



Evaluation of pediatric emergency department nursing interventions and factors affecting parents' satisfaction: a observational and descriptive study

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ABSTRACT

Objectives: The objective of this study is to determine the nursing interventions applied to pediatric emergency patients and the factors affecting the satisfaction of the parents and the satisfaction levels of the parents.

Methods: This observational and descriptive study was conducted. Three hundred eighty-five parents of patients who presented to the university pediatric emergency department were included in the study. The study data were collected by the Parent Information Form, Nursing Interventions Form and the Parental Satisfaction Form.

Results: The researcher observed a variety of nursing interventions in the pediatric emergency department. Consent was obtained from the patients' parents for nursing interventions. Most of the participants were satisfied with the way their nurses communicated with them and other family members (87.3%) as well as with patients (90.1%). Education level appeared to inversely relate to satisfaction: the higher the education level, the lower the participants' satisfaction ($\chi^2 = 17.72$, $p = .001$).

Conclusion: The development of nursing services in the field of health care allows increased quality care for patients. It can also affect parental satisfaction positively. Nursing care should be improved to increase parental satisfaction in healthcare services.

Key Words: Nursing, parental satisfaction, pediatric emergency

INTRODUCTION

Emergency departments (EDs) provide unceasing service to patients, meaning that ED staff members are constantly interacting with members of the community. EDs differ from other medical fields in terms of physical structure and workforce because they provide fast, accurate and uninterrupted service to patients [1]. Patient satisfaction depends on the quality of care provided by EDs [2-4]. Although satisfaction is a subjective concept, differing from patient to patient, it represents the most important indicator of healthcare quality [5-7]. Because pediatric patient satisfaction is challenging to measure precisely, the satisfaction of the young patients' parents or relatives is taken into account [6,8]. Research shows that timeliness of care [8],

providing information about diagnosis, care and treatment [9,10], caring and empathy [10], perceived technical quality of care [5,10], quality of interpersonal interactions [11], healthcare provider courtesy [12] and pain management [13] affect overall satisfaction.

Parental satisfaction regarding care relates to healthcare services and serves as an indicator of quality care [14]. Many factors affect parental satisfaction in the hospital, especially receiving physical and emotional support and information and coordinated care, feeling respected, and being involved in care. These factors are divided into four groups; child-related, parental-related, health-related, and institutional factors [15-18].

Nursing care should be improved to increase parental satisfaction in healthcare services [19,20] as a

significant relationship exists between pediatric nursing services and parental satisfaction. To date, studies on emergency services in Turkey have generally focused on factors affecting patient satisfaction [21] and parental satisfaction in EDs [22-24], along with the relationship between nursing services and patient satisfaction [25]. Latour et al. [26] 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. As a result of this study, factors affecting satisfaction can be determined. At the same time, the most commonly used nursing services in the pediatric emergency department can be identified and can guide future studies. The objective of this study is to determine the nursing interventions applied to pediatric emergency patients and the factors affecting the satisfaction of the parents and the satisfaction levels of the parents. Thus, this investigation explored the following questions:

1. What are pediatric emergency department (PED) nursing interventions?
2. What are the factors that affect parental satisfaction?

MATERIALS AND METHODS

Design

This observational and descriptive study was conducted between December 2016 and April 2017.

Participants

The study sample consisted of the parents of patients in a university hospital PED in the city located in the southern part of Turkey. The study involved two stages. In the first stage, the researcher used the Nursing Interventions Diagnostic Form and observed nursing interventions for pediatric patients. In the second stage, participants (pediatric patients' parents) completed the Parental Satisfaction Level Scale.

The study sample consisted of 385 parents. The sample size was calculated using Power Analysis (Version 3.1.9.2, by Franz Faul, University of Kiel, Kiel,

Germany; 2014) with an effect size of 0.05. The sample size of 385 achieved 80% power to detect the effect size with a confidence interval of 95%.

Inclusion Criteria: parents with children under 18 years of age, volunteers, no communication problems, literate in Turkish, not requiring emergency transport or surgery. The widest participation was achieved whenever possible.

Data Collection Tools

Parents and Children Information Form- The questionnaire consisted of 12 items, 11 of which addressed sociodemographic characteristics (age and gender of the child; gender, age, educational level, and occupation of the parent). The remaining item addressed why they referred to the PED.

