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PARENTS' PERSPECTIVES ON NURSING CARE PROVIDED TO CHILDREN AT THE CHILDREN'S HOSPITAL IN LAHORE, PAKISTAN

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Abstract

Background: Parental satisfaction with pediatric nursing care is a key indicator of healthcare quality. Understanding parents' perspectives helps improve child-centered care in hospital settings. This study assessed satisfaction with nursing care among parents of children admitted to the Children's Hospital, Lahore, Pakistan. Materials and Methods: A descriptive cross-sectional study was conducted among 220 parents whose children were admitted to the Gastroenterology Unit I and II. Participants were conveniently sampled, and data were collected using the Parent Satisfaction Survey (PSS) at discharge. Data were analyzed using SPSS version 26.0. Descriptive statistics summarized findings, while bivariate and multivariate logistic regression identified predictors of satisfaction, reported as adjusted odds ratios (aOR) with 95% confidence intervals (CIs). Results: The study revealed that parental satisfaction was significantly associated with higher education (OR = 2.35, p = 0.03), urban residence (OR = 2.10, p = 0.049), and consistent help from nurses (OR = 4.85, p = 0.001). Additionally, parents of older children (6+ years) reported lower satisfaction (OR = 0.40, p = 0.04), while expectation scores strongly predicted satisfaction (OR = 1.42, p < 0.001). Conclusion: Strengthening communication, responsiveness, and family-centered care through staff training and targeted support for diverse parents can significantly enhance parental satisfaction and child health outcomes in pediatric settings.

1. INTRODUCTION

Parental satisfaction with nursing care is an important indicator of healthcare quality, particularly in pediatric settings where children's vulnerability requires not only clinical expertise but also compassionate, family-centered approaches. Research demonstrates that satisfaction with nursing care is closely linked to the quality of communication, emotional support, and the overall patient–nurse relationship (Karaca & Durna, 2019). In pediatric contexts, parents act as advocates and active participants in care, making their perspectives vital in evaluating service quality.

Globally, studies have highlighted a variety of factors influencing parental satisfaction with nursing care,

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including effective communication, parental involvement, staff competence, and the environment of care delivery (Kruszecka-Krówka et al., 2019; Yoo & Cho, 2020). Evidence shows that family-centered care improves parental satisfaction and reduces negative outcomes such as readmissions (Bastani et al., 2015). Moreover, validated tools like the EMPATHIC-N questionnaire have been used internationally to measure parental satisfaction, underscoring the significance of standardized evaluation methods in neonatal and pediatric care settings (Dall'Oglio et al., 2018).

In low- and middle-income countries, parental satisfaction remains underexplored despite its implications for service quality improvement. Research from Egypt and Zambia has shown that while caregivers appreciate the role of nurses, they often report concerns regarding workload, waiting times, and staff responsiveness (Rahman, 2014; Pule et al., 2018). In Pakistan, where pediatric hospitals face high patient loads and limited resources, understanding parents' perspectives on nursing care is essential to inform policy and practice. This study aims to assess parents' perspectives on nursing care provided to children at the Children's Hospital in Lahore, thereby contributing to evidence-based improvements in pediatric nursing services.

2. Materials and Methods

This study employed a cross-sectional design to assess parents' satisfaction with nursing care at the Children's Hospital, Lahore. Data were collected at the time of patient discharge to capture parents' immediate perceptions and experiences. A sample of 220 parents or guardians of children admitted for at least 24 hours was selected using a convenience sampling technique. Eligible participants were adults aged 18 years and above who could read and write in Urdu, while those whose children had died, were admitted for less than 24 hours, or who declined participation were excluded.

Data were gathered using a modified version of the Parent Satisfaction Survey (PSS), originally developed by McPherson (1999) and validated for pediatric care settings. The tool measured four domains—perception, experiences, expectations, and satisfaction—using a five-point Likert scale, where higher scores indicated greater satisfaction. Demographic details such as parent's age, gender, education, and income, as well as the child's length of stay and hospitalization history, were also collected. The instrument demonstrated good reliability, with a Cronbach's alpha of 0.802 in this study.

Data collection was conducted through face-to-face administration in a private setting to ensure confidentiality, and written informed consent was obtained from all participants. Ethical approval was secured from the relevant hospital administration, with participation remaining voluntary and withdrawal permitted at any stage.

