

## Level of Satisfaction of Parents of Children with Nursing Care in the Paediatric Emergency Departments

### *Çocuk Acil Servise Başvuran Ebeveynlerin Hemşirelik Bakımına İlişkin Memnuniyet Düzeyleri*

Ahmet Bütün<sup>1</sup>, Mehmet Özyurt<sup>2</sup>

#### ABSTRACT

**Aim:** Assessing the level of satisfaction among parents in paediatric emergency departments (PED) is important in determining whether healthcare providers are meeting parents' needs and expectations. Understanding the factors that influence parents' satisfaction with nursing care in the PED is essential for improving the quality of healthcare delivery. This study aims to determine the level of satisfaction of parents with nursing care in PED and identify specific nursing activities associated with parents' satisfaction.

**Material and Methods:** This study is a descriptive cross-sectional study. Participants were parents who visited the PED of Mardin Training and Research Hospital in Mardin, Turkey. The study included 619 parents. A convenience sampling was used to recruit participants. The data were collected between 20/05/2024 – 18/08/2024. Data collection tools included "socio-demographic and paediatric emergency department admission questions questionnaire" and "Newcastle Satisfaction with Nursing Scale".

**Results:** The results show that the satisfaction scores of illiterates were found to be higher than those of secondary school, high school, and undergraduate graduates ( $p<0.05$ ). The results showed that there were statistically significant differences in the satisfaction scores in terms of satisfaction with the care child received in the PED, the time allocated to child for treatment and care, trust in PED, level of satisfaction with PED, opinions about the behaviours of nurses in PED and prefer to receive healthcare from this PED and its nurses in the future ( $p<0.05$ ). The highest scores obtained from the Newcastle Satisfaction with Nursing Scale were given to the items of respect for patients' privacy, nurses' helpfulness, and nurses' competence in their work. The lowest scores obtained from the Newcastle Satisfaction with Nursing Scale were given to nurses giving information to patients about their conditions and diseases, nurses making patients feel at home, and nurses checking whether the patient was okay.

**Conclusion:** Parents' satisfaction levels with nursing care in PED were low. This study recommends increasing the quality of nursing practices in order to increase parents' satisfaction.

**Keywords:** Satisfaction, parents, children, nursing care, emergency department, paediatric emergency department.

#### ÖZ

**Amaç:** Çocuk acil servislerde ebeveynler arasındaki memnuniyet düzeyinin değerlendirilmesi, sağlık hizmeti sunucularının ebeveynlerin ihtiyaç ve beklentilerini karşılayıp karşılamadığını belirlemede önemlidir. Ebeveynlerin çocuk acil servislerde hemşirelik bakımından memnuniyetini etkileyen faktörleri anlamak, sağlık hizmeti sunumunun kalitesini artırmak için çok önemlidir. Bu çalışmanın amacı, ebeveynlerin çocuk acil servislerde hemşirelik bakımından memnuniyet düzeylerini belirlemek ve ebeveynlerin memnuniyeti ile ilişkili spesifik hemşirelik etkinliklerini belirlemektir.

**Gereç ve Yöntemler:** Bu çalışma tanımlayıcı kesitsel bir çalışmadır. Katılımcılar, Türkiye'de Mardin ilinde Mardin Eğitim ve Araştırma Hastanesi çocuk acil servisi ziyaret eden ebeveynlerdi. Çalışma 619 ebeveyn ile tamamlanmıştır. Katılımcıların çalışmaya dahil edilmesinde kolaylık örnekleme kullanılmıştır. Veriler 20/05/2024 – 18/08/2024 tarihleri arasında toplanmıştır. Veri toplama araçları arasında "sosyo-demografik ve çocuk acil servis başvuru soruları anketi" ve "Newcastle Hemşirelikten Memnuniyet Ölçeği" yer almaktadır.

