

Factors Associated with the Satisfaction of Parents of Children Hospitalized in the Pediatric Ward in Togo

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Abstract

Introduction: Patient satisfaction is a central element in the evaluation of the quality of care. The objective of the study was to describe the factors associated with the satisfaction of parents of children hospitalized in the pediatric ward at the Sylvanus Olympio Teaching Hospital.

Patient and method: A cross-sectional study with an analytical aim was carried out between June and August 2022 in the pediatric ward at the the Sylvanus Olympio Teaching Hospital.

Results: A total of 165 parents agreed to participate in our study. The mean age (+/- standard deviation) of the parents was 33.5 years (+/-8.8). The main elements associated with good satisfaction were: reception ($p=0.009$), execution of care ($p<0.001$) and reaction of caregivers when called ($p<0.001$). The cost of hospitalization was high according to 69.7% (115) parents and the quality of equipment was poor according to 41.2% (68) others.

Conclusion: Satisfaction was statistically significant between the reception, the care received and the reaction of the caregivers to the children's complaints and not the socio-demographic characteristic.

Keywords: Satisfaction; Parents; Hospitalized; Pediatrics.

Introduction

Patient satisfaction is a component of the definition of quality of care assessment [1]. Good quality care must be accessible, equitable, effective, safe, efficient and patient-centred. The healthcare services offered lead to customer satisfaction and sensitivity to their needs. Satisfaction is a subjective quantity that reflects patients' personal preferences and expectations, which may differ from the objective reality of the hospitalization experience [2,3]. Interest in quality of care has grown steadily in recent years. There are many reasons for this, such as the constant and rapid evolution of medicine thanks to scientific progress, increasing demands for accessibility and quality of care, and new technologies [4]. Interest in quality of care has grown steadily in recent years. There are many reasons for this, such as the constant and rapid evolution of medicine thanks to scientific progress, increasing demands for accessibility and quality of care, and new technologies [5].

The quality of this new patient-physician relationship, and the satisfaction expressed by the patient, must be assessed in order to bring about continuous improvement [6]. It is therefore necessary for a healthcare system to have a culture of self-measurement and self-assessment, in order to increase the quality of care and services offered to patients [2-4]. Patient satisfaction is measured by a variety of means, including complaints and discharge questionnaires, as well as specific or general surveys carried out at the initiative of healthcare establishments [7]. A number of satisfaction surveys have been carried out in African hospitals. At the Treichville pediatrics Teaching Hospital in Côte d'Ivoire, we were able to identify the main reasons for dissatisfaction in the pediatrics department. This made it possible to target the most relevant and efficient interventions in order to improve the quality of service provision [8].

In Togo, a number of satisfaction surveys have been carried out in health facilities. One study assessed the degree of satisfaction with nursing services among those accompanying

children. The satisfaction of those accompanying children in the paediatric unit depended on the functioning, organization and environment of the service [9]. In pediatrics, no study had investigated the causes of dissatisfaction among parents of hospitalized children. The aim of this study was to determine the factors associated with the satisfaction of parents of children hospitalized in the pediatrics department at Sylvanus Olympio Teaching Hospital.

Patients and methods

Study framework

The pediatrics department at the Sylvanus Olympio Teaching Hospital treats all pediatric pathologies from 0 to 18 years of age. It consists of two main buildings adjoining one another on one level and comprises 7 wards, including 2 intensive care units.

Type and period of study

This was an analytical cross-sectional study carried out between June and August 2022, a two-month period, in the pediatric wards at the Sylvanus Olympio Teaching Hospital.

Study population

The study covered all parents of children hospitalized in the pediatric department at Sylvanus Olympio Teaching Hospital, who had been cured, discharged and met the study criteria during the study period. Parents of children under 18 years of age who had been hospitalized in the pediatric ward for at least 48 hours and had agreed to participate in the study were included. Parents of children discharged against medical advice or whose children had died were not included. Non-probability convenience sampling was used.

Parameters studied

The parameters studied were the parents' gender, age, socio-demographic and professional conditions, the services offered, the relationship between the children's parents and the nursing staff, the comfort and cleanliness of the service, and the billing and discharge methods.

