

AN EXPLORATORY ASSESSMENT OF PARENTAL SATISFACTION WITH NURSING CARE NEEDS IN PEDIATRIC ONCOLOGY AT THE CHILDREN HOSPITAL, LAHORE, PAKISTAN

Muhammad Hamid¹, Shama Arzoo², Rabia Ameen³, Syed Farjad Ali Shah⁴

¹Lecturer, Kohat University of Science and Technology and Allied Health Sciences, Kohat, Pakistan

²Charge Nurse, DHQ Hospital, Sheikhpura, Pakistan

³Registered Nurse, DHQ Hospital, Lodhran, Pakistan

⁴Assistant Professor, Department of Nursing, Kohat University of Science and Technology, Kohat, Pakistan

*hamidqureshi0@gmail.com

DOI: <https://doi.org/10.5281/zenodo.19815804>

Keywords

Pediatric oncology, Parental satisfaction, Nursing care, Unmet needs

Article History

Received: 11 February 2026

Accepted: 21 March 2026

Published: 27 April 2026

Copyright @Author

Corresponding Author: *

Muhammad Hamid

Abstract

Background: The diagnosis of cancer in a child imposes significant psychological and emotional stress on both the patient and their parents.

Objective: The study aimed to evaluate parental satisfaction with nursing care and identify unmet care needs during hospitalization.

Materials and Methods: A descriptive cross-sectional study was conducted at Children Hospital Lahore involving 70 parents of children receiving cancer treatment, selected through convenience sampling. Data were collected using a structured Likert scale and a validated questionnaire to assess parental satisfaction and unmet care needs, and were analyzed using descriptive and inferential statistics in SPSS.

Results: From a sample of 70 parents, 86% were highly satisfied and 14% were satisfied with the nursing care provided, with a mean satisfaction score of 170.80 ± 11.25 (89.89%). Unmet care needs were predominantly related to information (e.g., prognosis, treatment, and procedures), followed by concerns associated with nursing practices such as comfort, safety, and timely care provision.

Conclusion: The study concludes that although parental satisfaction is high, improvements in communication and nursing care practices are essential to better address parental needs and enhance family-centered care in pediatric oncology settings.

INTRODUCTION

Childhood cancer is a life-altering diagnosis that significantly affects not only the child but also the parents and family members, leading to substantial psychological, emotional, and social distress. Parents of children undergoing cancer treatment often experience anxiety, fear, and uncertainty due to the prolonged and complex nature of the disease and its management. Studies have shown that caregivers of pediatric oncology patients face considerable

psychosocial burdens, including emotional strain and disruption of daily life, which may compromise their ability to provide optimal care (Van Warmerdam et al., 2019; Maryam et al., 2022). These challenges underscore the importance of supportive healthcare services, particularly nursing care, in reducing parental stress and enhancing the caregiving experience.

Nursing care plays a pivotal role in pediatric oncology, as nurses are the primary healthcare professionals who maintain continuous interaction with both the child and the family. High-quality nursing care not only contributes to improved clinical outcomes but also enhances parental satisfaction and trust in the healthcare system. Family-centered care approaches emphasize the involvement of parents in decision-making and highlight the need for effective communication, emotional support, and professional competence (Rørbech et al., 2024). Previous research indicates that although parents generally report high satisfaction with nursing care, gaps remain in areas such as information sharing and participation in care processes (Jeppesen et al., 2024).

Despite improvements in healthcare delivery, unmet care needs among parents of children with cancer persist, particularly in relation to access to accurate, timely, and comprehensive information. Evidence suggests that informational needs are the most commonly reported unmet needs, followed by concerns regarding nursing practices and emotional support (Alshammari et al., 2025). In low- and middle-income countries like Pakistan, limited empirical research has been conducted to assess parental satisfaction and unmet care needs within pediatric oncology settings. Therefore, evaluating these aspects is essential to improve nursing care quality and promote family-centered healthcare practices. This study aims to assess parental satisfaction with nursing care and identify unmet

care needs among parents of children with cancer at the Children Hospital, Lahore.

Materials and Methods

A descriptive cross-sectional study was conducted at Children Hospital Lahore to assess parental satisfaction with nursing care and to explore unmet care needs in pediatric oncology settings. The study included a sample of 70 parents whose children were undergoing cancer treatment. Participants were selected using a convenience sampling technique. Either parent of a child below 18 years of age who had completed at least one cycle of chemotherapy was eligible for inclusion.

Data were collected using a structured questionnaire comprising three sections: socio-demographic characteristics of parents, clinical profile of the child, and a Likert scale to measure parental satisfaction with nursing care. Additionally, a structured questionnaire was used to identify unmet care needs. The reliability and validity of the instruments were ensured prior to data collection.

Data analysis was performed using SPSS software. Descriptive statistics, including frequencies and percentages, were used to present socio-demographic and clinical variables. The level of satisfaction was analyzed using mean scores, standard deviations, and mean percentages, while unmet care needs were examined through frequency distribution. Inferential statistics, including independent sample t-test and one-way ANOVA, were applied to determine associations between variables.