**Bulgular:** Sonuçlar, okuryazar olmayanların memnuniyet puanlarının ortaokul, lise ve lisans mezunlarına göre daha yüksek olduğunu göstermektedir ( $p<0,05$ ). Sonuçlar, çocuğun çocuk acil serviste aldığı bakımdan memnuniyet, çocuğa tedavi ve bakım için ayrılan zaman, çocuk acil servise güven, çocuk acil servisinde memnuniyet düzeyi, çocuk acil servisindeki hemşirelerin davranışlarına ilişkin görüşler ve gelecekte bu çocuk acil serviste ve hemşirelerinden sağlık hizmeti almayı tercih etme açısından memnuniyet puanlarında istatistiksel olarak anlamlı farklılıklar olduğunu göstermiştir ( $p<0,05$ ). Newcastle Hemşirelikten Memnuniyet Ölçeği'nden en yüksek puanlar hasta mahremiyetine saygı, hemşirelerin yardımseverliği ve hemşirelerin işlerindeki yeterlilikleri maddelerine verilmiştir. Newcastle Hemşirelikten Memnuniyet Ölçeği'nden elde edilen en düşük puanlar hastalara durumları ve hastalıkları hakkında bilgi veren hemşirelere, hastaların kendilerini evlerinde hissetmelerini sağlayan hemşirelere ve hastanın iyi olup olmadığını kontrol eden hemşirelere verilmiştir.

**Sonuç:** Ebeveynlerin çocuk acil serviste hemşirelik bakımından memnuniyet düzeyleri düşüktü. Bu çalışma, ebeveyn memnuniyetinin artırılması için hemşirelik uygulamalarının niteliğinin artırılmasını önermektedir.

**Anahtar Kelimeler:** Memnuniyet, ebeveyn, çocuk, hemşirelik bakımı, acil servis, çocuk acil servisi

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<sup>1</sup> Mardin Artuklu University, Faculty of Health Sciences, Department of Nursing, Mardin, Türkiye

<sup>2</sup> Mardin Artuklu University, Faculty of Health Sciences, Department of Healthcare Management, Mardin, Türkiye

**Corresponding Author:** Ahmet Bütün. **Address:** Mardin Artuklu Üniversitesi, Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü, Mardin, Türkiye. **Telephone:** +905457173212 **E-mail:** ahmetbutun@artuklu.edu.tr.

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## Introduction

Nursing care in the Paediatric Emergency Department (PED) encompasses a wide range of activities, including the provision of comfort, interaction with patients, and the management of diverse patient populations (1). The level of satisfaction of patients with nursing care in the PED is a critical aspect of healthcare delivery. Patient satisfaction is closely linked to the quality of nursing care provided in PED (2). The role of nurses as the primary interface between patients and hospital services underscores the significance of their activities in shaping patient satisfaction (2). Additionally, the relationship between patient safety culture, job satisfaction, and adverse events among nurses working in PED has been investigated. These studies collectively highlight the multifaceted nature of nursing care in the PED and its impact on patient satisfaction (1, 2).

The quality of nursing care in paediatric emergency care settings significantly impacts the satisfaction and well-being of both children and their families. Nursing staff play an important role in addressing the specific needs and concerns of children and their parents, and their performance can significantly impact the overall patient experience. Satisfaction of healthcare service users is a critical measure of healthcare quality, reflecting the extent to which a patient's needs and expectations are fulfilled during treatment process (3). In addition, overcrowding in the PED setting is associated with decreased levels of satisfaction, longer waiting times, and poses a risk to the quality of care (4, 5). Reducing overcrowding could result in an increased level of satisfaction and higher quality of care in PED settings (5).

Assessing the level of satisfaction among parents in PED is important in determining whether healthcare providers are meeting their parents' needs and expectations. In addition, understanding the factors that influence parents' satisfaction with nursing care in the PED is essential for improving the quality of healthcare delivery. Several factors have been identified as contributing to patient satisfaction with nursing care, including communication, availability of nursing staff, and their technical competence. Studies have shown that improvements in these areas can lead to higher levels of patient satisfaction and better health outcomes (3, 6). However, the existing literature on patient satisfaction in the PED setting remains limited, particularly in terms of the perspectives of parents and caregivers. This study aims to address this gap by evaluating the level of satisfaction among parents of children receiving nursing care in PEDs. This study aims to determine the level of satisfaction of parents with nursing care in PED and identify specific nursing activities associated with parents' satisfaction. By analysing the perspectives and experiences of parents, this study aims to provide valuable insights into the strengths and areas for improvement in nursing care within PED settings.

## Material and Methods

### Study Design

This study was designed as a descriptive cross-sectional study.

