted in Sohag University Hospital at Pediatric Intensive Care Unit and pediatric ward. The PICU is located at the main building of the hospital on the second floor, it consists of nursing stations and 3 rooms; each room contains 2 mobile medical crush cart and 5beds with commode, medication table, monitor and mechanical ventilator next to each bed. The pediatric ward on the second floor which consists of 5 rooms each room contains 6beds with commode next to each bed.

#### Sampling

Convenience sample includes all available parents admitted to the pediatric departments with their children over a period of six months and were willing to participate in the study in a group of 340 parents of children hospitalized on the day of discharge from the hospital.

#### Inclusion criteria

- All parents were willing to participate in the study coming with their child to pediatric department.

#### Exclusion criteria

- Parents who didn't not want to participate in the study
- Parent with distorted emotion and thinking process as psychiatric patient
- Parent with chronic disease.

#### The study tools

Two tools for data collection were used as following:

**Tool (1):** Interview questionnaire was developed by the researcher and written in Arabic language which had: Demographic data of parent as (age, sex, marital status, residence, educational level, occupation, etc.....), Demographic data of children as (age, sex, birth order, academic year) and clinical data of children as (admission date, discharge date, length of hospital stay, diagnosis, medical history and previous hospitalization).

**Tool (2):** A standardized questionnaire — "EMPHATIC" questionnaire was developed by (Latour et al., 2011), adapted to accomplish this study for the evaluation of the level of satisfaction of parents with nursing care. The tool uses five major criteria for assessing parents' satisfaction with nursing care provided to their children and specific criteria: criterion I "Information" contains 7 specific criteria. criterion II "Care and treatment" contains 10 specific criteria, criterion III "organization" contains 8 specific criteria, criterion IV "Parental participation" contains 7 specific criteria, criterion V "Professionalism/Professional approach" contains 8 specific criteria. Each specific criterion was assessed by parents in five-point Likert scale from 1-5, as (1) means very unsatisfied, (2) means unsatisfied, (3) means neutral, (4) means satisfied, (5) means very satisfied. The total parent satisfaction scale was classified into 3 categories >80% was considered satisfied ,60%-80% was considered neutral, <60% was consider unsatisfied.

#### Procedure

##### Preparatory phase

Past, current, national and international related literature and theoretical knowledge of various aspects of the study was reviewed using books, articles, internet, periodicals and magazines to develop tools for data collection. Official and non-official permission to carry out the study was obtained from the dean of faculty of nursing, director of Sohag University Hospital and the head of departments after explanation of the aim of the study by the researcher.

**Pilot study:** Pilot study was conducted on 10% of the total participated parents (43 parents) to test the clarity and applicability of the tools and time needed to collect the data and tool modification was not needed according to the results of the pilot study so, they were included in the study sample.

### Validity of the tools

The tools of the study was reviewed by 3 panel experts in the field of pediatric nursing to test the content validity and the modification of the tools was done according to the panel judgment of clarity of sentences, appropriately of the content and sequence of items.

### Reliability of the tools

The internal consistency was measured to identify the extent to which the item of the tool measures the same concept and correct with each other. Testing the reliability of the tools through Alpha Cronbach reliability analysis which revealed that each of the tools consisted of relatively homogenous items

Tools	Alpha Cronbach
standardized questionnaire "EMPHATIC"	.886

### Ethical considerations

- Research proposal was approved from ethical committee in the faculty of nursing Sohag University.
- There was no risk for study subjects during application of the research.
- The study was followed common ethical principles in the clinical research.
- Consent was obtained from children's parents who are willing to participate in the study after explaining the nature and purpose of the study.
- Confidentiality and anonymity were assured.
- Study subjects had the right to refuse to participate and/or withdraw from the study without any rational at any time.
- Study subjects privacy was considered during collection of data.

### Implementation phase

The data were collected from parents of children admitted to Pediatric Intensive Care Unit and ward at Sohag University Hospital over a period of six months after explaining the aim of study and get their agreement to participate using the study tool. The researcher obtained the demographic data of parent and their children in addition to clinical data of the child using tool (1) and the researcher assessed the parents' satisfaction related to nursing

care provided using the study tool (2) Then, the relation between some variables as child diagnosis, parent age, sex, length of hospitalization stay and parent satisfaction were assessed.