Nursing Interventions Diagnostic Form- The form consisted of 53 items addressing nursing services in PEDs. The form was developed based on a literature review [22-25]. The researcher marked on the form the nursing services that he observed.

Parental Satisfaction Level Scale- The surveys in previous studies typically included questions about general satisfaction with the hospital and the adult emergency department. Since such questions were not suitable for the PED, new questions were created for this study. The Parental Satisfaction Level Scale was developed based on a literature review by the researchers (22,23,24,27). The scale items were scored on a 5-point Likert scale (5 = very good, 4 = good, 3 = neither good nor bad, 2 = bad, 1 = very bad). Scores of 5 and 4 indicated satisfaction. The scale included questions concerning emergency nurses' care and respect for pediatric patients and their parents, providing information on medication and patient status, providing information on examination and treatment, follow-up frequency, availability in case of a problem, and providing information to parents on what they should do during patient care, plus broader questions about comfort and hygiene of the PED, satisfaction with the physical condition of the PED, general satisfaction with nurses, satisfaction with the number of nurses, and general satisfaction with the PED. Cronbach's alpha, a measure of

internal consistency, was found .94.

A Scale for Parents on Waiting Times in PEDs. This form consisted of 6 items concerning waiting time for triage, examination, hospitalization, discharge, nursing interventions, and total stay in the PED.

Procedure

Data were collected on weekdays and weekends on 08–16 and 16–24 night shifts. Pediatric patients admitted to the PED were examined and diagnosed. Informed consent was obtained from the parents who agreed to participate in the study. The researcher conducted face-to-face interviews with participants and collected information about the patients' sociodemographic characteristics. During this period, patient examination, diagnosis, and medical treatment were never delayed or otherwise compromised due to the study.

The researcher conducted observations to collect data on nursing interventions, nurses' attitudes toward patients and their parents, and how nurses communicated with them. During the observations, the researcher did not intervene in any way with nurses and recorded their interventions without distracting them. Before collecting the survey data, the researcher asked whether the time was appropriate and obtained consent (written and verbal) from the families. During the research, the care and treatment of children were never obstructed. In this way, every effort was made to ensure that the parents provided honest answers to the questions. Data on parental satisfaction were gathered at discharge. Participants completed the satisfaction level scale in a separate room. Observational data were collected over a long period without bias in line with the researcher's observations, allowing personnel to continue their routine work without interruption.

Participants were asked about waiting times for triage. Triage nurses record triage and examination times on the triage registry; thus, data on waiting times for examination were obtained from this registry. The researcher also timed the total waiting

time in the PED.

Data Analysis

Data were analyzed using the Statistical Package for Social Sciences (IBM SPSS Statistics for Windows, Version 20.0. Armonk, New York: IBM Corp., 2011) at a significance level of 0.05. Results were presented as mean and standard deviation or numbers. A chi-square test was used to compare categorical variables.

Ethics

The study was approved by Akdeniz University Clinical Trials Ethics Committee (Approval No: 70904504/342, Date: 01.09.2015). The managers and physicians of the PED were informed about the purpose, procedures, and confidentiality of the study, and their written and verbal consent was obtained. The study objective was disclosed to the parents, who also provided written and verbal consent.

RESULTS

Descriptive Characteristics of Participants

Of the participants, 288 (78.4%) were mothers, and 97 (25.2%) were fathers. The mean ages of the mothers and fathers were 32.28 years (SD = 6.13) and 36.21 years (SD = 6.34), respectively. In terms of the mothers' education and occupation, 183 (47.5%) had a primary school degree, and 268 (69.6%) were unemployed. Statistics for the fathers revealed that 152 (39.5%) had a primary school degree and 188 (48.8%) were employed. The pediatric patients were split not quite evenly into boys (202) and girls (183). The most common reasons for pediatric emergency visits were infectious disease (156 patients; 40.5%) and gastrointestinal disease (87 patients; 22.6%). See Table 1 for details.