### Study Setting and Population

Participants were those who visited the PED of Mardin Training and Research Hospital in Mardin, Turkey. The

Mardin Training and Research Hospital is a tertiary hospital with a 700-bed capacity, and with a PED serves an average of 400 children daily and approximately 140 thousand children annually. The minimum sample size was determined as  $n = 384$ , with a 50% incidence rate at a 95-confidence interval using the Sample Size website. The study was completed with 619 parents. A convenience sampling was used to recruit participants. Power analysis was performed using G\*Power version 3.1.9.6 software. As the data did not follow a normal distribution, the Mann-Whitney U test was used to compare groups. The expected effect size was set at medium (Cohen's  $d = 0.5$ ), with a significance level of 0.05 and a two-sided hypothesis. With a total sample size of 619 participants, the power of the study was calculated 100%.

### Data collection

The data were collected between 20/05/2024 – 18/08/2024 from 619 participants by the research team. The researchers (A.B. and M.Ö.) invited participants to the study, and the questionnaire was applied to those who agreed to participate. The questionnaire questions were asked by the researchers to the participants face-to-face, and their answers were recorded on Google Forms by the researchers. Following such a face-to-face data collection approach allows to collect more reliable data.

### Data collection tools

Data collection tools were "socio-demographic and paediatric emergency department admission questions questionnaire" and "Newcastle Satisfaction with Nursing Scale".

### Socio-demographic and paediatric emergency department admission questions questionnaire:

This questionnaire was developed based on the existing literature. This was piloted with 10 participants and amended based on the feedback received before the actual data collection process. This form included 24 questions regarding gender, age, marital status, education status, occupation of the parent, where the parent lives, income status, the average number of times per month the child visits a health institution for any health problem (illness, vaccination, test, prescription, etc.), the first health institution to be contacted in case of any health problem/illness for the child, and various questions about emergency admissions.

### Newcastle Satisfaction with Nursing Scale (NSNS):

The scale was developed by Thomas et al. (7), and its validity and reliability into Turkish was conducted by Akin and Erdogan (8). The necessary permission was obtained from the authors of the Turkish version of this scale (8). The scale consists of 19 questions. In the evaluation of the scale, 5-point Likert type (not at all satisfied: 1, barely satisfied: 2, quite satisfied: 3, very satisfied: 4, and completely satisfied: 5) was used. The maximum score that can be obtained from the scale is 95 and the minimum score is 19. The total score for each parent is converted to 100 and 100 represents complete satisfaction/highest level of satisfaction with all aspects of care. In the Turkish version of the scale, Akin and Erdogan (8) calculated the Cronbach alpha value as 0.96, while in this study it was calculated as 0.97 and its reliability is high.

### Data Analysis

The data were analysed using SPSS 26.0 software (Statistical Package for Social Science). Percentage, mean and standard deviation were used to describe the socio-demographic variables. Since the data did not follow the normal distribution, Mann-Whitney U test and Kruskal Wallis H test were used to compare the quantitative data. The p value <0.05 was considered significant.

### Ethical considerations

Ethical approval was obtained from Mardin Artuklu University Non-Invasive Clinical Research Ethics Committee (Date: 07/05/2024, Reference no: 2024/5-9). In addition, the necessary institutional permissions were obtained from the Mardin Provincial Directorate of Health (Date: 15/05/2024, Reference no: E-68051626-770-243855324). Informed consent was obtained from all participants. The study was carried out in accordance with the principles of the Declaration of Helsinki.

### Results

Table 1 presents the socio-demographic characteristics and satisfaction scores of parents of children with nursing care in the PED. A total of 619 parents were surveyed. Of these, 61.1% (378) were female, the mean age of parents was ( $33.74 \pm 10.24$ ), and the mean age of children brought to the PED was ( $6.39 \pm 4.62$ ). Of participants, 35.7% (221) were aged between 20 and 29 years, 86.6% (536) were married, 64.9% (402) had a nuclear family, 27.6% had a bachelor's degree, 30.9% were unemployed, almost half of the parents (49.6%) live in the province, more than half of parents (61.4%) had income equal to expenditure, and the vast majority (89.5%) had health insurance. The results revealed statistically significant differences in the satisfaction scores of parents in terms of parents' education status, profession, residence address and whether had health insurance ( $p < 0.05$ ).