### Statistical design

The collected data were organized, coded, computerized, tabulated, and analyzed by using Statistical Package for Social Science (SPSS) program version 27. Data were presented using descriptive statistics in the form of frequencies and percentage for categorical data: the arithmetic mean (X) and standard deviation (SD) for quantitative data. While the qualitative variables were compared using Chi Square test ( $X^2$ ), t test and Anova test which used for relation tests.

### Results

**Table (1):** Illustrates that nearly half of the studied parents (48.2%) had age 18 to less than 30 years old, the majority of them were female (85.3%), and near half had intermediate education (41.2%). Also, above two thirds of them were unemployed (73.5%) and were live at rural areas (71.8%).

**Table (2):** Shows that half of the studied children (51.8%) were admitted at Pediatric department. Near third of the studied children (31.8%) had age from 1 to 12 months, while only (2.9%) of them were adolescent (12-20years). Also, nearly two thirds of them (61.2%) were male.

**Table (3):** Clarifies that, in information domain more than half of the studied parents (52.4%), were satisfied with "We are always informed immediately when a child's physical condition worsens or improves". While, 100% of them were unsatisfied with "Nurses inform us clearly about the sequences of the child's treatment and the side effects of the medications".

**Table (4):** Indicates that, in care and treatment domain the majority of the studied parent (81.2%), were satisfied with "The right medication is always given at the right time". While, more than half (52.9%) were unsatisfied with "Nurses provide the necessary health education to parents about the child's condition".

**Table (5):** Clarifies that, in organization domain the majority of the studied parent (88.8%, 79.4, 78.8 & 72.9%) were satisfied with "There is enough space around the child's bed", "The lighting and ventilation in the place are appropriate", "The pediatric ward / PICU is clean" and "The child's bed is clean" respectively. While, near half (45.9%) of them were very unsatisfied with "Medicines and supplies needed to care for the child are always available".

**Table (6):** Shows that, in parenteral participation domain, the majority of the studied parents (83.5%) were satisfied with "parents are actively involved in decision-making about the child's care and treatment.". While, near half of them (49.4%) were unsatisfied with " The care the child needs at home is clearly discussed before the child leaves the department "

**Figure (1):** Shows that the majority of the studied parents (71.8%) had neutral satisfaction level, while

22.4% of them had unsatisfied level and 5.9% of them had satisfied level with nursing care.

**Table (7):** Reveals that, there was statistically significant relation between the total studied parents satisfaction and their age and level of education at (P=0.00), while there was no statistically significant relation between the total studied parents satisfaction and their sex, marital status, nature of work and place of residence at (P> 0.05).

## Results

**Table (1): Demographic data of child's parents**

Demographic data	No	%
<b>Age in years</b>		
18 - <30	164	48.2
30 - <40	144	42.4
40 - <50	30	8.8
≥ 50	2	.6
<b>Sex</b>		
Male	50	14.7
Female	290	85.3
<b>Marital status</b>		
Married	328	96.5
Divorced	10	2.9
Widowed	2	.6
<b>Level of education</b>		
Uneducated	32	9.4
Read and write	110	32.4
Intermediate education	140	41.2
High education	58	17.1
Postgraduate studies	0	0.0
<b>Nature of work</b>		
Employed	90	26.5
Unemployed	250	73.5
<b>Place of residence:</b>		
Rural	244	71.8
Urban	96	28.2

**Table (3): Parents' satisfaction with nursing care regarding information**

Information	Very satisfied		Satisfied		Neutral		Un satisfied		Very unsatisfied	
	No	%	No	%	No	%	No	%	No	%
We get clear information about the child's disease.	36	10.6	158	46.5	12	3.5	72	21.2	62	18.2
We receive clear information about the necessary tests and examinations for the child.	42	12.4	166	48.8	28	8.2	52	15.3	52	15.3
We are always informed immediately when a child's physical condition worsens or improves.	54	15.9	178	52.4	34	10.0	40	11.8	34	10.0
We had daily talks about the child's care and treatment with the nurses.	24	7.1	118	34.7	60	17.6	68	20.0	70	20.6
Nurses inform us clearly about the sequences of the child's treatment and the side effects of the medications.	0	0.0	0	0.0	0	0.0	340	100.0	0	0.0
Our questions are answered clearly by the nurses.	14	4.1	128	37.6	80	23.5	80	23.5	38	11.2
Parents have easy access to the child's information.	14	4.1	174	51.2	36	10.6	82	24.1	34	10.0