Table 1: Parents and Childrens Characteristics (n=385)

Variables	n	%
Parents		
Mother	288	74.8
Father	97	25.2
Mother age		
≤25	29	7.5
26-34	136	35.3
35-44	213	55.3
≥45	7	1.9
Father age		
≤25	2	0.5
26-34	162	42.2
35-44	183	47.5
≥45	38	9.8
Education status of the mother		
She can read and write	5	1.3
Primary education	183	47.5
High school	110	28.6
University	87	22.6
Education status of the father		
He can read and write	1	0.2
Primary education	152	39.5
High school	139	36.1
University	93	24.2
The profession of the mother		
Unemployment	268	69.6
Officer	55	14.3
Worker	50	13
Self-employment	12	3.1
The profession of the father		
Unemployment	15	3.9
Officer	64	16.6
Worker	188	48.8
Self-employment	112	29.1
He is retired	6	1.6
How to leave the emergency unit		
Discharged	334	86.8
Hospitalization	51	13.2
Gender of the child		
Girl	183	202
Male	47.5	52.5
Age of child (years)		
0-1	73	19.0
2-3	75	19.5
4-6	78	20.3
7-12	110	28.5
13-18	49	12.7
Diseases leading to emergency department admission		
Infectious diseases	156	40.5
Gastroenterological diseases	87	22.6
Respiratory system diseases	47	12.2
Neurological diseases	27	7.0
Allergic diseases	16	4.2
Endocrinological diseases	5	1.3
Poisonings	5	1.3
Other	42	10.9

Nursing Interventions

The researcher observed a variety of nursing interventions in the PED. Consent was obtained from the patients' parents for nursing interventions. Nurses assessed the vital signs of all patients and monitored and recorded consumables and medication intake. They also established vascular access (83.1% of patients), drew blood (81.6%), provided a comfortable

and safe environment (75.3%), and took safety measures (56.1%). Slightly more than half of the nurses (55.1%) used plain, simple language to communicate with the patients and their parents; moreover, 54.5% spoke with a soft, calm voice, and 52.7% used appropriate medical terminology (Table 2).

Table 2: Nursing Care Given Childrens Admitted to The Children Emergency Department (n=385)

Applied Nursing Interventions	n	%
Consent for actions to be taken	385	100.0
Providing a comfortable and safe environment	290	75.3
Evaluating vital signs	385	100.0
Monitoring	146	37.9
Vascular access	320	83.1
Taking a blood sample	314	81.6
Giving information about drug applications	137	35.6
Oxygen application	102	26.5
Oral drug administration	35	9.1
Inhaled drug application	81	21.0
Parenteral drug administration	171	44.4
Fluid infusion	197	51.2
Giving information about investigations	45	11.7
Pay attention to asepsis / antisepsis during the procedures	160	41.6
Giving information about nutrition	46	11.9
Making the follow-up that he took	6	1.6
Hot / cold application	32	8.3
Positioning the patient according to need	44	11.4
Mobilization of patients according to their needs	21	5.5
Taking precautions for physical environment security	216	56.1
Prevention for infection control	183	47.5
Informing the parent before each transaction	151	39.2
Paying attention to privacy	95	24.7
Do let the child express his feelings	56	14.5
Allow sufficient time for the child's questions and answers	55	14.3
Talking about family's questions and concerns	43	11.2
Using a soft, quiet tone	210	54.5
Use a short and simple language in communication	212	55.1
Use appropriate medical terminology	203	52.7
Don't leave children alone	24	6.2
When the child cries, hold his hand, touch	15	3.9
Playing therapeutic game with child	186	48.3
Making eye contact with children and parents	186	48.3
To follow the consumables and drugs used on behalf of the patient, to keep records	385	100.0
Discharge training	21	5.5
Secure shipment	69	17.9

Levels of Satisfaction

Most of the participants were satisfied with the way their nurses communicated with them and other family members (87.3%) as well as with patients

(90.1%). They were also satisfied with the nurses themselves (88.6%), their availability (88.1%), and the PED (85.7%) (Table 3).