The results show that the satisfaction scores of illiterates were found to be higher than those of secondary school, high school and undergraduate graduates ( $p < 0.05$ ). Additionally, housewives reported higher satisfaction scores than the unemployed ( $p < 0.05$ ). Furthermore, those living in the district had higher satisfaction scores than those living in the village. The satisfaction levels of the participants with health insurance were higher than those without health insurance ( $p < 0.05$ ). There were no statistically significant differences in the satisfaction scores among the variables of gender, age group, marital status, type of family and income status (Table 1).

Table 2 shows the most common presenting medical problems that led parents to visit the PED. Accordingly, the most common complaints reported by parents were fever (139, 24.0%), gastrointestinal problems (138, 23.8%), pain (106, 18.3%), and infection (62, 10.7%), respectively. The least reported complaints were allergic diseases (16, 2.7%), and metabolic problems (11, 1.8%). The satisfaction scores of the parents of children with allergic complaints with nursing care were lower than those with respiratory system diseases ( $p < 0.05$ ).

Table 3 shows the responses to the items of the Newcastle Satisfaction with Nursing Scale. A total mean score of  $2.64 \pm$

0.89 was given to the scale. In addition, parents gave the highest scores among the scale items to nurses' respect for patients' privacy with a mean score of  $2.96 \pm 1.06$ , followed by nurses' helpfulness with  $2.82 \pm 1.04$ , and nurses' competence in their work with  $2.78 \pm 0.98$ . The lowest scores were given to nurses informing patients about their conditions and diseases, with a mean score of  $2.55 \pm 1.12$ , nurses making patients feel at home with a mean score of  $2.55 \pm 1.10$ , and nurses checking whether the patient was okay with a mean score of  $2.56 \pm 1.08$  (Table 3).

Table 4 presents the characteristics related to PED admissions and satisfaction scores of parents with nursing care. The results showed statistically significant differences in the satisfaction scores in terms of frequency of monthly visits to health institutions, PED unit where children received care, and the way of arrival in the PED ( $p < 0.05$ ). The results show that those who visited health institutions 5 or more times a month had higher satisfaction scores than those who visited less frequently ( $p < 0.05$ ). Those who received service in the yellow zone of the PED reported higher satisfaction than those who received service in the green zone. Furthermore, those arriving by ambulance had higher satisfaction scores than those arriving on foot, and those arriving on foot had higher satisfaction scores than those arriving by private car ( $p < 0.05$ ) (Table 4). There were no statistically significant differences in the satisfaction scores among the variables of the first health institution visited in case of any health problem/illness of the child, PED visit frequency in the last year, time period for visiting the PED (Table 4).

Table 5 shows parents' perceptions and experiences of PED visits. The results showed that there were statistically significant differences in the satisfaction scores regarding satisfaction with the care child received in the PED, the time allocated to child for treatment and care, trust in PED, level of satisfaction with PED, opinions about the behaviours of nurses in PED and prefer to receive healthcare from this PED and its nurses in the future ( $p < 0.05$ ). The results show that those who were satisfied with the care the child received in the PED had higher satisfaction scores than those who were partially satisfied or dissatisfied ( $p < 0.05$ ). Furthermore, those who thought that the time allocated for the treatment was sufficient had higher satisfaction scores than those who thought that it was partially or insufficient ( $p < 0.05$ ). Those who trusted the PED a lot had higher satisfaction scores than those who were undecided and did not trust the PED ( $p < 0.05$ ). As the level of satisfaction with PED decreased from very satisfied to not satisfied at all, the scores of satisfaction with nursing services also decreased ( $p < 0.05$ ). Likewise, as the evaluation of nurses' behavior declined from "very good" to "not good," satisfaction scores with nursing care also decreased. ( $p < 0.05$ ). The satisfaction scores of those who prefer to receive health services from the same PED and nurses in the future are higher than those who are undecided and do not want to receive services from the same PED and nurses in the future ( $p < 0.05$ ) (Table 5).