**Table (4): Parents' satisfaction with nursing care regarding care and treatment**

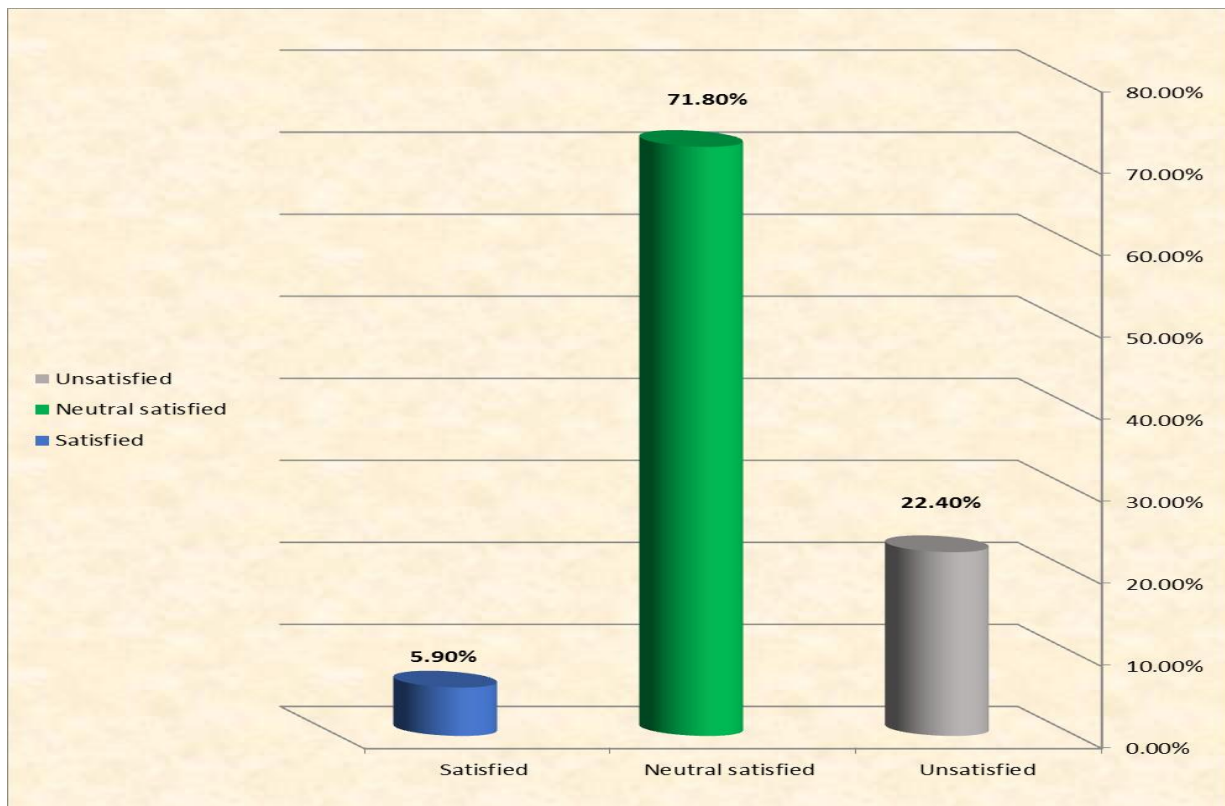
Care and treatment	Very satisfied		Satisfied		Neutral		Un satisfied		Very unsatisfied	
	No	%	No	%	No	%	No	%	No	%
Nurses prepare the child and parents to enter the department or care unit	24	7.1	146	42.9	26	7.6	86	25.3	58	17.1
We know every day the nurse who is responsible for caring for the child.	10	2.9	178	52.4	30	8.8	90	26.5	32	9.4
Care among the nurses in the pediatric ward / PICU is well rotated.	8	2.4	144	42.4	90	26.5	72	21.2	26	7.6
Nurses are aware of the child's medical history.	4	1.2	166	48.8	48	14.1	100	29.4	22	6.5
When the child's condition worsens nurses take action immediately.	28	8.2	242	71.2	30	8.8	16	4.7	24	7.1
The child's comfort is taken into consideration by the nurses.	36	10.6	188	55.3	50	14.7	30	8.8	36	10.6
The number of nurses is sufficient to care for all the children in the place	12	3.5	224	65.9	64	18.8	24	7.1	16	4.7
The right medication is always given at the right time.	20	5.9	276	81.2	16	4.7	20	5.9	8	2.4
Nurses provide the necessary health education to parents about the child's condition.	4	1.2	42	12.4	32	9.4	180	52.9	82	24.1
The child's discharge procedures are completed accurately and the parents are notified upon completion.	8	2.4	180	52.9	82	24.1	44	12.9	26	7.6