Table 3: Parents' Satisfaction with the Emergency Department and Nurses (n=385)

Parents' Satisfaction With the Emergency Department and Nurses	Satisfied		Dissatisfied	
	n	%	n	%
Nurses' behavior towards parents and children	341	88.6	44	11.4
Frequency of nurses to follow and evaluate the child	331	86	54	14
Ease of access to nurses	339	88.1	46	11.9
Nurses to inform parents about the medications administered to the child	294	76.4	91	23.6
Nurses informing parents about the child's condition	297	77.1	88	22.9
Nurses informing parents what to do during the parent's care	324	84.2	61	15.8
Nurses to inform the parents during the care of the child	311	80.8	74	19.2
How nurses communicate with parents and other family members	336	87.3	49	12.7
How nurses communicate with children	347	90.1	38	9.9
Satisfaction about whether the number of nurses is sufficient	328	85.7	55	14.3
General satisfaction from nurses	341	88.6	44	11.4
Comfort and cleanliness of the emergency department	277	67.8	124	32.2
Adequate physical conditions of the emergency department	261	67.8	124	32.2
Sufficient of vehicles and materials used in emergency department	324	84.4	60	15.6
General satisfaction from the emergency department	330	85.7	55	14.3

Education level appeared to inversely relate to satisfaction: the higher the education level, the lower the participants' satisfaction ($\chi^2 = 17.72$, $p = .001$) (Table 4). Participants' satisfaction with

nurses' communication with patients was positively correlated with their satisfaction with the PED and nurses ($\chi^2 = 104.18$, $p = .000$; $\chi^2 = 63.82$, $p = .000$, respectively) (Table 5).

Table 4: Relationship Between Parents' Educational Status and General Satisfaction with the Emergency Department (n=385)

Educational Status of Parents		General Satisfaction From the Emergency Department		
		Satisfied	Dissatisfied	Total
She/He can read and write	n	9	0	9
	%	100.0	0.0	100.0
Primary school	n	150	18	168
	%	89.3	10.7	100.0
High school	n	105	12	117
	%	89.7	10.3	100.0
University	n	66	25	91
	%	72.5	27.5	100.0
Total	n	330	55	385
	%	85.7	14.3	100.0
	χ^2		17.72	
	p		.001	

Table 5: Relationship Between the Way Nurses Communicate with Parents and Other Family Members, and Overall Satisfaction with the Emergency Department and Nurses (n=385)

Nurses' Communicate with Parents and Other Family Members		General Satisfaction from Emergency Department			General Satisfaction of Nurses		
		Satisfied	Dissatisfied	Total	Satisfied	Dissatisfied	Total
Satisfied	n	313	23	336	321	15	336
	%	93.2	6.8	100.0	95.5	4.5	100.0
Dissatisfied	n	17	32	49	20	29	49
	%	34.7	65.3	100.0	40.8	59.2	100.0
Total	n	330	55	385	341	44	385
	%	85.7	14.3	100.0	88.6	11.4	100.0
	χ^2		119.35			126.49	
	<i>p</i>		.000			.000	

Distribution of Mean Waiting Time

Participants waited an average of 2.93 min for triage, 7.05 min for medical examination, and 4.02 min for nursing services. They stayed in the PED for a total of 239.12 min (Table 6).

DISCUSSION

Patient satisfaction is a critical indicator of the quality of care provided by EDs [5-7]. Quality of care and patient satisfaction have become increasingly important to both health professionals and patients in recent years [28,29]. Therefore, the aim of this study was to determine parental satisfaction with nursing services provided to patients in a PED. ED nurses play a significant role in defining and managing critical diseases [30]. Consequently, this study also aimed to identify the nursing services provided to patients in a PED. According to the researcher's observations, the most common nursing services included obtaining consent for interventions, supplying consumables and medication, establishing vascular access, performing phlebotomy, checking vitals, and providing a comfortable and safe environment. The nurses in this study provided mostly physical care but little psychological care. The physical care observed included classical services such as monitoring

vital signs, taking patient history, and preparing patients for medical procedures. Mollaoğlu & Çelik [25] reported on nursing services in EDs listed similar common practices, mostly involving preparing patients for emergency interventions, taking patient history, checking vitals, providing oxygen therapy, establishing blood and fluid infusion, and providing a safe environment.

While satisfaction is a subjective perception of patients and their families in general, this feeling is considered a significant indicator of the quality of healthcare services [6-8]. Thus, parental satisfaction can offer a meaningful indicator of the quality of pediatric care. High parental satisfaction with a PED increases the facility's prestige. Many factors may affect parental satisfaction, such as providing physical and emotional support and information and coordinated care for parents, respecting them, and involving them in care [9,15,31]. Parental satisfaction depends on the adults' needs and expectations, age, gender, and educational background [22-24,32]. Essential factors affecting parental satisfaction are healthcare professionals' attitudes toward the parents themselves, the pediatric patients' health status, providing parents with information about their children's treatment and care, clarity and

comprehensibility of explanations, waiting times for examination, and collaboration between healthcare professionals [33-35].