Socio-demographic variables	n (%)	Mean±SD	Median Score	U/X <sup>2</sup>	P value	Post-hoc
<b>Parent's gender</b>				42588.5	0.172	
Female	378 (61.1)	41.98±22.39	38.16			
Male	241 (38.9)	39.76±22.04	34.21			
<b>Parent's age (Mean±SD): (33.74±10.24) (min:18 max:88)</b>						
<b>Age of the child brought to the PED (Mean±SD): (6.39±4.62) (min:0 max:17)</b>						
<b>Parent's age group</b>						
Less than 20	32 (5.2)	38.73±18.05	34.21			
20-29	221 (35.7)	40.51±22.51	35.53			
30-39	181 (29.2)	43.69±23.85	38.16	5.509	0.357	
40-49	141 (22.8)	40.44±21.34	35.53			
50-59	37 (6.0)	35.45±19.73	36.84			
60 and over	7 (1.1)	48.31±15.26	50.00			
<b>Parent's marital status</b>				0.325	0.850	
Married	536 (86.6)	41.40±22.44	36.84			
Single	14 (2.3)	38.53±20.36	38.16			
Widow-divorced	69 (11.1)	39.43±21.42	35.53			
<b>Type of family</b>						
Single-parent family	83 (13.4)	39.28±21.12	35.53			
Nuclear family	402 (64.9)	40.14±21.98	35.53	5.540	0.063	
Extended family	134 (21.6)	45.16±23.44	39.47			
<b>Parent's education status</b>				14.538	0.013	
Illiterate	50 (8.1)	50.84±23.22	50.00			
Primary school	85 (13.7)	43.00±23.05	35.53			
Secondary school	130 (21.0)	39.50±21.71	34.21			1>3,4,5
High school	168 (27.1)	38.44±21.90	34.21			
Bachelor's degree	171 (27.6)	40.90±23.28	38.16			
Postgraduate graduate	15 (2.4)	44.47±19.19	47.37			
<b>Profession</b>				16.403	<0.001	
Unemployed	191 (30.9)	36.31±18.89	32.89			
Housewife	174 (28.1)	45.83±23.19	43.42			1<2
Worker	254 (41.0)	41.49±23.27	34.21			
<b>Where parent live</b>						
Village	69 (11.1)	36.46±18.93	32.89			
District	243 (39.3)	42.85±20.55	38.16	6.557	0.038	1<2
Province	307 (49.6)	40.79±24.07	35.53			
<b>Income status</b>				3.641	0.162	
Income less than expenditure	143 (23.1)	39.85±22.39	35.53			
Income equals expenditure	380 (61.4)	40.71±22.11	35.53			
Income more than expenditure	96 (15.5)	44.62±22.54	42.11			
<b>Health insurance</b>				12412.5	0.001	
Insured	554 (89.5)	42.27±22.46	36.84			
Uninsured	65 (10.5)	31.27±17.81	25.00			

**Table 1.** Socio-demographic characteristics and satisfaction scores of parents of children with nursing care in PEDSD: Standard Deviation, U: Mann Whitney U, X<sup>2</sup>: Kruskal-Wallis H. Post Hoc: Bonferroni, PED: Paediatric Emergency Department

Child's medical problems	n (%)	Mean±SD	Median Score	U	P value	Post-hoc
<b>What is your child's medical problems that led you to visit to the PED?</b>				23.789	0.014	7<5
Fever	139 (24.0)	38.23±21.62	32.89			
Gastrointestinal problems	138 (23.8)	42.72±23.88	38.16			
Pain	106 (18.3)	40.77±20.53	36.18			
Infection	62 (10.7)	41.82±22.77	36.84			
Respiratory system problems	62 (10.7)	48.09±22.95	45.39			
Fatigue	45 (7.7)	43.36±23.18	44.74			
Allergic diseases	16 (2.7)	27.38±11.08	28.29			
Metabolic problems	11 (1.8)	39.45±25.15	32.89			