**Table (6): The studied parents’ satisfaction with nursing care regarding the professionalism/ professional approach**

The professionalism/ professional approach:	Very satisfied		Satisfied		Neutral		Un satisfied		Very unsatisfied	
	No	%	No	%	No	%	No	%	No	%
The nursing team is sympathetic to the child’s father/mother.	12	3.5	188	55.3	40	11.8	96	28.2	4	1.2
The nursing team is concerned with maintaining hygiene and infection control methods.	24	7.1	230	67.6	66	19.4	18	5.3	2	.6
The nursing team respects the privacy of the child and the parent.	4	1.2	204	60.0	64	18.8	56	16.5	12	3.5
The nursing team shows respect for the child and parent.	4	1.2	204	60.0	64	18.8	56	16.5	12	3.5
The parent feels welcome and well prepared at the time the child enters the department/care.	24	7.1	142	41.8	26	7.6	90	26.5	58	17.1
Despite the workload, adequate attention is given to the child and the parent by the nursing team.	36	10.6	188	55.3	50	14.7	30	8.8	36	10.6
The cultural background and educational level of the parent are taken into account.	4	1.2	204	60.0	64	18.8	56	16.5	12	3.5
The child’s health is always the nursing team’s first priority.	36	10.6	188	55.3	50	14.7	30	8.8	36	10.6

**Figure (1): Distribution the total studied parents’ satisfaction with nursing care level**



**Table (7): Relation between the total studied parents' satisfaction level and their demographic data**

Parent's demographic data	Satisfied		Neutral		Unsatisfied		X2	P.value
	No	%	No	%	No	%		
<b>Age in years</b>								
18 - <30	18	5.3	122	35.9	24	7.1	58.732	.000**
30 - <40	0	0.0	102	30.0	42	12.4		
40 - <50	0	0.0	20	5.9	10	2.9		
≥ 50	2	0.6	0	0.0	0	0.0		
<b>Sex</b>								
Male	2	0.6	36	10.6	12	3.5	.425	.809
Female	18	5.3	208	61.2	64	18.8		
<b>Marital status</b>								
Married	20	5.9	234	68.8	74	21.8	1.535	.820
Divorced	0	0.0	8	2.4	2	0.6		
Widow	0	0.0	2	0.6	0	0.0		
<b>Level of education</b>								
Uneducated	0	0.0	26	7.6	6	1.8	.000	.000**
Read and write	4	1.2	72	21.2	34	10.0		
Intermediate education	4	1.2	104	30.6	32	9.4		
High education	12	3.5	42	12.4	4	1.2		
<b>Nature of work</b>								
Employed	6	1.8	62	18.2	22	6.5	.509	.775
Unemployed	14	4.1	182	53.5	54	15.9		
<b>Place of residence:</b>								
Rural	18	5.3	170	50.0	56	16.5	3.948	.139
Urban	2	0.6	74	21.8	20	5.9		

\*\* Highly statistically significance  $p \leq 0.001$ \* statistically significance  $p \leq 0.05$ 

## Discussion

Parent's level of satisfaction with care is directly related to the quality of services provided taking into account satisfaction with care as an attribute that respect the needs of parents, the engagement in care, the provision of information, an organized environment and professional attitudes that promote adequate care from the perspective of child parent (Adama et al., 2022). So, the study conducted to assess parents' satisfaction related to the nursing care provided to their children at Pediatric Intensive Care Unit (PICU) and ward.

In "Information" domain more than half of the studied parent, were satisfied with "We are always informed immediately when a child's physical condition worsens or improves". While, the totality of them were unsatisfied with "Nurses inform us clearly about the sequences of the child's treatment and the side effects of the medications". This finding inconsistent with Cintra et al., (2022) who found that discussing the child's care and treatment with the nursing team on a daily basis revealed that the staff at the institution is well-satisfied with the amount of information provided, allowing the family to develop autonomy over their child's treatment and make the best decision.