The participants in this study expressed high overall satisfaction (85.7%) with the ED. This finding supports the conclusion that general satisfaction regarding the emergency department and nurses is high. Other researchers' results are in agreement. In a study examining a university hospital PED, Aşlıoğlu et al. [23] reported overall parental satisfaction of 74.6%. Uysal and Cirlak [24] found the satisfaction rate of parents of pediatric patients hospitalized in the pediatric ward of a private hospital to be 85.0%. In another study involving parents of pediatric patients who had undergone tonsillectomy and adenoidectomy, Shafer et al. [36] reported a satisfaction rate of 95%. Moreover, Matziou et al. [37] reported that most of the parents of pediatric inpatients were very satisfied. Lastly, Williams et al. [38] reported that the satisfaction of parents who were admitted to the pediatric orthopedic service due to trauma was 93%. Although the mentioned studies investigated the satisfaction of the parents of pediatric inpatients rather than that of the parents of ED patients, their results are consistent with the findings of this study. No other studies to date have measured parental satisfaction in PEDs. Instead, researchers have discussed adult patients' satisfaction with EDs. Overall patient satisfaction with EDs has been reported as 73.8% [25]. The difference between the rates may reflect differences in methods, research instruments, medical problems, institutions, and cultures. The general satisfaction with the PED of this study's participants correlated negatively with their education level ($p = .001$). In other words, the higher the education level, the lower the participants' satisfaction. This result concurs with the findings that previous studies have reported [10,23,27]. As mentioned, overall satisfaction for the participants in this investigation regarding their nurses was 88.6%. In Matziou et al. [37], 89.32% of

the parents of hospitalized pediatric patients found nurses polite. Similarly, Aşlıoğlu et al. [23] noted that 84.5% of the parents of PED patients were satisfied with nurses. The results of the study currently under consideration, as well as the findings of other researchers, show that the parents of PED patients generally express high satisfaction with nurses.

Nurses' effective communication with pediatric patients and their parents is a contributing factor to patient satisfaction. Patient-centered, individualized care improves patient and parent confidence in nurses and promotes nurse-patient-parent communication. Moreover, the more time that caregivers devote to their patients, the more valued the patients feel [37,38]. In this study, participants' satisfaction with the PED and nurses was positively correlated with nurses' effective communication with them and other family members. Participants' satisfaction with the frequency of follow-up and evaluation by nurses related directly to their overall satisfaction with the PED and nurses. Fitzpatrick et al. [27] also reported that PED nurses had good effective communication skills and devoted time to evaluating their patients and listening to their problems. In Matziou et al. [37], parents were satisfied expressed satisfaction with nursing care (87.37%) and nurses' attentiveness (86.89%) and respect for their (87.86%) and their children's needs (90.29%). However, about half the parents reported difficulty in accessing nurses and were not satisfied in this area.

In this study, the average length of stay in the PED did not affect participants' overall satisfaction. However, other studies have reported that the average length of stay in EDs affects overall satisfaction [39,40]. Instead of using observation to record waiting times, the researcher asked participants about the waiting time for triage and used the triage nurse records to determine the waiting time for examination.

Research Limitations

The research has some limitations. First, the study was conducted at a single center; therefore, the results cannot be generalized to the whole PED. Second, our study did not qualitative data.

CONCLUSION

The aim of this study was to identify nursing interventions and measure parental satisfaction in a pediatric emergency setting. The results showed that nurses provided routine physical care but little psychological care. Most participants were satisfied with the nursing services, how nurses communicated with them and their children, and how the nursing professionals managed care. The participants were satisfied with the way nurses communicated with them and other family members (87.3%) and with patients (90.1%). The general satisfaction of the parents regarding the nurses in the PED was 88.6%. The general satisfaction of the parents concerning the pediatric emergency department was determined as 85.7%. These findings support the conclusion that parents are generally satisfied with the emergency unit and nurses.

Compliance with Ethical Standards

Financial Support: The authors have no relevant financial information to disclose.

Conflict of Interest: The authors have no potential conflicts to disclose.

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