Results

Table 1: Socio-Demographic Characteristics of Parents (n = 70)

Variables	f (%)
Relation with the child	
Father	28 (40)
Mother	42 (60)
Age of parent (years)	
21-30	14 (20)
31-40	40 (57)
41-50	14 (20)
>50	2 (3)
Habitat	
Urban	27 (39)
Rural	43 (61)

Educational status	
Illiterate	7 (10)
Elementary	29 (41)
Secondary	10 (14)
Graduation	24 (35)
Occupation	
Working	34 (49)
Non-working	36 (51)
Type of work (n=34)	
Businessman	13 (38)
Labour	6 (18)
Teacher	7 (21)
Farmer	8 (23)
Socio-economic status	
Upper middle class	24 (34)
Lower middle class	36 (51)
Upper lower class	8 (11)
Lower class	2 (3)
Total number of children	
1-3	64 (91)
4-6	5 (7)
>6	1 (2)

The majority of respondents were mothers (60%) and aged 31–40 years. Most belonged to rural areas (61%) and lower-middle socioeconomic class (51%), indicating moderate economic backgrounds.

Educational levels were mainly elementary to graduate, reflecting a mixed literacy profile.

Table 2: Socio-Demographic Characteristics of Children (n = 70)

Variables	f (%)
Age of child (years)	
1-6	28 (40)
7-12	24 (34)
13-18	18 (26)
Gender	
Male	49 (70)
Female	21 (30)
Sibling with chronic illness	
Yes	3 (4)
No	67 (96)

Most children were aged below 12 years, with a predominance of males (70%). The majority did not have siblings with chronic illness, suggesting that

cancer was typically an isolated health burden within families.

Table 3: Clinical Profile of Children (n = 70)

Variables	f (%)
Diagnosis	
Acute Lymphocytic Leukemia	54 (77)
Acute Myeloid Leukemia	4 (6)
Rhabdomyosarcoma	4 (6)
Langerhans Cell Histiocytosis	2 (3)
Ewing's Sarcoma	2 (3)
Medulloblastoma	2 (3)
Wilm's Tumour	1 (1)
Germ Cell Tumour	1 (1)
Duration of hospital stay (days)	
One day	60 (86)
Two days	10 (14)
History of hospitalization	
Yes	70 (100)
Treatment (Chemotherapy cycles)	
2nd cycle	27 (39)
3rd cycle	31 (44)
4th cycle	12 (17)
Radiation therapy	9 (13)
Complications	
Yes	70 (100)
Fever	62 (89)
Vomiting	60 (86)
Weakness	68 (97)
Alopecia	70 (100)

Acute lymphocytic leukemia was the most common diagnosis (77%). Most children were undergoing chemotherapy, with common complications

including weakness, alopecia, and fever, reflecting the intensity of treatment burden.

Table 4: Level of Parental Satisfaction with Nursing Care (n = 70)

Variable	Value
Maximum Score	190
Minimum Score	45
Mean ± SD	170.80 ± 11.25
Mean Percentage	89.89%
Satisfaction Level	f (%)
Highly Satisfied	60 (86)
Satisfied	10 (14)

A high level of parental satisfaction was observed, with 86% reporting being highly satisfied. The mean satisfaction score (89.89%) indicates overall positive perceptions of nursing care services.

Table 5: Unmet Care Needs among Parents (n = 70)

S. No.	Unmet Care Needs	f (%)
Informational Needs		
1	Rights of the child	6 (9)
2	Prognosis of the child	5 (7)
3	Tests being performed	4 (6)
4	Side effects of treatment	4 (6)
5	Management of symptoms	3 (4)
6	Discharge and follow-up	3 (4)
Practice-related Needs		
7	Comfort and safety	7 (10)
8	Comfort devices	6 (9)
9	Rest and sleep	3 (4)
10	Cleanliness of unit	2 (3)
11	Timely reports	3 (4)

The most frequently reported unmet needs were related to information, particularly regarding child rights and prognosis. Practice-related concerns, especially comfort and safety, were also notable, indicating areas for improvement in nursing care delivery.

Discussion

The present study found that most respondents were mothers, belonged to rural areas, and were from lower-middle socioeconomic backgrounds. This pattern is important because parents, particularly mothers, often remain the primary caregivers during pediatric cancer treatment and therefore interact most frequently with nursing staff. Similar evidence from pediatric oncology settings indicates that parental experience of care is strongly shaped by communication, emotional support, and the extent to which healthcare providers understand family needs (Keiza et al., 2017; Wangmo et al., 2016). In the present study, the higher representation of rural and lower-middle-class families also suggests the need for simple, culturally appropriate, and repeated counselling because such families may face additional barriers in understanding diagnosis, treatment procedures, and follow-up care.