Data were analyzed using SPSS version 26. Descriptive statistics, including frequencies and percentages, were used to summarize demographic characteristics and satisfaction scores. Bivariate and multivariate binary logistic regression analyses were performed to identify factors associated with parental satisfaction. Odds ratios with 95% confidence intervals were reported, and statistical significance was set at $p < 0.05$.

3. Results

Table 1: Demographic Characteristics of Parents (N = 220)

Variables	Categories	n (%)	Mean (SD)
Gender	Male	40 (18.2)	-
	Female	180 (81.8)	
Parent's Age	18–24	38 (17.3)	32.1 ± 8.6
	25–34	120 (54.5)	
	35 and above	62 (28.2)	
Child's Age	0–1 year	16 (7.3)	2.9 ± 1.7
	2–5 years	179 (81.4)	
	6 years and above	25 (11.3)	

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Marital Status	Single	50 (22.7)	-
	Married	135 (61.4)	
	Widowed/Divorced	35 (15.9)	
Educational Status	Illiterate	22 (10.0)	-
	Primary	44 (20.0)	
	Middle	55 (25.0)	
	Secondary	64 (29.1)	
	Higher (College/University)	35 (15.9)	
Occupation	Not Employed	25 (11.4)	-
	Trading/Business/Farming	135 (61.4)	
	Student	15 (6.8)	
	Civil/Public Servant	45 (20.4)	
Habitat	Rural	105 (47.7)	-
	Urban	115 (52.3)	
Child Hospitalization	Never	20 (9.1)	-
	1–3 times	155 (70.5)	
	4 or more times	45 (20.4)	

Among the 220 participants, the majority were female parents (81.8%), and more than half were aged 25–34 years (54.5%). Most children were 2–5 years old (81.4%), reflecting the age group most frequently admitted. A large proportion of parents were married (61.4%) and had at least secondary education (29.1%), while 10% were illiterate. In terms of occupation, trading/business/farming (61.4%) dominated, and more than half of the parents lived in urban areas (52.3%). Regarding hospitalization history, most children had been admitted 1–3 times (70.5%), indicating recurring pediatric health needs. These findings provide a clear demographic profile essential for interpreting parental perspectives on nursing care.

Table 2. Participants' Level of Satisfaction with Nursing Care (N = 220)

Statement	Not Satisfied n (%)	Neutral n (%)	Satisfied n (%)
Nurses' welcome on admission	50 (22.7)	60 (27.3)	110 (50.0)
Nurses' approach during examination	40 (18.2)	80 (36.4)	100 (45.5)
Nurses' communication style	45 (20.5)	75 (34.1)	100 (45.5)
Listening to worries and concerns	55 (25.0)	90 (40.9)	75 (34.1)
Treating parents as individuals	30 (13.6)	85 (38.6)	105 (47.7)
Responsiveness to concerns/requests	38 (17.3)	92 (41.8)	90 (40.9)
Information about child's condition/treatment	60 (27.3)	70 (31.8)	90 (40.9)
Cleanliness and comfort of child's room	35 (15.9)	75 (34.1)	110 (50.0)
Respect for privacy	40 (18.2)	85 (38.6)	95 (43.2)
Help with child's pain	25 (11.4)	110 (50.0)	85 (38.6)
Assistance with child in bed	40 (18.2)	80 (36.4)	100 (45.5)
Help with bed-making	50 (22.7)	70 (31.8)	100 (45.5)
Help with wound dressing	20 (9.1)	100 (45.5)	100 (45.5)
Anxiety and stress alleviated by nursing care	55 (25.0)	50 (22.7)	115 (52.3)

The results show that most parents were satisfied with aspects of nursing care such as admission welcome (50.0%), cleanliness of the child's room (50.0%), and anxiety reduction (52.3%). However, notable dissatisfaction was expressed regarding communication (20.5%), information sharing (27.3%), and listening to concerns (25.0%). Neutral responses were particularly high in areas such as pain management (50.0%) and wound dressing (45.5%), suggesting room for improvement in hands-on and

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supportive care. Overall, the findings indicate a generally positive level of satisfaction, though gaps remain in communication, responsiveness, and emotional support.