Data collection

The survey consisted of completing a questionnaire during a one-to-one interview with parents of hospitalized children. This was a face-to-face satisfaction survey. The questionnaire was administered entirely by an interviewer, who accurately recorded the respondent's answers. This method ensures perfect control of the survey. The interviewer is thus able to seek out the people to be interviewed and obtain their consent with greater ease. The interviewer also ensures that the questionnaire is administered in the right order and that the respondent understands it correctly [10].

Data analysis

Data entry was performed on a data entry mask created using Epi Data software version 3.1. Data analysis was performed using R studio 3.3.4. Results were presented as headcount and percentage for categorical variables, and mean and standard deviation for quantitative variables. Statistical tests used were chi-square or Fisher tests for categorical variables, and Student's t test for quantitative variables. The significance level of p was set at 0.05.

Ethical considerations

In order to carry out the survey, prior authorization had to be obtained from the management of the University of Lomé's Medical School and from the management at Sylvanus Olympio Teaching Hospital. The survey was validated by the head of the pediatrics department. Data collection was carried out after obtaining informed consent from parents and guardians. Data collection was anonymous to allow them to express themselves freely. Professional secrecy was respected.

Results

A total of 165 parents of children meeting the criteria agreed to participate in this study. Of the 165 parents interviewed, 115 (69.7%) were mothers and 11.5% (19) were fathers. The average age of the parents was 33.5 years, with a standard deviation of 8.8 years. The extremes of age were 18 and 62. The 20-40 age group accounted for 78.8% (130). 46.7% (77) of parents were artisans, 37% (61) housewives, 12.1% (20) shopkeepers and 2.4% (4) civil servants.

Parental satisfaction in relation to socio-demographic characteristics

There was no significant association between children's parents' satisfaction and their socio-demographic characteristics. However, the co-variate of educational level ($p=0.092$) could be associated with parental satisfaction. In fact, among satisfied parents, 8.55% had a higher level of education and 23% a lower level, whereas among non-satisfied parents, the opposite was true, as shown in Table 1.

Parents' satisfaction with relations with nursing staff

In this study, 53.6% of parents were satisfied with the welcome they received, compared with 6.6% who were dissatisfied, at the significance level ($p=0.009$). Care scheduling ($p<0.001$) and caregiver reaction ($p<0.001$) were significantly associated with parental satisfaction (Table 2).

Concerning the execution of care, 93.4% of the children's parents were satisfied. The more immediate the reaction (72.4%), the more satisfied the parents were, and the later the reaction (69.2%), the more dissatisfied the parents were (Table 2).

Parent satisfaction with amenities (comfort and cleanliness of service)

There was no significant association between satisfaction and equipment quality ($p=0.5$), service availability ($P>0.9$) or access to drinking water ($P=0.3$), as shown in Table 3.

Parental satisfaction with billing method and patient discharge

There was no significant relationship between parental satisfaction and the discharge circuit for the mode of discharge ($P=0.7$), the high cost of hospitalization ($P=0.3$) and referral to a relative ($P=0.2$), as shown in (Table 4).

Discussion

Parental satisfaction was not associated with socio-demographic characteristics. More than half the parents reported a good reception, and almost all were satisfied with the care they received. Nearly three quarters of parents found the cost of hospitalization high. Two out of 5 parents found the quality of equipment poor. This study would contribute to the implementation of recommendations made on the basis of the analysis of

Table 1: Distribution of parents' satisfaction in relation to socio-demographic characteristics.

	N	Satisfaction		P-value
		No, N=13	Yes, N=152	
Age	165			0,7
[18-20 years old]		0(0)	2(1,3)	
[20-30 years old]		5(38,5)	52(34,2)	
[30-40 years old]		7(53,8)	66(43,4)	
[40-50 years old]		0(0)	21(13,8)	
[50-60 years old]		1(7,7)	8(5,3)	
[60- 62 years old]		0(0)	3(2)	
Occupation	165			0,9
Other		7(53,8)	70(46,1)	
Retailer		2(15,4)	18(11,8)	
Farmer		0(0)	1(0,7)	
Civil servant		0(0)	4(2,6)	
Housewife		4(30,8)	57(37,5)	
Unemployed		0(0)	2(1,3)	
Level of education	165			0,092
Uneducated		1(7,6)	35(23,0)	
Primary		3(23,1)	46(30,3)	
Secondary		5(38,5)	58(38,2)	
Higher		4(30,8)	13(8,5)	

Table 2: Distribution of parents' satisfaction with nursing staff.