The findings revealed that acute lymphocytic leukemia was the most common diagnosis among

children, and all children had a history of hospitalization and chemotherapy-related complications. This reflects the demanding and repeated nature of pediatric oncology treatment. Previous research has shown that parents of children with cancer often experience uncertainty throughout different treatment phases, and their nursing needs vary according to the child’s condition and stage of treatment (Park & Kim, 2021). Therefore, the presence of complications such as fever, vomiting, weakness, and alopecia in the present study highlights the importance of continuous nursing support, symptom guidance, and reassurance for parents.

A high level of parental satisfaction with nursing care was observed, as 86% of parents were highly satisfied and 14% were satisfied. This finding indicates that parents generally perceived nursing care positively at the Children Hospital, Lahore. Similar findings have been reported in pediatric oncology care, where parents expressed satisfaction when nurses were approachable, responsive, and supportive during hospitalization (Boroumand et al., 2015; Wangmo et al., 2016). However, high satisfaction should not be interpreted as absence of problems, because parents may still report unmet needs despite appreciating the dedication of nursing staff.

The most common unmet needs in this study were related to information, particularly regarding child rights, prognosis, diagnostic tests, treatment side effects, symptom management, and discharge follow-up. This finding is consistent with Arabiat and Altamimi (2013), who reported that parents of children with cancer considered most care needs important, but information about the child's illness, treatment, and outcome remained a key unmet area. Similarly, Maree et al. (2016) found that parents require clear, continuous, and individualized information about disease, investigations, treatment, and communication processes. Thus, the findings suggest that nursing care should include structured counselling sessions, written instructions, and repeated explanations in simple language.

Practice-related unmet needs, including comfort, safety, comfort devices, rest, cleanliness, and timely reports, were also identified. These findings indicate that parental satisfaction is influenced not only by clinical competence but also by the hospital environment and practical aspects of care. Studies on family-centered pediatric oncology care emphasize that parents value being involved, informed, and supported in day-to-day care activities (Keiza et al., 2017; Wangmo et al., 2016). Therefore, strengthening family-centered nursing practices, improving ward-level communication, and ensuring timely support may further improve parental satisfaction and reduce unmet care needs.

Conclusion

The study concludes that parents of children undergoing cancer treatment reported a high level of satisfaction with nursing care at Children Hospital Lahore. However, despite this overall positive perception, notable unmet care needs persist, particularly in the domain of information provision and certain aspects of nursing practice. These findings highlight the need to strengthen communication, enhance parent education, and improve family-centered nursing interventions to better address parental expectations and optimize the quality of pediatric oncology care.

REFERENCES

- Alshammari, H., Almulla, H., Alnass, F., & Hammad, S. (2025). Perceived needs of parents caring for children with cancer: A cross-sectional study. *Journal of Nursing Management*.
- Jeppesen, S. F., Vilhjálmsdóttir, R., Persson, H. Å., & Hallström, I. K. (2024). Parental satisfaction with paediatric care with and without the support of an eHealth device. *BMC Health Services Research*, 24, 10398.
- Maryam, B., Saeed, T., Altaf, S., & Ali, B. (2022). Comparing the needs of supportive care for families and patients with pediatric cancer. *Pakistan Journal of Rehabilitation*, 11(1).
- Rørbech, J. T., Dreyer, P., Enskär, K., Haslund-Thomsen, H., & Jensen, C. S. (2024). Nursing interventions for pediatric patients with cancer and their families: A scoping review. *International Journal of Nursing Studies*, 147, 104566.
- Van Warmerdam, J., Zabih, V., Kurdyak, P., & Sutradhar, R. (2019). Prevalence of psychological distress in parents of children with cancer: A meta-analysis. *Pediatric Blood & Cancer*, 66(6), e27674.
- Arabiat, D. H., & Altamimi, A. (2013). Unmet care needs of parents of children with cancer in Jordan: Implications for bed-side practice. *Journal of Clinical Nursing*, 22(3-4), 531-539.
- Boroumand, H., et al. (2015). Mothers' satisfaction rate from hospital cares in hematology-oncology ward. *Iranian Journal of Pediatric Hematology and Oncology*, 5(4), 221-227.
- Keiza, E. M., Chege, M. N., & Omuga, B. O. (2017). Assessment of parents' perception of quality of pediatric oncology inpatient care at Kenyatta National Hospital. *Asia-Pacific Journal of Oncology Nursing*, 4(1), 29-37.
- Maree, J. E., Parker, S., Kaplan, L., & Oosthuizen, J. (2016). The information needs of South African parents of children with cancer. *Journal of Pediatric Oncology Nursing*, 33(1), 9-17.
- Park, M., & Kim, S. (2021). Uncertainty and nursing needs of parents with pediatric cancer patients. *Child Health Nursing Research*, 27(2), 141-150.

Wangmo, T., Ruhe, K. M., Badarau, D. O., Kühne, T., Niggli, F., Elger, B. S., & Swiss Pediatric Oncology Group. (2016). Parents' and patients' experiences with paediatric oncology care in Switzerland: Satisfaction and some hurdles. *Swiss Medical Weekly*, 146, w14309.