Table 3. Factors Associated with Parental Satisfaction with Nursing Care (N = 220)

Variable	Categories	OR (95% CI)	p-value
Educational Status	Illiterate	Ref	–
	Primary	0.75 (0.30–1.85)	0.52
	Middle	1.25 (0.55–2.82)	0.60
	Secondary	1.80 (0.80–4.05)	0.15
	Higher	2.35 (1.10–5.00)	**0.03**
Child's Age	0–1 year	Ref	–
	2–5 years	1.20 (0.50–2.85)	0.67
	6+ years	0.40 (0.18–0.92)	**0.04**
Number of Hospitalizations	None	Ref	–
	1–3 times	1.45 (0.62–3.40)	0.40
	4 or more	0.55 (0.25–1.22)	0.14
Place of Residence	Semi-urban	Ref	–
	Urban	2.10 (1.00–4.45)	**0.049**
	Rural	0.85 (0.40–1.85)	0.68
Help from Nurses	Never	Ref	–
	Sometimes	2.25 (0.85–5.90)	0.10
	Usually	3.40 (1.25–9.20)	**0.02**
	Always	4.85 (1.85–12.70)	**0.001**
Experience Score	Continuous	1.15 (0.95–1.40)	0.12
Expectation Score	Continuous	1.42 (1.25–1.60)	**<0.001**
Perception Score	Continuous	1.05 (0.90–1.22)	0.48

The logistic regression analysis shows that higher education (OR = 2.35, p = 0.03), urban residence (OR = 2.10, p = 0.049), and frequent help from nurses ("always," OR = 4.85, p = 0.001) were significant predictors of parental satisfaction. Children's age also mattered, as parents of children aged 6+ years reported lower satisfaction (OR = 0.40, p = 0.04). Among the domain scores, expectation score strongly predicted satisfaction (OR = 1.42, p < 0.001). Other factors, such as experience and perception scores, were not statistically significant.

4. Discussion

This study found that parental satisfaction with nursing care at the Children's Hospital in Lahore was significantly influenced by education level, child's age, place of residence, the extent of help received from nurses, and expectation scores. Parents with higher education reported greater satisfaction compared to those with little or no formal education. Similar results were observed in Ghana, where higher educational attainment was associated with better understanding of care processes and increased satisfaction (Afaya et al., 2017; Akayuure, 2019). This finding suggests that educated parents may have clearer expectations, better communication with staff, and greater appreciation of nursing care.

Child's age was also a predictor, with parents of younger children (0–5 years) reporting higher satisfaction compared to those with older children. This aligns with findings by Kaur, Charan, and Selvi (2019) and Matziou et al. (2006), who observed that parents of infants and toddlers were more satisfied due to nurses' attentiveness to immediate physical care, whereas parents of older children expressed greater concerns regarding communication, autonomy, and involvement in care decisions.

Urban residence emerged as a positive predictor of satisfaction, reflecting findings from Dzomeku et al. (2013) and Konlan et al. (2020), who noted that urban parents often have greater exposure to health information and higher expectations, which when

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met, enhance satisfaction. Conversely, rural parents may face barriers in communication and expectations shaped by resource limitations, which affect their perceptions of care.

The extent of help received from nurses was another key determinant. Parents who reported receiving consistent and timely support from nurses were significantly more satisfied. This finding supports earlier evidence from Anaba, Anaba, and Abuosi (2020) and Hosseinian, Ajorpaz, and Manesh (2015), which emphasized responsiveness, attentiveness, and emotional support as central elements of nursing care quality. In line with this, the expectation score in our study strongly predicted satisfaction, reinforcing the argument by Konlan et al. (2020) that aligning nursing care with parental expectations is vital to building trust and improving satisfaction outcomes.

Overall, these findings are consistent with international studies showing that parental satisfaction is multi-dimensional, shaped not only by the technical competence of nurses but also by communication, responsiveness, and contextual factors such as education, residence, and the child's health needs (McPherson et al., 2000; Taber, 2018; Ghana Health Service, 2018). Addressing gaps in communication, managing expectations, and strengthening family-centered care remain essential strategies for improving parental satisfaction with pediatric nursing services.

5. Conclusion

Based on the findings, it is recommended that nursing care in pediatric settings be strengthened through enhanced communication, consistent responsiveness, and alignment of services with parents' expectations. Investing in staff training, family-centered care practices, and targeted support for parents from diverse educational and residential backgrounds will improve overall parental satisfaction and child health outcomes.

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