**Table 2.** Most common presenting medical problems

SD: Standard Deviation, U: U: Mann Whitney U

Items	Min-Max	Median	Mean±SD
1. The amount of time spent with you	1-5	2	2.60±0.99
2. How capable nurses were at their job	1-5	3	2.78±0.98
3. There always being a nurse around if you needed one	1-5	2	2.61±1.03
4. The amount nurses knew about your care	1-5	3	2.58±1.11
5. How quickly nurses came when you called for them	1-5	2	2.58±1.02
6. The way the nurses made you feel at home	1-5	2	2.55±1.10
7. The amount of information nurses gave to you about your condition and treatment	1-5	2	2.55±1.12
8. How often nurses checked to see if you were okay	1-5	2	2.56±1.08
9. Nurses' helpfulness	1-5	3	2.82±1.04
10. The way nurses explained things to you	1-5	3	2.65±1.09
11. How nurses helped put your relatives' or friends' minds at rest	1-5	2	2.60±1.05
12. Nurses' manner in going about their work	1-5	2	2.58±1.07
13. The type of information nurses gave to you about your condition and treatment	1-5	2	2.60±1.07
14. Nurses' treatment of you as an individual	1-5	2	2.66±1.05
15. How nurses listened to your worries and concerns	1-5	2	2.58±1.03
16. The amount of freedom you were given on the ward	1-5	3	2.68±1.13
17. How willing nurses were to respond to your requests	1-5	2	2.65±1.03
18. The amount of privacy nurses gave you	1-5	3	2.96±1.06
19. Nurses' awareness of your needs	1-5	2	2.65±1.04
Total	1-5	2.47	2.64±0.89
Total (19-95)	19-95	47.00	50.25±16.92
Total (0-100)	0-100	38.84	41.11±22.26

**Table 3.** Responses to the items of the Newcastle Satisfaction with Nursing Scale

Min.: Minimum, Max.: Maximum, SD: Standard deviation

PED admissions questions	n (%)	Mean±SD	Median Score	U/X <sup>2</sup>	P value	Post-hoc
<b>Average number of visits to any healthcare services in a month for their children</b>				15.210	0.004	1,3,4<5
1	92 (14.9)	39.27±21.08	35.53			
2	194 (31.3)	43.18±25.00	34.87			
3	195 (31.5)	38.05±20.26	34.21			
4	66 (10.7)	38.17±19.84	35.53			
5+	72 (11.6)	48.90±21.23	46.71			
<b>Which healthcare service is your first choice to visit in case of any health problem/illness of your child?</b>						
PED	369 (59.6)	41.77±21.45	36.84			
Family healthcare centre	142 (22.9)	38.03±23.57	32.23	7.376	0.061	
Private hospital	9 (1.5)	47.66±22.27	39.47			
Polyclinics	99 (16.0)	42.50±23.14	43.42			
<b>How many times did you visit the PED for your child in the last year?</b>				13.766	0.184	
1	30 (4.8)	42.89±22.56	38.16			
2	59 (9.5)	48.77±27.29	44.74			
3	79 (12.8)	38.50±21.73	34.21			
4	68 (11.0)	40.36±22.05	35.53			
5	40 (6.5)	38.88±19.73	33.55			
6	32 (5.2)	42.14±23.15	32.89			
7	37 (6.0)	41.03±25.04	35.53			
8	49 (7.9)	37.40±21.35	35.53			
9	64 (10.3)	43.95±20.32	39.47			
10	75 (12.1)	36.12±19.34	31.58			
11+	86 (13.9)	43.31±21.99	38.16			
<b>In which unit of the PED did your child receive care?</b>						
Yellow zone	194 (31.3)	45.21±20.51	42.11	33230.00	0.001	1>2
Green zone	425 (68.7)	39.24±22.79	34.21			
<b>In which time period did you visit the PED?</b>				2.904	0.234	
08:00-17:00	286 (46.2)	43.61±24.54	38.16			
17:00-24:00	250 (40.4)	39.23±19.70	36.18			
24:00-08:00	83 (13.4)	38.19±20.53	34.21			
<b>The way they arrive at PED?</b>				10.388	0.016	
By private car	322 (52.0)	39.90±22.32	30.26			
Outpatient (walking)	156 (25.2)	45.90±23.36	34.21			
By public transport	84 (13.6)	41.05±23.62	46.05			4>2;
By ambulance	57 (9.2)	34.97±12.84	43.42			2>1

**Table 4.** Characteristics related to PED admissions and satisfaction scores of parents with nursing careSD: Standard Deviation, U: Mann Whitney U, X<sup>2</sup>: Kruskal-Wallis H. Post Hoc: Bonferroni, PED: Paediatric Emergency Department