	N	Satisfaction		P-value
		No, N=13	Yes, N=152	
Appréciation of the welcome	165			0,009
Acceptable		6(46,2)	60(39,7)	
Good		3(23,1)	81(53,6)	
Poor		4(30,8)	11(6,7)	
Execution of care	165			<0,001
No		7(53,8)	10(6,6)	
Yes		6(46,2)	142(93,4)	
Information given	165			0,7
No		4(30,8)	38(25,0)	
Yes		9(69,2)	114(75,0)	
Caregiver reaction	165			<0,001
No reaction		1(7,7)	2(1,3)	
Delayed reaction		3(23,1)	110(72,4)	
Late reaction		9(69,2)	40(26,3)	

the data collected. This would undoubtedly help to reduce the suffering often involved in hospitalizing these fragile beings. The study has a number of limitations. The first was the exclusion of parents of children discharged against medical advice. This would have overestimated overall satisfaction, given that we do not know whether the reasons for discharge against medical advice were linked to dissatisfaction with the reception or care received. The second limitation could be a probable social desirability bias induced by the face-to-face. This study showed

Table 3: Distribution of parents in relation to approvals.

	N	Satisfaction		P-value
		No, N=13	Yes, N=152	
Quality of equipment	165			0,5
Acceptable		5(38,5)	57(37,5)	
Good		1(7,7)	34(22,4)	
Poor		7 (53,8)	61 (40,1)	
Availability of sanitary	165			>0,9
No		12(92,3)	134(88,2)	
Yes		1(7,7)	18(11,8)	
Acces to drinking water	165			0,3
Difficult		8(61,5)	70(46,1)	
Easy		5(38,5)	82(53,9)	

Table 4: Distribution of parents by billing and discharge method.

	No, N=13	Yes, N=152	P-value
Circuit assessment for output mode			0,7
Difficult	3(23,1)	31(20,4)	
Easy	10(76,9)	121(79,6)	
High hospitalization costs			0,3
No	2(15,4)	48(31,6)	
Yes	11(84,6)	104(68,4)	
Referral to a relative			0,2
No	2(15,4)	10(6,6)	
yes	11(84,6)	142(93,4)	

a statistically significant association between reception and parent satisfaction (P=0.009). Welcoming patients and their families remains an essential factor. It's more than just an everyday act. The arrival of a patient in a care unit is a special event. For them, it's a special time, a moment of immersion when they're sensitive and vulnerable, and in need of support. A study in Niger found a significant association between reception and satisfaction (P<0.001) [11].

The majority of parents of the children in the study (93.4%) were satisfied with the care they received (P<0.001). A significant association was found between the satisfaction of the children's parents and the care they received. In fact, treatment encompasses a whole range of parameters that need to be taken into account in order to meet patients' expectations.

Among those surveyed in this study, 72.0% of parents recognized the immediate reaction of caregivers (P<0.001). There was a significant relationship between caregiver reaction and satisfaction. Parents whose child is hospitalized are generally anxious because of the foreign environment and the child's illness. This condition of uncertainty also makes them anxious. A positive approach on the part of the nursing staff goes a long way towards satisfying parents' expectations. Keeping communication channels open, answering their questions and providing the best possible care are all ways of achieving better standards of healthcare [12]. In a study in Vietnam, dissatisfaction was associated mainly with waiting times, caregiver behavior and hygiene [13].

Conclusion

Satisfaction was statistically significant between the reception, the care received and the reaction of caregivers to children's complaints, and not the socio-demographic characteristic. This study noted shortcomings attributable not only to the hospital structure itself, but also to the staff working there. The implementation of the recommendations made on the basis of the analysis of the data collected will undoubtedly help to reduce the suffering often involved in hospitalizing such fragile beings.

Declarations

Conflicts of interest: The authors declare no conflicts of interest.

Author contributions: TOE contributed to study design, data analysis and manuscript writing. DKE reviewed the study protocol and revised the draft. AF collected the data and reviewed the literature.

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