Regarding "Care and Treatment" domain the finding indicates that, in the majority of the studied parents were satisfied with "The right medication is always given at the right time". While (Cintra et al., 2022) found that there were good satisfaction in most of the questions. Also, more than half were unsatisfied with "Nurses provide the necessary health education to parents about the child's condition". While (Cintra et al., 2022) despite there were good satisfaction in most of the questions there were poor satisfaction about "The child's discharge procedures are completed accurately and the parents are notified upon completion"

The "Organization" domain questionnaire clarifies that the majority of the studied parents were satisfied with "There is enough space around the child's bed". While, near half of them were very unsatisfied with "Medicines and supplies needed to care for the child are always available". These result are inconsistent with that of (Cintra et al., 2022) who found that the "organization" domain questionnaire had the lowest degree of satisfaction. A similar outcome was observed in the study conducted in Spain, an assessment that was mostly caused by the PICU's noisy environment. In addition to the continuous sounds produced by infusion pumps, mechanical

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ventilators, and monitor alarms, there are numerous other activities that produce noise, which can further disrupt the healing environment.

The "Parents' Participation" domain implies neutral level of satisfaction which was the opposite of **Cintra et al., (2022)** where there was the high level of satisfaction, since the family does a great job of participating in or being present for each procedure that the infant had. Stress the value of parents' involvement in child care as an approach that raises their overall satisfaction with the service, enabling them to get additional knowledge about their children's illness, course of treatment, and prognosis, thereby enhancing the safety feature.

Regarding the "Professional approach" domain, the study displays that, two thirds of the studied parents were satisfied with "The nursing team is concerned with maintaining hygiene and infection control methods". This result agree with that of (**Cintra et al., 2022**) in "The nursing team shows respect for the child and parent". While this result disagree with that of (**Cintra et al., 2022**) where the best rated sub-item were "We were welcomed on arrival at the ICU",

The results of the study shows that the majority of the studied parents had neutral satisfaction level with nursing care or its specific criteria, while one fifth of them had unsatisfied level and less than ten percent of them had satisfied level with nursing care or its specific aspects. That was incompatible with studies conducted by (**Kruszecka-Krówka et al., 2019, Kruszecka-Krówka et al., 2021, Kruszecka-Krówka et al., 2022, Cintra et al., 2022 & Rehman et al., 2024**) where the overall level of parents' satisfaction with nursing care in the pediatric department and PICU was high. The researcher suggests the difference in the satisfaction level between studies may be due to that the bulk of the studied subjects have intermediate education they didnot completely understand the surrounding circumstances or they may be confused by the disease of child that they were not satisfied or unsatisfied. In addition to difference in advancement of setting and availability of resources.

About relation between the total studied parents' satisfaction level and their demographic data, the study reveals that there was statistically significant relation between the total studied parents and their age and level of education. In comparison to parents in other age groups, parents under 30 showed highest levels of satisfaction with the services they received. As it's common knowledge that as people age, their emotional patterns tend to change in direction, become more knowledgeable and demanding. While parents with greater education showed the higher degree of satisfaction, which uncorroborated the finding of Cimke et al, Smoleń et al and Kruszecka-Krówka et al. However, a group of researchers who have

examined the scientific literature on parental satisfaction with care do not find evidence to support the hypothesis that there is a relationship between parents' educational attainment and their level of satisfaction with care, nor do they imply that parents who have greater education tend to have greater faith in the skill of the medical team and are more satisfied with the support and information they receive (**Kremska et al., 2020**).

## Conclusions

Based on the finding of the current study it was concluded the parents' satisfaction level related to care was neutral in addition to that age of parents, their sex, nature of work, place of residence and education have a strong relation to parental satisfaction with nursing care. Plus, age of the child, their diagnosis and duration of hospitalization are determinants of parental satisfaction with nursing care.

## Recommendations

The current study finding suggest that:

- Implementing a periodic assessment of parent satisfaction with care in ward and PICU to increase parents' satisfaction with care.
- Replication of the study to ensure result generalization.
- Improving the deficit area that affect satisfaction in each domain of satisfaction such as proving information about side effects of medication and sequences of treatment in domain "Information", provide health education about the child disease in domain "Care and Treatment", providing enough supplies and equipment in domain " Organization" etc.....

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