Parents perceptions and experiences regarding their PED visit	n (%)	Mean±SD	Median Score	U/X2	P value	Post-hoc
<b>How urgent do you think your child's health condition is?</b>				4.692	0.196	
Not urgent	12 (1.9)	43.31±25.90	40.13			
Normal	215 (34.7)	39.21±23.22	34.21			
Urgent	340 (54.9)	41.48±20.98	36.84			
Very urgent	52 (8.4)	46.07±25.11	40.79			
<b>Were you satisfied with the care your child received?</b>				148.052	0.000	
Yes	368 (59.5)	49.02±21.15	47.37			1>2,3;
Partly	206 (33.3)	30.88±18.02	26.32			2>3
No	45 (7.3)	23.30±19.45	18.42			
<b>In which unit of the PED did your child receive care?</b>				156.658	0.000	
Yes	345 (55.7)	49.79±21.40	48.68			1>2,3;
Partly	173 (27.9)	33.79±18.91	31.58			2>3
No	101 (16.3)	24.02±14.96	21.05			
<b>To what extent do you trust PED?</b>				170.795	0.000	
I trust a lot	63 (10.2)	66.14±21.34	69.74			1>2,3,4
I trust	336 (54.3)	44.78±19.86	40.79			2>3,4
Undecided	179 (28.9)	29.01±16.75	23.68			
I do not trust	41 (6.6)	25.51±19.88	18.42			
<b>What is your level of satisfaction with PED?</b>						
I am very satisfied	62 (10.0)	67.93±21.52	73.68	200.836	0.000	1>2,3,4,5;
I am satisfied	337 (54.4)	44.94±19.45	42.11			2>3,4,5;
Undecided	167 (27.0)	30.50±16.97	25.00			3>4,5
Not satisfied	45 (7.3)	19.70±13.12	17.11			
I am not satisfied at all	8 (1.3)	14.30±10.32	15.79			
<b>How do you generally evaluate the behaviour of nurses towards you in the PED?</b>						
Very good	65 (10.5)	67.97±23.93	75.00	197.000	0.001	1>2,3,4;
Good	271 (43.8)	46.80±19.40	46.05			2>3,4;
Moderately	243 (39.3)	31.26±15.82	28.95			3>4
Not good	40 (6.5)	18.88±14.60	15.79			
<b>Would you prefer to receive care from this PED and its nurses in the future?</b>						
Yes	373 (60.3)	49.30±21.43	47.37	157.717	0.001	1>2,3;
Undecided	177 (28.6)	30.34±16.49	26.32			2>3
No	69 (11.1)	24.52±18.40	19.74			

**Table 5.** Parents perceptions and experiences regarding their PED visitSD: Standard Deviation, U: Mann Whitney U, X<sup>2</sup>: Kruskal-Wallis H. Post Hoc: Bonferroni, PED: Paediatric Emergency Department

Scale	n	Mean	SD	Median	Min.	Max.	α
Newcastle Satisfaction with Nursing Scale (19-95)	619	50.25	16.92	47.00	19	95	0.97
Newcastle Satisfaction with Nursing Scale (0-100)		41.11	22.26	36.84	0	100	

**Table 6.** Newcastle Satisfaction with Nursing Scale scores

SD: Standard deviation, Min.: Minimum, Max.: Maximum, α: Cronbach's alpha

In addition, there were no statistically significant differences in the satisfaction scores among the variables of the parents perception about the urgency of the child's health condition ( $p>0.05$ ). Most of the parents (340, 54.9%) assumed that the health condition of their children were urgent, however, the results showed that the vast majority of children (425,

68.7%) received care in green zone of PED (Table 4 and Table 5).

Table 6 presents the Newcastle Satisfaction with Nursing Scale scores (in the range of 19-95 and 0-100), and the Cronbach's alpha score of the scale. In general, the level of satisfaction can be expressed as low because it is below normal (50), with a score of 41.11 ( $\pm 22.26$ ) among a range of



0-100 points. The Cronbach alpha coefficient ( $\alpha$ ) of the scale were 0.97.

## Discussion

This study investigated the level of satisfaction among parents of children receiving nursing care in the PED setting. This study revealed the socio-demographic characteristics and satisfaction scores of parents of children with nursing care in PED. In addition, the most common presenting medical problems that led parents to visit the PED were identified. Furthermore, the characteristics related to PED admissions and satisfaction scores of parents with nursing care were identified. This study also revealed the parents' perceptions and experiences regarding their PED visit.

In this study, the level of satisfaction of parents with nursing care in PED was low. This result contradicts some of the existing studies (9, 10). This study revealed that parents with higher education levels have a lower level of satisfaction. The results on this issue are not consistent. While some of the existing studies supported this (9-13), others did not concur with this result (14, 15). This could be because those with higher education levels tend to have a better understanding of the healthcare process, have more critical aspects of provided care, and have higher expectations.

This study revealed that the amount of time allocated to children for treatment and care affects parents' satisfaction. Those who received more time by healthcare staff reported a higher level of satisfaction. This is also supported by the existing literature (16). This showed that allocating enough time for patients and providing effective nursing practices contribute to positive parental experiences in PED settings. Therefore, healthcare staff in the PED should care for children and their parents patiently, dedicating sufficient time to provide appropriate care.

This study also found that parents' satisfaction was affected by their trust in the PED. Those who trust in PED have a higher level of satisfaction. In line with this result, Deml, Buhl (17) highlighted that parents' trust in healthcare staff significantly influences their satisfaction with care. Trust in healthcare staff is crucial for parental satisfaction, as parents who feel understood and valued are more likely to express satisfaction with the care received (18, 19). This is particularly relevant in PED settings, where parents are sensitive and parents seek reassurance that their children are receiving appropriate care. This study showed that those who were satisfied with the care the child received in the PED had higher satisfaction scores.

This study revealed a difference between parents' and healthcare staff's perceptions of the urgency of a child's condition. Of parents, 54.9% think that the health condition of their child was urgent, however, the vast majority of children (68.7%) received care in the green zone of PED. While healthcare staff generally categorize urgency based on the severity of the medical condition, parents' perceptions are often influenced by emotional factors (4, 5, 20). In line with the existing literature, this study revealed that perceived urgency of the child's health condition differs among parents and healthcare staff (21).

Regarding parents' satisfaction with nursing care services, the highest scores on the Newcastle Satisfaction with Nursing Scale were given to items related to respect for

patients' privacy, nurses' helpfulness, and nurses' competence in their work. Maintaining confidentiality and providing a private environment for care are essential in promoting positive experiences for parents and their children. The study's results suggest that parents appreciate when nurses are approachable, responsive, and willing to assist with their concerns. In line with these results, Mersinlioğlu and Öztürk (22) found that patients are most satisfied with the fact that nurses respect the privacy of the patients, that the nurses apply the treatment (medications) on time, and that patients can easily reach the nurses when needed. Furthermore, Emordi, Orukwogu (23) found that attitudes of the nurses, providing information to the patients, and respect for privacy are the factors that affect the satisfaction level of patients. Maintaining confidentiality and providing a private environment for care are essential in promoting positive experiences for parents and their children.

In addition, the lowest scores on the Newcastle Satisfaction with Nursing Scale were given to items related to nurses providing information about patients' conditions and illnesses, making patients feel at home, and checking on patients' well-being. In line with these results, existing literature supports that those who received information about their health state from nurses had a higher level of satisfaction (24). When nurses fail to adequately inform parents about their child's condition, it can lead to feelings of uncertainty and anxiety, thereby reducing overall satisfaction with the care experience. In addition, regular check-ins are essential for demonstrating attentiveness and concern for patients' well-being. In line with these results, the perception of care quality is influenced by engaging with patients and monitoring their conditions (19).

This study suggests that key factors influencing parents' satisfaction in the PED setting include improving the quality of nursing care, maintaining patient privacy, providing clear information about the care and treatment process, enhancing nurses' competency, ensuring a comfortable care environment, and regularly checking on the patient throughout treatment. Future efforts to enhance satisfaction should focus on improving communication and fostering collaborative care environments that prioritize the needs of both children and their families.

## Strengths and Limitations

One of the strengths of this study is that collects data from a large number of participants ( $n=619$ ) which could increase the generalizability of the results. However, this study is not without limitations. This study is based on data obtained from a single center and therefore may not be generalizable to other settings

## Conclusion

In conclusion, the level of satisfaction of parents with nursing care in PED was low. This study recommends increasing the quality of nursing practices in order to increase parents' satisfaction. This study highlighted the importance of respecting patient privacy, demonstrating helpfulness, and exhibiting competence in nursing care as key factors influencing parental satisfaction in PED. By focusing on these dimensions, healthcare providers can



enhance the quality of care delivered to children and their families, ultimately leading to improved health outcomes and greater satisfaction. This study could inform policy-makers, leaders, and researchers about factors influencing parents' satisfaction, helping to develop strategies that enhance the quality of nursing care and improve the overall patient experience in PED settings.

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